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Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LXIII. Psychologists
Subpart 1. General Provisions

Preface and Foreword

Licensure of persons in Louisiana representing themselves to the public as psychologists and regulation of the practice of psychology is the responsibility of the State Board of Examiners of Psychologists. Act 347 of the 1964 Legislature, specifying the duties and powers of the board, as well as the requirements for licensure, has been codified as R. S. 37:2351-2367.

With the exception of some individuals licensed under the "grandfather clause" of the law, licensure indicates that an individual has met the legal requirements of age, citizenship, and residency, holds the doctoral degree in psychology from a school or college recognized by the board, has passed the prescribed written and oral examinations for licensure, and has completed at least two years of post-doctoral experience practicing under the supervision of a qualified psychologist.

In discharging its obligation to protect the public welfare, the board cooperates fully with official agencies of state government and the Professional Standards Review Committee of the Louisiana Psychological Association. Questions or complaints concerning any individual representing himself as a psychologist should be directed to the attention of the chairman of the board.

Chapter 1. Definitions

§100. General Definitions

Advisory Workgroup—two or more individuals selected by the Board to provide research or recommendations on matters requested by the board.

Board—the Louisiana State Board of Examiners of Psychologists. The term "Board" or "board" is synonymous with agency.

Board of Directors—the board members appointed by the governor to serve on the board.

Chairperson—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.

Examiner—an examining board member who is a current board member.

Executive Committee—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.

Executive Director—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.

Licensing Examiner—a former board member that is currently licensed and approved by the board to conduct licensing examinations.

Standing Committee—a working committee established by the chairperson to facilitate the proper functioning of the board. Standing committees consist of appointed members of the board.

Vice-Chairperson—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.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:671 (April 2023).

§101. Definition of Resident

A. A resident of the state of Louisiana for the purposes of this Act is a person who:

1. is domiciled in Louisiana; or
2. practices psychology in the state of Louisiana for a period of time exceeding 30 days in any calendar year.

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).

§102. Definition of Applicant for Provisional Licensure

A. An *applicant* is a person who submits to the board the required application fee and the complete prescribed application which includes evidence that the person:

1. is at least 21 years of age; and
2. is of good moral character; and

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3. is a citizen of the United States or has declared an intention to become a citizen. A statement by the person, under oath, to apply for citizenship upon becoming eligible to make such application shall be sufficient proof of compliance with this requirement; and

4. holds a doctoral degree with a major in psychology from a university offering a full-time graduate course of study in psychology that is approved by the board with such requirements as designated in the board's rules and regulations; and

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;

6. all applicants for provisional licensure must submit and obtain preapproval of a supervised practice plan as a requirement for licensure;

7. is not in violation of any of the provisions of R.S. 37:2351-2367 and the rules and regulations adopted thereunder; and

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 board's 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. Applicant status shall not be used for professional representation.

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 Department of Health, Board of Examiners of Psychologists, LR 49:672 (April 2023).

§103. Definition of Applicant for Licensure

A. An applicant is a person who submits to the board the required application fee and the complete prescribed application which includes evidence that the person:

1. is at least 21 years of age; and
2. is of good moral character; and

3. is a citizen of the United States or has declared an intention to become a citizen. A statement by the person, under oath, to apply for citizenship upon becoming eligible to make such application shall be sufficient proof of compliance with this requirement; and

4. holds a doctoral degree with a major in psychology from a university offering a full-time graduate course of study in psychology that is approved by the board with such

requirements as designated in the board's rules and regulations; and

5. has a minimum of two years of experience practicing psychology under the supervision of a psychologist, one year of which may be a 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 and all other experience being postdoctoral; and

6. is not in violation of any of the provisions of R.S. 37:2351-2367 and the rules and regulations adopted thereunder; and

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 board's 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. Applicant status shall not be used for professional representation.

C. An applicant who is denied candidacy status, and thus licensure by the board based on the evidence submitted as required under §103.A, may reapply to the board after two years have elapsed, and having completed additional training meeting the requirements of the law and as defined in the rules and regulations adopted 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 5:248 (August 1979), amended LR 34:1406 (July 2008), amended Department of Health, Board of Examiners of Psychologists, LR 49:672 (April 2023).

§105. Definition of Candidate for Licensure

A. A *candidate for licensure* is an applicant or provisional licensee (as defined in the rules and regulations of the board) who:

1. has been judged by the board to have met the requirements set forth under the definition applicant or definition of applicant for provisional license; and

2. is therefore admitted to the written examination.

B. An applicant may be admitted to candidacy, and therefore may take the required written examination, prior to completion of the two years of full-time supervised and documented postdoctoral experience, which is required for licensure and as defined in the rules and regulations of the board, or prior to expiration of the provisional license.

C. A candidate for licensure may retake the written examination as frequently as it is offered by the board, however, the candidate shall not be allowed to take the examination more than three times without meeting the minimum criterion set by the board for successful completion.

D. A candidate shall have a maximum of four years to pass the written examination.

E. A candidate who fails to pass the written examination three times (as in §105.C) or within four years (as in §105.D) shall be removed from candidacy for licensure and shall not be issued a license to practice psychology in Louisiana.

F. Candidates who are provisionally licensed who fail the written exam three times or fail to complete the written exam within four years shall have the provisional license revoked and be removed from candidacy for licensure and shall not be issued a license to practice psychology in Louisiana.

G. The above requirements of a written examination shall not prohibit a modified administration of the examination to an otherwise qualified candidate who is handicapped and whose handicap would interfere with the ability of the candidate to demonstrate satisfactory knowledge of psychology as measured by the examination.

H. A candidate who successfully completes the written examination will be admitted to the oral examination before the board.

I. A candidate who successfully completes the oral examination, in the judgment of the board, shall be issued a license in psychology upon the completion of the two years of full-time supervised and documented postdoctoral experience which is required for licensure under R.S. 37:2351-2367 and as defined in the rules and regulations of the board.

J. A candidate denied licensure under the preceding provisions, may reapply to the board after more than two years have elapsed from the effective date of the notification by the board of such denial.

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 by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2618 (December 2015).

§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 R.S.37:2356.2.

B. A provisionally licensed psychologist may practice psychology as defined under 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 49:672 (April 2023).

Chapter 2. Reciprocity

§201. Licensure of Psychologists through Reciprocity

A. Upon application thereof, accompanied by such fee as determined by the board, the board shall issue a license to any person who furnishes, upon a form and in such manner as the board prescribes, evidence satisfactory to the board that:

1. he/she meets all of the following:

a. is licensed as a psychologist by another member jurisdiction of the Association of State and Provincial Psychology Boards (ASPPB) if the requirements for such licensure in that jurisdiction are the substantial equivalent of those required by LAC 46:LXIII.Chapter 3, and if that jurisdiction has entered into a similar agreement with this board providing for the licensure of Louisiana psychologists in that jurisdiction by reciprocity; and

b. has met the requirements of such board including five years of satisfactory professional licensed experience in psychology; and

c. has successfully passed written and oral examinations administered by such board; and

d. his/her doctoral program involved at least one continuous academic year of full-time residency on the campus of the institution at which the degree was granted; and

e. he/she has not been subject to any disciplinary action by a professional board, and does not have any pending complaints against him/her; or

2. he/she is a psychologist licensed in another state or territory of the U.S. or a Canadian province who has met the requirements for and holds a current Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB); or

3. that he/she is a psychologist licensed in another state or territory of the U.S. or a Canadian province who is a current Diplomat of the American Board of Professional Psychology (ABPP) in good standing.

B. Applicants for reciprocal licensing must pass the Louisiana Jurisprudence Examination prior to the issuance of a Louisiana license, and the Louisiana board may require a meeting with the applicant to review and verify his/her satisfactory character, current fitness, plans to practice, and specialty declaration.

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 29:2075 (October 2003), LR 34:1406 (July 2008), amended by the Department of Health, Board of Examiners of Psychologists, LR 49:673 (April 2023).

Chapter 3. Training and Credentials

§301. School

A. A "school" or "college" approved by the board is a university or other institution of higher learning which at the time of the granting of the doctorate has met §301.B, C, and D:

B. is an institution accredited by a regional body that is recognized by the U.S. Department of Education;

C. has achieved the highest level of accreditation or approval awarded by statutory authorities of the state in which the school or college is located;

D. offers a full-time graduate course of study in psychology as defined in the regulations.

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 by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 36:1005 (May 2010).

§303. Doctoral Programs in Psychology

A. A graduate who is 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. Graduates of foreign programs will be evaluated according to the following.

1. Graduates of foreign programs must meet the "substantial equivalent" of criteria §303.C.1.-11. above. "Substantial equivalent" does not apply to graduates from colleges, universities, or professional schools in the United States, Canada, or any jurisdiction under the Association of

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State and Provincial Psychology Boards. The board may "assess" a foreign applicant to recover expenses incurred in reviewing unusual credentials.

2. Applicants for licensure whose applications are based on graduation from foreign universities shall provide the board with such documents and evidence to establish that their formal education is equivalent to a doctoral degree in psychology granted by a United States university that is regionally accredited. The applicant shall provide the board with the following:

- a. an original diploma or other certificate of graduation, which will be returned, and a photostatic copy of such a document, which shall be retained;
- b. a transcript or comparable document of all course work completed;
- c. a certified translation of all documents submitted in a language other than English;
- d. satisfactory evidence of supervised experience;
- e. evidence that the doctoral dissertation was primarily psychological in nature. In its discretion, the board may require an applicant to file a copy of the dissertation itself; and
- f. a statement prepared by the applicant based on the documents referred to in this Section, indicating the chronological sequence of studies and research. The format of this statement shall be as comparable as possible to a transcript issued by American universities.

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 Department of Health, Board of Examiners of Psychologists, LR 49:673 (April 2023).

§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.

1. The practicum level is an earlier, prerequisite phase of involvement, usually for academic credit, often on campus, with typical time commitment of 8 to 16 hours per week. Practicum settings should provide supervised training

in interviewing, appraisal, modes of intervention and research skills or other skills appropriate to the student's level of experience and area of specialization. A minimum of 300 hours of practicum experience should precede the internship. This should include at least 100 hours of direct client contact and at least 50 hours of scheduled individual supervision.

2. The following will be used to identify organized psychology internship training programs.

a. An organized training program, in contrast to supervised experience or on-the-job training, is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.

b. The internship agency had a clearly designated staff psychologist who was responsible for the integrity and quality of the training program and who was actively licensed/certified by the State/Provincial Board of Examiners in Psychology.

c. The internship agency had two or more psychologists on the staff as supervisors, at least one of whom was actively licensed as a psychologist by the State/Provincial Board of Examiners in Psychology.

d. Internship supervision was provided by a staff member of the internship agency or by an affiliate of that agency who carried clinical responsibility for the cases being supervised. At least half of the internship supervision was provided by one or more psychologists.

e. The internship provided training in a range of assessment and treatment activities conducted directly with clients seeking psychological services.

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

g. The internship included a minimum of two hours per week (regardless of whether the internship was completed in one year or two) of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with psychological services rendered directly by the intern. There must also have been at least two additional hours per week in learning activities such as: case conferences involving a case in which the intern was actively involved; seminars dealing with clinical issues; co-therapy with a staff person including discussion; group supervision, additional individual supervision.

h. Training was post-clerkship, post-practicum and post-externship level.

i. The internship agency had a minimum of two interns at the internship level of training during the applicant's training period.

j. Trainee had title such as "intern," "resident," "fellow," or other designation of trainee status.

k. The internship agency had a written statement or brochure which described the goals and content of the internship, stated clear expectations for quantity and quality

of trainee's work and was made available to prospective interns.

1. The internship experience (minimum 1,500 hours) was completed within 24 months.

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 Department of Health, Board of Examiners of Psychologists, LR 49:674 (April 2023).

§307. Clinical Neuropsychology

A. Statement of Purpose. As each of the other specialty areas of psychology such as clinical psychology, counseling psychology, school psychology, and industrial-organizational psychology typically have their own clearly defined doctoral programs and curriculum, no separate guidelines beyond those established by these programs are deemed necessary to declare these particular specialty designations. Clinical neuropsychology has evolved into a specialty area as defined by LAC 46:LXIII.Chapter 17 in that it has become identified as having its own "history and tradition of service, research, and scholarship (and) to have a body of knowledge and set of skills related to that knowledge base, and which is discriminably different from other such specialties" (LAC 46:LXIII.1705.B). However, the evolution of clinical neuropsychology has cut across several applied areas, most notably clinical, counseling, and school psychology, resulting in the need for guidelines defining the minimal education and training requirements necessary for specialization in this area of clinical practice.

B. Definition of Practice. As implied by the term, clinical neuropsychology involves the application of both neurological and psychological knowledge and clinical skills in the assessment, treatment or intervention with individuals with known or suspected brain injury or disease.

1. Clinical neuropsychology differs from the general cognitive, perceptual, sensorimotor, intellectual or behavioral assessments of clinical, counseling, school or

industrial-organizational psychology. Its purpose is to make clinical judgments regarding the functional integrity of the brain and of the specific effects of known brain pathology based on assessment and analysis of these functions.

2. Other psychologists, licensed under this law (R.S. 37:2356) and possessing appropriate education and training in the area of health care delivery, may also assess individuals with known or suspected brain pathology for the purpose of defining levels of academic or intellectual development; determining areas of relative strengths or weaknesses in cognitive, perceptual or psychomotor skills; identifying and categorizing behavioral or personality problems and their psychological origins; and making differential psychiatric diagnoses.

3. Clinical neuropsychologists, however, have as their purpose to assess and analyze cognitive, perceptual, sensorimotor and behavioral functions in order to identify and isolate specific, elementary neurobehavioral disturbances; differentiate neurological from possible psychological, cultural or educational contributions to the observed deficits; and finally, to clinically integrate this information into a neuroanatomically and/or neuropathologically meaningful syndrome. These impressions are then compared with the patient's known medical, psychiatric and neurological risk factors and personal and behavioral history to arrive at a neuropsychological diagnosis. Because of their appreciation of specific neurobehavioral deficits and neurobehavioral syndromes in general, clinical neuropsychologists, as part of the evaluation process, are also called upon to make specific recommendations for the treatment and management of cognitive and neurobehavioral deficits resulting from brain injury or disease.

4. Clinical neuropsychological intervention includes, but is not limited to, developing strategies and techniques designed to facilitate compensation for or recovery from these various organically induced deficits based on the clinical neuropsychologist's understanding of brain-behavior relationships and the underlying neuropathology. It is also recognized that other psychologists, licensed under this law (R.S. 37:2356) and possessing appropriate education and training in the area of health care delivery, may also provide traditional psychotherapeutic intervention in assisting patients adjust to the emotional, social or psychological consequences of brain injury.

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. Training and Educational Requirements. The guidelines for licensure as a psychologist, as defined in LAC 46:LXIII.301 and 303, are also applicable as minimal requirements for consideration for the practice of clinical neuropsychology. However, in addition to one's basic training as a psychologist, specialty education and training is considered essential. The International Neuropsychological Society (INS) and Division 40 of the American Psychological Association (APA) have developed guidelines for specialty training in clinical neuropsychology. These guidelines represent the current recommendations for the education and training of psychologists who will engage in the delivery of clinical neuropsychological services to the public. It is recognized that many current practitioners of clinical neuropsychology were trained well before such specialty guidelines were devised and such educational and training opportunities were readily available. Additionally, it is recognized that there are many psychologists, who were not initially trained as clinical neuropsychologists, but who would like to respecialize and practice in this field. The purpose of these regulations is also to address the circumstances of these individuals. The minimum requirements set forth in the *Louisiana Administrative Code* for Psychologists will also apply to all candidates seeking a specialty designation in clinical neuropsychology.

1. Doctoral Training in Clinical Neuropsychology after 1993. Because of the diversity of training programs in clinical neuropsychology, some discretionary judgment as to the adequacy of any educational and training program must be left to the board. However, the basic model for training in clinical neuropsychology will be in keeping with the guidelines developed by INS/APA Division 40. These are as follows:

a. a basic core psychology curriculum as defined in LAC 46:LXIII.303.C.11;

b. a clinical core that includes psychopathology; didactic and practicum experiences in the assessment of individual differences (psychometric theory, interviewing techniques, intelligence and personality assessment); didactic and practicum experiences in psychotherapeutic intervention techniques; and professional ethics;

c. specific courses relating to training in clinical neuropsychology including, but not limited to: basic neurosciences such as advanced physiological psychology; advanced perception and cognition; research design and/or research practicum in neuropsychology; psychopharmacology; functional human neuroanatomy; neuropathology; didactic and practicum experiences in clinical neuropsychology and clinical neuropsychological assessment; and principles of clinical neuropsychological intervention;

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;

e. as with any specialty area of psychology, being licensed to practice with a specialization in clinical neuropsychology will depend on the successful completion of both written and oral examinations as defined by the board.

2. Respecialization for Psychologists with Other Designated Specialty Areas

a. The requirements for any given individual may vary depending on his or her previous education, training, supervised practica, and clinical experiences. Documentation of one's relevant training and clinical experience, along with a formal plan for respecialization in clinical neuropsychology, will be submitted to the board for approval.

b. Continuing education in clinical neuropsychology, regardless of its nature and content, will not be considered, in and of itself, sufficient for respecialization. Any such educational experiences must be supplemented by formal applied clinical experiences under the supervision of a qualified clinical neuropsychologist.

c. While a formal course of post-doctoral graduate training in clinical neuropsychology may be considered ideal, matriculation in such a graduate program may not be essential for someone already trained in an area of health care delivery psychology. Such an individual may undertake an informal course of studies outlined by the supervising clinical neuropsychologist. Such a program of studies should be designed to supplement whatever may be lacking from the basic educational requirements listed under LAC 46:LXIII.307.C.1.c and must be submitted to the board for prior approval.

d. In addition to whatever remedial didactic training is necessary, the candidate for respecialization in clinical neuropsychology, will complete either a formal, one year post-doctoral fellowship training program, or the equivalent of one full year (2,000 hours) of supervised experience in clinical neuropsychology as defined in LAC 46:LXIII.307.C.1.d.

e. Following the completion of this program, the candidate for respecialization will be required to pass an oral examination administered by the board or a committee of its choosing relating to the practice of clinical neuropsychology.

3. Psychologists Trained Prior to 1993 with Demonstrated Expertise in Clinical Neuropsychology

a. Those psychologists whose training and experience qualify them as having particular expertise in this field, may petition for a specialty designation in clinical neuropsychology. The following may be offered as evidence of such expertise:

i. diplomat status (ABPP/ABCN or ABN) in neuropsychology;

ii. formal training and supervised practicum experiences in clinical neuropsychology as defined in LAC 46:LXIII.307.C.1;

iii. extensive clinical practice in the area of clinical neuropsychology, such that one has a regional or national reputation among his or her peers as having competence in this field;

iv. in addition to the clinical practice of neuropsychology, one has significant scholarly publications in the area or teaches courses in clinical neuropsychology at a graduate level in an accredited psychology program.

b. These credentials would be subject to review and approval by the board.

c. After having met all other requirements for licensure under this Chapter, the candidate may be required to pass an oral examination administered by the board or a committee of its choosing relating to the practice of clinical neuropsychology.

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 by the Department of Health, Board of Examiners of Psychologists, LR 49:674 (April 2023).

Chapter 5. Examinations

§501. Written Examination

A. Pursuant to R.S. 37:2353.C(1) and R.S. 37:2356.D, the written portion of the examination of the Louisiana State Board of Examiners of Psychologists shall be the Examination for the Professional Practice of Psychology as constructed by the American Association of State Psychology Boards.

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 6:70 (February 1980).

§503. Criterion for Passing the Examination for the Professional Practice in Psychology (EPPP)

A. The Board of Examiners of Psychologists establishes the criterion for a passing score on the Examination for Professional Practice in psychology be 70 percent correct on the paper and pencil version or a scaled score of 500 on the computer administered version.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:551 (August 1983), amended LR 13:291 (May 1987), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 27:835 (June 2001).

