

NOTICE OF INTENT

Department of Health Board of Examiners of Psychologists

Training, Credentials and Scope of Practice for Neuropsychology Specialty Designation and Provisional Licensure; other technical corrections (LAC 46:LXIII. 100, 102, 103, 108, 201, 303, 305, 307, 701, 702, 705, 709, 1002, 1201, 1205, 1213, 1401, 1403, 1405, 1407, 1409, 1701, 1702, 1705, 1903, 1905 and amend Sections, , 3402 and 3403)

Notice is hereby given in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq, that the Board of Examiners of Psychologists intends to adopt Sections 100, 108, 702, 1401, 1403, 1405, 1407, 1409, and 1905 and amend Sections 102, 103, 201, 303, 305, 307, 701, 705, 709, 1002, 1201, 1205, 1213, 1701, 1702, 1705, 1903, 3402 and 3403. These changes are related to training and credentials for provisional licensure and for the practice of psychology and neuropsychology amendments are included to correct grammar and technical corrections to outdated statutory references in accordance with the Louisiana Licensing Law for Psychologist 37:2353.C(1) 37:2357.C(4), 37:2352(7), and the Administrative Procedures Act §968 and 971.

Title 46

OCCUPATIONAL AND PROFESSIONAL STANDARDS

Part LXIII. Psychologists

Subpart 1. General Provisions

Chapter 1. Definitions

§100. General Definitions

- A. "Advisory workgroup" means two or more individuals selected by the Board to provide research or recommendations on matters requested by the Board.
- B. "Board" or "board" is the Louisiana State Board of Examiners of Psychologists. The term "Board" or "board" is synonymous with agency.
- C. "Board of Directors" – are the "Board Members" appointed by the Governor to serve on the Board.
- D. "Chairperson" – is the chief executive officer and member of the Board of Directors. The Chairperson provides leadership and direction to standing committees; ensures the organization is managed effectively; provides support and supervision to the chief administrative officer; represents the board as its figurehead and in its mission of public protection.
- E. "Examiner" means an "Examining Board Member" who is a current board member.
- F. "Licensing Examiner" is a former board member that is currently licensed and approved by the board to conduct licensing examinations.
- G. "Executive Committee" is a standing committee of the Board established to facilitate the proper functioning of the agency, with authority to execute tasks and duties of the board, including but not limited to summary suspension authority, and utilized to facilitate the proper functioning of the agency. This committee shall consist of two or more board members and may include other personnel.
- H. "Executive Director" means the chief administrative officer responsible for the daily operations of the board; authorized to take action and make decisions not inconsistent with the statutory and regulatory requirements, but within the boundaries delegated by the Board for the proper management of all aspects of daily board operations including but not limited to subpoena signing authority.
- I. "Vice-Chairperson" is an officer and member of the Board of Directors. The Vice-Chairperson provides support to the Chairperson and may act in the absence or recusal of the Chairperson.
- J. "Standing committee" means a working committee established by the Chairperson to facilitate the proper functioning of the board. Standing committees consist of appointed members of the Board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 48:

§102. Definition of Applicant for Provisional Licensure

A.1. - A.4. ...

A.5. has completed a minimum of one year of experience practicing psychology under the supervision of a licensed psychologist or medical psychologist licensed in accordance with R.S. 37:1360.51 et seq., or has completed an approved predoctoral internship as defined in the rules and regulations of the board and required as part of the doctoral degree in psychology as defined by the board;

A.5 – A.7. ...

A.8. submits such number of full sets of fingerprints and fees and costs as may be incurred by the board in requesting or obtaining criminal history record information as authorized by R.S. 37:2356.1, and in the form and manner prescribed by the boards rules and regulations. The results of the criminal history record information search to be obtained, reviewed and considered acceptable by the board prior to admission to candidacy status.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2617 (December 2015). amended LR 48:

§103. Definition of Applicant for Licensure

A.1. – A.6. ...

A.7. submits such number of full sets of fingerprints and fees and costs as may be incurred by the board in requesting or obtaining criminal history record information as authorized by R.S. 37:2356.1, and in the form and manner prescribed by the boards rules and regulations. The results of the criminal history record information search to be obtained, reviewed and considered acceptable by the board prior to admission to candidacy status.

B. – C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:248 (August 1979), amended LR 34:1406 (July 2008). amended LR 48:

§107. Definition of Provisional Licensed Psychologist

A. A Provisional Licensed Psychologist is a person who has been issued a provisional license under the provision of LA R.S.37:2356.2

B. A provisionally licensed psychologist may practice psychology as defined under LA R.S. 37: 2352(7) while under the continuing professional supervision of a licensed psychologist.

