Welcome! We will be starting soon...

Input on the Model Act and Regulations for Licensure and Registration of Psychologists

Please keep microphones muted as we prepare to start the meeting, thank you.

This virtual town hall will be recorded.

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Public Comment Open Until Sept. 28th

Following today's presentation:

Please find the documents and share your comments through the survey.

Available on asppb.net – News

https://asppb.net/news/psychologists-asppb-model-act-model-regulations-public-comment/

Input on the Model Act and Regulations for Licensure and Registration of Psychologists

Presenters:

Alex M. Siegel, J.D., Ph.D.

Peter M. Oppenheimer, Ph.D.

Daniel A. Schroeder, Ph.D.

Moderator:

Sydney Mattsen-Green

September 9, 2026

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Presenters

Alex M. Siegel, J.D., Ph.D.
Director of Professional Affairs

Dr. Alex Siegel served on the Pennsylvania State Board of Psychology for 13 years, six of which were as Chair. Dr. Siegel was previously on the Association of State and Provincial Psychology Boards (ASPPB)'s Board of Directors and President of ASPPB in 2008. He has served on several ASPPB committees including, the Annual Meeting Committee, Midyear Meeting Committee, Committee on Disciplinary Issues (CODI), Behavior Analysis Task Force, Telepsychology Task Force, Telepsychology Joint ASPPB/APA/APAIT Task Force, 5th International Congress on Licensure, Certification, and Credentialing of Psychologists, Joint Designation Committee (JDC), International Congress Task Force (ICTF), Legislative and Regulatory Affairs Task Force (LRATF), and the Long-Range Planning Committee (LRPC). Currently, Dr. Siegel serves as the Chair for the Model Act and Regulations Committee (MARC) and as a liaison between ASPPB and state and national psychological organizations as the Director of Professional Affairs.

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Presenters

Peter M. Oppenheimer, Ph.D.
Barrington Behavioral Health Services

Dr. Oppenheimer has served on the Rhode Island Board of Psychology since 2004 and as Chair since 2005. He is Rhode Island's Commissioner and State Administrator for the Psychology Interjurisdictional Compact (PSYPACT) and a member of PSYPACT's Executive Committee. Dr. Oppenheimer has been the Director of Professional Affairs for the Rhode Island Psychological Association since 2018. He has served two terms as the association's President and two terms as their Council Representative. At APA, Dr. Oppenheimer currently serves as the President-Elect of Division 31 State Provincial and Territorial Affairs. He is a Past President of Division 42 Independent Practice. Previously, he served on the Committee for the Advancement of Professional Practice and as Division 31's Council Representative. Dr. Oppenheimer served on several ASPPB committees as Chair of the Board and College Chairs Committee (BCCC), member of the Equivalency Task Force (ETF), The Potential Regulatory Implications for Licensing Master's-Trained Individuals Task Force (PRI-LM), and the Model Act and Regulations Committee (MARC).

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Presenters

Daniel A. Schroder, Ph.D.
Organization Development Consultants, Inc. (ODC)

Dr. Daniel A. Schroeder is President and CEO of Organization Development Consultants, Inc. (ODC). Since 2022, he has served as an Instructor in the Graduate Program in I-O Psychology at Harvard University. Previously, he taught in the Organizational Behavior and Leadership (bachelor's) and Organizational Leadership and Change (master's) programs at Edgewood University (Madison, WI), programs that he founded, and for which he previously served as Director. Other experience in this topic, includes serving as a Member (and from 2014 – 2026, Chair) for the Wisconsin Psychology Examining Board, the PSYPACT Commissioner for Wisconsin, President of the American Board of Organizational and Business Consulting Psychology (ABPP), Former Chair of the Licensing Certification and Credentialing Committee for SIOP, Co-Chair of the ACP Work Group for SIOP, and former member of the Licensing of Consulting and I-O Psychologists (LCIOP Task Force for ASPPB,) and the APA Model Licensing Act Task Force.

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Today's Agenda

- Proposed ASPPB Model Act and Model Regulations (MARC)
- APA's Model License Act Revision Current Status
- Licensure of Applied Consulting Psychologists (ACPs): Some Points to Ponder
- Q&A

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Proposed ASPPB Model Act and Model Regulations (MARC)

Alex M. Siegel, J.D., Ph.D.

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MARC

- **ASPPB Model Act and Regulations Committee**
  - Model Act
  - Model Regulations
  - Code of Conduct

MARC Current Members

- Alex Siegel , J.D, Ph.D. (PA)
- Gabriel Cline, Ph.D. (MO)
- Sarah E. Ledgerwood, JD (MO)
- Joseph Stewart, EdD (AZ)
- Gordon Butler, Ph.D. (NS)
- Joseph E. Comaty, MS, Ph.D. , MSCP, MP, ABPP, ABRxP (IL)
- Brenda Nash, Ph.D. (KY)
- Sam Sands, JD (MN)
- Peter M. Oppenheimer, Ph.D. (RI)
- Staff: Sydney Mattsen-Green

Thank you to all who have contributed to MARC since 2013!

ASPPB Code of Conduct

- ASPPB Code of Conduct was updated, went out for public comment and adopted by the ASPPB BOD in 2025.
- It is on the ASPPB website (asppb.net)

Prior Charges

1. Given COVID and the numerous changes occurring at ASPPB, MARC will meet in 2023 to continue to review and update the ASPPB Model Act, Regulations, and Code of Conduct to be completed and submitted to BOD at their October 2023 Meeting

2. Review and incorporate comments into the model documents received during the call for comments period.

3. Review the ASPPB Model Act, Regulations, and Code of Conduct on an annual basis

4. Review other ASPPB publications against model documents to ensure consistency across the documents

Charges from 2025 and 2026 Game Plan

1. MARC will continue to review and update the ASPPB Model Act, Regulations, and Code of Conduct to be completed and submitted to BOD in the first half of 2025

2. Review and incorporate comments into the model documents received during the call for comments period.

3. Review the ASPPB Model Act, Regulations, and Code of Conduct on an annual basis

4. Review other ASPPB publications against model documents to ensure consistency across the documents

MARC Recommended Changes to consider to Model Act And Model Regulations

- **Model Act and Model Regulations –he/she to they/them**
  - **Define Psychologist- Title and Scope of Practice**
    - Health Service Provider in Psychology
    - Applied Consulting Provider in Psychology
  - **License Practitioner of Psychology (LPP)**
    - Independent practice for master's trained individuals
- **Psychological Associate (PA)**
  - Master's trained under supervision of psychologist
- **Behavioral Analyst**
- **Psychologist with Prescriptive Authority**

Language from 2010 Model Act

- The title “Psychologist” shall not be used by professionals who are exempt from licensure under this act except as permitted under MRLA-1200 of this act.