Chapter 6. Fees

§601. Licensing Fees

A. Licensing Fees

Licensing Fees	Amount
Application for Licensure	\$200
Application for Provisional Licensure	\$200
Application for Temporary Registration	\$200
Application for Authorization to Provide Telesupervision (Valid 1 year, per supervisor, per application)	\$25 for first supervisee, \$10 for each thereafter
Jurisprudence Examination Fee	\$75
Oral Examination (Licensure, specialty change or additional specialty)	\$250
License Renewal	\$400
License Renewal Fee for Psychologists Qualifying under R.S. 37:2354(E) for a reduced rate	\$200
Provisional License Renewal	\$100
Initial Application and Renewal of Emeritus Status (Retired)	\$100
Reinstatement of Lapsed License	Current Application Fee plus Current Renewal Fee
Processing Fees for Paper Renewals	\$50
License Renewal Extension Request	\$25

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2354.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 33:647 (April 2007), amended LR 39:311 (February 2013), LR 41:2618 (December 2015), amended the Department of Health, Board of Examiners of Psychologists, LR 43:1173 (June 2017), amended LR 47:1111 (August 2021), amended LR 49:665 (April 2023), amended LR 49:668 (April 2023), repromulgated LR 49:871 (May 2023).

§603. Administrative/Other Fees

A. Administrative/Other Fees

Administrative/Other Fees	Amount
Address List/Labels	\$100
License Verification	\$15
Disciplinary Action Report	\$25
Replacement Renewal Certificate	\$15
Replacement License Certificate	\$25
Miscellaneous Copy Fee (other records)	\$1 page one, \$0.25 each page thereafter
Convenience Fee for Online Payments	2.9 percent plus .30/transaction
Sponsor Application for Pre-approval of Continuing Professional Development Workshop/Conference	\$100
Sponsor Application for Renewal of Continuing Professional Development Workshop/Conference	\$25
Psychologist Application for Pre-approval of Continuing Professional Development Workshop/Conference	\$25

Administrative/Other Fees	Amount
Continuing Professional Development Activities (OPTIONAL) Board Sponsored	TBD not to exceed \$200 per offering

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2354.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 33:648 (April 2007), amended LR 39:311 (February 2013), LR 41:2618 (December 2015), amended by the Department of Health, Board of Examiners of Psychologists, LR 43:1173 (June 2017), amended LR 49:665 (April 2023), repromulgated LR 49:871 (May 2023).

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. The supervisory function serves a multiplicity of purposes. Supervision provides guidance in administrative issues in the practice setting, continues and expands education in skills, offers emotional support, and provides evaluation for purposes of the supervisee's growth, as well as administrative judgment relative to the supervisee's capacity for autonomous professional function. The supervisor assigns work, sets realistic standards for achievement and offers evaluation of the supervisee's performance. The supervisor offers a perspective on the relationship between the supervisee's assignment, the rest of the setting and the facilities available outside of the setting in order that the supervisee's professional procedures are intelligently placed within the context of all of the systems affecting and influencing the client. In addition to all of this, the supervisor must deal with those personal characteristics of the supervisee which either enhance or interfere with work efficiency. The private actions and behaviors of the supervisee which are not relevant to nor expressed in the work setting shall not be dealt with in the supervisory relationship. The supervisor shall limit supervision to those areas in which he/she has professional expertise, as well as develop the specialized skills necessary to render competent supervision.

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), amended LR 49:675 (April 2023).

§702. Definitions

Continuing Professional Supervision—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.

General Professional Supervision—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.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:675 (April 2023).

§703. Duration and Setting of Supervised Practice

A. Two years of full-time (4,000 hours) supervised and documented experience shall be required for licensure. Up to one year full-time (2,000 hours) of an acceptable internship may be applied to this requirement, however all remaining supervision must be post-doctoral.

1. Postdoctoral supervised practice hours can begin accruing after the date on which all requirements for the doctoral degree are met, with no outstanding points of evaluation, and verified by the degree-granting institution. Verification must occur via submission of a form and process as delineated by the board. Credit shall not be granted for practice that is in connection with the course work practicum experience for which predoctoral graduate credits are granted.

2. To be credited toward the two years full-time requirements each assignment in a setting or integrated program shall be of at least 500 hours in duration and at least half-time for that setting or integrated program. Supervised practice must be completed within five calendar years, and for cause shown, the board may grant extensions.

3. Internship Programs. A predoctoral internship shall be credited toward the required two years of supervised experience if that experience was required as a part of the doctoral degree and meets the board's requirements under LAC 46:LXIII.305.

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), LR 13:180 (March 1987), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR

29:2075 (October 2003), LR 36:1007 (May 2010), amended by the Department of Health, Board of Examiners of Psychologists, LR 43:1173 (June 2017).

§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 49:675 (April 2023).

§707. Amount of Supervisory Contact

A. There shall be one hour per week as a minimum for general professional supervision. Exceptions to the requirement must have prior approval by the board. Specific case discussion and skill training require additional supervisory contact. Supervision is to be conducted on a one-to-one basis, and shall not be substituted for by group seminars or consultation even though they may be excellent training procedures in their own right. It is likely that more than one hour per week would be required, especially with supervisees of lesser experience.

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).

§709. Conduct of Supervision

A. The board recognizes that the variability in preparation for practice of the trainee will require individually tailored supervision. The specific content of the supervision procedures will be worked out between the individual supervisor and the supervisee.

B. The licensed psychologist or medical psychologist who provides supervision for the candidate for licensure must have legal functioning authority over and professional responsibility for the work of the supervisee. This means that the supervisor must be available to the supervisee at the point of the decision-making. The supervisor's relationship with the supervisee shall be clearly differentiated from that of consultant, who may be called in at the discretion of the consultee and who has no functional authority for, nor none of the legal or professional accountability for the services performed or for the welfare of the client.

C. The supervising psychologist is responsible for the delivery of services, the representation to the public of services, and the supervisor/supervisee relationship.

1. All clients will be informed of the availability or possible necessity of meetings with the supervising psychologist at the request of the client, the supervisee, or the psychologist. The supervisor will be available for emergency consultation and intervention.

2. All written communication will clearly identify the licensed psychologist or medical psychologist as responsible for all psychological services provided. Public announcement of services and fees, and contact with the public or professional community shall be offered only by or in the name of the licensed psychologist or medical psychologist. It is the responsibility of both the supervising psychologist and the supervisee to inform the client, to whatever extent is necessary for the client to understand, of the supervisory status and other specific information as to supervisee's qualifications and functions

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.

4. The supervisor must be paid either directly by the client or by the agency employing the supervisee. The supervisee may not pay the supervisor for supervisory services, nor may the supervisee and/or his/her immediate family have any financial interest in the employing agency.

5. The supervising psychologist is responsible for the maintenance of information and files relevant to the client. The client shall be fully informed, to whatever extent is necessary for that client to understand, that the supervising psychologist or the employing agency is to be the source of access to this information in the future.

D. In the event the supervisee publicly represents himself/herself inappropriately, or supervision is not conducted according to LAC 46:LXIII.709, the board may rule that any experience gained in that situation is not commensurate with ethical standards and thus not admissible as experience toward licensure. The board may further rule that any psychologist providing supervision under those circumstances is in violation of ethical standards which results in disciplinary action such as suspension or revocation of licensure.

E. Termination of supervision of a provisionally licensed psychologist must be reported to the board by both the supervisor and supervisee, in writing via postal mail, within seven calendar days from when either party knew or should have known supervision was terminated.

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), Department of Health, Board of Examiners of Psychologists, LR 49:675 (April 2023).

§711. Evaluation and Accreditation of Supervised Practice

A. The board shall require submission of information by the supervisor(s) which will enable it to evaluate and credit the extent and quality of the candidate's supervised practice. The form requesting such information shall cover the following:

1. name of supervisee;
2. educational level of supervisee;
3. supervisor's name, address, license number, date and state in which granted, and area of specialization;
4. name and nature of setting in which supervised practice took place;
5. dates of practice covered in this report;
6. number of practice hours during this period;
7. supervisee's duties;
8. number of one-to-one supervisory hours.

B. Assessment of Supervisee's Performance

1. The board may also require the supervisee to submit reports.

2. Supervised practice time during which the supervisor deems the supervisee's performance to have been unacceptable shall not be credited toward the required supervised practice hours.

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).

Chapter 8. Continuing Education

§801. Preface

A. Pursuant to R.S. 37:2357(B), each licensed psychologist is required to complete continuing education hours, also referred to as continuing professional development (CPD) within biennial reporting periods. Continuing education is an ongoing process consisting of learning activities that increase professional development. Continuing professional development activities:

1. are relevant to psychological practice, education and science;
2. enable psychologists to keep pace with emerging issues and technologies; and
3. allow psychologists to maintain, develop, and increase competencies in order to improve services to the public and enhance contributions to the profession.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:769 (September 1990), amended LR 19:46 (January 1993), LR 32:1228 (July 2006), LR 36:1007 (May 2010), LR 39:2754 (October 2013), amended by the Department of Health, Board of Examiners of Psychologists, LR 42:1662 (October 2016).

§803. Requirements

A. Each psychologist is required to complete 40 hours or credits of continuing professional development within the biennial reporting period, which begins on July 1 and ends on June 30.

B. Within each reporting period, two of the required hours or credits of continuing professional development must be within the area of ethics or law in accordance with the limitations specified in §807.

C. Within each reporting period, two of the required hours or credits of continuing professional development must be within the area of multiculturalism or diversity in accordance with the limitations specified in §807.

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:770 (September 1990), amended LR 19:46 (January 1993), LR 32:1228 (July 2006), LR 39:2754 (October 2013), amended by the Department of Health, Board of Examiners of Psychologists, LR 42:1662 (October 2016), amended LR 49:665 (April 2023), repromulgated LR 49:872 (May 2023).

§805. Acceptable Sponsorship, Offerings and Activities

A. Only those CPD offerings and activities approved by the Board shall satisfy the requirements for licensure set forth in §803.

B. Acceptable CPD activities offered for credit by approved sponsors defined in this section and that meet

the content criteria described in §801 of this Chapter are automatically approved by the Board.

C. The board will recognize the following as acceptable sponsors of the continuing education requirements:

1. accredited institutions of higher education;
2. hospitals and medical centers which have approved regional medical continuing education centers;
3. hospitals which have APA approved doctoral internship training programs;
4. international, national, regional, or state professional associations, or divisions of such associations, which specifically offer or approve graduate or post-doctoral continuing education training;
5. American Psychological Association (APA) approved sponsors and activities offered by APA (including home study courses);
6. activities sponsored by the Board of Examiners of Psychologists; and
7. activities sponsored by the Louisiana Department of Health or its subordinate units.

D. The board will recognize the following activities offered by acceptable sponsors in Section 805.C. above.

1. Workshops—live workshops offered for credit. Live workshops may be presented in-person or by video conference/virtual format.
2. Conference Workshops/Training Activities—Conferences are trainings lasting longer than one day (eight hours). Conference training may be presented in-person or by video conference/virtual format.

E. Sponsors of CPD approved under Section 805.C. may not advertise a CPD as board-approved or endorsed or purport that the CPD satisfies the licensure requirements set forth in §803.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2354.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:770 (September 1990), amended LR 19:46 (January 1993), LR 22:1131 (November 1996), LR 25:1098 (June 1999), LR 32:1228 (July 2006), LR 36:1007 (May 2010), amended by the Department of Health, Board of Examiners of Psychologists, LR 42:1663 (October 2016), amended LR 49:665 (April 2023), repromulgated LR 49:872 (May 2023).

§806. Board Approval of Proposed CPD Offerings and Activities; CPD promotion and Advertisement

A. Any individual or entity may apply for board approval of a proposed CPD offering or activity as follows:

1. The individual or entity providing the proposed CPD offering or activity files a completed CPD Approval Application on the form provide by the board.

2. The individual or entity providing the proposed CPD offering or activity provides information sufficient to the board that the CPD meets requirements set forth under §801; and

3. Payment of the required application fee.

B. Board approval of a proposed CPD pursuant to Subsection E of this Section shall permit the individual or entity to offer the program one time. Subsequent offerings of the same activity shall require the individual or entity offering the CPD to submit an application for renewal of the approval on the form provided by the board with required renewal fee.

1. Upon receipt of written documentation of board CPD approval, the individual or entity providing the proposed CPD offering or activity may advertise as approved or endorsed by the Louisiana State Board of Examiners of Psychologists.

2. Course and activities approved by the board shall be posted on the board website and shall indicate the maximum number of credits which may be earned and the classification of the course.

C. CPD offerings and activities not approved by the board under Subsections B or E of this Section may generate acceptable CPD credits for licensees under the following circumstances:

1. The licensee submits a complete application for preapproval of the course or activity using the form provided by the board and payment of an application fee required under Chapter 6.
2. The course or activity submitted for approval shall only be considered for the licensee who submits the approval.
3. A licensee may not request approval of an activity after June 30 of their reporting year for the renewal of their license.

a. A provisionally licensed psychologist that fails to meet the CPD requirements by June 30 of their reporting year, including acceptable sponsorship, offerings and activities, shall be subject to the provisions of R.S. 37:2356.2.

b. A licensed psychologist that fails to meet the CPD requirements by June 30 of their reporting year, including acceptable sponsorship, offerings and activities, shall be subject to the provisions of R.S. 37:2357.A(2).

D. The licensee may choose to apply for preapproval of the following unsponsored activities. These activities shall be limited to 10 credits:

1. workshops/conferences without approved sponsor;
2. peer consultation and supervision. Acceptable consultation is regularly scheduled interactions with colleagues, licensed in a health care profession or other general applied psychology profession, in a structured and

organized format. Examples include case consultation groups, journal clubs, research groups, and shadowing a colleague. Acceptable supervision is one-to-one general professional, specific case discussion, or skill training that is provided under Chapter 7 of this Part by a qualified supervisor. One hour of acceptable consultation or supervision equals one hour of credit. Documentation required to earn credit shall be a verification form providing evidence that it is a structured program of consultation with regularly scheduled meetings and showing the nature of the consultation, or in the case of supervision the supervised practice plan approved by the board; and The person providing the consultation, or facilitating the case consultation group, must attest, by signature, to the description of the program, number of hours met and that the verification form has been completed;

3. *practice outcome monitoring*—assessing patient/client outcomes via questionnaire(s) that is appropriate to the practice endeavor. One client equals one credit per reporting period. If requested, documentation required to earn credit shall be a verification form and a de-identified copy of the patient/client questionnaire;

4. *professional activities*—serving on an international, national, regional, or state psychological association board or committee; or board member of regulatory body related to the field of psychology. Professional activities shall not include lobbying activities. One year equals 10 credits;

5. *registered attendance at conferences/conventions*—attendance at a conference related to the field of psychology or a conference, that aids in the licensee’s professional development. One conference day equals one credit. This credit is separate from traditional continuing education units that may be awarded by an approved sponsor at said conference. A certificate of attendance is required;

6. *academic courses*—a graduate-level course related to the psychologist’s discipline and practice, taken for credit from a regionally accredited university or one pre-approved by the board. One three-hour course or equivalent equals 20 credits; or, one registered audit, documented by the university, equals five credits;

7. *instruction*—preparation and teaching of a semester-long graduate or undergraduate course, related to psychology, in a regionally accredited institution; or continuing education workshop presentation. Credit can only be received the first time teaching or presenting the material:

a. credit hours for preparing and teaching a workshop shall be calculated at four times the credit granted attendees, divided by the number of presenters;

b. credit hours for teaching a university course shall be calculated at 10 times the number of credit hours awarded the students. Documentation required to earn credit shall be the course syllabus or brochure;

8. *publications*—author of an article for peer-reviewed publications or author, editor or co-editor of a book/book chapter related to the field of psychology. One article equals 10 hours; one book/book chapter equals 10

credit hours. Documentation required to earn credit shall include a copy of journal abstract or a copy of the publication.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:666 (April 2023), repromulgated LR 49:872 (May 2023).

§807. Unacceptable Offerings and/or Activities

A. The board will not recognize:

1. activities unrelated to the field of psychology even though such activities may be valuable for other professional purposes;

2. personal psychotherapy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:770 (September 1990), amended LR19:47 (January 1993), LR 25:1098 (June 1999), amended by the Department of Health, Board of Examiners of Psychologists, LR 42:1664 (October 2016).

§809. Reporting Requirements

A. Each psychologist shall complete, at the end of reporting periods, the continuing professional development report and file accordingly with the board.

B. Signature. By signing the report form, the licensee signifies that the report is true and accurate.

C. Supporting Documentation. Each licensee shall retain corroborative documentation, such as the CPD verification form, of his or her continuing professional development for six years. Although this documentation is not routinely required as part of the licensee’s submission, the board may, at its discretion, request such documentation. Any misrepresentation of continuing professional development will be cause for disciplinary action by the board.

D. Biennial Reporting Period. Psychologists holding even-numbered licenses must submit to the board, in even-numbered years, their continuing professional development report along with their license renewal form. Psychologists holding odd-numbered licenses must submit to the board, in odd-numbered years, their continuing professional development report along with their license renewal form. Continuing professional development reports shall be due July 1, and considered delinquent at the close of business July 31, in the year in which their continuing professional development report is due.

E. The board may conduct an annual audit of continuing professional development reports. Psychologists shall be selected randomly and will be required to produce documentation for each item reported to the board. The number of psychologists selected for audit shall be determined by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993), amended LR 32:1229 (July 2006), LR 39:2755 (October 2013), amended by the Department of Health, Board of Examiners of Psychologists, LR 42:1664 (October 2016).

§811. Extensions/Exemptions

A. Licensees on extended active military service outside the state of Louisiana during the applicable reporting period and who do not engage in delivering psychological services within the state of Louisiana may be granted an extension or an exemption if the board receives a timely confirmation of such status.

B. Licensees who are unable to fulfill the requirement because of illness or other personal hardship may be granted an extension or an exemption if timely confirmation of such status is received by the board.

C. Newly licensed psychologists are exempt from continuing professional development requirements for the remainder of the year for which their license or certification is granted.

D. Licensees who meet the requirements for a reduced fee under R.S. 37:2354.E during the applicable reporting period and who are fully retired from the practice of psychology may be granted an exemption from continuing professional development requirements.

1. A licensee granted an exemption under this provision will be classified with the status “emerit” and may use the title “psychologist emerit: retired”.

2. A licensee granted emerit status under this provision shall be prohibited from engaging in the practice of psychology; rendering psychological services in any form; and/or engaging in any activity that might be construed as the practice of psychology within the state of Louisiana.

3. A psychologist emerit: retired, is subject to license renewal in accordance with the provisions of Chapter 9 of this Part.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2354.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993), amended LR 32:1229 (July 2006), LR 39:2755 (October 2013), LR 41:2617 (December 2015), amended by the Department of Health, Board of Examiners of Psychologists, LR 42:1664 (October 2016), amended LR 49:667 (April 2023), repromulgated LR 49:873 (May 2023).

§813. Noncompliance

A. Noncompliance shall include, in part, incomplete reports, unsigned reports, failure to file a report, and failure to report a sufficient number of acceptable continuing professional development credits as defined in LAC 46:LXIII.803.

B. Failure to fulfill the requirements of the continuing professional development rule shall cause the license to lapse pursuant to R.S. 37:2357.

C. If the licensee fails to meet continuing professional development requirements by the appropriate date, the license shall be regarded as lapsed at the close of business July 31 of the year for which the licensee is seeking renewal.

D. The state Board of Examiners of Psychologists shall serve written notice of noncompliance on a licensee determined to be in noncompliance. The notice will invite the licensees to request a hearing with the board or its representative to claim an exemption or to show compliance. All hearings shall be requested by the licensee and scheduled by the board in compliance with any time limitations of the Administrative Procedure Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993), amended LR 32:1229 (July 2006), LR 34:1406 (July 2008), LR 39:2756 (October 2013).

