



PSYCHOLOGY EXAMINING BOARD
Room N206, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Debra Sybell (608) 266-2112
January 22, 2020

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-3)

B. Approval of Minutes of November 13, 2019 (4-6)

C. Conflicts of Interest

D. Administrative Matters

- 1) Department, Staff and Board Updates
- 2) Annual Policy Review **(7)**
- 3) Election of Officers **(8-9)**
- 4) Appointment of Liaisons and Alternates **(8-9)**
- 5) Delegation of Authorities **(8-14)**
- 6) 2020 Meeting Dates **(15)**
- 7) Board Members – Term Expiration Dates
 - a. Marcus Desmonde – 7/1/2021
 - b. John Greene – 7/1/2023
 - c. Mark Jinkins – 7/1/2022
 - d. Daniel Schroeder – 7/1/2019
 - e. Peter Sorce – 7/1/2020
 - f. David Thompson – 7/1/2022

E. Legislative and Policy Matters – Discussion and Consideration (16-37)

- 1) Assembly Bill 487 & Senate Bill 378 – Relating to the Practice of Psychology, Extending the Time Limit for Emergency Rule Procedures, Providing an Exemption from Emergency Rule Procedures, Granting Rule-Making Authority, and Requiring the Exercise of Rule-Making Authority
 - a. Consideration of Amendments to Pending Legislation

F. Credentialing Matters – Discussion and Consideration

- 1) Licenses Issued Between Meetings **(38-41)**

G. EPPP (Part 2-Skills) – Discussion and Consideration (42-69)

H. Speaking Engagements, Travel, or Public Relation Requests, and Reports

- 1) Consideration of Attendance at the 2020 Association of State and Provincial Boards of Psychology (ASPPB) Midyear Meeting – Montreal, Canada – 4/23/2020-4/26/2020

I. Deliberation on Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Nominations, Elections, and Appointments
- 3) Administrative Matters
- 4) Election of Officers
- 5) Appointment of Liaisons and Alternates
- 6) Delegation of Authorities
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Practice Matters
- 10) Legislative and Administrative Rule Matters
- 11) Liaison Reports
- 12) Board Liaison Training and Appointment of Mentors
- 13) Informational Items
- 14) Division of Legal Services and Compliance (DLSC) Matters
- 15) Presentations of Petitions for Summary Suspension
- 16) Petitions for Designation of Hearing Examiner
- 17) Presentation of Stipulations, Final Decisions and Orders
- 18) Presentation of Proposed Final Decisions and Orders
- 19) Presentation of Interim Orders
- 20) Petitions for Re-Hearing
- 21) Petitions for Assessments
- 22) Petitions to Vacate Orders
- 23) Requests for Disciplinary Proceeding Presentations
- 24) Motions
- 25) Petitions
- 26) Appearances from Requests Received or Renewed
- 27) Speaking Engagements, Travel, or Public Relation Requests, and Reports

J. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

K. Deliberation on Division of Legal Services and Compliance (DLSC) Matters

- 1) **Deliberation on Administrative Warnings**
 - a. 18 PSY 002 – R.J.S. **(70-71)**
- 2) **Case Closing**
 - a. 18 PSY 028 – K.H.W. **(72-75)**
- 3) **Deliberation on Proposed Stipulations, Final Decisions and Orders**
 - a. 17 PSY 013 – Susan P. Trafton Ed.D. **(76-84)**

L. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Orders
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Proposed Final Decisions and Orders
- 13) Matters Relating to Costs/Orders Fixing Costs
- 14) Case Closings
- 15) Board Liaison Training
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

M. **Consulting with Legal Counsel**

- 1) 18-cv-882-bbc Johnston v. Cathy Jess, et al.

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- N. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- O. Open Session Items Noticed Above Not Completed in the Initial Open Session
- P. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

NEXT DATE: MARCH 25, 2020

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**PSYCHOLOGY EXAMINING BOARD
MEETING MINUTES
NOVEMBER 13, 2019**

PRESENT: Marcus Desmonde, Psy.D.; John Greene, Ph.D. (*via Skype*); Mark Jinkins; Daniel Schroeder, Ph.D. (*via Skype*); Peter Sorce, David Thompson, Ph.D.

STAFF: Debra Sybell, Executive Director; Jameson Whitney, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department Staff

CALL TO ORDER

Daniel Schroeder, Chairperson, called the meeting to order at 9:02 a.m. A quorum was confirmed with six (6) board members present.

ADOPTION OF AGENDA

Amendments to the Agenda:

- Under F. Administrative Rule Matters; REMOVE: 1. PSY 2

MOTION: Mark Jinkins moved, seconded by John Greene, to adopt the amendment to the Agenda. Motion carried unanimously.

MOTION: Peter Sorce moved, seconded by David Thompson, to approve the Agenda of October 2, 2019 as amended. Motion carried unanimously.

APPROVAL OF THE MINUTES OF OCTOBER 2, 2019

MOTION: Mark Jinkins moved, seconded by Marcus Desmonde, to approve the Minutes of October 2, 2019 as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS, AND RECOGNITION

MOTION: David Thompson moved, seconded by Peter Sorce, to recognize and thank Rebecca Anderson, Ph.D., for her years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

LEGISLATIVE AND POLICY MATTERS

Assembly Bill 487

MOTION: Marcus Desmonde moved, seconded by Peter Sorce, to authorize the Chairperson to work with Board Legal Counsel to draft a statement regarding the Board's position on Assembly Bill 487, and to authorize the Chairperson to approve the final language of the statement and sign on behalf of the Board. Motion carried unanimously.

CLOSED SESSION

MOTION: David Thompson moved seconded by Marcus Desmonde, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Daniel Schroeder, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Marcus Desmonde-yes; John Greene-yes; Mark Jinkins-yes; Daniel Schroeder-yes; Peter Sorce-yes; and David Thompson-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:31 a.m.

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Review of Administrative Warnings

17 PSY 007 – T.F.

MOTION: Mark Jinkins moved, seconded by David Thompson, to rescind the issuance of the administrative warning against T.F., DLSC Case Number 17 PSY 007. Motion carried unanimously.

MOTION: David Thompson moved, seconded by Mark Jinkins, to close DLSC Case Number 17 PSY 007, against T.F. for No Violation. Motion carried unanimously.

Case Closings

18 PSY 028 – K.H.W.

MOTION: Mark Jinkins moved, seconded by David Thompson, to table DLSC Case Number 18 PSY 028, against K.H.W. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Marcus Desmonde moved, seconded by Peter Sorce, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 11:28 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: David Thompson moved, seconded by Peter Sorce, to affirm all motions made and votes taken in closed session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

ADJOURNMENT

MOTION: Peter Sorce moved, seconded by David Thompson, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:29 a.m.

DRAFT

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brice McCluskey, Operations Program Associate		2) Date When Request Submitted: 1/9/2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Psychology Examining Board			
4) Meeting Date: 1/22/2020	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Annual Policy Review	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Please be advised of the following Annual Policy Review items: <ol style="list-style-type: none"> 1. Attendance/Quorum – Thank you for your service and for your commitment to meeting attendance. If you cannot attend a meeting, we ask that you let us know ASAP as quorum is required for our Boards, Sections and Councils to meet pursuant to Open Meetings Law. DSPS Boards-Open Meetings Resources 2. Walking Quorum – Please refrain from discussing Board/Section/Council business with other members outside of legally noticed meetings so to avoid walking quorum issues pursuant to Open Meetings Law. DSPS Boards-Open Meetings Resources 3. Agenda Deadlines – Please let your Executive Director know if you have items to be considered on an upcoming agenda no less than 8 business days prior to a meeting when possible. DSPS Boards-Reference Materials-Meeting Timeline 4. Travel Voucher and Per Diem Submissions – Please submit all Per Diem and Reimbursement Claims to DSPS within 30 days of date an expense is incurred. DSPS Boards-Travel and Reimbursement-Travel and Reimbursement Overview 5. Lodging Accommodations/Hotel Cancellation Policy – Lodging accommodations are provided to members who must leave home before 6:00 a.m. to attend a meeting. If you cannot attend a meeting it is the board member’s responsibility to cancel their reservation within the stated cancellation timeframe. If a meeting is changed to a teleconference or cancelled or rescheduled, DSPS staff will make lodging cancellations or modifications as needed. DSPS Boards-Travel and Reimbursement-Travel and Reimbursement Overview 6. Inclement Weather Policy – In the event of inclement weather the agency may change a meeting from an in-person meeting to a teleconference. 			
11) Authorization <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> <i>Brice McCluskey</i> 1/9/2020 </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> Signature of person making this request Date </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> Supervisor (if required) Date </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date </div>			
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brice McCluskey, Operations Program Associate		2) Date When Request Submitted: 1/9/2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>									
3) Name of Board, Committee, Council, Sections: Psychology Examining Board											
4) Meeting Date: 1/22/2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters: 1) Election of Officers 2) Appointment of Liaisons and Alternates 3) Delegation of Authorities									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A									
10) Describe the issue and action that should be addressed: 1) The Board should conduct Election of its Officers for 2020 2) The Chairperson should review and appoint/reappoint Liaisons and Alternates as appropriate 3) The Board should review and then consider continuation or modification of previously delegated authorities or any additional delegations that may be deemed necessary											
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;"><i>Brice McCluskey</i></td> <td style="width: 30%; border-bottom: 1px solid black; text-align: right;"><i>1/9/2020</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				<i>Brice McCluskey</i>	<i>1/9/2020</i>	Signature of person making this request	Date	Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
<i>Brice McCluskey</i>	<i>1/9/2020</i>										
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**PSYCHOLOGY EXAMINING BOARD
2019 ELECTIONS, LIAISON APPOINTMENTS, AND DELEGATIONS**

Election of Officers

2019 OFFICER ELECTION RESULTS	
Chairperson	Daniel Schroeder
Vice Chair	Marcus Desmonde
Secretary	David Thompson

Appointment of Liaisons and Alternates

2019 LIAISON APPOINTMENTS	
Credentialing Liaisons	Rebecca Anderson, Marcus Desmonde, Daniel Schroeder, and David Thompson
Continuing Education Liaison	Marcus Desmonde
Monitoring Liaison	Rebecca Anderson and David Thompson
Professional Assistance Procedure (PAP) Liaison	Rebecca Anderson and Marcus Desmonde
Legislative Liaison	Rebecca Anderson, Marcus Desmonde, Daniel Schroeder, Peter Sorce, and David Thompson
Travel Liaison	Daniel Schroeder
Screening Panel	Rebecca Anderson, David Thompson, and Peter Sorce

Delegation of Authorities

Document Signature Delegations

MOTION: David Thompson moved, seconded by Peter Sorce, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: Peter Sorce moved, seconded by David Thompson, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Marcus Desmonde moved, seconded by Peter Sorce, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Monitoring Delegations

MOTION: David Thompson moved, seconded by Marcus Desmonde, to adopt the “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” as presented. Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

MOTION: David Thompson moved, seconded by Marcus Desmonde, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between DSPS and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them except that potential denial decisions shall be referred to the full Board for final determination. Motion carried unanimously.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: David Thompson moved, seconded by Peter Sorce, to delegate credentialing authority to DSPS to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Peter Sorce moved, seconded by David Thompson, that the Department’s Attorney Supervisors, DLSC Administrator, or their designee are authorized to serve as the Board’s designee for purposes of reviewing and

acting on requests for hearing as a result of a denial of a credential.
Motion carried unanimously.

Voluntary Surrenders

MOTION: David Thompson moved, seconded by Marcus Desmonde, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter. Motion carried unanimously.

Continuing Education Delegation(s)

MOTION: Peter Sorce moved, seconded by David Thompson, to delegate authority to the Continuing Education Liaison to address all issues related to continuing education. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: David Thompson moved, seconded by Marcus Desmonde, to authorize DSPS staff to provide national regulatory related bodies with all Board member contact information that DSPS retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Marcus Desmonde moved, seconded by Peter Sorce to designate the Chairperson (or in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Legislative Liaison Delegation

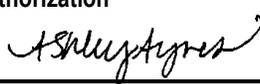
MOTION: Peter Sorce moved, seconded by David Thompson, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Delegation

MOTION: Marcus Desmonde moved, seconded by David Thompson, to delegate authority to the Travel Liaison to approve any board member travel. Motion carried unanimously.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Ayres Monitoring and Intake Supervisor Division of Legal Services and Compliance		2) Date When Request Submitted: December 31, 2019 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Psychology Examining Board			
4) Meeting Date: January 22, 2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Appointment of Monitoring Liaison and Delegated Authorities	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1. Appoint primary and alternate liaisons for Monitoring, and for the Professional Assistance Procedure (PAP). 2. Adopt or reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today's agenda packet. 3. Delegate authority to Board Counsel to sign Monitoring orders on behalf of the Board/Section, after the Board/Section has taken action on Monitoring agenda items. <i>Current practice is for Department Monitors to draft Monitoring orders after Board meetings, send them to Board Counsel for review, and then send them to the Executive Director for subsequent review and signature. With the new proposed process, Department Monitors would only send their orders to Board Counsel for review and signature, eliminating the need for a second review by the Executive Director.</i>			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <hr/> Signature of person making this request </div> <div style="text-align: center;"> December 31, 2019 <hr/> Date </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="width: 60%;"> <hr/> Supervisor (if required) </div> <div style="width: 30%;"> <hr/> Date </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="width: 80%;"> <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="width: 15%;"> <hr/> Date </div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors to enforce Board/Section orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing education.
6. Grant a maximum of one extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.
7. Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain the signature or written authorization from the Liaison.
8. Grant or deny a request to appear before the Board/Section in closed session.
9. Board Monitoring Liaison may determine whether Respondent’s petition is eligible for consideration by the full Board/Section.
10. (*Except Pharmacy*) Accept Respondent’s written request to surrender credential. If accepted by the Liaison, Monitor will consult with Board Counsel to determine if a stipulation is necessary. If a stipulation is not necessary, Monitor will draft an order and sign on behalf of the Liaison. If denied by the Liaison, the request to surrender credential will go to the full Board for review.
11. (*Except Pharmacy*) Grant Respondent’s petition for a reduction in drug screens per the standard schedule, below. If approved, Monitor will draft an order and sign on behalf of the Liaison.
 - a. Year 1: 49 screens (including 1 hair test, if required by original order)
 - b. Year 2: 36 screens (plus 1 hair test, if required by original order)
 - c. Year 3: 28 screens plus 1 hair test
 - d. Year 4: 28 screens plus 1 hair test
 - e. Year 5: 14 screens plus 1 hair test

12. (*Dentistry only*) – Ability to approve or deny all requests from a respondent.

13. (*Except Nursing*) – Board Monitoring Liaison may approve or deny Respondent's request to be excused from drug and alcohol testing for work, travel, etc.

Current Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
 2. Suspend the license if Respondent has not completed Board/Section-ordered CE and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.
 3. Suspend the license (or remove stay of suspension) if Respondent fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if Respondent ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor-Adv.		2) Date When Request Submitted: 1/9/2020 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Psychology Examining Board			
4) Meeting Date: 1/22/2020	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? 2020 Meeting Dates	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Please review the finalized 2020 meeting dates. Any conflicts should be identified so to ensure quorum. 1/22/2020 3/25/2020 4/29/2020 7/22/2020 10/14/2020 11/11/2020			
11) Authorization			
<i>Kimberly Wood</i>		<i>1/9/2020</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Tittl revision 01/07/2020	LRB-1206/1 10/1/2019
<p>1 SECTION 1 . 15.405 (10m) of the statutes is amended to read:</p> <p>2 15.405 (10m) PSYCHOLOGY EXAMINING BOARD. There is created in the</p> <p>3 department of safety and professional services a psychology examining board</p> <p>4 consisting of 6 members appointed for staggered 4-year terms. Four of the members</p> <p>5 shall be psychologists licensed in this state. Each of the psychologist members shall</p> <p>6 represent a different specialty area within the field of psychology. Two members</p> <p>7 shall be public members. <u>The governor shall, to the extent possible, nominate</u></p> <p>8 <u>psychologists to the board who represent different specialty areas within the field of</u></p> <p>9 <u>psychology.</u></p>	<p>1 SECTION 1 . 15.405 (10m) of the statutes is amended to read:</p> <p>2 15.405 (10m) PSYCHOLOGY EXAMINING BOARD. There is created in the</p> <p>3 department of safety and professional services a psychology examining board</p> <p>4 consisting of 6 members appointed for staggered 4-year terms. Four of the members</p> <p>5 shall be psychologists licensed in this state. Each of the psychologist members shall</p> <p>6 represent a different specialty area within the field of psychology. Two members</p> <p>7 shall be public members. <u>The governor shall, to the extent possible, nominate</u></p> <p>8 <u>psychologists to the board who represent different specialty areas within the field of</u></p> <p>9 <u>psychology.</u></p>
<p>10 SECTION 2 . 48.375 (2) (c) of the statutes is amended to read:</p> <p>11 48.375 (2) (c) "Counselor" means a physician including a physician specializing</p> <p>12 in psychiatry, a licensed psychologist, as defined in s. 455.01 (4) <u>licensed under ch.</u></p> <p>13 <u>455</u>, or an ordained member of the clergy. "Counselor" does not include any person</p> <p>14 who is employed by or otherwise affiliated with a reproductive health care facility,</p> <p>15 a family planning clinic, or a family planning agency; any person affiliated with the</p> <p>16 performance of abortions, except abortions performed to save the life of the mother;</p> <p>17 or any person who may profit from giving advice to seek an abortion.</p>	<p>10 SECTION 2 . 48.375 (2) (c) of the statutes is amended to read:</p> <p>1 48.375 (2) (c) "Counselor" means a physician including a physician specializing</p> <p>2 in psychiatry, a licensed psychologist, as defined in s. 455.01 (4) <u>licensed under ch.</u></p> <p>3 <u>455</u>, or an ordained member of the clergy. "Counselor" does not include any person</p> <p>4 who is employed by or otherwise affiliated with a reproductive health care facility,</p> <p>5 a family planning clinic, or a family planning agency; any person affiliated with the</p> <p>6 performance of abortions, except abortions performed to save the life of the mother;</p> <p>7 or any person who may profit from giving advice to seek an abortion.</p>
<p>18 SECTION 3 . 48.375 (4) (b) 1m. of the statutes is amended to read:</p> <p>19 48.375 (4) (b) 1m. A physician who specializes in psychiatry or a licensed</p> <p>20 psychologist, as defined in s. 455.01 (4), <u>licensed under ch. 455</u> states in writing that</p> <p>21 the physician or psychologist believes, to the best of his or her professional judgment</p>	<p>8 SECTION 3 . 48.375 (4) (b) 1m. of the statutes is amended to read:</p> <p>9 48.375 (4) (b) 1m. A physician who specializes in psychiatry or a licensed</p> <p>10 psychologist, as defined in s. 455.01 (4), <u>licensed under ch. 455</u> states in writing that</p> <p>11 the physician or psychologist believes, to the best of his or her professional judgment</p>