- A person represents themself to be a “psychologist” if that person uses any title or description of services incorporating the words psychology, psychological, or psychologist; or if they use any term that implies that they possess qualifications in any area of psychology; or if that person offers or renders services defined as the practice of psychology in this act to individuals, groups, corporate entities or other organizations.

Proposed Changes– Title and Scope

- **Preamble**
  - In order to recognize all licenses that may be granted under the authority of the psychology board, additional language has been drafted for psychological associates, licensed practitioner of psychology, behavior analysts and psychologists with prescriptive authority to supplement the ASPPB Model Act for Licensure and Registrations of Psychologists (MLRA).

- **Declaration of Policy**
  - declared to be a matter of public interest and concern that the practice of psychology, as defined in this act, meet and receive the confidence of the public and that only qualified persons be permitted to use the title of “psychologist” and engage in the practice of psychology in [name of jurisdiction]. This act shall be liberally construed to carry out these objectives and purposes.

- **Practice Without a License**
  - It shall be a violation of this act for any person not licensed in accordance with the provisions of this act to represent themselves as a psychologist or to use the title of “psychologist”. Unless otherwise set forth in this Act, it shall be a violation of this act for any person not licensed in accordance with the provisions of this act to engage in the practice of psychology as defined in this act, whether practicing as an individual, firm, corporation, agency or other entity.
  - The Board is authorized to bring an action to enjoin any person, firm or corporation which, without being licensed to practice psychology by the Board, represent themselves as a psychologist or use the title of “psychologist” and engages in the practice of psychology as regulated by this act.

To Include Territories

- **STATE AND PROVINCIAL:**

- ASPPB consists of member jurisdictions that include states, provinces, and territories in the United States and Canada.

Licensure

- Having a license issued by a psychology licensing board which grants the authority to engage in the practice of psychology and use the title as permitted by this act and the regulations of this Board. The terms registered, chartered, or any other term chosen by a jurisdiction used in the same capacity as licensed are considered equivalent terms.

Two Pathways for licensure

- **HEALTH SERVICE PROVIDER IN PSYCHOLOGY**

- Individuals who are licensed at the doctoral level as psychologist with appropriate training and experience as defined in the regulations of this Board who provides services within the health and behavioral health fields. This includes, but is not limited to, the delivery of direct and indirect preventive, diagnostic, assessment, and therapeutic intervention services to clients whose growth, adjustment, or functioning is actually impaired or is demonstrably at risk of impairment or the supervision of any of the above. Health service provider in psychology includes, but not limited to, clinical psychologist, counseling psychologist, or educational psychologist.

Two Pathways for licensure

- **APPLIED CONSULTING PROVIDER IN PSYCHOLOGY**

- Individuals who are licensed at the doctoral level as psychologist with appropriate training and experience as defined in the regulations of this Board, who provides psychological services outside health and behavior health fields for the purpose of enhancing individual and/or organizational effectiveness. This includes the provision of direct psychological services to individuals and groups, for assessment and evaluation of personal abilities and characteristics for individual development, behavior change, and/or for making decisions about the individual; and may also include psychological services to organizations that are provided for the benefit of the organization. Applied consulting providers in psychology includes, but not limited to, industrial/organizational psychologist, sports psychologist, forensic psychologist, or consulting psychologist.

Included in the Practice of Psychology

- Provision of applied consulting psychological services to organizations that are provided for the benefit of the organization and do not involve direct applied consulting psychological services to individuals, including but not limited to job analysis, attitude/opinion surveys, selection testing, group administration of standardized tests in which responses are mechanically scored and interpreted, selection validation studies, designing performance appraisal systems, training, organization design, advising management on human behavior in organizations, organizational assessment, identification/specification of organizational problems, provision of scientifically-founded and evidence-based solutions to impact/enhance individual and organizational behavior and performance, and related services;

Exemptions for Applied Consulting Providers in Psychology

- **BUSINESS CONSULTANTS, HUMAN RESOURCE PROFESSIONALS**

- This act is for the regulation of the practice of psychology only. It does not prevent human resource professionals, business consultants, and other persons from providing advice and counseling in their organizations or affiliated groups or to their companies and employees of their companies or from engaging in activities performed in the course of their employment, provided that they do not represent themselves to be psychologists, or describe their services as to include the practice of psychology.

Examination for Professional Practice in Psychology (EPPP) ®

- A standardized national examination used by psychology licensing boards as part of the process of evaluating the qualifications, knowledge and skills of applicants for licensure and certification and is developed and owned by the ASPPB.

Psychology Training Program

- Psychology training program for health service providers in psychology is a doctoral training program in an institution of higher education that:
  - Is a planned program of study which reflects an integration of science and practice of psychology including residency and supervised professional experience and/or internship and other requirements as set out in the regulations of this Board; and is accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA); or was designated as a doctoral program in psychology by the joint designation committee of the ASPPB and the National Register of Health Service Psychologists or
  - Meets requirements that are substantially equivalent to MLRA-300.Z.2.a above as set out in the regulations of this Board.

