

California Board of Psychology
Research Psychoanalyst Initial Registration - Business and Professions Code 2950
Fiscal Impact - (Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	OT*	AGPA**
Initial Application received, processed & distributed	1	15	15	-
Initial review of Application - identify eligibility & deficiencies	1	20	-	20
Respond to inquiries, monitor notification	1	10	-	10
Contact candidate - request documentation	1	15	-	15
Receive, process & analyze documentation	1	15	-	15
Final verification	1	20	-	20
Approve Registration	1	10	-	10
Minutes per Classification			15	90
Hours by Classification			0.25	1.50
Costs by Classification			\$18	\$144
Total Costs:			\$162	

*Office Technician Salary Hourly Rate @ \$73

** Associate Governmental Program Analyst Hourly Rate @ \$96

Q1 If there are additional categories you feel should be added, please indicate your suggestions below.

Answered: 163 Skipped: 0

#	RESPONSES	DATE
1	There's nothing on direct patient treatment. I know it's hard to evaluate across different theoretical approaches, but it still seems important.	8/8/2024 9:07 PM
2	Involvement on Ethics Committees in County Psychology Associations	8/8/2024 4:42 PM
3	Group practice management	8/8/2024 11:07 AM
4	neuropsychological evaluations	8/7/2024 5:28 PM
5	Reducing the requirement of 80 hours to 40 or 60 hours. With an 80 hour case/work load, I usually work more up to 100 hours per week. At that point adding an extra work load as an expert reviewer would reduce my capacity to provide a full expert review.	8/7/2024 4:27 PM
6	Multicultural psychology	8/6/2024 9:25 PM
7	Experience in practice setting; for example: outpatient clinic, psychiatric hospital, medical setting, or IOP	8/6/2024 2:41 PM
8	I would include program development consulting as well.	8/6/2024 12:01 PM
9	Expertise in the area of diversity and inclusion, humility	8/6/2024 12:01 PM
10	Continuing education hours	8/6/2024 10:41 AM
11	730 Evaluation certified.	8/6/2024 9:24 AM
12	N/A	8/5/2024 12:15 PM
13	Demonstrated specialty in multicultural and diverse population approach(es)	8/5/2024 11:40 AM
14	Cultural Sensitivity; Sociocultural Diversity	8/5/2024 10:32 AM
15	Years of clinical practice	8/5/2024 6:24 AM
16	Ethics and law expertise and teaching experience.	8/4/2024 1:08 PM
17	Cultural sensitivity and diversity inclusion	8/4/2024 6:53 AM
18	--	8/3/2024 9:12 PM
19	Neuropsychological assessment (not just assessment of intellectual or developmental disabilities)	8/3/2024 6:08 PM
20	Intervention and Operational Based Experience(s) may be 2 areas to consider. The rationale would be depicted behavioral health themes within both domains of service for a more well-rounded Board of Psychology Expert Reviewer candidate.	8/3/2024 9:59 AM
21	Addiction treatment	8/2/2024 8:32 PM
22	A category to review the board and its activities	8/2/2024 11:36 AM
23	Since you are evaluating a clinician's performance, it should only be psychologists with clinical experience. You are going in the wrong direction.	8/2/2024 9:25 AM
24	Addiction expertise	8/2/2024 8:29 AM
25	Telepsychology	8/2/2024 6:38 AM
26	Individual or group direct clinical treatment or activity	8/1/2024 7:02 PM
27	The time to responses on phone, email, license inquiries is critical to address. I have been	8/1/2024 6:21 PM

Board of Psychology Expert Reviewer Criteria 2024

waiting more than four months. The information on the website does not make sense to me. The verification website says I am renewed and inactive. I would like clarification.

