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meet acceptable levels of education, training, and experience that are consistent and appropriate to the functions they perform. The final responsibility and accountability for defining qualifications and supervision requirements for service rest with a professional psychologist<sup>6</sup> (see Definitions).

4. Guidelines do not constrain psychologists from employing new methods (see Guideline 1.8) or from making flexible use of support personnel in staffing the delivery of services. The General Guidelines illuminate potential weaknesses in the delivery of psychological services and point to their correction. Some settings may require additional guidelines for specific areas of service delivery than those herein proposed. There is no intent to diminish the scope or quality of psychological services that exceed these General Guidelines. Systematically applied, these General Guidelines serve to establish desirable levels of psychological service. They serve to establish a more effective and consistent basis for evaluating the performance of individual service providers, and they serve to guide the organizing of psychological service units in human service settings.

5. It is recognized that there are significant differences among the established fields of professional psychology in regard to education and training, technical methodology, user populations served, and methods and settings of service delivery. The *Specialty Guidelines for the Delivery of Services* (APA, 1981b) provides acknowledgment of these differences while conforming to the guiding principles delineated by the General Guidelines.

6. These General Guidelines have been developed with the understanding that psychological services must be planned and implemented so that they are sensitive to factors related to life in a pluralistic society such as age, gender, affectional orientation, culture, and ethnicity.

#### Implications of Guidelines

The General Guidelines presented here have broad implications both for members of the public who use psychological services and for providers of such services.

1. The Guidelines furnish a basis for a mutual understanding between providers and users. Further, they facilitate improved quality of services and more effective evaluation of these services and their outcomes.

2. The Guidelines are an important step toward greater uniformity in legislative and regulatory actions involving providers of psychological services, and provide a model for the development of accreditation procedures for service facilities.

3. The Guidelines give specific content to the profession's concept of ethical practice as reflected in the *APA Ethical Principles of Psychologists* (1981a).

4. The Guidelines have significant impact on training models for both professional and support personnel in psychology.

5. Guidelines for the provision of psychological services influence what is considered desirable organizational structure, budgeting, and staffing patterns in these facilities.

#### Definitions

##### *Providers of Psychological Services*

This term subsumes two categories of providers of psychological services. The two categories are as follows:

A. Professional psychologists. Psychologists have a doctoral degree in psychology from an organized, sequential program in a regionally accredited university or professional school.<sup>6,7,8</sup> Specific definitions of professional psychologists by each of the recognized specialties are provided in the *Specialty Guidelines for the Delivery of Services* (APA, 1981b).

B. Other persons who provide psychological services. Qualifications and supervision for these persons are commensurate with their responsibilities and are further delineated in these policies<sup>9</sup> and in the *Specialty Guidelines for the Delivery of Services*.

##### *Psychological Services*

This term refers to one or more of the following:<sup>10</sup>

A. Evaluation, diagnosis,<sup>11</sup> and assessment of the functioning of individuals, groups, and organizations.

B. Interventions, preventive and ameliorative, that facilitate the functioning of individuals, groups, and organizations.<sup>12</sup>

C. Consultation relating to A and B.

D. Program development services in the areas of A, B, and C.<sup>13</sup>

E. Administration and supervision of psychological services.<sup>14</sup>

F. Evaluation of all psychological services.

##### *Psychological Service Unit*

This is the functional unit through which psychological services are provided:

A. A psychological service unit is a unit that provides predominantly psychological services and is composed of one or more professional psychologists and support staff.

B. A psychological service unit may operate as a functional or geographic component of a larger governmental, educational, correctional, health, training, industrial, or commercial organizational unit, or as an independent professional service unit.<sup>15</sup>

C. A psychological service unit may take the form of one or more psychologists providing professional services in a multidisciplinary setting.

D. A psychological service unit also may be an individual or group of individuals in a private practice or a psychological consulting firm.

##### *Users*

Users include the following:

A. Direct users or recipients of psychological services.

B. Public and private institutions, facilities, or organizations receiving psychological services.

## Sanctioners

Sanctioners include the following:

A. Direct users or recipients of psychological services.

B. Public and private institutions, facilities, or organizations receiving psychological services.

C. Any other individual, group, organization, institution, or governing body having legitimate interaction with a psychologist functioning in a professional capacity.

## General Guideline 1: Providers

1.1 Each psychological service unit offering psychological services has available at least one professional psychologist and as many more professional psychologists as are necessary to assure the quality of services offered.<sup>16</sup>

ILLUSTRATIVE STATEMENT:<sup>17</sup> The intent of this General Guideline is that one or more providers of psychological services in any psychological service unit meet the levels of training and experience of professional psychologists as specified in the preceding definitions.<sup>18</sup> When a professional psychologist is not available on a full-time basis, the facility retains the services of one or more professional psychologists on a regular part-time basis to supervise the psychological services provided. The psychologist who is so retained has authority and participates sufficiently to enable him or her to assess the needs for services, to review the content of services provided, and to assume professional responsibility and accountability for them.

1.2 Providers of psychological services who do not meet the requirements for professional psychologists are supervised, directed, and evaluated by a professional psychologist to the extent required by the tasks assigned (see Definitions and the *Specialty Guidelines for the Delivery of Services*, APA, 1981b). Tasks assigned to these providers are in keeping with their demonstrated areas of competence. The level and extent of supervision may vary from task to task, as long as the professional psychologist retains a close relationship that is sufficient to meet this General Guideline. In situations in which those providers work in a fair, autonomous fashion, they maintain an appropriate level of consultation and supervisory support from a professional psychologist. (See Ethical Principles 2, 7c, and 8f.)

ILLUSTRATIVE STATEMENT: For example, in health care settings, support personnel may be assigned varying levels of responsibility for providing designated functions within their demonstrated areas of competence. Support personnel are considered to be responsible for their functions and behavior when assisting in the provision of psychological services and are accountable to a professional psychologist. Ultimate professional responsibility and accountability for the services provided require that the supervisor review reports and test protocols and review and discuss intervention plans, strategies, and outcomes. In these settings, the nature and extent of supervision is determined by the professional psychologist to assure the adequacy of psychological services provided.

To facilitate the effectiveness of the psychological service unit, the nature of the supervisory relationship is

clearly and explicitly communicated to support personnel, preferably in writing. Such communications describe and delineate the duties of the employees, such as the range and type of services to be provided. The limits of independent action and decision making are defined. Descriptions of responsibilities specify the means by which employees will contact the professional psychologist in the event of emergency or crisis situations.

1.3 Wherever a psychological service unit exists, a professional psychologist is responsible for planning, directing, and reviewing the provision of psychological services.

ILLUSTRATIVE STATEMENT: The psychologist who directs or coordinates the unit maintains an ongoing or periodic review of the adequacy of services and plans in accordance with the results of such evaluation. This psychologist coordinates the activities of the psychological service unit with other professional, administrative, and technical groups, both within and outside the facility. This psychologist, who may be the director, chief, or coordinator of the psychological service unit, has related responsibilities including, but not limited to, recruiting qualified staff, directing training and research activities of the service, maintaining a high level of professional and ethical practice, and assuring that staff members function only within the areas of their competence.

To facilitate the effectiveness of services by increasing the level of staff sensitivity and professional skills, the psychologist who is designated as director participates in the selection of professional and support personnel whose qualifications include sensitivity and consideration for the language, cultural and experiential background, affectional orientation, ethnic identification, age, and gender of the users, and whose professional skills are directly relevant to the needs and characteristics of these users. Additionally, the director ensures that professional and support personnel do not provide services in any manner that is discriminatory or exploitative to users.

In other institutional and organizational settings, psychologists may be administratively responsible to individuals from disciplines other than psychology. In these instances, the psychologist should seek to sensitize the administrator to the need to allow participation of the psychologist in planning, directing, and reviewing the provision of psychological services.

1.4 When functioning within an organizational setting, professional psychologists seek, whenever appropriate and feasible, to bring their education, training, experience, and skills to bear upon the goals of the organization by participating in the planning and development of overall operations. (See Ethical Principle 1d.)

ILLUSTRATIVE STATEMENT: One way psychologists maintain high professional standards is by being active representatives on boards and committees concerned with service delivery and overall operation of their facility. These activities may include but are not limited to active

participation as voting and as office-holding members, on the governance staff as well as on executive, planning, and evaluation boards and committees.

1.5 All providers of psychological services attempt to maintain and apply current knowledge of scientific and professional developments that are directly related to the services they render. This includes knowledge relating to special populations (such as ethnic or other minorities) that may compose a part of their practice. (See Ethical Principles 2, 2c, and 2d.)

**ILLUSTRATIVE STATEMENT:** Methods through which knowledge of scientific and professional developments may be gained include, but are not limited to, continuing education, attendance at workshops, participation in staff development programs, formal and informal on-the-job training, and reading scientific and professional publications. All providers have access to reference material related to the provision of psychological services. All providers are prepared to show evidence periodically that they are staying abreast of and utilizing current knowledge and practices.

1.6 Professional psychologists limit their practice, including supervision, to their demonstrated areas of professional competence. Special proficiency supervision of psychologists may be provided by professionals from other disciplines whose competence in the given area has been demonstrated by previous education, training, and experience. (See Ethical Principles 2 and 2d.)

**ILLUSTRATIVE STATEMENT:** Psychological services are offered in accordance with the providers' areas of competence as defined by verifiable education, training, and experience. Before offering professional services beyond the range of their experience and usual practice (e.g., providing services to culturally/linguistically diverse populations), psychologists strive to obtain pertinent knowledge through such means as education, training, reading, and appropriate professional consultation.

1.7 Psychologists who change or add a specialty meet the same requirements with respect to subject matter and professional skills that apply to doctoral education, training, and experience in the new specialty.<sup>19</sup>

**ILLUSTRATIVE STATEMENT:** Retraining psychologists to qualify them for a change in specialty must be under the auspices of a program in a regionally accredited university or professional school that offers the doctoral degree in that specialty. Such education and training are individualized, due credit being given for relevant coursework or requirements that have previously been satisfied. Merely taking an internship or acquiring experience in a practicum setting or in an employment setting is not considered adequate preparation for becoming a clinical, counseling, industrial/organizational, or school psychologist. Fulfillment of such an individualized training program is attested to by official certification by the supervising department or professional school indicating the successful completion of educational preparation in the

particular specialty. Specific requirements for retraining in each of the recognized specialties are detailed in the *Specialty Guidelines for the Delivery of Services* (APA, 1981b).

1.8 Psychologists are encouraged to develop and/or apply and evaluate innovative theories and procedures, to provide appropriate theoretical or empirical support for their innovations, and to disseminate their results to others. (See Ethical Principles 2 and 2c.)

**ILLUSTRATIVE STATEMENT:** A profession rooted in a science continually explores, studies, conducts, and evaluates applications of theories and procedures with a view toward developing, verifying, and documenting new and improved ways of serving users.

## General Guideline 2: Programs

2.1 Composition and organization of a psychological service unit

2.1.1 The composition and programs of a psychological service unit strive to be responsive to the needs of the people and settings served.

**ILLUSTRATIVE STATEMENT:** A psychological service unit is structured to facilitate effective and economical delivery of services. For example, a psychological service unit serving a predominantly low-income or ethnic minority group has a staffing pattern and service program adapted to the linguistic, experiential, attitudinal, and financial characteristics of the user population.

2.1.2 A psychological service unit strives to include sufficient numbers of professional psychologists and support personnel to achieve its goals, objectives, and purposes.

**ILLUSTRATIVE STATEMENT:** The workload, diversity of the psychological services required, and the specific goals and objectives of the setting determine the numbers and qualifications of professional psychologists and support personnel in the psychological service unit. Where shortages in personnel exist, so that psychological services cannot be rendered in a professional manner, the director of the psychological service unit initiates action to modify appropriately the specific goals, objectives, and timetables of the service. If necessary, the director appropriately modifies the scope or workload of the unit to maintain the quality of the services and, at the same time, makes continued efforts to devise alternative systems for delivery of services.

2.2 Policies

2.2.1 A written description of roles, objectives, and scope of services is developed by multi-provider psychological service units as well as by psychological service units that are a component of an organization, unless the unit has a specific alternative approach. The written description or alternative ap-

proach is reviewed annually and is available to the staff of the unit and to users and sanctioners upon request.

**ILLUSTRATIVE STATEMENT:** The psychological service unit reviews its objectives and scope of services annually and makes revisions as necessary to ensure that the psychological services offered are consistent with staff competencies and current psychological knowledge and practice. This statement is discussed with staff, reviewed by the appropriate administrator, and distributed to users and sanctioners upon request and whenever appropriate. Psychologists strive to be aware of management theories and practices that will aid in the delivery of psychological services.

2.2.2 Providers of psychological services avoid any action that will violate or diminish the legal and civil rights of users or of others who may be affected by their actions.<sup>20</sup> (See Ethical Principles 3b, 3c, 5, 6, and 5.)

**ILLUSTRATIVE STATEMENT:** Providers of psychological services are continually sensitive to the issue of confidentiality of information; they strive to be sensitive to the potential impact of their decisions and recommendations, and to other matters pertaining to individual, legal, and civil rights. Providers of psychological services strive to be aware of issues such as self-incrimination in judicial proceedings, involuntary commitment to hospitals, protection of minors, protection of legal incompetents, discriminatory practices in employment selection procedures, recommendations for special education provisions, information relative to adverse personnel actions in the armed services, and adjudication of domestic relations disputes in divorce and custodial proceedings. Providers of psychological services are encouraged to make themselves available to local committees, review boards, and similar advisory groups established to safeguard the human, civil, and legal rights of service users.

2.2.3 Providers of psychological services are familiar with and abide by the American Psychological Association's *Ethical Principles of Psychologists* (1981a), *Specialty Guidelines for the Delivery of Services* (1981b), *Standards for Educational and Psychological Testing* (1985), *Ethical Principles in the Conduct of Research with Human Participants* (1982), *Guidelines for Computer-Based Tests and Interpretations* (1986), "Guidelines for Psychologists Conducting Growth Groups" (1973), and other APA policy statements relevant to guidelines for professional services issued by the Association.<sup>21</sup> (See Ethical Principle 3d.)

**ILLUSTRATIVE STATEMENT:** Psychological service units have available a copy of each of these documents, and providers maintain current knowledge of relevant APA guidelines and principles.

2.2.4 Providers of psychological services seek to conform to relevant statutes established by federal, state, and local governments. At times psychologists may seek to challenge legal constraints that they reasonably and honestly believe unduly infringe on the rights of their users or on the right of psychologists to practice their profession; however, any such

challenges should conform to appropriate legal procedures. (See Ethical Principle 3d.)

**ILLUSTRATIVE STATEMENT:** All providers of psychological services seek to be familiar with and practice in conformity with relevant statutes that relate directly to the practice of psychology. They also endeavor to be informed about governmental agency regulations that have the force of law and that relate to the delivery of psychological services (e.g., evaluation for disability retirement or for special education placements). In addition, all providers seek to be aware that federal agencies such as the Veterans Administration, the Department of Education, and the Department of Health and Human Services have policy statements regarding psychological services. Providers of psychological services attempt to be familiar with other statutes and regulations, including those addressed to the civil and legal rights of users (e.g., those promulgated by the federal Equal Employment Opportunity Commission) that are pertinent to their scope of practice.

2.2.5 In recognizing the matrix of personal and societal problems, providers make available, when appropriate, information regarding additional human services, such as specialized psychological services, legal aid societies, social services, employment agencies, health resources, and educational and recreational facilities. (See Ethical Principle 7a.)

**ILLUSTRATIVE STATEMENT:** Psychologists and support personnel are sensitive to the broader context of human needs. They refer to such resources and are encouraged, when appropriate, to intervene actively on behalf of the users. Providers make appropriate use of other professional, research, technical, and administrative resources whenever these serve the best interests of the users, and they establish and maintain cooperative or collaborative arrangements with such other resources as are required to meet the needs of users.

2.2.6 In the best interest of the users, providers of psychological services endeavor to consult and collaborate with professional colleagues in the planning and delivery of services when such consultation is deemed appropriate. (See Ethical Principles 7 and 7a.)

**ILLUSTRATIVE STATEMENT:** Psychologists recognize the areas of special competence of other psychologists and of other professionals for consultation and referral purposes.

## 2.3 Procedures

2.3.1 Each psychological service unit is guided by a set of procedural guidelines for the delivery of psychological services.

**ILLUSTRATIVE STATEMENT:** Depending on the nature of the setting, and whenever feasible, providers are prepared to provide a statement of procedural guidelines in oral and/or written form that can be understood by users as well as sanctioners. This statement may describe the current methods, forms, procedures, and techniques being used to achieve the objectives and goals for psychological services.



This statement is communicated to staff and, when appropriate, to users and sanctioners. The psychological service unit provides for the annual review of its procedures for the delivery of psychological services.

**2.3.2** Psychologists develop plans for psychological services appropriate to the problems presented by the users.

**ILLUSTRATIVE STATEMENT:** Ideally, a plan for intervention or consultation is in written form and serves as a basis for accountability. Regardless of the type of setting or users involved, a plan that describes the psychological services indicated and the manner in which they will be provided is developed and agreed upon by the providers and users.<sup>22</sup> A psychologist who provides services as one member of a collaborative effort participates in the development and implementation of the overall service plan and provides for its periodic review.

**2.3.3** There is a mutually acceptable understanding between a provider and a user or that user's responsible agent regarding the delivery of service. (See Ethical Principles 6 and 6b.)

**ILLUSTRATIVE STATEMENT:** A psychologist discusses the plan for the provision of psychological services with the user, noting procedures that will be used and respective responsibilities of provider and user. This interaction is repeated whenever major changes occur in the plan for service. This understanding may be oral or written, but in any event, the psychologist documents the nature of the understanding.<sup>23</sup>

**2.3.4** Professional psychologists clarify early on to users and sanctioners the exact fee structure or financial arrangements and payment schedule when providing services for a fee. (See Ethical Principle 6d.)

**ILLUSTRATIVE STATEMENT:** Psychologists inform users of their payment policies and of their willingness to assist users in obtaining reimbursement. Those who accept reimbursement from a third party are acquainted with the appropriate statutes and regulations, instruct their users on proper procedures for submitting claims, and inform them of limits on confidentiality of claims information, in accordance with pertinent statutes.

**2.3.5** Accurate, current, and pertinent records of essential psychological services are maintained.

**ILLUSTRATIVE STATEMENT:** At a minimum, records kept of psychological services should include identifying data, dates of services, and types of services, and where appropriate, may include a record of significant actions taken.<sup>24</sup> Providers make all reasonable efforts to record essential information concerning psychological services within a reasonable time of their completion.

**2.3.6** Each psychological service unit follows an established policy for the retention and disposition of records.<sup>25</sup> (See Ethical Principle 5c.)

**ILLUSTRATIVE STATEMENT:** Such a policy conforms to government statutes and regulations, or to organizational or institutional regulations, policies, or practices where such are applicable.

**2.3.7** Psychologists establish and maintain a system that protects the confidentiality of their users' records. (See Ethical Principles 5, 5a, 5c, and 5d.)<sup>26</sup>

**ILLUSTRATIVE STATEMENT:** Psychologists establish and maintain the confidentiality of information about the users of services, whether obtained by themselves or by those they supervise. If directed otherwise by statute, by regulations with the force of law, or by court order, psychologists seek a resolution that is both ethically and legally feasible and appropriate; for example, psychologists might request in camera (judge's chambers) hearings when they are required by the court to produce records. All people who are supervised by psychologists, including nonprofessional personnel and students, and who have access to records of psychological services are also expected to maintain this confidentiality of information. Psychologists do not release confidential information, except with the written consent of the user involved, or of his or her legal representative, guardian, or other holder of the privilege on behalf of the user, and only after being assured by whatever means may be required that the user has been assisted in understanding the implications of the release. Even after the consent has been obtained for release, psychologists clearly identify such information as confidential for the recipient of the information.

Users are informed in advance of any limits in the setting for maintaining the confidentiality of psychological information. For instance, psychologists in hospital settings inform their patients that psychological information in a patient's clinical record may be available to other hospital personnel without the patient's written consent. Similar limitations on confidentiality of psychological information may be present in certain school, industrial, business, government, or military settings or in instances where the user has waived confidentiality for purposes of third-party payment. When the user's intention to waive confidentiality is judged by a professional psychologist to be contrary to the user's best interest or to be in conflict with that person's legal or civil rights, it is the responsibility of the psychologist to discuss the implications of releasing the psychological information and to assist the user in limiting disclosure by specifying the nature of the information, the recipients, and the time period during which the release is in effect, recognizing, however, that the ultimate decision concerning release of information is that of the user. Providers of psychological services are sensitive to both the benefits and the possible misuse of information regarding individuals that is stored in computerized data banks. Providers take necessary measures to ensure that such information is used in a socially responsible manner.

Users have the right to information in their agency

records and to be informed as to any regulations that govern the release of such information. However, the records are the property of the psychologist or of the facility in which the psychologist works and are, therefore, under the control of the psychologist or of the facility. Users have the right to examine such psychological records. Preferably such examination should be in the presence of a psychologist who judges how best to explain the material in a meaningful and useful manner.

In school settings, parents have the legal right to examine such psychological records, preferably in the presence of a psychologist. In the event that a family moves to another school system, the parents have the legal right to examine a copy of such records from the former school in the new school setting. In either circumstance, the rationale for allowing parents to examine such records is to assure that parents are not in a disadvantaged position if they choose to challenge a school's decision regarding the child. Disclosure of such psychological information in the records from a former school is conducted under secure conditions; such records have been transmitted to the new school to a psychologist under whose supervision the records may be examined. Psychologists and the institutions in which they work have written policy regarding the storage and access of pupils' records. Parents are informed of the results of a psychological assessment of their child in a form most meaningful and useful to the parents.

Raw psychological data (e.g., test protocols, therapy or interview notes, or questionnaire returns) in which a user is identified are ordinarily released only with the written consent of the user or of the user's legal representative, and are released only to a person recognized by the psychologist as competent to interpret the data. Any use made of psychological reports, records, or data for research or training purposes is consistent with this General Guideline. Additionally, providers of psychological services comply with statutory confidentiality requirements and with those embodied in the *Ethical Principles of Psychologists* (APA, 1981a).

2.3.8 Providers of psychological services do not use privileged information received in the course of their work for competitive advantage or personal gain. (See Ethical Principle 5.)

**ILLUSTRATIVE STATEMENT:** Providers of psychological services often obtain privileged information through their work with users, or while reviewing the proposals of competing practitioners or agencies. Such information may include but not be limited to users' or user associates' business interests, or the interests of competing colleagues or practitioners. When providers acquire such information and it is protected by applicable law or through agreement, it is held confidential and shall not be used for competitive advantage. Further, information that is potentially harmful to users or their associates, or to professional colleagues, should not be used for personal advantage.

## 2.4 Environment

2.4.1 Providers of psychological services promote the development of a physical, organizational, and social environment in the service setting that facilitates optimal human functioning.