ACP Psychology Training Programs

- Psychology training program for applied consulting providers in psychology is a doctoral training program in an institution of higher education that:

- Is a planned program of study which reflects an integration of the science and practice of psychology including residency and supervised professional practice and/or internship and other requirements as set out in the regulations of this Board; and
  - Is accredited by the American Psychological Association (APA), or Canadian Psychological Association (CPA); or was designated as a doctoral program in psychology by the joint designation committee of the ASPPB and the National Register of Health Service Psychologists
  - Meets requirements that are substantially equivalent to MLRA-300.Z.2.a above as set out in the regulations of this Board.

Requirements for Licensure Ineligibility due to criminal conviction current language

- An individual shall be ineligible for licensure under this chapter if, within the 5 year period preceding the date of application, the individual has been convicted, placed on deferred adjudication community supervision, or completed a term of confinement for a felony offense that the board determines to be directly related to the practice of psychology or felony within the judgment of this board could impact a risk to the public.

New Language

- In determining whether an offense is directly related to the practice of psychology, the board shall consider the following factors:
  - the nature and seriousness of the crime;
  - the relationship of the crime to the purposes for requiring a license to engage in the practice of psychology;

  (c) the extent to which a license might offer an opportunity to engage in further criminal activity of the same type as that in which the person previously had been involved;

  - the relationship of the crime to the ability or capacity required to practice psychology; and
  - any correlation between the elements of the crime and the practice of psychology.

- The board shall consider the following factors when determining eligibility for licensure under subsection (c) above:
  - the extent and nature of the person's past criminal activity;
  - the age of the person when the crime was committed;
  - the amount of time that has elapsed since the person's last criminal activity;
  - the conduct and work activity of the person before and after the criminal activity;
  - evidence of the person's rehabilitation or rehabilitative effort while incarcerated or after release;
  - evidence of the person's compliance with any conditions of community supervision, parole, or mandatory supervision; and
  - other evidence of the person's fitness, including letters of recommendation.

Exemptions

- **TEACHING AND RESEARCH**

- Nothing in this act shall be construed to prevent the teaching of psychology, or the conduct of psychological research, provided that such teaching or research does not involve the delivery or supervision of direct psychological services to individuals, families, groups, systems, and/or organizations who are themselves, rather than a third party, the intended beneficiaries of such services without regard to the source or extent of payment for services rendered. Persons holding an earned doctoral degree in psychology from an institution of higher education and who are not licensed may use the title academic psychologist, research psychologist, experimental psychologist or similar term in conjunction with the activities permitted in this subsection.

- In Canada, individuals cannot call themselves or use the title “psychologist” unless they are permitted to do so by their jurisdiction.

Psychological Associate

- A person licensed under this act and as further defined in the regulations of this Board for the supervised practice of psychology as described in A.1 above within their area of competence.

- The title "psychological associate" may only be used by professionals who are licensed under this act.

- A person represents themself to be “psychological associate” if that person uses the title “psychological associate” in a description of services offered or provided or in any description of services incorporating the supervised practice of psychology. No person unless authorized under this act shall represent themself to be a "psychological associate" or engage in the supervised practice of psychology.

Licensed Practitioner of Psychology from the PRILIM TF

- Psychology Associate: An individual who is authorized to practice psychology under the supervision of a licensed Psychologist while attaining further requirements for licensure, as described further in the rules of this Board/College.

- B. Licensed Practitioner of Psychology: An individual licensed under this Act and thereby authorized to independently practice psychology at the master's level of education.

Licensed Practitioner of Psychology under MARC

- Provisional Licensed Practitioner of Psychology : An individual who is authorized to practice psychology under the supervision of a Licensed Psychologist while attaining further requirements for licensure, as Licensed Practitioner of Psychology described further in the rules of this Board/College.

- Licensed Practitioner of Psychology: An individual licensed under this Act and thereby authorized to independently practice psychology at the master's level of education.

LPP under MARC

- **Different Title and Scope of Practice**
- **Scope Of Practice**
  - Intervention
  - Testing and Assessment
    - Treatment Planning
    - Education Planning and Placement
    - Occupational Planning and Placement

Behavior Analyst

- **No changes**

Psychologists with Prescriptive Authority

- **No major changes**

Model Regulations

- Simplified the language and number of pages by indicating
  - Continued Professional Development Guidelines(CPD)
    - The [Name of Board] hereby utilizes the current ASPPB Continuing Professional Development Guidelines as its means of evaluating acceptable CPD.
  - Supervision Guidelines
    - The current ASPPB Supervision Guidelines. The [Name of Board] hereby adopts by reference the current ASPPB Supervision Guidelines.
  - Code of Conduct
    - The current ASPPB Code of Conduct. The [Name of Board] hereby adopts by reference the ASPPB Code of Conduct, and its amendments.

Taxonomy

- Taxonomy for Professional Psychology Health Service Specialties and Subspecialities (Taxonomy) is a structured hierarchical classification system used to classify the intensity of education, training, and supervised experience for specialization ranging from Exposure, Experience, Emphasis, and Major Area of Study across doctoral, internship and post-doctoral, as well as post-licensure stages.

Added Taxonomy to Education for Licensure for Health Service Practitioners in Psychology

- The [Name of Board] hereby adopts by reference the Taxonomy for Professional Psychology Health Service Specialties and Subspecialities as recognized by Commission for Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP), American Board of Professional Psychology (ABPP), and/or the Council of Specialties in Professional Psychology (CoS), defining specialty or subspecialty as a doctoral-level area of practice.
  - Education and Training in a specialty or subspecialty is best attained by following the Educational and Training Guidelines and Taxonomies as defined by the specialty or subspecialty.
  - Psychologists may best demonstrate competency in a psychology specialty or subspecialty by attaining board certification through ABPP.

Educational requirements for licensure as a Health Service Provider in Psychology.