C. A provisional license is required for a Candidate’s early admittance to the written examination for licensure, while completing the final year of postdoctoral supervision.

D. A provisional license may be renewed no more than three times. A provisional license that is not renewed in accordance with the provisions of this Part shall lapse.

E. Provisional licensed psychologists may not:

1. contract directly with individuals, couples, families, agencies or institutions for clinical services, consultation, supervision or educational services; or

2. claim to be independently licensed, in private practice or otherwise advertise as such.

F. Provisional Licensed Psychologists:

1. must practice psychology under the continuing professional supervision of a licensed psychologist and in accordance with the requirements of Chapter 7 of this Part;

2. shall use the title “Provisional Licensed Psychologist” in representing themselves, their work or their services;

3. shall disclose their supervisory relationships to clients/patients in the provision of psychological services and to third parties in engaged in professional activities related to the field of psychology;

4. shall not supervise other mental health professionals or independently evaluate persons;

G. The supervising licensed psychologist, or the agency, hospital, or corporation that employs the supervising licensed psychologist, may bill for psychological services performed by the provisional licensed psychologist.

H. The termination of the supervisory relationship must be immediately reported to the board in accordance with the requirements of Chapter 7 of this Part. Following termination, the provisional license shall be considered lapsed, and the provisional licensed psychologist may not practice under these provisions until an approved supervisory relationship with a licensed psychologist has been approved by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353 and R.S. 37:2356.2.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 48:

Chapter 2. Reciprocity

§201. Licensure of Psychologists through Reciprocity

A. – B. ...

C. Applicants for reciprocal licensing must submit such number of full sets of fingerprints, or other identifiable information, and fees and costs as may be incurred by the board in requesting or obtaining criminal history record information as authorized by R.S. 37:2356.1, and in the form and manner prescribed by the boards rules and regulations. The results of the criminal history record information search to be obtained, reviewed and considered acceptable by the board prior to admission to candidacy status.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 23:861 (July 1997), amended LR 27:723 (May 2001), LR 29:207 (October 2003), LR 34:1406 (July 2008). amended LR 48:

Chapter 3. Training and Credentials

§303. Doctoral Programs in Psychology

A. A graduate whose of a doctoral program, at the time of graduation, that is either accredited by the American Psychological Association, or listed by the Association of State and Provincial Psychology Boards

(ASPPB) and the National Register of Health Service Providers in Psychology's former yearly joint publication of the Doctoral Psychology Programs Meeting Designation Criteria is recognized as holding a doctoral degree with a major in psychology from a university offering a full-time graduate course of study in psychology.

B. A graduate of a doctoral program that is neither listed in Designate Doctoral Programs in Psychology nor accredited by the American Psychological Association must meet the criteria in Paragraphs B.1-B.11 below.

1. Training in professional psychology is doctoral training offered in a regionally accredited institution of higher education.

2. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogs and brochures its intent to educate and train professional psychologists in an applied area of psychology recognized by the board.

3. The psychology program must stand as a recognizable, coherent organizational entity within the institution.

4. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.

5. The program must be an integrated, organized sequence of study.

6. There must be an identifiable psychology faculty and a psychologist responsible for the program.

7. The program must have an identifiable body of students who are matriculated in that program for a degree.

8. The program must include supervised practicum, internship, field or laboratory training appropriate to the practice of psychology, in an applied area of specialization recognized by the board.

9. The program shall be an internal degree program (as opposed to an external degree program unless it is either designated by the Association of State and Provincial Psychology Boards (ASPPB) and the National Register or it is accredited by the American Psychological Association.)

10. The doctoral program shall involve at least one continuous academic year of full-time residency on the campus of the institution at which the degree is granted.

11. For individuals who were trained prior to 2015, the curriculum shall encompass a minimum of three academic years of full-time graduate study. The program of study shall typically include graduate coursework with a minimum of three semester hours (five quarter hours) in each of the following three areas: scientific and professional ethics and standards, research design and methodology, and statistics and methodology. In cases where the material from one of these areas was incorporated into other courses, the program director shall submit material to the board indicating the educational equivalence of this requirement. Additionally, the core program shall require each student to demonstrate competence in each of the following substantive areas. This requirement typically will be met by including a minimum of three or more graduate semester hours (five or more graduate quarter hours) in each of the four substantive content areas. Graduates who cannot document competence in all substantive content areas (§303.C.11.a-d below), may demonstrate competence by taking additional course work or examination, not to exceed one substantive content area:

a. biological bases of behavior - physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology;

b. cognitive-affective bases of behavior - learning, thinking, motivation, emotion;

c. social bases of behavior - social psychology, group processes, organizational and systems theory;

d. individual difference - personality theory, human development, abnormal psychology. In addition, all professional doctoral programs in psychology will include course requirements in specialty areas.