§815. Reinstatement

A. For a period of two years from the date of lapse of the license, the license may be renewed upon proof of fulfilling all continuing professional development requirements applicable through the date of reinstatement and upon payment of all fees due under R.S. 37:2357.

B. After a period of two years from the date of lapse of the license, the license may be renewed by passing a new oral examination before the board and payment of a fee equivalent to the application fee and renewal fee.

1. The board may require documentation of continuing professional development prior to reinstating a license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993), LR 39:2756 (October 2013), amended by the Department of Health, Board of Examiners of Psychologists, LR 42:1664 (October 2016).

Chapter 9. Licensees

§900. License Renewal

A. A psychologist is eligible to renew their current license until July 31 of each year upon submission of the required renewal fee, renewal application form and fulfillment of all continuing education requirements as defined in LAC 46:LXIII.Chapter 8.

B. A license may be valid for one year beginning August 1 through July 31 for each renewal period.

C. A person whose license has been suspended is not eligible for renewal. Reinstatement procedures of a suspended license may be established through a consent agreement, or after a period of two years from the date of suspension a person may reapply for licensure.

D. A person whose license has been revoked is not eligible for renewal. However, after a period of more than

two years from the date of revocation, a person may reapply for licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2354 and 37:2359.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 33:648 (April 2007).

§901. Reinstatement of Lapsed Licenses

A. If the licensee is not renewed by the end of July, due notice having been given, the license shall be regarded as lapsed for the year beginning with that August. Such lapsed license shall not be listed in the directory.

B. The person shall not practice psychology in Louisiana while the license is lapsed.

C. Within two years of the lapsing of such license, the licensee may submit an application for reinstatement for board review along with the payment of a reinstatement fee equal to the current application fee and the current renewal fee. Applicants who appear for reinstatement after one year of the lapsing of his/her license are required to submit to a criminal background check.

D. After two years of the lapsing of such license, the licensee may submit an application for reinstatement for board review along with the payment of a reinstatement fee equal to the current application fee and the current renewal fee provided that the person is in compliance with R.S. 37:2357(A) and the rules and regulations of the board. Applicants for reinstatement received after two years are required to submit to a criminal background check and oral examination.

E. A lapsed license shall be reinstated as of the date all applicable requirements of R.S. 37:2357 have been met. However, the board retains the right to reinstate licenses retroactively in unusual circumstances as specified in the policy and procedures of the LSBEP.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 42:1664 (October 2016).

§902. Provisional License Renewal [Formerly §901]

A. A psychologist is eligible to renew their provisional license until July 31 of each year upon submission of the required renewal fee, renewal application form and fulfillment of all continuing education requirements as defined in LAC 46:LXIII.Chapter 8.

B. A provisional license may be valid for one year beginning August 1 through July 31 for each renewal period.

C. A person whose provisional license has been suspended is not eligible for renewal. Reinstatement procedures of a suspended provisional license are at the discretion of the board.

D. A person whose provisional license has been revoked is not eligible for renewal.

E. Provisionally licensed psychologists shall be eligible for renewal of provisional licensure no more than three consecutive years.

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 41:2619 (December 2015), repromulgated by the Department of Health, Board of Examiners of Psychologists, LR 42:1664 (October 2016).

§903. Lapsed Provisional License [Formerly §902]

A. If a provisional license is not renewed by July 31, due notice having been given, the license shall be regarded as lapsed for the year beginning with that August. Such license is not eligible for reinstatement unless such requirements are satisfied within six months from the date of lapse.

B. If a provisional license lapses for a period longer than six months, one may make a new application to the board. It is at the discretion of the board that any requirements not fulfilled during the year prior to lapse be completed.

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 41:2620 (December 2015), repromulgated by the Department of Health, Board of Examiners of Psychologists, LR 42:1665 (October 2016).

§904. Contact Information [Formerly §903]

A. A licensed psychologist shall notify the board within 30 days, with documentation, attesting to any change of contact information including mailing address, work address, telephone number and email address. This documentation notice shall include the psychologist's, full name, license number, and the old and new contact information.

B. Should a psychologist be displaced to a temporary location due to an emergency, the psychologist shall notify the board within 30 days, with documentation attesting to the temporary change in contact information. The documented notice shall include the psychologist's full name, license number, old and new temporary contact information.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 32:1227 (July 2006), amended LR 39:2754 (October 2013), amended LR 39:2754 (October 2013), repromulgated by the Department of Health, Board of Examiners of Psychologists, LR 42:1665 (October 2016).

§905. Psychologists Emerit: Retired

A. A psychologist emeritus: retired is eligible to renew their emerit status license provided they submit such renewal application along with the annual renewal fee at the reduced rate established under Chapter 6 of this Part; and are fully

retired from the practice of psychology, not rendering psychological services in any form, and are not engaging in any activity that might be construed as the practice of psychology within the state of Louisiana.

B. A psychologist emerit is eligible to renew their current license until July 31 of each year upon submission of the required renewal fee and renewal application form and on showing that the licensee:

1. has been a licensed psychologist for a minimum of 20 years;
2. has no outstanding complaints or ethical violations;
3. is subject to the LSBEP ethics code;
4. is retired from the practice of psychology;
5. is only able to use the title psychologist emeritus: retired;
6. is not required to complete CPD unless they want to reinstate as specified in Subsection C below.

C. A psychologist emerit: retired is eligible to reinstate their status to Licensed Psychologist and resume the independent practice of psychology in Louisiana upon submission of a reinstatement application for licensure including the required reinstatement fee and fulfillment of all continuing professional development requirements as defined under this Chapter, provided they are not in violation of any of the provisions of the Louisiana Revised Statutes, Title 37 Chapter 28. Psychologists.

D. A psychologist emerit returning to full practice after five or more years shall be subject to an oral examination prior to reinstatement to the status of licensed psychologist.

E. A licensee who renews their emerit status shall be exempt from continuing professional development requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:667 (April 2023), repromulgated LR 49:873 (May 2023).

Chapter 10. Temporary Registration

§1001. Registration of Out-of-State Psychologist

A. Any nonresident licensed for independent practice as a doctoral-level psychologist in the state of his/her residence and which state will permit residents of this state a like and similar privilege as provided herein may practice as a psychologist for a period not to exceed 30 days in any one calendar year or the current expiration of his resident license, whichever comes first, to the same extent and manner as if licensed in this state.

B. Upon application for temporary registration, accompanied by such fee determined by the board, the board shall issue a certification of temporary registration to a psychologist not licensed in Louisiana, whose license is current, unrestricted, and at the doctoral-level in the

jurisdiction of his/her residence, and who furnishes upon a form and in such manner the board prescribes, the following:

1. completed, notarized, registration form signed by the out-of-state psychologist, shall be submitted along with the appropriate fee, a copy of the respective current and unrestricted licenses, picture identification, and any other information pertaining to identification or fitness to practice as requested by the board;

2. documentation that the psychologist is engaged in a legitimate professional setting, and provides satisfactory documentation to the board of the location site(s) that he/she will be providing psychological services and dates of service;

3. a statement attesting to any prior disciplinary actions, felonies or convictions, participation in an impaired psychologist program, or any pending litigations or actions the licensee may be facing; and

4. documentation that the state in which the out-of-state psychologist resides provides a like and similar privilege to licensed Louisiana psychologists.

C. All applicants for temporary registration must successfully pass the Louisiana jurisprudence examination and pay the appropriate fee associated with such exam. Temporary applicants must pass the jurisprudence examination prior to the issuance of a certification of temporary registration. Jurisprudence exam scores will be valid for three years.

D. Upon issuance of the certification of temporary registration, the psychologist shall comply with the Louisiana licensing law for psychologists, R.S. title 37, chapter 28, the *Louisiana Administrative Code*, Title 46, Part LXIII and other applicable laws, as well as practice in good faith, and within the reasonable scope of his skills, training, and ability.

E. Should a qualified psychologist registered with the board thereafter fail to comply with any requirement or condition established by this Rule, the board may immediately terminate his/her registration. In addition, any known jurisdiction in which the psychologist holds a license will be notified of any complaint, investigation and/or disciplinary proceedings by this board.

F. In the event a psychologist fails to register with the board, but practices psychology, whether gratuitously or otherwise, then such conduct will be considered the unlawful practice of psychology and prosecuted accordingly.

G. Temporary registration may be granted no more than three consecutive years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2365(D).

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 39:2756 (October 2013).

§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. Prior to providing professional services in Louisiana a psychologist licensed at the doctoral level in another jurisdiction of the United States, shall apply for an emergency temporary registration (ETR). The application for ETR shall be made available via the board website or mailed upon request.

C. Applications for emergency temporary registration shall be processed as priority during a declared emergency.

D. Accordingly, additional requirements for an ETR may be imposed pursuant to the emergency declaration issued which more properly address the needs of the particular declared emergency.

E. A psychologist not licensed in Louisiana, whose license is current, unrestricted, and at the doctoral-level in the jurisdiction of his/her residence in the United States, and properly registers with the board may gratuitously provide psychological services if:

1. the psychologist is engaged in a legitimate relief effort during the emergency period, and provides satisfactory documentation to the board of the location site(s) that he/she will be providing psychological services;

2. the psychologist complies with the Louisiana licensing law for psychologists, R.S. title 37, chapter 28, the *Louisiana Administrative Code*, Title 46, Part LXIII and other applicable laws, as well as practice in good faith, and within the reasonable scope of his skills, training, and ability; and

3. the psychologist renders psychological services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of psychological services with the state of Louisiana.

F. The authority provided for the Emergency Rule shall be applicable for a period of time not to exceed 60 days at the discretion of the board, with the potential extension of up to two additional periods not to exceed 60 days for each extension as determined appropriate and necessary by the board.

G. All interested psychologists shall submit to the board a copy of their respective current and unrestricted licenses, picture identification, and any other information pertaining to identification or fitness to practice as requested by the board.

H. Should a qualified psychologist registered with the board thereafter fail to comply with any requirement or condition established by this Rule, the board may immediately terminate his/her registration. In addition, any known jurisdiction in which the psychologist holds a license

will be notified of any complaint, investigation and/or disciplinary proceedings by this board.

I. In the event a psychologist fails to register with the board, but practices psychology, whether gratuitously or otherwise, then such conduct will be considered the unlawful practice of psychology and prosecuted accordingly.

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 Department of Health, Board of Examiners of Psychologists, LR 49:676 (April 2023).

§1003. Military Applicants

A. Any active member of the military or their spouse shall be granted expedited status for licensure upon an application for licensure, payment of the appropriate fee, and written request for expedited process.

B. Upon receipt of the above information and if the psychologist is licensed in any other state, he/she shall be considered for temporary license at the next regularly scheduled board meeting. If the psychologist meets the requirements for licensure, he/she shall be granted a temporary license.

C. The temporary license may be extended while documentation for a full license is gathered, and so long as the application is active.

D. Upon issuance of the temporary license, the psychologist shall comply with the Louisiana licensing law for psychologists, R.S. title 37, chapter 28, the *Louisiana Administrative Code*, Title 46, Part LXIII and other applicable laws, as well as practice in good faith, and within the reasonable scope of his skills, training, and ability.

E. All military applicants will be required to submit to a criminal background check and pass a Louisiana jurisprudence examination before issuance of a permanent license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2365(D).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 39:2757 (October 2013).

Chapter 11. Supervision of Assistants to Psychologists

§1100. Scope and Definitions

A. Psychologists may use an assistant to a psychologist (ATAP) to aid them in the provision of psychological services to clients as defined under this Chapter. The rules of this Chapter govern the registration, utilization, and supervision of an assistant to a psychologist in conformity with RS 37:2365.C.(3). Nothing in this Chapter shall be construed as creating a property interest or right to a hearing of the ATAP.

B. The following terms are defined for the purpose of this Chapter.

1. *Assistant to a Psychologist (ATAP)*—a non-licensed individual who aids a Licensed Psychologist in the provision of psychological services to patients and clients. ATAP's do not evaluate, interpret or make other judgments related to psychological tests. ATAP's may be responsible for implementing, not designing, interventions or protocols.

2. *General Professional Supervision*—the direct supervisory contact with the ATAP. Supervision in this context may include activities such as individual supervision, group supervision, case management, professional development, and review of the work completed by the ATAP.

3. *Continuous Professional Supervision*—ongoing training and oversight for the procedure furnished under the psychologist's overall direction and control, including maintenance of the necessary equipment and supplies. Under Continuous Professional Supervision the psychologist's presence is not required during the performance of the procedure. However, the supervisor shall be available to the ATAP in person, during the time when the ATAP 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.

4. *Supervisor or Supervising Psychologist*—a psychologist licensed under the provisions of Title 37 Chapter 28 of the Louisiana Revised Statutes who shall have competence in the specific area of practice in which supervision is being given.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2354.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:668 (April 2023).

§1101. Conditions for Utilization of Assistants

A. Upon, or pending, employment of an ATAP, but prior to assisting in psychological duties, the Supervising Psychologist shall submit a complete application for initial registration, required registration fee, and documentation on such form and in such manner as may be prescribed by the board to demonstrate that the registrant meets all of the following criteria:

1. is 18 years of age or older;
2. possesses a minimum of a high school diploma or its equivalent;
3. is of good moral character as determined by a criminal background check conducted under the authority of R.S. 37:2356.1 and the provisions of this Part;
4. is not in violation of any of the provisions of the La. Revised Statutes Title 37, Chapter 28. Psychologists; or the *Louisiana Administrative Code*, Title 46, Part LXIII; or any provision governing the practice of psychology under the jurisdiction of the board;

5. is qualified, or will receive supervised training commensurate with the services to be performed and is under the direct and continuous supervision of the Supervising Psychologist as defined in this Chapter.

B. Prior to the approval of any registration, the registrant shall initiate a criminal background check from the Louisiana State Police, Bureau of Criminal Identification and Information in accordance with this Part, and the criminal history records information report must be received and cleared by the board.

C. Upon review of the application, the board shall notify the licensed psychologist of record that the application and evidence submitted for registration is satisfactory and the registration has been approved; or that the application or evidence is unsatisfactory and rejected; or other pending status. If the application is rejected, a notice from the board shall include the reasons for the rejection.

D. An assistant to a psychologist may be dually registered and provide services under the direction of more than one supervising psychologist. A single application and fee shall be required if services are provided under a single employer or organization.

E. An approved registration shall be subject to annual renewal, during the month of July, and beginning in the year immediately subsequent to the initial registration of the ATAP.

a. The registration of an ATAP may be renewed if the psychologist of record submits to the board a renewal application and associated fee as prescribed by the board. The renewal fee shall be determined annually by the board and shall not exceed \$50.

b. The registration of any ATAP that has not been renewed by the supervising psychologist during the month of July immediately following the initial issuance of the registration, shall be considered lapsed.

c. The registration of any ATAP that has lapsed due to failure to renew, may be reinstated in accordance with the provisions of section 1107 of this Chapter.

F. An assistant registered under the provisions of this Chapter shall utilize the title "assistant to a psychologist" also referred to as "ATAP" only within the context of their employment with a licensed psychologist or their employment within an agency or hospital while under the direct supervision of a licensed psychologist; other titles an assistant to a psychologist may use include psychological technician, psychometrician, and other titles as approved by board.

G. An ATAP providing psychological services must be under the general and continuing professional supervision of a licensed psychologist. In order to maintain ultimate legal and professional responsibility for the welfare of every client, the supervisor must be vested with functional authority over the psychological services provided by an ATAP.

H. Supervisors shall have sufficient contact with clients, and must be empowered to contact any client in order to plan effective and appropriate services and to define procedures. The supervisor shall be present at the point of service, for emergency consultation and intervention.

I. Work assignments shall be commensurate with the skills of the ATAP and procedures shall under all circumstances be planned in consultation with the supervisor.

J. The supervisory contact with the ATAP shall occur in the service delivery setting, unless otherwise approved by the board of examiners.

K. Public announcement of fees and services and contact with lay or professional public shall only be offered in the name of the supervising psychologist; in all advertisements and descriptions of services ATAPs shall be clearly identified as being under the supervising authority of a psychologist.

L. Billing for psychological services shall not be in the name of an ATAP.

M. A provisional licensed psychologist may not supervise unlicensed assistants.

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 5:250 (August 1979), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 36:1246 (June 2010), LR 41:2620 (December 2015), amended by the Department of Health, Board of Examiners of Psychologists, LR 49:669 (April 2023).

§1103. Responsibilities of Supervisors

A. The Supervising Psychologist:

1. is responsible for the registration and renewal of an assistant to a psychologist in conformity with this Chapter on such form and in such manner as prescribed by the board;

2. directs the provision of psychological services to clients;

3. is administratively, clinically, ethically, functionally, and legally responsible for all activities of the Assistant to a Psychologist;

4. is accountable for the planning, course and outcome of the work. The conduct of supervision shall ensure the welfare of the client, and the ethical and legal protection of the assistant;

5. is responsible for general communication regarding the needs of the clients and services rendered;

6. is responsible for continuing professional supervision of the ATAP;

7. provides general professional supervision of the ATAP that shall include one cumulative hour per week as a minimum for direct supervisory contact:

a. exceptions to this requirement must have prior approval of the board;

b. it is likely that more than one hour per week would be required for assistants of lesser experience;

8. shall limit the number of assistants supervised so as to ensure adequate ability to monitor services and protect the public;

9. shall be available for emergency consultation and intervention;

10. shall have competence in the specific area of practice in which supervision is being given;

11. shall maintain a record of supervision which details the types of activities in which the assistant is engaged and the level of competence in each. This record shall be kept in such form as may be prescribed by the board;

12. shall ensure the following is disclosed to the client prior to the provision of any psychological service:

a. the psychologist of record's full name and contact information;

b. the extent and limits of their interaction with the client;

c. the client's right to meet with or communicate with the supervising psychologist or psychologist of record prior to or during the course of services rendered by an ATAP.

B. Neglect in maintaining the above standards of practice may result in disciplinary action against the supervisor's license to practice, including suspension or revocation.

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 5:250 (August 1979), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 36:1008 (May 2010), amended by the Department of Health, Board of Examiners of Psychologists, LR 49:670 (April 2023).

§1105. Special Considerations Related to an Assistant to a Psychologist

A. A registration is not the property right of the assistant to a psychologist.

B. Nothing in this Chapter shall be construed to allow an assistant to a psychologist to:

1. independently engage in any activity or service defined as the practice of psychology in R.S. 37:2352(7) et al;

2. independently engage in psychological services outside the supervisory relationship approved through registration by the board;

3. render any diagnosis;

4. sign any evaluations or reports as the provider of record; however should be notated as having engaged in the service within the report;

5. violate any of the provisions of this Chapter or the rules and regulations adopted by the board;

6. use any title or description to represent themselves as a psychologist or imply that they are qualified to practice psychology;

7. independently advertise psychological services;

8. assign or delegate psychological duties or otherwise engage in the independent practice of psychology.

C. With regard to psychological testing, services of the ATAP shall be limited to the administration and/or scoring of standardized objective (non-projective) psychological or neuropsychological tests defined in this Part, which have specific predetermined and manualized administrative procedures, and which entail behavioral observations, and/or recording test responses.

D. An ATAP is prohibited from evaluating, interpreting, or rendering any judgment related to psychological tests, and/or implementation of interventions or protocols unless designated and delegated by the licensed psychologist of record.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:670 (April 2023).

§1107. Denial, Revocation, or Lapse of a Registration for an Assistant to a Psychologist

A. The board has the authority to conduct investigations and take such actions permitted under RS 37:2351-2378, et al in matters involving the ATAP and/or their supervisor.

B. The board may deny or revoke the registration of an assistant to a psychologist (ATAP) that is in the best interest of public health, safety, and welfare for any unethical, unlawful, or other unprofessional conduct under the jurisdiction of the board.

C. Immediate action may be taken to administratively suspend an ATAP's registration in the event information is received that the action(s) of an ATAP is causing harm to clients, is otherwise likely to cause harm to future clients or patients, or the action(s) is unethical or unlawful. Such action may be taken in instances including but not limited to falsifying information in an application; and/or receipt of information involving an arrest, warrant for an arrest, or conviction of the ATAP.