<p>1 based on the facts of the case before him or 2 her, that the minor is likely to commit 3 suicide rather than file a petition under s. 4 48.257 or approach her parent, or guardian 5 or legal custodian, if one has been appointed, 6 or an adult family member of the minor, 7 or one of the minor's foster parents, if the 8 minor has been placed in a foster home and 9 the minor's parent has signed a waiver 10 granting the department, a county 11 department, or the foster parent the 12 authority to consent to medical services or 13 treatment on behalf of the minor, for 14 consent.</p>	<p>12 based on the facts of the case before him or 13 her, that the minor is likely to commit 14 suicide rather than file a petition under s. 15 48.257 or approach her parent, or guardian 16 or legal custodian, if one has been 17 appointed, or an adult family member of the 18 minor, 19 or one of the minor's foster parents, if the 20 minor has been placed in a foster home and 21 the minor's parent has signed a waiver 22 granting the department, a county 23 department, or the foster parent the 24 authority to consent to medical services or 25 treatment on behalf of the minor, for 26 consent.</p>
<p>8 SECTION 4 . 49.45 (30f) of the statutes is 9 amended to read: 10 49.45 (30f) PSYCHOTHERAPY AND ALCOHOL 11 AND OTHER DRUG ABUSE SERVICES. The 12 department shall include licensed mental 13 health professionals, as defined in s. 14 632.89 (1) (dm), and licensed psychologists, 15 as defined in s. 455.01 (4) licensed under 16 <u>ch. 455</u>, as providers of psychotherapy and 17 of alcohol and other drug abuse services. 18 Except for services provided under sub. 19 (30e), the department may not require that 20 licensed mental health professionals or 21 licensed psychologists be supervised; may 22 not require that clinical psychotherapy or 23 alcohol and other drug abuse services be 24 provided under a certified program; and, 25 notwithstanding subs. (9) and (9m), may 26 not require that a physician or other health 27 care provider first prescribe 28 psychotherapy or alcohol and other drug 29 abuse services to be provided by a licensed 30 mental health professional or licensed 31 psychologist before the professional or 32 psychologist may provide the services to the 33 recipient. This subsection does not 34 affect the department's powers under ch. 50 35 or 51 to establish requirements for 36 facilities that are licensed, certified, or 37 operated by the department.</p>	<p>19 SECTION 4 . 49.45 (30f) of the statutes is 20 amended to read: 21 49.45 (30f) PSYCHOTHERAPY AND ALCOHOL 22 AND OTHER DRUG ABUSE SERVICES. The 23 department shall include licensed mental 24 health professionals, as defined in s. 25 632.89 (1) (dm), and licensed psychologists, 26 as defined in s. 455.01 (4) licensed under 27 <u>ch. 455</u>, as providers of psychotherapy and 28 of alcohol and other drug abuse services. 29 Except for services provided under sub. 30 (30e), the department may not require that 31 licensed mental health professionals or 32 licensed psychologists be supervised; may 33 not require that clinical psychotherapy or 34 alcohol and other drug abuse services be 35 provided under a certified program; and, 36 notwithstanding subs. (9) and (9m), may 37 not require that a physician or other health 38 care provider first prescribe 39 psychotherapy or alcohol and other drug 40 abuse services to be provided by a licensed 41 mental health professional or licensed 42 psychologist before the professional or 43 psychologist may provide the services to the 44 recipient. This subsection does not 45 affect the department's powers under ch. 50 46 or 51 to establish requirements for 47 facilities that are licensed, certified, or 48 operated by the department.</p>

<p>23 SECTION 5 . 50.06 (4) of the statutes is amended to read:</p> <p>24 50.06 (4) A determination that an individual is incapacitated for purposes of</p> <p>25 sub. (2) shall be made by 2 physicians, as defined in s. 448.01 (5), or by one physician</p> <p>1 and one licensed psychologist, as defined in s. 455.01 (4) <u>licensed under ch. 455</u>, who</p> <p>2 personally examine the individual and sign a statement specifying that the</p> <p>3 individual is incapacitated. Mere old age, eccentricity, or physical disability, either</p> <p>4 singly or together, are insufficient to make a finding that an individual is</p> <p>5 incapacitated. Neither of the individuals who make a finding that an individual is</p> <p>6 incapacitated may be a relative, as defined in s. 242.01 (11), of the individual or have</p> <p>7 knowledge that he or she is entitled to or has a claim on any portion of the individual's</p> <p>8 estate. A copy of the statement shall be included in the individual's records in the</p> <p>9 facility to which he or she is admitted.</p>	<p>9 SECTION 5 . 50.06 (4) of the statutes is amended to read:</p> <p>10 50.06 (4) A determination that an individual is incapacitated for purposes of</p> <p>11 sub. (2) shall be made by 2 physicians, as defined in s. 448.01 (5), or by one physician</p> <p>12 and one licensed psychologist, as defined in s. 455.01 (4) <u>licensed under ch. 455</u>, who</p> <p>13 personally examine the individual and sign a statement specifying that the</p> <p>14 individual is incapacitated. Mere old age, eccentricity, or physical disability, either</p> <p>15 singly or together, are insufficient to make a finding that an individual is</p> <p>16 incapacitated. Neither of the individuals who make a finding that an individual is</p> <p>17 incapacitated may be a relative, as defined in s. 242.01 (11), of the individual or have</p> <p>18 knowledge that he or she is entitled to or has a claim on any portion of the individual's</p> <p>19 estate. A copy of the statement shall be included in the individual's records in the</p> <p>20 facility to which he or she is admitted.</p>
<p>10 SECTION 6 . 50.94 (8) of the statutes is amended to read:</p> <p>11 50.94 (8) A determination that a person is incapacitated may be made only by</p> <p>12 2 physicians or by one physician and one licensed psychologist, as defined in s. 455.01</p> <p>13 (4), <u>licensed under ch. 455</u> who personally examine the person and sign a statement</p> <p>14 specifying that the person is incapacitated. Mere old age, eccentricity, or physical</p> <p>15 disabilities, singly or together, are insufficient to determine that a person is</p> <p>16 incapacitated. Whoever determines that the person is incapacitated may not be a</p> <p>17 relative, as defined in s. 242.01 (11), of the person or have knowledge that he or she</p> <p>18 is entitled to or has claim on any portion of the person's estate. A copy of the</p> <p>19 statement shall be included in the records of the incapacitated person in the hospice</p> <p>20 to which he or she is admitted.</p>	<p>21 SECTION 6 . 50.94 (8) of the statutes is amended to read:</p> <p>22 50.94 (8) A determination that a person is incapacitated may be made only by</p> <p>23 2 physicians or by one physician and one licensed psychologist, as defined in s. 455.01</p> <p>24 (4), <u>licensed under ch. 455</u> who personally examine the person and sign a statement</p> <p>25 specifying that the person is incapacitated. Mere old age, eccentricity, or physical</p> <p>1 disabilities, singly or together, are insufficient to determine that a person is</p> <p>2 incapacitated. Whoever determines that the person is incapacitated may not be a</p> <p>3 relative, as defined in s. 242.01 (11), of the person or have knowledge that he or she</p> <p>4 is entitled to or has claim on any portion of the person's estate. A copy of the</p> <p>5 statement shall be included in the records of the incapacitated person in the hospice</p> <p>6 to which he or she is admitted.</p>

<p>21 SECTION 7. 51.30 (1) (b) of the statutes is amended to read:</p> <p>22 51.30 (1) (b) "Treatment records" include the registration and all other records</p> <p>23 that are created in the course of providing services to individuals for mental illness,</p> <p>24 developmental disabilities, alcoholism, or drug dependence and that are maintained</p> <p>25 by the department; by county departments under s. 51.42 or 51.437 and their staffs;</p> <p>1 by treatment facilities; or by psychologists licensed under s. 455.04 (1) <u>or (2)</u> or</p> <p>2 licensed mental health professionals who are not affiliated with a county department</p> <p>3 or treatment facility. Treatment records do not include notes or records maintained</p> <p>4 for personal use by an individual providing treatment services for the department,</p> <p>5 a county department under s. 51.42 or 51.437, or a treatment facility, if the notes or</p> <p>6 records are not available to others.</p>	<p>7 SECTION 7. 51.30 (1) (b) of the statutes is amended to read:</p> <p>8 51.30 (1) (b) "Treatment records" include the registration and all other records</p> <p>9 that are created in the course of providing services to individuals for mental illness,</p> <p>10 developmental disabilities, alcoholism, or drug dependence and that are maintained</p> <p>11 by the department; by county departments under s. 51.42 or 51.437 and their staffs;</p> <p>12 by treatment facilities; or by psychologists licensed under s. 455.04 (1) <u>or (2)</u> or</p> <p>13 licensed mental health professionals who are not affiliated with a county department</p> <p>14 or treatment facility. Treatment records do not include notes or records maintained</p> <p>15 for personal use by an individual providing treatment services for the department,</p> <p>16 a county department under s. 51.42 or 51.437, or a treatment facility, if the notes or</p> <p>17 records are not available to others.</p>
<p>7SECTION 8 . 54.01 (27) of the statutes is amended to read:</p> <p>854.01 (27) "Psychologist" means a licensed psychologist, as defined in s. 455.01</p> <p>9(4) <u>licensed under ch. 455.</u></p>	<p>18 SECTION 8 . 54.01 (27) of the statutes is amended to read:</p> <p>19 54.01 (27) "Psychologist" means a licensed psychologist, as defined in s. 455.01</p> <p>20 (4) <u>licensed under ch. 455.</u></p>
<p>10 SECTION 9 . 155.05 (2) of the statutes is amended to read:</p> <p>11 155.05 (2) Unless otherwise specified in the power of attorney for health care</p> <p>12 instrument, an individual's power of attorney for health care takes effect upon a</p> <p>13 finding of incapacity by 2 physicians, as defined in s. 448.01 (5), or one physician and</p> <p>14 one licensed psychologist, as defined in s. 455.01 (4) <u>licensed under ch. 455,</u> who</p> <p>15 personally examine the principal and sign a statement specifying that the principal</p> <p>16 has incapacity. Mere old age, eccentricity, or physical disability, either singly or</p> <p>17 together, are insufficient to make a finding of incapacity. Neither of the individuals</p> <p>18 who make a finding of incapacity may be a relative of the principal or have knowledge</p>	<p>21 SECTION 9 . 155.05 (2) of the statutes is amended to read:</p> <p>22 155.05 (2) Unless otherwise specified in the power of attorney for health care</p> <p>23 instrument, an individual's power of attorney for health care takes effect upon a</p> <p>24 finding of incapacity by 2 physicians, as defined in s. 448.01 (5), or one physician and</p> <p>25 one licensed psychologist, as defined in s. 455.01 (4) <u>licensed under ch. 455,</u> who</p> <p>1 personally examine the principal and sign a statement specifying that the principal</p> <p>2 has incapacity. Mere old age, eccentricity, or physical disability, either singly or</p> <p>3 together, are insufficient to make a finding of incapacity. Neither of the individuals</p>

<p>19 that he or she is entitled to or has a claim on any portion of the principal's estate.</p> <p>20 A copy of the statement, if made, shall be appended to the power of attorney for health</p> <p>21 care instrument.</p>	<p>4 who make a finding of incapacity may be a relative of the principal or have knowledge</p> <p>5 that he or she is entitled to or has a claim on any portion of the principal's estate.</p> <p>6 A copy of the statement, if made, shall be appended to the power of attorney for health</p> <p>7 care instrument.</p>
<p>22 SECTION 10 . 440.08 (2) (a) (intro.) of the statutes is amended to read:</p> <p>23 440.08 (2) (a) (intro.) Except as provided in par. (b) and in ss. 440.51, 442.04,</p> <p>24 444.03, 444.11, 447.04 (2) (c) 2., 449.17 (1m) (d), 449.18 (2) (e), <u>455.06 (1) (b)</u>, 463.10, 1 463.12, and 463.25 and subch. II of ch. 448, the renewal dates for credentials are as</p> <p>2 follows:</p>	<p>8 SECTION 10 . 440.08 (2) (a) (intro.) of the statutes is amended to read:</p> <p>9 440.08 (2) (a) (intro.) Except as provided in par. (b) and in ss. 440.51, 442.04,</p> <p>10 444.03, 444.11, 447.04 (2) (c) 2., 449.17 (1m) (d), 449.18 (2) (e), <u>455.06 (1) (b)</u>, 463.10, 11 463.12, and 463.25 and subch. II of ch. 448, the renewal dates for credentials are as</p> <p>12 follows:</p>
<p>3 SECTION 11. 440.88 (3m) of the statutes is amended to read:</p> <p>4 440.88 (3m) EXCEPTION. This section does not apply to a physician, as defined</p> <p>5 in s. 448.01 (5), a clinical social worker, as defined in s. 457.01 (1r), a licensed</p> <p>6 psychologist, as defined in s. 455.01 <u>(4) licensed under s. 455.04 (1) or (2)</u>, a marriage</p> <p>7 and family therapist, as defined in s. 457.01 (3), or a professional counselor, as</p> <p>8 defined in s. 457.01 (7), who practices as a substance abuse clinical supervisor or</p> <p>9 provides substance abuse counseling, treatment, or prevention services within the</p> <p>10 scope of his or her licensure.</p>	<p>13 SECTION 11. 440.88 (3m) of the statutes is amended to read:</p> <p>14 440.88 (3m) EXCEPTION. This section does not apply to a physician, as defined</p> <p>15 in s. 448.01 (5), a clinical social worker, as defined in s. 457.01 (1r), a licensed</p> <p>16 psychologist, as defined in s. 455.01 <u>(4) licensed under s. 455.04 (1) or (2)</u>, a marriage</p> <p>17 and family therapist, as defined in s. 457.01 (3), or a professional counselor, as</p> <p>18 defined in s. 457.01 (7), who practices as a substance abuse clinical supervisor or</p> <p>19 provides substance abuse counseling, treatment, or prevention services within the</p> <p>20 scope of his or her licensure.</p>
<p>11 SECTION 12. 455.01 (3m) of the statutes is amended to read:</p> <p>12 455.01 (3m) "<u>Fee</u>" "<u>Fee,</u>" when used other than in reference to a fee for a</p> <p>13 <u>credential,</u> means direct or indirect payment or compensation, monetary or</p> <p>14 otherwise, including the expectation of payment or compensation whether or not</p> <p>15 actually received.</p>	<p>21 SECTION 12. 455.01 (3m) of the statutes is amended to read:</p> <p>22 455.01 (3m) "<u>Fee</u>" "<u>Fee,</u>" when used other than in reference to a fee for a</p> <p>23 <u>credential,</u> means direct or indirect payment or compensation, monetary or</p> <p>24 otherwise, including the expectation of payment or compensation whether or not</p> <p>25 actually received.</p>
<p>16 SECTION 13 . 455.01 (4) of the statutes is repealed.</p>	<p>1 SECTION 13. 455.01 (4) of the statutes is repealed.</p>

<p>17 SECTION 14 . 455.01 (5) of the statutes is repealed and recreated to read:</p> <p>18 455.01 (5) (a) "Practice of psychology" means the observation, description,</p> <p>19 evaluation, interpretation, prediction, or modification of human behavior by the</p> <p>20 application of psychological principles, methods, or procedures for any of the</p> <p>21 following purposes, in exchange for a fee:</p> <p>22 1. Preventing, eliminating, evaluating, assessing, or predicting symptomatic,</p> <p>23 maladaptive, or undesired behavior and promoting adaptive health maintaining</p> <p>24 behavior or psychological functioning.</p> <p>25 2. Assisting in legal decision making.</p> <p>1 (b) "Practice of psychology" includes all of the following if done in exchange for</p> <p>2 a fee:</p> <p>3 1 . Psychological testing and the evaluation or assessment of a person's</p> <p>4 characteristics, including intelligence; personality; cognitive, physical, or emotional</p> <p>5 abilities; skills; interests; aptitudes; or neuropsychological functioning.</p> <p>6 2. Counseling, consultation, psychoanalysis, psychotherapy, hypnosis,</p> <p>7 biofeedback, behavior therapy, and applied behavior analysis.</p> <p>8 3. The diagnosis, treatment, or management of mental and emotional disorders</p> <p>9 or disabilities, substance use disorders, disorders of habit or conduct, and the</p> <p>10 psychological aspects of physical illnesses, accidents, injuries, or disabilities.</p> <p>11 4. Psychoeducational evaluation, therapy, or remediation.</p> <p>12 5. Consultation with other psychologists, physicians, or other health care</p> <p>13 professionals and with a patient regarding all available treatment options with</p> <p>14 respect to the provision of care for a specific patient or client.</p>	<p>2 SECTION 14 . 455.01 (5) of the statutes is repealed and recreated to read:</p> <p>3 455.01 (5) (a) "Practice of psychology" means the observation, description,</p> <p>4 evaluation, interpretation, prediction, or modification of human behavior by the</p> <p>5 application of psychological principles, methods, or procedures for any of the</p> <p>6 following purposes, in exchange for a fee:</p> <p>7 1. Preventing, eliminating, evaluating, assessing, or predicting symptomatic,</p> <p>8 maladaptive, or undesired behavior and promoting adaptive health maintaining</p> <p>9 behavior or psychological functioning.</p> <p>10 2. Evaluating, assessing, or facilitating the enhancement of individual, group,</p> <p>11 or organizational effectiveness.</p> <p>12 3. Assisting in legal decision making.</p> <p>13 (b) "Practice of psychology" includes all of the following if done in exchange for</p> <p>14 a fee:</p> <p>15 1. Psychological testing and the evaluation or assessment of a person's</p> <p>16 characteristics, including intelligence; personality; cognitive, physical, or emotional</p> <p>17 abilities; skills; interests; aptitudes; or neuropsychological functioning.</p> <p>18 2. Counseling, consultation, psychoanalysis, psychotherapy, hypnosis,</p> <p>19 biofeedback, behavior therapy, and applied behavior analysis.</p> <p>20 3. The diagnosis, treatment, or management of mental and emotional disorders</p> <p>21 or disabilities, substance use disorders, disorders of habit or conduct, and the</p> <p>22 psychological aspects of physical illnesses, accidents, injuries, or disabilities.</p> <p>23 4. Psychoeducational evaluation, therapy, or remediation.</p> <p>1 5. Consultation with other psychologists, physicians, or other health care</p> <p>2 professionals and with a patient regarding all available treatment options with</p> <p>3 respect to the provision of care for a specific patient or client.</p>
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<p>15 6. The supervision of anything specified in subds. 1. to 5.</p>	<p>4 6. The provision of direct services to individuals or groups for the purposes of enhancing individual or organizational effectiveness, using psychological principles, methods, or procedures. 5 6 7 7. The supervision of anything specified in subds. 1. to 6.</p>
<p>16 SECTION 15. 455.01 (6) of the statutes is repealed and recreated to read: 17 455.01 (6) "Psychotherapy" means the diagnosis and treatment of mental, 18 emotional, or behavioral disorders, conditions, or addictions through the application 19 of methods derived from established psychological or systemic principles, including 20 for the purpose of assisting individuals with modifying their behaviors, cognitions, 21 emotions, or personality characteristics, or for the purpose of understanding 22 unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p>	<p>8 SECTION 15. 455.01 (6) of the statutes is repealed and recreated to read: 9 455.01 (6) "Psychotherapy" means the diagnosis and treatment of mental, 10 emotional, or behavioral disorders, conditions, or addictions through the application 11 of methods derived from established psychological or systemic principles, including 12 for the purpose of assisting individuals with modifying their behaviors, cognitions, 13 emotions, or personality characteristics, or for the purpose of understanding 14 unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.</p>
<p>23 SECTION 16. 455.01 (7) of the statutes is repealed.</p>	<p>15 SECTION 16. 455.01 (7) of the statutes is repealed.</p>
<p>24 SECTION 17. 455.02 (1m) (title) of the statutes is amended to read: 25 455.02 (1m) (title) LICENSE REQUIRED TO PRACTICE.</p>	<p>16 SECTION 17 . 455.02 (1m) (title) of the statutes is amended to read: 17 455.02 (1m) (title) LICENSE REQUIRED TO PRACTICE.</p>
<p>1 SECTION 18 . 455.02 (1m) of the statutes is renumbered 455.02 (1m) (a) and 2 amended to read: 3 455.02 (1m) (a) Except as provided in s. sub. (2m) and ss. 257.03 and 455.03, 4 no person may engage in the practice of psychology or the private practice of school 5 psychology, or attempt to do so or make a representation as authorized to do so, 6 without a license issued by the examining board.</p>	<p>18 SECTION 18 . 455.02 (1m) of the statutes is renumbered 455.02 (1m) (a) and 19 amended to read: 20 455.02 (1m) (a) Except as provided in s. sub. (2m) and ss. 257.03 and 455.03, 21 no person may engage in the practice of psychology or the private practice of school 22 psychology, or attempt to do so or make a representation as authorized to do so, 23 without a license issued by the examining board.</p>
<p>7 SECTION 19 . 455.02 (2m) (d) of the statutes is amended to read:</p>	<p>24 SECTION 19 . 455.02 (2m) (d) of the statutes is amended to read:</p>