**ILLUSTRATIVE STATEMENT:** As providers of services, professional psychologists are concerned with the environment of their service unit, especially as it affects the quality of service, but also as it impinges on human functioning in the larger unit of an organization when the service unit is included in such a larger context. Attention is given to the comfort and, where relevant, to the privacy of providers and users. Federal, state, and local requirements for safety, health, and sanitation are observed. Physical arrangements and organizational policies and procedures are conducive to the human dignity, self-respect, and optimal functioning of users and to the effective delivery of service. The atmosphere in which psychological services are rendered is appropriate to the service and to the users, whether in an office, clinic, school, college, university, industrial setting, or other organizational or institutional setting.

## General Guideline 3: Accountability

3.1 The promotion of human welfare is the primary principle guiding the professional activities of all members of the psychological service unit. (See Preamble of Ethical Principles.)

**ILLUSTRATIVE STATEMENT:** Providers of psychological services are expected to interact with users in a manner that is considerate, effective, economical, and humane; to be mindful of their accountability to the sanctioners of psychological services and to the general public; and to see that appropriate steps are taken to protect the confidentiality of the service relationship.

The psychological service unit does not withhold services to a potential user on the basis of that user's national or ethnic origin, religion, gender, affectional orientation, or age; nor does it provide services in a discriminatory or exploitative fashion. However, this does not preclude psychologists from serving agencies whose publicly declared policy restricts users to membership of a particular religious, ethnic, or other specified group, as long as that policy does not constitute unlawful discrimination.<sup>27</sup> Professional psychologists who find that psychological services are being provided in a manner that is discriminatory or exploitative of users or that is contrary to these General Guidelines or to government statutes or regulations take appropriate corrective actions, which may include the refusal to provide services. When conflicts of interest arise, psychologists are guided in the resolution of differences by the principles set forth in the *Ethical Principles of Psychologists* (APA, 1981a).

Recognition is given to the following considerations in regard to the withholding of services: (1) the professional right of psychologists to limit their practice to a specific category of users with whom they have achieved demonstrated competence (e.g., individuals, families,

groups, ethnic minorities, or organizations); (2) the right and responsibility of psychologists to withhold an assessment procedure when not validly applicable; (3) the right and responsibility of psychologists to withhold services in specific instances in which their own limitations or user characteristics might impair the quality of the services; (4) the obligation of psychologists to seek to ameliorate through peer review, consultation, therapeutic procedures, or other procedures those factors that inhibit the provision of services to particular individuals, families, groups, ethnic minorities, or organizations; and (5) the obligation of psychologists who withhold services to assist the users in obtaining services from another source.

3.2 Psychologists pursue their activities as members of the independent, autonomous profession of psychology.

**ILLUSTRATIVE STATEMENT:** Psychologists, as members of an independent profession, are responsible both to the public and to their peers through established review mechanisms. Psychologists are aware of the implications of their activities for the profession as a whole. They seek to eliminate discriminatory practices instituted for self-serving purposes that are not in the interest of the users (e.g., arbitrary requirements for referral and supervision or sign-off by another profession). They are cognizant of their responsibilities for the development of the profession. They participate where possible in the training and career development of students and other providers, participate as appropriate in the training of support personnel or other professionals, and integrate their contributions within the structure established for delivering psychological services. They facilitate the development of and participate in professional standards review mechanisms and seek to work with other professionals in a cooperative manner for the good of the users and for the benefit of the general public.

Psychologists recognize that it is their responsibility to keep supervisors, administrators, and other agency personnel informed of APA guidelines, principles, standards, policies, and other criteria related to their professional functioning. This information is imparted at times that are appropriate in the individual setting. This may include statements of policy procedures, disclaimers, and so forth. Psychologists are responsible for defining and developing their profession, consistent with the general canons of science and with the public welfare.<sup>21</sup>

3.3 There are periodic, systematic, and effective evaluations of psychological services.

**ILLUSTRATIVE STATEMENT:** When the psychological service unit is a component of a larger organization, regular assessment of progress in achieving goals is provided in the service delivery plan. Such evaluation could include consideration of the effectiveness of psychological services relative to costs in terms of time, money, and the availability of professional and support personnel. Evaluation of the psychological service delivery system could be con-

ducted both internally and, when possible, under independent auspices. Descriptions of therapeutic procedures and other services as well as outcome measures should be as detailed as possible. This evaluation might include an assessment of effectiveness (to determine what the service accomplished), costs, continuity (to ensure that the services are appropriately linked to other human services), availability (to determine appropriate levels and distribution of services and personnel), accessibility (to ensure that the services are barrier-free to users), and adequacy (to determine whether the services meet the identified needs of users). In such evaluations, care is taken to maintain confidentiality of records and privacy of users. It is highly desirable that there be a periodic reexamination of review mechanisms to ensure that these attempts at public safeguards are effective and cost-efficient and do not place unnecessary encumbrances on providers or unnecessary additional expenses on users or sanctioners for services rendered.

3.4 Professional psychologists are accountable for all aspects of the services they provide and are appropriately responsive to those people who are concerned with these services.

**ILLUSTRATIVE STATEMENT:** Depending upon the settings, accurate and full information is made available to prospective individual or organizational users regarding the qualifications of providers, the nature and extent of services offered, and, where appropriate, financial costs and potential risks. In recognizing their responsibilities to users, sanctioners, third-party purchasers, and other providers, wherever appropriate and consistent with the users' legal rights and privileged communications, professional psychologists make available information about initiation, continuation, modification, termination, and evaluation of psychological services and provide counsel to users regarding their decisions about such issues.

3.5 In the public interest, professional psychologists may wish to provide some services to individuals or organizations for little or no financial return. (See Ethical Principle 6d.)

**ILLUSTRATIVE STATEMENT:** Professional psychologists are encouraged to contribute a portion of their services and work for which they receive little or no financial return, according to the *Ethical Principles of Psychologists* (APA, 1981a), and to encourage those they supervise to perform services on a similar basis.

#### FOOTNOTES

<sup>1</sup> The footnotes to these General Guidelines represent an attempt to provide a coherent context of other policy statements of the APA regarding professional practice. The General Guidelines extend these previous policy statements where necessary to reflect current concerns of the public and of the profession.

<sup>2</sup> Note that the title and emphasis of these General Guidelines have been changed from the 1977 version of the *Standards for Providers of Psychological Services*. This has been done to reflect the development and adoption of the *Specialty Guidelines for the Delivery of Services* by the APA in 1980. The profession continues to grow in a variety of areas



in which specific guidelines are not yet necessary. These General Guidelines are intended to support practitioners in these areas.

As stated later in the Preamble, the General Guidelines are aspirational in nature. The change in title is meant to signify that the professional practice of psychology is constantly changing. No collection of principles can adequately direct these changes, and there is no intent to limit future development even though this collection represents the consensus of the profession at this time.

<sup>3</sup> The Ethical Principles from which the General Guidelines have been derived are noted in parentheses at the end of the corresponding General Guidelines.

<sup>4</sup> Early in 1970, acting at the direction of the APA's Council of Representatives, the Board of Professional Affairs (BPA) appointed a task force composed of practicing psychologists with specialized knowledge in at least one of every major class of human service facility and with experience relevant to the setting of standards. The task force's charge was to develop a set of standards for psychological practice. Soon thereafter, partial support for this activity was obtained through a grant from the National Institute of Mental Health (NIMH Grant MH 21696).

The task force promptly established liaison with national groups already active in setting and accrediting standards. It was therefore able to influence two groups of the Joint Commission on Accreditation of Hospitals (JCAH), the Accreditation Council for Facilities for the Mentally Retarded (JCAH, 1971) and the Accreditation Council for Psychiatric Facilities (JCAH, 1972), in their adoption of certain basic principles and in their wording of their standards for psychological services. It also contributed substantially to the "constitutionally required minimum standards for adequate treatment of the mentally ill" ordered by the U.S. District Court in Alabama in the case of *Wyatt v. Stickney* (1972). In concert with other APA committees, the task force also represented the APA in national-level deliberations with government groups and insurance carriers that defined the qualifications necessary for psychologists involved in providing health services.

These interim outcomes involved influence by the APA on actions by groups of nonpsychologists that directly affected the manner in which psychological services were employed, particularly in health and rehabilitation settings. However, these measures did not relieve the Association from exercising its responsibility to speak out directly and authoritatively on what standards for psychological practice should be throughout a broad range of human service settings.

In September 1974, after more than four years of study and broad consultations, the task force completed the APA's first edition of the *Standards for Providers of Psychological Services* (1974). The task of collecting, analyzing, and synthesizing reactions to the original Standards fell to two successive committees. They were charged similarly to review and revise the Standards and to suggest means to implement them, including their acceptance by relevant government and private accreditation groups. The dedicated work of the psychologists who served on both of those committees is gratefully acknowledged. Also recognized with thanks are the several hundred comments received from scores of interested persons representing professional, academic, and scientific psychology; from consumer groups; from administrators of facilities; and from others.

Members of the Task Force on Standards for Service Facilities, which submitted the original Standards in September 1974, were Milton L. Blum, Jacqueline C. Bouhoutsos, Jerry H. Clark, Harold A. Edgerton, Marian D. Hall, Durand F. Jacobs (1972-1974 Chair), Floyd H. Martinez, John E. Muthard, Asher R. Pacht, William D. Pierce, Sue A. Warren, and Alfred M. Wellner (1970-1971 Chair). Staff liaisons from the APA Office of Professional Affairs were John J. McMillan (1970-1971), Gottlieb Simon (1971-1973), and Arthur Centor (1973-1974).

In January 1975, the APA Council of Representatives created the original Committee on Standards for Providers of Psychological Services. The Committee was charged with updating and revising the Standards adopted in September 1974. Members of the Committee were Jacqueline C. Bouhoutsos, Leon Hall, Marian D. Hall, Mary Henle, Durand F. Jacobs (Chair), Abel Ossorio, and Wayne Sorenson. The task force liaison was Jerry H. Clark, and the APA Central Office liaison was Arthur Centor.

In January 1976, the Council modified its charge to the Committee to review the Standards and to recommend revisions needed to reflect the varying needs of only those psychologists engaged in the activities

of clinical psychology, counseling psychology, industrial/organizational psychology, and school psychology. The Committee was reconstituted with one member representing each of the four applied activities, plus one member representing institutional practice and one representing the public interest. Members were Jules Barron (later replaced by Morris Goodman), clinical; Barbara A. Kirk (later replaced by Milton Schwebel), counseling; Virginia Schein (later replaced by Frank Friedlander), industrial/organizational; Durand F. Jacobs (Chair), institutional practice; M. Brewster Smith (later replaced by Pearl Mayo Dansby), public interest; Marian D. Hall (later replaced by Jack I. Bardone and Nadine M. Lambert), school. Arthur Centor and Richard Kilburg were the APA Central Office liaisons. The revised *Standards for Providers of Psychological Services* was approved by the APA Council of Representatives in January 1977 (APA, 1977).

In January 1980, the APA Council of Representatives instructed the Board of Professional Affairs to amend the 1977 Standards in keeping with the principles enunciated by the Council in connection with its action approving the four sets of *Specialty Guidelines for the Delivery of Services* (APA, 1981b). The BPA referred the task of revising the 1977 Standards to the newly created Committee on Professional Standards, composed of Juanita Braddock, public member; Judy E. Hall, experimental/mental retardation; Nadine M. Lambert, school; David Mills (Chair, January-April 1981), clinical/counseling; Milton Schwebel, counseling; Gilfred Tanabe (1980 Chair), clinical; and Murphy Thomas (Chair, May-December 1981), clinical. Subsequent members of the Committee on Professional Standards included William Chestnut, counseling; Lorraine D. Eyde, industrial/organizational; Morris Goodman (1982-1983 Chair), clinical; John H. Jackson, school; Caroline Miller, public member; William Schofield (1984 Chair), clinical; and Barbara Wand, social. These past members of the Committee on Professional Standards were responsible for completing the 1984 revision of the Standards. Central Office staff assistance was provided by Richard Kilburg and Joy Burka (1980), Sharon Shuman and Pam Juhl (1980-1982), Jutta N. Hagner (1982-1984), and Patricia J. Aletky (1982-1985).

The 1985 draft revision was prepared by Committee on Professional Standards members Susan Robbins Berger, school; LaMaurice Gardner, clinical; Jo-Ida Hansen, counseling; Marlene Mues, public member; Lyle Schoenfeldt, industrial/organizational; William Schofield (1985 Chair), clinical; and Barbara Wand (1985 Vice-Chair), social. Central Office staff assistance was provided by Patricia J. Aletky, Patricia Brown, and Rizalina Mendiola. Between March 1985 and June 1985, a BPA work group on the Standards (composed of John H. Jackson, Chair; Morris Goodman, and William Schofield) reviewed and modified the 1985 draft revision. Central Office staff assistance was provided by Patricia J. Aletky, Patricia Brown, and Rizalina Mendiola.

In November 1985, BPA approved a revised effort that involved Committee on Professional Standards members and work groups representing each of the recognized specialties. The Committee on Professional Standards members participating were Lyle Schoenfeldt (1986 Chair), industrial/organizational; Susan Robbins Berger (1986 Vice-Chair), school; LaMaurice Gardner, clinical; Jo-Ida Hansen, counseling; Richard Kilburg, clinical; and Alan Malyon, clinical. Work group participants, by specialty area and Division, were as follows: Clinical: Robert Weitz (Division 12); Patricia Hannigan and Gerald Koocher (Division 29); Donna Copeland, Marlene Eisen, and Billie S. Strauss (Division 30); Arthur Bodin (Divisions 31, 38, 39, 42, 43); Ronald Kurz (Division 38); and Florence Kaslow (Divisions 41 and 43); Counseling: Ricki Bander, John Corrigan, Thomas Dowd, David Fago, and Milton Schwebel (Division 17); Industrial/Organizational: Hannah R. Hirsch and Manuel London (Division 14); School: Judith Alpert, John H. Jackson, and Ralph D. Wenger (Division 16); and Milton Shore (Division 37). Central Office assistance was provided by Pam Juhl, Sheila Lane Forryth, Russell Newman, and Mary Lisa Debraggio.

<sup>5</sup> These General Guidelines are designed to be consistent with existing APA policies. One APA policy governing this issue is the 1987 Model Act for State Licensure of Psychologists, prepared by a subcommittee of APA's Committee on Professional Practice and adopted by the APA Council of Representatives in February 1987.

<sup>6</sup> People who met the following criteria on or before the date of adoption of the original Standards on September 4, 1974, shall also be considered professional psychologists: (a) a master's degree in a program

primarily psychological in content from a regionally accredited university or professional school; (b) appropriate education, training, and experience in the area of service offered; (c) a license or certificate in the state in which they practice, conferred by a state board of psychological examiners; or, in the absence of statutory regulation, the endorsement of the state psychological association through voluntary certification; or, for practice in primary and secondary schools, a state department of education certificate as a school psychologist provided that the certificate required at least two graduate years. Wherever the term *psychologist* is used in these General Guidelines, it refers to *professional psychologist*.

Within the specialty of school psychology, those persons who met the following criteria on or before, but not beyond, January 31, 1985, are also recognized as professional school psychologists: (a) a master's or higher degree, requiring at least two years of full-time graduate study in school psychology, from a regionally accredited university or professional school; (b) at least three additional years of training and experience in school psychological services, including a minimum of 1,200 hours in school settings; and (c) a license or certificate conferred by a state board of psychological examiners or a state educational agency for practice in elementary or secondary schools.

<sup>7</sup> Some federal and state legislation uses the term *clinical psychologist* to identify a set of service providers that is not limited to clinical psychologists as defined by the APA in the *Specialty Guidelines for the Delivery of Services by Clinical Psychologists* (APA, 1981b). APA defines the term *clinical psychologist* in health service delivery legislation in a generic sense to include all qualified professional psychologists who provide relevant services. Intraprofessionally, as represented by its *Specialty Guidelines*, APA currently supports specific and meaningful differentiation in the education, training, and practices of the specialties of clinical psychology, counseling psychology, industrial/organizational psychology, and school psychology.

<sup>8</sup> This definition is similar to the recommended statutory language in the "Requirements for Licensure" section of the 1987 APA Model Act for State Licensure of Psychologists (APA, 1987b), a policy statement setting forth model state legislation affecting the practice of psychology and recognizing the doctorate as the minimum educational requirement for entry into professional practice as a psychologist:

Applicants for licensure shall possess a doctoral degree in psychology from an institution of higher education. The degree shall be obtained from a recognized program of graduate study in psychology as defined by the rules and regulations of the Board.

By 1995 applicants for licensure shall have completed a doctoral program in psychology that is accredited by the American Psychological Association (APA). In areas where no accreditation exists, applicants for licensure shall have completed a doctoral program in psychology that meets recognized acceptable professional standards as determined by the Board. When a new specialty of professional psychology is recognized as being within the accreditation scope of the APA, doctoral programs within that specialty will be afforded a transition period of eight years from their first class of students to the time of their accreditation. During that transition period, graduates of such programs may sit for licensure examination whether or not the program has been accredited. The same principle applies as well to new doctoral programs of specialties previously recognized within the scope of APA accreditation.

Applicants trained in institutions outside the United States shall meet requirements established by the Board. (APA, 1987b, p. 698)

In addition to the above educational requirements, the following experience requirements also appear in the 1987 APA Model Act for State Licensure of Psychologists:

For admission to the licensure examination, applicants shall demonstrate that they have completed two years of supervised professional experience, one year of which shall be postdoctoral. The criteria for appropriate supervision shall be in accordance with regulations to be promulgated by the Board. Postdoctoral experience shall be compatible with the knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice. Applicants shall be required to show evidence of good character, that is, that they have not been

convicted of a criminal offense that bears directly on the fitness of the individual to be licensed. (APA, 1987b, p. 698)

<sup>9</sup> With regard to the roles, responsibilities, and supervision process for other persons who provide psychological services, a professional psychologist should consider the following issues and suggestions:

(a) A professional psychologist is identified as the ethically responsible agent in all advertising, public announcements, and billings for supervised psychological services.

(b) A supervising psychologist reviews and is responsible for all reports prepared by the assistant.

(c) Professional psychologists set a reasonable limit on the number of assistants who are employed and supervised by a single supervisor.

(d) Professional psychologists must be sufficiently available to ensure adequate evaluation or assessment, intervention planning, direction, and consultation.

(e) Assistants provide services or carry out activities at the direction of the psychologist employer/supervisor who is responsible for those services or activities.

(f) Assistants work in reasonably close physical proximity to the supervising psychologist so as to have available regular and continuing supervision.

<sup>10</sup> As was noted in the opening section of the General Guidelines, functions and activities of psychologists relating to the teaching of psychology, the writing or editing of scholarly or scientific manuscripts, the conduct of scientific research, and the activities of members of other professions do not fall within the purview of the General Guidelines.

<sup>11</sup> For the purposes of these General Guidelines and consistent with the 1987 APA Model Act for State Licensure of Psychologists, the term *diagnosis* may include the diagnosis of mental, emotional, nervous, or behavioral disorders or conditions of individuals and groups by professionals trained to do so, such as clinical, counseling, school, rehabilitation, and health psychologists (see Footnote 13).

<sup>12</sup> Consistent with the 1987 APA Model Act for State Licensure of Psychologists, such interventions include, but are not limited to, psychotherapy and counseling (see Footnote 13), and other interventions may include vocational development, cognitive rehabilitation, process consultation, psychological skills training, techniques of health psychology, selection and placement of personnel, and organizational development.

Specific definitions of interventions by each of the recognized specialties are provided in the *Specialty Guidelines for the Delivery of Services* (APA, 1981b).

<sup>13</sup> These definitions should be compared to the 1987 APA Model Act for State Licensure of Psychologists (APA, 1987b, p. 697), which includes definitions of *psychologist* and *practice of psychology* as follows:

*Psychologist*: A person represents himself or herself to be a psychologist if that person uses any title or description of services incorporating the words *psychology*, *psychological*, or *psychologist*, or if he or she possesses expert qualification in any area of psychology or if that person offers to the public or renders to individuals or to groups of individuals services defined as the practice of psychology in this Act.

*Practice of Psychology* is defined as the observation, description, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health. The practice of psychology includes, but is not limited to, psychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; diagnosis and treatment of mental and emotional disorder or disability, alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury or disability; and psychoeducational evaluation, therapy, remediation and consultation. Psychological services may be rendered to individuals, families, groups, and the public. The practice of psychology shall be

construed within the meaning of this definition without regard to whether payment is received for services rendered. (See Section J for exemptions.)

<sup>14</sup> As indicated in the *Ethical Principles of Psychologists* (APA, 1981a), especially Principle 1 (Responsibility) and Principle 3 (Moral and Legal Guidelines), when functioning as an administrator or manager in an organization or unit that is not a psychological services unit, psychologists apply their knowledge, skills, and abilities in furtherance of the objectives of that organization while remaining aware of the requirements of their profession's ethics and guidelines.

<sup>15</sup> The relation of a psychological service unit to a larger facility or institution is also addressed indirectly in the *APA Guidelines for Conditions of Employment of Psychologists* (APA, 1987a), which emphasizes the roles, responsibilities, and prerogatives of the psychologist when he or she is employed by or provides services for another agency, institution, or business.

<sup>16</sup> At the time of the adoption of these General Guidelines, there were four state statutes that did not require a doctoral degree for unsupervised provision of psychological services. Therefore, the goal of having the highest level of training for psychological practitioners is not, at the current time, fully achievable. (See Footnote 18 and Guideline 2.2.4.)

In addition to the small minority of states that recognize nondoctoral psychologists as independent providers of psychological services, almost all states recognize nondoctoral school psychologists who meet the requisite education, training, and experience prescribed by state departments of education as independent practitioners within local, regional, and state school systems.

<sup>17</sup> These illustrative statements have been selected to clarify how these General Guidelines might be implemented or apply in particular situations, and/or the importance of particular implications of the General Guidelines. The APA recognizes that there may be a variety of implications of and methods for implementing a specific General Guideline depending on the situation in a given setting.

<sup>18</sup> This General Guideline reflects changes in the 1987 revision of the Model Act for State Licensure of Psychologists adopted by the APA Council of Representatives in February 1987 (APA, 1987b). Guideline 1.1 expresses the goal of the APA that psychological service units in all organizations have at least one professional psychologist available to assure the quality of services offered.

<sup>19</sup> This General Guideline follows closely the statement regarding "Policy on Training for Psychologists Wishing to Change Their Specialty" adopted by the APA Council of Representatives in January 1976 and revised by the Council in January 1982. Included therein is the implementing provision that "this policy statement shall be incorporated in the guidelines of the Committee on Accreditation so that appropriate sanctions can be brought to bear on university and internship training programs which violate [it]" (Conger, 1976, p. 424).

<sup>20</sup> See also *Ethical Principles in the Conduct of Research with Human Participants* (APA, 1982) and *Principles Concerning the Counseling and Therapy of Women* (APA, 1978).