1. The supervising psychologist(s) of record shall be immediately notified of an administrative action.

2. The de-identified administrative action shall be reported to the board at their next regularly scheduled meeting.

3. The board shall have the final determination on the denial or revocation of a registration.

4. The supervising psychologist(s) of record shall be notified of the final action of the Board.

D. The registration of an assistant to a psychologist shall immediately lapse upon the occurrence of any one of the following:

1. If the supervisory relationship between a psychologist of record and the assistant to a psychologist terminates, the licensed psychologist shall notify the board in writing upon such form and in such manner as prescribed by the board. The notice shall be submitted within 10 calendar days of the termination.

2. Suspension, revocation, or other action that restricts, limits, or prohibits the utilization of ATAP's by a psychologist, taken against the license of the psychologist of record in any jurisdiction.

3. Evidence that the assistant to a psychologist has violated any of the provisions of this Chapter or the rules and regulations of the Board.

4. Loss of license of the psychologist of record due to lapse or failure to renew.

5. Failure to renew the registration of an ATAP.

a. A psychologist of record who fails to renew the registration of an assistant to a psychologist in accordance with the provisions herein may obtain reinstatement of the lapsed registration provided the following: if the following conditions are met:

i. the assistant to a psychologist is not in violation of any of the provisions of this Chapter, or any other applicable laws;

ii. the psychologist of record submits to the Board a renewal application as prescribed by the Board; along with a late renewal fee which shall be the sum of the current ATAP application fee, plus the ATAP renewal fee.

E. It shall be considered the unlawful and unauthorized practice of psychology for an ATAP to continue to provide services without a current, valid, and unrestricted registration issued under this Chapter.

F. Nothing in this section shall be construed as creating a property interest or right to a hearing of the ATAP.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:670 (April 2023).

§1109. Exceptions to the Registration of an Assistant to a Psychologist

A. The provisions of this Section shall not apply to the following:

1. a medical psychologist utilizing assistants under the provisions of RS 37:1360.61 under the jurisdiction of the Louisiana State Board of Medical Examiners.

2. an individual licensed under this part as a licensed specialist in school psychology who is providing services defined under RS 37:2356.3.

3. a matriculated graduate student whose activities constitute a part of the course of study for a graduate degree in psychology at a school or college.

4. an individual who is an applicant for licensure under this Chapter and who is pursuing post-doctoral training or experience in psychology, including persons seeking to fulfill the requirements for licensure under this Chapter.

5. an individual engaged in academic or research activities that are not defined as the practice of psychology under RS 37:2352.7.

6. members of other professions who are working in association or collaboration with a licensed psychologist, and who are licensed or certified under the laws of this state to independently render and bill for services that are consistent with their scope of practice under the jurisdiction of their respective license or certification.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 49:671 (April 2023).

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 by the Department of Health, Board of Examiners of Psychologists, LR 49:676 (April 2023).

§1203. Definitions

A. As used in this Chapter, the following terms shall have the meanings specified.

Applicant—an individual who has made application to the board for the issuance or reinstatement of any license, permit, certificate, or registration which the board is authorized by law to issue.

Board—the Louisiana State Board of Examiners of Psychologists.

Bureau—the Louisiana Bureau of Criminal Identification and Information of the Office of State Police within the Department of Public Safety and Corrections.

Criminal History Record Information—information collected by the bureau or the Federal Bureau of Investigation of the United States Department of Justice or an individual consisting of detentions, indictments, bills of information, or any formal criminal charges and any disposition arising therefrom, including sentencing, criminal correctional supervision and release. Criminal history record information does not include information collected for intelligence or investigatory purposes nor does it include any identification information which does not indicate involvement of the individual in the criminal justice system.

FBI—the Federal Bureau of Investigation of the United States Department of Justice.

Licensure or License—any license, permit, certification, or registration which the board is authorized by law to issue.

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).

§1205. Criminal History Record Information Requirement

A. As a condition for eligibility for the issuance of an initial license or the reinstatement of any license, an applicant must submit such number of full sets of fingerprints, other identifiable information, and fees and costs as may be incurred by the board in requesting or obtaining criminal history record information, in the form and manner prescribed in §1209.

B. The board will use the fingerprints to request and obtain criminal history record information relative to the applicant as provided in R.S. 37:2356.1.

C. The application of an applicant who fails to comply with the requirements set forth in §1205.A shall be deemed incomplete and shall not be considered by the board unless and until such requirements have been satisfied.

AUTHORITY NOTE: Promulgated 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 by the Department of Health, Board of Examiners of Psychologists, LR 49:676 (April 2023).

§1207. Effect of Application

A. The submission of an application for licensure to the board shall constitute and operate as an acknowledgement and authorization by the applicant to any state or federal agency, including, but not limited to, the bureau and the FBI, to disclose and release to the board any and all state, national, or foreign criminal history record information; the submission of an application for licensure to the board shall equally constitute and operate as a consent by the applicant for disclosure and release of such information and as a waiver by the applicant of any privilege or right of

confidentiality which the applicant would otherwise possess with respect thereto.

B. The submission of an application for licensure to the board shall constitute and operate as an acknowledgement and authorization by the applicant for the board's utilization of criminal history record information to determine his or her suitability and eligibility for licensure, and whether just cause exists for the board to refuse to issue, suspend, revoke, or impose probationary or other terms, conditions, or restrictions on any license held or applied for by an applicant in the state of Louisiana for violation of any of the causes specified by R.S. 37:2359 or 37:2360, and the board's rules respecting any such health care provider as set forth in LAC 46:LXIII.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353, 37:2356 and 37:2372.1.

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

§1209. Procedural Requirements

A. In conformity with the substantive requirements of §1205, an application for licensure, whether initial, by credential, or reinstatement to the board, shall be accompanied by each of the following:

1. two or such other number of fully completed fingerprint record cards, containing all identifiable information requested, as well as certified sets of fingerprints which have been affixed by a sheriff, police officer, or other law enforcement personnel;

2. a check in the amount of no less than \$50 in satisfaction of the fees and costs incurred by the board to process fingerprint cards and to request and to receive criminal history record information from the bureau and the FBI.

B. Fingerprint cards and instructions pertaining thereto will be supplied by the board upon application.

C. An applicant shall be responsible for any increase in the amounts specified in §1209.A.2, which may be assessed by any state or federal agency, including, but not limited to, the bureau and the FBI, or for the fees and costs which may be incurred by the board in requesting and obtaining criminal history record information. An applicant shall also be responsible for payment of any processing fees and costs resulting from a fingerprint card being rejected by any state or federal agency, including, but not limited to, the bureau and the FBI.

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 34:1407 (July 2008).

§1211. Falsification of Criminal Record Information

A. An applicant who denies the existence or extent of criminal history record information on an application, which is discovered by information, records, or documentation provided by the bureau, FBI, or any other state, national, or

foreign jurisdiction shall, in addition to the potential disqualification of licensure for any of the causes specified in §1207.B, be deemed to have provided false, misleading, or deceptive information, or false sworn information on an application for licensure, and to have engaged in unprofessional conduct, providing additional cause for the board to suspend or revoke, refuse to issue, or impose probationary or other restrictions on any license held or applied for by an applicant in the state of Louisiana culpable of such violation, pursuant to R.S. 37:2359 and 37:2360.

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 34:1407 (July 2008).

§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 by the Department of Health, Board of Examiners of Psychologists, LR 49:676 (April 2023).

§1215. Exceptions to Criminal History Information Requirement

A. The criminal history record information requirements prescribed by this Chapter shall not be applicable to a psychologist applicant who seeks:

1. a temporary registration issued in accordance with LAC 46:LXIII.

B. The criminal history record information requirements prescribed by §§1201-1213 may be waived in such instances as the board, in its discretion, may deem necessary or appropriate.

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).

Chapter 13. Ethical Standards of Psychologists

§1301. Preamble

A. Psychologists work to develop a valid and reliable body of scientific knowledge based on research. They may apply that knowledge to human behavior in a variety of contexts. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administration, social interventionists, court mediator, and expert witness. Their goal is to broaden knowledge of behavior and, where appropriate, to apply it pragmatically to improve the condition of both the individual and society. Psychologists respect the central importance of freedom of inquiry and expression in research, teaching, and publication. Psychologists respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices. They also strive to help the public in developing informed judgments and choices concerning human behavior. These rules set standards and guidelines are established for the welfare and protection of the individuals and groups with whom psychologists work.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 43:1164 (June 2017).

§1303. Resolving Ethical Issues

A. Misuse of Psychologists' Work. If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

B. Conflicts between Ethics and Law, Regulations, or Other Governing Legal Authority. If psychologists' ethical responsibilities conflict with law, regulations or other governing legal authority, psychologists clarify the nature of the conflict, and take reasonable steps to resolve the conflict consistent with this Chapter. Under no circumstances may this standard be used to justify or defend violating human rights.

C. Conflicts between Ethics and Organizational Demands. If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Chapter, psychologists clarify the nature of the conflict, make known their commitment to this Chapter and take reasonable steps to resolve the conflict consistent with this Chapter. Under no circumstances may this standard be used to justify or defend violating human rights.

D. Informal Resolution of Ethical Violations. When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

E. Reporting Ethical Violations. If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Subsection D of this Section, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question.

F. Improper Complaints. Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

G. Unfair Discrimination against Complainants and Respondents. Psychologists do not deny any person employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 43:1164 (June 2017).

§1305. Competence

A. Boundaries of Competence

1. Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience.

2. Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except in emergencies.

3. Psychologists planning to provide services, teach or conduct research involving populations, areas, techniques or technologies new to them undertake relevant education, training, supervised experience, consultation or study.

4. When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such

services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation or study.

5. In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients and others from harm.

6. When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

B. Providing Services in Emergencies. In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

C. Maintaining Competence. Psychologists undertake ongoing efforts to develop and maintain their competence.

D. Bases for Scientific and Professional Judgments. Psychologists' work is based upon established scientific and professional knowledge of the discipline.

E. Delegation of Work to Others. Psychologists who delegate work to employees, supervisees or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to:

1. avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity;

2. authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training or experience, either independently or with the level of supervision being provided; and

3. see that such persons perform these services competently.

F. Personal Problems and Conflicts

1. Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

2. When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance and determine whether they should limit, suspend or terminate their work-related duties.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 43:1164 (June 2017).

§1307. Human Relations

A. Unfair Discrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any basis proscribed by law.

B. Sexual Harassment. Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist and that either:

1. is unwelcome, is offensive or creates a hostile workplace or educational environment, and the psychologist knows or is told this; or

2. is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

C. Other Harassment. Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status.

D. Avoiding Harm. Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

E. Multiple Relationships

1. A multiple relationship occurs when a psychologist is in a professional role with a person, and

a. at the same time is in another role with the same person;

b. at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship; or

c. promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

2. A psychologist shall not enter into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

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3. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

4. If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with this Chapter.

5. When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they:

- a. obtain written informed consent from all parties and/or court order; and
- b. clarify role expectations; and
- c. clarify the extent of confidentiality with regard to current roles, and thereafter as changes occur.

F. Conflict of Interest. Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial or other interests or relationships could reasonably be expected to:

1. impair their objectivity, competence or effectiveness in performing their functions as psychologists, or
2. expose the person or organization with whom the professional relationship exists to harm or exploitation.

G. Third-Party Requests for Services. When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

H. Exploitative Relationships. Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants and employees.

I. Cooperation with Other Professionals. When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

J. Informed Consent

1. When psychologists conduct research or provide assessment, therapy, counseling or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by

law or governmental regulation or as otherwise provided in this Chapter.

2. For persons who are legally incapable of giving informed consent, psychologists nevertheless:

- a. provide an appropriate explanation;
- b. seek the individual's assent;
- c. consider such persons' preferences and best interests; and
- d. obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law.

3. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

4. When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

5. Psychologists appropriately document written or oral consent, permission, and assent.

K. Psychologists Delivering Services to or through Organizations

1. Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about:

- a. the nature and objectives of the services;
- b. the intended recipients;
- c. which of the individuals are clients;
- d. the relationship the psychologist will have with each person and the organization;
- e. the probable uses of services provided and information obtained;
- f. who will have access to the information; and
- g. limits of confidentiality.

2. As soon as feasible, psychologists provide information about the results and conclusions of such services to appropriate persons. If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

L. Interruption of Psychological Services. Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation or retirement or by the client's/patient's relocation or financial limitations.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 43:1165 (June 2017).

§1309. Privacy and Confidentiality

A. Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.

B. Discussing the Limits of Confidentiality

1. Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship:

- a. the relevant limits of confidentiality; and
- b. the foreseeable uses of the information generated through their psychological activities.

2. Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

3. Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

C. Recording

1. Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representative.

D. Minimizing Intrusions on Privacy

1. Psychologists include in written and oral reports and consultations only information germane to the purpose for which the communication is made.

2. Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons who have a legal or legitimate right to such information.

E. Disclosures

1. Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient or another legally authorized person on behalf of the client/patient unless prohibited by law.

2. Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to:

- a. provide needed professional services;
- b. obtain appropriate professional consultations;
- c. protect the client/patient, psychologist, or others from harm; or
- d. obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

F. Consultations

1. When consulting with colleagues psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided.

2. When consulting with colleagues psychologists disclose information only to the extent necessary to achieve the purposes of the consultation.

G. Use of Confidential Information for Didactic or Other Purposes

1. Psychologists do not disclose in their writings, lectures or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients or other recipients of their services that they obtained during the course of their work, unless they take reasonable steps to disguise the person or organization, obtain written consent from the person or organization, or there is documented legal authorization for doing so.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 43:1166 (June 2017).

§1311. Advertising and Other Public Statements

A. Avoidance of False or Deceptive Statements

1. Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations and published materials.

2. Psychologists do not knowingly make public statements that are false, deceptive or fraudulent concerning their research, practice or other work activities or those of persons or organizations with which they are affiliated.

3. Psychologists do not make false, deceptive or fraudulent statements concerning:

- a. their training, experience or competence;
- b. their academic degrees;

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- c. their credentials;
- d. their institutional or association affiliations;
- e. their services;
- f. the scientific or clinical basis for or results or degree of success of, their services;
- g. their fees; or
- h. their publications or research findings.

4. Psychologists claim degrees as credentials for their health services only if those degrees were earned from a regionally accredited educational institution, or were the basis for psychology licensure by the state in which they practice.

B. Statements by Others

1. Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

2. Psychologists do not compensate employees of press, radio, television or other communication media in return for publicity in a news item.

3. A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

C. Descriptions of Workshops and Non-Degree-Granting Educational Programs. To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures or advertisements describing workshops, seminars or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters and the fees involved.

D. Media Presentations. When psychologists provide public advice or comment via print, Internet or other electronic transmission, they take precautions to ensure that statements:

1. are based on their professional knowledge, training or experience in accord with appropriate psychological literature and practice;
2. are otherwise consistent with this Chapter; and
3. do not indicate that a professional relationship has been established with the recipient.

E. Testimonials. Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

F. In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude:

1. attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient; or
2. providing disaster or community outreach services.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 43:1167 (June 2017).

§1313. Record Keeping and Fees

A. Documentation of Professional and Scientific Work and Maintenance of Records. Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain and dispose of records and data relating to their professional and scientific work in order to:

1. facilitate provision of services later by them or by other professionals;
2. allow for replication of research design and analyses;
3. meet institutional requirements;
4. ensure accuracy of billing and payments; and
5. ensure compliance with law.

B. Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

1. Psychologists maintain confidentiality in creating, storing, accessing, transferring and disposing of records under their control, whether these are written, automated or in any other medium.

2. If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

3. Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice.

C. Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

D. Fees and Financial Arrangements

1. As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

2. Psychologists' fee practices are consistent with law.
3. Psychologists do not misrepresent their fees.

4. If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible.

5. If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment.

E. Barter with Clients/Patients. Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists ordinarily refrain from accepting goods, services, or other non-monetary remuneration from patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologist may participate in bartering only if:

1. it is not clinically contraindicated; and
2. the resulting arrangement is not exploitative.

F. Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges or payments, and where applicable, the identity of the provider, the findings and the diagnosis.

G. Referrals and Fees. When psychologists pay, receive payment from or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative or other) and is not based on the referral itself.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 43:1168 (June 2017).

§1315. Education and Training

A. Design of Education and Training Programs. Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification or other goals for which claims are made by the program.

B. Descriptions of Education and Training Programs. Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects or community service), training goals and objectives, stipends and benefits and requirements that must be met for satisfactory completion of the program. This

information must be made readily available to all interested parties.

C. Accuracy in Teaching

1. Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements.

2. When engaged in teaching or training, psychologists present psychological information accurately.

D. Student Disclosure of Personal Information. Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment and relationships with parents, peers and spouses or significant others except if:

1. the program or training facility has clearly identified this requirement in its admissions and program materials; or
2. the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally-related activities in a competent manner or posing a threat to the students or others.

E. Mandatory Individual or Group Therapy

1. When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program.

2. Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy.

F. Assessing Student and Supervisee Performance

1. In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

2. Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

G. Sexual Relationships with Students and Supervisees. Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 43:1168 (June 2017).

§1317. Research and Publication

A. Institutional Approval. When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

B. Informed Consent to Research

1. When obtaining informed consent psychologists inform participants about:

- a. the purpose of the research, expected duration and procedures;
- b. their right to decline to participate and to withdraw from the research once participation has begun;
- c. the foreseeable consequences of declining or withdrawing;
- d. reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort or adverse effects;
- e. any prospective research benefits;
- f. limits of confidentiality;
- g. incentives for participation;
- h. whom to contact for questions about the research and research participants' rights; and
- i. they provide opportunity for the prospective participants to ask questions and receive answers.

2. Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research:

- a. the experimental nature of the treatment;
- b. the services that will or will not be available to the control group(s) if appropriate;
- c. the means by which assignment to treatment and control groups will be made;
- d. available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and
- e. compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought.

C. Informed Consent for Recording Voices and Images in Research. Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless:

1. the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm; or

2. the research design includes deception, and consent for the use of the recording is obtained during debriefing.

D. Client/Patient, Student, and Subordinate Research Participants

1. When psychologists conduct research with clients/patients, students or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

2. When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

E. Dispensing with Informed Consent for Research. Psychologists may dispense with informed consent only where research would not reasonably be assumed to create distress or harm and involves:

- 1. the study of normal educational practices, curricula, or classroom management methods conducted in educational settings;
- 2. only anonymous questionnaires, naturalistic observations or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability or reputation, and confidentiality is protected; or
- 3. the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected; or
- 4. where otherwise permitted by law or federal or institutional regulations.

F. Offering Inducements for Research Participation

1. Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

2. When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations and limitations.

G. Deception in Research

1. Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational or applied value and that effective nondeceptive alternative procedures are not feasible.

2. Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

3. Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data.

H. Debriefing

1. Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

2. If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

3. When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

I. Humane Care and Use of Animals in Research

1. Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state and local laws and regulations, and with professional standards.

2. Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health and humane treatment.

3. Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance and handling of the species being used, to the extent appropriate to their role.

4. Psychologists make reasonable efforts to minimize the discomfort, infection, illness and pain of animal subjects.

5. Psychologists use a procedure subjecting animals to pain, stress or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational or applied value.

6. Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

7. When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

J. Reporting Research Results

1. Psychologists do not fabricate data.

2. If psychologists discover significant errors in their published data, they take reasonable steps to correct such

errors in a correction, retraction, erratum or other appropriate publication means.

K. Plagiarism. Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

L. Publication Credit

1. Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed.

2. Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

3. Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.

M. Duplicate Publication of Data. Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

N. Sharing Research Data for Verification

1. After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

2. Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

O. Reviewers. Psychologists who review material submitted for presentation, publication, grant or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 43:1169 (June 2017).

§1319. Assessment**A. Bases for Assessments**

1. Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings.