<p>8 455.02 (2m) (d) A person employed in a position as a psychologist or 9 psychological assistant by an a <u>regionally accredited college, junior college or</u> 10 university or other academic or <u>research higher educational institution, if</u> the person 11 is performing activities that are a part of the duties for which he or she is employed, 12 is performing those activities solely within the confines of or under the jurisdictions 13 of the institution in which he or she is employed, and does not render or offer to 14 render psychological services to the public for a fee over and above the salary that 15 he or she receives for the performance of the official duties with the institution with 16 which he or she is employed. An individual acting under this paragraph may; 17 without obtaining a license under s. 455.04 (1) or (4), disseminate research findings 18 and scientific information to others, such as <u>accredited academic institutions or</u> 19 governmental agencies, or may offer lecture services for a fee. <u>teach the practice of</u> 20 <u>psychology, conduct psychological research, present lectures on the practice of</u> 21 <u>psychology, perform any consultation required by his or her academic or research</u> 22 <u>functions, or provide expert testimony in court related to his or her field of expertise.</u> 23 <u>A person employed in a position under this paragraph may utilize or represent</u> 24 <u>himself or herself by the academic or research title conferred upon him or her by</u> <u>the</u> 1 <u>administration of the laboratory, school, college, or university or use the title</u> 2 <u>“psychology professor” or “academic psychologist.”</u></p>	<p>1 455.02 (2m) (d) A person employed in a position as a psychologist or 2 psychological assistant by an a <u>regionally accredited college, junior college</u> or 3 university or other academic or <u>research higher educational institution, if</u> the person 4 is performing activities that are a part of the duties for which he or she is employed, 5 is performing those activities solely within the confines of or under the jurisdictions 6 of the institution in which he or she is employed, and does not render or offer to 7 render psychological services to the public for a fee over and above the salary that 8 he or she receives for the performance of the official duties with the institution with 9 which he or she is employed. An individual acting under this paragraph may; 10 without obtaining a license under s. 455.04 (1) or (4), disseminate research findings 11 and scientific information to others, such as <u>accredited academic institutions or</u> 12 governmental agencies, or may offer lecture services for a fee. <u>teach the practice of</u> 13 <u>psychology, conduct psychological research, present lectures on the practice of</u> 14 <u>psychology, perform any consultation required by his or her academic or research</u> 15 <u>functions, or provide expert testimony in court related to his or her field of expertise.</u> 16 <u>A person employed in a position under this paragraph may utilize or represent</u> 17 <u>himself or herself by the academic or research title conferred upon him or her by</u> <u>the</u> 18 <u>administration of the laboratory, school, college, or university or use the title</u> 19 <u>“psychology professor” or “academic psychologist.”</u></p>
<p>3 SECTION 20 . 455.02 (2m) (f) of the statutes is repealed and recreated to read: 4 455.02 (2m) (f) A person providing psychological services as part of a 5 psychology training program, if his or her activities and services constitute a part of</p>	<p>20 SECTION 20 . 455.02 (2m) (f) of the statutes is repealed and recreated to read: 21 455.02 (2m) (f) A person providing psychological services as part of a 22 psychology training program, if his or her activities and services constitute a part of</p>

<p>6 the supervised course of study and are performed under the supervision of a 7 psychologist licensed under this chapter and the person does not provide or offer to 8 provide psychological services to the public for a fee over and above any salary that 9 he or she may receive for the performance of the official duties with the employing 10 agency or organization. A person providing services under this paragraph may use 11 the title “psychology student,” “psychology intern,” or “psychology resident.”</p>	<p>23 the supervised course of study and are performed under the supervision of a 24 psychologist licensed under this chapter and the person does not provide or offer to 25 provide psychological services to the public for a fee over and above any salary that 1 he or she may receive for the performance of the official duties with the employing 2 agency or organization. A person providing services under this paragraph may use 3 the title “psychology student,” “psychology intern,” or “psychology resident.”</p>
<p>12 SECTION 21 . 455.02 (2m) (h) of the statutes is repealed.</p>	<p>4 SECTION 21 . 455.02 (2m) (h) of the statutes is repealed.</p>
<p>13 SECTION 22 . 455.02 (2m) (k) of the statutes is repealed and recreated to read: 14 455.02 (2m) (k) A person whose activities are limited to educational or 15 vocational counseling or testing that is performed in a human resources, personnel, 16 or educational setting.</p>	<p>5 SECTION 22 . 455.02 (2m) (k) of the statutes is repealed and recreated to read: 6 455.02 (2m) (k) A person not trained as a psychologist whose activities are 7 limited to educational or vocational counseling or testing that is performed in a 8 human resources, personnel, or educational setting.</p>
<p>17 SECTION 23 . 455.02 (2m) (m) of the statutes is amended to read: 18 455.02 (2m) (m) A person providing psychological services as an employee of 19 a federal, state or local governmental agency, if the person is providing the 20 psychological services as a part of the duties for which he or she is employed, is 21 providing the psychological services solely within the confines of or under the 22 jurisdiction of the agency by which he or she is employed, and does not provide or offer 23 to provide psychological services to the public for a fee over and above the salary 24 that he or she receives for the performance of the official duties with the agency by which 25 he or she is employed.</p>	<p>9SECTION 23 . 455.02 (2m) (m) of the statutes is amended to read: 10 455.02 (2m) (m) A person providing psychological services as an employee of 11 a federal, state or local governmental agency, if the person is providing the 12 psychological services as a part of the duties for which he or she is employed, is 13 providing the psychological services solely within the confines of or under the 14 jurisdiction of the agency by which he or she is employed, and does not provide or offer 15 to provide psychological services to the public for a fee over and above the salary 16 that he or she receives for the performance of the official duties with the agency by which 17 he or she is employed.</p>
<p>1 SECTION 24 . 455.02 (2m) (o) to (s) of the statutes are created to read:</p>	<p>18 SECTION 24 . 455.02 (2m) (o) to (s) of the statutes are created to read:</p>

2 455.02 (2m) (o) A person providing
3 psychological services as an employee of a
4 state or local governmental agency, if the
5 person is providing the psychological
6 services as a part of the duties for which he
7 or she is employed, is providing the
8 psychological services solely within the
9 confines of or under the jurisdiction of the
10 agency by which he or she is employed, does
11 not provide or offer to provide
12 psychological services to the public for a fee
13 over and above the salary that he or she
14 receives for the performance of the official
15 duties with the agency by which he or she
16 is employed, and has received a master's
17 degree in psychology from a regionally
18 accredited higher educational institution or
19 has fulfilled requirements
20 commensurate with a master's degree, as
21 determined by the examining board. The
22 examining board may promulgate rules to
23 further establish requirements for
24 exemptions under this paragraph for
25 persons who do not hold a master's degree in
1 psychology. A person providing services
2 under this paragraph may use the title
3 "psychological associate."
4 (p) A person providing psychological
5 services under the supervision of a
6 psychologist licensed under this chapter as
7 part of a formal psychology fellowship
8 program that meets the program standards
9 of an organization as determined by the
10 examining board. A person providing
11 services under this paragraph may use the
12 title "psychology fellow."
13 (q) A person whose activities are limited to
14 testifying in a court in this state
15 regarding services rendered in another
16 state.
17 (r) A person engaging in the private practice
18 of school psychology who holds a
19 valid private practice school psychologist
20 license issued under s. 455.04 (4), 2017
1 stats. A person acting under this paragraph
2 may use the title "private practice school
3 psychologist."

19 455.02 (2m) (o) A person providing
20 psychological services as an employee of a
21 state or local governmental agency, if the
22 person is providing the psychological
23 services as a part of the duties for which he
24 or she is employed, is providing the
25 psychological services solely within the
1 confines of or under the jurisdiction of the
2 agency by which he or she is employed, does
3 not provide or offer to provide
4 psychological services to the public for a fee
5 over and above the salary that he or she
6 receives for the performance of the official
7 duties with the agency by which he or she
8 is employed, and has received a master's
9 degree in psychology from a regionally
10 accredited higher educational institution or
11 has fulfilled requirements
12 commensurate with a master's degree, as
13 determined by the examining board. The
14 examining board may promulgate rules to
15 further establish requirements for
16 exemptions under this paragraph for
17 persons who do not hold a master's degree in
18 psychology. A person providing services
19 under this paragraph may use the title
20 "psychological associate."
21 (p) A person providing psychological services
22 under the supervision of a
23 psychologist licensed under this chapter as
24 part of a formal psychology fellowship
25 program that meets the program standards
1 of the Association of Psychology
2 Postdoctoral and Internship Centers or its
3 successor organization. A person
4 providing services under this paragraph
5 may use the title "psychology fellow."
6 (q) A person whose activities are limited to
7 testifying in a court in this state
8 regarding services rendered in another
9 state.
10 (r) A person engaging in the private
11 practice of school psychology who holds a
12 valid private practice school psychologist
13 license issued under s. 455.04 (4), 2017
14 stats. A person acting under this paragraph
15 may use the title "private practice school
16 psychologist."

<p>3 (s) A person who holds a doctoral degree in 4 psychology but does not engage in 5 the practice of psychology. A person described in this paragraph may use the title “psychologist” or “doctor of psychology.”</p>	<p>18 psychologist.” 19 (s) A person who holds a doctoral degree in 20 psychology but does not engage in the practice of psychology. A person described in this paragraph may use the title 21 “psychologist” or “doctor of psychology.”</p>
<p>6 SECTION 25 . 455.02 (3m) (title) of the statutes is repealed.</p>	<p>22 SECTION 25 . 455.02 (3m) (title) of the statutes is repealed.</p>
<p>7 SECTION 26 . 455.02 (3m) of the statutes is renumbered 455.02 (1m) (b) and 8 amended to read: 9 455.02 (1m) (b) Except as provided in s. sub. <u>(2m) and ss. 257.03 and 455.03,</u> 10 only an individual licensed under s. 455.04 (1) <u>or (2)</u> may use the title “psychologist” 11 or any similar title or state or imply that he or she is licensed to practice psychology; 12 and only an individual licensed under s. 455.04 (4) may use the title “private practice 13 school psychologist” or any similar title or state or imply that he or she is licensed 14 to engage in the private practice of school psychology. Except as provided in s. sub. <u>15 (2m) and ss. 257.03 and 455.03,</u> only an individual licensed under s. 455.04 (1) or (4) 16 <u>or (2)</u> may represent himself or herself to the public by any description of services 17 incorporating the word “psychological” or “psychology-.”</p>	<p>23 SECTION 26 . 455.02 (3m) of the statutes is renumbered 455.02 (1m) (b) and 24 amended to read: 1 455.02 (1m) (b) Except as provided in s. sub. <u>(2m) and ss. 257.03 and 455.03,</u> 2 only an individual licensed under s. 455.04 (1) <u>or (2)</u> may use the title “psychologist” 3 or any similar title or state or imply that he or she is licensed to practice psychology; 4 and only an individual licensed under s. 455.04 (4) may use the title “private 5 practice school psychologist” or any similar title or state or imply that he or she is licensed 6 to engage in the private practice of school psychology. Except as provided in s. sub. <u>7 (2m) and ss. 257.03 and 455.03,</u> only an individual licensed under s. 455.04 (1) or (4) 8 <u>or (2)</u> may represent himself or herself to the public by any description of services 9 incorporating the word “psychological” or “psychology-.”</p>
<p>18 SECTION 27 . 455.025 of the statutes is created to read: 19 455.025 Practice of medicine and surgery. Nothing in this chapter shall 20 be construed to authorize a psychologist to engage in the practice of medicine and 21 surgery.</p>	<p>10 SECTION 27 . 455.025 of the statutes is created to read: 11 455.025 Practice of medicine and surgery. Nothing in this chapter shall 12 be construed to authorize a psychologist to engage in the practice of medicine and 13 surgery.</p>
<p>22 SECTION 28. 455.03 of the statutes is amended to read: 23 455.03 Temporary practice. A psychologist who is licensed or certified by 24 a similar examining board of another state or territory of the United States or of a</p>	<p>14 SECTION 28. 455.03 of the statutes is amended to read: 15 455.03 Temporary practice. A psychologist who is licensed or certified by 16 a similar examining board of another state or territory of the United States or of a</p>

<p>25 foreign country or province whose standards, in the opinion of the 4 examining board, are equivalent to or higher than the requirements for licensure as a psychologist in 2 s. 455.04 (1) may offer provide psychological services as a psychologist in this state 3 for on not more than 60 working days in any year without holding a license issued 4 under s. 455.04 (1). The psychologist shall report to the examining board the nature 5 and extent of his or her practice in this state if it exceeds 20 working days within a 6 year.</p> <p><u>In this section, "day" means any part of a day during which psychological services are rendered.</u></p>	<p>17 foreign country or a <u>Canadian</u> province whose standards, in the opinion of the 18 examining board, are equivalent to or higher than the requirements for licensure as 19 a psychologist in s. 455.04 (1) may offer provide psychological services as a 20 psychologist in this state for on not more than 60 working days in any year without 21 holding a license issued under s. 455.04 (1). The psychologist shall report to the 22 examining board the nature and extent of his or her practice in this state if it exceeds 23 20 working days within a year. <u>A psychologist provides psychological services in this 24 state for purposes of this section whenever the patient or client is located in this 25 state, regardless of whether the psychologist is temporarily located in this state or 1 is providing services by electronic or telephonic means from the state or province 2 where the psychologist is licensed. In this section, "day" means any part of a day 3 during which psychological services are rendered.</u></p>
<p>8 SECTION 29 . 455.04 (title) of the statutes is amended to read: 9 455.04 (title) Licensure of psychologists and private practice school 10 psychologists.</p>	<p>4 SECTION 29 . 455.04 (title) of the statutes is amended to read: 5 455.04 (title) Licensure of psychologists and private practice school 6 psychologists.</p>
<p>11 SECTION 30 . 455.04 (1) (intro.) of the statutes is amended to read: 12 455.04 (1) (intro.) <u>The department Subject to s. 455.09, the examining board</u> 13 shall issue grant a psychologist license to an individual who submits an application 14 for the license to the department on a form provided by the department, pays the fee 15 specified in s. 440.05 (1) or, if sub. (3) applies, the fee specified in s. 440.05 (2)</p>	<p>7 SECTION 30 . 455.04 (1) (intro.) of the statutes is amended to read: 8 455.04 (1) (intro.) <u>The department Subject to s. 455.09, the examining board</u> 9 shall issue grant a psychologist license to an individual who submits an application 10 for the license to the department on a form provided by the department, pays the fee 11 specified in s. 440.05 (1) or, if sub. (3) applies, the fee specified in s. 440.05 (2)</p>

<p>16 determined by the department under s. 440.03 (9), and is found by the examining board to meet <u>satisfies</u> all of the following requirements:</p>	<p>12 determined by the department under s. 440.03 (9), and is found by the examining board to meet <u>satisfies</u> all of the following requirements:</p>
<p>18 SECTION 31 . 455.04 (1) (b) of the statutes is amended to read: 19 455.04 (1) (b) Subject to ss. 111.321, 111.322, and 111.335, not have an arrest 20 or a conviction record.</p>	<p>14 SECTION 31 . 455.04 (1) (b) of the statutes is amended to read: 15 455.04 (1) (b) Subject to ss. 111.321, 111.322, and 111.335, not have an arrest 16 or a conviction record.</p>
<p>21 SECTION 32 . 455.04 (1) (c) of the statutes is amended to read: 22 455.04 (1) (c) Hold a doctoral degree in psychology from a college or university 23 accredited by a regional accrediting agency approved by the state board of education 24 in the state in which the college or university is located <u>program accredited by an</u> 25 <u>organization approved by the examining board,</u> or have had other academic training 1 or specialized experience, which in the opinion of that the examining board is 2 <u>determines to be substantially equivalent thereto based upon standards established</u> 3 <u>by rule.</u> The <u>examining board</u> may require examinations to determine the 4 equivalence of such training and experience and may also require examinations for 5 individuals holding doctoral degrees in psychology from non-American universities.</p>	<p>17 SECTION 32 . 455.04 (1) (c) of the statutes is amended to read: 18 455.04 (1) (c) Hold a doctoral degree in psychology from a college or university 19 accredited by a regional accrediting agency approved by the state board of education 20 in the state in which the college or university is located <u>program accredited by the</u> 21 <u>American Psychological Association or the Canadian Psychological Association,</u> or 22 have had other academic training or specialized experience, which in the opinion of 23 <u>that the examining board is determines to be substantially equivalent thereto based</u> 24 <u>upon standards established by rule.</u> The <u>examining board</u> may require examinations 25 to determine the equivalence of such training and experience and may also require 1 examinations for individuals holding doctoral degrees in psychology from 2 non-American universities.</p>
<p>6 SECTION 33 . 455.04 (1) (d) of the statutes is repealed and recreated to read: 7 455.04 (1) (d) Complete any predoctoral supervised experience requirements 8 established by the examining board by rule. <u>The examining board may not require</u> 9 <u>more than 1,500 hours of predoctoral supervised experience.</u></p>	<p>3 SECTION 33 . 455.04 (1) (d) of the statutes is repealed and recreated to read: 4 455.04 (1) (d) Complete any predoctoral supervised experience requirements 5 established by the examining board by rule.</p>
<p>10 SECTION 34 . 455.04 (1) (dm) of the statutes is created to read:</p>	<p>6 SECTION 34 . 455.04 (1) (dm) of the statutes is created to read:</p>