<sup>21</sup> These documents are available from the American Psychological Association, 1200 Seventeenth Street, NW, Washington, DC 20036.

<sup>22</sup> Another example of a specific application of this principle is found in Guideline 2 in "Guidelines for Psychologists Conducting Growth Groups" (APA, 1973):

2. The following information should be made available in writing to all prospective participants:

- (a) An explicit statement of the purpose of the group;
- (b) Types of techniques that may be employed;
- (c) The education, training, and experience of the leader or leaders;
- (d) The fee and any additional expense that may be incurred;
- (e) A statement as to whether or not a follow-up service is included in the fee;
- (f) Goals of the group experience and techniques to be used;
- (g) Amounts and kinds of responsibility to be assumed by the leader and by the participants. For example, (i) the degree to which a participant is free not to follow suggestions and prescriptions of the group leader

and other group members; (ii) any restrictions on a participant's freedom to leave the group at any time; and

(h) Issues of confidentiality. (p. 933)

<sup>23</sup> When the user of the service is a child, it is desirable that both parent (or legal guardian) and child, to the extent possible, be involved in this understanding.

<sup>24</sup> Health care providers hold widely varying views about the wisdom of written records relating to the content of the psychotherapeutic relationship.

<sup>25</sup> In the absence of such, the policy is as follows:

1. Retain the full record intact for a specified period of time, if not in perpetuity. Some records need to be retained during the lifetime of an individual, either by the provider or by some other agency through arrangement by the provider. These records are necessary in special circumstances, such as in the case of handicapped individuals who need to comply with requests from the Social Security Administration for information on documented disabilities during their childhood years.

2. If a full record is not retained following completion of service delivery, a summary of the record is maintained for a specified period of time.

3. A record or the summary of a record may be disposed of only after a specified period of time following completion of planned services or the date of last contact, whichever comes later. (See the relevant sections of the *Specialty Guidelines for the Delivery of Services*, APA, 1981b, for specific retention and disposition guidelines. These are Guidelines 2.3.4 for clinical, counseling, and school psychologists.)

In the event of the death of or the incapacity of a psychologist in independent practice, special procedures are necessary to assure the continuity of active service to the user and the safeguarding of records in accordance with this Guideline. For this reason, with the approval of the affected user, it is appropriate for another psychologist, acting under the auspices of the Professional Standards Review Committee (PSRC) or the Ethics Committee of the state, where such a committee is available, to review the record with that user and recommend a course of action for continuing professional service, if needed. Depending on local circumstances, appropriate arrangements for record retention and disposal are also recommended by the reviewing psychologists. This General Guideline has been developed to address a variety of circumstances that may arise, often years after a set of psychological services has been completed. Increasingly, records are being utilized in forensic matters, for peer review, for investigation of ethical complaints, and in response to requests from users, other professionals, or other legitimate parties requiring accurate information about the exact dates, nature, course, and outcome of a set of psychological services.

<sup>26</sup> Support for the principle of privileged communication is found in the Model Act for State Licensure of Psychologists (APA, 1987b):

In judicial proceedings, whether civil, criminal, or juvenile, in legislative and administrative proceedings, and in proceedings preliminary and ancillary thereto, a patient or client, or his or her guardian or personal representative, may refuse to disclose or prevent the disclosure of confidential information, including information contained in administrative records, communicated to a psychologist licensed or otherwise authorized to practice psychology under the laws of this jurisdiction, or to persons reasonably believed by the patient or client to be so licensed, and their agents, for the purpose of diagnosis, evaluation, or treatment of any mental or emotional condition or disorder. In the absence of evidence to the contrary, the psychologist is presumed authorized to claim the privilege on the patient's or client's behalf.

This privilege may not be claimed by the patient or client, or on his or her behalf by authorized persons, in the following circumstances:

1. where abuse or harmful neglect of children, the elderly, or disabled or incompetent individuals is known or reasonably suspected;
2. where the validity of a will of a former patient or client is contested;
3. where such information is necessary for the psychologist to defend against a malpractice action brought by the patient or client;
4. where an immediate threat of physical violence against a readily identifiable victim is disclosed to the psychologist;
5. in the context of civil commitment proceedings, where an immediate threat of self-inflicted damage is disclosed to the psychologist;

6. where the patient or client, by alleging mental or emotional damages in litigation, puts his or her mental state at issue;
7. where the patient or client is examined pursuant to court order; or
8. in the context of investigations and hearings brought by the patient or client and conducted by the Board, where violations of this Act are at issue. (pp. 702-703)

Specific provisions for the maintenance of confidentiality are spelled out in each of the *Specialty Guidelines for the Delivery of Services* (APA, 1981b).

<sup>27</sup> Examples of such agencies are clinics for battered women, clinics for Spanish-speaking users, and clinics for members of a specific religious faith or church.

<sup>28</sup> The APA is prepared to provide appropriate assistance to responsible members who are subjected to unreasonable limitations upon their opportunities to function as practitioners, administrators, or consultants. The APA is prepared to cooperate with any responsible professional psychological organization in opposing any unreasonable limitations on the professional functions of the members of that organization. This insistence upon professional autonomy has been upheld over the years by the affirmative actions of the courts and of other public and private bodies in support of the right of psychologists to pursue those functions that they are trained and qualified to perform. Psychologists recognize that other professions and other groups will, from time to time, seek to define the roles and responsibilities of psychologists. The APA opposes such attempts.

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# Ethical Principles of Psychologists and Code of Conduct

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PROFESSIONAL LICENSING  
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## INTRODUCTION

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, six General Principles (A-F), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are *aspirational* goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action and may be considered by ethics bodies in interpreting the Ethical Standards. The Ethical Standards set forth *enforceable* rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical.

Membership in the APA commits members to adhere to the APA Ethics Code and to the rules and procedures used to implement it. Psychologists and students, whether or not they are APA members, should be aware that the Ethics Code may be applied to them by state psychology boards, courts, or other public bodies.

This Ethics Code applies only to psychologists' work-related activities, that is, activities that are part of the psychologists' scientific and professional functions or that are psychological in nature. It includes the clinical or counseling practice of psychology, research, teaching, supervision of trainees, development of assessment instruments, conducting assessments, educational counseling, organizational consulting, social intervention, administration, and other activities as well. These work-related activities can be distinguished from the purely private conduct of a psychologist, which ordinarily is not within the purview of the Ethics Code.

The Ethics Code is intended to provide standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether he or she is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur. These results are based on legal rather than ethical rules. However, compliance with or violation of the Ethics Code may be admissible as evidence in some legal proceedings, depending on the circumstances.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code, in addition to applicable laws and psychology board regulations. If the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If the Ethics Code standard appears to conflict with the requirements of law, then psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a

responsible manner. If neither law nor the Ethics Code resolves an issue, psychologists should consider other professional materials<sup>1</sup> and the dictates of their own conscience, as well as seek consultation with others within the field when this is practical.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. The actions that APA may take for violations of the Ethics Code include actions such as reprimand, censure, termination of

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This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 13 and 16, 1992, and is effective beginning December 1, 1992. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242.

This Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Code may be sent to the above address.

The APA has previously published its Ethical Standards as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1958). Standards of ethical behavior for psychologists. *American Psychologist*, 13, 268-271.
- American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.
- American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.
- American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, pp. 22-23.
- American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.
- American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

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<sup>1</sup>Professional materials that are most helpful in this regard are guidelines and standards that have been adopted or endorsed by professional psychological organizations. Such guidelines and standards, whether adopted by the American Psychological Association (APA) or its Divisions, are not enforceable as such by this Ethics Code, but are of educative value to psychologists, courts, and professional bodies. Such materials include, but are not limited to, the APA's *General Guidelines for Providers of Psychological Services* (1987), *Specialty Guidelines for the Delivery of Services by Clinical Psychologists, Counseling Psychologists, Industrial/Organizational Psychologists, and School Psychologists* (1981), *Guidelines for Computer Based Tests and Interpretations* (1987), *Standards for Educational and Psychological Testing* (1985), *Ethical Principles in the Conduct of Research With Human Participants* (1982), *Guidelines for Ethical Conduct in the Care and Use of Animals* (1986), *Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations* (1990), and *Publication Manual of the American Psychological Association* (3rd ed., 1983). Materials not adopted by APA as a whole include the APA Division 41 (Forensic Psychology)/American Psychology-Law Society's *Specialty Guidelines for Forensic Psychologists* (1991).

APA membership, and referral of the matter to other bodies. Complainants who seek remedies such as monetary damages in alleging ethical violations by a psychologist must resort to private negotiation, administrative bodies, or the courts. Actions that violate the Ethics Code may lead to the imposition of sanctions on a psychologist by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition to actions for violation of the Ethics Code, the APA Bylaws provide that APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.

## **PREAMBLE**

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, administrator, social interventionist, 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. They also strive to help the public in developing informed judgments and choices concerning human behavior. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.

This Code is intended to provide both the general principles and the decision rules to cover most situations encountered by psychologists. It has as its primary goal the welfare and protection of the individuals and groups with whom psychologists work. It is the individual responsibility of each psychologist to aspire to the highest possible standards of conduct. Psychologists respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices.

The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues, as appropriate; and to consult with others, as needed, concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.

## **GENERAL PRINCIPLES**

### **Principle A: Competence**

Psychologists strive to maintain high standards of competence in their work. They recognize the boundaries of their particular competencies and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education,

training, or experience. Psychologists are cognizant of the fact that the competencies required in serving, teaching, and/or studying groups of people vary with the distinctive characteristics of those groups. In those areas in which recognized professional standards do not yet exist, psychologists exercise careful judgment and take appropriate precautions to protect the welfare of those with whom they work. They maintain knowledge of relevant scientific and professional information related to the services they render, and they recognize the need for ongoing education. Psychologists make appropriate use of scientific, professional, technical, and administrative resources.

### **Principle B: Integrity**

Psychologists seek to promote integrity in the science, teaching, and practice of psychology. In these activities psychologists are honest, fair, and respectful of others. In describing or reporting their qualifications, services, products, fees, research, or teaching, they do not make statements that are false, misleading, or deceptive. Psychologists strive to be aware of their own belief systems, values, needs, and limitations and the effect of these on their work. To the extent feasible, they attempt to clarify for relevant parties the roles they are performing and to function appropriately in accordance with those roles. Psychologists avoid improper and potentially harmful dual relationships.

### **Principle C: Professional and Scientific Responsibility**

Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and adapt their methods to the needs of different populations. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of their patients, clients, or other recipients of their services. Psychologists' moral standards and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists. Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct. When appropriate, they consult with colleagues in order to prevent or avoid unethical conduct.

### **Principle D: Respect for People's Rights and Dignity**

Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights. Psychologists are aware of cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status.

Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone unfair discriminatory practices.

### **Principle E: Concern for Others' Welfare**

Psychologists seek to contribute to the welfare of those with whom they interact professionally. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Psychologists are sensitive to real and ascribed differences in power between themselves and others, and they do not exploit or mislead other people during or after professional relationships.

### **Principle F: Social Responsibility**

Psychologists are aware of their professional and scientific responsibilities to the community and the society in which they work and live. They apply and make public their knowledge of psychology in order to contribute to human welfare. Psychologists are concerned about and work to mitigate the causes of human suffering. When undertaking research, they strive to advance human welfare and the science of psychology. Psychologists try to avoid misuse of their work. Psychologists comply with the law and encourage the development of law and social policy that serve the interests of their patients and clients and the public. They are encouraged to contribute a portion of their professional time for little or no personal advantage.

## **ETHICAL STANDARDS**

### **1. General Standards**

These General Standards are potentially applicable to the professional and scientific activities of all psychologists.

#### **1.01 Applicability of the Ethics Code**

The activity of a psychologist subject to the Ethics Code may be reviewed under these Ethical Standards only if the activity is part of his or her work-related functions or the activity is psychological in nature. Personal activities having no connection to or effect on psychological roles are not subject to the Ethics Code.

#### **1.02 Relationship of Ethics and Law**

If psychologists' ethical responsibilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.

#### **1.03 Professional and Scientific Relationship**

Psychologists provide diagnostic, therapeutic, teaching, research, supervisory, consultative, or other psychological services only in the context of a defined professional or scientific relationship or role. (See also Standards 2.01, Evaluation, Diagnosis, and Interventions in Professional Context, and 7.02, Forensic Assessments.)

#### **1.04 Boundaries of Competence**

(a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their education, training, supervised experience, or appropriate professional experience.

(b) Psychologists provide services, teach, or conduct research in new areas or involving new techniques only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.

(c) 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 patients, clients, students, research participants, and others from harm.

#### **1.05 Maintaining Expertise**

Psychologists who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities maintain a reasonable level of awareness of current scientific and professional information in their fields of activity, and undertake ongoing efforts to maintain competence in the skills they use.

#### **1.06 Basis for Scientific and Professional Judgments**

Psychologists rely on scientifically and professionally derived knowledge when making scientific or professional judgments or when engaging in scholarly or professional endeavors.

#### **1.07 Describing the Nature and Results of Psychological Services**

(a) When psychologists provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions. (See also Standard 2.09, Explaining Assessment Results.)

(b) 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.



## 1.08 Human Differences

Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals.

## 1.09 Respecting Others

In their work-related activities, psychologists respect the rights of others to hold values, attitudes, and opinions that differ from their own.

## 1.10 Nondiscrimination

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

## 1.11 Sexual Harassment

(a) 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 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.

(b) Psychologists accord sexual-harassment complainants and respondents dignity and respect. Psychologists do not participate in denying a person academic admittance or advancement, employment, tenure, or promotion, based solely upon their having made, or their being the subject of, sexual-harassment charges. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.

## 1.12 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, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

## 1.13 Personal Problems and Conflicts

(a) Psychologists recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.

(b) In addition, psychologists have an obligation to be alert to signs of, and to obtain assistance for, their personal problems at an early stage, in order to prevent significantly impaired performance.

(c) 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.

## 1.14 Avoiding Harm

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

## 1.15 Misuse of Psychologists' Influence

Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.

## 1.16 Misuse of Psychologists' Work

(a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused by others, unless corrective mechanisms are available. (See also Standard 7.04, Truthfulness and Candor.)

(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

## 1.17 Multiple Relationships

(a) In many communities and situations, it may not be feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party.

(b) Likewise, whenever feasible, a psychologist refrains from taking on professional or scientific obligations when preexisting relationships would create a risk of such harm.

(c) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

### 1.18 Barter (With Patients or Clients)

Psychologists ordinarily refrain from accepting goods, services, or other nonmonetary 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 relationship is not exploitative. (See also Standards 1.17, Multiple Relationships, and 1.25, Fees and Financial Arrangements.)

### 1.19 Exploitative Relationships

(a) Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients or patients. (See also Standards 4.05–4.07 regarding sexual involvement with clients or patients.)

(b) Psychologists do not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority, because such relationships are so likely to impair judgment or be exploitative.

### 1.20 Consultations and Referrals

(a) Psychologists arrange for appropriate consultations and referrals based principally on the best interests of their patients or clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations. (See also Standards 5.01, Discussing the Limits of Confidentiality, and 5.06, Consultations.)

(b) When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their patients or clients effectively and appropriately.

(c) Psychologists' referral practices are consistent with law.

### 1.21 Third-Party Requests for Services

(a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this Ethics Code.

### 1.22 Delegation to and Supervision of Subordinates

(a) Psychologists delegate to their employees, supervisees, and research assistants only those responsibilities that such persons can reasonably be expected to perform competently, on the basis of their education, training, or experience, either independently or with the level of supervision being provided.

(b) Psychologists provide proper training and supervision to their employees or supervisees and take reasonable steps to see that such persons perform services responsibly, competently, and ethically.

(c) If institutional policies, procedures, or practices prevent fulfillment of this obligation, psychologists attempt to modify their role or to correct the situation to the extent feasible.

### 1.23 Documentation of Professional and Scientific Work

(a) Psychologists appropriately document their professional and scientific work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of institutions or the law.

(b) When psychologists have reason to believe that records of their professional services will be used in legal proceedings involving recipients of or participants in their work, they have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with reasonable scrutiny in an adjudicative forum. (See also Standard 7.01, Professionalism, under Forensic Activities.)

### 1.24 Records and Data

Psychologists create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 5.04, Maintenance of Records.)

### 1.25 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, the psychologist and the patient, client, or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.

(b) Psychologists do not exploit recipients of services or payors with respect to fees.

(c) Psychologists' fee practices are consistent with law.

(d) Psychologists do not misrepresent their fees.

(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as

early as is feasible. (See also Standard 4.08, Interruption of Services.)

(f) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standard 5.11, Withholding Records for Nonpayment.)

### **1.26 Accuracy in Reports to Payors and Funding Sources**

In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the research or service provided, the fees or charges, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standard 5.05, Disclosures.)

### **1.27 Referrals and Fees**

When a psychologist pays, receives payment from, or divides fees with another professional other than in an employer-employee relationship, the payment to each is based on the services (clinical, consultative, administrative, or other) provided and is not based on the referral itself.

## **2. Evaluation, Assessment, or Intervention**

### **2.01 Evaluation, Diagnosis, and Interventions in Professional Context**

(a) Psychologists perform evaluations, diagnostic services, or interventions only within the context of a defined professional relationship. (See also Standard 1.03, Professional and Scientific Relationship.)

(b) Psychologists' assessments, recommendations, reports, and psychological diagnostic or evaluative statements are based on information and techniques (including personal interviews of the individual when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standard 7.02, Forensic Assessments.)

### **2.02 Competence and Appropriate Use of Assessments and Interventions**

(a) Psychologists who develop, administer, score, interpret, or use psychological assessment techniques, interviews, tests, or instruments do so 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.

(b) Psychologists refrain from misuse of assessment techniques, interventions, results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing raw test results or raw data to persons, other than to patients or clients as appropriate, who are not qualified to use such information. (See also Standards 1.02, Relationship of Ethics and Law, and 1.04, Boundaries of Competence.)

### **2.03 Test Construction**

Psychologists who develop and conduct research with tests and other assessment techniques use scientific procedures and current professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

### **2.04 Use of Assessment in General and With Special Populations**

(a) Psychologists who perform interventions or administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper applications and uses of, the techniques they use.

(b) Psychologists recognize limits to the certainty with which diagnoses, judgments, or predictions can be made about individuals.

(c) Psychologists attempt to identify situations in which particular interventions or assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as individuals' gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

### **2.05 Interpreting Assessment Results**

When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors and characteristics of the person being assessed that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations.

### **2.06 Unqualified Persons**

Psychologists do not promote the use of psychological assessment techniques by unqualified persons. (See also Standard 1.22, Delegation to and Supervision of Subordinates.)

### **2.07 Obsolete Tests and Outdated Test Results**

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

(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

### **2.08 Test Scoring and Interpretation Services**

(a) Psychologists who offer assessment or scoring procedures to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the

procedures and any special qualifications applicable to their use.

(b) 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.

(c) Psychologists retain appropriate 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.

## 2.09 Explaining Assessment Results

Unless the nature of the relationship is clearly explained to the person being assessed in advance and precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), psychologists ensure that an explanation of the results is provided using language that is reasonably understandable to the person assessed or to another legally authorized person on behalf of the client. Regardless of whether the scoring and interpretation are done by the psychologist, by assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given.

## 2.10 Maintaining Test Security

Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 1.02, Relationship of Ethics and Law.)

## 3. Advertising and Other Public Statements

### 3.01 Definition of Public Statements

Psychologists comply with this Ethics Code in public statements relating to their professional services, products, or publications or to the field of psychology. Public statements include but are not limited to paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curricula vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public oral presentations, and published materials.

### 3.02 Statements by Others

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

(b) In addition, psychologists make reasonable efforts to prevent others whom they do not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.

(c) If psychologists learn of deceptive statements about their work made by others, psychologists make reasonable efforts to correct such statements.

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

(e) A paid advertisement relating to the psychologist's activities must be identified as such, unless it is already apparent from the context.

## 3.03 Avoidance of False or Deceptive Statements

(a) Psychologists do not make public statements that are false, deceptive, misleading, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. As examples (and not in limitation) of this standard, psychologists do not make false or deceptive statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings. (See also Standards 6.15, Deception in Research, and 6.18, Providing Participants With Information About the Study.)

(b) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

## 3.04 Media Presentations

When psychologists provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally.

## 3.05 Testimonials

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

## 3.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this does not preclude attempt-



ing to implement appropriate collateral contacts with significant others for the purpose of benefiting an already engaged therapy patient.

## **4. Therapy**

### **4.01 Structuring the Relationship**

(a) Psychologists discuss with clients or patients as early as is feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy, fees, and confidentiality. (See also Standards 1.25, Fees and Financial Arrangements, and 5.01, Discussing the Limits of Confidentiality.)

(b) When the psychologist's work with clients or patients will be supervised, the above discussion includes that fact, and the name of the supervisor, when the supervisor has legal responsibility for the case.

(c) When the therapist is a student intern, the client or patient is informed of that fact.

(d) Psychologists make reasonable efforts to answer patients' questions and to avoid apparent misunderstandings about therapy. Whenever possible, psychologists provide oral and/or written information, using language that is reasonably understandable to the patient or client.

### **4.02 Informed Consent to Therapy**

(a) Psychologists obtain appropriate informed consent to therapy or related procedures, using language that is reasonably understandable to participants. The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented.

(b) When persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person, if such substitute consent is permitted by law.

(c) In addition, psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed interventions in a manner commensurate with the persons' psychological capacities, (2) seek their assent to those interventions, and (3) consider such persons' preferences and best interests.

### **4.03 Couple and Family Relationships**

(a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are patients or clients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 5.01, Discussing the Limits of Confidentiality.)

(b) As soon as it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 7.03, Clarification of Role, under Forensic Activities.)

### **4.04 Providing Mental Health Services 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 patient's or client's welfare. The psychologist discusses these issues with the patient or client, or another legally authorized person on behalf of the client, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.

### **4.05 Sexual Intimacies With Current Patients or Clients**

Psychologists do not engage in sexual intimacies with current patients or clients.

### **4.06 Therapy With Former Sexual Partners**

Psychologists do not accept as therapy patients or clients persons with whom they have engaged in sexual intimacies.

### **4.07 Sexual Intimacies With Former Therapy Patients**

(a) Psychologists do not engage in sexual intimacies with a former therapy patient or client for at least two years after cessation or termination of professional services.

(b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients and clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature and duration of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client and others, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the patient or client. (See also Standard 1.17, Multiple Relationships.)

#### 4.08 Interruption of Services

(a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's relocation or financial limitations. (See also Standard 5.09, Preserving Records and Data.)

(b) When entering into employment or contractual relationships, psychologists provide for orderly and appropriate resolution of responsibility for patient or client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the patient or client.

#### 4.09 Terminating the Professional Relationship

(a) Psychologists do not abandon patients or clients. (See also Standard 1.25e, under Fees and Financial Arrangements.)