- A doctoral degree in psychology must be obtained from an institution meeting the criteria described in MR-400.B.1.a-m below:

- An institution of higher education that was, at the time the degree was awarded:

- Regionally accredited by bodies approved by the Council for Higher Education Accreditation or the United States Office of Education, or recognized by Universities Canada, formerly known as Association of Universities and College of Canada;

- A program accredited by the American Psychological Association, the Canadian Psychological Association, or for applicants for licensure obtaining their terminal degree before 2018, is designated as a psychology program by the joint designation committee of the ASPPB and the National Register of Health Service Psychologists;

Meets the requirement set forth in MR-400.B.1.a.i above and is deemed substantially equivalent to MR-400.B.2.a.i above by the Board and meets the requirements listed in MR-400.B.2.b-m below; or

- **Or**
  - A foreign college or university deemed to be equivalent to MR-400.B.1.a.i or ii by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a foreign credential evaluation service;
- **And**

Decided to keep the old CoA language for G&P and not adopt the new CoA standards language

HSP and ACP

- The psychology 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 catalogues, web sites, and brochures its intent to educate and train professional psychologists; “Professional Psychology” refers to psychology as a profession. The term is not intended in the more restrictive sense of applied or practice areas of psychology;
- The psychology program must stand as a recognizable, coherent organizational program within the institution;
- There must be a clear authority and primary responsibility for the core and specialty areas whether or not the psychology program cuts across administrative lines;
- The psychology program must be an integrated, organized sequence of study;
- The psychology program must include a coordinated practicum experience that totals at least two (2) semesters and meets other supervised practicum, internship, field or laboratory training requirements appropriate to the education and specialty area of the applicant for licensure; the Board utilizes the current ASPPB Supervision Guidelines as its means of evaluating acceptable practicum experiences;
- There must an identifiable psychology faculty and a psychologist responsible for the program. This is considered to include an identifiable psychology faculty on-site sufficient in size and breadth out carry out faculty program responsibilities;
- The program must have an identifiable body of students who are matriculated in that program for a degree;

HSP and ACP

- The curriculum shall encompass a minimum of three (3) academic years of full time graduate study which includes a minimum of (1) continuous academic year of full time residency at the educational institution granting the doctoral degree. An academic year is defined as two (2) consecutive academic semesters, each of which must be no less than four (4) months (or three (3) consecutive trimesters or quarters which is no less than (8) months). Continuous is defined as full time enrollment over the course of the defined academic year. Multiple long weekends and/or summer intensive sessions do not meet the definition of continuous. Residency means physical presence, in person, face-to-face, at an educational institution granting the doctoral degree for the purposes of facilitating acculturation in the profession, the full participation and integration of the individual in the educational and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods less than one (1) continuous year (e.g., multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution do not meet this definition of residency; and

HSP and ACP

- The core program shall require every student to demonstrate competence in each of the following substantive areas. This typically will be met through substantial instruction in each of these following areas and may include distance education except as noted in MR-400.B.1.j.k below, as demonstrated by a minimum of three (3) graduate semester hours, five (5) or more graduate quarter hours (when an academic term is other than a semester, credit hours will be evaluated on the basis of 15 hours of classroom instruction per semester hour), or the equivalent:

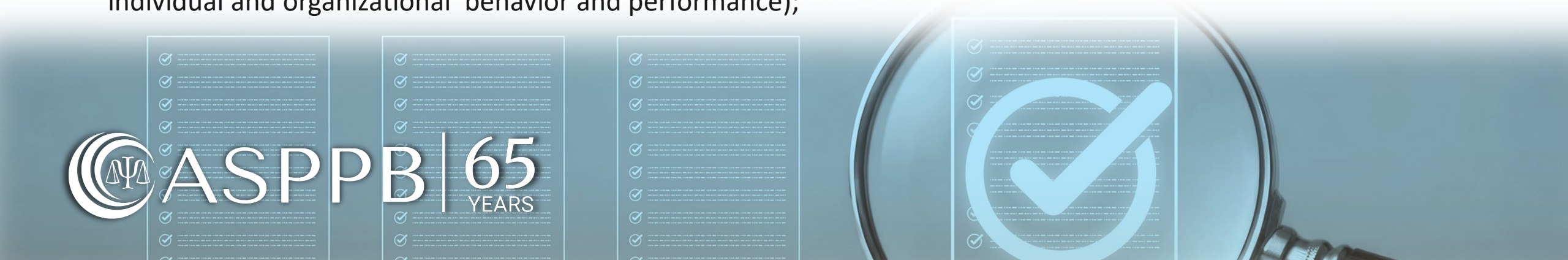
Health Service Provider in Psychology (HSP)

- Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology);
- Cognitive-affective bases of behavior (e.g., learning, thinking, motivation, and emotion);
- Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory); Research design and methodology;
- Psychometric theory;
- Individual differences (e.g., personality theory, human development, and abnormal psychology);
- Statistics;
- Scientific and professional ethics and standards;
- Assessment/evaluation (e.g. psychological testing, program evaluation, and organizational analysis); and
- Treatment/intervention (e.g. therapy, consultation, and evaluation).

- Courses for the completion of MR-400.B.1.j.ix and x above shall not be acceptable for licensure if provided by distance education.
- All professional education programs in psychology shall include course requirements in specialty areas and must demonstrate that the program provides training relevant to the development of competency to practice in a diverse and multicultural society.

Applied Consulting Provider in Psychology (ACP)

- Biological bases of behavior (e.g., how biological factors such as genetics, brain structure and physiology influence individual and organizational behavior and performance);
- Cognitive-affective bases of behavior (e.g., how cognitive science principles such as memory, reasoning, attention, and perception influence individual and organizational behavior and performance);
- Social bases of behavior (e.g., how social psychological principles such as attitude formation, motivation, and group dynamics impact individual and organizational behavior and performance);
- Research design and methodology (e.g., experimental and nonexperimental research methods including surveys, interviews, observations, and meta-analyses can be used to improve individual and organizational behavior and performance).
- Psychometric theory (e.g., how psychometric tools/instruments can be built and deployed to scientifically study individual and organizational behavior and performance);



Applied Consulting Provider in Psychology (ACP)

- Statistics (e.g., how the use of both descriptive and inferential statistics can be used to analyze data and solve problems to impact/enhance individual and organizational behavior and performance);
- Scientific and professional ethics and standards (e.g., how an understanding of fairness, confidentiality, informed consent, competence, and evidence-based practice in the provision of psychological services can impact/enhance individual and organizational behavior and performance;
- Assessment/evaluation (e.g., how psychological testing, organizational analysis, program evaluation, and linkage research can be used to impact/enhance individual and organizational behavior and performance;
- Intervention/Consultation (e.g., how scientifically-founded and evidence based methods can be used to identify needs, guide targeted service provision/engagement, and analyze and evaluate outcomes to impact/enhance individual and organizational behavior and performance.