28	Reducing the number of hours required per month. Working less does not mean you are less qualified; plus, professionals who are more flexible with their schedule and/or working less consistently may have more time to commit to this role.	8/1/2024 6:08 PM
29	Sports psychology Meditation based psychology	8/1/2024 5:04 PM
30	Teaching continuing education courses or participating in webinars, authoring articles, or doing community education on topics related to the field of psychology. Providing pro-bono services as a facilitator for community based support groups (for example, I spend about 8 hours per month providing pro-bono time facilitating support groups for those in the OCD community)	8/1/2024 4:04 PM
31	Nonprofit Mental Health Consulting	8/1/2024 3:46 PM
32	I strongly believe that there should be neuropsychologist on the evaluation committee to ensure fair evaluation based on the current standards of practice for this subfield of psychology. Someone who is board certified would be best.	8/1/2024 2:14 PM
33	I think the inclusion of forensic specific work is important	8/1/2024 2:13 PM
34	Workers' Compensation might also be good to have if the the applying psychologist does not need to have all listed criteria. The comp system has a lot of odd laws and regulations that one would need to be familiar with.	8/1/2024 1:48 PM
35	Participation on a Not For Profit Board (501-3(c)) related to mental health	8/1/2024 1:40 PM
36	high conflict divorce/ dynamics experience rural communities	8/1/2024 1:29 PM
37	Advocacy	8/1/2024 1:01 PM
38	There are now on-line/digital types of authorship and content creation that demonstrate contributions to the field of psychology beyond that of writing books and journal articles. For instance: creation of and hosting of a Podcast, YouTube channel or being interviewed as an expert on such platforms.	8/1/2024 10:53 AM
39	It seems therapeutic intervention (direct client services) has been excluded. It should be criteria. why was it excluded?	8/1/2024 9:24 AM
40	CE's or licensure renewal hours that exceed minimum standards. For instance my hours are often double what is required. I would think this would help qualify someone. Or even a CE course dedicated to this role?	8/1/2024 8:54 AM
41	Experience addressing issues of diversity, inclusion and cultural competence in the application of psychological principles.	8/1/2024 8:43 AM
42	Supervision to include practicum trainees in a psychology doctorate program; predoctoral interns in a psychology doctorate program, and postdoctoral interns/psychology associates.	8/1/2024 8:37 AM
43	If we take cultural humility (vs the outdated idea of cultural competence) seriously, we must also take seriously the idea that without relevant lived experience, there will be critical gaps in knowledge even for "experts" - so relevant lived experience should be added to this list	8/1/2024 8:22 AM
44	Dissertation process programs; Ethics compliance	8/1/2024 8:08 AM
45	Neuropsychological evaluations, Testimony/Deposition	8/1/2024 8:00 AM
46	None to add	8/1/2024 7:33 AM
47	Multiple of these should not be considered professional practice making a professional eligible as an expert reviewer as they are academic in nature. It makes very little sense to have an academic professional who potentially has no professional practice expertise serving as an expert reviewer for professional practice disciplinary evaluations	8/1/2024 6:59 AM
48	Education, training, experiences, and continuing education (CE) in DEIAJ ... Diversity, Equity, Inclusion, Accessibility, and Social Justice! The importance of this component can't be overemphasized! Individuals are best understood with the context of myriad factors that continue to shape how they think, feel, and behave. CONTEXT is EVERYTHING!	8/1/2024 6:23 AM
49	Independent study of clinical or ethical practice	7/31/2024 11:48 PM