(b) Psychologists terminate a professional relationship when it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting, or is being harmed by continued service.

(c) Prior to termination for whatever reason, except where precluded by the patient's or client's conduct, the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately.

### 5. Privacy and Confidentiality

These Standards are potentially applicable to the professional and scientific activities of all psychologists.

#### 5.01 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services.

(b) 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.

(c) Permission for electronic recording of interviews is secured from clients and patients.

#### 5.02 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to respect the confidentiality rights of

those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 6.26, Professional Reviewers.)

#### 5.03 Minimizing Intrusions on Privacy

(a) In order to minimize intrusions on privacy, psychologists include in written and oral reports, consultations, and the like, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

#### 5.04 Maintenance of Records

Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Psychologists maintain and dispose of records in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code.

#### 5.05 Disclosures

(a) 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 (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or client or others from harm, or (4) to obtain payment for services, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

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

#### 5.06 Consultations

When consulting with colleagues, (1) psychologists do not share confidential information that reasonably could lead to the identification of a patient, client, 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, and (2) they share information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 5.02, Maintaining Confidentiality.)

## 5.07 Confidential Information and Databases

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

(b) If a research protocol approved by an institutional review board or similar body requires the inclusion of personal identifiers, such identifiers are deleted before the information is made accessible to persons other than those of whom the subject was advised.

(c) If such deletion is not feasible, then before psychologists transfer such data to others or review such data collected by others, they take reasonable steps to determine that appropriate consent of personally identifiable individuals has been obtained.

## 5.08 Use of Confidential Information for Didactic or Other Purposes

(a) Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.

(b) Ordinarily, in such scientific and professional presentations, psychologists disguise confidential information concerning such persons or organizations so that they are not individually identifiable to others and so that discussions do not cause harm to subjects who might identify themselves.

## 5.09 Preserving Records and Data

A psychologist makes plans in advance so that confidentiality of records and data is protected in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.

## 5.10 Ownership of Records and Data

Recognizing that ownership of records and data is governed by legal principles, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.

## 5.11 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and imminently needed for a patient's or client's treatment solely because payment has not been received, except as otherwise provided by law.

## 6. Teaching, Training Supervision, Research, and Publishing

### 6.01 Design of Education and Training Programs

Psychologists who are responsible for education and training programs seek to ensure that the programs are competently designed, provide the proper experiences, and meet the requirements for licensure, certification, or other goals for which claims are made by the program.

### 6.02 Descriptions of Education and Training Programs

(a) Psychologists responsible for education and training programs seek to ensure that there is a current and accurate description of the program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

(b) Psychologists seek to ensure that statements concerning their course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 3.03, Avoidance of False or Deceptive Statements.)

(c) 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.

### 6.03 Accuracy and Objectivity in Teaching

(a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity.

(b) When engaged in teaching or training, psychologists recognize the power they hold over students or supervisees and therefore make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (See also Standards 1.09, Respecting Others, and 1.12, Other Harassment.)

### 6.04 Limitation on Teaching

Psychologists do not teach the use of techniques or procedures that require specialized training, licensure, or expertise, including but not limited to hypnosis, biofeedback, and projective techniques, to individuals who lack the prerequisite training, legal scope of practice, or expertise.

### 6.05 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish an appropriate process for providing feedback to students and supervisees.

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

### 6.06 Planning Research

(a) Psychologists design, conduct, and report research in accordance with recognized standards of scientific competence and ethical research.

(b) Psychologists plan their research so as to minimize the possibility that results will be misleading.

(c) In planning research, psychologists consider its ethical acceptability under the Ethics Code. If an ethical issue is unclear, psychologists seek to resolve the issue through consultation with institutional review boards, animal care and use committees, peer consultations, or other proper mechanisms.

(d) Psychologists take reasonable steps to implement appropriate protections for the rights and welfare of human participants, other persons affected by the research, and the welfare of animal subjects.

### 6.07 Responsibility

(a) Psychologists conduct research competently and with due concern for the dignity and welfare of the participants.

(b) Psychologists are responsible for the ethical conduct of research conducted by them or by others under their supervision or control.

(c) Researchers and assistants are permitted to perform only those tasks for which they are appropriately trained and prepared.

(d) As part of the process of development and implementation of research projects, psychologists consult those with expertise concerning any special population under investigation or most likely to be affected.

### 6.08 Compliance With Law and Standards

Psychologists plan and conduct research in a manner consistent with federal and state law and regulations, as well as professional standards governing the conduct of research, and particularly those standards governing research with human participants and animal subjects.

### 6.09 Institutional Approval

Psychologists obtain from host institutions or organizations appropriate approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.

### 6.10 Research Responsibilities

Prior to conducting research (except research involving only anonymous surveys, naturalistic observations, or similar research), psychologists enter into an agreement with participants that clarifies the nature of the research and the responsibilities of each party.

## 6.11 Informed Consent to Research

(a) Psychologists use language that is reasonably understandable to research participants in obtaining their appropriate informed consent (except as provided in Standard 6.12, Dispensing With Informed Consent). Such informed consent is appropriately documented.

(b) Using language that is reasonably understandable to participants, psychologists inform participants of the nature of the research; they inform participants that they are free to participate or to decline to participate or to withdraw from the research; they explain the foreseeable consequences of declining or withdrawing; they inform participants of significant factors that may be expected to influence their willingness to participate (such as risks, discomfort, adverse effects, or limitations on confidentiality, except as provided in Standard 6.15, Deception in Research); and they explain other aspects about which the prospective participants inquire.

(c) When psychologists conduct research with individuals such as students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

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

(e) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) obtain the participant's assent, and (3) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted by law.

## 6.12 Dispensing With Informed Consent

Before determining that planned research (such as research involving only anonymous questionnaires, naturalistic observations, or certain kinds of archival research) does not require the informed consent of research participants, psychologists consider applicable regulations and institutional review board requirements, and they consult with colleagues as appropriate.

## 6.13 Informed Consent in Research Filming or Recording

Psychologists obtain informed consent from research participants prior to filming or recording them in any form, unless the research involves simply 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.

## 6.14 Offering Inducements for Research Participants

(a) In offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and



limitations. (See also Standard 1.18, Barter [With Patients or Clients].)

(b) Psychologists do not offer excessive or inappropriate financial or other inducements to obtain research participants, particularly when it might tend to coerce participation.

### 6.15 Deception in Research

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

(b) Psychologists never deceive research participants about significant aspects that would affect their willingness to participate, such as physical risks, discomfort, or unpleasant emotional experiences.

(c) Any other deception that is an integral feature of the design and conduct of an experiment must be explained to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 6.18, Providing Participants With Information About the Study.)

### 6.16 Sharing and Utilizing Data

Psychologists inform research participants of their anticipated sharing or further use of personally identifiable research data and of the possibility of unanticipated future uses.

### 6.17 Minimizing Invasiveness

In conducting research, psychologists interfere with the participants or milieu from which data are collected only in a manner that is warranted by an appropriate research design and that is consistent with psychologists' roles as scientific investigators.

### 6.18 Providing Participants With Information About the Study

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists attempt to correct any misconceptions that participants may have.

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

### 6.19 Honoring Commitments

Psychologists take reasonable measures to honor all commitments they have made to research participants.

### 6.20 Care and Use of Animals in Research

(a) Psychologists who conduct research involving animals treat them humanely.

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

(c) 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.

(d) Psychologists ensure that all individuals using animals under their supervision 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.

(e) Responsibilities and activities of individuals assisting in a research project are consistent with their respective competencies.

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

(g) A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(h) Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection and minimize pain are followed during and after surgery.

(i) When it is appropriate that the animal's life be terminated, it is done rapidly, with an effort to minimize pain, and in accordance with accepted procedures.

### 6.21 Reporting of Results

(a) Psychologists do not fabricate data or falsify results in their publications.

(b) 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.

### 6.22 Plagiarism

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

### 6.23 Publication Credit

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

(b) 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 appropriately acknowledged, such as in footnotes or in an introductory statement.

(c) A student is usually listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis.

## 6.24 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.

## 6.25 Sharing Data

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.

## 6.26 Professional Reviewers

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

# 7. Forensic Activities

## 7.01 Professionalism

Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities. In addition, psychologists base their forensic work on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations. (See also Standards 1.06, Basis for Scientific and Professional Judgments; 1.08, Human Differences; 1.15, Misuse of Psychologists' Influence; and 1.23, Documentation of Professional and Scientific Work.)

## 7.02 Forensic Assessments

(a) Psychologists' forensic assessments, recommendations, and reports are based on information and techniques (including personal interviews of the individual, when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standards 1.03, Professional and Scientific Relationship; 1.23, Documentation of Professional and Scientific Work; 2.01, Evaluation, Diagnosis, and Interventions in Professional Context; and 2.05, Interpreting Assessment Results.)

(b) Except as noted in (c), below, psychologists provide written or oral forensic reports or testimony of the psychological characteristics of an individual only after they have conducted an examination of the individual adequate to support their statements or conclusions.

(c) When, despite reasonable efforts, such an examination is not feasible, psychologists clarify the impact of their limited information on the reliability and validity of their reports and testimony, and they appropriately limit the nature and extent of their conclusions or recommendations.

## 7.03 Clarification of Role

In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding—for example, as consultant or expert for one party or for the court and as a fact witness—they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role.

## 7.04 Truthfulness and Candor

(a) In forensic testimony and reports, psychologists testify truthfully, honestly, and candidly and, consistent with applicable legal procedures, describe fairly the bases for their testimony and conclusions.

(b) Whenever necessary to avoid misleading, psychologists acknowledge the limits of their data or conclusions.

## 7.05 Prior Relationships

A prior professional relationship with a party does not preclude psychologists from testifying as fact witnesses or from testifying to their services to the extent permitted by applicable law. Psychologists appropriately take into account ways in which the prior relationship might affect their professional objectivity or opinions and disclose the potential conflict to the relevant parties.

## 7.06 Compliance With Law and Rules

In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles. Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. (See also Standard 1.02, Relationship of Ethics and Law.)

# 8. Resolving Ethical Issues

## 8.01 Familiarity With Ethics Code

Psychologists have an obligation to be familiar with this Ethics Code, other applicable ethics codes, and their application to psychologists' work. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.

## 8.02 Confronting Ethical Issues

When a psychologist is uncertain whether a particular situation or course of action would violate this Ethics Code, the psychologist ordinarily consults with other psychologists knowledgeable about ethical issues, with state or national

psychology ethics committees, or with other appropriate authorities in order to choose a proper response.

### **8.03 Conflicts Between Ethics and Organizational Demands**

If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.

### **8.04 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.

### **8.05 Reporting Ethical Violations**

If an apparent ethical violation is not appropriate for informal resolution under Standard 8.04 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics or to state licensing boards.

### **8.06 Cooperating With Ethics Committees**

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.

### **8.07 Improper Complaints**

Psychologists do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than to protect the public.

Category	Education	Supervision Before Licensure
Clinical Social Worker	Master or Doctorate	Two years employment with at least 100 hours of supervision.
Marital & Family Therapist	Master or Doctorate	One year before graduation. 1,500 hours of direct client contact with at least 200 hours of individual/group supervision.
Marital & Family Assoc.	Master or Doctorate	One year before graduation. Ongoing supervision after license.
Psychologist	Doctorate Degree	One year post graduate experience.
Psychological Assoc.	Master's Degree	Three years supervision pre-license. Ongoing supervision after license.
		May apply for independent practice if licensee has five years licensed practice.



## **Clinical Social Worker**

### **Education:**

Master's degree or doctoral degree in social work

### **Supervision prior to licensure:**

(A) Two years of continuous full-time employment in post graduate clinical social work; or minimum of 3,000 hours of less than full-time employment in a period of not less than two years in postgraduate clinical social work; at least 100 hours of supervision required under this paragraph shall be conducted by a qualified person approved by the board.

### **Supervision after licensure:**

None Required

### **Scope of Practice:**

AS 08.95.900(5) "social work principles and methods" include counseling and using techniques of applied psychotherapy of a nonmedical nature to assist the diagnosis and treatment of mental and emotional conditions of individuals, families, and groups; providing information and referral services; providing or arranging for the provision of social services; explaining and interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, provide, or improve social and health services; and doing research related to social work.

## **Marital and Family Therapist**

### **Education**

Master's degree or doctorate in marital and family therapy or allied mental health field (study must include specific instruction as listed in the statute).

### **Supervision before licensure:**

Education program must have required one year of supervised clinical practice in marital and family therapy. Then, a minimum of 1,500 hours of direct contact with clients within the three years of date of application for licensure, which included at least 200 hours (100 hours individual and 100 hours group) supervision .

### **Supervision after licensure:**

None required.

### **Scope of Practice:**

AS 08.63.900(5) "practice of marital and family therapy" means the diagnosis and treatment of mental and emotional disorders that are referenced in the standard diagnostic nomenclature for marital and family therapy, whether cognitive, affective, or behavioral, within the context of human relationships, particularly marital and family systems; marital and family therapy involves

(A) the professional application of assessments and treatments of psychological therapeutic services to individuals, couples, and families for the purpose of treating the diagnosed emotional and mental disorders;

(B) an applied understanding of the dynamics of marital and family interactions, along with the application of psychotherapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships and family life.

## **Marriage and Family Therapy Associate**

### **Education**

Master's degree or doctorate in marital and family therapy or allied mental health field (study must include specific instruction as listed in the statute).

### **Supervision before licensure:**

None required.

### **Supervision required after licensure:**

An associate must submit to the board for its approval a proposed plan for satisfying the supervision of a minimum of 1,500 hours of direct contact with clients within the three years of date of application for licensure, which included at least 200 hours (100 hours individual and 100 hours group) supervision. The associate works under the direct supervision of a supervisor approved by the board under AS 08.63.120 in a clinic, social service agency, or other setting approved by the board. The license for supervised practice expires four years from the date of issuance and may not be renewed.

### **Scope of Practice:**

Same as noted for marital and family therapist AS 08.63.900(5)

## **Psychologist**

### **Education**

Doctorate degree in Psychology; Educational Psychology; education with specialization in counseling psychology or educational psychology; or a subject considered equivalent by the board.

### **Supervision before licensure:**

One year post doctoral experience.

### **Supervision after licensure:**

None required.

### **Scope for Practice**

AS 08.86.230(6) "to practice psychology" means to render or offer for a fee to individuals, groups, organizations, or the public for the diagnosis, prevention, treatment, or amelioration of psychological problems and emotional and mental disorders of individuals or groups or for conducting research on human behavior, a psychological services involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, including

(A) the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships;

(B) the methods and procedures for interviewing, counseling, psychotherapy, biofeedback, behavior modification, and hypnosis;

(C) constructing, administering and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations.

## **Psychological Associate**

### **Education**

Master's degree with primary emphasis on psychology, with at least 48 credits of graduate work directly related to a specialized area of psychology.

### **Supervision before licensure:**

Three years supervised experience after obtaining degree.

### **Supervision after licensure:**

Ongoing supervision required, unless independent practice is authorized in accordance with AS 08.86.164(e).

### **Scope of Practice**

AS 08.86.164 Scope of practice by associate. (a) A psychological associate shall be licensed for specific activities or areas of competence as determined by the nature and extent of the psychological associate's training and experience, and those areas shall be specified on the license.

(b) A psychological associate shall function under the supervision of a licensed psychologist.

(c) Supervision of a licensed psychological associate is the responsibility of the supervising licensed psychologist, and includes face-to-face consultation as required by the nature of the work of the psychological associate that is consistent with accepted professional practices in psychology. The supervising psychologist is responsible for insuring that the extent, kind and quality of the psychological services performed are consistent with the training and experience of the psychological associate.

(d) A psychological associate and the psychological associate's supervisor shall register with the board a statement of the intended area of practice and arrangements for supervision.

(e) Notwithstanding (b) of this section, a psychological associate who has completed at least five years of licensed practice under this section may petition the board for certification to practice without supervision. The board shall grant the petition if the associate satisfies the criteria established by the board in regulation.

*Statutes and Regulations*

# Marital and Family Therapy

September 1995

P. 76

# ALASKA

**DEPARTMENT OF COMMERCE  
AND ECONOMIC DEVELOPMENT**  
DIVISION OF PROFESSIONAL LICENSING

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**CHAPTER 63.  
MARITAL AND FAMILY THERAPY**

**Article**

1. **Board of Marital and Family Therapy**  
(§§ 08.63.010 — 08.63.060)
2. **Marital and Family Therapy Licenses**  
(§§ 08.63.100 — 08.63.140)
3. **General Provisions** (§§ 08.63.200 — 08.63.900)

**ARTICLE 1.  
BOARD OF MARITAL AND FAMILY THERAPY**

**Section**

10. **Board established**
20. **Board appointments**
30. **Meetings**
40. **Removal of board members**
50. **Powers and duties of the board**
60. **Procedures**

**Sec. 08.63.010. Board established.** (a) There is established the Board of Marital and Family Therapy.

(b) The board consists of three persons licensed under this chapter and two members of the public.

**Sec. 08.63.020. Board appointments.** The governor shall appoint the members of the board subject to confirmation by the legislature.

**Sec. 08.63.030. Meetings.** The board shall hold an annual meeting and may hold special meetings at the call of the chair or a majority of the board members.

**Sec. 08.63.040. Removal of board members.** The governor may only remove a member of the board for good cause.

**Sec. 08.63.050. Powers and duties of the board.** The board shall

(1) establish objective examination requirements and training and education requirements for persons who apply for a license to practice marital and family therapy;

(2) examine applicants and issue licenses to qualified applicants;

(3) establish continuing education requirements for license renewal;

- (4) adopt a code of ethical practice for marital and family therapy;
- (5) hold hearings and order the disciplinary sanction of a person who violates this chapter or a regulation of the board;
- (6) ensure that licensees are aware of the requirements of AS 47.17.020;
- (7) establish standards for supervisors and supervision under this chapter;
- (8) report annually to the governor and the department on the board's proceedings each year; the report must include the number of licensure applicants, the number of examinations conducted, the failure rate for each examination, a financial report, and other information requested by the department;
- (9) enforce the provisions of this chapter and adopt regulations necessary to carry out its duties under this chapter.

## ARTICLE 2. MARITAL AND FAMILY THERAPY LICENSES.

### Section

- 100. Qualifications for license to practice
- 110. License for supervised practice
- 120. Authorized supervisors
- 130. Temporary license for the practice of marital and family therapy
- 140. Licensure by credentials

**Sec. 08.63.100. Qualifications for license to practice.** (a) The board shall issue a license to practice marital and family therapy to a person who

- (1) applies on a form provided by the board;
- (2) pays the fee established under AS 08.01.065;
- (3) furnishes evidence satisfactory to the board that the person

(A) has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.63.210;

(B) holds a master's degree or doctorate in marital and family therapy or allied mental health field from a regionally accredited educational institution approved by the board for which the person completed a course of study that included instruction substantially equivalent to the following:

- (i) three courses or nine semester or 12 quarter hours of course work in marital and family therapy;
- (ii) three courses or nine semester or 12 quarter hours of course work in marital and family studies;
- (iii) three courses or nine semester or 12 quarter hours of course work in human development;
- (iv) one course or three semester or four quarter hours of course work in professional studies or professional ethics and law;
- (v) one course or three semester or four quarter hours of course work in research; and

- (vi) one year of supervised clinical practice in marital and family therapy;
- (C) after receiving a degree described in (B) of this paragraph, has
  - (i) practiced marital and family therapy within three years of the person's application, including 1,500 hours of direct clinical contact with couples and families; and
  - (ii) been supervised in the clinical contact for at least 200 hours, including 100 hours of individual supervision and 100 hours of group supervision approved by the board;
- (D) has received training related to domestic violence; and
- (E) has passed a written or oral examination administered by the board.

(b) Under regulations adopted by the board, a person who holds a master's or doctorate degree in marital and family therapy or allied mental health field from a regionally accredited educational institution approved by the board, but whose course of degree study did not include all the courses or clinical practice requirements set out in (a)(3)(B) of this section may substitute post-degree courses or practice, as approved by the board, to satisfy the requirements of (a)(3)(B) of this section.

(c) An applicant who fails an examination given under this section may retake the examination for a period of six months from the date of the examination that the applicant failed.

(d) A license issued under this section shall be renewed biennially by the applicant on a date set by the department and approved by the board. It shall be renewed by payment of the fee established under AS 08.01.065 and by satisfaction of the continuing education requirements established by the board for the renewal of licenses issued under this section.

**Sec. 08.63.110. License for supervised practice.** (a) The board shall issue a four-year license for the supervised practice of marital and family therapy to a person who meets the requirements of AS 08.63.100(a)(1), (2), and (3)(A)—(B).

(b) A licensee under this section may practice only

(1) under the direct supervision of a supervisor approved by the board under AS 08.63.120; and

(2) in a clinic, social service agency, or other setting approved by the board.

(c) A license for supervised practice expires four years from the date of issuance and may not be renewed.

(d) A licensee under this section shall submit to the board for its approval a proposed plan for satisfying the supervision requirements of AS 08.63.100(a)(3)(C).

(e) A licensee under this section shall use the title "marital therapy associ-



etc," "family therapy associate," or other title that is approved by the board.

(f) The board shall revoke a license for supervised practice if the person fails the examination required under AS 08.63.100 two or more times.

**Sec. 08.63.120. Authorized supervisors.** (a) A person may not supervise a person under this chapter unless approved by the board to be a supervisor.

(b) A person who supervises a licensee under this section must

(1) have practiced marital and family therapy for five years;

(2) be licensed under this chapter; and

(3) meet the minimum standards established by the board for approved supervisors.

**Sec. 08.63.130. Temporary license for the practice of marital and family therapy.** (a) The board shall issue a temporary license for the practice of marital and family therapy to an applicant who satisfies the requirements of AS 08.63.100(a)(1), (2), and (3)(A), (B), and (C) and has been approved by the board to take the marital and family therapy examination.

(b) A person may practice under a temporary license until the board issues the results of the first marital and family therapy examination given after issuance of the person's temporary license and either issues or denies a license under AS 08.63.100 to the person.

(c) If a licensee under this section fails the marital and family therapy examination, the board may not renew the person's temporary license.

**Sec. 08.63.140. Licensure by credentials.** The board shall issue a license to practice marital and family therapy to a person who

(1) is licensed or certified for the practice of marital and family therapy in another state that has requirements for the license or certificate that are substantially equal to or greater than the requirements of this state; and

(2) meets the requirements of AS 08.63.100(a)(1), (2), and (3)(A).

### ARTICLE 3. GENERAL PROVISIONS

#### Section

200. Confidentiality of communication

210. Grounds for imposition of disciplinary sanctions

220. License required if designation used

900. Definitions

**Sec. 08.63.200. Confidentiality of communication.** (a) A person licensed under this chapter may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client has em-

ployed the licensee in a professional capacity. This section does not apply to

(1) a case conference or case consultation with other mental health professionals at which the patient is not identified;

(2) the release of information that the client in writing authorized the licensee to reveal;

(3) information released to the board as part of a disciplinary or other proceeding; or

(4) situations where the rules of evidence applicable to the psychotherapist-patient privilege allow the release of the information.