C. For individuals whose training began after 2015, the curriculum shall encompass training in the nine profession-wide competencies, which include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession-wide competency. Although in general, the competencies appearing at or near the top of the following list serve as foundations upon which later competencies are built, each competency is considered critical for graduates in programs accredited in health service psychology. The specific requirements for each competency are articulated in APA Commission on Accreditation Implementing Regulations. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence-base when training students in the following competency areas. At a minimum, students must demonstrate competence in the following:

1. Research – For example, individuals demonstrate knowledge, skills, and competence sufficient to produce new knowledge; to critically evaluate and use existing knowledge to solve problems; substantial knowledge of scientific methods, procedures, and practices; and ability to disseminate research.

2. Ethical and legal standards – For example, individuals demonstrate knowledge of ethical principles and state law; recognize ethical dilemmas as they arise; apply ethical decision-making processes; and conduct oneself in an ethical manner in all professional activities.

3. Individual and cultural diversity – For example, individuals are sensitive to cultural and individual diversity of clients and committed to providing culturally sensitive services. Individuals are aware of how one’s background impacts clinical work and are committed to continuing to explore their own cultural identity issues and how they relate to clinical practice.

4. Professional values, attitudes, and behaviors - For example, individuals behave in ways that reflect the values and attitudes of psychology; engage in self-reflection regarding their personal and professional functioning; and actively seek and demonstrate openness to feedback.

5. Communication and interpersonal skills – For example, individuals can establish and maintain effective interrelationships as well as produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated.

6. Assessment – For example, individuals demonstrate competence in choosing, administering, interpreting and providing results from evidenced-based assessments. Individuals also demonstrate knowledge of current diagnostic classification systems.

7. Intervention – For example, individuals demonstrate competence in utilizing evidenced-based interventions which have been chosen to meet the unique needs of the individual or group; demonstrate the ability to establish effective working relationships with clients and are able to evaluate the effectiveness of their interventions.

8. Supervision – For example, individuals demonstrate knowledge of supervision models and have applied this knowledge to the practical application of supervision principles.

9. Consultation and interprofessional/interdisciplinary skills – For example, individuals demonstrate the ability to intentionally collaborate with other professionals to address a problem; have knowledge of consultation models; and have applied practice serving in the role of consultant.

D. - D.2.f. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353 and R.S. 37:2356.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:489 (August 1980), amended LR 13:180 (March 1987), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 15:87 (February 1989), LR 27:1895 (November 2001), LR 36:1005 (May 2010), amended LR 48:

§305. Specialty Areas

A. Health Service Psychology – The provision of direct health and/or behavioral health services requires training in an applied health service area such as Clinical Psychology, Counseling Psychology, Clinical Neuropsychology, School Psychology, or other developed health service areas that are offered under training programs that are accredited by the American Psychological Association (APA) in a health service area. Training programs may also combine two or more of the recognized practice areas listed above. In addition to didactic courses, training in health service psychology shall include early and continuing involvement of students in applied healthcare settings. Such experiences shall occur at two levels: practicum and internship.

A.1. – A.2.e. ...

f. At least 25 percent of trainee's time was in direct client contact (minimum 375 hours).

A.2.g. – A.2.k.1. ...

B. General Applied Psychology – The provision of psychological services in applied non-healthcare areas include services outside health and behavioral health fields; direct services to individuals and/or groups for assessment and/or evaluation of personal abilities and characteristics for individual development, behavior change, and/or for making decisions about the individual; and may also include services to organizations that are provided for the benefit of the organization. Training areas recognized by the Board in general applied psychology include those specialty programs designated as Educational Psychology, Developmental Psychology, Experimental Psychology, Social Psychology, or Industrial-Organizational Psychology. Internship training for non-health service psychology areas may take the form of post-doctoral supervised experience as defined in the regulations of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353 and R.S. 37:2356.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 13:181 (March 1987), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:1323 (October 1993), LR 36:1005 (May 2010), amended LR 48:

§307. Clinical Neuropsychology

A. – B.4. ...

5. These regulations recognize the overlapping roles in certain aspects of clinical neuropsychological assessment and intervention of other professionals, such as behavioral neurologists, speech pathologists, and learning disability specialists, and are not meant to constrain or limit the practice of those individuals as affirmatively set forth in their relevant enabling statutes. These regulations are not meant to constrain or limit the practice of licensed psychologists who through education, training, and experience have acquired competence in the use of psychological assessment instruments that measure various aspects of function to include but not limited to general intelligence, complex attention, executive function, learning and memory, language, perceptual motor and social cognition.