Applied Consulting Provider in Psychology (ACP)

- Courses for the completion of MR-400.B.2.k.ix and x above shall not be acceptable for licensure if provided by distance education.

- All professional education programs in psychology shall include course requirements in specialty areas and must demonstrate that the program provides training relevant to the development of competency to practice in diverse and multicultural society.

Respecialization for HSP

- A program of respecialization must include substantial requirements that are formally offered as an organized sequence of coursework, as referenced in MR-400.B.1 and 2 above and supervised experience as referenced in MR-400.C below leading to a certificate (or similar recognition) by an educational body that offers a doctoral degree qualifying for licensure in the same area of practice as that of the certificate.

Respecialization for HSP

- **Respecialization for HSP:**
    - Respecialization programs must occur in American Psychological Association or Canadian Psychological Association accredited doctoral programs in psychology.
    - All requirements of doctoral training in the new specialty must be met, giving due credit for previous relevant, successfully completed coursework to be determined by the American Psychological Association or Canadian Psychological Association accredited doctoral program conducting the respecialization.
- **Or** Respecialization programs must be in a program that meets the requirements in MR-400.B.1 above.
- **And** Applicants must provide evidence of the completion of two (2) years supervised experience in the area of respecialization as defined in MR-400.C below.

Respecialization for ACP

- **Respecialization for ACP:**
    - Respecialization programs must be in a program that meets the requirements in MR-400.B.2 above.
    - All requirements of doctoral training in the new specialty must be met, giving due credit for previous relevant, successfully completed coursework to be determined by the doctoral program conducting the respecialization.
    - Applicants must provide evidence of the completion of two (2) years supervised experience in the area of respecialization as defined in MR-400.C below.
    - Applicants who complete such a program must present a certificate or letter from the doctoral program training director that verifies completion of the program and identifies the specialty area of psychology.

Supervised Experience

- Two (2) years of supervised experience, at least one (1) of which shall have been completed after receipt of the doctoral degree, for a minimum of 3,000 total hours. ACPs may complete all two years of supervised experience after the completion of their doctoral degree. HSP has the right to petition the Board to move all supervised experience until after the receipt of their doctoral degree;

EPPP

- MARC has no recommendations at this time since the exam is still under development.

Simplified language

- **Status of Licenses**
  - Active
  - Inactive
  - Expired
  - Retired
- **Renewals**
- **Temporary Authorization to Practice**
- **State of Emergency**

Psychological Associate

- **Little changes**

Licensed practitioner of Psychology

- Kept all language from PRILIM TF except to change title and what the Boards approve from Psychological Associate Certificate to Provisional Licensed Practitioner of psychology as the requisite title post granting of the degree which allows the applicant to pursue post degree supervision.

Behavior Analyst

- **No changes**

Psychologist with Prescriptive Authority

- **No major changes simplified some language**

In sum- Major Changes

- Adopted PRILIM TF for licensure of master's trained individuals for licensure for independent practice with different title and scope of practice from doctoral level psychologists.

- Kept Psychological Associate for those jurisdiction who license or want to license master's trained individual to practice under supervision.

- Reinforced pathways for licensure at the doctoral level for both Health Service Providers in Psychology and Applied Consulting Providers in psychology.
  - Define course work and training programs more consistent to each pathway

- Define what the practice of applied consulting psychology and exemption for business consultants and human resource professionals as long as not represent themselves to be psychologist or describe their services as to include the practice of psychology.
- Need to be licensed to use the title “psychologist” and engage in the practice of psychology.

APA's Model License Act Revision Current Status

Peter M. Oppenheimer, Ph.D.

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History of the Model License Act

- 1955
- 1967
- 1979 Rejected by Council
- 1987
- 2010

Proposed Major Changes in Draft 2026 APA MLA

- **Master's practice of Psychology**
  - Endorsing licensing people with master's degrees as practitioners of psychology at an independent level by including model legislation in the MLA

- **Applied Consulting Psychologists**
  - Endorsing that the practice of applied psychology does not require licensure
  - Removing nonhealthcare practice from the scope of practice, but it does not clearly define HSP and non HSP practice
  - Allowing anyone with a doctoral degree in psychology to title themselves a "psychologist" practicing applied psychology

Issues Impacting HSP Doctoral Practice

- Require APA/CPA accreditation or other substantially equivalent accreditation body
- Emeritus status
- Temporary practice and interstate practice of psychology
- Colleague assistance option

History of the Master's 2016–2019

- 2016: The APA Minority Fellowship Program held a Summit on Master's Training in Psychological Practice to explore issues related to the possibility of APA embracing training of psychology professionals holding master's degrees with a goal of identifying key considerations, potential solutions and their impacts, areas of consensus, and concerns.

- 2018: APA Council of Representatives voted to move forward with accreditation of master's degree programs in health service psychology.

- 2019: BEA and BPA formed the joint task force to delineate competencies for individuals trained at the master's level in health service psychology (HSP) from individuals trained at the doctoral level.
- 2019: BEA and BPA formed the joint task force to update the doctoral competencies with the expectation that doing so would then delineate the difference between those with a doctoral degree and those with a master's degree in psychology.

History of the Master's 2020-2022

- 2020: APA's Board of Directors and Council of Representatives held focused conversations on the future of psychology practice and education.