2. Except as noted in this section, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions and appropriately limit the nature and extent of their conclusions or recommendations.

3. When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

B. Use of Assessments

1. Psychologists administer, adapt, score, interpret or use assessment techniques, interviews, tests or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

2. Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

3. Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

C. Informed Consent in Assessments

1. Psychologists obtain informed consent for assessments, evaluations or diagnostic services, except when:

a. testing is mandated by law or governmental regulations;

b. informed consent is implied because testing is conducted as a routine educational, institutional or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or

c. one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

2. Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

3. Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained.

D. Release of Test Data

1. The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law.

2. In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

E. Test Construction. Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias and recommendations for use.

F. Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities and other characteristics of the person being assessed, such as situational, personal, linguistic and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations.

G. Assessment by Unqualified Persons. Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision.

H. Obsolete Tests and Outdated Test Results

1. Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

2. Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

I. Test Scoring and Interpretation Services

1. Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability and applications of the procedures and any special qualifications applicable to their use.

2. Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations.

3. Psychologists retain responsibility for the appropriate application, interpretation and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

J. Explaining Assessment Results. Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

K. Maintaining Test Security. The term test materials refers to manuals, instruments, protocols and test questions or stimuli and does not include test data as defined in Subsection D of this Section. Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Chapter.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 43:1171 (June 2017).

§1321. Therapy

A. Informed Consent to Therapy

1. When obtaining informed consent to therapy as required in §1307.J of this Chapter, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers.

2. When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available and the voluntary nature of their participation.

3. When the therapist is a trainee and the legal responsibility for the treatment provided resides with the

supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

B. Therapy Involving Couples or Families

1. When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset:

- a. which of the individuals are clients/patients; and
- b. the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained.

2. If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately.

C. Group Therapy. When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

D. Providing Therapy to those Served by Others. In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

E. Sexual Intimacies with Current Therapy Clients/Patients. Psychologists do not engage in sexual intimacies with current therapy clients/patients.

F. Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients. Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

G. Therapy with Former Sexual Partners. Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

H. Sexual Intimacies with Former Therapy Clients/Patients

1. Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

2. Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following

cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including:

- a. the amount of time that has passed since therapy terminated;
- b. the nature, duration, and intensity of the therapy;
- c. the circumstances of termination;
- d. the client's/patient's personal history;
- e. the client's/patient's current mental status;
- f. the likelihood of adverse impact on the client/patient; and
- g. any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient.

I. Interruption of Therapy. When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient.

J. Terminating Therapy

1. Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

2. Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

3. Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pre-termination counseling and suggest alternative service providers as appropriate.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 43:1172 (June 2017).

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, Board of Examiners of Psychologists, LR 49:676 (April 2023).

§1403. Definitions

Distant Site—the location of the Louisiana Licensed Psychologist at the time of service.

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

Originating Site—the location of the client at the time of service.

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

Telepsychology—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 audio/ or audio only 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.

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

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, Board of Examiners of Psychologists, LR 49:676 (April 2023).

§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, Board of Examiners of Psychologists, LR 49:676 (April 2023).

§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, Board of Examiners of Psychologists, LR 49:677 (April 2023).

§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 percent 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 functional authority over the psychological services provided by the supervisee.

3. 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/audio or audio only 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, Board of Examiners of Psychologists, LR 49:677 (April 2023).

Chapter 15. Rules for Disciplinary Action

Subchapter A. Applicability; Processing Complaints

§1501. Applicability

A. These rules shall be applicable to any action of the Louisiana State Board of Examiners of Psychologists (board) to withhold, deny, revoke or suspend any psychologist's license on any of the grounds set forth in R.S. 37:2359 or under any other applicable law, regulation or rule, when such action arises from a complaint as defined in this section.

B. These rules shall not be applicable to the licensure of psychologists pursuant to R.S. 37:2356.

C. Unless otherwise provided by law, the board may delegate its authority and responsibility under these rules to a committee of one or more board members, to a hearing officer, or to other persons.

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 9:461 (July 1983), amended LR 12:833 (December 1986), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 36:1008 (May 2010).

§1503. Complaints

A. A *complaint* is defined as the receipt of any information by the board indicating that there may be grounds for disciplinary action against a licensed psychologist or provisional licensed psychologist, or any other individual, under the provisions of title 37, chapter 28 of the *Louisiana Revised Statutes*, or other applicable law, regulation or rule.

B. Upon receipt of a complaint, the board may initiate and take such action as it deems appropriate.

C. Complaints may be initiated by the board, by any licensed psychologist or by any other person.

D. Upon receipt of complaints from other persons, the board will forward its Request for Investigation form to said person(s). Ordinarily, the board will not take additional action until the form is satisfactorily completed.

1. Except under unusual circumstances, the board will take no action on anonymous complaints.

2. If the information furnished in the Request for Investigation form is not sufficient, the board may request additional information before further considering the complaint.

E. All complaints received shall be assigned a sequentially ordered complaint code which shall be utilized in all official references.

F. The board shall determine whether the complaint warrants further investigation.

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 9:461 (July 1983), amended LR 12:833 (December 1986), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 36:1008 (May 2010), LR 41:2620 (December 2015), repromulgated by the Department of Health, Board of Examiners of Psychologists, LR 42:1089 (July 2016).

§1505. Investigation

A. If the board determines that a complaint warrants further investigation, the board shall notify the licensee or applicant against whom the complaint has been made (hereinafter referred to as "respondent"). The notice to the respondent shall include the following:

1. notice that a complaint has been filed;
2. a short and plain statement of the nature of the complaint;
3. a reference to the particular sections of the statutes, rules or ethical standards which may be involved;
4. copies of the applicable laws, rules and regulations of the board; and
5. a request for cooperation in obtaining a full understanding of the circumstances.

B. The respondent shall provide the board, within 30 days, a written statement giving the respondent's view of the circumstances which are the subject of the complaint.

C. The board may conduct such other investigation as it deems appropriate.

D. During the investigation phase, the board may communicate with the complainant and with the respondent in an effort to seek a resolution of the complaint satisfactory to the board without the necessity of a formal hearing.

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 12:833 (December 1986).

Subchapter B. Conduct of Formal Hearing

§1511. Formal Hearing

A. If, after completion of its investigation, the board determines that the circumstances may warrant the withholding, denial, revocation or suspension of a psychologist's license, the board shall initiate a formal hearing.

B. The formal hearing shall be conducted in accordance with the adjudication procedures set forth in the Louisiana Administrative Procedure Act (R.S. 49:950 et seq.).

C. Upon completion of the adjudication hearing procedures set forth in the Louisiana Administrative Procedure Act, the board shall take such action as it deems appropriate on the record of the proceeding. Disciplinary action under R.S. 37:2359 requires the affirmative vote of at least four of the members of the board.

D. The form of the decision and order, application for rehearing and judicial review shall be governed by the provisions of the Louisiana Administrative Procedure Act.

E. The board shall have the authority at anytime to determine that a formal hearing should be initiated immediately on any complaint. The complaint and investigation procedures set forth above shall not create any due process rights for a respondent who shall be entitled only to the due process provided under the Louisiana Administrative Procedure Act.

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 9:461 (July 1983), amended LR 12:833 (December 1986).

§1513. Impaired Psychologist Procedure

A. At any time during the investigation and hearing process, the board, at its sole discretion, shall have the authority to offer the respondent the opportunity to participate in the impaired psychologist procedure.

B. If the board determines that a respondent should be offered the opportunity to participate in the impaired psychologist procedure, the board shall give written notice to the respondent of the following two options.

1. The respondent may acknowledge "impairment" in a form provided by the board, and submit to evaluation and treatment as set forth below.

2. The respondent may reject the opportunity to participate in the impaired psychologist procedure, and the board will continue to process the complaint in accordance with the procedures set forth above.

C. If the respondent elects to participate in the impaired psychologist procedure, disciplinary action against the respondent shall be suspended so long as respondent cooperates fully in his/her evaluation and treatment as set forth below.

D. The impaired psychologist procedure shall include the following.

1. The respondent shall acknowledge his/her "impairment" on a form provided by the board, and the respondent shall agree to submit to an evaluation.

2. The respondent may be required to provide the board with proof that he/she has arranged appropriate referrals of patients or that he/she is receiving supervision from another psychologist who is aware of the impairment.

3. The respondent shall submit to an evaluation by an appropriate professional selected by the board. Unless

waived by the board and the respondent, the evaluator shall not be either an associate of or a professional in direct competition with the respondent, and the evaluator will not treat the respondent if the evaluation yields positive findings. The respondent must agree to pay the evaluator for the evaluation.

4. The evaluator will be requested to render an opinion within 24 hours of the evaluation regarding whether the respondent appears to be impaired by some condition which may benefit from intervention. Such impairment is defined to include only the Axis I and/or Axis III diagnosis of the current Diagnostic and Statistical Manual of Mental Disorders. (Presently that manual is the Third Edition and will hereinafter be referred as DSM 111.) As subsequent Diagnostic and Statistical Manuals are anticipated, Axis I diagnoses are operationally defined as "Clinical Syndromes, Conditions not Attributable to a Mental Disorder that are a Focus of Attention or Treatment, and Additional Codes,"* and Axis III diagnoses are operationally defined as "Physical Disorders and Conditions"* (*American Psychiatric Association; Desk Reference to the Diagnostic Criteria from Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Washington, D.C., APA, 1982, page 5).

5. If the above respondent is found not to be impaired as defined above, the impaired psychologist procedure is terminated, and the board may renew disciplinary action.

6. If the respondent is found to be impaired as defined above the respondent shall have the option of undergoing treatment provided by a qualified professional. The treatment plan must be approved by the board, and may include the protections set forth in LAC 46:LXIII.1513.D.2. The treatment plan and protections may be revised from time to time as permitted or required by the progress of the respondent. Treatment will be at the expense of the respondent.

7. If the respondent rejects the recommendation for treatment or fails to cooperate fully with a treatment plan and other protections approved by the board (including any revisions thereof), disciplinary action may be renewed.

8. Upon successful completion of the treatment plan, based upon such reasonable evaluation as the board may require and upon determination that the respondent has the status and ability to function professionally without supervision, the disciplinary action based upon the former complaint shall be terminated, and no further action shall be taken with respect to that complaint.

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 9:462 (July 1983), amended LR 12:834 (December 1986).

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 by the Department of Health, Board of Examiners of Psychologists, LR 49:678 (April 2023).

§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.

B. 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. Psychological testing, evaluation or assessment hereinafter referred to as "psychological testing," is defined as the administration and/or interpretation of measurement instruments, devices, or procedures for the purpose of treatment planning and/or diagnosis, classification or description of mental and emotional disorders and disabilities, disorders of personality or behavior, psychological aspects of physical illness, accident, injury or disability and neuropsychological impairment. The use of computerized psychological assessment procedures is also included in scope of this regulation.

D. Psychological testing explicitly includes the following three areas:

1. intellectual—which includes those normative-based individually administered instruments used to measure cognitive functions such as abstract reasoning, fund of knowledge and problem solving;

2. personality and emotional—which includes those normative-based instruments used to measure both trait and state aspects of personality and emotional characteristics and functioning;

3. neuropsychological—which includes those normative-based instruments used to make inferences about brain and behavior relationships. These relationships include, but are not limited to, sensorimotor functioning, attention and concentration skills, memory functioning, language function, concrete and abstract problem solving, and measures of cognitive flexibility and creativity;

E. Notwithstanding any provisions herein to the contrary, psychologists as well as other appropriately licensed or certified professionals may also administer or use tests of language, educational and achievement tests, adaptive behavioral tests, and symptom screening checklists or instruments, as well as tests of abilities, interests, and aptitudes. The administration and interpretation of these tests is not exclusively within the scope of this regulation.

F. Psychological testing within the independent practice of psychology must be performed in accordance with the requirements of LAC 46:LXIII.Chapter 13, Ethical Standards of Psychologists. The ability to competently interpret psychological testing assumes a doctoral degree in psychology with formal academic training in statistics, test construction, sampling theory, tests and measurement, individual differences, and personality theory. In addition, the interpretation of psychological tests for treatment planning, diagnostic, classification, or descriptive purposes assumes formal doctoral level academic training in the areas of abnormal psychology, psychopathology, psychodiagnosis and, in the case of neuropsychological diagnosis, additional formal training and/or demonstrated competence in the field of clinical neuropsychology. All training must be supervised by a licensed psychologist and must include formal supervised practical experience and internship training, when appropriate, involving the use of psychological tests with different patient populations.

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 by the Department of Health, Board of Examiners of Psychologists, LR 49:678 (April 2023).

§1705. Use of Specialty Title

A. The use of any specialty title must be consistent with the board's "ethical standards" and with such additional standards as may be designated by other, professional but nonstatutory, boards which certify the use of such specialty titles by individuals who present appropriate qualifications to them.

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. "Special proficiency" recognizes the mastery of a special skill, special technique, or an in-depth knowledge of the needs of a specific population or problems of a specific setting. Such special proficiencies are not unique to any one specialty of psychology, and also may not be unique to the profession of psychology.

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, Board of Examiners of Psychologists, LR 49:679 (April 2023).

§1707. List of Specialties

A. As a service to both the public and those individuals licensed by the board, the board offers the opportunity for registering the licensee's area of competence, education, training, and experience within a limited list of recognized "specialties," as defined in §1705.B above. The board does not maintain a list of "special proficiencies," as defined in §1705.C above.

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. The non-registration of such specialties shall not prevent licensed providers of psychological services from using the methods or dealing with the populations of any specialty, so long as the provision of such services is in accordance with the board's rules and regulations.

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 by the Department of Health, Board of Examiners of Psychologists, LR 49:679 (April 2023).

§1709. Meeting Standards of Training and Credentials

A. For the registration of a specialty in an applied area of psychology, at the time the license is granted, the candidate must meet the standards described in the board's rules on "Training and Credentials," Chapter 3. Such supervised training experiences must be supported by appropriate graduate level education, as described in the board's rules and regulations.

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).

§1711. Registration after Licensure

A. The registration of each additional specialty or the registration of a specialty after licensure must meet all criteria described above, including both appropriate graduate or postgraduate education and appropriate supervised training experiences.

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).

Chapter 19. Public Information

§1901. Public Display of License

A. The license of the licensed psychologist or provisional licensed psychologist shall be publicly displayed in the office where services are offered. When a psychologist works in two or more settings, the license should be publicly displayed in the primary office location.

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 15:88 (February 1989), amended LR 41:2620 (December 2015).

§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 by the Department of Health, Board of Examiners of Psychologists, LR 49:679 (April 2023).

§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 90 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, Board of Examiners of Psychologists, LR 49:679 (April 2023).

Chapter 21. Disclosure of Financial Interests and Prohibited Payments

§2101. Scope and Purpose of Chapter

A. The rules of this Chapter interpret, implement and provide for the enforcement of R.S. 37:1744 and R.S. 37:1745 requiring disclosure of a psychologist's financial interest in another health care provider to whom or to which the psychologist refers a patient, and prohibiting certain payments in return for referral or soliciting patients. It is the purpose of these rules to prevent payments by or to a psychologist as a financial incentive for the referral of patients to a psychologist or other health care provider for diagnostic or therapeutic services or items. These rules should be interpreted, construed and applied so as to give effect to such purposes and intent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2103. Definitions

A. For the purpose of this Chapter, the following terms are defined as follows:

Board—the Louisiana State Board of Examiners of Psychologists.

Financial Interest—a significant ownership or investment interest established through debt, equity or other means and held, directly or indirectly, by a psychologist or a member of the psychologist's immediate family, or any form of direct or indirect remuneration of referral.

Group Practice—a group of two or more psychologists, operating in whole or in part as psychologists, legally organized as a general partnership, registered limited liability partnership, professional psychological corporation, limited liability company, foundation, nonprofit corporation or similar organization or association, including a faculty practice plan.

Health Care Item—any substance, product, device, equipment, supplies or other tangible good or article which may be used or is useful in the provision of health care.

Health Care Provider—any person licensed by a department, board, commission or other agency of the state of Louisiana to provide, or which does in fact provide, preventative, diagnostic, or therapeutic health care services or items.

Immediate Family—as respects a psychologist, the psychologist's spouse, children, grandchildren, parents, grandparents and siblings.

Investment Interests—a security issued by an entity, including, without limitation, shares in a corporation, interests in or units of a partnership, bonds, debentures, notes or other debt instruments.

Payment—the tender, transfer, exchange, distribution or provision of money, goods, services or anything of economic value.

Person—a natural person or a partnership, corporation, organization, association, facility, institution or any governmental subdivision, department, board, commission or other entity.

Provisional Licensed Psychologist—any individual who practices under the supervision of a Louisiana licensed psychologist and has met all minimal requirements as determined by the Louisiana State Board of Examiners of Psychologists.

Psychologist—any individual licensed to practice psychology by the Louisiana State Board of Examiners of Psychologists.

Psychologist Applicant/Candidate—a graduate of an approved doctoral program in psychology who has applied to the board for licensure and who is practicing under the supervision of a licensed psychologist under applicable provisions of LAC Title 46, Part LXIII.

Referral—any direction, recommendation or suggestion given by the psychologist to a patient, directly or indirectly, which is likely to determine, control or influence the patient's choice of another health care provider for the provision of health care services or items.

Remuneration for Referral—any arrangement or scheme, involving any remuneration, directly or indirectly, in cash or in kind, between a psychologist, or an immediate family member of such psychologist, and another health care provider which is intended to induce referrals by the psychologist to the health care provider or by the health care provider to the psychologist, other than the amount paid by an employer to an employee who has a bona fide employment relationship with the employer, for employment in the furnishing of any health care item or service.

B. Construction. As used here and after in this Chapter, the term *psychologist* is deemed to likewise incorporate psychologist applicant/candidate as defined herein.

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 21:1335 (December 1995), amended LR 41:2620 (December

2015), repromulgated by the Department of Health, Board of Examiners of Psychologists, LR 42:1089 (July 2016).

Subchapter A. Disclosure of Financial Interest in Third-Party Health Care Providers

§2105. Required Disclosure of Financial Interests

A. **Mandatory Disclosure.** The psychologist shall not make any referral of a patient outside of the psychologist's group practice for the provision of health care items or services by any health care provider in which the referring psychologist has a significant financial interest unless, in advance of such referral, the referring psychologist discloses to the patient, in accordance with relative provision of this Chapter, the existence and nature of financial interests.

B. **Definition: Significant Ownership or Investment Interest.** For the purpose of these regulations, an ownership or investment interest shall be considered "significant" within the meaning of §2105.A, if such interest satisfies any of the following tests:

1. such interests, in dollar amount or value, represents 5 percent or more of the gross assets of the health care provider in which an interest is held;
2. such interest represents 5 percent or more of the voting securities of the health care provider in which such interest is held.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2107. Prohibited Arrangements

A. Any arrangement or scheme including cross referral arrangements, which the psychologist knows, or should know has a principal purpose of ensuring or inducing referrals by the psychologist to another health care provider which, if made directly by the psychologist, would be a violation of §2105 shall be deemed a violation of §2105.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2109. Form of Disclosure

A. **Required Contents.** The disclosure required by §2105 of this Chapter shall be made in writing, shall be furnished to the patient, or the patient's authorized representative, prior to or at the time of making the referral, and shall include:

1. the psychologist's name, address and phone number;
2. the name and address of the health care provider to whom the patient is being referred by the psychologist;

3. the nature of the items or services which the patient is to receive from the health care provider to which the patient is being referred; and

4. the existence and nature of the psychologist's financial interest in the health care provider to whom or to which the patient is being referred.

B. **Permissible Contents.** The form of disclosure required by §2105 of this Chapter may include a signed acknowledgment by the patient or the patient's authorized representative that the required disclosure has been given.

C. **Approved Form.** Notice to a patient given substantially in the form of Disclosure of Financial Interest, found at the end of this Chapter, shall be presumptively deemed to satisfy the disclosure requirements of this Subchapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

Subchapter B. Illegal Payments

§2111. Prohibition of Remuneration for Referrals

A. A psychologist shall not knowingly or willfully make or offer to make any payment, directly or indirectly, overtly or covertly, in cash or in kind, to induce another person to refer an individual to the psychologist for the furnishing or arranging of the furnishing of any health care item or service.