C. – C.1.c. ...

d. specialty internship in clinical neuropsychology (one year minimum), followed by the completion of one year of post-doctoral supervised experience in clinical neuropsychology; or, the equivalent of two full years (4,000 hours) of post-doctoral experience in clinical neuropsychology under the supervision of a qualified clinical neuropsychologist (as defined here and in LAC 46:LXIII.307.C.2, 3, and 4). The majority of these hours must involve clinical neuropsychological assessment, and some portion of the remaining hours should be related to rehabilitation of neuropsychological deficits. The supervision, as defined above, should involve a minimum of one hour of face-to-face supervision a week, though additional supervisory contact may be required during training phases and case discussions;

C.1.e. – C.3.c. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353 and R.S. 37:2356.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:1323 (October 1993), amended LR 36:1006 (May 2010), amended LR 48:

Chapter 7. Supervised Practice Leading toward Licensure

§701. Preface

A. This Chapter details reasonable minimal standards for supervised practice and establishes that the legal, administrative and professional responsibility of supervision rests with the licensed psychologist or medical psychologist licensed in accordance with R.S. 27:1360.51 et seq., designated as supervisor.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:249 (August 1979), amended LR 7:187 (April 1981), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2618 (December 2015), repromulgated by the Department of Health, Board of Examiners of Psychologists, LR 42:1089 (July 2016), LR 48:

§702. Definitions

A. “General Professional Supervision” – means direct supervisory contact with the supervisee. Supervision in this context includes activities such as individual supervision, group supervision, specific case discussion and management, skill training, and professional development and review of the work completed by the supervisee.

B. “Continuing Professional Supervision” - means the ongoing training and oversight for the procedure furnished under the psychologist’s overall direction and control, including maintenance of the necessary equipment and supplies. Supervision in this context does not require the Supervisor’s presence during the performance of the procedure. However, the Supervisor shall be available to the supervisee in person during the time when the supervisee is rendering professional services, or arrange the availability of a qualified supervisor who is authorized to intervene with a client. Exceptions to this provision must have prior approval by the Board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 48:

§705. Qualifications of Supervisors

A. Responsibility for the overall supervision of the supervisee's professional growth resides in the licensed psychologist or medical psychologist. Supervising psychologists shall be licensed to practice psychology at the doctoral level by the regulatory body that is vested with jurisdictional authority over the practice of psychology in the respective jurisdiction.

B. Have training in the specific area of practice to render competently any psychological service undertaken by their supervisee in which they are offering supervision. Specific skill training may be assigned to other specialists, under the authority of the supervising psychologist. The non-psychologist specialist shall have clearly established practice and teaching skills demonstrable to the satisfaction of both the supervising psychologist and the supervisee.

C. The supervisor shall limit the number of persons supervised so as to be certain to maintain a level of supervision and practice consistent with professional standards ensuring the welfare of the supervisee and the client.

D. The supervisor may not supervise any more than two candidates for licensure at the same time.

E. The supervisor shall not be a member of the supervisee's immediate family.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:249 (August 1979), amended LR 7:187 (April 1981), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2619 (December 2015), repromulgated by the Department of Health, Board of Examiners of Psychologists, LR 42:1089 (July 2016), amended LR 48:

§709. Conduct of Supervision

A. – C.2. ...

3. Billing and receipt of payment is the responsibility of the employing agency or the licensed psychologist/ or medical psychologist. The setting and the psychological work performed shall be clearly identified

as that of the licensed psychologist. The physical location where services are delivered may not be owned, leased, or rented by the supervisee.

C.4. – E....

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:249 (August 1979), amended LR 7:187 (April 1981), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2619 (December 2015), LR 48:

Chapter 10. Temporary Registration

§1002. Emergency Temporary Registration for Psychologists

A. Pursuant to R.S. 29:769(E), licensed psychologists from other jurisdictions of the United States may respond to a declared public health emergency and be granted a temporary registration to engage in the practice of psychology as defined in R.S. 37:2352(7).