- 2021: The joint BEA/BPA Task Force on Doctoral Competencies in Health Service Psychology was convened.
- 2021: APA Practice and Education Directorates convened an Assembly on the Value/Distinctiveness of the Doctoral Degree in Health Service Psychology where attendees representing constituencies across the association. Attendees considered how the doctoral degree and psychology license adds value to a future Psychology profession that would be multi-tiered.

- 2022: BPA and BEA formed a joint working group to recommend an appropriate master's title and scope in health service psychology that would inform future updates to the APA Model Licensure Act.
- 2022: ASPPB forms the Potential Regulatory Implications of Master's Licensure Task Force (PRI-LM)

History of the Master's 2024-2026

- 2024: BPA formed a working group to update the APA Model Licensure Act

- 2025: Council approves policies endorsing licensing people with master's degrees
- 2025: Model License Act Task Force Subgroup J terminated / BOD creates Applied Psychology Task Force
- 2025: BPA approve sending Model License Act Task Force draft for public comment

- 2026 MLA draft commentary period began in January and ended in March
- 2026 ASPPB draft commentary on their model license and regulations begins in July

2026 to date

- Public Comment Period January - March
- Comments reviewed by members of the MLA Task Force
- MLA Task Force accepted proposed model for master's practice with some clarifications for neuropsych and forensic scope of practice and the proposed ACP Exemption recommended by the Work Group
- BPA discussed the ACP Exemption and decided to keep the current 2010 exemption
- MLA TF met and was upset that BPA did not support the ACP Exemption
- BOD rejected BPA's decision and decided there should be a *THIRD* workgroup to determine the exemption

Common themes appearing in the public comments and APA's response

Concern	Additional Info	APA's Response
Significant Opposition to the "Licensed Practitioner of Psychology" Title for Master's-Level Providers	Alternative titles were suggested.	UNADDRESSED
Scope of Practice Concerns	Is the scope for master's level too broad?	UNADDRESSED
Assessment Authority Concerns	Opponents argue assessment is the defining specialty of psychologists.	UNADDRESSED
Economic and Professional Impact on Doctoral Psychologists	Impact on motivation/reimbursement.	UNADDRESSED
Ambiguous rules around use of the title "Doctor"/Vague phrases like "not misleading to the public"	Concern about rightful use of title.	UNADDRESSED
School Psychology and Training Pathways/Requirements	Concerns about training/supervision.	UNADDRESSED
Clearer Distinctions for a Multi-Tiered System	Clearer title distinctions needed.	UNADDRESSED
Professional Will and Continuity of Care	Require psychologists to document a professional will and executor	UNADDRESSED

What's ahead

- APA presented the MLA as an "information item" in August 2026
- BOD has created a workgroup with members from CAGAP, BPA and MLATF to recommend the exemption section for applied psychology
- BOD selected workgroup members and has authority to overrule the workgroup's recommendations
- APA intends to bring the MLA to Council for a vote in February 2027

The key takeaways –APA and ASPPB (Licensed Practitioner of Psychology)

- **ASPPB includes two models for master's practice:** Licensed Psychological Practitioner for eventual independent practice and Psychological Associate for ongoing supervised practice.
- **ASPPB MLA also includes models for prescribing psychologists and behavior analysts.**
- **Post-degree hour requirement for independent master's practice is meaningfully different:** ASPPB requires 4,000 post-degree hours for the master's-level license versus APA's 3,000. This is intended to enable supervisees to have the supervised experience required to gain competency in both assessment and intervention.
- **APA is more numerically prescriptive on the doctoral side** (3 years, 14-point accreditation checklist), while ASPPB is more numerically prescriptive on the master's side (specific hour counts, exam attempt limits, cessation-of-practice triggers) and leaves doctoral program length undefined.

The key takeaways –APA and ASPPB (Licensed Practitioner of Psychology)

- **ASPPB ties the master's-level EPPP to a distinct, lower pass point** than the doctoral EPPP — the APA Act doesn't address this distinction at all, simply calling for "a national licensing examination" without differentiating pass standards by degree level.
- **ASPPB's master's scope-of-practice language is considerably more restrictive and explicit** — particularly the individuals-only limit on assessment and the express bar on interpreting personality/projective measures — where APA's Act mostly excludes by naming off-limits specialty areas (neuropsych, forensic, custody) rather than restricting assessment population size or test-interpretation authority.
- **ASPPB introduces a formal interim credential** Provisional Licensed Practitioner of Psychology and portability tool (CPQ) that APA's Act doesn't have direct equivalents for, reflecting ASPPB's broader focus as the organization that actually administers interjurisdictional mobility infrastructure (PLUS, PSYPACT, CPQ) alongside licensure standards.

Comparing APA and ASPPB- Doctoral Level

	APA Model Act	ASPPB Model Act (MLRA)
Degree	Doctoral degree in psychology	Doctoral degree from a "psychology training program"
Program length	Explicitly minimum 3 academic years full-time + internship + 1 year residency	Not specified in years — only requires a minimum of 1 continuous year of residency; overall length left to the Board's regulations
Accreditation pathway	APA/CPA accreditation or must satisfy a detailed 14-point list of program criteria (Section D.1.a(1)-(14): faculty size, sequential curriculum, 9 substantive competency areas, cultural diversity training, etc.)	APA/CPA accreditation, or designation by the ASPPB/National Register of Health Service Psychologists joint designation committee, or "substantially equivalent" per Board regulation — no itemized 14-point list
New/unaccredited programs	8-year transition period for new programs to achieve accreditation while graduates remain licensure-eligible	No equivalent transition-period provision but allows for determination of equivalency
Retraining for out-of-scope doctorates	Required for psychologists trained outside APA-accredited scope who want to enter health service practice	Handled via a defined "respecialization" process (additional education/training/experience per Board rules) for anyone with an earned doctorate in scientific psychology
Supervised experience	Two full-time years of sequential, organized, supervised professional experience. One of those two years of supervised professional experience shall be an APA or CPA accredited (or equivalent) predoctoral internship.	2 years total: at least 1 year may be a doctoral internship, and at least 1 year must be postdoctoral. Applied Consulting Providers may do both years post-degree; Health Service Providers may petition to move all experience post-doc. No numeric supervision ratio specified — left to Board rules
Examination	Board-administered national licensing exam (in practice the EPPP) + optional jurisprudence/oral/work-sample exams	Explicitly names the EPPP at the ASPPB pass point as mandatory, plus any other Board-prescribed written/oral exams
Portability/reciprocity	Six month authorization for psychologist licensed elsewhere while application pending. Waiver of exam for holders of an out-of-state license in good standing ≥5 years who passed the national exam at required score	Similar waiver, plus explicit recognition of ASPPB's Certificate of Professional Qualification (CPQ) (5+ years licensed, no discipline) as sufficient evidence of having met licensure requirements — a formal reciprocity credential APA's Act doesn't reference
Scope structure	Defines "practice of psychology" once, broadly, covering health service and non-health areas together	Splits doctoral practice into two distinct tracks with separate definitions: Health Service Provider in Psychology and Applied Consulting Provider in Psychology (the latter covering I/O, sports, forensic, consulting psychology) — a structural distinction APA's Act doesn't make explicit at this level