(b) Notwithstanding (a) of this section, a person licensed under this chapter shall report incidents of

(1) child abuse or neglect as required by AS 47.17;

(2) harm or assaults suffered by an elderly person or disabled adult as required by AS 47.24.

(c) Information obtained by the board under (a)(3) of this section is confidential and is not a public record for purposes of AS 09.25.110 — 09.25.140.

**Sec. 08.63.210. Grounds for imposition of disciplinary sanctions.** After a hearing, the board may impose a disciplinary sanction under AS 08.01.075 on a person licensed under this chapter when the board finds that the person

(1) secured a license through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or of another crime that affects the person's ability to practice competently and safely;

(5) failed to comply with a provision of this chapter or a regulation adopted under this chapter, or an order of the board;

(6) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) addiction or severe dependency on alcohol or another drug that impairs the person's ability to practice safely;

(7) engaged in unethical conduct in connection with the delivery of professional services to clients.

**Sec. 08.63.220. License required if designation used.** A person who is not licensed under this chapter or whose license is suspended or revoked, or whose license has lapsed, who knowingly uses in connection with the person's name the words or letters "L.M.F.T.," "L.M.F.C.," "Licensed Marital and Family Therapist," "Licensed Marriage and Family Counselor," or other letters, words, or insignia indicating or implying that the person is licensed as a marital and family therapist by this state or who in any way, orally or in writing, directly

or by implication, knowingly holds out as being licensed by the state as a marital and family therapist in this state is guilty of a class B misdemeanor.

**Sec. 08.63.900. Definitions.** In this chapter, unless the context indicates otherwise;

(1) "advertise" includes issuing or causing to be distributed a card, sign, or device to a person, or causing, permitting, or allowing a sign or marking on or in a building or structure, or in a newspaper, magazine, or directory, or on radio or television, or using other means designed to secure public attention;

(2) "board" means the Board of Marital and Family Therapy;

(3) "course" means a class of at least three credit hours in a graduate program at an accredited educational institution or an institution approved by the board;

(4) "department" means the Department of Commerce and Economic Development;

(5) "practice of marital and family therapy" means the diagnosis and treatment of mental and emotional disorders that are referenced in the standard diagnostic nomenclature for marital and family therapy, whether cognitive, affective, or behavioral, within the context of human relationships, particularly marital and family systems; marital and family therapy involves

(A) the professional application of assessments and treatments of psychotherapeutic services to individuals, couples, and families for the purpose of treating the diagnosed emotional and mental disorders;

(B) an applied understanding of the dynamics of marital and family interactions, along with the application of psychotherapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships and family life;

(6) "supervision" means face-to-face consultation, direction, review, evaluation, and assessment of the practice of the person being supervised, including direct observation and the review of case presentations, audio tapes, and video tapes.

**CHAPTER 19.**  
**BOARD OF MARITAL AND FAMILY THERAPY**

**Article**

1. **Licensing Requirements (12 AAC 19.100--12 AAC 19.130)**
2. **Supervised Practice (12 AAC 19.200--12 AAC 19.210)**
3. **License Renewal and Continuing Education (12 AAC 19.300--12 AAC 19.330)**
4. **General Provisions (12 AAC 19.900--12 AAC 19.990)**

**Article 1.**

**Licensing Requirements**

**Section**

100. **Transitional license**
110. **License by examination**
120. **Substitution of post-degree courses or practice**
130. **Supervised experience**

**12 AAC 19.100. TRANSITIONAL LICENSE.** (a) The board will issue a transitional license to practice marital and family therapy to an applicant who meets the requirements of sec. 14, ch. 129, SLA 1992, and who

(1) submits a complete application, on a form provided by the department, that is postmarked or received by the department before July 1, 1993;

(2) pays the fees established in 12 AAC 02.242;

(3) documents that the applicant holds a master's or doctorate degree as required in (b) of this section; and

(4) submits documentation from an employer, supervisor, or professional peer, on a form provided by the department, that the applicant has practiced marital and family therapy in the state for at least two years during the five years immediately preceding the date of application.

(b) For the purposes of this section, a master's or doctorate degree must be received from an accredited educational institution and be in one of the following courses of study:

(1) marital and family therapy;

(2) another mental health field; or

(3) a course of study that included the course work listed in AS 08.63.100(a)(3)(B)(i)--(iv).

(c) An applicant may substitute post-degree courses or practice as allowed in 12 AAC 19.120 to meet the course of study requirements in (b)(3) of this section.

**12 AAC 19.110. LICENSE BY EXAMINATION.** (a) The board will issue a license by examination to practice marital and family therapy to an applicant who meets the requirements of AS 08.63.100(a) and this section.

(b) The applicant's supervised experience must meet the requirements of 12 AAC 19.130.

(c) To show fulfillment of the training requirement in AS 08.63.100(a)(3)(D), the applicant must document at least six contact hours of training related to domestic violence in courses approved by the board under 12 AAC 19.320(b)(1)-(7).

(d) The examination required for a license to practice marital and family therapy is the "National Licensure Examination for Marriage and Family Therapy" administered by the Professional Examination Service. To pass the examination the applicant must achieve at least the minimum passing score recommended by the Professional Examination Service.

(e) An applicant may substitute post-degree courses or practice as allowed in 12 AAC 19.120 to meet the course of study requirements in AS 08.63.100(a)(3)(B)(i)-(vi).

(f) To be scheduled for an examination, an applicant must file with the department a complete application for a license by examination, including the supporting documentation required by this section, and the applicable fees established in 12 AAC 02.242 no later than 60 days before the date of the examination.

**12 AAC 19.120. SUBSTITUTION OF POST-DEGREE COURSES OR PRACTICE.** (a) The board will, in its discretion, accept post-degree courses to satisfy the course of study requirements in AS 08.63.100(a)(3)(B)(i)-(vi) if

(1) the substituted courses meet the requirements of 12 AAC 19.320(a) and (b)(1)-(4);

(2) the substituted courses are in the same subject area as the educational requirement for which they are being substituted; and

(3) the substituted course hours are equivalent to the hours of course work of the educational requirement for which they are being substituted as determined by 12 AAC 19.310(d).

(b) The board will, in its discretion, accept post-degree practice as a marital and family therapist to satisfy the course of study requirements listed in AS 08.63.100(a)(3)(B)(i)-(iii) as follows:

(1) three years of continuous practice is equivalent to one course or three semester or four quarter hours of course work;

(2) the same three years of practice may not be used to substitute for more than one course.

(c) An applicant wishing to substitute post-degree courses or practice for a course of study requirement in AS 08.63.100(a)(3)(B)(i)-(vi) shall submit to the board a completed equivalency worksheet on a form provided by the department.



**12 AAC 19.130. SUPERVISED EXPERIENCE.** (a) The board will, in its discretion, approve the supervised experience of an applicant to satisfy the requirements of AS 08.63.100(a)(3)(B)(vi) and (C)(ii) if the supervisor

(1) is approved by the board; and

(2) verifies the applicant's experience on a form provided by the department.

(b) For the purposes of this section, an approved supervisor must

(1) hold a license to practice marital and family therapy in this state or another jurisdiction;

(2) hold a master's or doctorate degree from a regionally accredited educational institution in marital and family therapy and have practiced marital and family therapy for at least five continuous years; or

(3) be a master's degree or doctorate level mental health professional whose education meets the requirements of AS 08.63.100(a)(3)(B).

**Article 2.  
Supervised Practice**

**Section**

**200. License for supervised practice**

**210. Approved supervisors**

**12 AAC 19.200. LICENSE FOR SUPERVISED PRACTICE.** (a) A holder of a license for the supervised practice of marital and family therapy may practice under supervision in a clinic, social service agency, or private marital and family therapy practice.

(b) A holder of a license for the supervised practice of marital and family therapy shall use the title "marital therapy associate," "family therapy associate," or "marital and family therapy associate."

(c) A holder of a license for the supervised practice of marital and family therapy may practice only under the direct supervision of a supervisor approved by the board under 12 AAC 19.210.

**12 AAC 19.210. APPROVED SUPERVISORS.** A marital and family therapist who supervises a holder of a license for supervised practice of marital and family therapy shall document to the board that the supervisor has

(1) a license to practice marital and family therapy in this state;

(2) practiced marital and family therapy for at least five continuous years; and

(3) a master's or doctorate degree from a regionally accredited educational institution in marital and family therapy or in a course of study that included the instruction required in AS 08.63.100(a)(3)(B).

**Article 3.**  
**License Renewal and Continuing Education**

**Section**

- 300. License renewal**
- 310. Continuing education requirements**
- 320. Approved continuing education activities**
- 330. Audit of continuing education requirements**

**12 AAC 19.300. LICENSE RENEWAL.** (a) A license to practice marital and family therapy expires on December 31 of even-numbered years.

(b) A marital and family therapist applying for license renewal shall

- (1) complete a renewal application on a form provided by the department;
- (2) pay the license renewal fee established in 12 AAC 02.242; and
- (3) submit a sworn statement of the continuing education contact hours completed during the concluding license period; the statement must include the following information, when applicable, for each course, seminar, or workshop:
  - (A) the name of the sponsoring organization;
  - (B) the location of the course, seminar, or workshop;
  - (C) the title or a brief description of the course, seminar, or workshop;
  - (D) the principal instructor;
  - (E) the dates of attendance;
  - (F) the titles, issues, and dates of publications or presentations; and
  - (G) the number of continuing education contact hours claimed.

**12 AAC 19.310. CONTINUING EDUCATION REQUIREMENTS.** (a) An applicant for renewal of a marital and family therapy license who has been licensed 18 months or more of the concluding license period shall document completion of 45 contact hours of continuing education acceptable to the board that was earned during the concluding license period. At least two of the contact hours must be in professional ethics.

(b) An applicant for renewal of a marital and family therapy license who has been licensed at least 12 months but less than 18 months of the concluding license period shall document completion of 30 contact hours of continuing education acceptable to the board that was earned during the concluding license period. At least two of the contact hours must be in professional ethics.

(c) An applicant for renewal of a marital and family therapy license who has been licensed less than 12 months of the concluding license period shall document completion of 23 contact hours of continuing education acceptable to the board that was earned during the concluding license period. At least two of the contact hours must be in professional ethics.

(d) For the purposes of this section,

- (1) one "contact hour" equals a minimum of 50 minutes of classroom

instruction between instructor and participant;

(2) one academic semester credit equals 15 contact hours; and

(3) one academic quarter credit equals 10 contact hours.

(c) Only hours of actual attendance during which instruction was given will be accepted as continuing education contact hours earned from an academic course that is audited by the licensee, and the total number of contact hours earned may not exceed the academic credit hours offered for that course.

**12 AAC 19.320. APPROVED CONTINUING EDUCATION ACTIVITIES.** (a) To be accepted by the board, continuing education must contribute directly to the professional competency of a marital and family therapist and must be directly related to the skills and knowledge required to implement marital and family therapy principles and methods.

(b) The following continuing education activities are acceptable if they are related to marital and family therapy in accordance with (a) of this section:

(1) postgraduate courses given by a regionally accredited academic institution, either audited or for credit;

(2) courses offered by the American Association for Marital and Family Therapy;

(3) courses offered by the Alaska Association for Marital and Family Therapy;

(4) seminars, workshops, or mini-courses offered by professional organizations;

(5) cross-disciplinary courses, seminars, or workshops in the fields of medicine, law, behavioral sciences, ethics, or other disciplines;

(6) courses, seminars, or workshops in substance abuse, domestic violence, cross-cultural issues, gender issues, or child abuse;

(7) other courses not covered under (1)--(6) of this subsection that are specifically preapproved by the board, up to a maximum of 15 contact hours;

(8) first-time preparation and presentation of a marital and family therapy course, seminar, or workshop, up to a maximum of 10 contact hours allocated among all marital and family therapists and other professionals involved; and

(9) first-time presentation or publication of an article or book chapter related to the practice of marital and family therapy that was presented at a state or national association meeting or published by a publisher recognized by the profession, up to a maximum of 10 contact hours allocated among all marital and family therapists and other professionals involved.

(c) Hours spent in job orientation will not be accepted as continuing education contact hours.

**12 AAC 19.330. AUDIT OF CONTINUING EDUCATION REQUIREMENTS.** (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing education

requirements of this chapter.

(b) A licensee selected for audit shall, within 30 days from the date of notification, submit documentation to verify completion of the contact hours claimed under 12 AAC 19.300.

(c) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education hours claimed and shall make them available to the board upon request under this section. Records must be retained for three years after the date the continuing education hours were earned.

#### Article 4. General Provisions

##### Section

900. Code of ethics

990. Definitions

**12 AAC 19.900. CODE OF ETHICS.** Marital and family therapists licensed in this state shall adhere to the draft "*Model Code of Ethics for Marriage and Family Therapists*," as presented by the Association of Marital and Family Therapy Regulatory Boards and adopted by the board on January 22, 1993. This draft "*Model Code of Ethics for Marriage and Family Therapists*" is incorporated by reference in this section.

Editor's notes -- A copy of the draft "*Model Code of Ethics for Marriage and Family Therapists*" may be obtained from the Department of Commerce and Economic Development, Division of Occupational Licensing, P.O. Box 110806, Juneau, AK 99811.

**12 AAC 19.990. DEFINITIONS.** In this chapter and in AS 08.63,

- (1) "board" means the Board of Marital and Family Therapy;
- (2) "department" means the Department of Commerce and Economic Development;
- (3) "year of practice" means 12 months of active, clinical practice of marital and family therapy totaling at least 500 hours.

**CHAPTER 01.  
CENTRALIZED LICENSING.**

**Section**

- 10. Applicability of chapter
- 20. Board organization
- 25. Public members
- 30. Quorum
- 35. Appointments and terms
- 40. Transportation and per diem
- 50. Administrative duties of department
- 60. Application for license
- 65. Establishment of fees
- 70. Administrative duties of boards
- 75. Disciplinary powers of boards
- 80. Department regulations
- 87. Investigative and enforcement powers of department
- 88. Conviction as grounds for disciplinary action
- 90. Applicability of the Administrative Procedure Act
- 100. License renewal, lapse and reinstatement
- 102. Citation for unlicensed practice or activity
- 103. Procedure and form of citation
- 104. Failure to obey citation
- 105. Penalty for improper payment
- 110. Definitions

**Sec. 08.01.010. Applicability of chapter.** This chapter applies to the

- (1) Board of Public Accountancy (AS 08.04.010);
- (2) State Board of Registration for Architects, Engineers and Land Surveyors (AS 08.48.011);
- (3) Athletic Commission (AS 05.05 and AS 05.10);
- (4) Board of Barbers and Hairdressers (AS 08.13.010);
- (5) Big Game Commercial Services Board (AS 08.54.300);
- (6) Board of Certified Direct-Entry Midwives (AS 08.65.010);
- (7) Board of Certified Real Estate Appraisers (AS 08.87.010);
- (8) Board of Chiropractic Examiners (AS 08.20.010);
- (9) Board of Clinical Social Work Examiners (AS 08.95.010);
- (10) Board of Dental Examiners (AS 08.36.010);
- (11) Board of Dispensing Opticians (AS 08.71.010);
- (12) Board of Electrical Examiners (AS 08.40.011);
- (13) Board of Marine Pilots (AS 08.62.010);
- (14) Board of Marital and Family Therapy (AS 08.63.010);
- (15) Board of Mechanical Examiners (AS 08.40.220);
- (16) State Medical Board (AS 08.64.010);
- (17) Board of Nursing (AS 08.68.010);



- (18) *[Repealed]*;
- (19) Board of Examiners in Optometry (AS 08.72.010);
- (20) Board of Pharmacy (AS 08.80.010);
- (21) State Physical Therapy and Occupational Therapy Board (AS 08.84.010);
- (22) Board of Psychologist and Psychological Associate Examiners (AS 08.86.010);
- (23) Real Estate Commission (AS 08.88.011);
- (24) Board of Veterinary Examiners (AS 08.98.010);
- (25) regulation of acupuncturists under AS 08.06;
- (26) regulation of audiologists under AS 08.11;
- (27) regulation of business licenses under AS 43.70;
- (28) regulation of collection agencies under AS 08.24;
- (29) regulation of concert promoters under AS 08.92;
- (30) regulation of construction contractors under AS 08.18;
- (31) regulation of electrical and mechanical administration under AS 08.40;
- (32) regulation of professional geologists under AS 08.02.011;
- (33) regulation of hearing aid dealers under AS 08.55;
- (34) regulation of morticians under AS 08.42;
- (35) regulation of the practice of naturopathy under AS 08.45;
- (36) regulation of nursing home administrators under AS 08.70.

**Sec. 08.01.020. Board organization.** Board members are appointed by the governor and serve at the pleasure of the governor. Unless otherwise provided, the governor may designate the chair of a board, and all other officers shall be elected by the board members. Unless otherwise provided, officers of a board are the chair and the secretary. A board may provide by regulation that three or more unexcused absences from meetings are cause for removal.

**Sec. 08.01.025. Public members.** A public member of a board may not:

- (1) be engaged in the occupation that the board regulates;
- (2) be associated by legal contract with a member of the occupation that the board regulates except as a consumer of the services provided by a practitioner of the occupation; or
- (3) have a direct financial interest in the occupation that the board regulates.

**Sec. 08.01.030. Quorum.** A majority of the membership of a board constitutes a quorum unless otherwise provided.

**Sec. 08.01.035. Appointments and terms.** Members of boards subject to this chapter are appointed for staggered terms of four years. A member of a board serves until a successor is appointed. An appointment to fill a vacancy on a board is for the remainder of the unexpired term. A member who has served all or part of two successive terms on a board may not be reappointed to that board unless four years have elapsed since the person has last served on the board.

**Sec. 08.01.040. Transportation and per diem.** A board member is entitled to transportation expenses and per diem as set out in AS 39.20.180.

**Sec. 08.01.050. Administrative duties of department.** (a) The department shall perform the following administrative and budgetary services when appropriate:

- (1) collect and record fees;
- (2) maintain records and files;
- (3) issue and receive application forms;
- (4) notify applicants of acceptance or rejection as determined by the board or as determined by the department under AS 08.06 for acupuncturists, under AS 08.11 for audiologists, under AS 08.18 for contractors, under AS 08.40 for electrical and mechanical administrators, under AS 08.45 for naturopaths, under AS 08.55 for hearing aid dealers, or under AS 08.70 for nursing home administrators;
- (5) designate dates examinations are to be held and notify applicants;
- (6) publish notice of examinations and proceedings;
- (7) arrange space for holding examinations and proceedings;
- (8) notify applicants of results of examinations;
- (9) issue licenses or temporary licenses as authorized by the board or as authorized by the department under AS 08.06 for acupuncturists, under AS 08.11 for audiologists, under AS 08.18 for contractors, under AS 08.40 for electrical and mechanical administrators, under AS 08.45 for naturopaths, under AS 08.55 for hearing aid dealers, or under AS 08.70 for nursing home administrators;
- (10) issue duplicate licenses upon submission of a written request by the licensee attesting to loss of or the failure to receive the original and payment by the licensee of a fee established by regulation adopted by the department;
- (11) notify licensees of renewal dates at least 30 days before the expiration date of their licenses;
- (12) compile and maintain a current register of licensees;
- (13) answer routine inquiries;
- (14) maintain files relating to individual licensees;
- (15) arrange for printing and advertising;
- (16) purchase supplies;
- (17) employ additional help when needed;
- (18) perform other services that may be requested by the board;
- (19) provide inspection, enforcement, and investigative services to the boards and for the occupations listed in AS 08.01.010, regarding all licenses issued by or through the department;
- (20) retain and safeguard the official seal of a board and prepare, sign, and affix a board seal, as appropriate, for licenses approved by a board;
- (21) issue business licenses under AS 43.70.

(b) The form and content of a license, authorized by a board listed in AS 08.01.010, including any document evidencing renewal of a license, shall be determined by the department after consultation with and consideration of the views of the board concerned.

(c) *[Repealed 1987]*

(d) At the request of one of the following boards, the department may contract with public agencies and private professional organizations to provide assistance and treatment to persons licensed by the board who abuse alcohol, other drugs, or other substances:

- (1) Board of Clinical Social Work Examiners;
- (2) Board of Dental Examiners;
- (3) Board of Dispensing Opticians;
- (4) State Medical Board;
- (5) Board of Nursing;
- (6) Board of Examiners in Optometry;
- (7) Board of Pharmacy;
- (8) State Physical Therapy and Occupational Therapy Board;
- (9) Board of Psychologist and Psychological Associate Examiners; and
- (10) Board of Veterinary Examiners.

**Sec. 08.01.060. Application for license.** All applications for examination or licensing to engage in the business or profession covered by this chapter shall be made in writing to the department.

**Sec. 08.01.065. Establishment of fees.** (a) Except for business licenses, the department shall adopt regulations that establish the amount and manner of payment of application fees, examination fees, license fees, registration fees, permit fees, investigation fees, and all other fees as appropriate for the occupations covered by this chapter.

(b) *[Repealed 1992]*

(c) The department shall establish fee levels under (a) of this section so that the total amount of fees collected for an occupation approximately equals the actual regulatory costs for the occupation. The department shall annually review each fee level to determine whether the regulatory costs of each occupation are approximately equal to fee collections related to that occupation. If the review indicates that an occupation's fee collections and regulatory costs are not approximately equal, the department shall calculate fee adjustments and adopt regulations under (a) of this section to implement the adjustments. In January of each year, the department shall report on all fee levels and revisions for the previous year under this subsection to the office of management and budget. If a board regulates an occupation covered by this chapter, the department shall consider the board's recommendations concerning the occupation's fee levels and regulatory costs before revising fee schedules to comply with this subsection. In this subsection, "regulatory costs" means costs of the department

that are attributable to regulation of an occupation plus

(1) all expenses of the board that regulates the occupation if the board regulates only one occupation;

(2) the expenses of a board that are attributable to the occupation if the board regulates more than one occupation.

(d) The license fee for a business license is set by AS 43.70.030(a). The department shall adopt regulations that establish the manner of payment of the license fee.

**Sec. 08.01.070. Administrative duties of boards.** Each board shall perform the following duties in addition to those provided in its respective law:

(1) take minutes and records of all proceedings;

(2) hold a minimum of one meeting each year;

(3) hold at least one examination each year;

(4) request, through the department, investigation of violations of its laws and regulations;

(5) prepare and grade board examinations;

(6) set minimum qualifications for applicants for examination and license;

(7) forward a draft of the minutes of proceedings to the department within 20 days after the proceedings;

(8) forward results of board examinations to the department within 20 days after the examination is given;

(9) notify the department of meeting dates and agenda items at least 15 days before meetings and other proceedings are held;

(10) submit before the end of the fiscal year an annual performance report to the department stating the board's accomplishments, activities, and needs.