B. – I. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 29:769(E).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 33:459 (March 2007), amended LR 36:1007 (May 2010), LR 39:2757 (October 2013), amended LR 48:

Chapter 12. Criminal History Records Information

§1201. Scope of Chapter

A. The rules of this Chapter govern the collection and use of criminal history records information in connection with applications for an initial license, renewal, or reinstatement of a license of a psychologist in conformity with R.S. 37:2356.1

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2372.1. Repromulgated in accordance with R.S. 37:2356.1

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 34:1406 (July 2008), amended LR 48:

§1205. Criminal History Record Information Requirement

A. ...

B. The board will use the fingerprints to request and obtain criminal history record information relative to the applicant as provided in R.S. 37:2372.1.2356.1

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2372.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 34:1406 (July 2008), amended LR 48:

§1213. Confidentiality of Criminal History Record Information

A. Criminal history record information obtained by the board pursuant to R.S. 37:2356.1 and the rules of this Chapter, which is not already a matter of public record or to which the privilege of confidentiality has not otherwise been waived or abandoned, shall be deemed confidential information, restricted to and utilized exclusively by the board, its officers, members, investigators, employees, agents, and attorneys in evaluating the applicant's eligibility or disqualification for licensure. Criminal history record information shall not, except with the written consent of the applicant or by the order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency, provided, however, that any such information or documents which are admitted into evidence and made part of the administrative record in any adjudicatory proceeding before the board shall become public records upon the filing of a petition for judicial review of the board's final decision therein.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2372.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychology, LR 34:1407 (July 2008), amended LR 48:

Chapter 14. Telepsychology and Telesupervision

§1401. Purpose and Scope

A. To facilitate the process for a Louisiana Licensed Psychologist to provide psychological services via telecommunications.

AUTHORITY NOTE: Promulgated in accordance with R.S. R.S. 37:2353.C.(1) and R.S. 40:1223.4

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychology, LR 48

§1403. Definitions

A. "Telepsychology" means the practice of psychology which includes assessment, diagnosis, intervention, consultation or information by psychologists using interactive telecommunication technology that enables a psychologist and a client, at two different locations separated by distance to interact via two-way video and audio transmissions simultaneously. Telepsychology is not a separate specialty. If the use of technology is for purely administrative purposes, it would not constitute telepsychology under this Chapter.

B. "Licensed Psychologist" means a person licensed by this board under Title 37, Chapter 28 of the Louisiana Revised Statutes.

C. "Telesupervision" is a method of providing supervision to psychology trainees via two-way video and audio transmissions simultaneously or other telecommunication technologies.

D. "Telecommunication" is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010).

E. "Originating site" is the location of the client at the time of service.

F. "Distant site" is the location of the Louisiana Licensed Psychologist at the time of service.

AUTHORITY NOTE: Promulgated in accordance with R.S. R.S. 37:2353.C.(1) and R.S. 40:1223.4

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychology, LR 48

§1405. Use of Telepsychology by a Louisiana Licensed Psychologist

A. The use of telecommunications is not appropriate for all problems. The specific process of providing professional services varies across situation, setting and time, and decisions regarding the appropriate delivery of telepsychology services are made on a case-by-case basis.

B. Any service that would require the psychologist to personally interact with, touch, and/or examine the client may not be suitable for telepsychology. (Examples include but are not be limited to the sensory--perceptual examinations of some neuropsychological assessments; and examination of the client for signs of movement) disorders like the AIMS and Simpson-Angus exams. Psychologists must ensure that the integrity of the examination procedure is not compromised through the use of telepsychology.

C. A Psychologist using Telepsychology must

1. reflect on multicultural issues when delivering telepsychology services to diverse clients.
2. obtain the necessary professional and technical training, experience, and skills to adequately conduct the telepsychology services that they provide.
3. maintain their competence in this area via appropriate continuing education. Competence includes knowledge of ethics and law applicable to the use of telepsychology.
4. assess whether involved participants have the necessary knowledge and skills to benefit from those services.

D. If the psychologist determines that telepsychology is not appropriate, they inform those involved of appropriate alternatives

AUTHORITY NOTE: Promulgated in accordance with R.S. R.S. 37:2353.C.(1) and R.S. 40:1223.4

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychology, LR 48

§1407. Responsibilities of the Louisiana Licensed Psychologist utilizing Telecommunications

A. Psychologist and Client Identity and Location:

1. At the beginning of a Telepsychology service with a client, the following essential information shall be verified by the psychologist:

a. Psychologist and Client Identity Verification - The name and credentials of the psychologist and the name of the client shall be verified. The originating site of the client shall be verified as within Louisiana.

b. Psychologist and Client Location Documentation - The location where the client will be receiving services shall be confirmed and documented by the psychologist. Documentation should at least include the date, location, duration and type of service.