Board of Psychology Expert Reviewer Criteria 2024

50	I don't think anyone not in direct practice in the last 5 years should be an expert reviewer. There is way too much that occurs in practice to not have that experience.	7/31/2024 10:47 PM
51	Clinical Research and Empirical Research	7/31/2024 10:44 PM
52	Adept in Depth Psychology, therapeutic dream-work and the role of archetypal patterning and aesthetics in the individuation process.	7/31/2024 10:13 PM
53	Area expertise	7/31/2024 9:50 PM
54	Expertise in child and geriatric assessment, as well as psychopharmacology.	7/31/2024 9:44 PM
55	I do not agree that: 1. authorship of Professional Articles, Journals or Books; 2. Industrial/Organization Consulting; 3. Program Development & Evaluation; 4. Program Management & Analysis; 5. Participation on a Board or Committee of a Professional Organization; or 6. Teaching continuing education courses in Psychology without an on-going clinical practice should be conditions for considering a person as as an Expert Reviewer of other practitioners' work. I think only professional who practice in the field, as perhaps as serving other professional functions should be in a position to judge the ethical practice of other doctoral level practitioners.	7/31/2024 8:40 PM
56	These are excellent. I would add Clinical Consulting (e.g, I am a clinical consultant to a healthcare company for the bulk of my work hours)	7/31/2024 8:26 PM
57	Behavioral Health	7/31/2024 8:04 PM
58	Neuropsychology Cross cultural issues	7/31/2024 8:02 PM
59	Expertise in various areas	7/31/2024 7:20 PM
60	Clinical specialties: Child/Adolescent, Eating Disorders, Acute/Inpatient Care	7/31/2024 7:12 PM
61	Psychodiagnostics beyond intellectual --the way the two items are separated (Intellectual or developmental disabilities and psych evals) is confusing	7/31/2024 7:12 PM
62	none at this time	7/31/2024 6:45 PM
63	Neuropsychological Assessment	7/31/2024 6:24 PM
64	Simply asking for half time work seems to ignore the value provided by long time psychologists who may have 20+ years of experience who are winding down their careers but who could be excellent. So perhaps: demonstrable history working in any combination of these areas on a regular basis for a period of 10 years or more, including the last five years. Again, not perfect wording but trying to get the idea across. Not being a half-time worker does not diminish expertise after decades of work.	7/31/2024 6:17 PM
65	Active provision of care in an institutional setting or in independent practice.	7/31/2024 6:16 PM
66	Cultural diversity consultation	7/31/2024 6:06 PM
67	Specifically include "neuropsychological testing" in the criteria. This is a distinct specialty. Some psychologists have strayed out of their area of training and expertise.	7/31/2024 6:06 PM
68	Expertise with particular populations/presentations, based on research, clinical/supervisory positions held, and/or years of experience	7/31/2024 5:12 PM
69	Correctional psychology	7/31/2024 5:02 PM
70	Reviewers should only be allowed to review cases in their current field of practice	7/31/2024 4:46 PM
71	Abpp certification in a particular psychological specialty as a necessary for areas of content or review or enforcement	7/31/2024 4:30 PM
72	Somatic therapy (yoga, meditation, breath work etc.)	7/31/2024 4:22 PM
73	Direct experience of providing clinical services	7/31/2024 4:20 PM
74	Teaching Psychology in general	7/31/2024 4:18 PM
75	Research and curriculum construction in the area of psychology	7/31/2024 4:14 PM
76	Guidelines / Ethical Implementation of introducing tele-health into practice.	7/31/2024 4:11 PM

Board of Psychology Expert Reviewer Criteria 2024

77	Behavioral management consultation, for example Teaching behavioral management interventions for children and adults with dementia.	7/31/2024 4:09 PM
78	Expert review should be specific to area of practice: Someone with active testing and assessment practice provides review of the same, therapist to therapist, and so forth. Publications do not establish expertise (the researcher to has 3 or 8 private practice clients does not appropriately review the work of a clinician who sees 80+ clients a month across with a variety of mental health issues and interacting issues such as race and culture).	7/31/2024 4:05 PM
79	Neuropsychological assessment	7/31/2024 4:04 PM
80	No, the above is a very comprehensive list.	7/31/2024 3:56 PM
81	At the risk of sounding self-serving, I would suggest that retired licensed psychologists, maintaining an active licensing status, be considered for Enforcement Committee membership.	7/31/2024 3:56 PM
82	EEG acquisition, processing, and analyses.	7/31/2024 3:47 PM
83	32 hours or more per week of direct patient care in the form of individual, group, couples, and/or family therapy	7/31/2024 3:44 PM
84	Neuropsychology Fitness for duty evaluation Franklin Evaluation	7/31/2024 3:39 PM
85	Editorial Board of peer-reviewed journal articles or government reports focused on mental health issues Funder of psychological-based research conducted in the USA	7/31/2024 3:38 PM
86	I can't see why 80 hrs. per month is the required amount of active work. It seems excessive, particularly when HMO's have decimated private practice hrs. & income since 1990.	7/31/2024 3:37 PM
87	The Industrial/Organizational should be changed to: Industrial/Organizational and Consulting Psychology Consulting Also, what are listed are not criteria, but rather content areas of practice or research.	7/31/2024 3:30 PM
88	Group psychotherapy and/ process group.	7/31/2024 3:24 PM
89	I do think practice hours should be mandatory, and added to that can be activities of supervision	7/31/2024 3:18 PM
90	Seasoned therapist with addiction experience.	7/31/2024 3:14 PM
91	Geriatric psychology; working w/ Veterans	7/31/2024 3:11 PM
92	Licensed Psychologists overseeing large (multi-site or statewide) programs, such as Mental Health Administrators, Director and Executive level positions.	7/31/2024 3:10 PM
93	QME EVALS, IME EVALS, FITNESS FOR DUTY EVALUATIONS, CIVIL LITIGATION WORK, PRE-EMPLOYMENT PEACE OFFICER EXAMS, DISABILITY EVALUATIONS, EXPERTS FOR OTHER BOARDS,	7/31/2024 2:55 PM
94	This is covered!	7/31/2024 2:54 PM
95	No suggestion.	7/31/2024 2:52 PM
96	Teaching continuing Ed to Family Law Section of the Court, Superior Court; something I have done twice as an example to consider	7/31/2024 2:49 PM
97	Neuropsychological assessments broadly (not just for intellectual or developmental disabilities) such as dementia, post stroke/CVA, post TBI, etc.	7/31/2024 2:45 PM
98	No more I can think of. I assume the intention is to add these to the current list. At least I hope that's the case. The other categories were good.	7/31/2024 2:42 PM
99	None	7/31/2024 2:42 PM
100	Utilization management (chart and records review).	7/31/2024 2:42 PM
101	Some options for retired members so they aren't completely excluded.	7/31/2024 2:41 PM
102	These look good, I'm assuming you'll add the four criteria that already existed.	7/31/2024 2:35 PM
103	There weems to be no category for psychotherapy. I think forensic evaluations should be split, with child custody as a separate area and other forensic evaluation assigned according to	7/31/2024 2:29 PM