<p>11 455.04 (1) (dm) Complete any postdoctoral supervised experience</p> <p>12 requirements established by the examining board by rule. The examining board may</p> <p>13 not require more than 1,500 hours of postdoctoral supervised experience. The</p> <p>14 examining board shall count any hours of supervised experience attained after</p> <p>15 completion of doctoral <i>level coursework</i> toward the required hours of postdoctoral</p> <p>16 supervised experience even if the individual completed the supervised experience</p> <p>17 before conferral of a doctoral degree.</p>	<p>7 455.04 (1) (dm) Complete any postdoctoral supervised experience</p> <p>8 requirements established by the examining board by rule.</p> <p>NOTE: we asked for a “correction here”:completion of doctoral DEGREE REQUIREMENTS toward</p>
<p>18 SECTION 35 . 455.04 (1) (e) of the statutes is amended to read:</p> <p>19 455.04 (1) (e) Pass the examination under s. 455.045 (1) (a). This paragraph</p> <p>20 does not apply to an applicant who is licensed as a psychologist in another state if</p> <p>21 the applicant submits proof of completion of continuing educational programs or</p> <p>22 courses approved under s. 455.065 (4) for the minimum number of hours required in</p> <p>23 the rules promulgated under s. 455.065 (3).</p>	<p>9SECTION 35 . 455.04 (1) (e) of the statutes is amended to read:</p> <p>10 455.04 (1) (e) Pass the examination under s. 455.045 (1) (a). This paragraph</p> <p>11 does not apply to an applicant who is licensed as a psychologist in another state if</p> <p>12 the applicant submits proof of completion of continuing educational programs or</p> <p>13 courses approved under s. 455.065 (4) for the minimum number of hours required in</p> <p>14 the rules promulgated under s. 455.065 (3).</p>
<p>24 SECTION 36 . 455.04 (2) of the statutes is created to read:</p> <p>1 455.04 (2) Subject to s. 455.09, the examining board shall grant an interim</p> <p>2 psychologist license to an individual who submits an application for the license, pays</p> <p>3 the fee specified under s. 440.05 (6), and satisfies the requirements for a license</p> <p>4 under sub. (1) (a) to (f), other than one or both of the requirements under sub. (1) (dm)</p> <p>5 and (e). An individual licensed under this subsection may provide psychological</p> <p>6 services only under the supervision of qualified supervisors, as determined by the</p> <p>7 examining board.</p> <p>NOTE: Line 4 is interesting in that it allows the board to grant the interim licensed person an exemption from either (1) the post-doctoral experience, (2) the EPPP, or (3) both. This is the window that allows the board to require the EPPP for interim licensure.</p>	<p>15 SECTION 36 . 455.04 (2) of the statutes is created to read:</p> <p>16 455.04 (2) Subject to s. 455.09, the examining board shall grant an interim</p> <p>17 psychologist license to an individual who submits an application for the license, pays</p> <p>18 the fee specified under s. 440.05 (6), and satisfies the requirements for a license</p> <p>19 under sub. (1) (a) to (f), other than the requirement under sub. (1) (dm). An individual</p> <p>20 licensed under this subsection may provide psychological services only under the</p> <p>21 supervision of qualified supervisors, as determined by the examining board.</p> <p>Let us not call attention to this change</p>
<p>8SECTION 37 . 455.04 (3) of the statutes is amended to read:</p>	<p>22 SECTION 37 . 455.04 (3) of the statutes is amended to read:</p>

<p>9455.04 (3) The examining board may waive the requirements of sub. (1) (c) and 10 (d) to (e) if a candidate holds a diploma of the American board of examiners in 11 professional psychology, or an <u>applicant</u> holds a certificate or license of an examining 12 board of some other state or territory or foreign country or province, if the standards 13 of such other examining board are deemed by the members of this <u>examining</u> board 14 to be <u>substantially</u> equivalent to the standards of this state and like reciprocity is 15 extended to holders of licenses issued by <u>this state.</u></p>	<p>23 455.04 (3) The examining board may waive the requirements of sub. (1) (c) and 24 (d) to (e) if a candidate holds a diploma of the American board of examiners in 25 professional psychology, or an <u>applicant</u> holds a certificate or license of an examining 1 board of some other state or territory or foreign country or <u>a Canadian</u> province, if 2 the standards of such other examining board are deemed by the members of this 3 <u>examining</u> board to be <u>substantially</u> equivalent to the standards of this state and like 4 reciprocity is extended to holders of licenses <u>issued by this state.</u></p>
<p>16 SECTION 38 . 455.04 (4) of the statutes is repealed and recreated to read: 17 455.04 (4) An individual who, on the day before the effective date of this 18 subsection [LRB inserts date], held a valid private practice school psychologist 19 license under s. 455.04 (4), 2017 stats., may continue to renew that license as 20 provided in s. 455.06. The examining board may not grant any initial private 21 practice school psychologist license based on an application received on or after the 22 effective date of this subsection [LRB inserts date].</p>	<p>5 SECTION 38 . 455.04 (4) of the statutes is repealed and recreated to read: 6 455.04 (4) An individual who, on the day before the effective date of this 7 subsection [LRB inserts date], held a valid private practice school psychologist 8 license under s. 455.04 (4), 2017 stats., may continue to renew that license as 9 provided in s. 455.06. The examining board may not grant any initial private 10 practice school psychologist license based on an application received on or after the 11 effective date of this subsection [LRB inserts date].</p>
<p>23 SECTION 39 . 455.04 (5) of the statutes is amended to read: 24 455.04 (5) Applicants for licensure under subs. (1) and (4) <u>this section</u> may be 25 required to appear before the examining board in person prior to licensure to allow 1 the examining board to make such inquiry of them as to qualifications and other 2 matters as it considers proper.</p>	<p>12 SECTION 39 . 455.04 (5) of the statutes is amended to read: 13 455.04 (5) Applicants for licensure under subs. (1) and (4) <u>this section</u> may be 14 required to appear before the examining board in person prior to licensure to allow 15 the examining board to make such inquiry of them as to qualifications and other 16 matters as it considers proper.</p>
<p>3 SECTION 40 . 455.045 (1) of the statutes is amended to read: 4 455.045 (1) The examining board shall <u>administer</u> <u>In order to qualify for a</u> 5 <u>psychologist license under s. 455.04 (1), an</u> <u>applicant must have passed all of the</u></p>	<p>17 SECTION 40 . 455.045 (1) of the statutes is amended to read: 18 455.045 (1) The examining board shall <u>administer</u> <u>In order to qualify for a</u> 19 <u>psychologist license under s. 455.04 (1) or</u> <u>(2), an applicant must have passed all of</u></p>

<p>6 following examinations for psychologist 7 licensure at least semiannually at times and 8 places determined by the examining board: 9 (a) A written examination on the <u>professional</u> practice of psychology. 10 (b) A written examination in the elements of 11 practice essential to the public 12 health, safety or welfare <u>on state law</u> 13 related to the practice of psychology.</p>	<p>20 the following examinations for psychologist licensure at least semiannually at times and 21 places determined by the examining board: 22 (a) A written examination on the <u>professional</u> practice of psychology. 23 (b) A written examination in the elements of practice essential to the public 24 health, safety or welfare <u>on state law</u> related to the practice of psychology.</p>
<p>11 SECTION 41 . 455.045 (2) of the statutes is repealed.</p>	<p>25 SECTION 41 . 455.045 (2) of the statutes is repealed.</p>
<p>12 SECTION 42 . 455.045 (3) of the statutes is repealed and recreated to read: 13 455.045 (3) The examining board shall set passing scores for examinations 14 under sub. (1) (a) or (b). The examining board may adopt passing scores 15 recommended by test developers.</p>	<p>1 SECTION 42. 455.045 (3) of the statutes is repealed and recreated to read: 2 455.045 (3) The examining board shall set passing scores for examinations 3 under sub. (1) (a) or (b). The examining board may adopt passing scores 4 recommended by test developers.</p>
<p>16 SECTION 43. 455.06 of the statutes is repealed and recreated to read: 17 455.06 Renewals. (1) (a) Except as provided in par. (b), the renewal dates for 18 licenses issued under this chapter or under s. 455.04 (4), 2017 stats., are specified 19 under s. 440.08 (2) (a), and the renewal fee for such licenses is determined by the 20 department under s. 440.03 (9) (a). 21 (b) A license issued under s. 455.04 (2) is valid for 2 years or until the individual 22 obtains a license under s. 455.04 (1) and may not be renewed, except that the 23 examining board may promulgate rules specifying circumstances in which the 24 examining board, in cases of hardship, may allow an individual to renew a license 1 issued under s. 455.04 (2). Notwithstanding sub. (2), an individual holding a license 2 issued under s. 455.04 (2) is not required to complete continuing education. 3 (2) An applicant for renewal of a license issued under this chapter or under s. 4 455.04 (4), 2017 stats., shall include with his or her application proof in the form 5 specified by the examining board that he or she has completed the hours of</p>	<p>5 SECTION 43. 455.06 of the statutes is repealed and recreated to read: 6 455.06 Renewals. (1) (a) Except as provided in par. (b), the renewal dates for 7 licenses issued under this chapter or under s. 455.04 (4), 2017 stats., are specified 8 under s. 440.08 (2) (a), and the renewal fee for such licenses is determined by the 9 department under s. 440.03 (9) (a). 10 (b) A license issued under s. 455.04 (2) is valid for 2 years or until the individual 11 obtains a license under s. 455.04 (1) and may not be renewed, except that the 12 examining board may promulgate rules specifying circumstances in which the 13 examining board, in cases of hardship, may allow an individual to renew a license 14 issued under s. 455.04 (2). Notwithstanding sub. (2), an individual holding a license 15 issued under s. 455.04 (2) is not required to complete continuing education. 16 (2) An applicant for renewal of a license issued under this chapter or under s. 17 455.04 (4), 2017 stats., shall include with his or her application proof in the form 18 specified by the examining board that he or she has completed the hours of</p>

<p>6 continuing education required under s. 455.065.</p>	<p>19 continuing education required under s. 455.065.</p>
<p>7 SECTION 44 . 455.065 (1) of the statutes is amended to read: 8 455.065 (1) Promulgate rules establishing the minimum number of hours of 9 continuing education, the topic areas that the continuing education must cover, the 10 criteria for the approval of continuing education programs and courses required for 11 renewal of a license, and the criteria for the approval of the sponsors and cosponsors 12 of those continuing education programs and courses. <u>The examining board may</u> 13 <u>establish criteria for the substitution of</u> 14 <u>hours of professional activities to meet</u> <u>continuing education requirements.</u></p>	<p>20 SECTION 44 . 455.065 (1) of the statutes is amended to read: 21 455.065 (1) Promulgate rules establishing the minimum number of hours of 22 continuing education, the topic areas that the continuing education must cover, the 23 criteria for the approval of continuing education programs and courses required for 24 renewal of a license, and the criteria for the approval of the sponsors and cosponsors 25 of those continuing education programs and courses. <u>The examining board may</u> <u>1 establish criteria for the substitution of</u> <u>2 hours of professional activities to meet</u> <u>3 continuing education requirements. A</u> <u>4 licensee shall retain for a minimum period</u> <u>of</u> <u>5 6 years and shall make available to the</u> <u>6 examining board or its agent upon request</u> <u>7 proof that the licensee completed the</u> <u>8 required continuing education.</u></p>
<p>15 SECTION 45 . 455.065 (3) of the statutes is repealed.</p>	<p>5 SECTION 45 . 455.065 (3) of the statutes is repealed.</p>
<p>16 SECTION 46 . 455.065 (4) of the statutes is amended to read: 17 455.065 (4) Approve continuing education programs and courses in accordance 18 with the criteria established under subs. sub. (1) and (3).</p>	<p>6 SECTION 46 . 455.065 (4) of the statutes is amended to read: 7 455.065 (4) Approve continuing education programs and courses in accordance 8 with the criteria established under subs. sub. (1) and (3).</p>
<p>19 SECTION 47. 455.065 (5) of the statutes is amended to read: 20 455.065 (5) Promulgate rules establishing the criteria for the substitution of 21 uncompensated hours of professional assistance volunteered to the department of 22 health services for some or all hours of continuing education credits required under 23 subs. sub. (1) and (3). The eligible substitution hours shall involve professional 24 evaluation of community programs for the certification and recertification of</p>	<p>9 SECTION 47. 455.065 (5) of the statutes is amended to read: 10 455.065 (5) Promulgate rules establishing the criteria for the substitution of 11 uncompensated hours of professional assistance volunteered to the department of 12 health services for some or all hours of continuing education credits required under 13 subs. sub. (1) and (3). The eligible substitution hours shall involve professional 14 evaluation of community programs for the certification and recertification of</p>

<p>1 community mental health programs, as 2 defined in s. 51.01 (3n), by the department 3 of health services.</p>	<p>15 community mental health programs, as 16 defined in s. 51.01 (3n), by the department of health services.</p>
<p>3 SECTION 48 . 455.065 (6) and (7) of the 4 statutes are created to read: 5 455.065 (6) Grant a postponement of or 6 waiver from the continuing education 7 requirements under this section based upon 8 the grounds of prolonged illness or 9 disability or on other grounds constituting 10 extreme hardship. The examining board 11 shall consider each application individually 12 on its merits, and the examining board 13 may grant a postponement, partial waiver, 14 or total waiver of the requirement as the 15 examining board deems appropriate. 16 (7) Grant an exemption from the continuing education requirements under this section to a psychologist who certifies to the examining board that he or she has permanently retired from the practice of psychology. A psychologist who has been granted an exemption under this subsection may not return to active practice without submitting evidence satisfactory to the examining board of having completed the required continuing education credits within the 2-year period prior to the return to the practice of psychology.</p>	<p>17 SECTION 48 . 455.065 (6) and (7) of the 18 statutes are created to read: 19 455.065 (6) Grant a postponement of or 20 waiver from the continuing education 21 requirements under this section based upon 22 the grounds of prolonged illness or 23 disability or on other grounds constituting 24 extreme hardship. The examining board 25 shall consider each application individually on its merits, and the examining board may grant a postponement, partial waiver, or total waiver of the requirement as the examining board deems appropriate. 24 (7) Grant an exemption from the continuing education requirements under 25 this section to a psychologist who certifies to the examining board that he or she has permanently retired from the practice of psychology. A psychologist who has been granted an exemption under this subsection may not return to active practice without submitting evidence satisfactory to the examining board of having completed the required continuing education credits within the 2-year period prior to the return to the practice of psychology.</p>
<p>17 SECTION 49. 455.07 of the statutes is repealed.</p>	<p>6 SECTION 49. 455.07 of the statutes is repealed.</p>
<p>18 SECTION 50 . 455.08 of the statutes is repealed.</p>	<p>7 SECTION 50 . 455.08 of the statutes is repealed.</p>
<p>19 SECTION 51. 455.09 (title) of the statutes is 20 repealed and recreated to read: 21 455.09 (title) Disciplinary proceedings and 22 actions.</p>	<p>8 SECTION 51. 455.09 (title) of the statutes is 9 repealed and recreated to read: 10 455.09 (title) Disciplinary proceedings and 11 actions.</p>
	<p>10 SECTION 52. 455.09 (1) (intro.) of the 11 statutes is amended to read: 12 455.09 (1) (intro.) Subject to the rules promulgated under s. 440.03 (1), the 13 examining board may deny an application for a license, or may by order suspend for</p>

	<p>13 a period not exceeding one year, limit, or revoke or impose probationary conditions</p> <p>14 upon a license or reprimand a licensee if the applicant or licensee:</p>
	<p>15 SECTION 53. 455.09 (1) (b) of the statutes is amended to read:</p> <p>16 455.09 (1) (b) Subject to ss. 111.321, 111.322, and 111.34, engaged <u>engages</u> in</p> <p>17 the practice of psychology or the private practice of school psychology while his or her</p> <p>18 ability to practice was <u>is</u> impaired by alcohol or other drugs <u>or while otherwise having</u></p> <p>19 a mental or physical impairment. In this paragraph, "mental or physical</p> <p>20 impairment" means a mental or physical impairment that would limit or eliminate</p> <p>21 a licensee's ability to engage in the practice of psychology at the minimum level</p> <p>22 required to competently discharge his or her tasks or duties and to protect the public</p> <p>23 interest while so doing.</p>
	<p>24 SECTION 54. 455.09 (1) (g) of the statutes is amended to read:</p> <p>1 455.09 (1) (g) Violates this chapter or any rule of professional conduct</p> <p>2 promulgated under this chapter.</p>
	<p>3 SECTION 55. 455.09 (1) (i) of the statutes is created to read:</p> <p>4 455.09 (1) (i) Refuses to submit to an examination under s. 455.095, or is found</p> <p>5 to be physically or mentally incapable of engaging in the practice of psychology under</p> <p>6 s. 455.095.</p>
	<p>7 SECTION 56 . 455.09 (1) (j) of the statutes is created to read:</p> <p>8 455.09 (1) (j) Practices outside the scope of his or her training, experience, or</p> <p>9 education without appropriate supervision.</p>

<p>21 SECTION 52 . 455.09 (3) of the statutes is amended to read:</p> <p>22 455.09 (3) A revoked license may not be renewed. One year from the date of</p> <p>23 revocation <u>An individual may, no sooner than one year after the date of revocation,</u></p> <p>24 <u>apply for reinstatement</u> of a license under this chapter, application may be made for</p> <p>25 reinstatement. The examining board may accept or reject an application for</p> <p>1 reinstatement. If reinstatement is granted under this subsection, the licensee shall</p> <p>2 pay a reinstatement fee in an amount equal to the renewal fee. This subsection does</p> <p>3 not apply to a license that is revoked under s. 440.12.</p>	<p>10 SECTION 57 . 455.09 (3) of the statutes is amended to read:</p> <p>11 455.09 (3) A revoked license may not be renewed. One year from the date of</p> <p>12 revocation <u>An individual may, no sooner than one year after the date of revocation,</u></p> <p>13 <u>apply for reinstatement</u> of a license under this chapter, application may be made for</p> <p>14 reinstatement. The examining board may accept or reject an application for</p> <p>15 reinstatement. If reinstatement is granted under this subsection, the licensee shall</p> <p>16 pay a reinstatement fee in an amount equal to the renewal fee. This subsection does</p> <p>17 not apply to a license that is revoked under s. 440.12.</p>
	<p>18 SECTION 58 . 455.09 (4) of the statutes is created to read:</p> <p>19 455.09 (4) The examining board may conduct an audit on any licensee under</p> <p>20 investigation by the examining board for compliance with continuing education</p> <p>21 requirements under s. 455.065.</p>
	<p>22 SECTION 59. 455.095 of the statutes is created to read:</p> <p>23 455.095 Determination of mental or physical impairment. (1) When</p> <p>24 there is reasonable cause to believe that an individual licensed under this chapter</p> <p>25 or applicant for a license under this chapter is physically or mentally incapable of</p> <p>1 engaging in the practice of psychology with reasonable skill such that the applicant</p> <p>2 or licensee may endanger the safety of patients or clients, the examining board may</p> <p>3 require the licensee or applicant in question to submit to a psychological examination</p> <p>4 by a psychologist designated by the examining board to determine psychological</p> <p>5 functioning to practice or a physical examination by a physician designated by the</p> <p>6 examining board to determine physical functioning to practice.</p>