**Sec. 08.01.075. Disciplinary powers of boards.** (a) A board may take the following disciplinary actions, singly or in combination:

(1) permanently revoke a license;

(2) suspend a license for a specified period;

(3) censure or reprimand a licensee;

(4) impose limitations or conditions on the professional practice of a licensee;

(5) require a licensee to submit to peer review;

(6) impose requirements for remedial professional education to correct deficiencies in the education, training, and skill of the licensee;

(7) impose probation requiring a licensee to report regularly to the board on matters related to the grounds for probation;

(8) impose a civil fine not to exceed \$5,000.

(b) A board may withdraw probationary status if the deficiencies that required the sanction are remedied.

(c) A board may summarily suspend a licensee from the practice of the pro-

fession before a final hearing is held or during an appeal if the board finds that the licensee poses a clear and immediate danger to the public health and safety. A person is entitled to a hearing before the board to appeal the summary suspension within seven days after the order of suspension is issued. A person may appeal an adverse decision of the board on an appeal of a summary suspension to a court of competent jurisdiction.

(d) A board may reinstate a suspended or revoked license if, after a hearing, the board finds that the applicant is able to practice the profession with skill and safety.

(e) A board may accept the voluntary surrender of a license. A license may not be returned unless the board determines that the licensee is competent to resume practice and the licensee pays the appropriate renewal fee.

(f) A board shall seek consistency in the application of disciplinary sanctions. A board shall explain a significant departure from prior decisions involving similar facts in the order imposing the sanction.

**Sec. 08.01.080. Department regulations.** The department shall adopt regulations to carry out the purposes of this chapter including but not limited to describing

- (1) how an examination is to be conducted;
- (2) what is contained in application forms;
- (3) how a person applies for an examination or license.

**Sec. 08.01.087. Investigative and enforcement powers of department.** (a) The department may, upon its own motion, conduct investigations

(1) to determine whether a person has violated a provision of this chapter or a regulation adopted under it, or a provision of AS 43.70, or a provision of this title or regulation adopted under this title dealing with an occupation or board listed in AS 08.01.010; or

(2) to secure information useful in the administration of this chapter.

(b) If it appears to the commissioner that a person has engaged in or is about to engage in an act or practice in violation of a provision of this chapter or a regulation adopted under it, or a provision of AS 43.70, or a provision of this title or regulation adopted under this title dealing with an occupation or board listed in AS 08.01.010, the commissioner may, if the commissioner considers it in the public interest, and after notification of a proposed order or action by telephone, telegraph, or facsimile to all board members, if a board regulates the act or practice involved, unless a majority of the members of the board object within 10 days,

(1) issue an order directing the person to stop the act or practice; however, reasonable notice of and an opportunity for a hearing must first be given to the person, except that the commissioner may issue a temporary order before a hearing is held; a temporary order remains in effect until a final order affirming, modifying, or reversing the temporary order is issued or until 15



days after the person receives the notice and has not requested a hearing by that time; a temporary order becomes final if the person to whom the notice is addressed does not request a hearing within 15 days after receiving the notice; the commissioner or the commissioner's designee shall be the hearing officer at the hearing and shall issue a final order within 10 days after the hearing;

(2) bring an action in the superior court to enjoin the acts or practices and to enforce compliance with this chapter, a regulation adopted under it, an order issued under it, or with a provision of this title or regulation adopted under this title dealing with business licenses or an occupation or board listed in AS 08.01.010;

(3) examine or have examined the books and records of a person whose business activities require a business license or licensure by a board listed in AS 08.01.010, or whose occupation is listed in AS 08.01.010; the commissioner may require the person to pay the reasonable costs of the examination; and

(4) issue subpoenas for the attendance of witnesses, and the production of books, records, and other documents.

**Sec. 08.01.088. Conviction as grounds for disciplinary action.** Notwithstanding any other provision of this title, the conviction under AS 47.24.010 or 47.24.110 of a person licensed, certified, or regulated by the department or a board under this title may be considered by the department or board as grounds for disciplinary proceedings or sanctions.

**Sec. 08.01.090. Applicability of the Administrative Procedure Act.** The Administrative Procedure Act (AS 44.62) applies to regulations adopted and proceedings held under this chapter, except those under AS 08.01.087(b).

**Sec. 08.01.100. License renewal, lapse and reinstatement.** (a) Licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

(b) A license subject to renewal shall be renewed on or before the date set by the department. If the license is not renewed by the date set by the department, the license lapses. In addition to renewal fees required for reinstatement of the lapsed license, the department may impose a delayed renewal penalty, established by regulation, that shall be paid before a license that has been lapsed for more than 60 days may be renewed. The department may adopt a delayed renewal penalty only with the concurrence of the appropriate board.

(c) When continuing education or other requirements are made a condition of license renewal, the requirements shall be satisfied before a license is renewed.

(d) Except as otherwise provided, a license may not be renewed if it has been lapsed for five years or more.

**Sec. 08.01.102. Citation for unlicensed practice or activity.** The department may issue a citation for a violation of a license requirement under this

chapter or AS 43.70 if there is probable cause to believe a person has practiced a profession or engaged in business for which a license is required without holding the license. Each day a violation continues after a citation for the violation has been issued constitutes a separate violation.

**Sec. 08.01.103. Procedure and form of citation.** (a) A citation issued under AS 08.01.102 must be in writing. A person receiving the citation is not required to sign a notice to appear in court.

(b) The time specified in the notice to appear on a citation issued under AS 08.01.102 shall be at least five days, not including weekends and holidays, after the issuance of the citation, unless the person cited requests an earlier hearing.

(c) The department is responsible for the issuance of books containing appropriate citations, and shall maintain a record of each book issued and each citation contained in it. The department shall require and retain a receipt for every book issued to an employee of the department.

(d) The department shall deposit the original or a copy of the citation with a court having jurisdiction over the alleged offense. Upon its deposit with the court, the citation may be disposed of only by trial in the court or other official action taken by the magistrate, judge, or prosecutor. The department may not dispose of a citation, copies of it, or of the record of its issuance except as required under this subsection and (e) of this section.

(e) The department shall require the return of a copy of every citation issued by the department and all copies of a citation that has been spoiled or upon which an entry has been made and not issued to an alleged violator. The department shall also maintain, in connection with each citation, a record of the disposition of the charge by the court where the original or copy of the citation was deposited.

(f) If the form of citation includes the essential facts constituting the offense charged, and if the citation is sworn to as required under the laws of this state for a complaint charging commission of the offense alleged in the citation, then the citation when filed with a court having jurisdiction is considered to be a lawful complaint for the purpose of prosecution.

**Sec. 08.01.104. Failure to obey citation.** Unless the citation has been voided or otherwise dismissed by the magistrate, judge, or prosecutor, a person who without lawful justification or excuse fails to appear in court to answer a citation issued under AS 08.01.102, regardless of the disposition of the charge for which the citation was issued, is guilty of a class B misdemeanor.

**Sec. 08.01.105. Penalty for improper payment.** An applicant shall pay a penalty of \$10 each time a negotiable instrument is presented to the department in payment of an amount due and payment is subsequently refused by the named payor.

**Sec. 08.01.110. Definitions.** In this chapter

- (1) "board" includes the board<sup>s</sup> and commissions listed in AS 08.01.010;
- (2) "commissioner" means the commissioner of commerce and economic development;
- (3) "department" means the Department of Commerce and Economic Development;
- (4) "license" means a business license or a license, certificate, permit, or registration or similar evidence of authority issued for an occupation by the department or by one of the boards listed in AS 08.01.010;
- (5) "licensee" means a person who holds a license;
- (6) "occupation" means a trade or profession listed in AS 08.01.010.

**CHAPTER 02.  
MISCELLANEOUS PROVISIONS.**

**Section**

10. Professional designation requirements
11. Professional geologist
20. Limitation of liability
25. Compliance with student loan requirements
30. Courtesy licenses

**Sec. 08.02.010. Professional designation requirements.** (a) An acupuncturist licensed under AS 08.06, an audiologist licensed under AS 08.11, a person licensed in the state as a chiropractor under AS 08.20, a dentist under AS 08.36, a marital and family therapist licensed under AS 08.63, a medical practitioner or osteopath under AS 08.64, a direct-entry midwife certified under AS 08.65, a registered nurse under AS 08.68, an optometrist under AS 08.72, a registered pharmacist under AS 08.80, a physical therapist or occupational therapist licensed under AS 08.84, a psychologist under AS 08.86, or a clinical social worker licensed under AS 08.95, shall use as professional identification appropriate letters or a title after that person's name which represents that person's specific field of practice. The letters or title shall appear on all signs, stationery, or other advertising in which the person offers or displays personal professional services to the public. In addition, a person engaged in the practice of medicine or osteopathy as defined in AS 08.64.380, or a person engaged in any manner in the healing arts who diagnoses, treats, tests, or counsels other persons in relation to human health or disease and uses the letters "M.D." or the title "doctor" or "physician" or another title that tends to show that the person is willing or qualified to diagnose, treat, test, or counsel another person, shall clarify the letters or title by adding the appropriate specialist designation, if any, such as "dermatologist", "radiologist", "audiologist", "naturopath", or the like.

(b) A person subject to (a) of this section who fails to comply with the requirements of (a) of this section shall be given notice of non-compliance by

that person's appropriate licensing board. If, after a reasonable time, with opportunity for a hearing, the person's noncompliance continues, the board may suspend or revoke the person's license or registration, or administer other disciplinary action which in its determination is appropriate.

**Sec. 08.02.011. Professional geologist.** The commissioner of commerce and economic development shall certify an applicant as a professional geologist if the applicant is certified as a professional geologist by the American Institute of Professional Geologists.

**Sec. 08.02.020. Limitation of liability.** An action may not be brought against a person for damages resulting from

(1) the person's good faith performance of a duty, function, or activity required as

(A) a member of, or witness before, a licensing board or peer review committee established to review a licensing matter;

(B) a member of a committee appointed under AS 08.64.336(c);

(C) a contractor or agent of a contractor under AS 08.01.050(d) or AS 08.64.101(6);

(2) a recommendation or action in accordance with the prescribed duties of a licensing board, peer review committee established to review a licensing matter, committee appointed under AS 08.64.336(c), or contractor or agent of a contractor under AS 08.01.050(d) or AS 08.64.101(6) when the person acts in the reasonable belief that the action or recommendation is warranted by facts known to the person, board, peer review committee, committee appointed under AS 08.64.336(c), or contractor or agent of the contractor under AS 08.01.050(d) or AS 08.64.101(6) after reasonable efforts to ascertain the facts upon which the action or recommendation is made; or

(3) a report made in good faith to a public agency by the person, or participation by the person in an investigation by a public agency or a judicial or administrative proceeding relating to the report, if the report relates to the abuse of alcohol, other drugs, or other substances by a person licensed by a board listed in AS 08.01.050(d).

**Sec. 08.02.025. Compliance with student loan requirements.** (a) A person licensed under this title shall comply with the student loan repayment provisions under AS 14.43 that are applicable to the person. Notwithstanding another provision of law, a license issued to a person under this title may not be renewed if the borrower and the Department of Commerce and Economic Development have received notice from the Alaska Commission on Postsecondary Education that the licensee is in default on a student loan provided to the

licensee. This action may be taken no sooner than 60 days after the Alaska Commission on Postsecondary Education has notified the borrower of the default status of the loan as provided under AS 14.43.120(i). If an appeal of a determination of default status is pending on behalf of the licensee, the Alaska Commission on Postsecondary Education shall notify the department and renewal may not be denied under this section until and unless the appeal has been concluded and the default status affirmed. Denial of renewal of a license shall continue until the Department of Commerce and Economic Development receives notice from the Alaska Commission on Postsecondary Education that the licensee is no longer in default on the student loan.

(b) The Department of Commerce and Economic Development shall provide the applicable licensing board, if any, a copy of a notice received under (a) of this section.

**Sec. 08.02.030. Courtesy licenses.** (a) A board established under this title and the Department of Commerce and Economic Development, with respect to an occupation that it regulates under this title, may by regulation establish criteria for issuing a temporary courtesy license to nonresidents who enter the state so that, on a temporary basis, they may practice the occupation regulated by the board or the department.

(b) The regulations adopted under (a) of this section may include limitations relating to the

- (1) duration of the license's validity;
- (2) scope of practice allowed under the license; and
- (3) other matters considered important by the board or the department.

### CHAPTER 03. TERMINATION, CONTINUATION AND REESTABLISHMENT OF REGULATORY BOARDS.

#### Section

10. Termination dates for regulatory boards

20. Procedures governing termination, transition and continuation

**Sec. 08.03.010. Termination dates for regulatory boards.**

(a) *[Repealed]*

(b) *[Repealed]*

(c) The following boards have the termination date provided by this subsection:

(1) Board of Public Accountancy (AS 08.04.010)—June 30, 1997;

(2) Board of Governors of the Alaska Bar Association (AS 08.08.040)—June 30, 1993;

(3) State Board of Registration for Architects, Engineers and Land Surveyors (AS 08.48.011)—June 30, 1997;



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- (4) Board of Barbers and Hairdressers (AS 08.13.010)—June 30, 1997;
- (5) Big Game Commercial Services Board (AS 08.54.300)—June 30, 1994;
- (6) Board of Certified Direct-Entry Midwives (AS 08.65.010)—June 30, 1998;
- (7) Board of Certified Real Estate Appraisers (AS 08.87.010)—June 30, 1998;
- (8) Board of Chiropractic Examiners (AS 08.20.010)—June 30, 1996;
- (9) Board of Clinical Social Work Examiners (AS 08.95.010)—June 30, 2005;
- (10) Board of Dental Examiners (AS 08.36.010)—June 30, 1997;
- (11) Board of Dispensing Opticians (AS 08.71.010)—June 30, 1996;
- (12) *[Repealed]*
- (13) Board of Marine Pilots (AS 08.62.010)—June 30, 1999;
- (14) Board of Marital and Family Therapy (AS 08.63.010)—June 30, 2005;
- (15) *[Repealed]*
- (16) State Medical Board (AS 08.64.010)—June 30, 2003;
- (17) Board of Nursing (AS 08.68.010)—June 30, 2003;
- (18) *[Repealed]*
- (19) Board of Examiners in Optometry (AS 08.72.010)—June 30, 1996;
- (20) Board of Pharmacy (AS 08.80.010)—June 30, 1999;
- (21) State Physical Therapy and Occupational Therapy Board (AS 08.84.010)—June 30, 1997;
- (22) Board of Psychologist and Psychological Associate Examiners (AS 08.86.010)—June 30, 2005;
- (23) Real Estate Commission (AS 08.88.011)—June 30, 2004;
- (24) Board of Veterinary Examiners (AS 08.98.010)—June 30, 1997.

**Sec. 08.03.020. Procedures governing termination, transition and continuation.** (a) Upon termination, each board listed in AS 08.03.010 shall continue in existence until June 30 of the next succeeding year for the purpose of concluding its affairs. During this period, termination does not reduce or otherwise limit the powers or authority of each board. One year after the date of termination, a board not continued shall cease all activities.

(b) The termination, dissolution, continuation or reestablishment of a regulatory board shall be governed by the legislative oversight procedures of AS 44.66.050.

(c) A board scheduled for termination under this chapter may be continued or reestablished by the legislature for a period not to exceed four years unless the board is continued or reestablished for a longer period under AS 08.03.010.

**CHAPTER 02.**  
**DIVISION OF OCCUPATIONAL LICENSING**

**Article**

1. **Collection of Fees**  
(12 AAC 02.010 — 12 AAC 02.030)
2. **Occupational Licensing Fees**  
(12 AAC 02.100 — 12 AAC 02.360)
3. **Examination Review Procedures**  
(12 AAC 02.400)
4. **General Provisions**  
(12 AAC 02.900 — 12 AAC 02.990)

**ARTICLE 1.**  
**COLLECTION OF FEES**

**Section**

10. **Licensing and renewal fees**
20. **Prorating renewal fees**
30. **Prorating initial renewal fees**

**12 AAC 02.010. LICENSING AND RENEWAL FEES.** (a) The department will collect fees and issue receipts for licensing and for license renewal for the boards listed in AS 08.01.010.

(b) The department will not issue a license or renew a license unless the applicable fees established in AS 08 or in this chapter have been collected, and a receipt has been prepared.

(c) Except as otherwise provided in this title, an application for initial licensure or renewal of license will be considered filed as of the filing date of the document, as determined by 12 AAC 02.920.

(d) *Repealed 5/4/90.*

(e) An application fee is not refundable.

**12 AAC 02.020. PRORATING RENEWAL FEES.** The department will prorate the first license renewal fees following initial licensure, in accordance with 12 AAC 02.030. All renewal fees, including penalty and delinquent fees must be paid by the licensee applying for renewal of a license, except as provided in 12 AAC 02.030(a)(1) and (b)(1).

**12 AAC 02.030. PRORATING INITIAL RENEWAL FEES.** (a) When the department issues an initial biennial license

(1) within the 90 days before the date by which it must be renewed, the applicant shall pay the entire license fee but is not required to pay the prescribed renewal fee until the second renewal date;

(2) within the 12 months before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay one-half

of the prescribed renewal fee at the time of renewal; or

(3) more than 12 months before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay the entire prescribed renewal fee at the time of renewal.

(b) When the department issues an initial annual license

(1) within the 90 days before the date by which it must be renewed, the applicant shall pay the entire license fee but is not required to pay the prescribed renewal fee until the second renewal date;

(2) within the six months before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay one-half of the prescribed renewal fee at the time of renewal; or

(3) more than six months before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay the entire prescribed renewal fee at the time of renewal.

(c) A quadrennial license issued before July 1, 1987 shall be renewed by the department as a biennial license upon payment of the entire prescribed biennial license renewal fee.

(d) The department will not prorate renewal fees if the initial licensing fee was \$150 or less.

(e) The department will not prorate fees for applications, examinations, reexaminations, credential review or investigation, temporary or emergency permits, locum tenens permits, certificates, or other such fees established in AS 08 or in this chapter.

## ARTICLE 2. OCCUPATIONAL LICENSING FEES

### Section

100. Fees established by department

105. Administrative fees

242. Board of marital and family therapy

**12 AAC 02.100. FEES ESTABLISHED BY DEPARTMENT.** The fees established in this chapter have been adopted by the department after considering any recommendations of the applicable board or commission listed in AS 08.01.010.

**12 AAC 02.105. ADMINISTRATIVE FEES.** Except as otherwise provided in this chapter for a particular board or occupation, the following fees apply to all boards and professions listed in AS 08.01.010:

(1) duplicate license fee, \$5;

(2) fee for verification or certification of an Alaska license, registration, or examination, \$20;

(3) name change, except for construction contractors, \$5;

(4) photocopy fee, \$.25 per page, which may be waived by the department

if the total fee is less than \$5;

(5) facsimile fee, \$1 per page, which may be waived by the department if the total fee is less than \$5;

(6) returned check fee, \$20;

(7) penalty for reinstatement of a registration, license, permit or certificate which remains lapsed for more than 60 days, \$50;

(8) exam postponement fee, \$25;

(9) wall certificate fee, \$20;

(10) fee for proctoring an examination for another state's applicant, \$50;

(11) fee for specialized report of licensing data, \$100 plus the cost of supplies;

(12) express delivery handling fee, \$20; and

(13) fee for providing a roster of

(A) 1,500 or less licensees, \$5;

(B) more than 1,500 licensees, \$10;

(C) current business licenses, \$100.

**12 AAC 02.242. BOARD OF MARITAL AND FAMILY THERAPY.** The following fees are established for marital and family therapists and associates:

(1) nonrefundable application fee for initial license, \$100;

(2) licensee fee for all or part of the initial biennial license period, \$300;

(3) biennial license renewal fee, \$300;

(4) four-year associate license fee for supervised practice, \$200;

(5) temporary license fee, \$50; and

(6) examination fee, \$240.

### ARTICLE 3. EXAMINATION REVIEW PROCEDURES

#### Section

#### 400. Examination review

**12 AAC 02.400. EXAMINATION REVIEW.** (a) For nationally prepared and administered examinations, the examination review procedures established by the national examination organization will be used in conjunction with the procedures established in this section. National examinations which have no provision for examination review are not available for review under this section.

(b) An applicant who wishes to review a failed examination shall submit a written request to the division within 30 days after the notice of examination results was mailed to the applicant.

(c) All examination reviews will be conducted in the presence of division staff at the time and location determined by the division. An examination review will not be conducted within 30 days of the next examination the applicant is scheduled to take.

(d) Only an applicant who has failed an examination may participate in the examination review and the applicant may review only his or her own examination.

(e) An applicant may use the same reference materials during an examination review that were allowed during the examination itself, but applicants may not use other materials or take notes or make copies of any kind. All materials brought to an examination review are subject to inspection by the division staff.

#### ARTICLE 4. GENERAL PROVISIONS

##### Section

- 900. Current address
- 910. Abandoned applications
- 920. Filing date
- 940. Effective date of renewed licenses
- 990. Definitions

**12 AAC 02.900. CURRENT ADDRESS.** A person licensed, registered, or certified by a board or commission listed in AS 08.01.010, or in an occupation listed in AS 08.01.010, shall maintain a current, valid, mailing address on file with the division at all times. The latest mailing address on file with the division is the address that will be used for official communications, notifications, and service of legal process.

**12 AAC 02.910. ABANDONED APPLICATIONS.** (a) An application is considered abandoned when

(1) 12 months have elapsed since correspondence was last received from or on behalf of the applicant; or

(2) the applicant has failed to appear for two successive examinations.

(b) An abandoned application is denied without prejudice and the application fee forfeited.

(c) At the time an application is considered abandoned, the division will send notification of abandonment to the last known address of the applicant. An applicant may request a refund of all unused examination and licensing fees credited to the application by submitting a written request for refund within 30 days from the date notification of abandonment was mailed by the division. If no request for refund is received, all fees are forfeited.

**12 AAC 02.920. FILING DATE.** (a) Except as otherwise provided in this title, a document submitted to the division will be considered filed as of the postmark date of the document. If the document is submitted by a method that does not provide a postmark date, the document will be considered filed as of the date stamped on the document, when it is received in the division office.

(b) For the purposes of this section, "postmark date" means the date a

document with prepaid postage and correctly addressed to the division is sent by the United States Postal Service or other established, domestic courier service.

**12 AAC 02.940. EFFECTIVE DATE OF RENEWED LICENSES.** (a) Except as provided in (b) of this section, the effective date of a renewed license will be the date a complete renewal application is filed with the division as determined by 12 AAC 02.920. A complete application includes

- (1) a completed renewal form;
- (2) any applicable renewal fees required by this chapter; and
- (3) documentation of fulfillment of all applicable prerequisites to license renewal, such as continuing competency, recent experience, insurance coverage, or other requirements.