B. A psychologist shall not knowingly or willfully solicit, receive or accept any payment, directly or indirectly, overtly or covertly, in cash or in kind, or in return for referring a patient to a health care provider for the furnishing or arranging for the furnishing of any health care item or service.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2113. Exceptions

A. **A Proportional Return on Investment.** Payments or distributions by any entity representing a direct return on investment based upon a percentage of ownership shall not be deemed a payment prohibited by R.S. 37:1745.B or by §2111 of these rules provided that:

1. the amount of payment to an investor in return for the investment interest is directly proportional to the amount or value of the capital investment, including the fair market value of any pre-operational services rendered of that investor;
2. the terms on which an investment interest was or is offered to an investor who is in a position to make or influence referrals to, furnish items or services to, or

otherwise generate business for the entity must be no different than the terms offered to other investors;

3. the terms which an investment interest was or is offered to an investor who is in a position to make or influence referrals to, furnish items or services to or otherwise generate for the entity must not be related to the previous expected volume of referrals, items or services furnished or the amount of business otherwise generated by that investor to the entity;

4. there is no requirement that an investor make referrals to, be in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity as a condition of becoming or remaining an investor;

5. the entity or other investor does not market or furnish the entity's items or services to investors differently than to non-investors; and

6. the entity does not loan funds to or guarantee a loan for an investor who is in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity if the investor uses any part of such loan to obtain the investment interest.

B. General Exceptions. Any payment, remuneration, practice or arrangement which is not prohibited by or unlawful under §1128.B(b) of the Federal Social Security Act (Act), 42 U.S.C. §1320a-7b(b), as amended, with respect to health care items or services for which payment may be made under Title XVIII or Title XIX of the Act, including those payments and practices sanctioned by the secretary of the United States Department of Health and Human Services, through regulations promulgated at 42 C.F.R. §1001.952, shall not be deemed a payment prohibited by R.S. 37:1745.B or by §2111 of these rules with respect to health care items or services for which payment may be made by any patient or third-party payers, whether a governmental or private payer, on behalf of a patient.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2115. Effect of Violation

A. Any violation of or failure of compliance with the prohibitions and provisions of §2105 and/or §2111 of this Chapter shall be deemed grounds for disciplinary proceedings against a psychologist, providing cause for the board to deny, revoke, suspend, restrict, refuse to issue or impose probationary or other restrictions on any license held or applied for by a psychologist found guilty of such violation.

B. Administrative Sanctions. In addition to the sanctions provided for by §2115.A, the board may order the additional sanctions or penalties described below.

1. Upon proof of a violation of §2105 of this Chapter by a psychologist, the board may order that all or any

portion of any amounts paid by a patient, and/or any third-party payer on behalf of the patient, for health care items or services furnished upon a referral by the psychologist in violation of §2105 be refunded by the psychologist to such patient and/or third-party payer together with legal interest on such payment at the rate prescribe by law calculated from the date on which any such payment was made by the patient and/or third-party payers.

2. Upon proof of a violation of §2111 of this Chapter by a psychologist, the board may order a fine of not more than \$500 for each count or separate offense, plus administrative costs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2117. Disclosure of Financial Interest

(Name of Psychologist or Group)
(Address)
(Telephone Number)

DISCLOSURE OF FINANCIAL INTEREST

As Required by R.S. 37:1744; R.S. 37:1745, and LAC 46:LXIII.2101-2115

TO: _____ Date: _____
(Name of Patient to be Referred)

(Patient Address)

Louisiana law requires psychologists and other health care providers to make certain disclosures to a patient when they refer a patient to another health care provider or facility in which the psychologist has a significant financial interest. (I am/we are) referring you, or the named patient for whom you are legal representative, to:

(Name and Address of Provider to Whom Patient is Referred)

to obtain the following health care services, products or items:

(Purpose of the Referral)

(I/we) have a financial interest in the health care provider to whom we are referring you, the nature and extent of which are as follows:

PATIENT ACKNOWLEDGMENT

I, the above named patient, or legal representative of such patient, hereby acknowledge receipt, on the date indicated and prior to the described referral, of a copy of the foregoing Disclosure of Financial Interest.

(Signature of Patient or Patient's Representative)

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

PROFESSIONAL AND OCCUPATIONAL STANDARDS

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

21:1335 (December 1995).

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LXIII. Psychologists

Subpart 2. Licensed Specialists in School Psychology

Chapter 31. Definitions

§3101. Definition of Board

Board—the Louisiana State Board of Examiners of Psychologists.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2621 (December 2015).

**Chapter 32. Licensed Specialist in
School Psychology Advisory
Committee**

§3201. Scope

A. The rules of this Chapter identify the constitution, functions and responsibilities of the licensed specialist in School Psychology Advisory Committee to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2621 (December 2015).

**§3202. Constitution, Function and Responsibilities of
Advisory Committee**

A. The board shall constitute and appoint a Licensed Specialist in School Psychology Advisory Committee, which shall be organized, and function in accordance with the law and rules of the board.

B. Composition. The committee shall be comprised of 4 members, consisting of:

1. two members that are licensed school psychologists licensed under the LSBEP who meets all requirements as determined by the board, selected from a list of self-nominations to the board;

2. one member that is either a licensed school psychologist licensed under the LSBEP or a licensed specialist in school psychology licensed under LSBEP who meets all requirements as determined by the board selected from a list of self-nominations to the board; and

3. the board's executive director as the ex-officio, non-voting member.

C. Appointment. Each member, to be eligible for and prior to appointment to the committee, shall have maintained residency and a current and unrestricted license to practice in

the state of Louisiana under the authority of LSBEP for not less than two years.

D. Vacancy. In the event of a vacancy on the committee, the board shall appoint a replacement for the remainder of the member's term. The replacement shall meet the same requirements as determined by the board and be drawn from a list of self-nominations to the board.

E. Term of Service. Each member of the initial committee shall serve staggered terms. For the first appointment to the committee, one member will serve three years, one member will serve two years and one member will serve one year. The ex-officio member will serve continuously. Initial committee members shall be eligible for 1 reappointment for a full term of three years.

1. For future committee appointments, members will serve for a term of three years, or until a successor is appointed and shall be eligible for one reappointment. Committee members serve at the pleasure of the board.

F. Functions of the Committee. The committee will provide the board with recommendations relating to the following matters:

1. applications for licensure (initial and renewal);
2. educational requirements for licensure (initial and renewal);
3. changes in related statutes and rules; and
4. other activities as might be requested by the board.

G. Committee Meetings, Officers. The committee shall meet at least quarterly, or more frequently as deemed necessary by a quorum of the committee or the board. Two members of the committee constitute a quorum. The committee shall elect from among its members a chair. The chair shall designate the date, time and place of, and preside at all meetings of the committee.

H. Confidentiality. In discharging the functions authorized under this Section, the committee and the individual members thereof shall, when acting within the scope of such authority, be deemed agents of the board. Committee members are prohibited from disclosing, or in any way releasing to anyone other than the board, any confidential information or documents obtained when acting as agent of the board without first obtaining written authorization from the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by Health and Hospitals, Board of Examiners of Psychologists, LR 41:2621 (December 2015).

Chapter 33. Definition of Applicant for Licensure as a Specialist in School Psychology

§3301. Definition

A. An applicant is a person who submits to the board the required application fee and the complete prescribed application which includes evidence that the person:

1. is at least 21 years of age; and
2. is of good moral character; and
3. is a citizen of the United State or has declared his intention to become a citizen. A statement by the person under oath that he is a citizen or that he intends to apply for citizenship when he becomes eligible to make such application shall be sufficient proof of compliance with the requirement of this Paragraph;
4. has completed a school specialist degree from a National Association of School Psychologists approved program or equivalent;
5. has completed an internship of at least 1200 hours and nine months in duration, conducted under the supervision of a certified school psychologist in a school setting or by a licensed psychologist in a community setting. Of the 1200 hours, 600 hours shall be completed in a school setting;
6. has completed three years of supervised experience as a certified school psychologist within the public school system. One year of full-time employment or experience, obtained as part of an acceptable internship as defined by the board under §3403 of this Title, may be applied toward the three years of required supervision. Such experience must be obtained within one academic year, in a public school system. Such "academic year" shall be defined by the school calendar in the district of practice;
7. has passed the nationally certified school psychologist examination;
8. has demonstrated professional knowledge of the laws and rules regarding the practice of psychology in Louisiana; and
9. Is not in violation of any of the provisions of this Chapter and the rules and regulations adopted by the board.

B. Applicant status shall not be used for professional representation.

C. An applicant who is denied licensure by the board based on the evidence submitted as required under Subsection A of this Section, may reapply to the board after two years have elapsed, and having completed additional training meeting the requirements of the law and as defined in the rules and regulations adopted by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2621 (December 2015), amended by the Department of Health, Board of Examiners of Psychologists, LR 43:1174 (June 2017).

Chapter 34. Specialist Programs in School Psychology

§3401. Program Requirements—General

A. A graduate of a specialist in school psychology program that is a National Association of School Psychologists (NASP) -approved program is recognized as holding a specialist degree, or an equivalent certificate, from a university offering a full-time graduate course of study in school psychology. The NASP criteria for program approval serves as a model for specialist-level training in school psychology.

B. Graduate education in specialist in school psychology is delivered within the context of a comprehensive program framework based on clear goals and objectives and a sequential, integrated course of study in which human diversity is emphasized. Graduate education develops candidates' strong affiliation with school psychology, is delivered by qualified faculty, and includes substantial coursework and supervised field experiences necessary for the preparation of competent specialist-level school psychologists whose services positively impact children, families, schools, and other consumers.

C. Degrees from online programs will only be accepted if NASP-approved and meet the requirements in Subsection D of this Section.

D. A graduate of a specialist program that is not approved by the NASP must meet the criteria listed below.

1. Training in school psychology is at the specialist level 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 specialist in school psychology, or certificate, program. Such a program must specify in pertinent institutional catalogs and brochures its intent to educate and train specialist-level school psychologists.
3. The specialist program must stand as a recognizable, coherent organizational entity within the institution.
4. There must be a clear authority and primary responsibility for all specialist program components consistent with NASP standards for training programs.
5. The program must be an integrated, organized sequence of study.
6. There must be an identifiable school psychology faculty and a school psychologist responsible for the program. A minimum of two program faculty must have earned doctorates in school psychology.

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

8. The specialist program must include supervised practicum and internship completed in field-based settings consisted with NASP standards for training.

9. The specialist 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.

10. The curriculum shall encompass a minimum of two academic years of full-time graduate study and an approved one-year internship consistent with published NASP standards for training. Additionally, the program shall require each student to demonstrate competence in each of the NASP practice domains:

- a. data-based decision making and accountability;
- b. consultation and collaboration;
- c. interventions and instructional support to develop academic skills;
- d. interventions and mental health services to develop social and life skills;
- e. school-wide practices to promote learning;
- f. preventive and responsive services;
- g. family-school collaboration services;
- h. diversity in development and learning;
- i. research and program evaluation;
- j. legal, ethical, and professional practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2622 (December 2015).

§3402. Program Requirements—Supervised Practica Prior to Internship

A. The school psychology program should include supervised practica prior to internship that includes the following:

- 1. completion of practica, for academic credit that are distinct from, precede, and prepare students for the school psychology internship;
- 2. specific, required activities and systematic evaluation of skills that are consistent with goals of the program;
- 3. emphasize human diversity, and are completed in settings relevant to program objectives for development of practice competencies;
- 4. direct oversight by the program to ensure appropriateness of the placement, activities, supervision, and collaboration with the placement sites and practicum supervisors; and

5. close supervision of students by program faculty and qualified practicum supervisors, including appropriate performance-based evaluation, to ensure that students are developing professional work characteristics and designated competencies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2623 (December 2015), amended by the Department of Health, Board of Examiners of Psychologists LR 49:667 (April 2023), repromulgated LR 49:874 (May 2023).

§3403. Program Requirements—Internship

A. The school psychology program should include a comprehensive, supervised, and carefully evaluated internship in school psychology that includes the following:

- 1. a culminating experience in the program’s course of study that is completed for academic credit or otherwise documented by the;
- 2. a primary emphasis on providing breadth and quality of experiences, attainment of comprehensive school psychology competencies, and integration and application of the full range of domains of school psychology;
- 3. completion of activities and attainment of school psychology competencies that are consistent with the goals and objectives of the program and emphasize human diversity, and provision of school psychology services that result in direct, measurable, and children, families, schools, and/or other consumers;
- 4. inclusion of both formative and summative performance-based evaluations of interns that are completed by both program faculty and field-based supervisors, are systematic and comprehensive, and insure that interns demonstrate professional work characteristics and attain competencies needed for effective practice as school psychologists;
- 5. a minimum of 1200 clock hours, including a minimum of 600 hours of the internship completed in a school-based setting;
- 6. at least nine-month internship under the supervision of a certified school psychologist in a school setting or by a licensed psychologist in a community setting;
- 7. completion in settings relevant to program objectives for intern competencies and direct oversight by the program to ensure appropriateness of the placement, activities, supervision, and collaboration with the placement sites and intern supervisors;
- 8. provision of field-based supervision from a school psychologist holding the appropriate state school psychologist credential for practice in a school setting or, if in an a program approved alternative setting, field-based supervision from a psychologist holding the appropriate state psychology credential for practice in the internship setting;

9. an average of at least two hours of field-based supervision per full-time week or the equivalent for part-time placements; and

10. a written plan specifying collaborative responsibilities of the school psychology program and internship site in providing supervision and support ensuring that internship objectives are achieved.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2623 (December 2015), amended by the Department of Health, Board of Examiners of Psychologists, LR 49:668 (April 2023), repromulgated LR 49:874 (May 2023).

§3404. Program Requirements—Foreign Programs

A. Graduates of foreign programs will be evaluated according to the following.

1. Graduates of foreign programs must meet the substantial criteria in §3401.D above.

2. Applicants for specialist licensure whose applications are based on graduation from foreign universities shall provide the board with such documents and evidence to establish that their formal education is equivalent to specialist-level training in a NASP-approved program granted by a United States university that is regionally accredited. The applicant must provide the following:

a. an original diploma or other certificate of graduation, which will be returned, and a photostatic copy such a document, which will be retained;

b. a transcript or comparable document of all course work completed;

c. a certified translation of all documents submitted in a language other than English;

d. satisfactory evidence of supervised experiences; and

e. a statement prepared by the applicant based on the documents referred to in the Section, indicating the chronological sequence of studies. The format of this statement shall be comparable as possible to a transcript issued by United States universities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2623 (December 2015).

Chapter 35. Limits in Practice

§3501. Limits in Practice

A. Licensed specialists in school psychology shall apply their knowledge of both psychology and education to render services that are germane to the current state educational bulletins, including but not limited to Louisiana Bulletins 1508 and 1706.

B. A licensed specialist in school psychology cannot diagnose mental disorders as defined by the Diagnostic and Statistical Manual of Mental Disorders or disease as defined by the International Classification of Diseases.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2623 (December 2015).

Chapter 36. Supervision

§3601. Supervisor/Supervisee Relationship

A. A licensed specialist in school psychology may contract with and work outside of the school system under the clinical supervision of a licensed psychologist or medical psychologist licensed in accordance with R.S. 37:1360.51 et seq.

B. The supervising psychologist shall be administratively, clinically and legally responsible for all professional activities of the licensed specialist in school psychology. This means that the supervisor must be available to the supervisee at the point of decision-making. The supervisor shall also be available for emergency consultation and intervention.

C. The supervising psychologist shall have demonstrated competency and continue maintenance of competency in the specific area of practice in which supervision is being given.

D. The supervising psychologist shall be required to sign any final reports prepared by the licensed specialist in school psychology.

E. The supervising psychologist is responsible for the representation to the public of services, and the supervisor/supervisee relationship.

F. All clients shall be informed of the supervisory relationship, to whatever extent is necessary to ensure the client to understand, the supervisory status and other specific information as to the supervisee's qualifications and functions.

G. The supervising psychologist is responsible for the maintenance of information and files relevant to the client. The client shall be fully informed, to whatever extent is necessary that ensures the client understands that the supervising psychologist is to be the source of access to this information.

H. An ongoing record of supervision shall be created and maintained which adequately documents activities occurring under the supervision of the supervising psychologist.

I. Failure and/or neglect in maintaining the above standards of practice may result in disciplinary action of the licensed specialist in school psychology and/or the licensed psychologist/medical psychologist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2624 (December 2015).

§3602. Qualifications of Supervisors

A. A supervising psychologist must at least be licensed for one full year prior to entering into a supervision relationship with a licensed specialist in school psychology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2624 (December 2015).

§3603. Amount of Supervisory Contact

A. The purpose of this section is to set the minimum standard of one hour per week for general professional supervision.

B. Supervision is to be conducted on a one-on-one, face-to-face basis.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2624 (December 2015).

§3604. Supervision of Graduate Students and Graduates in Specialist Level School Psychology

A. A licensed specialist in school psychology may supervise graduate students and graduates if they have been licensed for a minimum of one year and supervise no more than a total of two individuals at the same time.

B. Graduate students and graduates providing services must be under the direct and continuing professional supervision of a licensed specialist in school psychology.

C. In order to maintain ultimate legal and professional responsibility for the welfare of every client, a licensed specialist in school psychology must be vested with functional authority over the services provided by graduate students or graduates.

D. Supervisors shall have sufficient contact with clients, and must be empowered to contact any client in order to plan effective and appropriate services and to define procedures. They shall be available for emergency consultation and intervention.

E. Work assignments shall be commensurate with the skills of the graduate student or graduates. All work and procedures shall be planned in consultation with the supervisor.

F. In the case of prolonged illness or absence, the supervisor should designate another licensed specialist in school psychology to perform as full supervisor with all of the responsibilities of the original supervisor. All legal and professional liability shall transfer to the temporary supervisor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2624 (December 2015).

Chapter 37. Examinations

§3701. Examinations

A. A Licensed Specialist in School Psychology must have successfully taken and passed the Praxis Series-school psychologist exam as constructed by the National Association of School Psychology. The acceptable passing rate for state licensure is the passing rate established by the National Association of School Psychology.

B. A licensed specialist in school psychology must demonstrate professional knowledge of laws and rules regarding the practice of psychology in Louisiana prior to the issuance of a license by successfully taking and passing a jurisprudence examination developed by and issued by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2624 (December 2015).

Chapter 38. Fees

§3801. Licensing and Administrative Fees

A. Licensing Fees

Licensing Fees:	
Application for Licensure	\$200
Jurisprudence Examination	\$75
Annual License Renewal	\$100
Reinstatement of Lapsed License	\$300
Criminal Background Check	\$50

B. Administrative Fees

Administrative Fees:	
Address List	\$100
Licensure Verification	\$15
Replacement License/Certificate	\$15
Disciplinary Action Documents	\$25

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2625 (December 2015).

Chapter 39. Renewal Requirements for Licensed Specialists in School Psychology

§3901. Renewal Process

A. A licensed specialist in school psychology shall renew their current license every year by July 31, beginning in July 2015. The renewal period shall open in May and will close July 31 annually. The licensed specialist in school psychology must submit the required renewal forms,

renewal fee and proof of fulfillment of all continuing education requirements as approved by the board.

B. A license may be valid for one year beginning August 1 through July 31 for each renewal period.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2625 (December 2015).

§3902. Noncompliance—Renewal Process

A. Noncompliance shall include, in part, incomplete forms, unsigned forms, failure to file all of the required renewal forms by July 31, failure to postmark the renewal package by July 31 and failure to report a sufficient number of acceptable continuing education credits as determined by the board.

B. If the license is not renewed by the end of July, due notice having been given, the license shall be regarded as lapsed effective August 1. An individual shall not practice as licensed specialist in school psychology in Louisiana while the license is lapsed.