Board of Psychology Expert Reviewer Criteria 2024

	expertise.	
104	That is sufficient	7/31/2024 2:27 PM
105	Public Mental Health	7/31/2024 2:25 PM
106	a) typo: "Assessment of or intellectual...." delete "or" b) It is unclear from the wording of prior criteria and the current proposed criteria how many need to be satisfied to be considered c) Enforcement is a serious step in a process. It is not clear from some of these criteria that if these are the only experiences (ex., only authorship or teaching a course) is sufficient for dealing with professional judgement of the ability to practice professionally in matters that involve clinical services to the public.	7/31/2024 2:14 PM
107	Journal peer review	7/31/2024 2:00 PM
108	Professional Development	7/31/2024 1:57 PM
109	Medical Psychology Consulting	7/31/2024 1:55 PM
110	Police and Public Safety Psychology	7/31/2024 1:55 PM
111	Neuropsychological Assessment both for medical disorders and brain behavior psychiatric diagnoses Both Prdiatric n Adult	7/31/2024 1:46 PM
112	None	7/31/2024 1:42 PM
113	Dual Degree. Eg. Psychology/Law	7/31/2024 1:40 PM
114	Risk of harm to others/Threat assessment	7/31/2024 1:36 PM
115	Rehabilitation after an ethical violation.	7/31/2024 1:35 PM
116	Psychotherapy Expertise; Neuropsychological Evaluations	7/31/2024 1:34 PM
117	Supervision specifically of psychometric testing. Teaching of clinical psychology coursework; not restricted to doctoral level coursework.	7/31/2024 1:32 PM
118	Is there a typo on #6? Also, I would include Provision of individual, couples, and/or group psychotherapy	7/31/2024 1:26 PM
119	Consider changing "Doctoral-level" graduate teaching of Psychology to Graduate-level teaching of Psychology. This would still include doctoral-level teaching, but would be more inclusive, like the category of teaching continuing education courses in Psychology.	7/31/2024 1:26 PM
120	- Community outreach - Documentation - Practice management - Writing (including psychology books and articles for general consumption)	7/31/2024 1:24 PM
121	advocating for clients	7/31/2024 1:23 PM
122	Providing Psychotherapy	7/31/2024 1:22 PM
123	specific doctoral education in forensic psychology (e.g., degree concentration in forensic psychology) and specific, ongoing post-doctoral training in forensic psychology (including forensic assessment), combined with forensic psychology experience -- rather than the too-basic and unfortunately too-attainable criteria of experience in completing forensic assessments/consulting	7/31/2024 1:19 PM
124	none	7/31/2024 1:18 PM
125	Expertise in AI CYBERSECURITY	7/31/2024 1:16 PM
126	Forensic Assessment and Consulting; Program Development and Evaluation; Peer Consultation	7/31/2024 1:16 PM
127	This looks great.	7/31/2024 1:14 PM
128	Substance abuse disorders	7/31/2024 1:12 PM
129	I am a Senior Psychologist Specialist for the CA Dept. of Corrections and Rehabilitation. My area of expertise includes: 1. coordinator for the Developmental Disabilities Program/Clark Coordinator, 2. Suicide Prevention Coordinator, 3. Teach Suicide Prevention for custody and inmate/patients. 4. I am developing a Dialectical Behavior Program for the department to	7/31/2024 1:12 PM