B. Secure Communications/Electronic Transfer of Client:

1. Psychologists use secure Health Insurance Portability and Accountability Act (HIPAA)/Health Information Technology for Economic and Clinical Health (HITECH) Act compliant communications.

C. Non-secured communications:

1. Obtain consent for use of non-secured communications.
2. In cases of emergency, non-secured communications may be used with the consent of the patient and/or at the discretion of the psychologist based on clinical judgment

D. Informed Consent:

1. A thorough informed consent at the start of all services shall be performed.
2. The consent should be conducted in real-time.
3. Local, regional and national laws regarding verbal or written consent shall be followed.

4. The consent should include all information contained in the consent process for care including confidentiality and the limits to confidentiality in electronic communication;
a. an agreed upon emergency plan, particularly in settings without clinical staff immediately available;
b. the potential for technical failure, process by which patient information will be documented and stored;
c. a protocol for contact between sessions; and conditions under which telepsychology services may be terminated and/or a referral made.

E. Privacy:
1. Efforts shall be made to ensure privacy so clinical discussion cannot be overheard by others either inside or outside of the room where the service is provided.
2. Psychologists review with clients their policy and procedure to ensure privacy of communications via physical, technical, and administrative safeguards.

F. Emergency Management:
1. Psychologists shall have an Emergency Management plan in case of emergency in a telepsychology session.
2. The psychologist's plan should include but not be limited to: patient safety, information for patient support person, uncooperative patients and identifying local emergency personnel.
3. In an emergency situation with a patient, psychologists will follow the normal clinical emergency protocols.
4. In an emergency situation where a patient refuses to consent, emergency procedures will be followed using the pre-identified resources available at the remote site and permitted by prior consent/agreement of the client.

G. Recordkeeping:
1. Psychologists ensure that documentation of service delivery via telepsychology is appropriately included in the clinical record (paper or electronic).
2. Psychologists ensure the secure destruction of any documents maintained in any media of telepsychology sessions and in accordance with APA guidelines, and all federal, state, and local laws and regulations.

H. Service Delivery:
1. Psychologists are responsible for ensuring that any services provided via telecommunications are appropriate to be delivered through such media without affecting the relevant professional standards under which those services would be provided if delivered in person.
2. It is recommended that the initial interview/assessment occur in person. However, if conducted via telepsychology then the psychologist is responsible for meeting the same standard of care. This also includes but is not limited to reliability and validity of psychometric tests and other assessment methods; and consideration of normative data for such psychometric/ assessment tools; maintaining conditions of administration.
3. When providing therapeutic interventions, psychologists ensure that the modality being used is appropriate for delivery through electronic media and is appropriate for delivery to individuals, groups, and/or families/couples as indicated.
4. Psychologists reassess appropriateness of the use of telepsychology throughout the course of contact with the client.

AUTHORITY NOTE: Promulgated in accordance with R.S. R.S. 37:2353.C.(1) and R.S. 40:1223.4

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychology, LR 48

§1409. Supervision via Telepsychology (“Telesupervision”)

A. In-person, face-to-face supervision remains the most appropriate and beneficial format for supervisees to learn effectively from their supervisors as well as the most appropriate format to ensure full professional responsibility for the welfare of the client.

B. Prior to conducting telesupervision, the supervising psychologist shall request pre-approval from the Board by completing an application for Authorization to Provide Telesupervision and application fee.

1. The supervising psychologist shall provide an explicit rationale as to why this is an appropriate and effective form of supervision for this supervisee in this particular work setting.

2. The Board may deny a request for telesupervision that is found to be inadequate or inappropriate.

- C. Telesupervision shall:
1. not be the sole means of communication with a supervisee.
 2. only be utilized when in-person supervision in the service delivery setting is not feasible or under other extenuating circumstances (e.g. the supervisor has taken planned medical leave and will be off-site for a month).
 3. not account for more than 50% of the required supervisory contact for that supervisees' level of training, except under extending circumstances which have been approved by the Board
 4. not be permitted for a graduate student completing their first practicum experience.

D. Individuals who are considered assistants to psychologists ATAPs or individuals completing a post-doctoral fellowship require a minimum of one hour a week of individual supervision.

1. For an assistant with lesser experience, they may require more than the minimum of one hour a week of supervision.
2. For individuals currently in training completing a pre-doctoral psychology internship, a minimum of two hours of individual supervision is required. Therefore, if a supervisee engages in telesupervision, telesupervision shall not account for more than 26 hours of the minimum requirement for individual supervision for ATAPS or post-doctoral fellows and 52 hours of the minimum requirement for individual supervision for pre-doctoral interns over the course of a year.