C. A lapsed license may be reinstated, at the approval of the board, if all applicable requirements have been met, along with payment of the reinstatement fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2625 (December 2015).

§3903. Extensions/Exemptions—Renewal Process

A. The board may grant requests for renewal extensions or exemptions on a case-by-case basis. All requests must be made in writing, submitted via U.S. mail, to the board office and shall be reviewed at the next regularly scheduled board meeting.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2625 (December 2015).

Chapter 40. Continuing Education Requirements of Licensed Specialist in School Psychology

§4001. General Requirements

A. Pursuant to R.S. 37:2357 each licensed specialist in school psychology is required to complete continuing education hours within biennial reporting periods. Continuing education is an ongoing process consisting of learning activities that increase professional development.

B. Each licensed specialist in school psychology is required to complete 40 hours of credit of continuing education within a biennial reporting period beginning in July 1 and ending June 30.

1. Two of the above 40 hours of credit of continuing education must be in the areas of ethics or law.

2. Within each reporting period, LSSPs must earn credits in at least two of the nine categories listed under §4002.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2625 (December 2015), amended by the Department of Health, LR 49:668 (April 2023), repromulgated LR 49:874 (May 2023).

§4002. Categories and Calculation of Credits Earned

A. Workshops, Conferences, In-Service Training. This category is defined by professional development activities that involve opportunities for direct instruction and interaction. It includes seminars, workshops, real-time webcasts, and distance learning programs with interactive capabilities:

1. one hour of participation—1 credit;
2. required documentation—certificate of attendance.

B. College and University Coursework

1. This category includes all college or university credit, including both onsite and distance learning courses:

- a. one semester hour—15 credits (e.g., 3 credit course = 45 credits);
- b. one quarter hour—10 credits.

2. Required documentation: official college or university transcript.

C. Training and In-service Activities

1. Credit may be claimed once for development and presentation of new workshops or in-service training activities:

- a. one hour of participation—1 credit;
- b. maximum credit—30 credits.

2. Required documentation: program flyer or syllabus. The hours of credit, date of training, and sponsor must be included in the documentation.

D. Research and Publications

1. Research and Contribution to the Professional Knowledge. To claim credit in this category, it is necessary for the participant to reasonably estimate the amount of time spent and claim those actual hours up to the maximum specified:

- a. maximum credit—25 credits total;
- b. empirical research—up to 10 credits per project;
- c. professional publication—up to 5 credits per project.

2. Required documentation: board-approved form.

E. Supervision of Graduate Students

1. Field supervisors of school psychology interns should consider the extent to which this activity leads to professional growth on the part of the supervisor:

- a. supervision of one intern for one academic year—up to 10 credits;
 - b. supervision of one practicum student per semester—up to 5 credits;
 - c. maximum credit—20 CPD credits.
2. Required documentation: board-approved form.

F. Supervised Experience

1. Supervised experiences that occur as part of a planned and sequential program on the job or in settings outside the licensed specialist in school psychology's regular job setting. For credit, the supervised experience should lead to professional growth and new knowledge and skills:

- a. one hour per month—up to 10 credits;
 - b. two hours per month—up to 20 credits;
 - c. maximum credits—20 CPD credits.
2. Required documentation: board-approved form.

G. Program Planning/Evaluation

1. Credit for program planning and evaluation may be claimed when planning, implementing, and evaluating a new program, but not for maintenance and evaluation of an ongoing program:

- a. one hour of participation—1 credit;
 - b. maximum credits—maximum of 25 CPD credits.
2. Required documentation: board approved form.

H. Self-Study

1. Two types of self-study are valid for CPD credit.

a. Formal structured programs are self study programs developed and published to provide training in specific knowledge or skill areas, including, for example, NASP online modules. A test is typically given at the end of the program and often a certificate of completion is issued. This could also include a course taken on the Internet.

b. Informal self-study involves systematically studying a topic of interest by reviewing the literature and becoming familiar with the available resources. Included in this category are the reading of books, journals, and manuals:

- a. one hour of participation in either type—1 credit;
 - b. maximum credits—25 credits.
2. Required documentation: certificate of completion.

I. Professional Organization Leadership

1. A licensed specialist in school psychology may earn credit for holding a position in a local, state, or national professional school psychology organization:

- a. officer, board position, committee chair—5 CPD credits per position;
- b. maximum credit—a maximum of 5 credits are allowed every two years.

2. Required documentation: verification form approved by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2625 (December 2015).

§4003. Acceptable Sponsors, Offerings and Activities

A. The board will recognize the following as fulfilling the continuing education requirements:

1. accredited institutions of higher education;
2. hospitals which have approved regional medical continuing education centers;
3. hospitals which have APA-approved doctoral training internship programs;
4. national, regional, or state professional associations or divisions of such associations, which specifically offer or approve graduate or post doctoral continuing education training;
5. National Association of School Psychologists (NASP) -approved sponsors and activities offered by NASP;
6. activities sponsored by the Board of Examiners of Psychologists; and
7. activities sponsored by the Louisiana Department of Health and Hospitals its subordinate units and approved by the chief psychologist of the sponsoring state office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2626 (December 2015).

§4004. Reporting Requirements

A. Each licensed specialist in school psychology shall, complete the continuing education report provided by the board. By signing the report form the licensee signifies that the report is true and accurate.

B. Licensees shall retain corroborative documentation of their continuing education for six years. The board may, at its discretion, request such documentation. Any misrepresentation of continuing education will be cause for disciplinary action by the board.

C. Licensed specialists in school psychology holding even numbered licenses must submit to the board, in even numbered years, their continuing education report along with renewal form and fee. Licensed specialists in school

psychology holding odd numbered licenses must submit to the board, in odd numbered years, their continuing education report along with renewal form and fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2626 (December 2015).

§4005. Extensions/Exemptions

A. Licensed specialists in school psychology on extended military leave outside of the state of Louisiana during the applicable reporting period and who do not engage in delivering psychological services within the state of Louisiana may be granted an extension or an exemption if the board receives timely notice.

B. Licensed specialists in school psychology who are unable to fulfill the requirement because of illness or other personal hardship may be granted an exemption if timely confirmation of such status is received by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2627 (December 2015).

§4006. Noncompliance

A. Noncompliance shall include, in part, incomplete forms, unsigned forms, failure to file a renewal form, failure to pay the appropriate renewal fee, failure to report a sufficient number of accepted continuing education credits as determined by the board.

B. Failure to fulfill the requirements of continuing education rule shall cause the license to lapse.

C. If the licensee fails to meet continuing education requirements by the appropriate date, the license shall be regarded as lapsed beginning August 1 of the year for which the licensee is seeking renewal.

D. The board shall serve written notice of noncompliance on a licensee determined to be in noncompliance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2627 (December 2015).

§4007. Reinstatement

A. For a period of two years from the date of lapse of the license, the license may be renewed upon proof of fulfilling all continuing education requirements applicable through the date of reinstatement and upon payment of a fee equivalent to the application fee and a renewal fee.

B. After a period of two years from the date of lapse of the license, passing a new jurisprudence examination and payment of a fee equivalent to the application fee and renewal fee may renew the license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2627 (December 2015).

Chapter 41. Contact Information

§4101. Contact Information

A. A licensed specialist in school psychology shall notify the board within 30 calendar days, with documentation, attesting to any change of mailing/home address, and email address. The documentation notice shall include the LSSP's full name, license number, and the old and new information.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2627 (December 2015).

Chapter 42. Ethical Standards for Licensed Specialists in School Psychology

§4201. Ethical Principles and Code of Conduct

A. Licensed Specialists in School Psychology, hereinafter referred to as LSSP, adhere to the Ethical Standards in this Chapter to ensure the respect dignity, and rights of all persons are maintained; to ensure professional competence and responsibility; to ensure honesty and integrity in professional relationships; and to ensure responsibility to schools, families, communities, the profession, and society.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2627 (December 2015), amended by the Department of Health, Board of Examiners of Psychologists, LR 49:657 (April 2023).

§4203. Definitions

A. The following definitions are applicable Chapter 42 and specialists in school psychology only.

Advocacy—LSSPs have a special obligation to speak up for the rights and welfare of students and families, and to provide a voice to clients who cannot or do not wish to speak for themselves. *Advocacy* also occurs when LSSPs use their expertise in psychology and education to promote changes in schools, systems, and laws that will benefit schoolchildren, other students, and families. Nothing in this code of ethics, however, should be construed as requiring LSSPs to engage in insubordination (willful disregard of an employer's lawful instructions) or to file a complaint about school practices with a federal or state regulatory agency as part of their advocacy efforts.

Assent—refers to a minor's affirmative agreement to participate in psychological services or research.

Child—as defined in law, generally refers to a minor, a person younger than the age of majority. Although this term

may be regarded as demeaning when applied to teenagers, it is used in this document when necessary to denote minor status. The term *student* is used when a less precise term is adequate.

Client—the person or persons with whom the LSSP establishes a professional relationship for the purpose of providing school psychological services. The LSSP–client professional relationship is established by an informed agreement with client(s) about the LSSPs ethical and other duties to each party. While not clients per se, classrooms, schools, and school systems also may be recipients of school psychological services and often are parties with an interest in the actions of LSSPs.

Informed Consent—the person giving consent has the legal authority to make a consent decision, a clear understanding of what it is they are consenting to, and that their consent is freely given and may be withdrawn without prejudice. It is recommended that school distributed parent handbooks and websites advise parents that a student may be seen by school health or mental health professionals (e.g., school nurse, counselor, social worker, LSSP) without parent notice or consent to ensure that the student is safe or is not a danger to others. Parents should also be advised that LSSPs routinely assist teachers in planning classroom instruction and monitoring its effectiveness and do not need to notify parents of, or seek consent for, such involvement in student support.

Parent—may be defined in law or policy, and can include the birth or adoptive parent, an individual acting in the place of a natural or adoptive parent (a grandparent or other relative, stepparent, or domestic partner), and/or an individual who is legally responsible for the child’s welfare.

Private Practice—the LSSP may provide *private practice* under the supervision of a licensed psychologist to provide school psychological services. In *private practice*, billing for the services of the LSSP is the responsibility of the licensed psychologist.

School-Based Practice—refers to the provision of school psychological services under the authority of a state, regional, or local educational agency. *School-based practice* occurs if the LSSP is an employee of the schools or contracted by the schools on a per-case or consultative basis.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:657 (April 2023).

§4205. Respecting the Dignity and Rights of All Persons

A. LSSPs engage only in professional practices that maintain the dignity of all with whom they work. In their words and actions, LSSPs demonstrate respect for the autonomy of persons and their right to self-determination, respect for privacy, and a commitment to just and fair treatment of all persons.

1. Autonomy and Self-Determination (Consent and Assent). SSPs respect the right of persons to participate in decisions affecting their own welfare.

a. LSSPs encourage and promote parental participation in school decisions affecting their children (see 4207.A.3. Responsible Assessment and Intervention Practices). However, where LSSPs are members of the school’s educational support staff, not all of their services require informed parent consent. It is ethically permissible to provide school-based consultation services regarding a child or adolescent to a student assistance team or teacher without informed parent consent as long as the resulting interventions are under the authority of the teacher and within the scope of typical classroom interventions. Parent consent is not ethically required for a school based LSSP to review a student’s educational records, conduct classroom observations, assist in within-classroom interventions and progress monitoring, or to participate in educational screenings conducted as part of a regular program of instruction. Parent consent is required if the consultation about a particular child or adolescent is likely to be extensive and ongoing and/or if school actions may result in a significant intrusion on student or family privacy beyond what might be expected in the course of ordinary school activities. Parents must be notified prior to the administration of school- or classroom-wide screenings for mental health problems and given the opportunity to remove their child or adolescent from participation in such screenings.

b. Except for urgent situations or self-referrals by a minor student, LSSPs seek parent consent (or the consent of an adult student) prior to establishing a professional relationship for the purpose of psychological diagnosis, assessment of eligibility for special education or disability accommodations, or to provide ongoing individual or group counseling or other non-classroom therapeutic intervention. It is recommended that school distributed parent handbooks and websites advise parents that a minor student may be seen by school health or mental health professionals (e.g., school nurse, counselor, social worker, LSSP) without parent notice or consent to ensure that the student is safe or is not a danger to others. Parents should also be advised that LSSPs routinely assist teachers in planning classroom instruction and monitoring its effectiveness and do not need to notify parents of, or seek consent for, such involvement in student support.

i. It is ethically permissible to provide psychological assistance without parent notice or consent in emergency situations or if there is reason to believe a student may pose a danger to others; is at risk for self-harm; or is in danger of injury, exploitation, or maltreatment.

ii. When a student who is a minor self-refers for assistance, it is ethically permissible to provide psychological assistance without parent notice or consent for one or several meetings to establish the nature and degree of the need for services and assure the child is safe and not in danger. It is ethically permissible to provide services to mature minors without parent consent where allowed by

state law and school policy. However, if the student is not old enough to receive school psychological assistance independent of parent consent, the LSSP obtains parent consent to provide continuing assistance to the student beyond the preliminary meetings or refers the student to alternative sources of assistance that do not require parent notice or consent.

iii. LSSPs ensure that an individual providing consent for school psychological services is fully informed about the nature and scope of services offered, assessment/intervention goals and procedures, any foreseeable risks, the cost of services to the parent or student (if any), and the benefits that reasonably can be expected. The explanation includes discussion of the limits of confidentiality, who will receive information about assessment or intervention outcomes, and the possible consequences of the assessment/intervention services being offered. Available alternative services are identified, if appropriate. This explanation takes into account language and cultural differences, cognitive capabilities, developmental level, age, and other relevant factors so that it may be understood by the individual providing consent. LSSPs appropriately document written or oral consent. Any service provision by interns, practicum students, or other trainees is explained and agreed to in advance, and the identity and responsibilities of the supervising LSSP are explained prior to the provision of services.

c. LSSPs encourage a student's voluntary participation in decision-making about school psychological services as much as feasible. Ordinarily, LSSPs seek the student's assent to services; however, it is ethically permissible to bypass minor student assent to services if the service is considered to be of direct benefit to the student and/or is required by law. It is recommended that school distributed parent handbooks and websites advise parents that a student may be seen by school health or mental health professionals (e.g., school nurse, counselor, social worker, LSSP) without parent notice or consent to ensure that the student is safe or is not a danger to others. Parents should also be advised that LSSPs routinely assist teachers in planning classroom instruction and monitoring its effectiveness and do not need to notify parents of, or seek consent for, such involvement in student support.

i. If a student's assent for services is not solicited, LSSPs nevertheless honor the student's right to be informed about the services provided.

ii. When a student is given a choice regarding whether to accept or refuse services, the LSSP ensures the student understands what is being offered, honors the student's stated choice, and guards against overwhelming the student with choices the student does not wish or is not able to make.

d. LSSPs respect the wishes of parents who object to school psychological services and attempt to guide parents to alternative resources.

2. Privacy and Confidentiality. LSSPs respect the right of persons to choose for themselves whether to disclose their private thoughts, feelings, beliefs, and behaviors.

a. LSSPs respect the right of persons to self-determine whether to disclose private information.

b. LSSPs minimize intrusions on privacy. They do not seek or store private information about clients that is not needed in the provision of services. LSSPs recognize that client-LSSP communications are privileged in most jurisdictions and do not disclose information that would put the student or family at legal, social, or other risk if shared with third parties, except as permitted by the mental health provider-client privilege laws in their state.

c. LSSPs inform students and other clients of the boundaries of confidentiality at the outset of establishing a professional relationship. They seek a shared understanding with clients regarding the types of information that will and will not be shared with third parties. However, if a child or adolescent is in immediate need of assistance, it is permissible to delay the discussion of confidentiality until the immediate crisis is resolved. LSSPs recognize that it may be necessary to discuss confidentiality at multiple points in a professional relationship to ensure client understanding and agreement regarding how sensitive disclosures will be handled.

d. LSSPs respect the confidentiality of information obtained during their professional work. Information is not revealed to third parties without the agreement of a minor child's parent or legal guardian (or an adult student), except in those situations in which failure to release information would result in danger to the student or others, or where otherwise required by law. Whenever feasible, student assent is obtained prior to disclosure of their confidences to third parties, including disclosures to the student's parents.

e. LSSPs discuss and/or release confidential information only for professional purposes and only with persons who have a legitimate need to know. They do so within the strict boundaries of relevant privacy statutes.

f. LSSPs respect the right of privacy of students, parents, and colleagues with regard to sexual orientation, gender identity, or transgender status. They do not share information about the sexual orientation, gender identity, or transgender status of a student (including minors), parent, or school employee with anyone without that individual's permission.

g. LSSPs respect the right of privacy of students, their parents and other family members, and colleagues with regard to sensitive health information (e.g., presence of a communicable disease). They do not share sensitive health information about a student, parent, or school employee with others without that individual's permission (or the permission of a parent or guardian in the case of a minor). LSSPs consult their state laws and department of public health for guidance if they believe a client poses a health risk to others.

3. Fairness and Justice. In their words and actions, LSSPs promote fairness and justice. They use their expertise to cultivate school climates that are safe and welcoming to all persons regardless of actual or perceived characteristics, including race, ethnicity, color, religion, ancestry, national origin, immigration status, socioeconomic status, primary language, gender, sexual orientation, gender identity, gender expression, disability, or any other distinguishing characteristics.

a. LSSPs do not engage in or condone actions or policies that discriminate against persons, including students and their families, other recipients of service, supervisees, and colleagues based on actual or perceived characteristics including race; ethnicity; color; religion; ancestry; national origin; immigration status; socioeconomic status; primary language; gender; sexual orientation, gender identity, or gender expression; mental, physical, or sensory disability; or any other distinguishing characteristics.

b. LSSPs pursue awareness and knowledge of how diversity factors may influence child development, behavior, and school learning. In conducting psychological, educational, or behavioral evaluations or in providing interventions, therapy, counseling, or consultation services, the LSSP takes into account individual characteristics, including race, ethnicity, color, religion, ancestry, national origin, immigration status, socioeconomic status, primary language, gender, sexual orientation, gender identity, gender expression, disability, or any other distinguishing characteristics so as to provide effective services.

c. LSSPs work to correct school practices that are unjustly discriminatory or that deny students, parents, or others their legal rights. They take steps to foster a school climate that is safe, accepting, and respectful of all persons.

d. LSSPs strive to ensure that all children have equal opportunity to participate in and benefit from school programs and that all students and families have access to and can benefit from school psychological services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:658 (April 2023).

§4207. Professional Competence and Responsibility

A. Beneficence, or responsible caring, means that the LSSP acts to benefit others. To do this, LSSPs must practice within the boundaries of their competence, use scientific knowledge from psychology and education to help clients and others make informed choices, and accept responsibility for their work.

1. To benefit clients, LSSPs engage only in practices for which they are qualified and competent.

a. LSSPs recognize the strengths and limitations of their training and experience, engaging only in practices for which they are qualified. They enlist the assistance of other professionals in supervisory, consultative, or referral roles as appropriate in providing effective services.

b. Practitioners are obligated to pursue knowledge and understanding of the diverse cultural, linguistic, and experiential backgrounds of students, families, and other clients. When knowledge and understanding of diversity characteristics are essential to ensure competent assessment, intervention, or consultation, LSSPs have or obtain the training or supervision necessary to provide effective services, or they make appropriate referrals.

c. LSSPs refrain from any activity in which their personal problems may interfere with professional effectiveness. They seek assistance when personal problems threaten to compromise their professional effectiveness (also see §4209.A.4. Multiple Relationships and Conflicts of Interest).

d. LSSPs engage in continuing professional development. They remain current regarding developments in research, training, and professional practices that benefit children, families, and schools. They also understand that professional skill development beyond that of the novice practitioner requires well-planned continuing professional development and professional supervision.