	<p>7 (2) The examining board shall consider the findings and conclusions of an 8 examination under sub. (1) and any other evidence or material submitted to the 9 examining board by the licensee or applicant in question or any other individual and 10 shall determine if the licensee or applicant is physically or mentally incapable of 11 engaging in the practice of psychology with reasonable skill such that the applicant 12 or licensee may endanger the safety of patients or clients.</p>
<p>4 SECTION 53. 455.10 of the statutes is repealed.</p>	<p>13 SECTION 60. 455.10 of the statutes is repealed.</p>
<p>5 SECTION 54. 905.04 (1) (e) of the statutes is amended to read: 6 905.04 (1) (e) "Psychologist" means a licensed psychologist, as that term is 7 defined in s. 455.01 (4) licensed under ch. 455, or a person reasonably believed by the 8 patient to be a psychologist.</p>	<p>14 SECTION 61. 905.04 (1) (e) of the statutes is amended to read: 15 905.04 (1) (e) "Psychologist" means a licensed psychologist, as that term is 16 defined in s. 455.01 (4) licensed under ch. 455, or a person reasonably believed by the 17 patient to be a psychologist.</p>
<p>9 SECTION 55 . Nonstatutory provisions. 10 (1) EMERGENCY RULE AUTHORITY. Using the procedure under s. 227.24, the 11 psychology examining board may promulgate rules under ch. 455 that are necessary 12 to implement the changes in this act. Notwithstanding s. 227.24 (1) (a) and (3), the 13 board is not required to provide evidence that promulgating a rule under this 14 subsection as an emergency rule is necessary for the preservation of the public peace, 15 health, safety, or welfare and is not required to provide a finding of emergency for a 16 rule promulgated under this subsection. Notwithstanding s. 227.24 (1) (c) and (2), 17 the effective period of a rule promulgated under this subsection is for 2 years after 18 its promulgation, or until permanent rules take effect, whichever is sooner, and the 19 effective period may not be further extended under s. 227.24 (2).</p>	<p>18 SECTION 62 . Nonstatutory provisions. 19 (1) EMERGENCY RULE AUTHORITY. Using the procedure under s. 227.24, the 20 psychology examining board may promulgate rules under ch. 455 that are necessary 21 to implement the changes in this act. Notwithstanding s. 227.24 (1) (a) and (3), the 22 board is not required to provide evidence that promulgating a rule under this 23 subsection as an emergency rule is necessary for the preservation of the public peace, 24 health, safety, or welfare and is not required to provide a finding of emergency for a 25 rule promulgated under this subsection. Notwithstanding s. 227.24 (1) (c) and (2), 1 the effective period of a rule promulgated under this subsection is for 2 years after 2 its promulgation, or until permanent rules take effect, whichever is sooner, and the 3 effective period may not be further extended under s. 227.24 (2).</p>
<p>20 SECTION 56 . Effective dates. This act takes effect on the first day of the 3rd</p>	<p>4 SECTION 63 . Effective dates. This act takes effect on the first day of the 3rd</p>

<p>21 month beginning after publication, except as follows: 22 (1) SECTION 55 (1) of this act takes effect on the day after publication. 23 (END)</p>	<p>5 month beginning after publication, except as follows: 6 (1) SECTION 62 (1) of this act takes effect on the day after publication. 7(END)</p>

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor-Adv. On behalf of Debra Sybell, Executive Director		2) Date When Request Submitted: January 15, 2020 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Psychology Examining Board			
4) Meeting Date: January 22, 2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Credentialing Matters 1. Licenses Issued Between Meetings	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Please see the attached list of licenses issued between meetings.			
11) Authorization			
<i>Debra Sybell (K.D.W.)</i>		<i>1/15/2020</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

PSYCHOLOGY BOARD

Month	Date Approved	Name of Applicant	License #	City	State	Zip Code	Staff
June	6/26/2019	Rae Anne Frey	3695-57	Berlin	WI	53151	LPM
July	7/1/2019	Niya S. Bealin	3696-57	Milwaukee	WI	53216	LPM
July	7/22/2019	Megan E. Greene	3697-57	Oshkosh	WI	54901	LPM
July	7/24/2019	Troy Sheide	3698-57	Fond Du Lac	WI	54937	SSA
August	8/12/2019	Catherine M Coppolillo	3699-57	Milwaukee	WI	53208	LPM
August	8/12/2019	Calsey E. Fashing	3700-57	Dellwood	MN	55110	LPM
August	8/12/2019	Natalie Scanlon	3701-57	Hartland	WI	53029	LPM
August	8/12/2019	Kay E. Segal	3702-57	Woods/Deerfield	IL	60047/60015	LPM
August	8/12/2019	John Stratton	3703-57	Albion	MI	49224	LPM
August	8/12/2019	Mary E. Sullivan	3704-57	Mcallen	TX	78503/78504	LPM
July	7/25/2019	Jodi R. Owen	3705-57	Sioux Falls	SD	57104	SSA
August	8/12/2019	Amanda L. Weigel-Kuznacic	3706-57	Waunakee	WI	53597	
August	8/13/2019	Marina A. Caldwell	3707-57	Torrell	TX	76537	LPM
August	8/14/2019	Denise M. Calhoun	3708-57	Onalaska	WI	57650	LPM
August	8/14/2019	Vivian Tamkin	3709-57	Madison	WI	53744	LPM
August	8/14/2019	Jane E. Baillargeon	3710-57	Hunts Ville	TX	77340	
August	8/20/2019	Brianna M Montano	3711-57	Oshkosh	WI	54901	LPM
August	8/20/2019	Stefanie L Denu	3712-57	Madison	WI	53726	LPM
August	8/20/2019	Laura Gaworski	3713-57	Hartford	WI	53027	LPM
August	8/20/2019	Samantha Hurkmans	3714-57	Oak Creek	WI	53154	LPM
August	8/20/2019	Mary C. Hove (Birbaum)	3715-57	Pewaukee	WI	53072	LPM
August	8/21/2019	Gary M. Young	3716-57	Boerne	TX	78006	LPM
August	8/22/2019	Samuel Lustgarten	3717-57	Madison	WI	53703	LPM
August	8/26/2019	Lindsey Morrissey	3718-57	Sparta	WI	54656	LPM

Month	Date Approved	Name of Applicant	License #	City	State	Zip Code	Staff
September	9/4/2019	Bethany Garcia	3719-57	Noblesville	IN	46060	LPM
September	9/9/2019	Tiffany Jacobsen	3720-57	Brookfield	WI	53045	
September	9/12/2019	Christina Escuder	3721-57	Madison	WI	53703	JNL
September	9/18/2019	Mollie Moore	3722-57	Madison	WI	53705	LPM
September	9/18/2019	Keighlynn Adlof	3723-57	Franklin	WI	53132	LPM
September	9/19/2019	Samantha Chesney	3724-57	Round Lake	IL	60073	LPM
September	9/20/2019	Shannon McCarrick	3725-57	Fitchburg	WI	53711	TMB
September	9/23/2019	Brianna Smith	3726-57	Waukesha	WI	53188	JNL
September	9/24/2019	Christopher Gillen	3727-57	Madison	WI	53718	JNL
September	9/30/2019	Victoria J. Williams	3728-57	Ashland	MA	48126	LPM
September	9/30/2019	Danya K. Dravis	3730-57	Dearborn	MI	48126	LPM
October	10/1/2019	Kristin Johnson	3731-57	Sun Prairie	WI	53590	TMB
October	10/2/2019	Andrew McClintock	3732-57	Fitchburg	WI	53711	SSA
October	10/10/2019	Tara Summers	3733-57	Sacramento	CA	95811	SSA
October	10/24/2019	Jason Gibbs	3734-57	Appleton	WI	54413	SSA
October	10/28/2019	Hitomi Gunsolley	3735-57	Appleton	WI	54911	JNL
October	10/28/2019	Daniel Weidner	3736-57	Brookfield	WI	53005	JNL
October	10/31/2019	Courtney Weston	3737-57	Oakfield	WI	53065	SSA
November	11/1/2019	Kristjana Rahn	3738-57	Oshkosh	WI	54902	SSA
November	11/2/2019	Keri Nacker	3739-57	Lindenhurst	IL	60046	SSA
November	11/14/2019	Ashley Sheeter	3740-57	Lexington	KY	40515	
November	11/20/2019	Sarah Polyak	3741-57	Waukesha	WI	53188	
November	11/22/2019	Kavitha Venkateswaran	3742-57	Glendale	WI	53209	SSA
November	11/25/2019	Alfred Kasprowicz	2503-57	Kingwood	WV	26537	JNL
November	11/25/2019	Micah Ioffe	3743-57	Chicago	IL	60614	JNL

Month	Date Approved	Name of Applicant	License #	City	State	Zip Code	Staff
November	11/26/2019	Patrick Stumbras	3744-57	Appleton	WI	54914	TMB
December	12/13/2019	Meredith Quarello	3745-57	Chicago	IL	60607	KB
December	12/13/2019	Jenny Walczak	3746-57	Muskego	WI	53150	JNL
December	12/19/2019	Angela E Beumel	3747-57	Milwaukee	WI	53211	KB
December	12/30/2019	Kevin Haworth	3748-57	Durham	NC	27705	JNL
December	12/30/2019	Leah O'Reilly	3749-57	Wauwatosa	WI	53213	JNL
December	12/30/2019	David Rosmarin	3750-57	Brighton	MA	02135	JNL
December	12/30/2019	Mitchell Hicks	3751-57	Arlington Heights	IL	60004	JNL
January	1/2/2020	Graham Knowlton	3752-57	Lakewood	CO	80227	JNL

From: ASPPB BARC <ASPPB-ADMINS@LISTSERV.ASPPB.ORG> **On Behalf Of** Janet Pippin Orwig

Sent: Friday, November 22, 2019 7:50 AM

To: ASPPB-ADMINS@LISTSERV.ASPPB.ORG

Subject: Message from ASPPB CEO

Dear Members,

We have learned this week that in the upcoming month there is going to be an article published in the *American Psychologist* that misrepresents the development of the EPPP (Part 2-Skills) examination and voices concerns with the upcoming availability of the examination.

The authors are already sharing this article in a variety of venues, and as a result, it is possible that you might be receiving calls in the near future from individuals voicing concerns about the use of the examination.

It is disappointing that that we were not afforded the opportunity to respond to the narrative prior to it being approved for publication. Such a courtesy would have allowed us the ability to correctly educate interested parties as to how the ASPPB exam development process exceeds standards and represents a valuable, defensible and valid tool for use by regulatory boards.

In an effort to assist you in responding to questions related to the new examination, a number of one-page resource documents have been included with this message.

Please feel free to contact either Dr. Matt Turner (Mturner@asppb.org) or me (mburnetti-atwell@asppb.org) should you have any questions or need additional assistance in the weeks ahead.

Respectfully,

Mariann Burnetti-Atwell, PsyD

Mariann Burnetti-Atwell, PsyD

Chief Executive Officer

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Web: www.asppb.org

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Validity of the EPPP (Part 2-Skills)

Because the EPPP (Part 2-Skills) is a new assessment, ASPPB has received many questions regarding the validity of the exam. The process of development of both the EPPP (Part 1-Knowledge) and the EPPP (Part 2-Skills) follows a rigid content validation methodology that complies with the Guidelines for the Standards in Educational Testing suggested by American Psychological Association (APA), American Educational Research Association (AERA), and the National Council on Measurement in Education (NCME).

Overview of the Process

Job Task Analysis (JTA) - A comprehensive study that involves Subject Matter Experts (SMEs) who are licensed psychologists that establish the knowledge and skills that are required for practice in psychology. The resulting requirements are sent via survey to thousands of licensed psychologists throughout the United States and Canada. The survey respondents indicate which areas are important for entry level practice. The results establish the test specifications (blue print) for the exam. Essentially, the expertise of licensed psychologists establishes what should be assessed by the exam.

Item Writing - SMEs write exam items according to the test specifications established from the JTA. All writers for the EPPP (Part 2-Skills) are licensed in the United States or Canada.

Item Review - Each item is reviewed by an Item Development Committee (IDC) SME in that Domain who is an established expert in that specific area. Items are reviewed in an iterative process between the reviewer and the item writer until the item is acceptable to both or discarded.

Exam Form Review - Each item is again reviewed prior to being placed on an exam by the Examination Committee. This committee is comprised of 10 SMEs who are psychologists that have particular expertise in each of the domains on the exam and represent various areas of psychology practice and training. Items that have been approved by the IDC are again reviewed for accuracy, relevancy to practice, clarity, and freedom from bias, among other factors.

Psychometric Review - Once approved by the Examination Committee, each item is pretested (or beta tested) prior to being an active item that is scored item on an exam. Items that do not perform well during pretesting, according to psychometric standards, are not included on a candidate's overall scores.

Standard Setting - The pass point of the exam is established through a rigorous review process called a standard setting. This involves a committee of SMEs who are licensed psychologists, most of whom are typically early career psychologists. These SMEs review the exam form item by item and provide rating data on difficulty. The data is analyzed to determine the appropriate pass point which represents the minimal knowledge or skills required for entry level practice.

These multiple levels of review by Psychologists and the ongoing analysis of psychometric data ensures that the examination is accurate, relevant, valid and legally defensible.



ASPPB

Association of State and
Provincial Psychology Boards

THE EPPP

One Exam, Two Parts:

EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills)



Early adoption phase of the EPPP (Part 2-Skills)

Q: What is the 'early adoption' phase?

A: Starting on January 1, 2020, licensing boards will have the opportunity to become an Early Adopter of The EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills).

Q: Can I take the EPPP (Part 2-Skills) if I haven't taken the EPPP (Part 1-Knowledge)?

A: No. The EPPP (Part 1-Knowledge) will become the prerequisite for the EPPP (Part 2-Skills).

Q: I've already passed the EPPP (Part 1-Knowledge), do I have to take the EPPP (Part 2-Skills)?

A: ASPPB is recommending that candidates who pass the EPPP before December 31st, 2019, be exempt from taking the EPPP (Part 2-Skills).

Q: I haven't passed the EPPP (Part 1-Knowledge) yet, will I have to take the EPPP (Part 2-Skills)?

A: After January 1, 2020, if you are applying for licensure in an early adoption jurisdiction, then, yes, you will be required to take both parts of the exam.

Q: Who will approve me to sit for the EPPP (Part 2-Skills)?

A: Your state or provincial licensing board will make all decisions about eligibility.

Q: Do I need to score a 500 on each exam?

A: ASPPB's recommended passing score for both portions of the exam is a 500.

Q: How do I know if my state or province is an early adopter?

A: Check with your licensing board, and check our website for updates.

**The early adoption period is:
January 1, 2020 until December 31, 2021**

Candidates from early adopter jurisdictions will be eligible for a reduced exam fee for the EPPP (Part 2-Skills) portion:
(the EPPP (Part 1-Knowledge) fee will remain \$600):

\$100

for Beta Candidates

**not including test center or jurisdictional fees*

\$300

**After the Beta Exam closes,
until 12/31/2021**

**not including test center or jurisdictional fees*

\$450

After 1/1/2022

**not including test center or jurisdictional fees*



Format of the EPPP (Part 2-Skills)

The EPPP (Part 2-Skills) provides information on candidate understanding of how to proceed in applied situations. This is done by presenting case situations, or real world information, in a variety of item formats including:

- Multiple Choice:** Candidate must choose the best choice of 3 responses.
- Multiple Choice/
Multiple Response:** Candidate will be allowed to choose more than one response from a series of possible answers. For example, select 2 of 5 options.
- Scenarios:** Presents information from an applied situation. Scenarios have up to 3 “Exhibits” which present additional information. This can be an animation, a description of an interview, a test protocol, or other data that adds information. Each Exhibit can have up to 5 questions that pertain to that part of the scenario.
- Point and Click:** A graphical image is presented (ie. A test protocol, a business card, an advertisement, a letter, etc.) and the candidate may select one or more areas on the image to indicate a response to the question.
- Drag and Drop:** Matching multiple appropriate stimuli on the left side of the screen to an appropriate response on the right side of the screen.

The EPPP (Part 2-Skills):

Questions: 170

Exam Time: 4 hr 15 min

Exam Breakdown:

Multiple Choice or Multiple Choice Multiple Response:	45%
Scenario Based Questions:	45%
Other Item Types:	10%



Why is the EPPP (Part 2-Skills) needed?

Psychology and most regulated professions have embraced the move to competency and the assessment of competence. Until now, the universal standard across all jurisdictions has been the EPPP (Part 1-Knowledge). This has served its purpose very well for over 50 years. However, adding the EPPP (Part 2-Skills) will provide a more thorough assessment of competence.

Skills assessment has been left to each individual jurisdiction to determine based on their own rules. This is most often done by requiring a number of supervised hours, oral examinations, and letters of recommendations. All of these methods have known reliability concerns.

Licensing Boards are charged with ensuring that candidates approved for licensure are competent to practice. Many jurisdictions would like better information about the skill set of their candidates. The EPPP (Part 1-Knowledge) allows candidates to demonstrate a universal standard of foundational knowledge. The EPPP (Part 2-Skills) will provide a valid, reliable and legally defensible measure for regulators to assess their candidates' demonstration of a universal standard of skills.

Jurisdictions interested in adopting the EPPP (Part 2-Skills) are encouraged to contact Dr. Matt Turner at mturner@asppb.org



ASPPB

Association of State and
Provincial Psychology Boards

THE EPPP

One Exam, Two Parts:

EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills)

The EPPP will be a two-part exam that more thoroughly assesses the totality of competency of candidates for licensure. This will include:

EPPP (Part 1-Knowledge)

The EPPP (Part 1-Knowledge) is the foundational knowledge exam that is presently in place in all jurisdictions.

This is a critical assessment as it provides licensure boards with information on their candidates general knowledge of psychology. This includes important psychological theories in areas such as cognition, affect, development and general knowledge of intervention and assessment, research, factors impacting psychological functioning as well as many other aspects of the foundational knowledge that psychologists are taught in graduate school.

This will become the prerequisite for the skills-based portion of the EPPP.

EPPP (Part 1-Knowledge): Domains and Weights

1. Biological Bases of Behavior (10%)
2. Cognitive-Affective Bases of Behavior (13%)
3. Social and Cultural Bases of Behavior (11%)
4. Growth and Lifespan Development (12%)
5. Assessment and Diagnosis (16%)
6. Treatment, Intervention, Prevention and Supervision (15%)
7. Research Methods and Statistics (7%)
- 8: Ethical/Legal/Professional Issues (16%)

EPPP (Part 2-Skills)

Starting January 2020, the EPPP (Part 2-Skills) will be used to evaluate the skills of a candidate applying for licensure in Psychology.

This skills-based assessment includes questions about applied, real world situations that psychologists face in practice. This provides valuable information to licensing board as it assesses the candidate's ability to show what they would DO in an applied setting. This has never been assessed through a universal standard across different jurisdictions.

The EPPP (Part 2-Skills) will assess the following areas:

EPPP (Part 2-Skills): Domains and Weights

1. Scientific Orientation (6%)
2. Assessment and Intervention (33%)
3. Relational Competence (16%)
4. Professionalism (11%)
5. Ethical Practice (17%)
6. Collaboration, Consultation, Supervision (17%)

Visit www.asppb.net for information on our other programs:

CPQ

Certificate of Professional
Qualification in Psychology

IPC

Interjurisdictional
Practice Certificate

PLUS

Psychology Licensing
Universal System

PSYPACT

www.psypact.org

EPPP

Score Transfers

PEP

Psychopharmacology Exam
for Psychologists



ASPPB

Association of State and
Provincial Psychology Boards

Supporting member jurisdictions in fulfilling their responsibility of public protection.

January 9, 2020

Re: EPPP (Part 2-Skills) Launch

Dear Member Jurisdictions,

As you know, ASPPB has developed and prepared for the launch of the EPPP (Part 2-Skills), the skills-based portion of the EPPP that will complement the foundational knowledge examination; EPPP (Part 1-Knowledge). Some of our early adopting jurisdictions have informed ASPPB that more time was needed to complete the rule changes needed to begin using both parts of the EPPP. Therefore, we have delayed the initial launch to November 2020 in an effort to accommodate all the Early Adopting jurisdictions.

Several member jurisdictions have indicated that they continue to evaluate the EPPP (Part 2-Skills) and wish to consider early adoption. ASPPB will continue to add access of the EPPP (Part 2-Skills) as individual jurisdictions determine that they are ready to implement it. Please be aware that a sample exam can be scheduled for your Board Members to provide a sense of the content that will be assessed.

In addition, ASPPB staff continue to be available to schedule time with individual Boards to answer any questions. If you have questions or wish to schedule a time for ASPPB to be available to your Boards, please contact Matt Turner, PhD at mturner@asppb.org.

Thank you,

Mariann Burnetti-Atwell, PsyD
CEO | ASPPB

The Enhanced Examination for Professional Practice in Psychology: A Viable Approach?