Comparing APA and ASPPB– Masters' level (Licensed Practitioner of Psychology)

	APA Model Act	ASPPB Model Act (MLRA)
Degree	Master's degree in health services psychology	Master's degree from a "psychology training program" (not specifically labeled "health services psychology")
Credit hours	Explicit minimum: 60 semester hours, 2 academic years full-time	Not numerically specified — left to Board regulations (residency, internship, credit count, faculty, program identity all to be defined by rule)
Accreditation	APA/CPA accreditation, or program must meet 6 itemized criteria if unaccredited	APA/CPA accreditation implied via "psychology training program" definition, but no itemized fallback criteria list for master's programs specifically
Pre-degree practicum/internship	800 hours total (min. 400 direct service, up to 100 of which can be observation/co-therapy)	600 hours minimum — notably fewer than APA's 800
Post-degree supervised experience	3,000 hours total, 2,200 of which must be direct service, over 2 full-time years	4,000 hours total — a full 1,000 hours more than APA's figure. Regulations detail supervision contract requirements..
Supervision ratio	Explicit tiered ratio: 1 hour supervision per 10 hours direct service for first 1,000 hours, then 1:20 thereafter; up to 50% may be delegated/group	No numeric ratio specified — left to a Board-approved "supervision contract"
Didactic requirement	100 hours of didactic education specified numerically	"Integrated course of didactic education" required but not quantified
Examination	National licensing exam (EPPP in practice) + optional jurisprudence/oral/work samples	Explicitly the EPPP, but at a different, lower pass point — the "supervised practice" pass point rather than the independent-practice pass point used for doctoral licensure
Exam timing/attempts	Not addressed	Very specific: applicant may sit for the EPPP after accruing 3,000 of the 4,000 required hours; maximum 3 attempts, and must cease practice after 3 failed attempts or 4 years from starting post-degree supervision, whichever comes first
Scope-of-practice detail	General list of included/excluded activities (Section B.9.b), with exclusions for neuropsych, forensic, child custody, medical evaluations, etc.	Far more granular: separately defines scope for "Intervention" vs. "Testing and Assessment," explicitly restricts assessment to individuals only (not families/groups/orgs), limits testing purposes to treatment planning/educational placement/occupational placement, and explicitly bars master's-level practitioners from interpreting personality/projective measures (administration/scoring under supervision is allowed)
Title structure	"Licensed Practitioner of Psychology" / "Provisional Licensed Practitioner of Psychology"	Identical titles for independent model. Uses Psychological Associate for supervised model— but ASPPB additionally creates an interim "Psychology Associate" certificate/credential that precedes full LPP licensure while hours and EPPP are completed
Cessation of practice	Not addressed	Explicit "cease practice" mechanism if exam/time limits are exceeded, with a defined 12-month reapplication waiting period

APA and ASPPB – Applied practice

- The ASPPB MLA includes language for licensing applied practitioners with doctoral degrees in psychology.
- APA Model for comment includes:
  - Endorsing that the practice of applied psychology does not require licensure
    - Assert ACP practice does not put the public at risk of harm
    - Assert Employers set standards for ACP practice
  - Removing nonhealthcare practice from the Scope of Practice
    - Remaining Scope of Practice is only assessment and treatment of mental health
  - Allowing anyone with a doctoral degree in psychology to proclaim themselves a “psychologist” practicing applied psychology

Problems with opening Psychology Licensing Act and Regulations

Antiregulatory climate

- Political agenda to deregulate
- Other groups may want to add or subtract language from the Act.
- To add or change, states take a risk when they open up their Act and Regulations

Licensure of Applied Consulting Psychologists (ACPs): Some Points to Ponder

Daniel A. Schroeder, Ph.D.

Note: The Presenter is indebted to Dr. Mark Nagy and Dr. Elliot Lasson for their collaboration, insights, and expertise on this topic through the years.