2. Accepting Responsibility for Actions. LSSPs accept responsibility for their professional work, monitor the effectiveness of their services, and work to correct ineffective recommendations.

a. LSSPs review all of their written documents for accuracy, signing them only when correct. They may add an addendum, dated and signed, to a previously submitted report if information is found to be inaccurate or incomplete.

b. LSSPs actively monitor the impact of their recommendations and intervention plans. They revise a recommendation, or modify or terminate an intervention plan, when data indicate the desired outcomes are not being attained. LSSPs seek the assistance of others in supervisory, consultative, or referral roles when progress monitoring indicates that their recommendations and interventions are not effective in assisting a client.

c. LSSPs accept responsibility for the appropriateness of their professional practices, decisions, and recommendations. They correct misunderstandings resulting from their recommendations, advice, or information and take affirmative steps to offset any harmful consequences of ineffective or inappropriate recommendations.

d. When supervising graduate students' field experiences or internships, LSSPs are responsible for the work of their supervisees.

3. Responsible Assessment and Intervention Practices. LSSPs maintain the highest standard for responsible professional practices in educational and psychological assessment and direct and indirect interventions.

a. Prior to the consideration of a disability label or category, the effects of current behavior management and/or instructional practices on the student's school performance are considered.

PROFESSIONAL AND OCCUPATIONAL STANDARDS

b. LSSPs use assessment techniques and practices that the profession considers to be responsible, research-based practice.

i. LSSPs use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

ii. LSSPs use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

iii. When using standardized measures, LSSPs adhere to the procedures for administration of the instrument that is provided by the author or publisher of the instrument. If modifications are made in the administration procedures for standardized tests or other instruments, such modifications are identified and discussed in the interpretation of the results.

iv. If using norm-referenced measures, LSSPs choose instruments with up-to-date normative data.

v. When using computer-administered assessments, computer-assisted scoring, and/or interpretation programs, LSSPs choose programs that meet professional standards for accuracy and validity. LSSPs use professional judgment in evaluating the accuracy of computer-assisted assessment findings for the examinee.

c. A psychological or psychoeducational assessment is based on a variety of different types of information from different sources.

d. Consistent with education law and sound professional practice, children with suspected disabilities are assessed in all areas related to the suspected disability.

e. LSSPs conduct valid and fair assessments. They actively pursue knowledge of the student's disabilities and developmental, cultural, linguistic, and experiential background and then select, administer, and interpret assessment instruments and procedures in light of those characteristics (see also §4205.A.3.a and §4205.A.3.b).

f. When interpreters are used to facilitate the provision of assessment and intervention services, LSSPs take steps to ensure that the interpreters are appropriately trained and are acceptable to clients.

g. It is permissible for LSSPs to make recommendations based solely on a review of existing records. However, they should utilize a representative sample of records and explain the basis for, and the limitations of, their recommendations.

h. LSSPs adequately interpret findings and present results in clear, understandable terms so that the recipient can make informed choices.

i. LSSPs use intervention, counseling and therapy procedures, consultation techniques, and other direct and

indirect service methods that the profession considers to be responsible, research-based practice:

i. LSSPs use a problem-solving process to develop interventions appropriate to the presenting problems and that are consistent with data collected.

ii. Preference is given to interventions described in the peer-reviewed professional research literature and LSSPs encourage and promote parental participation in designing interventions for their children. When appropriate, this includes linking interventions between the school and the home, tailoring parental involvement to the skills of the family, and helping parents gain the skills needed to help their children.

j. LSSPs discuss with parents the recommendations and plans for assisting their children.

i. This discussion takes into account the ethnic/cultural values of the family and includes alternatives that may be available. Subsequent recommendations for program changes or additional services are discussed with parents, including any alternatives that may be available.

ii. Parents are informed of sources of support available at school and in the community.

k. LSSPs discuss with students the recommendations and plans for assisting them. To the maximum extent appropriate, students are invited to participate in selecting and planning interventions.

4. Responsible School-Based Record Keeping. LSSPs safeguard the privacy of school psychological records and ensure parent access to the records of their own children.

a. LSSPs ensure that parents and adult students are informed of their rights regarding creation, modification, storage, and disposal of psychological and educational records that result from the provision of services. Parents and adult students are notified of the electronic storage and transmission of personally identifiable school psychological records and the associated risks to privacy.

b. LSSPs ensure that documentation of their work is maintained with sufficient detail to be useful in decision making by another professional and with sufficient detail to withstand scrutiny if challenged in a due process or other legal procedure.

c. LSSPs include only documented and relevant information from reliable sources in school psychological records.

d. LSSPs ensure that parents have appropriate access to the psychological and educational records of their child.

i. Parents have a right to access any and all information that is used to make educational decisions about their child.

ii. LSSPs respect the right of parents to inspect, but not necessarily to copy, their child's answers to school

psychological test questions, even if those answers are recorded on a test protocol (also see §4207.A.5.a).

e. LSSPs take steps to ensure that information in school psychological records is not released to persons or agencies outside of the school without the consent of the parent except as required and permitted by law.

f. To the extent that school psychological records are under their control, LSSPs ensure that only those school personnel who have a legitimate educational interest in a student are given access to the student's school psychological records without prior parent permission or the permission of an adult student.

g. To the extent that school psychological records are under their control, LSSPs protect electronic files from unauthorized release or modification (e.g., by using passwords and encryption), and they take reasonable steps to ensure that school psychological records are not lost due to equipment failure.

h. It is ethically permissible for LSSPs to keep private notes to use as a memory aid that are not made accessible to others. However, as noted in §4207.A.4.d, any and all information that is used to make educational decisions about a student must be accessible to parents and adult students.

i. LSSPs, in collaboration with administrators and other school staff, work to establish policies regarding the storage and disposal of school psychological records that are consistent with law and sound professional practice. They advocate for school policies and practices that:

i. safeguard the security of school psychological records while facilitating appropriate parent access to those records;

ii. identify timelines for the periodic review and disposal of outdated school psychological records that are consistent with law and sound professional practice;

iii. seek parent or other appropriate permission prior to the destruction of obsolete school psychological records of current students;

iv. ensure that obsolete school psychology records are destroyed in a way that the information cannot be recovered.

5. **Responsible Use of Materials.** LSSPs respect the intellectual property rights of those who produce tests, intervention materials, scholarly works, and other materials.

a. LSSPs maintain test security, preventing the release of underlying principles and specific content that would undermine or invalidate the use of the instrument. Unless otherwise required by law or policy, LSSPs provide parents with the opportunity to inspect and review their child's test answers rather than providing them with copies of their child's test protocols.

b. LSSPs do not promote or condone the use of restricted psychological and educational tests or other

assessment tools or procedures by individuals who are not qualified to use them.

c. LSSPs recognize the effort and expense involved in the development and publication of psychological and educational tests, intervention materials, and scholarly works. They respect the intellectual property rights and copyright interests of the producers of such materials, whether the materials are published in print or digital formats. They do not duplicate copyright-protected test manuals, testing materials, or unused test protocols without the permission of the producer. However, LSSPs understand that, at times, parents' rights to examine their child's test answers may supersede the interests of test publishers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:660 (April 2023).

§4209. Honesty and Integrity in Professional Relationships

A. To foster and maintain trust, LSSPs must be committed to the truth and adhere to their professional agreements. They are forthright about their qualifications, competencies, and roles; work in full cooperation with other professional disciplines to meet the needs of students and families; and avoid multiple relationships that diminish their professional effectiveness.

1. **Accurate Presentation of Professional Qualifications.** LSSPs accurately identify their professional qualifications to others.

a. Competency levels, education, training, experience, and certification and licensing credentials are accurately represented to clients, recipients of services, and others. LSSPs correct any misperceptions of their qualifications. LSSPs do not represent themselves as specialists in a particular domain without verifiable training and supervised experience in the specialty.

b. LSSPs do not use affiliations with persons, associations, or institutions to imply a level of professional competence that exceeds that which has actually been achieved.

2. **Forthright Explanation of Professional Services, Roles, and Priorities.** LSSPs are candid about the nature and scope of their services.

a. LSSPs explain their professional competencies, roles, assignments, and working relationships to recipients of services and others in their work setting in a forthright and understandable manner. School psychologists explain all professional services to clients in a clear, understandable manner (see §4205.A.1.b).

b. LSSPs make reasonable efforts to become integral members of the client service systems to which they are assigned. They establish clear roles for themselves within those systems while respecting the various roles of colleagues in other professions.

PROFESSIONAL AND OCCUPATIONAL STANDARDS

c. LSSPs communicate to school administration and staff their commitment to protecting the rights and welfare of clients is communicated to the school administration, staff, and others as the highest priority in determining services.

d. LSSPs who provide services to several different groups (e.g., families, teachers, classrooms) may encounter situations in which loyalties are conflicted. As much as possible, LSSPs make known their priorities and commitments in advance to all parties to prevent misunderstandings.

e. LSSPs ensure that announcements and advertisements of the availability of their publications, products, and services for sale are factual and professional. They do not misrepresent their degree of responsibility for the development and distribution of publications, products, and services.

3. Respecting Other Professionals. To best meet the needs of children, LSSPs cooperate with other professionals in relationships based on mutual respect.

a. To meet the needs of children and other clients most effectively, LSSPs cooperate with other psychologists and professionals from other disciplines in relationships based on mutual respect. They encourage and support the use of all resources to serve the interests of students. If a child or other client is receiving similar services from another professional, LSSPs promote coordination of services.

b. If a child or other client is referred to another professional for services, LSSPs ensure that all relevant and appropriate individuals, including the client, are notified of the change and reasons for the change. When referring clients to other professionals, LSSPs provide clients with lists of suitable practitioners from whom the client may seek services.

c. Except when supervising graduate students, LSSPs do not alter reports completed by another professional without their permission to do so.

4. Multiple Relationships and Conflicts of Interest. LSSPs avoid multiple relationships and conflicts of interest that diminish their professional effectiveness.

a. This Chapter provides standards for professional conduct. LSSPs, in their private lives, are free to pursue their personal interests, except to the degree that those interests compromise professional effectiveness.

b. LSSPs refrain from any activity in which conflicts of interest or multiple relationships with a client or a client's family may interfere with professional effectiveness. LSSPs attempt to resolve such situations in a manner that provides greatest benefit to the client. LSSPs whose personal or religious beliefs or commitments may influence the nature of their professional services or their willingness to provide certain services inform clients and responsible parties of this fact. When personal beliefs, conflicts of interests, or multiple relationships threaten to

diminish professional effectiveness or would be viewed by the public as inappropriate, LSSPs ask their supervisor for reassignment of responsibilities, or they direct the client to alternative services.

c. LSSPs do not exploit clients, supervisees, or graduate students through professional relationships or condone these actions by their colleagues. They do not participate in or condone sexual harassment of children, parents, other clients, colleagues, employees, trainees, supervisees, or research participants. LSSPs do not engage in sexual relationships with individuals over whom they have evaluation authority, including college students in their classes or program, or any other trainees, or supervisees. LSSPs do not engage in sexual relationships with their current or former pupil-clients; the parents, siblings, or other close family members of current pupil-clients; or current consultees.

d. LSSPs are cautious about business and other relationships with clients that could interfere with professional judgment and effectiveness or potentially result in exploitation of a client.

e. The LSSPs financial interests in a product (e.g., tests, computer software, professional materials) or service can influence their objectivity or the perception of their objectivity regarding that product or service. For this reason, LSSPs are obligated to disclose any significant financial interest in the products or services they discuss in their presentations or writings if that interest is not obvious in the authorship/ownership citations provided.

f. LSSPs neither give nor receive any remuneration for referring children and other clients for professional services.

g. LSSPs do not accept any remuneration in exchange for data from their client database without the permission of their employer and a determination of whether the data release ethically requires informed client consent.

h. LSSPs who provide school-based services and also engage in the provision of private practice services (dual setting practitioners) recognize the potential for conflicts of interests between their two roles and take steps to avoid such conflicts. Dual setting practitioners:

i. are obligated to inform parents or other potential clients of any psychological and educational services available at no cost from the schools prior to offering such services for remuneration;

ii. may not offer or provide private practice services to a student of a school or special school program where the practitioner is currently assigned;

iii. may not offer or provide private practice services to the parents or family members of a student eligible to attend a school or special school program where the practitioner is currently assigned;

iv. may not offer or provide an independent evaluation as defined in special education law for a student

who attends a local or cooperative school where the practitioner is employed;

v. do not use tests, materials, equipment, facilities, secretarial assistance, or other services belonging to the public sector employer unless approved in advance by the employer;

vi. conduct all private practice outside of the hours of contracted public employment;

vii. hold appropriate credentials for practice in both the public and private sectors.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:662 (April 2023).

§4211. Responsibility to Schools, Families, Communities, the Profession, and Society

A. LSSPs promote healthy school, family, and community environments. They assume a proactive role in identifying social injustices that affect children and schools and strive to reform systems-level patterns of injustice. They maintain the public trust in LSSPs by respecting law and encouraging ethical conduct. LSSPs advance professional excellence by mentoring less experienced practitioners and contributing to the school psychology knowledge base.

1. Promoting Healthy School, Family, and Community Environments. LSSPs use their expertise in psychology and education to promote school, family, and community environments that are safe and healthy for children.

a. To provide effective services and systems consultation, LSSPs are knowledgeable about the organization, philosophy, goals, objectives, culture, and methodologies of the settings in which they provide services. In addition, LSSPs develop partnerships and networks with community service providers and agencies to provide seamless services to children and families.

b. LSSPs use their professional expertise to promote changes in schools and community service systems that will benefit children and other clients. They advocate for school policies and practices that are in the best interests of children and that respect and protect the legal rights of students and parents.

2. Respect for Law and the Relationship of Law and Ethics. LSSPs are knowledgeable of and respect laws pertinent to the practice of school psychology. In choosing an appropriate course of action, they consider the relationship between law and their professional ethics herein.

a. LSSPs recognize that an understanding of the goals, procedures, and legal requirements of their particular workplace is essential for effective functioning within that setting.

b. LSSPs respect the law and the civil and legal rights of students and other clients. The Ethical Standards for LSSPs promulgated under this Chapter may require a more stringent standard of conduct than law, and in those situations LSSPs are expected to adhere to this Chapter.

c. When conflicts between ethics and law occur, LSSPs take steps to resolve the conflict through positive, respected, and legal channels. If not able to resolve the conflict in this manner, they may abide by the law, as long as the resulting actions do not violate basic human rights.

d. LSSPs may act as individual citizens to bring about change in a lawful manner. They identify when they are speaking as private citizens rather than as employees. They also identify when they speak as individual professionals rather than as representatives of a professional association.

e. Maintaining Public Trust by Self-Monitoring and Peer Monitoring. LSSPs accept responsibility to monitor their own conduct and the conduct of other LSSPs to ensure it conforms to ethical standards.

f. LSSPs know the Ethical Standards for LSSPs and thoughtfully apply them to situations within their employment context. In difficult situations, LSSPs consult experienced licensed psychologists, LSSPs or the Licensed Specialist in School Psychology Advisory Committee to the Louisiana State Board of Examiners of Psychologists.

g. When an LSSP suspects that another LSSP or another professional has engaged in unethical practices, the LSSP attempts to resolve the suspected problem through a collegial problem-solving process, if feasible.

h. If a collegial problem-solving process is not possible or productive, LSSPs take further action appropriate to the situation, including discussing the situation with a supervisor in the employment setting, consulting state association ethics committees, and, if necessary, filing a formal ethical violation complaint with the Louisiana State Board of Examiners of Psychologists and/or other appropriate regulatory agency in accordance with their procedures.

3. Contributing to the Profession by Mentoring, Teaching, and Supervision. As part of their obligation to students, schools, society, and their profession, LSSPs mentor less experienced practitioners and graduate students to assure high quality services, and they serve as role models for sound ethical and professional practices and decision making.

a. LSSPs who serve as directors of graduate education programs provide current and prospective graduate students with accurate information regarding program accreditation, goals and objectives, graduate program policies and requirements, and likely outcomes and benefits.

b. LSSPs who supervise practicum students and interns are responsible for all professional practices of the supervisees. They ensure that practicum students and interns

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are adequately supervised as outlined in the NASP Graduate Preparation Standards for School Psychologists. Interns and graduate students are identified as such, and their work is cosigned by the supervising LSSP.

c. LSSPs who employ, supervise, or train professionals provide appropriate working conditions, fair and timely evaluation, constructive supervision, and continuing professional development opportunities.

d. LSSPs who are faculty members at universities or who supervise graduate education field experiences apply these ethical principles in all work with school psychology graduate students. In addition, they promote the ethical practice of graduate students by providing specific and comprehensive instruction, feedback, and mentoring.

4. Contributing to the School Psychology Knowledge Base. To improve services to children, families, and schools, and to promote the welfare of children, LSSPs are encouraged to contribute to the school psychology knowledge base by participating in, assisting in, or conducting and disseminating research.

a. When designing and conducting research in schools, LSSPs choose topics and employ research methodology, research participant selection procedures, data-gathering methods, and analysis and reporting techniques that are grounded in sound research practice. LSSPs identify their level of training and graduate degree to potential research participants.

b. LSSPs respect the rights, and protect the well-being, of research participants. LSSPs obtain appropriate review and approval of proposed research prior to beginning their data collection.

i. Prior to initiating research, LSSPs and graduate students affiliated with a university, hospital, or other agency subject to the U.S. Department of Health and Human Services (DHHS) regulation of research first obtain approval for their research from their Institutional Review Board for Research Involving Human Subjects (IRB) as well as the school or other agency in which the research will be conducted. Research proposals that have not been subject to IRB approval should be reviewed by individuals knowledgeable about research methodology and ethics and approved by the school administration or other appropriate authority.

ii. In planning research, LSSPs are ethically obligated to consider carefully whether the informed consent of research participants is needed for their study, recognizing that research involving more than minimum risk requires informed consent, and that research with students involving activities that are not part of ordinary, typical schooling requires informed consent. Consent and assent protocols provide the information necessary for potential research participants to make an informed and voluntary choice about participation. LSSPs evaluate the potential risks (including risks of physical or psychological harm, intrusions on privacy, breach of confidentiality) and benefits of their

research and only conduct studies in which the risks to participants are minimized and acceptable.

c. LSSPs who use their assessment, intervention, or consultation cases in lectures, presentations, or publications obtain written prior client consent or they remove or disguise identifying client information.

d. LSSPs do not publish or present fabricated or falsified data or results in their publications and presentations.

e. LSSPs make available their data or other information that provided the basis for findings and conclusions reported in publications and presentations, if such data are needed to address a legitimate concern or need and under the condition that the confidentiality and other rights of research participants are protected.

f. If errors are discovered after the publication or presentation of research or other information, LSSPs make efforts to correct errors by publishing errata, retractions, or corrections.

g. LSSPs only publish data or other information that make original contributions to the professional literature. They do not report the same study in a second publication without acknowledging previous publication of the same data. They do not duplicate significant portions of their own or others' previous publications without permission of copyright holders.

h. When publishing or presenting research or other work, LSSPs do not plagiarize the works or ideas of others. They appropriately cite and reference all sources, print or digital, and assign credit to those whose ideas are reflected. In in-service or conference presentations, LSSPs give credit to others whose ideas have been used or adapted.

i. LSSPs accurately reflect the contributions of authors and other individuals who contributed to presentations and publications. Authorship credit is given only to individuals who have made a substantial professional contribution to the research, publication, or presentation. Authors discuss and resolve issues related to publication credit as early as feasible in the research and publication process.

j. LSSPs who participate in reviews of manuscripts, proposals, and other materials respect the confidentiality and proprietary rights of the authors. They limit their use of the materials to the activities relevant to the purposes of the professional review. LSSPs who review professional materials do not communicate the identity of the author, quote from the materials, or duplicate or circulate copies of the materials without the author's permission.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Examiners of Psychologists, LR 49:663 (April 2023).

Chapter 43. Public Information

§4301. Public Display of License

A. The license of the specialist shall be publicly displayed in the office where services are offered. The LSSP shall provide a copy of the license in any setting in which they work.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 41:2627 (December 2015).