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Health disciplines have increasingly required competency-based evaluations as a licensure prerequisite. In keeping with this trend, the Association of State and Provincial Psychology Boards (ASPPB) has begun to develop a second part to the Examination for Professional Practice in Psychology (EPPP). The resulting 2-part examination is collectively referred to as the Enhanced EPPP. Part 1 of the Enhanced EPPP, which consists of the current exam, is designed to be an assessment of knowledge. Part 2 of the Enhanced EPPP is newly developed and intended to address the need for a competency-based evaluation. To date, ASPPB has addressed some standard facets of validity for the EPPP Part 2, but not others. In addition, the EPPP Part 2 has yet to be subjected to a broader validation process, in which the suitability of the test for its intended purpose is evaluated. Implementation of the EPPP Part 2 before validation could have negative consequences for those seeking to enter the profession and for the general public (e.g., potential restriction of diversity in the psychology workforce). For jurisdictions implementing the EPPP Part 2, failure to gather and report the evidence required for use of a test in a forensic context may also open the door for legal challenges. We end with suggestions for feasible research that could significantly enhance the validation process for the EPPP Part 2 and offer jurisdictions concrete suggestions of features to look for in determining whether and when to implement the Enhanced EPPP.

Public Significance Statement

The national licensing exam for psychologists acts as a gatekeeping evaluation intended to protect public welfare. To date, the suitability and value added of the EPPP Part 2 is unclear, and ASPPB has described only limited plans to conduct validation of the EPPP Part 2. Validation of the planned revision to the exam is of crucial significance to the entire profession and serves to protect the discipline's reputation as a health service provider.

Keywords: licensure, validity, validation, Examination for Professional Practice in Psychology (EPPP), Association of State and Provincial Psychology Boards (ASPPB)

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**Jennifer L.
Callahan**

Photo by George Dean

Almost 2 decades ago, the Institute of Medicine (IOM), Board on Health Care Services, Committee on the Health Professions Education Summit (2003) recommended that competency-based education become the standard of training for all health service provider disciplines. Across the ensuing years, health service psychology has made important strides in assimilating this recommendation into doctoral psychology education and training (APA, 2018; Callahan & Watkins, 2018a; Callahan & Watkins, 2018b). Although there is no consensus across higher education on a standard operational definition of competency-based education (Gervais, 2016), the general approach is one that shifts curricular attention away from future-oriented goals and objectives to evaluation of present tense, realized outcomes (see O'Connell & Moomaw, 1975 for a review of conference discussions that led to that seminal distinction). Correspondingly, in keeping with IoM's recommendation, recent years have seen a shift in doctoral psychology accreditation requirements away from a focus on delineating program-level goals and objectives in future tense language (*Guidelines and Principles for Accreditation of Programs in Professional Psychology*, APA, 2008) toward a focus on assessment and documentation of student-centered, present-tense competency attainments (*Standards of Accreditation for Health Service Psychology*, APA, 2018).

A natural extension of the IoM's recommendation for competency-based education is a growing trend across health care fields toward competency-based evaluation of licensure candidates seeking to enter their profession. All major health care professions in the United States have developed, validated, and disseminated assessment procedures for evaluating the preparation and appropriateness of

candidates for licensure. Historically, prior to the IoM recommendation, such evaluations focused on assessment of foundational knowledge using standardized multiple-choice examinations (e.g., the Examination for Professional Practice in Psychology [EPPP]). In contrast, more contemporary competency-based evaluations assess how adept a licensure candidate is with applying the requisite professional knowledge, skills, values, attitudes, and behaviors under authentic practice conditions.

Consistent with these national trends across health services, the Association of State and Provincial Psychology Boards (ASPPB) has begun to revise the existing EPPP to incorporate competency assessment into the evaluation of candidates for licensure as a psychologist. The primary revision of the EPPP (which ASPPB now calls the Enhanced EPPP) involves developing an additional competency-based test (referred to as Part 2) to supplement the existing, traditional foundational knowledge test (hereafter referred to as Part 1). Descriptions of Part 1's development and validity, as well as longstanding concerns associated with the exam, have already been identified and debated in the peer reviewed literature (e.g., DeMers, 2009; DiLillo & Tremblay, 2009; Erikson Cornish & Smith, 2009; Rosen, Reaves, & Hill, 1989; Ryan & Chan, 1999) and will not be repeated herein. Rather, this article primarily focuses on the emergence of Part 2. To facilitate clarity across the larger literature, we will note where an issue pertains to both Part 1 and Part 2. As ASPPB has suggested including both Part 1 and Part 2 in the Enhanced EPPP, we will also discuss consequent issues associated with incremental validity in this article.

Is Part 2 Ready for Implementation?

Test development necessitates a systematic and coordinated approach that examines validity as well as validation before implementation. Despite the phonemic similarity between "validity" and "validation," the two terms are associated with different meanings—accuracy versus appropriateness, respectively—and hold different implications as they pertain to test development (Cizek, 2016; Hughes, 2018). The highly cited *Standards for Educational and Psychological Testing* (referred to simply as *Standards* hereafter; American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 2014) defines validity as "a unitary concept" (p. 14). Fundamental to that definition is that all validity is construct validity,¹ and careful adherence to the *Standards* is widely regarded as best practice for ensuring test validity (e.g., Wise & Plake, 2016).

¹ As such, types of validity (e.g., predictive validity, content validity) are not specifically delineated or considered in the *Standards*.



Debora J. Bell

According to public statements issued by ASPPB, the *Standards* form the basis of the technical work being conducted to develop Part 2 of the Enhanced EPPP. As Cizek (2012) noted, however, a narrow and technical focus on validity cannot determine whether a testulti-

mately should be used for the proposed purpose. Test validity is only one part of a larger iterative validation process (see Figure 1). The goal of such a validation process is to determine whether a test is appropriate for use (e.g., Cizek, 2012; Hubley & Zumbo, 2011; Kane, 2016; Newton & Shaw, 2013; Shepard, 2016; Sireci, 2016; Zumbo & Hubley, 2016). During validation, “It is the interpretations of test scores for proposed uses that are evaluated, *not the test itself*” (American Educational Research Association et al., 2014, p. 11, emphasis added). Standard practice dictates that the test developer and publisher hold joint responsibility for the technical question of whether a test can be used (relying on psychometric evidence of construct validity), while stakeholders are responsible for resolving the ethical question of whether a test should be used (in light of findings from validation studies). In this article, we seek to promote a transparent and balanced validation process that brings together the test developers and stakeholders in a productive partnership. In the sections that follow, we consider the current state of validation of Part 2.

First, we review the facets of validity that have and have not been established. We contend that beyond the initial validity tests, ASPPB has not yet acknowledged the need for a broader, comprehensive process of validation. We highlight some concrete examples of ways in which premature use of Part 2 might be inappropriate and

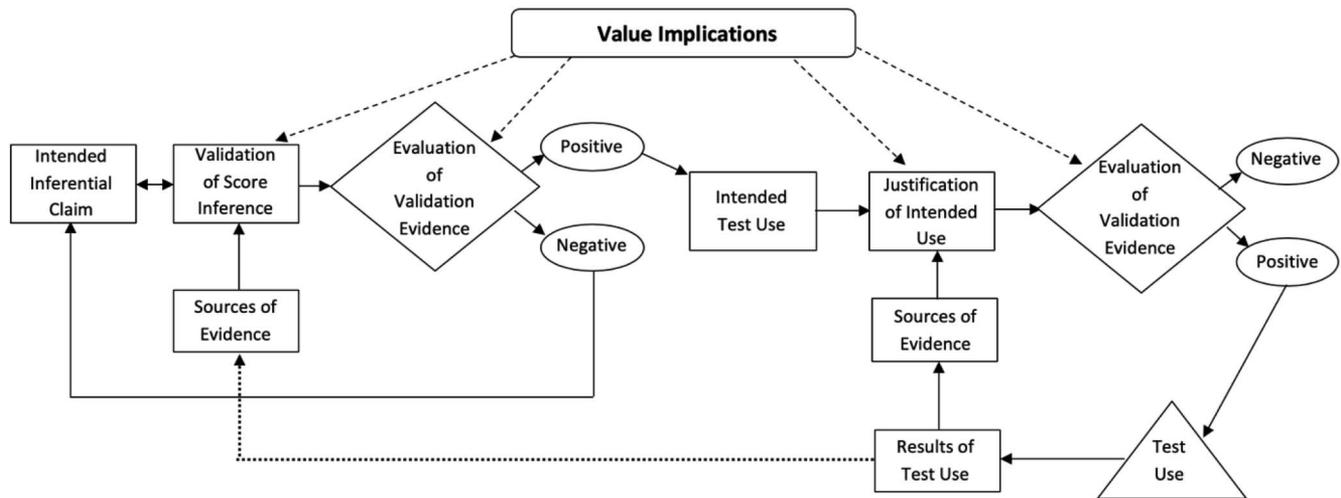


Figure 1. Relationships between validation of score inference and justification of test use. The solid lines and arrows in the figure represent a linear flow of activities (single-ended arrows) or a recursive process (double-ended arrow). The value considerations (indicated by dashed lines in the upper half of the figure) are not a similarly linear flow; rather, they permeate all of the score inference validation and score use justification process. The solid line from the Results of Test Use box indicates that results directly provide a source of evidence contributing to the corpus of justification evidence, whereas the dotted line from that box indicates that the same results might also produce evidence bearing on the intended score interpretation. Figure reprinted with permission from “Defining and Distinguishing Validity: Interpretations of Score Meaning and Justifications of Test Use,” by G. J. Cizek, 2012, *Psychological Methods*, 17, p. 36. Copyright 2012 by American Psychological Association.



Joanne Davila

yield unintended consequences that could have been identified prospectively and addressed via a more thorough validation process. Premature adoption and its potential for adverse consequences also raises the question of whether Part 2 can withstand challenges in the courts, and so we pay particular attention to legal standards regarding appropriateness of test implementation.

Second, we draw attention to the present lack of involvement and buy-in from relevant stakeholders and argue for the merits of broader collaboration and the peer-review process. To provide a comparison to the test development process associated with the Enhanced EPPP, we summarize the recent focus in medical competency evaluations on careful and iterative collection of validity data and the broader process of test validation. We also provide some historical context for our expectations by briefly summarizing validation studies of the original EPPP (i.e., Part 1) in which ASPPB, jurisdictions, and independent investigators collaborated successfully.

We wish to emphasize that we are not questioning the need to assess applied knowledge or skills as part of licensure readiness, or questioning the importance of what ASPPB has undertaken. Rather, we highlight standard goals in test development that we believe have not been fully achieved in the development of Part 2 in the Enhanced EPPP, even as it is evident that other disciplines have been able to do so effectively. Without further test development and validation, it is unclear whether Part 2 is positioned to accomplish its stated aim. We end by urging the discipline as a whole to consider issues of validation and to exercise its collective responsibility to determine whether or not there is

sufficient evidence to justify and ethically implement Part 2 of the Enhanced EPPP.

Summary of Validity and Validation Evidence

Table 1 highlights 10 forms of evidence² that may be used to establish the accuracy (validity) and appropriateness (validation) of a test such as the Enhanced EPPP. In addition to reporting the prevalence of each type of evidence in recent test development articles, Table 1 includes (a) an example of how that evidence type applies to the Enhanced EPPP and (b) whether ASPPB has indicated plans to provide such evidence.³

Validity evidence. As shown in Table 1, the strength of the Enhanced EPPP Part 2 stems from the careful test development process of identifying critical content via a profession-wide job tasks survey, writing items to fit that content, and evaluating item performance via item response theory analyses. ASPPB has provided evidence for this type of validity.

The second type of evidence in the table, structural, is a relative weakness in ASPPB's communications and actual analyses. Ninety percent of test development articles report statistics associated with structural evidence of validity (Hughes, 2018), yet such analyses have not been described or reported by ASPPB to date. According to ASPPB, Part 2 of the Enhanced EPPP is intended to capture six different forms of competency: scientific orientation; assessment and intervention; relational competence; professionalism; ethical practice; and collaboration, consultation, and supervision. Structural analyses, such as factor analyses or multi-dimensional item response theory, could assess whether items cohere into unique subscales capturing these six domains (as compared to forming one unified factor that captures a more general knowledge of the field, or the ability to use logic and intelligence to solve test items, as two examples).

Another apparent limitation in ASPPB's communication and analytic approach pertains to stability across groups (the third entry in Table 1). Reflecting their appreciation for the risk of differential item functioning across subgroups of examinees, ASPPB describes efforts to include diverse individuals among job task survey respondents and Part 2 item writers, to train item writers to avoid cultural and linguistic bias, and to have an evaluation committee conduct

² Table 1 validity and validation types are drawn from a review of all newly developed scales published in two of the most highly regarded psychometrics journals, *Psychological Assessment* and *Assessment*, between April 2015 and June 2016 (Hughes, 2018). We do not attempt to include all possible approaches, but focus on the most commonly used approaches. For example, we do not cover response process validity, which is an important and underutilized approach.

³ We do not have a full list of ASPPB plans, and this review focuses on the statements offered in their description of the EPPP Part 2 (ASPPB, 2017).



Sheri L. Johnson

item level screening for possible bias (ASPPB, 2017). These efforts are laudable, though perhaps overly narrow in focus (e.g., socioeconomic status and/or implicit bias do not appear to have been considered). Despite this seeming awareness, ASPPB does not describe a plan to evaluate whether or not those efforts actually produce stable validity indices, for content or structure, across subgroups.

Examination of measurement and structural invariance in organizational research provides a way to examine these issues, providing an evidence-based method to assess comparability across gender, race, ethnicity, and socioeconomic status (Vandenberg & Lance, 2000). In personal communication to members of the California Board of Psychology (undated, but distributed around January 29, 2019), ASPPB's senior director of examination services (M. Turner) and the ASPPB Implementation Task Force chair (E. Rodolfa) indicated that scores from individuals in early adopter jurisdictions will be used to set the pass point, pass rates, and determine item level psychometric data. Although beta-testing could be carried out on known groups to allow for examination of measurement and structural invariance, the letter to the California Board indicates exclusive reliance on convenience sampling that is dependent upon a cohort of applicants from early adopter jurisdictions. We view this testing and sampling strategy as inadequate with respect to issues of both validity and validation.

Validation evidence. At a broad level, the remaining eight indices found in Table 1 all pertain to validation of a test with regard to its intended use. ASPPB has argued that assessing the appropriateness of the Enhanced EPPP is beyond the scope of their duty, with no plans or intention to conduct any such investigations (ASPPB, personal commu-

nication, January 29, 2019). As test developers who hold responsibility for establishing technical validity, one might reasonably agree with their position that such investigations are beyond their requisite duty. It is undeniable, however, that validation to determine appropriateness is a critical component of the development process and it appears to have been neglected thus far.

Although ASPPB's mission is "[t]o support member jurisdictions in fulfilling their responsibility of public protection," we would argue that, indeed, they are not positioned to successfully complete a validation process independently. Test justification decisions must be guided by the values of the profession and the ethics of the field (see Figure 1). As such, validation must be inclusive of the varied stakeholders across health service psychology education, training, and licensure, as well as the public. Validation is a major undertaking and the process might seem overwhelming. Yet, psychological science as a discipline has a huge investment and is well positioned to address the challenge. Test validation is a core facet of psychological research that is a central career goal for many psychological scientists. Accordingly, the field is rich with individuals who could contribute to this process. While this process may be outside the scope of ASPPB's mission, ASPPB is well positioned to facilitate a spirit of cooperative, stakeholder-driven validation processes that services the ultimate aim of protecting the public and builds confidence among stakeholders in the ultimate value and appropriateness of the proposed test. Historically, during the development of the original EPPP, ASPPB encouraged and facilitated a series of cooperative validation processes (see Shrader, 1980, for a review).

Consequences of Implementation Without Comprehensive Validation

As a high-stakes examination, implementation of the Enhanced EPPP before completing a comprehensive, psychometrically rigorous process of validation may have important implications for individuals seeking licensure as well as for the general public. Although not a complete listing, some prominent concerns include: diversity constriction, consequences for doctoral training, jurisdictional inconsistency, personal finance implications, and legal challenges. We discuss these concerns in the context of both the current EPPP, as well as the enhanced EPPP (which includes both Parts 1 and 2) because implementation of the Enhanced EPPP is directly linked to present use of the current EPPP.

Failing to address diversity and inclusion issues. Racial and ethnic minorities, men, and individuals with disabilities are all underrepresented in psychology's emerging workforce (Callahan et al., 2018). Failure to develop an equitable exam may directly contribute to further diversity constriction in the future workforce and undermine the



Timothy J. Strauman

likelihood of successfully meeting the mental health needs of an increasingly diverse population (e.g., Agency for Healthcare Research and Quality, 2017; Ibaraki & Hall, 2014; Owen, Tao, Imel, Wampold, & Rodolfa, 2014; Tao, Owen, Pace, & Imel, 2015). Thus, ensuring that the EPPP Part 2 is unbiased is of crucial importance given the underrepresentation of minorities within psychology.

Evidence from investigators working with the second APA Task Force of the Commission on Ethnic Minority Recruitment, Retention and Training suggests that the EPPP Part 1 systematically constricts racial and ethnic diversity in the workforce (Bowman & Ameen, 2018). Relatedly, Sharpless and Barber (2009) found that increased student body diversity was associated with lower EPPP pass rates at the program level. Further, in a recent study that drew upon the Freedom of Information Act to gain access to the full population of data associated with a large, populous state (N examinees = 4,892), the failure rate at first exam attempt clearly varied by race and ethnicity (African/American or Black = 38.50%; Hispanic/Latinx = 35.60%; Asian = 24.00%; White, non-Hispanic = 14.07%; Sharpless, 2019).

Further evidence of workforce diversity constriction emerged in Puerto Rico when attempting to translate the EPPP into Spanish. Puerto Rico became a member of ASPPB on the condition that a bilingual Spanish EPPP (S-EPPP) would be made available to applicants in that jurisdiction (Law 281–2012). ASPPB translated two forms of the EPPP into Spanish and began to offer them in Puerto Rico (Hilson, 2016). However, as described in Law 193–2015, preparation of those forms was rushed, did not engage stakeholders, and did not include a sufficient validation process. After the launch, the failure rate on the S-EPPP was

so high that it resulted in a workforce crisis across the jurisdiction and the earlier law was revoked (via Law 193–2015). ASPPB subsequently discontinued the S-EPPP entirely (ASPPB, 2016).

Smaller, but still discernible, differences have also been observed based on binary gender identification with men failing more often than women (18.85% vs. 15.82%). We did not locate any data regarding disability status and EPPP scores, suggesting an area of needed research. However, we did find evidence that pass rates on the United States Medical Licensing Examination (USMLE), which serves a similar professional gatekeeping purpose, were lower for those with disabilities (Meeks & Herzer, 2015). Similar inquiries in other health care professions, such as psychology, may be informative in understanding the possible role of credentialing examinations in the underrepresentation of individuals with disabilities in the workforce.

Consequences for doctoral training. Based on the observation that candidates pass at a higher rate when the current EPPP is taken closer to the completion of doctoral coursework (Schaffer et al., 2012), ASPPB infers that it would be beneficial for students to take the current knowledge exam (Part 1) of the Enhanced EPPP before completing dissertation and internship requirements. Hence, when Part 2 is introduced, timing of Part 1 is expected to shift. There are multiple conceptual and pragmatic complications for doctoral training that are associated with this inference but, for efficiency, we will draw attention to two conceptual problems that may be less obvious.