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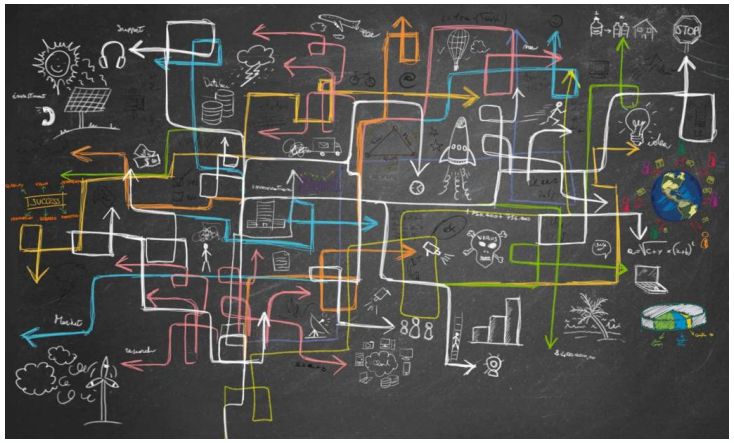
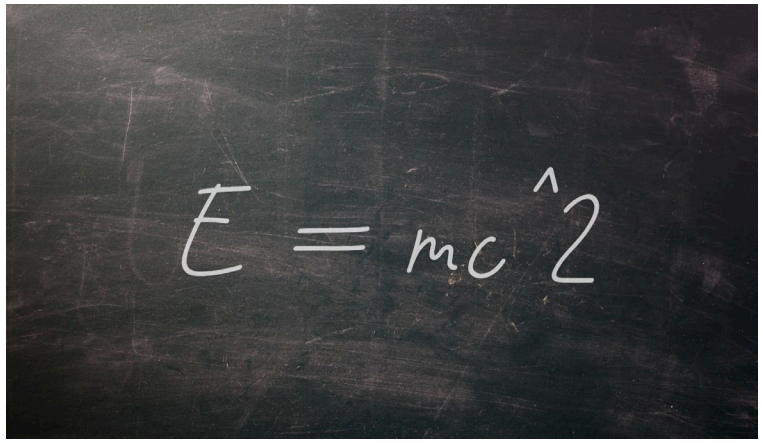
Keep it Simple!

Beneath “complicated” lies . . . “complicated!”



Beneath “elegant simplicity” lies . . . “complexity!”



Who are the ACPs?

ACPs specialize across in numerous domains such as . . .

- Business
- Education
- Government
- Military
- Public safety
- Sports
- Human factors
- Community settings

Emerging Areas for ACPs

- AI Integration and Human-Machine Interaction
- Climate and Environmental Psychology
- Digital Health and Tele-Behavioral Design
- Workplace Well-being and Future of Work
- Aviation and Aerospace Psychology

How many ACPs are there?

The Bureau of Labor Statistics (BLS) suggests…

Depending on the definition, the estimate varies considerably, but using a narrow definition (i.e., non-health applied consulting psychologists), the number is approximately **60,000–70,000**, consisting primarily of:

- 5,600 industrial-organizational psychologists (SIOP has approximately 2,500 master's degree-credentialed members)
- many of the 55,300 psychologists classified by BLS as "all other," including consulting, engineering, forensic, military, consumer, sport, and other applied specialties.

Typical State Licensure Requirements

- Doctoral degree in psychology from an APA-accredited program
- Supervised internship/experience
- State jurisprudence exam
- Background check
- Passing the EPPP (Note: The new EPPP is on its way!)
- Maintaining a record of practice clear of ethical or legal violations
- Continuing education credits

Barriers to Licensing for ACPs

- While most states have a “generic license,” the criteria tend to be much easier for HSPs to meet
- Requiring APA accreditation
- Requiring certain education/courses
- Lack of alternative pathways to licensure (at least historically)
- Note: PSYPACT and ABPP have pathways for licensed ACPs

How some states address the licensure issue for ACPs/I–Os

State	I-O-specific provisions
Georgia	Separate educational standards, supervised experience rules, and endorsement pathway for I-O psychologists.
North Dakota	Separate Industrial-Organizational Psychologist license.
Texas	Rules recognize I-O psychology as a specialty area and include supervision standards applicable to I-O practice.
South Dakota	Statutory exemption for many consulting activities performed by I-O psychologists under specified conditions.
New Jersey	Educational equivalency pathway commonly used by I-O psychologists.
California	Broad title protection for "psychologist," with I-O psychologists subject to the same licensure laws if using that title.
Illinois	Explicit recognition of I-O psychology in educational evaluation, although licensure remains difficult because of program accreditation requirements.
Minnesota	Detailed educational equivalency standards that have been used by I-O applicants.

Barriers to Licensing for ACPs

- Who owns the terms “psychology,” “psychologist,” and “practicing psychology?”
- Who are the gatekeepers regarding the “professional practice of psychology?” Are they cooperative or competitive in their interactions?
- Are ACPs “practicing psychology” or something else? If it’s something else, why are they part of the profession?
- Is it appropriate for an HSP with no formal training in ACP to offer applied consulting services? What if an ACP with no formal training in HSP offered HSP services?
- Will licensure for HSPs continue to be easier than it is for ACPs? If so, with what consequences?
- APA has suggested that ACPs should be able to call themselves “psychologists” and “practice psychology” ***without being licensed***. What are the consequences?

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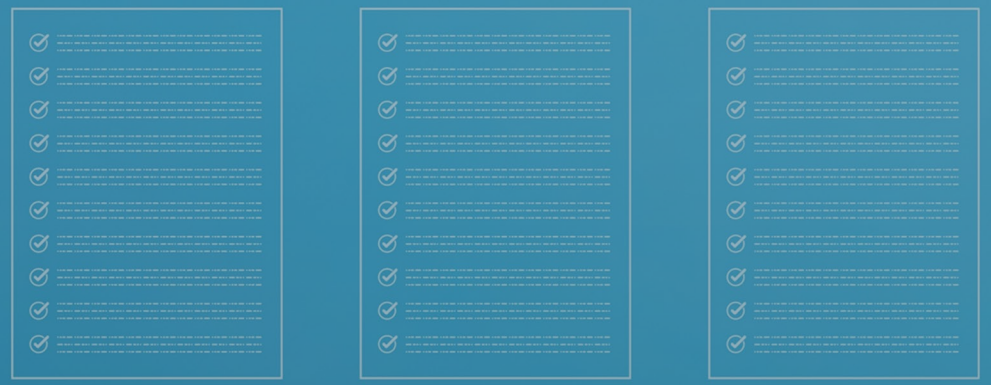

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Public Comment Open Until Sept. 28th

Following today's presentation:

Please find the documents and share your comments through the survey.

Available on asppb.net – News

https://asppb.net/news/psychologists-asppb-model-act-model-regulations-public-comment/

Questions?

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Thank you for your attendance

For questions, email engaged@asppb.org

Access the Comment Survey on asppb.net-Newsroom

https://asppb.net/news/psychologists-asppb-model-act-model-regulations-public-comment/