E. It shall be the supervising psychologist's responsibility in providing telesupervision, to:

1. maintain a license to practice psychology in the state of Louisiana.
2. maintain full legal functioning authority and professional responsibility for the welfare of the client and have
3. functional authority over the psychological services provided by the supervisee.

establish a clear protocol for managing emergency consultation and be available to the supervisee as needed in the event of an emergency with a client.

4. ensure telesupervision is conducted via two-way video and audio transmissions simultaneously.
5. take into account the training needs of the supervisee and the service needs of the clients, protecting them from harm.
6. inform the supervisee of the risks and limitations specific to telepsychology supervision, including limits to confidentiality, security and privacy.
7. identify at the onset of each contact the identity of the supervisee, as well as the identity of all individuals who can access any electronically transmitted communication.
8. inform supervisees of procedures to manage technological difficulties or interruptions in service.

9. obtain and maintain competence in the chosen telecommunication technology.

10. ensure that telesupervision is provided in compliance with the supervision requirements of Chapter 7. Supervised Practice Leading Towards Licensure of Louisiana Administrative Code, Title 46, Part LXIII as well as those outlined in Chapter 11. Supervision of Assistants to Psychologists.

AUTHORITY NOTE: Promulgated in accordance with R.S. R.S. 37:2353.C.(1) and R.S. 40:1223.4

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychology, LR 48

Chapter 17. Specialty Titles

§1701. Definition of Practice of Psychology

A. The definition of the practice of psychology, as contained in R.S. 37:2352(7), is a generic description, individuals certified under the provisions of R.S. 37:2351- 2367 are licensed to practice psychology in accordance with that statute and the rules and regulations of the board adopted under the provisions of state statute.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:602 (October 1980), amended LR 48:.

§1702. Definition of Psychological Testing, Evaluation and Assessment

A. As contained in R.S. 37:2352(7), the practice of psychology includes, but is not limited to, psychological testing and evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning. The Board of Examiners of Psychologists finds it necessary to formally define psychological testing in order to protect the people of this state from the unlawful, unqualified and improper use of psychological tests. The intent of this rule is to provide a definition of psychological testing sufficient to allow this board to effectively regulate this aspect of psychological practice. The Board of

Examiners of Psychologists recognizes that, except as otherwise provided by law, psychological testing may only be administered and interpreted by a person duly licensed as a psychologist by this board under R.S. 37:2351 et seq., or by a person under the direct supervision of a psychologist, provided that such supervision is in compliance with the regulations of this board.

Nothing in these regulations should be interpreted or construed as to limit or restrict the practice of physicians duly licensed to practice medicine by the Board of Medical Examiners. Also, nothing in this rule should be construed as having application to any persons licensed or certified under other laws of this state when acting within the legal scope of such licensure or certification in rendering services as expressly set forth under those relevant statutes.

C. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:496 (April 1993), amended LR 48:

§1705. Use of Specialty Title

A. ...

B. The term "specialty" refers to an area within the profession of psychology which can be identified on the basis of a history and tradition of service, research, and scholarship to have a body of knowledge and a set of skills related to that knowledge base, and which is distinguishable from other such specialties.

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:602 (October 1980), amended LR 48:

§1707. List of Specialties

A. ...

B. Those specialties which are currently recognized by the board are: clinical psychology, clinical neuropsychology, counseling psychology, school psychology, educational psychology, developmental psychology, experimental psychology, industrial-organizational psychology, and social psychology. The board may recognize other developed practice areas under training programs that are accredited by the American Psychological Association. Training programs may also combine two or three of the acceptable practice areas listed above.

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:602 (October 1980), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:1423 (November 1993), amended LR 48:

Chapter 19. Public Information

§1903. Public Display of Board's Address

A. There shall at all times be prominently displayed in the place(s) of business of each licensee regulated under this law the official sign provided by the board containing the name, mailing address, and telephone number of the board along with the following statement:

“BE IT KNOWN THAT THE LOUISIANA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS RECEIVES QUESTIONS REGARDING THE PRACTICE OF PSYCHOLOGY.”

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 15:87 (February 1989), amended LR 22:980 (October 1996), amended LR 48:

§1905. Petitions to the Board

A. In accordance with the provisions of Title 49 Section 953C (1), any interested person may petition an agency to request the adoption, amendment, or repeal of a rule. This section sets forth the board's procedure for their submission, considerations, and disposition.