(b) The division will, in its discretion, show a retroactive effective date on a licensee's renewed license if the licensee

- (1) holds a license that has been lapsed less than 60 days;
- (2) requests in writing that the division issue a renewed license showing an effective date that is earlier than the date the renewed license was issued;
- (3) documents that the licensee was in substantial compliance with the renewal requirements in (a) of this section as of the requested effective date; and
- (4) establishes to the satisfaction of the division that the licensee made a good faith effort to strictly comply with the renewal requirements.

(c) The division will not issue a renewed license with an effective date that is earlier than the postmark date of the licensee's first written attempt to renew the licensee's license. "Written attempt to renew" means an effort by the licensee to submit the proper documentation to comply with the license renewal requirements. A request for a renewal application form alone does not constitute a "written attempt to renew."

**12 AAC 02.990. DEFINITIONS.** As used in this chapter

- (1) "department" means the Department of Commerce and Economic Development;
- (2) "division" means the division of occupational licensing, Department of Commerce and Economic Development;
- (3) "license" means a license, certificate, permit, registration, or similar evidence of authority issued by the division or by one of the boards listed in AS 08.01.010;
- (4) "licensee" means a person who holds a license issued by the division or by one of the boards listed in AS 08.01.010.



## APPENDIX A

### Transitional Provisions

**INITIAL APPOINTMENTS.** (a) In making the initial appointments of professional members to the Board of Marital and Family Therapy, the governor shall consider a person licensed for the purpose of AS 08.63.010, added by sec. 1 of this Act, if the person would be entitled to a license under sec. 14 of this Act (Transitional Licensing). The Board of Marital and Family Therapy shall issue a license to practice marital and family therapy to the professional members appointed under this section.

(b) A license issued under this section is subject to the same renewal requirements as a license issued under AS 08.63.100, added by sec. 1 of this Act.

(c) The initial appointments to the board shall be staggered as provided in AS 39.05.055.

**TRANSITIONAL LICENSING.** (a) Notwithstanding AS 08.63.100, added by sec. 1 of this Act, the Board of Marital and Family Therapy shall issue a license to practice marital and family therapy to a person who

(1) applies for a license before July 1, 1993;

(2) satisfies the requirements of AS 08.63.100(a)(1)-(3)(A), added by sec. 1 of this Act;

(3) holds a master's or doctorate degree from an accredited educational institution either in

(A) marital and family therapy or another mental health field; or

(B) an appropriate course of study approved by the board; and

(4) has practiced marital and family therapy in the state for at least two years preceding application.

(b) A license under this section is subject to the same renewal requirements as a license issued under AS 08.63.100, added by sec. 1 of this Act.

(c) The Board of Marital and Family Therapy shall liberally construe the requirements of (a) of this section for the purposes of licensing as a marital and family therapy professional every person who merits licensing by virtue of the person's education, training, and experience in the field of marital and family therapy.

## APPENDIX B

### Child Protection (Excerpts from AS 47.17)

**Sec. 47.17.020. Persons required to report.** (a) The following persons who, in the performance of their occupational duties, have reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect shall immediately report the harm to the nearest office of the department:

- (1) practitioners of the healing arts;
- (2) school teachers and school administrative staff members of public and private schools;
- (3) social workers;
- (4) peace officers, and officers of the Department of Corrections;
- (5) administrative officers of institutions;
- (6) child care providers;
- (7) paid employees of domestic violence and sexual assault programs, and crisis intervention and prevention programs as defined in AS 18.66.900;
- (8) paid employees of an organization that provides counseling or treatment to individuals seeking to control their use of drugs or alcohol.

(b) This section does not prohibit the named persons from reporting cases that have come to their attention in their nonoccupational capacities, nor does it prohibit any other person from reporting a child's harm that the person has reasonable cause to suspect is a result of child abuse or neglect. These reports shall be made to the nearest office of the department.

(c) If the person making a report of harm under this section cannot reasonably contact the nearest office of the department and immediate action is necessary for the well-being of the child, the person shall make the report to a peace officer. The peace officer shall immediately take action to protect the child and shall, at the earliest opportunity, notify the nearest office of the department.

(d) This section does not require a religious healing practitioner to report as neglect of a child the failure to provide medical attention to the child if the child is provided treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by an accredited practitioner of the church or denomination.

(e) The department shall immediately notify the nearest law enforcement agency if the department

- (1) concludes that the harm was caused by a person who is not responsible for the child's welfare;
- (2) is unable to determine
  - (A) who caused the harm to the child; or
  - (B) whether the person who is believed to have caused the harm has responsibility for the child's welfare; or
- (3) concludes that the report involves
  - (A) possible criminal conduct under AS 11.41.410--11.41.455; or
  - (B) abuse or neglect that results in the need for medical treatment of

## APPENDIX B (Continued)

the child.

(f) If a law enforcement agency determines that a child has been abused or neglected and that (1) the harm was caused by a teacher or other person employed by the school or school district in which the child is enrolled as a student, (2) the harm occurred during an activity sponsored by the school or school district in which the child is enrolled as a student, or (3) the harm occurred on the premises of the school in which the child is enrolled as a student or on the premises of a school within the district in which the child is enrolled as a student, the law enforcement agency shall notify the chief administrative officer of the school or district in which the child is enrolled immediately after the agency determines that a child has been abused or neglected under the circumstances set out in this section, except that if the person about whom the report has been made is the chief administrative officer or a member of the chief administrative officer's immediate family, the law enforcement agency shall notify the commissioner of education that the child has been abused or neglected under the circumstances set out in this section. The notification must set out the factual basis for the law enforcement agency's determination. If the notification involves a person in the teaching profession, as defined in AS 14.20.370, the law enforcement agency shall send a copy of the notification to the Professional Teaching Practices Commission.

(g) A person required to report child abuse or neglect under (a) of this section who makes the report to the person's job supervisor or to another individual working for the entity that employs the person is not relieved of the obligation to make the report to the department as required under (a) of this section.

### **Sec. 47.17.290. Definitions.** In this chapter

(1) "child" means a person under 18 years of age;

(2) "child abuse or neglect" means the physical injury or neglect, mental injury, sexual abuse, sexual exploitation, or maltreatment of a child under the age of 18 by a person under circumstances that indicate that the child's health or welfare is harmed or threatened thereby; in this paragraph, "mental injury" means an injury to the emotional well-being, or intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in the child's ability to function;

(3) "child care provider" means an adult individual, including a foster parent or an employee of an organization, who provides care and supervision to a child for compensation or reimbursement;

(4) "criminal negligence" has the meaning given in AS 11.81.900;

(5) "department" means the Department of Health and Social Services;

(6) "immediately" means as soon as is reasonably possible, and no later than 24 hours;

(7) "institution" means a private or public hospital or other facility pro-

## APPENDIX B (Continued)

viding medical diagnosis, treatment, or care;

(8) "maltreatment" means an act or omission that results in circumstances in which there is reasonable cause to suspect that a child may be a child in need of aid, as described in AS 47.10.010(a)(2), except that, for purposes of this chapter, the act or omission need not have been committed by the child's parent, custodian, or guardian;

(9) "mental injury" means an injury to the emotional well-being, or intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in the child's ability to function in a developmentally appropriate manner;

(10) "neglect" means the failure by a person responsible for the child's welfare to provide necessary food, care, clothing, shelter, or medical attention for a child;

(11) "organization" means a group or entity that provides care and supervision for compensation to a child not related to the caregiver, and includes a child care facility, pre-elementary school, head start center, child foster home, residential child care facility, recreation program, children's camp, and children's club;

(12) "person responsible for the child's welfare" means the child's parent, guardian, foster parent, a person responsible for the child's care at the time of the alleged child abuse or neglect, or a person responsible for the child's welfare in a public or private residential agency or institution;

(13) "practitioner of the healing arts" includes chiropractors, mental health counselors, dental hygienists, dentists, health aides, nurses, nurse practitioners, occupational therapists, occupational therapy assistants, optometrists, osteopaths, naturopaths, physical therapists, physical therapy assistants, physicians, physician's assistants, psychiatrists, psychologists, psychological associates, audiologists licensed under AS 08.11, hearing aid dealers licensed under AS 08.55, marital and family therapists licensed under AS 08.63, religious healing practitioners, acupuncturists, and surgeons;

(14) "reasonable cause to suspect" means cause, based on all the facts and circumstances known to the person, that would lead a reasonable person to believe that something might be the case;

(15) "school district" means a city or borough school district or regional educational attendance area.

(16) "sexual exploitation" includes

(A) allowing, permitting, or encouraging a child to engage in prostitution prohibited by AS 11.66.100--11.66.150, by a person responsible for the child's welfare;

(B) allowing, permitting, encouraging, or engaging in activity prohibited by AS 11.41.455(a), by a person responsible for the child's welfare.

## APPENDIX C

### Protection of Elderly Persons and Disabled Adults (Excerpts from AS 47.24)

**Sec. 47.24.010. Reports of harm.** (a) The following persons who, in the performance of their professional duties, have reasonable cause to believe that an elderly person has suffered harm shall, not later than 24 hours after first having cause for the belief, report the harm to the Department of Health and Social Services:

- (1) a physician or other licensed health care provider;
- (2) a mental health professional as defined in AS 47.30.915(11) and including a marital and family therapist licensed under AS 08.63;
- (3) a pharmacist;
- (4) an administrator of a nursing home, residential care or health care facility;
- (5) a guardian or conservator;
- (6) a police officer;
- (7) a village public safety officer;
- (8) a village health aide;
- (9) a social worker;
- (10) a member of the clergy;
- (11) a staff employee of a project funded by the Older Alaskans Commission;
- (12) an employee of a homemaker program or home health aide program;
- (13) an emergency medical technician or a paramedic in the mobile intensive care program.

(b) A report of harm made under this section may include the name and address of the person reporting the harm and shall include

- (1) the name and address of the elderly person;
- (2) information relating to the nature and extent of the harm;
- (3) other information that the person reporting the harm believes might be helpful in an investigation of the case or in providing protection for the elderly person.

(c) A person who fails to comply with this section is guilty of a violation as defined in AS 11.81.900(b).

(d) This section does not prohibit a person listed in (a) of this section from reporting cases of economic or physical harm to an elderly person that have come to the person's attention in a nonprofessional capacity. This section does not prohibit any other person from reporting economic harm to an elderly person that the person has reasonable cause to believe is a result of theft, fraud, or coercion by a caretaker of the elderly person, or physical harm to an elderly person that the person has reasonable cause to believe is a result of abuse, neglect, or abandonment.

(e) If immediate action is necessary to protect the elderly person from imminent harm, the person shall make the report of harm to a police officer or

## APPENDIX C (Continued)

a village public safety officer. The police officer or village public safety officer shall take immediate action to protect the elderly person and shall, at the earliest opportunity, notify the department.

(f) A person who, in good faith makes a report of economic or physical harm to an elderly person under AS 47.24.010—47.24.100, or who participates in judicial proceedings related to the submission of reports under AS 47.24.010—47.24.100, is immune from any civil or criminal liability that might otherwise be incurred or imposed.

(g) Failure to make a report under subsections (a) and (d) of this section is not the basis of civil liability unless otherwise provided by law.

(h) If a person makes a good faith report of harm under this section, an employer or supervisor of the person, or a public or private agency or entity that provides benefits, services, or housing to the person, may not discharge, demote, transfer, reduce the pay or benefits or work privileges of, prepare a negative work performance evaluation of, deny or withhold benefits or services, evict, or take other detrimental action against the person because of the report. The person making the report may bring a civil action for compensatory and punitive damages against an employer, supervisor, agency, or entity that violates this subsection. In the civil action there is a rebuttable presumption that the detrimental action was retaliatory if it was taken within 90 days after the report of harm was made.

**Sec. 47.24.110. Reports of physical or sexual assault.** (a) The following persons who, in the performance of their professional duties, have reasonable cause to believe that a disabled adult is a victim of assault under AS 11.41.200—11.41.230 or sexual assault under AS 11.41.410—11.41.420, and that the disabled adult is unable to report the crime, shall promptly report the crime to the nearest law enforcement agency:

- (1) a physician or other licensed health care provider;
- (2) a mental health professional as defined in AS 47.30.915 and including a marital and family therapist licensed under AS 08.63;
- (3) a pharmacist;
- (4) an administrator or employee of a nursing home, residential care, or health care facility;
- (5) a caretaker of the disabled adult;
- (6) a guardian or conservator of the disabled adult;
- (7) a police officer as defined in AS 18.65.290;
- (8) a village public safety officer;
- (9) a village health aide;
- (10) a social worker;
- (11) a member of the clergy;
- (12) a staff employee of a program or project serving disabled adults;
- (13) a licensed foster care provider;



APPENDIX C (Continued)

(14) a paid employee of a domestic violence and sexual assault program or a crisis intervention and prevention program as defined in AS 18.66.900;

(15) an employee of a homemaker program or home health aide program;

(16) an emergency medical technician or paramedic in the mobile intensive care program.

(b) A person who knowingly fails or refuses to make a report required under (a) of this section is guilty of a class B misdemeanor.

(c) In this section, "disabled adult" means a person 18 years of age or older who has a physical or mental disability, or physical or mental impairment, as defined in AS 18.80.300.

State of Alaska  
Department of Commerce  
and Economic Development  
Division of Occupational Licensing  
Marital and Family Therapy  
P.O. Box 110806  
Juneau, Alaska 99811-0806

*Statutes and Regulations*

# Clinical Social Workers

79  
October 1994

# ALASKA

**DEPARTMENT OF COMMERCE  
AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING**

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**CHAPTER 95.  
CLINICAL SOCIAL WORKERS.**

**Article**

1. Board of Clinical Social Work Examiners (§§ 08.95.010—08.95.040)
2. Licensing (§§ 08.95.100—08.95.130)
3. General Provisions (§§ 08.95.900—08.95.990)

**ARTICLE 1.  
BOARD OF CLINICAL SOCIAL WORK EXAMINERS.**

**Section**

10. Creation and membership of the board
20. Board meetings
30. Duties
40. Continuing education requirement

**Sec. 08.95.010. Creation and membership of the board.** (a) There is created the Board of Clinical Social Work Examiners composed of five members. Four members must be persons licensed under this chapter, including at least one person who is not an employee of a federal, state, or local government or of a private nonprofit organization that is exempt from federal income tax. One member must be a public member.

(b) Members of the board shall elect a member of the board as chair. The chair serves for a term of one year.

**Sec. 08.95.020. Board meetings.** The board shall hold at least one meeting each year. The board may hold additional meetings at the call of the chair or of a majority of the board members.

**Sec. 08.95.030. Duties.** The board shall

- (1) issue licenses to qualified applicants;
- (2) submit an annual report of its proceedings to the department;
- (3) after a hearing, impose disciplinary sanctions on a person who violates this chapter or the regulations or orders of the board;
- (4) adopt regulations requiring that continuing education requirements be satisfied before a license is renewed;
- (5) adopt regulations necessary to carry out the purpose of this chapter.

**Sec. 08.95.040. Continuing education requirement.** (a) The board shall adopt continuing education requirements for persons licensed under this chap-

ter. Continuing education requirements must include a minimum of 45 hours per biennium of education or training with a minimum of six hours in substance abuse and six hours in cross-cultural education emphasizing Alaskan Natives.

(b) The board shall appoint three persons licensed under this chapter to serve as a continuing education committee. The committee shall advise the board on matters related to continuing education for clinical social workers. One person appointed to the committee must be familiar with social problems in the rural areas of the state.

## ARTICLE 2. LICENSING.

### Section

- 100. License required
- 110. License to practice clinical social work
- 120. Licensing by credentials
- 130. Display of license

**Sec. 08.95.100. License required.** (a) A person who practices clinical social work without obtaining a license issued by the board and without qualifying for an exemption from this chapter is guilty of a class B misdemeanor.

(b) A person who is not licensed as a clinical social worker, or whose license is suspended or revoked, or whose license has lapsed, who uses in connection with the person's name the words or letters "L.C.S.W.," "Licensed Clinical Social Worker," or other letters, words, or insignia indicating or implying that the person is a licensed clinical social worker, or who in any way, orally, or in writing, directly or by implication, holds out as a licensed clinical social worker is guilty of a class B misdemeanor.

(c) A person not licensed under this chapter may use the title of "social worker."

**Sec. 08.95.110. License to practice clinical social work.** The board shall issue a license to practice clinical social work to a person who

(1) has received a master's degree or a doctoral degree in social work from a college or university accredited by the Council on Social Work Education;

(2) has completed, within the 10 years before application for licensure and under the supervision of a licensed clinical social worker, licensed psychologist, licensed psychiatrist, or, with approval of the board, a clinical social worker who is exempt from this chapter under AS 08.95.910, either (A) a minimum of two years of continuous full-time employment in postgraduate



clinical social work; or (B) a minimum of 3,000 hours of less than full-time employment in a period of not less than two years in postgraduate clinical social work; at least 100 hours of supervision required under this paragraph shall be conducted by a qualified person approved by the board;

(3) is in good professional standing and is fit to practice social work as determined by the board;

(4) has provided three professional references to the board;

(5) has satisfactorily completed the examination given by the board; and

(6) has paid required fees.

**Sec. 08.95.120. Licensing by credentials.** The board shall issue a license to practice clinical social work without examination if the applicant

(1) holds a current license to practice clinical social work in another jurisdiction that at the time of original issuance of the license had requirements for licensure equal to or more stringent than those of this state;

(2) is not the subject of an unresolved complaint or disciplinary action before a regulatory authority or a professional social work association;

(3) has not failed the examination for a license to practice clinical social work in this state;

(4) has not had a license to practice clinical social work revoked or suspended in this state or another jurisdiction;

(5) has submitted proof of continued competency satisfactory to the board; and

(6) has paid required fees.

**Sec. 08.95.130. Display of license.** A person licensed under this chapter shall display the license in a conspicuous place where the licensee practices.

### ARTICLE 3. GENERAL PROVISIONS.

#### Section

900. Confidentiality of communication

910. Exemptions

990. Definitions

**Sec. 08.95.900. Confidentiality of communication.** (a) A licensed clinical social worker may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client has employed the licensee in a professional capacity. This section does not apply to

(1) a case conference with other clinical social workers or with psychologists, psychological associates, physicians, or surgeons;

(2) the release of information which the client in writing authorized the licensee to reveal; or

(3) information revealed as part of the discovery of evidence related to a court proceeding or introduced in evidence in a court proceeding.

(b) Notwithstanding (a) of this section, a licensed clinical social worker shall report incidents of child abuse or neglect as required by AS 47.17.020.

**Sec. 08.95.910. Exemptions.** This chapter does not apply to a person who

(1) practices clinical social work as an employee of a federal, state, or local government or of a private nonprofit organization that is exempt from federal income tax; or

(2) is a qualified member of a recognized profession, other than clinical social work, and does not represent to the public by title or description of service as practicing clinical social work.

**Sec. 08.95.990. Definitions.** In this chapter

(1) "board" means the Board of Clinical Social Work Examiners;

(2) "clinical social work" means a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior is directed, through the application of social work principles and methods, at helping individuals to achieve more adequate, satisfying, and productive social adjustments;

(3) "clinical social worker" means a person who practices clinical social work;

(4) "department" means the Department of Commerce and Economic Development;

(5) "social work principles and methods" include counseling and using techniques of applied psychotherapy of a nonmedical nature to assist in the diagnosis and treatment of mental and emotional conditions of individuals, families, and groups; providing information and referral services; providing or arranging for the provision of social services; explaining and interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, provide, or improve social and health services; and doing research related to social work.

**CHAPTER 18.  
BOARD OF CLINICAL SOCIAL WORK EXAMINERS.**

**Article**

1. **Application and employment requirements**  
(12 AAC 18.100 — 12 AAC 18.150)
2. **License renewal and continuing education**  
(12 AAC 18.200 — 12 AAC 18.230)
3. **General provisions** (12 AAC 18.990)

**ARTICLE 1.  
APPLICATION AND EMPLOYMENT REQUIREMENTS**

**Section**

100. **Application for license by examination**
105. **Examination**
110. **Application for license by credentials**
120. **Employment requirement**
130. **Professional references**
140. **Reasons for application denial**
150. **Clinical social worker code of ethics**

**12 AAC 18.100. APPLICATION FOR LICENSE BY EXAMINATION.**

(a) An applicant for licensure as a clinical social worker by examination shall submit

- (1) a completed application on a form provided by the department;
- (2) the fees required in 12 AAC 02.155;
- (3) official college transcripts documenting all education in social work from a college or university accredited by the Council on Social Work Education;
- (4) verification of having completed the employment and supervision requirements of AS 08.95.110(2) and 12 AAC 18.120;
- (5) three professional references as described in 12 AAC 18.130; and
- (6) a sworn statement describing each felony conviction ever received and each misdemeanor conviction received within the five years before the date of application.

(b) To be scheduled for an examination, the applicant shall file with the department all documents and fees specified in (a) of this section at least 90 days before the date set for that examination.

**12 AAC 18.105 EXAMINATION.** (a) The examination required for licensure as a clinical social worker by examination is the American Association of State Social Work Boards Examination sponsored by the American Association of State Social Work Boards.

(b) To pass the examination, the applicant must achieve at least the mini-

imum scale score determined by the American Association of State Social Work Boards as the passing point for that version of the examination.

(c) The board will offer the examination twice each calendar year.

**12 AAC. 18.110. APPLICATION FOR LICENSE BY CREDENTIALS.**

An applicant for licensure as a clinical social worker by acceptance of credentials shall submit

- (1) a completed application on a form provided by the department;
- (2) the fees required in 12 AAC 02.155;
- (3) official college transcripts documenting all education in social work from a college or university accredited by the Council on Social Work Education;
- (4) verification of having completed continuing competency requirements equivalent to those established by the board;
- (5) three professional references as described in 12 AAC 18.130;
- (6) verification of a current license that meets the requirements of AS 08.95.120(1) from another licensing jurisdiction, including a description of any disciplinary actions taken or pending; and
- (7) a sworn statement describing each felony conviction ever received and each misdemeanor conviction received within the five years before the date of application.

**12 AAC 18.120. EMPLOYMENT REQUIREMENT.** The employment required for licensure under AS 08.95.110 must be employment that requires the use of social work principles and methods, as defined in AS 08.95.990, including intervention directed at interpersonal interactions; intrapsychic dynamics; life-support and management issues; assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation.

**12 AAC 18.130. PROFESSIONAL REFERENCES.** A letter of professional reference required for licensure as a clinical social worker will be accepted by the board only if submitted by a

- (1) master's degree level social worker;
- (2) licensed psychological associate, clinical psychologist, or physician specializing in psychiatry;
- (3) person who holds a master's or doctorate level degree in psychology or social work who qualifies for licensure under AS 08.95 or AS 08.86, but who is exempt from licensure under one of those statutes;
- (4) licensed medical or osteopathic physician;
- (5) authorized advanced nurse practitioner with a specialty area of practice in mental health; or
- (6) master's degree prepared psychiatric nurse.