Board of Psychology Expert Reviewer Criteria 2024

training interns and other staff. Please consider including Substance Abuse/Dual Disorders, Inmate/Patient Care, Trauma (I am trained in EMDR), Certified in DBT (Evergreen). PTSD related to First Responders. I have participated as a Subject Matter Expert (SME) for the Board of Psychology, Law and Ethics Examination- Item Writing Workshop. Please include Aging/Elder Care, Dementia other Cognitive Deficit Disorders.

130	For cases where there is concern about change in cognitive status, board-certification (ABPP or ABN) in neuropsychology should be required for the reviewer.	7/31/2024 1:11 PM
131	Multicultural competency	7/31/2024 1:10 PM
132	Intersectionality - inherent biases, racism, sexism, religious, and cultural biases experienced both externally and internally.	7/31/2024 1:10 PM
133	Professional Self-Assessment, Professional Self-Care	7/31/2024 1:09 PM
134	I think the above are great.	7/31/2024 1:08 PM
135	No	7/31/2024 1:08 PM
136	Doctoral-level psychologist involved in policy	7/31/2024 1:08 PM
137	Neuropsychological evaluations of neurocognitive disorders such as Major Neurocognitive Disorder (I.e., Dementia)	7/31/2024 1:06 PM
138	Applied Clinical Neuroscience	7/31/2024 1:06 PM
139	Police and Public Safety. More specific and different issues with normal population than clinical population.	7/31/2024 1:06 PM
140	Neuropsychological Evaluations (especially Board Certified in this). Important when reviewing complaints about a neuropsychologist in particular so that the reviewer is knowledgeable about standards and common practices in this subfield of psychology	7/31/2024 1:05 PM
141	Ethical/Legal considerations; Crisis Management	7/31/2024 1:03 PM
142	Neuropsychological assessment, specifically as a separate entity from psychological evaluations.	7/31/2024 1:03 PM
143	Cultural competency, I personally believe that that is not focused on as much as it should be in this field that we work with many different cultural backgrounds in this country.	7/31/2024 1:03 PM
144	Psychotherapy/Clinical Psychology	7/31/2024 1:02 PM
145	authorship, ind/org psychology, prog development are not consistently good criteria for someone to assess clinical practice. some do only those skills. psychotherapy practice (half time or more) should be added	7/31/2024 1:02 PM
146	Police and Public Safety Psychology expertise	7/31/2024 1:01 PM
147	This is about adding categories. It's about asking that these people consult when they come across something they aren't familiar with. No clinician can be familiar with everything. Thank you for this opportunity to add to your thought process.	7/31/2024 1:01 PM
148	Certificate in Adult Psychoanalysis	7/31/2024 1:00 PM
149	N/A	7/31/2024 1:00 PM
150	Presenting at professional conferences	7/31/2024 1:00 PM
151	Please consider the criteria of post-graduate medical education teaching of Psychology as an acceptable substitute for doctoral-level graduate teaching of psychology. Please consider expertise in diagnosis and treatment of substance use disorders as another possible criteria.	7/31/2024 1:00 PM
152	I don't have suggestions for new categories, but I do think that the board should consider allowing those with a history of disciplinary action, so long as it has been fully remediated, and they maintain an independent unrestricted license to practice, to be able to serve in these positions. Often folks who have experienced allegations or disciplinary action provide valuable experience and insight.	7/31/2024 12:59 PM
153	Neuropsychological assessment and treatment	7/31/2024 12:59 PM