First, assessment of the knowledge base in psychological science and clinical application training is regulated by doctoral program accreditation (e.g., APA, 2018; Psychological Clinical Science Accreditation System, 2011), with the understanding that competency-based evaluations are the responsibility of doctoral programs, not ASPPB. While ASPPB can, and should, participate as a stakeholder in doctoral accreditation regulation processes, ASPPB assessment of this same body of knowledge is unjustified. Observation that exam pass rate likelihood is tied to proximity of doctoral coursework (Schaffer et al., 2012), coupled with findings that pass rates are higher among students graduating from accredited programs (McGaha & Minder, 1993; Ross, Holzman, Handal, & Gilner, 1991; Schaffer et al., 2012; Templer & Tomeo, 1998; Templer & Tomeo, 2000; Yu et al., 1997), suggests doctoral programs and their accrediting bodies are performing their duties well. Indeed, the strong correspondence between timing of doctoral coursework completion and success on the Part 1 knowledge exam suggests unnecessary evaluative redundancy. In addition, trainees will be subjected to preparing for Part 1 of a licensure exam that overlaps with required preparation and testing for high stakes program requirements that include, but are not limited to, qualifying and comprehensive examinations as well as the dissertation proposal defense.



Cindy M. Yee

Second, placement of Part 1 testing within doctoral training may significantly undermine the quality of doctoral training itself. Exam preparation time seems highly likely to draw time away from research, teaching, and/or practicum training that is necessary for development of these skills and abilities. To preserve time for those experiences, programs may feel pressed (by students and/or faculty) to teach to the test. There is an additional risk that some internship sites could screen applicants by stratifying them according to their Part 1 exam scores. As described earlier, it has already been demonstrated that Part 1 scores are associated with unintended racial/ethnic referents (Bowman & Ameen, 2018) as well as gender (Sharpless, 2019). As such, internship placements could quickly begin to inadvertently stratify by demographic variables if applicants are screened by test score.

Inconsistencies in implementation across states. If both parts of the Enhanced EPPP are retained, the timing of the two exams will be determined by each state licensing board, with exam readiness requirements likely to vary across jurisdictions (as they do now). Such variability may inadvertently contribute to inequities by enabling trainees from jurisdictions with earlier exam completions to be more rapidly available to compete for employment. (We note that such variability is not found in the medical licensure process, which itself is conducted by licensing boards in each state.) Differences in licensing guidelines would also likely further hinder professional mobility. Sample scenarios for consideration: Will it be necessary to retake the EPPP Part 1 if a candidate is seeking licensure in a state that requires completion of both sections at the postdoctoral level? Will jurisdictions with less restrictive limits on access to the

EPPP Part 1 receive a disproportionate increase in the number of potential licensees who indicate intent to practice in that state? Will federal employees disproportionately seek and maintain licenses in states where they do not reside to avoid local regulations? Each of these requires careful consideration. At a minimum, the current implementation plans for the Enhanced EPPP appear likely to amplify existing problems related to jurisdictional inconsistency rather than resolve them. Likewise, there is no evidence to date that a majority of jurisdictions are satisfied with the validation process and willing to incorporate the new test into their licensing procedures.

Personal financial burden. Doctoral training in health service psychology typically results in significant debt burden by the time of licensure eligibility (Doran, Kraha, Marks, Ameen, & El-Ghoroury, 2016). Fees for test registration and exam preparation materials are scheduled to increase substantially with the advent of the Enhanced EPPP's two-part examination model. Although ASPPB indicates efforts to contain fee increases associated with the Enhanced EPPP, it seems inevitable that most exam costs will double relative to current levels. In addition to direct expenses, it is likely that licensure applicants will incur indirect costs as well, such as lost productivity and income and greater debt as employment is delayed while trainees prepare for the longer, two-part exam. Of import, available evidence suggests that student diversity status, debt load, and likelihood of passing the current EPPP intersect (Bowman & Ameen, 2018; Doran et al., 2016; Sayette, Norcross, & Dimoff, 2011), raising concerns that the Enhanced EPPP will further limit access to the field for trainees from diverse racial, ethnic, or socioeconomic backgrounds.

Possible legal challenges. "According to ASPPB, the EPPP Part 2 is an assessment of skills or application of knowledge in a manner that is reliable, valid and defensible" (H. Broadus, personal communication, February 5, 2019). Because ASPPB has apparently been understood by staff of the Arizona Board of Psychologist Examiners as asserting defensibility, consideration of legal standards for high stakes assessment is worth brief consideration. According to the Supreme Court (*Daubert v. Merrell Dow Pharmaceuticals*, 1993), there are four specific qualities applied to tests being introduced in a legal context that determine the admissibility of scientific evidence. All four of the following conditions must be met: testability, peer-review and publication, error rate, and general acceptance. Based on what is known at this time, it is not clear whether the Enhanced EPPP meets any of the *Daubert* requirements.

In written and verbal statements, ASPPB has used a variety of terms to describe their hypothesis regarding what the Enhanced EPPP, particularly Part 2, is designed to evaluate. Developed under the auspices of competency-based evaluation, Part 2 is commonly described as "a test of skills" or "an integrated test of knowledge and skills" while

Table 1
Types of Validity Evidence to Support Accuracy and Appropriateness, Frequency of Use, Application to the Examination for Professional Practice in Psychology (EPPP Part 2, and Planned Use by the Association of State and Provincial Psychology Boards (ASPPB)

Type of evidence	Definition	Percent usage in recent test development articles (Hughes, 2018)	Example relevant to EPPP Part 2	Described by ASPPB (2017) for EPPP Part 2?
Accuracy Indices				
Content	The degree to which the items of a measure comprehensively captures the target construct	55	Items match the types of competencies described in the job analysis survey	Yes
Structural	The degree to which the relationships among items reflect the theoretical framework (e.g., confirmatory factor analysis)	90	If the aim is to assess different aspects of competency, items for those different facets cohere into statistically distinct subscales	No ^a
Stability across groups	The degree to which the content and structural validity indicators are stable across groups	35	The degree to which items appear to relate to total scores in a similar manner for those from different socioeconomic status, ethnic and racial backgrounds, and gender	The goal is reported, but the details of which subgroups are being considered is not provided
Appropriateness indices				
Convergent	The relationship of the new scale to other measures of the same construct	75	The degree to which EPPP Part 2 scales relate to other indices of competency, such as program evaluations of clinical competency	No
Concurrent	Cross-sectional correlation of scores on the new test with criterion data collected at the same time	60	The degree to which EPPP Part 2 scales relate to completion of clinical psychology doctoral degree, to other indicators of skills in clinical psychology	No
Predictive	The ability of scores on the new test to longitudinally predict criterion scores	10	Over time, the degree to which EPPP Part 2 scores are found to relate to licensing board censure, client complaints, or dismissal from employment	No; we concur with ASPPB that, unless individuals are tracked across the span of their career, this would be difficult to demonstrate
Discriminant	The relationship of scores on the new test with scores on measures assessing different constructs	85	EPPP Part 2 scores are not well explained by general academic/test taking, personality or intellectual skills, or by variables such as socioeconomic status	No
Incremental	Improvements in prediction of a criterion variable added by scores on the new test and above other measures	20	Does the EPPP Part 2 predict performance in clinical roles above and beyond the EPPP Part 1?	No
Known groups	The extent to which the new measure correctly discriminates between those known to be low and those known to be high in a construct	10	People who have received ethical censure from state boards could be paid to take the EPPP Part 2; their scores could be compared to those with no such record	No
Consequences	The intended and unintended consequences of test use	0	Degree to which EPPP Part 2 shows bias against certain groups of people, including those coming from disadvantaged backgrounds	No
Feasibility	The practical concerns related to use of the new test, such as cost, time, and respondent reactions	0	EPPP Part 2 cost is estimated to be twice the fee of current testing and require an additional day of testing at a later time point (a protracted process); will require concentrated preparation from trainees	ASPPB offered a limited period of reduced fee to address concerns raised by graduate trainees and professors

^a ASPPB refers to an item response theory (IRT) approach consistently in its slideshows and accompanying narration, regardless of presenter. Unidimensionality is an assumption of IRT that would preclude examination of the six-factor structure that ASPPB repeatedly assures is present in Part 2. It is entirely possible that the actual statistician employed by the test publisher working with ASPPB is using multidimensional IRT, which would allow for such structural evidence. Unfortunately, ASPPB has appeared to be unwilling or unable to provide further information with respect to the IRT analyses.

“a test of applied knowledge” has also been acknowledged (J. Horn, personal communication, January 18, 2019, 2019 Council of University Directors of Clinical Psychology Mid-Winter Meeting). Such a multiplicity of descriptions suggests a lack of clear theoretical grounding or falsifiability and, consequently, potential failure to meet the testability requirement. ASPPB’s exclusive reliance on unpublished research that has not been subjected to scholarly peer review falls short of meeting the second requirement of peer review and publication (Reisberg, Simons, & Fournier, 2016). The lack of external validity evidence precludes identification of an error rate (Faigman, 2013; Gatowski et al., 2001; Meixner & Diamond, 2014), which violates the third requirement.

The fourth and final requirement, general acceptance, refers specifically to acceptance by the relevant scientific and professional communities. A letter to ASPPB (D. Bell, personal communication, October 5, 2018) indicates that Part 2 has not attained general acceptance by relevant scientific communities. The letter—sent on behalf of 10 councils and professional organizations⁴ who collectively represent approximately 800 doctoral training programs or clinics in health service psychology, spanning all licensure jurisdictions—detailed multiple concerns associated with the construction and implementation of Part 2. To summarize, the letter stated that the councils and organizations

remain deeply concerned that the measure development process is inadequate and the planned launch of the Enhanced EPPP is premature. We strongly urge ASPPB to (1) address the many stakeholder concerns regarding development of a high-quality, valid, and accessible exam, (2) not hesitate to slow and alter exam development to fully resolve these challenges and concerns, and (3) more fully involve stakeholders, including state associations and training councils, in constructive dialogue and data collection that resolves these issues. (p. 2)

In fact, some jurisdictions have chosen not to adopt the EPPP Part 2, including, most recently, New York (New York State Education Department, Office of the Professions, Board of Psychology, personal communication, September 4, 2019).

Altering the Trajectory

It is ultimately the responsibility of jurisdictions to determine how and when to implement any changes to licensure examinations. Jurisdictions are not only within their scope of authority to make all implementation decisions, it is their duty to make reasoned, evidence-based decisions that protect the public’s interests. In forming expectations around what constitutes sufficient validation prior to implementation, jurisdictions may find it useful to consider how other health care professions have approached the need to modernize licensure examinations in their disciplines and miti-

gate shortcomings that potentially jeopardize the best interests of consumers in their jurisdictions.

Lessons From the Assessment of Licensure Readiness in Other Health Service Disciplines

The National Board of Medical Examiners (NBME, 2019), responsible for competency assessment in medicine, has taken a notably different approach to the evaluation of licensure readiness than that of ASPPB. Here, we focus on four particularly critical points of contrast that we believe have worked well for medicine and could provide guidance for psychology: engagement of stakeholders, peer review, breadth of construct validity evidence, and a broader use of validation processes.

Engagement of stakeholders. Stakeholder engagement permeates licensure evaluation much more fully in medicine than in psychology. Consider, for example, that ASPPB’s membership consists of representatives from state and provincial licensing boards and that the organization serves as the sole owner and operator of the licensing exam. Input from stakeholders outside of jurisdictional regulatory bodies—on ASPPB’s functioning, licensure evaluation processes, and the licensing exam itself—is typically in the form of responses to occasional and fairly specific requests for comments solicited by ASPPB, or informal feedback provided through ASPPB’s liaison relationships with other professional organizations. In contrast, NBME includes representation from national experts who contribute to the design of its examinations, at-large members who include members of the public, and representatives from multiple stakeholder organizations.⁵ This representation is remarkably broader than ASPPB’s, with a formal structure that ensures broad representation and inclusion of stakeholders in the profession.

⁴ In alphabetical order, the 10 cosigning organizations/councils to that letter were as follows: Academy of Psychological Clinical Science, Association of Counseling Center Training Agencies, Association of Postdoctoral Programs in Clinical Neuropsychology, Association of Psychology Training Clinics, Clinical Child and Pediatric Psychology Training Council, Consortium of Combined-Integrated Doctoral Programs in Psychology, Council of Counseling Psychology Training Programs, Council of Directors of School Psychology Programs, Council of Graduate Departments of Psychology, and Council of University Directors of Clinical Psychology.

⁵ NBME includes representatives from the Association of American Medical Colleges, the American Board of Medical Specialties, the American Medical Association, the Resident and Fellows Section of the American Medical Association, the American Medical Student Association, the Council of Medical Specialty Societies, the Educational Commission for Foreign Medical Graduates, the Federation of State Medical Boards, Student National Medical Association, the uniformed services, and the Department of Veterans Affairs. Similarly, the Joint Commission on National Dental Examinations is the agency responsible for the development and administration of the National Board Dental Examinations. The 15-member commission includes representatives from dental schools, dental practice, state dental examining boards, dental hygiene, dental students, and the public (see description at <https://www.ada.org/en/jcnde/about-us/jcnde-members-and-appointing-organizations>).

Competency assessment for medical licensure is similarly managed by a collaborative stakeholder group. The [USMLE \(2019\)](#) is governed by members from the NBME, the Federation of State Medical Boards, the Educational Commission for Foreign Medical Graduates, and the public. This governing committee is responsible for overseeing all significant policies and procedures, including maintaining the quality of the assessment process, identifying potential conflicts of interest that could interfere with widespread acceptance of the test, determining the overall direction of the program, and identifying and approving procedures for scoring and determining the pass/fail standard. Medicine's reliance on a structured checks-and-balances approach, with three partnering bodies that work in tandem, formalizes broad and ongoing stakeholder involvement in the regulation of their profession. A similar governing structure for licensure examination might be very beneficial to psychology.

The USMLE test content is determined by a set of test committees appointed by the overall committee. Broad stakeholder involvement is evident here, as well; the test committees include biomedical scientists, medical educators, and clinicians, and virtually all accredited medical schools in the United States have been represented on one or more USMLE test committees. USMLE test committee members represent a "national faculty of medicine" drawn from medical schools, state medical boards, and clinical practice settings across the United States ([USMLE, 2019](#)).

Peer review. Peer review has been described as the bedrock of quality control in the field of psychological science (e.g., [Reisberg et al., 2016](#)). Peer review allows for rigorous evaluation of validity and statistical reliability ([Faigman, 2013](#); [Gatowski et al., 2001](#)). However, to our knowledge, there is no involvement of independent investigators to promote quality science regarding the EPPP Part 2. Further, at the time of this writing, analyses and findings associated with the EPPP Part 2 have not been subjected to peer review.

In contrast, the NBME has an explicit commitment to make test data available to researchers to perform independent examinations of test validity and reliability and to conduct research on medical assessment and competency using the dataset. The NBME Data Sharing and Research Collaboration Program provides test score data and related information to appropriately vetted external investigators to pursue topics of their own interest that will also benefit the health professions education community or measurement community by expanding knowledge and improving practice. Through this program, NBME promotes research and evaluation in assessment by building relationships with academic and applied researchers and the organizations with which they are affiliated. It is expected that completed research will be submitted for publication in peer-reviewed journals. A similar commitment to independent examination

of the EPPP that can withstand the rigors of peer review would almost certainly yield a wealth of invaluable information that could help our profession shape a strong licensure evaluation process.

Breadth of construct validity evidence. The [IOM, Board on Health Care Services, Committee on the Health Professions Education Summit \(2003\)](#) recommended that individual disciplines should benefit from each other's knowledge and experience in creating and implementing more valid and reliable assessment[s] of competency for initial licensure and beyond. In keeping with this emphasis on more valid and reliable assessments, the NBME systematically develops plans to enhance assessment of competency with the full cooperation of relevant stakeholders. Current projects include investigations related to the assessment of new constructs and competencies, simulations and performance testing, test score scaling and equating, score reporting and feedback, validity of test score use, group differences, and general psychometrics ([NBME, 2019](#)). Notably, all of those projects are equally appropriate to health service psychology and could be used to expand and enrich ASPPB's current emphasis on content validity. Although instituting such a broad scope of activities is labor intensive and expensive, many of these goals can be readily achieved within psychological science given the research interests and expertise represented in our ranks. Examples involving two domains, score correspondence and incremental validity, are discussed further below.

Use of validation processes. Consistent with other health profession accreditation groups, the USMLE incorporates four working principles to assessment for medical licensure: (a) continually determining the acceptability of the program to stakeholders, (b) encouraging stakeholders to participate actively in evaluating and improving the test, (c) monitoring and evaluating the correspondence between performance on the test and relevant external measures of competency in medical practice, and (d) using the findings from that evaluation process to revise and improve the test itself over time ([Epstein & Hundert, 2002](#)). This overall process reflects the USMLE evolution in approach over the past 20 years—initiating strategic steps to move away from exclusive reliance on job task analysis and content validity in the test development process, and moving toward an iterative multistep sequence of content development and evaluation in cooperation with multiple stakeholders. In this way, the USMLE has engaged in a process of validation that includes careful analysis of the function of the test for its intended purpose. (For discussions of how other disciplines have taken on similar challenges successfully, see [Gadbury-Amyot, McCracken, Woldt, & Brennan, 2014](#); [Rose & Regan-Kubinski, 2010](#).) It is probable that Part 2 of the EPPP could similarly benefit from iterative validation studies.

Specific Recommendations for Jurisdictions Licensing Health Service Psychologists

Thus far, we have made several specific recommendations concerning additional research that should be conducted, and we have advocated for much greater infusion of stakeholder feedback into the exam creation and governance processes. For the more immediate future, we offer several recommendations to jurisdictions regarding the Enhanced EPPP. We strongly encourage jurisdictions to look for three key indicators of readiness prior to making any implementation decisions regarding the Enhanced EPPP: (a) greater depth and breadth in psychometric inquiries of the examination; (b) peer review of each study cited as contributing to implementation recommendations; and (c) broader participation of, and acceptance by, relevant stakeholders, including appropriate scientific communities. The first and second indicators are self-evident via review of citations (e.g., verifying psychometric inquiries are published in peer reviewed journals). The third indicator could be evaluated by seeking explicit, formal input from the broad stakeholder base (e.g., training councils; other professional organizations that are independent of ASPPB). With respect to psychometric inquiries, we provide a sampling of possible studies in two different areas to illustrate the breadth and depth of scope that is feasible via independent investigations (as is done in medicine) and/or in cooperation with ASPPB. By no means is this an exhaustive listing of feasible or necessary work but rather, these exemplars are offered to encourage greater discussion and involvement by stakeholders and independent investigators.

Score correspondence. Prior to adoption, jurisdictions will need information on whether scores from the Enhanced EPPP correspond to intended referents (e.g., competency) and not unintended referents (e.g., race; socioeconomic status; gender identification; disability status; national origin). Multiple yardsticks for the assessment of score correspondence with appropriate referents could be considered. For example, a known groups design could be used to examine whether there are differential pass rates among those holding unrelated doctoral degrees (e.g., engineering), related subdoctoral degrees (e.g., master's degree in health service psychology), and doctoral degrees in health service psychology. Previous research underscores the likelihood of discernible exam performance differences (e.g., master's vs. doctoral levels; DeMers, 2009) and may provide important information to jurisdictions in determining the appropriate scope of practice for doctoral level health service psychology, particularly in light of forthcoming accreditation of master's programs in health service psychology (Callahan, 2019).