1. Procedures for Submission – The board shall consider any petition that is signed, dated, and received by the board via USPS Certified Mail on the form specified by the Board.

2. The form shall require the name and contact information of the petitioner; reference to the specific statutory or regulatory provision the petitioner is seeking to change; reason(s) for the request; the petitioner's personal interest in the requested change; and/or the petitioner's professional interest in the requested change.

B. Disposition

1. Upon receiving a petition, the agency shall acknowledge its receipt and docket the petition for review at the next regularly scheduled board meeting.

2. The board shall provide a response to the petition within ninety days of submission. The board's response will include its determination to either deny the petition, stating reasons in writing for the denial, or notify the petitioner of its intent to initiate rulemaking proceedings.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR: (2022), amended LR 48:

Family Impact Statement

The Board of Examiners of Psychologists hereby issues this Family Impact Statement as set forth in R.S. 49:972. The proposed Rule related to the licensing fees imposed by this agency are not anticipated to have an impact on the stability of the family; authority and rights of parents regarding the education and supervision of their children; functioning of the family; behavior and personal responsibility of children as it relates to promptly facilitating the licensure of qualified professionals who may work with families and families of school aged children to promote their health, education and well-being; family earnings and family budget; or the ability of the family or a local government to perform the function as contained in the proposed rule.

Poverty Impact Statement

The proposed modifications impact psychologists, provisionally licensed psychologists, and specialist in school psychology in the interest of the health, safety and the welfare of the public. The rules do not have any known or foreseeable negative impact on any child, individual or family as defined by R.S. 49:973.B. Specifically, there is no known or foreseeable effect on: household income, assets, and financial security; early childhood development and preschool through postsecondary education development; employment and workforce development; taxes and tax credits; or, child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Provider Impact Statement

The proposed rules do not have any known or foreseeable impact on providers as defined by HCR 170 of 2014 Regular Legislative Session. Specifically, there is no known or foreseeable effect on: the staffing level requirements or qualifications required to provide the same level of service; the total direct or indirect cost to the providers to provide the same level of service; or the overall ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments to Jaime T. Monic, Executive Director, 4334 S. Sherwood Forest Blvd., Suite C-150, Baton Rouge, LA 70816. All comments must be submitted by 12 noon on December 12, 2022.

Public Hearing

LSBEP will conduct a Public Hearing at Noon on December 16, 2022, at the board office located at 4334 S. Sherwood Forest Blvd., Suite C-150, Baton Rouge, LA 70816. All interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing.

Jaime T. Monic
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES Training, Credentials and Scope of Practice for Neuropsychology Specialty Designation and Provisional Licensure; other technical corrections

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule changes will result in a one-time publication expense of approximately \$3,984 for the LA State Board of Examiners of Psychologists (LSBEP) in FY 23. The proposed rule changes will not affect expenditures of other state or local governmental units. The proposed rule changes ensure that the requirements for supervision, training, and credentials of Licensed Psychologists align with current statutory requirements, practices, and nationally recognized standards. The proposed rules are considered vital to public protection, remove obstacles to licensure and practice, replace ambiguous language and grammar, correct outdated statutory references, and comply with statutorily mandated rulemaking requirements regarding telepsychology and procedures for petitioning the LSBEP.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule changes will affect revenue collections for the Louisiana Register as a result of the one-time publication expense of approximately \$3,984 by the LSBEP in FY 23.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NON-GOVERNMENTAL GROUPS (Summary)

The proposed rule changes will benefit LSBEP applicants for licensure, as they clarify training and education requirements currently offered by doctoral training programs thereby removing unnecessary and outdated obstacles to licensure and practice that would stifle economic opportunity and growth. The proposed rule changes will benefit Licensed Psychologists by aligning with nationally accepted standards and creating mobility and ease of individuals moving to Louisiana. The proposed rule changes may result in costs to Licensed Psychologists who elect to engage in the provision of services via telecommunications to ensure HIPPA/HITECH compliant services, these costs are not unlike expenses incurred when establishing a secure practice in a physical location. Furthermore, such costs may be offset by eliminating expenses for travel, real estate, and an opportunity to reach a larger client base. Additionally, consumers of psychological services will benefit from greater accessibility to services, especially individuals living in rural areas with limited access to care.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule changes are anticipated to have a positive effect on competition and employment by eliminating obstacles to licensure and practice that would stifle economic opportunity and growth and allowing for mobility and ease of individuals moving to Louisiana.

Jaime T. Monic
Executive Director

Alan M. Boxberger
Interim Legislative Fiscal Officer
Legislative Fiscal Office