Board of Psychology Expert Reviewer Criteria 2024

154	None	7/31/2024 12:58 PM
155	This sounds more comprehensive and complete compared with before. I can't think of anything else to include.	7/31/2024 12:58 PM
156	Certification from a psychoanalytic Institute.	7/31/2024 12:57 PM
157	these look good: it might also be useful to consider the scope of practice issues that have come before the board and include experts in those areas.	7/31/2024 12:57 PM
158	None	7/31/2024 12:56 PM
159	Specialty tracks: eating disorders, crisis, schizophrenia, etc	7/31/2024 12:55 PM
160	Mentorship of new psychologists coming into the field, either through consultation, supervision, or group leadership.	7/31/2024 12:55 PM
161	Research activities other than authorship - designing and conducting research studies relevant to the practice of clinical psychology	7/31/2024 12:55 PM
162	I think that something specific to child and adolescent care would be helpful as it is not necessarily included in this list.	7/31/2024 12:54 PM
163	Practice in clinical psychology	7/31/2024 12:54 PM

MEMORANDUM

DATE	August 15, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(a) – 16 CCR sections 1391.13 and 1391.14 – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration

Background

This package is in the Final Stage. Revised proposed regulatory language was adopted at the May 19, 2023, Board Meeting. At the August 18, 2023, Board Meeting the Board resolved additional issues regarding the inactive timeframe and voted to adopt the proposed regulatory language as amended. On December 15, 2023, the DCA Budget Office completed the fiscal impact of this rulemaking.

On January 18, 2024, Board Staff submitted the regulation package to the Regulations Coordinator to be submitted for review by the DCA Director and the Business Consumer Services and Housing Agency (Agency).

On January 28, 2024, the regulation package was approved by the DCA Director, and on January 30, 2024, the regulations package was submitted to Agency.

On March 21, 2024, the regulatory package was approved by Agency and sent to OAL for approval of publishing. The regulatory package was approved for publishing by OAL.

The 45-public comment period started on April 5th and was completed on May 21, 2024. Board Staff in working with Regulatory Counsel submitted the final documents to the Regulations Coordinator. The Package was submitted to OAL for final review and approval on June 27, 2024.

In discussions with OAL, there was questions and concerns regarding the proposed language. Staff in working with Regulatory Counsel withdrew the regulatory package to modifying the language to make it clearer and more concise for registrants based on specific advice received from OAL.

Action Requested

Board is asked to consider the modified regulatory text for 16 CCR section 1391.13 and 1391.14 and entertain a motion to approve the modified regulatory text, direct staff to take all steps necessary to complete the rulemaking process, including preparing modified text for an additional 15-day comment period, which includes amendments discussed at this meeting. If after the 15-day public comment period, the board does not receive any comments providing objections or adverse recommendation specifically directed at the proposed action or to the procedures followed by the board in proposing or adopting the action, then the Board authorizes the Executive Officer to make any non-substantive changes to the proposed regulations and the rulemaking file, and adopt the proposed regulations as described in the modified text notice for CCR, title 16, section 1391.13 and 1391.14.

Attachment #1: Revised Regulatory Language

**Title 16. California Board of Psychology
Department of Consumer Affairs**

Order of Adoption

Newly proposed language is shown as underlined.
Newly proposed deletions are shown as ~~stricken~~.

1. Adopt Section 1391.13 of Article 5.1 of Division 13.1 of Title 16 of the California Code of Regulations to read:

§1391.13. Inactive Status of Psychological Associate Registration.

(a) A psychological associate holding a valid registration may request in writing that the Board place their registration on inactive status as follows:

(1) Submit a notification to remove a primary supervisor pursuant to section 1391.11(b). Separate notification is necessary if a registration is associated with more than one primary supervisor; or,

(2) If no primary supervisor is associated with a registration, submit a written request to the Board that includes the following:

(A) Psychological associate name and registration number,

(B) Last primary supervisor(s) name(s) and license number(s), and

(C) Last date of the supervision period, which shall not be a date after the submission of the written request.

(b) The Board or its Designee will approve the notification or written request pursuant to sections (a)(1) or (a)(2). Approval of the request by the Board or its designee for inactive status shall result in all primary supervisors, as defined in section 1387.1, if any, associated with the registration being disassociated. The inactive status will be effective as of the last date of the supervision period provided in the written request.