For the original EPPP, ASPPB's examination committee, the test vendor, and individual jurisdictions worked with independent investigators to facilitate validation inquiries

involving known groups designs. Included in these designs were undergraduate students (Shrader, 1979; Wertheimer, 1972, 1974), master's-level individuals seeking licensure (Shrader, 1980; Terris, 1973), doctoral-level individuals according to degree type (e.g., PhD, PsyD, and/or EdD; Hays & Mullins, 1978; Hays & Schreiner, 1977), and individuals failing the exam at least once and as many as four times (Shrader, 1980). We are unable to verify all of the primary sources for those inquiries because some rely on communications from investigators that were sent directly to ASPPB. However, Shrader (1980) reportedly had access to all of these reports and concluded that known groups fell into a hierarchy of mean exam scores as follows: PhD psychology, PsyD psychology, EdD psychology, master's degree psychology, graduate students in psychology, undergraduate honors students in psychology, and other psychology undergraduates. Shortly thereafter, Hoffman (1980) reported similar findings in which mean EPPP scores fell into a hierarchy based on the type of degree institution: major university, small or unknown college, or professional school. Such differences were evidenced not only at the total score level, but also when examining subtest scores (Templer & Tomeo, 1998; Templer & Tomeo, 2000). A known groups design would also allow for tests of independence between Part 2 examination scores and unintended referents (e.g., diversity variables).

As noted earlier, the field of medicine expects licensure scores to correspond with competent skills performance in other settings. Of importance for research of that type, work in our discipline has already gone into creating psychometric scales to measure demonstrable competency while accounting for the phenomenon of rater biases (e.g., Price, Callahan, & Cox, 2017). Such scales, in concert with standardized simulated patient scenarios (e.g., Cramer, Johnson, McLaughlin, Rausch, & Conroy, 2013; Sheen, McGillivray, Gurtman, & Boyd, 2015), could be used to investigate score correspondence. To be clear, we are not suggesting all examinees participate in simulated patient scenarios, which is presently beyond the financial and logistic resources of our profession and licensure applicants. Rather, we are suggesting focused research studies that could, with adequate statistical power, contribute important information to the validation process and inform decisions concerning implementation.

Incremental validity. Dismantling designs and research on incremental validity would allow jurisdictions to parse the Enhanced EPPP into the discrete contributions of Part 1 and Part 2. Although ASPPB does not support such inquiries (J. Hunsley, personal communication, December 7, 2017) and holds an a priori belief that all components of the Enhanced EPPP are essential, there is no empirical evidence at this time to support such an assertion. In fact, adopting such a perspective appears counter to the implied framing of the Enhanced EPPP Part 2. ASPPB has publicly

stated⁶ that ~95% of those who pass Part 1 are likely to also pass Part 2. This suggests that the Enhanced EPPP is not likely to demonstrate any significant incremental validity, which underscores our concerns of excessive and unnecessary redundancy. Based on what ASPPB has stated, we hypothesize that studies of incremental validity would show no incremental benefit with the use of both exams and therefore recommend that only the superior of the two exams be implemented. Unfortunately, we cannot be sure at this time which of the two examinations (Part 1 or Part 2) is superior.

Conclusions

While ASPPB has engaged in an intensive and ambitious process to develop test items for the Enhanced EPPP Part 2 that reflect core job tasks, they have been less engaged in the fuller process of validation, and have not communicated an openness to greater engagement from relevant stakeholders, involvement of psychological experts, and peer review. As a result, the overall Enhanced EPPP development process is less sophisticated and comprehensive than similar undertakings in other professions, which could have untoward consequences for health service psychology and the public, and leaves open the door for legal challenges regarding the Enhanced EPPP.

As noted above, the recent history of the USMLE highlights important trends in assessment for licensing in health care provision (e.g., Elstein, 1993; Epstein & Hundert, 2002). We find it particularly salient that other disciplines have relied heavily on strict and comprehensive application of psychological principles and psychometric theory in tackling such challenging questions as the development of optimal and efficient methods for assessing clinical reasoning (Longo, Orcutt, James, Kane, & Coleman, 2018; Rencic, Durning, Holmboe, & Gruppen, 2016) and for ensuring the predictive validity of competency assessment for health care practice (Melnick & Clauser, 2005). It is encouraging and reassuring to see how psychological knowledge and assessment practices have led to substantial improvements in assessment for health care licensure and practice. Both pragmatic and legal concerns have driven those involved with competency evaluation for medical licensure and practice to invest significant resources, to collaborate extensively and, in the process, to focus more intensively on validity and reliability (Govaerts & van der Vleuten, 2013; Norcini, Lipner, & Grosso, 2013).

ASPPB's process to date has not reflected the same level of investment in validation studies or in strategic inclusion of stakeholders and researchers with relevant expertise. We have every reason to believe that relevant stakeholders would be willing to engage productively in this process as partners with the common goal of ensuring public health and well-being. As a discipline, we must compel ourselves

to apply rigorous methods and standards to putative developments in the evaluation of those seeking licensure in health service psychology. To hold ourselves less accountable to our own standards and ethics than other disciplines—who cite our discipline's standards as foundational to their work—is disappointing at best and self-defeating at worst. Our field has the knowledge and skills to produce a well-validated and appropriate licensure assessment process, as well as stakeholders who are clearly committed to participating in the validation process. It is imperative that we use these resources fully to protect the discipline and the public.

To be clear, we do not recommend abandoning Part 2 development. As noted earlier, independent, peer-reviewed studies repeatedly report significant limitations associated with the existing EPPP, particularly with respect to diversity constriction (e.g., Bowman & Ameen, 2018; Sharpless, 2019; Sharpless & Barber, 2009). Thus, based on the rigor of the workforce analysis and attention to construct validity described thus far, we strongly suspect Part 2 carries potential to emerge as psychometrically superior to the current EPPP. Rather than abandon development of Part 2, we encourage more thorough investment in its validation in concert with planned obsolescence for the current examination (i.e., Part 1). We strongly urge ASPPB and jurisdictions to partner with additional stakeholders and qualified investigators to facilitate the needed validation studies, including examination of (a) structural and measurement invariance and (b) incremental validity to reevaluate the necessity of both exams.

Until these goals are reached, we urge ASPPB and licensure jurisdictions to hold off on implementation of the Enhanced EPPP. Potential costs of implementing a test prematurely include costs to trainees in time and burden, costs to the discipline of implementing an additional gate that may disproportionately influence more vulnerable trainees, and the potential for state boards to face legal challenges regarding their licensure standards.

⁶ Addressing the full body of attendees at the January 2019 Mid-Winter Meeting of the Council of University Directors of Clinical Psychology.

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From: ASPPB Board-College Chair ListServ [<mailto:ASPPB-BDCOLLEGE-CHAIRS@LISTSERV.ASPPB.ORG>] **On Behalf Of** Janet Pippin Orwig
Sent: Monday, December 09, 2019 1:12 PM
To: ASPPB-BDCOLLEGE-CHAIRS@LISTSERV.ASPPB.ORG
Subject: Message from the ASPPB CEO

Dear Members,

As you may know, concerns have been raised in the professional psychology community about the necessity and the validity of the EPPP (Part 2- Skills). Unfortunately, some of these concerns are based on misleading and factually incorrect information about the EPPP (Part 2-Skills). Indeed, many of the concerns brought to licensure boards involve a misunderstanding of the process and purpose of licensure assessment. In an effort to provide clarity about the purpose and validation process for the EPPP (Part 2-Skills), listed below are the most common concerns that have been raised followed by factual information about the exam:

Purpose of the Examination:

Concern: *There is no need for a skills exam.*

Fact: Skills have not been assessed in a consistent manner by all jurisdictions and many concerns have been raised about the reliance on supervisor evaluations. The EPPP (Part 1- Knowledge) is a foundational knowledge exam that has been criticized for many years because it is **not** a skills exam. Together, the EPPP (Part 1-Knowledge) and the EPPP (Part 2-Skills) provide licensing boards a competency examination that assesses both the knowledge and skills of applicants for licensure.

Validity:

Concern: *The EPPP (Part 2-Skill) is not valid because criterion-related validity must be established before the exam can be considered to be valid.*

Fact: This particular concern has been raised many times, despite attempts to educate people about this issue. The EPPP (Part 2-Skills) is a valid assessment of skills that has undergone a rigorous validation process that exceeds industry standards for development of a licensure exam. As with all licensure exams, the validation process is ongoing and involves continuous review and statistical analysis of every item used in the exam.

Fact: All licensure exams, including the EPPP, are built on a **content** validation strategy. For the EPPP, this also involves expert review from licensed psychologists at every step of the process. Since the purpose of a licensure exam is not to predict future performance, a criterion-related validation process is inappropriate. Moreover, even if criterion-related validity were appropriate, in most cases, any criterion that might be chosen is less psychometrically sound than the exam itself. This has been known and published for decades, but many critics continue to cite a need for inappropriate validation standards for the EPPP. As stated in the *Standards for Educational and Psychological Testing (2014)*:

Criterion-related evidence is of little applicability because credentialing examinations are not intended to predict individual performance but rather to provide evidence that candidates have acquired the knowledge, skills, and judgment required for effective performance. (pp. 175-176)

Test bias:

Concern: *ASPPB has not considered diversity factors sufficiently in development of the EPPP.*

Fact: It is well-known in the testing literature that, if mean group differences exist on a test, one of the possible explanations for such differences is test bias. Reducing the possibility of test bias on the EPPP has been a priority for ASPPB for decades, and many steps are taken to ensure the exam is fair for all candidates. For example, ASPPB strives to achieve representative membership in examination committees and item writing groups. This includes seeking writers who vary in gender, ethnicity, training backgrounds, professional expertise, work settings, and geographic locations. Item writers and reviewers are trained to consider many factors in evaluating item suitability, including cultural and linguistic considerations. Additionally, all writers receive training on addressing implicit bias in item development. Most recently, ASPPB has begun to collect ethnicity data in order to conduct Differential Item Functioning (DIF) analyses. Using the results of these analyses, items that function differentially across groups will be reviewed by experts on cultural competence for possible removal of the item from the examination. ASPPB consistently has allocated a great deal of time and resources to extensive review processes designed to ensure that the exam is fair for all candidates.

It is a priority of ASPPB to provide a fair, reliable, valid and defensible examination for use by regulatory authorities throughout the United States, its territories, and Canada. As such, it is ASPPB's hope that the facts associated with the process of test development for the EPPP (Part 2-Skills), as described in this document, will provide you with beneficial and informative details related to the exam.

More detailed information is available in an FAQ section of the ASPPB website, at www.asppb.net. And finally, please contact either Dr. Matt Turner, Senior Director of Examination Services, at mturner@asppb.org or me at mburnetti-atwell@asppb.org should you have any questions or concerns related to the development of the EPPP.

Respectfully,

Mariann Burnetti-Atwell, PsyD
Chief Executive Officer
Association of State and Provincial Psychology Boards



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THE EPPP

One Exam, Two Parts:

EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills)

The EPPP will be a two-part exam that more thoroughly assesses the totality of competency of candidates for licensure. This will include:

EPPP (Part 1-Knowledge)

The EPPP (Part 1-Knowledge) is the foundational knowledge exam that is presently in place in all jurisdictions.

This is a critical assessment as it provides licensure boards with information on their candidates general knowledge of psychology. This includes important psychological theories in areas such as cognition, affect, development and general knowledge of intervention and assessment, research, factors impacting psychological functioning as well as many other aspects of the foundational knowledge that psychologists are taught in graduate school.

This will become the prerequisite for the skills-based portion of the EPPP.

EPPP (Part 1-Knowledge): Domains and Weights

1. Biological Bases of Behavior (10%)
2. Cognitive-Affective Bases of Behavior (13%)
3. Social and Cultural Bases of Behavior (11%)
4. Growth and Lifespan Development (12%)
5. Assessment and Diagnosis (16%)
6. Treatment, Intervention, Prevention and Supervision (15%)
7. Research Methods and Statistics (7%)
8. Ethical/Legal/Professional Issues (16%)

EPPP (Part 2-Skills)

Starting January 2020, the EPPP (Part 2-Skills) will be used to evaluate the skills of a candidate applying for licensure in Psychology.

This skills-based assessment includes questions about applied, real world situations that psychologists face in practice. This provides valuable information to licensing board as it assesses the candidate's ability to show what they would DO in an applied setting. This has never been assessed through a universal standard across different jurisdictions.

The EPPP (Part 2-Skills) will assess the following areas:

EPPP (Part 2-Skills): Domains and Weights

1. Scientific Orientation (6%)
2. Assessment and Intervention (33%)
3. Relational Competence (16%)
4. Professionalism (11%)
5. Ethical Practice (17%)
6. Collaboration, Consultation, Supervision (17%)

Visit www.asppb.net for information on our other programs:

CPQ

Certificate of Professional Qualification in Psychology

IPC

Interjurisdictional Practice Certificate

PLUS

Psychology Licensing Universal System

PSYPACT

www.psypact.org

EPPP

Score Transfers

PEP

Psychopharmacology Exam for Psychologists



Format of the EPPP (Part 2-Skills)

The EPPP (Part 2-Skills) provides information on candidate understanding of how to proceed in applied situations. This is done by presenting case situations, or real world information, in a variety of item formats including:

- Multiple Choice:** Candidate must choose the best choice of 3 responses.
- Multiple Choice/
Multiple Response:** Candidate will be allowed to choose more than one response from a series of possible answers. For example, select 2 of 5 options.
- Scenarios:** Presents information from an applied situation. Scenarios have up to 3 “Exhibits” which present additional information. This can be an animation, a description of an interview, a test protocol, or other data that adds information. Each Exhibit can have up to 5 questions that pertain to that part of the scenario.
- Point and Click:** A graphical image is presented (ie. A test protocol, a business card, an advertisement, a letter, etc.) and the candidate may select one or more areas on the image to indicate a response to the question.
- Drag and Drop:** Matching multiple appropriate stimuli on the left side of the screen to an appropriate response on the right side of the screen.

The EPPP (Part 2-Skills):

Questions: 170

Exam Time: 4 hr 15 min

Exam Breakdown:

Multiple Choice or Multiple Choice Multiple Response:	45%
Scenario Based Questions:	45%
Other Item Types:	10%



ASPPB

Association of State and
Provincial Psychology Boards

THE EPPP

One Exam, Two Parts:

EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills)



Early adoption phase of the EPPP (Part 2-Skills)

Q: What is the 'early adoption' phase?

A: Starting on January 1, 2020, licensing boards will have the opportunity to become an Early Adopter of The EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills).

Q: Can I take the EPPP (Part 2-Skills) if I haven't taken the EPPP (Part 1-Knowledge)?

A: No. The EPPP (Part 1-Knowledge) will become the prerequisite for the EPPP (Part 2-Skills).

Q: I've already passed the EPPP (Part 1-Knowledge), do I have to take the EPPP (Part 2-Skills)?

A: ASPPB is recommending that candidates who pass the EPPP before December 31st, 2019, be exempt from taking the EPPP (Part 2-Skills).

Q: I haven't passed the EPPP (Part 1-Knowledge) yet, will I have to take the EPPP (Part 2-Skills)?

A: After January 1, 2020, if you are applying for licensure in an early adoption jurisdiction, then, yes, you will be required to take both parts of the exam.

Q: Who will approve me to sit for the EPPP (Part 2-Skills)?

A: Your state or provincial licensing board will make all decisions about eligibility.

Q: Do I need to score a 500 on each exam?

A: ASPPB's recommended passing score for both portions of the exam is a 500.

Q: How do I know if my state or province is an early adopter?

A: Check with your licensing board, and check our website for updates.

**The early adoption period is:
January 1, 2020 until December 31, 2021**

Candidates from early adopter jurisdictions will be eligible for a reduced exam fee for the EPPP (Part 2-Skills) portion:
(the EPPP (Part 1-Knowledge) fee will remain \$600):

\$100

for Beta Candidates

**not including test center or jurisdictional fees*

\$300

**After the Beta Exam closes,
until 12/31/2021**

**not including test center or jurisdictional fees*

\$450

After 1/1/2022

**not including test center or jurisdictional fees*



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Provincial Psychology Boards

THE EPPP

One Exam, Two Parts:

EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills)



Why is the EPPP (Part 2-Skills) needed?

Psychology and most regulated professions have embraced the move to competency and the assessment of competence. Until now, the universal standard across all jurisdictions has been the EPPP (Part 1-Knowledge). This has served its purpose very well for over 50 years. However, adding the EPPP (Part 2-Skills) will provide a more thorough assessment of competence.

Skills assessment has been left to each individual jurisdiction to determine based on their own rules. This is most often done by requiring a number of supervised hours, oral examinations, and letters of recommendations. All of these methods have known reliability concerns.

Licensing Boards are charged with ensuring that candidates approved for licensure are competent to practice. Many jurisdictions would like better information about the skill set of their candidates. The EPPP (Part 1-Knowledge) allows candidates to demonstrate a universal standard of foundational knowledge. The EPPP (Part 2-Skills) will provide a valid, reliable and legally defensible measure for regulators to assess their candidates' demonstration of a universal standard of skills.

Jurisdictions interested in adopting the EPPP (Part 2-Skills) are encouraged to contact Dr. Matt Turner at mturner@asppb.org



Validity of the EPPP (Part 2-Skills)

Because the EPPP (Part 2-Skills) is a new assessment, ASPPB has received many questions regarding the validity of the exam. The process of development of both the EPPP (Part 1-Knowledge) and the EPPP (Part 2-Skills) follows a rigid content validation methodology that complies with the Guidelines for the Standards in Educational Testing suggested by American Psychological Association (APA), American Educational Research Association (AERA), and the National Council on Measurement in Education (NCME).

Overview of the Process

Job Task Analysis (JTA) - A comprehensive study that involves Subject Matter Experts (SMEs) who are licensed psychologists that establish the knowledge and skills that are required for practice in psychology. The resulting requirements are sent via survey to thousands of licensed psychologists throughout the United States and Canada. The survey respondents indicate which areas are important for entry level practice. The results establish the test specifications (blue print) for the exam. Essentially, the expertise of licensed psychologists establishes what should be assessed by the exam.

Item Writing - SMEs write exam items according to the test specifications established from the JTA. All writers for the EPPP (Part 2-Skills) are licensed in the United States or Canada.

Item Review - Each item is reviewed by an Item Development Committee (IDC) SME in that Domain who is an established expert in that specific area. Items are reviewed in an iterative process between the reviewer and the item writer until the item is acceptable to both or discarded.

Exam Form Review - Each item is again reviewed prior to being placed on an exam by the Examination Committee. This committee is comprised of 10 SMEs who are psychologists that have particular expertise in each of the domains on the exam and represent various areas of psychology practice and training. Items that have been approved by the IDC are again reviewed for accuracy, relevancy to practice, clarity, and freedom from bias, among other factors.

Psychometric Review - Once approved by the Examination Committee, each item is pretested (or beta tested) prior to being an active item that is scored item on an exam. Items that do not perform well during pretesting, according to psychometric standards, are not included on a candidate's overall scores.

Standard Setting - The pass point of the exam is established through a rigorous review process called a standard setting. This involves a committee of SMEs who are licensed psychologists, most of whom are typically early career psychologists. These SMEs review the exam form item by item and provide rating data on difficulty. The data is analyzed to determine the appropriate pass point which represents the minimal knowledge or skills required for entry level practice.

These multiple levels of review by Psychologists and the ongoing analysis of psychometric data ensures that the examination is accurate, relevant, valid and legally defensible.