(c) A psychological associate registration shall be placed on inactive status if the psychological associate does not have a primary supervisor.

(d) A psychological associate registration on inactive status shall retain the same annual renewal date, and to remain valid, shall be renewed annually and there shall not be a fee charged.

(e) A psychological associate shall not provide psychological services while their psychological associate registration is on inactive status.

(f) Time periods during which a psychological associate registration is on inactive status shall not apply toward the limitation of registration period set forth in section 1391.1(b). Accrual of supervised professional experience shall occur within the time limitations set forth in section 1387(a).

(g) A psychological associate registration shall not remain on inactive status cumulatively for more than thirty (30) months.

(h) If a notification to add a primary supervisor pursuant to section 1391.11(a) is not submitted by the registered psychological associate on or before the thirty (30) month end date, the registration shall be cancelled.

Note: Authority cited: Sections 2913 and 2930, Business and Professions Code.

Reference: Sections 2913 and 2914, Business and Professions Code.

2. Adopt Section 1391.14 of Article 5.1 of Division 13.1 of Title 16 of the California Code of Regulations to read:

§1391.14. Reactivating a Psychological Associate Registration.

(a) A psychological associate registration that has been placed on inactive status pursuant to section 1391.13 will be returned to active status upon approval by the Board or its designee of a notification to add a primary supervisor pursuant to section 1391.11(a).

(b) Primary supervisor(s) shall meet all requirements pursuant to section 1387.1

Note: Authority cited: Sections 2913 and 2930, Business and Professions Code.

Reference: Section 2913, Business and Professions Code

Public Comment for 8/16/2024 Board Meeting

Good afternoon, board members. My name is Dr. Chanelle Batiste, and I am speaking on behalf of the grassroots organization Radical Psychs. I would like to begin by saying thank you in advance for considering the public comments that are being made today. My reason for being here is simple: something must be done about the EPPP. On July 11th, ASPPB released a letter on Twitter where they stated that the EPPP has never been a barrier and denied the existence of reliable research that reveals that there is a racial disparity in pass rates. We created a very detailed response to this letter that we would like to submit to you, but for the time being I will share some of the highlights. One of the most important factors we addressed was ASPPB's blatant dishonesty about there being evidence that there is a difference in pass rates (which was later followed by them stating "even if there were differences in the performance of certain racial and ethnic groups on the EPPP, difference does not automatically equal bias"). Studies completed by Sharpless, Saldaña, Callahan, and Cox, and Macura and Ameen have shown that there is a difference, however, and Dr. Sharpless politely reminded ASPPB of this fact. Also, data from a survey that Radical Psychs created in May 2023 that looked at the Black experience with the EPPP showed that of the 180+ responses we received, only 37% passed on the first attempt. While some may say this isn't "enough" to prove that there is an issue, we would disagree. Many boards would not be able to confidently deny that this is a problem in their respective states, as most do not collect demographic data to begin with and therefore cannot even say how many psychologists of color are licensed there, let alone report if a racial disparity does or does not exist. ASPPB has also said they cannot perform a performance analysis with their current data, data they told us they did not have in August 2023. There is a growing movement that is asking state boards to consider lowering the passing score and stand firmly against the addition of part 2 because we know ASPPB will not change their position. This has been met with some pushback, with some seasoned psychologists openly suggesting that those who have not passed are a reflection of schools' failures to properly vet potential students, but I am coming before you as a living testament that a 494 is not evidence that I am not knowledgeable enough to practice independently. I have several people who would speak to my skill and contributions to my community, and I know other clinicians in a similar position who could say the same. We are asking that you join this movement but recognize that this is only a temporary solution, and we are striving to one day have a better test that would actually reflect the competency and knowledge of clinicians. In the midst of a shortage of mental health professionals, now is not the time to double down on a commitment to the status quo. Qualified people are already suffering the consequences of this field's neglect of this issue, from unemployment and lost job opportunities to declining mental health, and the need for The EPPP Part 2 will exacerbate this problem while making ASPPB an exorbitant amount of money in the process. So, I am asking you all to be bold in your decision making regarding this exam. What is more important, maintaining a gatekeeping strategy that values exclusivity over equity or finding a way to get your community the psychologists it needs? The opportunity for long-awaited change is here and you all can begin setting the course for much needed progress.