**12 AAC 18.140. REASONS FOR APPLICATION DENIAL.** (a) The board will, in its discretion, deny an application for a license to practice clinical social work if the board finds that the applicant's history of felony or misdemeanor convictions make the applicant unfit to practice social work. The board will consider the number and recency of any convictions and the relationship those convictions may have to the practice of clinical social work.

(b) Notwithstanding (a) of this section, a person who has been convicted of a felony sexual offense described in AS 11.41.410—.470 within the five years before the date of application, is unfit to practice social work under AS 08.95.110(3), and that person's application for licensure to practice clinical social work will be denied.

**12 AAC 18.150. CLINICAL SOCIAL WORKER CODE OF ETHICS.** Clinical social workers licensed in this state shall adhere to the "Code of Ethics of the National Association of Social Workers" (1980 Edition) of the National Association of Social Workers, Inc.

*(EDITOR'S NOTES: A copy of the "Code of Ethics of the National Association of Social Workers" can be obtained from the National Association of Social Workers, Inc., 7981 Eastern Avenue, Silver Springs, MD 20910)*

## ARTICLE 2. LICENSE RENEWAL AND CONTINUING EDUCATION

### Section.

- 200. License renewal requirements
- 210. Continuing education requirement
- 220. Approved continuing education activities
- 230. Audit of continuing education requirements

**12 AAC 18.200. LICENSE RENEWAL REQUIREMENTS.** An applicant for renewal of a license to practice clinical social work shall

- (1) complete a renewal application on a form provided by the department;
- (2) pay the license renewal fee established in 12 AAC 02.155; and
- (3) submit a sworn statement of the continuing education contact hours completed during the concluding licensing period, which must include the following information, when applicable, for each course, seminar or workshop:
  - (A) the name of the sponsoring organization;
  - (B) the location of the course, seminar, or workshop;
  - (C) the title or a brief description of the course, seminar, or workshop;
  - (D) the principal instructor;
  - (E) the dates of attendance;
  - (F) the titles, issues, and dates of publications or presentations; and
  - (G) the number of continuing education contact hours claimed.

**12 AAC 18.210 CONTINUING EDUCATION REQUIREMENT.** (a) An applicant for renewal of a clinical social worker license who has been licensed 12 months or more of the concluding licensing period shall document completion of 45 contact hours of continuing education acceptable to the board that was earned during that licensing period and included a minimum of

(1) six contact hours in substances abuse education; and

(2) six contact hours in cross-cultural education emphasizing Alaska Natives.

(b) An applicant for renewal of a clinical social worker license who has been licensed less than 12 months of the concluding licensing period shall document completion of 23 contact hours of continuing education acceptable to the board that was earned during that licensing period and included a minimum of

(1) three contact hours in substance abuse education; and

(2) three contact hours in cross-cultural education emphasizing Alaska Natives.

(c) For the purposes of this section,

(1) one "contact hour" equals a minimum of 50 minutes of classroom instruction between instructor and participant;

(2) one academic semester credit equals 15 contact hours; and

(3) one academic quarter credit equals 10 contact hours.

(d) Only hours of actual attendance during which instruction was given will be accepted as continuing education contact hours earned from an academic course that is audited by the licensee, and the total number of contact hours earned may not exceed the academic credit hours offered for that course.

**12 AAC 18.220. APPROVED CONTINUING EDUCATION ACTIVITIES.** (a) To be accepted by the board, continuing education must contribute directly to the professional competency of a clinical social worker and must be directly related to the skills and knowledge required to implement social work principles and methods as defined in AS 08.95.990(5).

(b) The following continuing education activities are acceptable if they are related to clinical social work in accordance with (a) of this section:

(1) postgraduate courses in clinical social work given by an academic institution, either audited or for credit;

(2) courses offered by the National Association of Social Workers;

(3) courses offered by the Council on Social Work Education;

(4) seminars, workshops, or mini-courses offered by professional organizations;

(5) cross-disciplinary courses, seminars, or workshops in the fields of medicine, law, behavioral sciences, or other disciplines;

(6) other courses not covered under (1) through (5) of this subsection which are specifically preapproved by the board, up to a maximum of 15 contact hours;



(7) first-time preparation and presentation of a social work course, seminar, or workshop, up to a maximum of 10 contact hours allocated among all clinical social workers and other professionals involved; and

(8) first-time presentation or publication of an article or book chapter related to the practice of clinical social work which was presented at a state or national association meeting or published by a publisher recognized by the profession, up to a maximum of 10 contact hours allocated among all clinical social workers and other professionals involved.

(c) Hours spent in job orientation will not be accepted as continuing education contact hours.

**12 AAC 18.230. AUDIT OF CONTINUING EDUCATION REQUIREMENTS.** (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing education requirements of this chapter.

(b) A licensee selected for audit shall, within 30 days from the date of notification, submit documentation to verify completion of the contact hours claimed under 12 AAC 18.210.

(c) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education hours claimed and shall make them available to the board upon request under this section. Records must be retained for three years after the date the continuing education hours were earned.

### ARTICLE 3. GENERAL PROVISIONS

#### Section.

#### 990. Definitions

**12 AAC 18.990. DEFINITIONS.** In this chapter and in AS 08.95

(1) "cross-cultural education" means a structured education experience such as a course, lecture, workshop, or other organized training that focuses on Alaska Native social and cultural issues; cross-cultural education is not limited to clinical applications but should be relevant to the practice of clinical social work; topics may include cross-cultural communications, contemporary anthropology, or Alaska Native cultures;

(2) "substance abuse education" means a structured educational experience such as a course, lecture, workshop, or other organized training that focuses on substance abuse as it applies to clinical social work practices.

**CHAPTER 01.  
CENTRALIZED LICENSING.****Section**

- 10. Applicability of chapter
- 20. Board organization
- 25. Public members
- 30. Quorum
- 35. Appointments and terms
- 40. Transportation and per diem
- 50. Administrative duties of department
- 60. Application for license
- 65. Establishment of fees
- 70. Administrative duties of boards
- 75. Disciplinary powers of boards
- 80. Department regulations
- 87. Investigative and enforcement powers of department
- 88. Conviction as grounds for disciplinary action
- 90. Applicability of the Administrative Procedure Act
- 100. License renewal, lapse and reinstatement
- 102. Citation for unlicensed practice or activity
- 103. Procedure and form of citation
- 104. Failure to obey citation
- 105. Penalty for improper payment
- 110. Definitions

**Sec. 08.01.010. Applicability of chapter.** This chapter applies to the

- (1) Board of Public Accountancy (AS 08.04.010);
- (2) State Board of Registration for Architects, Engineers and Land Surveyors (AS 08.48.011);
- (3) Athletic Commission (AS 05.05 and AS 05.10);
- (4) Board of Barbers and Hairdressers (AS 08.13.010);
- (5) Big Game Commercial Services Board (AS 08.54.300);
- (6) Board of Certified Direct-Entry Midwives (AS 08.65.010);
- (7) Board of Certified Real Estate Appraisers (AS 08.87.010);
- (8) Board of Chiropractic Examiners (AS 08.20.010);
- (9) Board of Clinical Social Work Examiners (AS 08.95.010);
- (10) Board of Dental Examiners (AS 08.36.010);
- (11) Board of Dispensing Opticians (AS 08.71.010);
- (12) Board of Electrical Examiners (AS 08.40.011);
- (13) Board of Marine Pilots (AS 08.62.010);
- (14) Board of Marital and Family Therapy (AS 08.63.010);
- (15) Board of Mechanical Examiners (AS 08.40.220);
- (16) State Medical Board (AS 08.64.010);
- (17) Board of Nursing (AS 08.68.010);

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AS 08.01.020

AS 08.01.035

- (18) Board of Nursing Home Administrators (AS 08.70.010);
- (19) Board of Examiners in Optometry (AS 08.72.010);
- (20) Board of Pharmacy (AS 08.80.010);
- (21) State Physical Therapy and Occupational Therapy Board (AS 08.84.010);
- (22) Board of Psychologist and Psychological Associate Examiners (AS 08.86.010);
- (23) Real Estate Commission (AS 08.88.011);
- (24) Board of Veterinary Examiners (AS 08.98.010);
- (25) regulation of acupuncturists under AS 08.06;
- (26) regulation of audiologists under AS 08.11;
- (27) regulation of business licenses under AS 43.70;
- (28) regulation of collection agencies under AS 08.24;
- (29) regulation of concert promoters under AS 08.92;
- (30) regulation of construction contractors under AS 08.18;
- (31) regulation of professional geologists under AS 08.02.011;
- (32) regulation of hearing aid dealers under AS 08.55;
- (33) regulation of morticians under AS 08.42;
- (34) regulation of the practice of naturopathy under AS 08.45;

**Sec. 08.01.020. Board organization.** Board members are appointed by the governor and serve at the pleasure of the governor. Unless otherwise provided, the governor may designate the chair of a board, and all other officers shall be elected by the board members. Unless otherwise provided, officers of a board are the chair and the secretary. A board may provide by regulation that three or more unexcused absences from meetings are cause for removal.

**Sec. 08.01.025. Public members.** A public member of a board may not:

- (1) be engaged in the occupation that the board regulates;
- (2) be associated by legal contract with a member of the occupation that the board regulates except as a consumer of the services provided by a practitioner of the occupation; or
- (3) have a direct financial interest in the occupation that the board regulates.

**Sec. 08.01.030. Quorum.** A majority of the membership of a board constitutes a quorum unless otherwise provided.

**Sec. 08.01.035. Appointments and terms.** Members of boards subject to this chapter are appointed for staggered terms of four years. A member of a board serves until a successor is appointed. An appointment to fill a vacancy on a board is for the remainder of the unexpired term. A member who has served all or part of two successive terms on a board may not be reappointed to that board unless four years have elapsed since the person has last served on the board.

**Sec. 08.01.040. Transportation and per diem.** A board member is entitled to transportation expenses and per diem as set out in AS 39.20.180.

**Sec. 08.01.050. Administrative duties of department.** (a) The department shall perform the following administrative and budgetary services when appropriate:

- (1) collect and record fees;
- (2) maintain records and files;
- (3) issue and receive application forms;
- (4) notify applicants of acceptance or rejection as determined by the board or as determined by the department under AS 08.06 for acupuncturists, under AS 08.11 for audiologists, under AS 08.18 for contractors, under AS 08.45 for naturopaths, or under AS 08.55 for hearing aid dealers;
- (5) designate dates examinations are to be held and notify applicants;
- (6) publish notice of examinations and proceedings;
- (7) arrange space for holding examinations and proceedings;
- (8) notify applicants of results of examinations;
- (9) issue licenses or temporary licenses as authorized by the board or as authorized by the department under AS 08.06 for acupuncturists, under AS 08.11 for audiologists, under AS 08.18 for contractors, under AS 08.45 for naturopaths, or under AS 08.55 for hearing aid dealers;
- (10) issue duplicate licenses upon submission of a written request by the licensee attesting to loss of or the failure to receive the original and payment by the licensee of a fee established by regulation adopted by the department;
- (11) notify licensees of renewal dates at least 30 days before the expiration date of their licenses;
- (12) compile and maintain a current register of licensees;
- (13) answer routine inquiries;
- (14) maintain files relating to individual licensees;
- (15) arrange for printing and advertising;
- (16) purchase supplies;
- (17) employ additional help when needed;
- (18) perform other services that may be requested by the board;
- (19) provide inspection, enforcement, and investigative services to the boards and for the occupations listed in AS 08.01.010, regarding all licenses issued by or through the department;
- (20) retain and safeguard the official seal of a board and prepare, sign, and affix a board seal, as appropriate, for licenses approved by a board;
- (21) issue business licenses under AS 43.70.

(b) The form and content of a license, authorized by a board listed in AS 08.01.010, including any document evidencing renewal of a license, shall be determined by the department after consultation with and consideration of the views of the board concerned.

(c) *[Repealed 1987]*

(d) At the request of one of the following boards, the department may contract with public agencies and private professional organizations to provide assistance and treatment to persons licensed by the board who abuse alcohol, other drugs, or other substances:

- (1) Board of Clinical Social Work Examiners;
- (2) Board of Dental Examiners;
- (3) Board of Dispensing Opticians;
- (4) State Medical Board;
- (5) Board of Nursing;
- (6) Board of Examiners in Optometry;
- (7) Board of Pharmacy;
- (8) State Physical Therapy and Occupational Therapy Board;
- (9) Board of Psychologist and Psychological Associate Examiners; and
- (10) Board of Veterinary Examiners.

**Sec. 08.01.060. Application for license.** All applications for examination or licensing to engage in the business or profession covered by this chapter shall be made in writing to the department.

**Sec. 08.01.065. Establishment of fees.** (a) Except for business licenses, the department shall adopt regulations that establish the amount and manner of payment of application fees, examination fees, license fees, registration fees, permit fees, investigation fees, and all other fees as appropriate for the occupations covered by this chapter.

(b) *[Repealed 1992]*

(c) The department shall establish fee levels under (a) of this section so that the total amount of fees collected for an occupation approximately equals the actual regulatory costs for the occupation. The department shall annually review each fee level to determine whether the regulatory costs of each occupation are approximately equal to fee collections related to that occupation. If the review indicates that an occupation's fee collections and regulatory costs are not approximately equal, the department shall calculate fee adjustments and adopt regulations under (a) of this section to implement the adjustments. In January of each year, the department shall report on all fee levels and revisions for the previous year under this subsection to the office of management and budget. If a board regulates an occupation covered by this chapter, the department shall consider the board's recommendations concerning the occupation's fee levels and regulatory costs before revising fee schedules to comply with this subsection. In this subsection, "regulatory costs" means costs of the department

that are attributable to regulation of an occupation plus

(1) all expenses of the board that regulates the occupation if the board regulates only one occupation;

(2) the expenses of a board that are attributable to the occupation if the board regulates more than one occupation.

(d) The license fee for a business license is set by AS 43.70.030(a). The department shall adopt regulations that establish the manner of payment of the license fee.

**Sec. 08.01.070. Administrative duties of boards.** Each board shall perform the following duties in addition to those provided in its respective law:

(1) take minutes and records of all proceedings;

(2) hold a minimum of one meeting each year;

(3) hold at least one examination each year;

(4) request, through the department, investigation of violations of its laws and regulations;

(5) prepare and grade board examinations;

(6) set minimum qualifications for applicants for examination and license;

(7) forward a draft of the minutes of proceedings to the department within 20 days after the proceedings;

(8) forward results of board examinations to the department within 20 days after the examination is given;

(9) notify the department of meeting dates and agenda items at least 15 days before meetings and other proceedings are held;

(10) submit before the end of the fiscal year an annual performance report to the department stating the board's accomplishments, activities, and needs.

**Sec. 08.01.075. Disciplinary powers of boards.** (a) A board may take the following disciplinary actions, singly or in combination:

(1) permanently revoke a license;

(2) suspend a license for a specified period;

(3) censure or reprimand a licensee;

(4) impose limitations or conditions on the professional practice of a licensee;

(5) require a licensee to submit to peer review;

(6) impose requirements for remedial professional education to correct deficiencies in the education, training, and skill of the licensee;

(7) impose probation requiring a licensee to report regularly to the board on matters related to the grounds for probation;

(8) impose a civil fine not to exceed \$5,000.

(b) A board may withdraw probationary status if the deficiencies that required the sanction are remedied.

(c) A board may summarily suspend a licensee from the practice of the pro-

fession before a final hearing is held or during an appeal if the board finds that the licensee poses a clear and immediate danger to the public health and safety. A person is entitled to a hearing before the board to appeal the summary suspension within seven days after the order of suspension is issued. A person may appeal an adverse decision of the board on an appeal of a summary suspension to a court of competent jurisdiction.

(d) A board may reinstate a suspended or revoked license if, after a hearing, the board finds that the applicant is able to practice the profession with skill and safety.

(e) A board may accept the voluntary surrender of a license. A license may not be returned unless the board determines that the licensee is competent to resume practice and the licensee pays the appropriate renewal fee.

(f) A board shall seek consistency in the application of disciplinary sanctions. A board shall explain a significant departure from prior decisions involving similar facts in the order imposing the sanction.

**Sec. 08.01.080. Department regulations.** The department shall adopt regulations to carry out the purposes of this chapter including but not limited to describing

- (1) how an examination is to be conducted;
- (2) what is contained in application forms;
- (3) how a person applies for an examination or license.

**Sec. 08.01.087. Investigative and enforcement powers of department.** (a) The department may, upon its own motion, conduct investigations

(1) to determine whether a person has violated a provision of this chapter or a regulation adopted under it, or a provision of AS 43.70, or a provision of this title or regulation adopted under this title dealing with an occupation or board listed in AS 08.01.010; or

(2) to secure information useful in the administration of this chapter.

(b) If it appears to the commissioner that a person has engaged in or is about to engage in an act or practice in violation of a provision of this chapter or a regulation adopted under it, or a provision of AS 43.70, or a provision of this title or regulation adopted under this title dealing with an occupation or board listed in AS 08.01.010, the commissioner may, if the commissioner considers it in the public interest, and after notification of a proposed order or action by telephone, telegraph, or facsimile to all board members, if a board regulates the act or practice involved, unless a majority of the members of the board object within 10 days after the person receives the notice and has not requested a hearing by that time; a temporary order becomes final if the person to whom the notice is addressed does not request a hearing within 15 days after receiving the notice; the commissioner or the commissioner's designee shall be the hearing officer at the hearing and shall issue a final order within 10 days after the hearing;



(2) bring an action in the superior court to enjoin the acts or practices and to enforce compliance with this chapter, a regulation adopted under it, an order issued under it, or with a provision of this title or regulation adopted under this title dealing with business licenses or an occupation or board listed in AS 08.01.010;

(3) examine or have examined the books and records of a person whose business activities require a business license or licensure by a board listed in AS 08.01.010, or whose occupation is listed in AS 08.01.010; the commissioner may require the person to pay the reasonable costs of the examination; and

(4) issue subpoenas for the attendance of witnesses, and the production of books, records, and other documents.

**Sec. 08.01.088. Conviction as grounds for disciplinary action.** Notwithstanding any other provision of this title, the conviction under AS 47.24.010 or 47.24.110 of a person licensed, certified, or regulated by the department or a board under this title may be considered by the department or board as grounds for disciplinary proceedings or sanctions.

**Sec. 08.01.090. Applicability of the Administrative Procedure Act.** The Administrative Procedure Act (AS 44.62) applies to regulations adopted and proceedings held under this chapter, except those under AS 08.01.087(b).

**Sec. 08.01.100. License renewal, lapse and reinstatement.** (a) Licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

(b) A license subject to renewal shall be renewed on or before the date set by the department. If the license is not renewed by the date set by the department, the license lapses. In addition to renewal fees required for reinstatement of the lapsed license, the department may impose a delayed renewal penalty, established by regulation, that shall be paid before a license that has been lapsed for more than 60 days may be renewed. The department may adopt a delayed renewal penalty only with the concurrence of the appropriate board.

(c) When continuing education or other requirements are made a condition of license renewal, the requirements shall be satisfied before a license is renewed.

(d) Except as otherwise provided, a license may not be renewed if it has been lapsed for five years or more.

**Sec. 08.01.102. Citation for unlicensed practice or activity.** The department may issue a citation for a violation of a license requirement under this

chapter or AS 43.70 if there is probable cause to believe a person has practiced a profession or engaged in business for which a license is required without holding the license. Each day a violation continues after a citation for the violation has been issued constitutes a separate violation.

**Sec. 08.01.103. Procedure and form of citation.** (a) A citation issued under AS 08.01.102 must be in writing. A person receiving the citation is not required to sign a notice to appear in court.

(b) The time specified in the notice to appear on a citation issued under AS 08.01.102 shall be at least five days, not including weekends and holidays, after the issuance of the citation, unless the person cited requests an earlier hearing.

(c) The department is responsible for the issuance of books containing appropriate citations, and shall maintain a record of each book issued and each citation contained in it. The department shall require and retain a receipt for every book issued to an employee of the department.

(d) The department shall deposit the original or a copy of the citation with a court having jurisdiction over the alleged offense. Upon its deposit with the court, the citation may be disposed of only by trial in the court or other official action taken by the magistrate, judge, or prosecutor. The department may not dispose of a citation, copies of it, or of the record of its issuance except as required under this subsection and (e) of this section.

(e) The department shall require the return of a copy of every citation issued by the department and all copies of a citation that has been spoiled or upon which an entry has been made and not issued to an alleged violator. The department shall also maintain, in connection with each citation, a record of the disposition of the charge by the court where the original or copy of the citation was deposited.

(f) If the form of citation includes the essential facts constituting the offense charged, and if the citation is sworn to as required under the laws of this state for a complaint charging commission of the offense alleged in the citation, then the citation when filed with a court having jurisdiction is considered to be a lawful complaint for the purpose of prosecution.

**Sec. 08.01.104. Failure to obey citation.** Unless the citation has been voided or otherwise dismissed by the magistrate, judge, or prosecutor, a person who without lawful justification or excuse fails to appear in court to answer a citation issued under AS 08.01.102, regardless of the disposition of the charge for which the citation was issued, is guilty of a class B misdemeanor.

**Sec. 08.01.105. Penalty for improper payment.** An applicant shall pay a penalty of \$10 each time a negotiable instrument is presented to the department in payment of an amount due and payment is subsequently refused by the named payor.

**Sec. 08.01.110. Definitions.** In this chapter

- (1) "board" includes the boards and commissions listed in AS 08.01.010;
- (2) "commissioner" means the commissioner of commerce and economic development;
- (3) "department" means the Department of Commerce and Economic Development;
- (4) "license" means a business license or a license, certificate, permit, or registration or similar evidence of authority issued for an occupation by the department or by one of the boards listed in AS 08.01.010;
- (5) "licensee" means a person who holds a license;
- (6) "occupation" means a trade or profession listed in AS 08.01.010.

**CHAPTER 02.  
MISCELLANEOUS PROVISIONS.**

**Section**

10. Professional designation requirements
11. Professional geologist
20. Limitation of liability
30. Courtesy licenses

**Sec. 08.02.010. Professional designation requirements.** (a) An acupuncturist licensed under AS 08.06, an audiologist licensed under AS 08.11, a person licensed in the state as a chiropractor under AS 08.20, a dentist under AS 08.36, a marital and family therapist licensed under AS 08.63, a medical practitioner or osteopath under AS 08.64, a direct-entry midwife certified under AS 08.65, a registered nurse under AS 08.68, an optometrist under AS 08.72, a registered pharmacist under AS 08.80, a physical therapist or occupational therapist licensed under AS 08.84, a psychologist under AS 08.86, or a clinical social worker licensed under AS 08.95, shall use as professional identification appropriate letters or a title after that person's name which represents that person's specific field of practice. The letters or title shall appear on all signs, stationery, or other advertising in which the person offers or displays personal professional services to the public. In addition, a person engaged in the practice of medicine or osteopathy as defined in AS 08.64.380, or a person engaged in any manner in the healing arts who diagnoses, treats, tests, or counsels other persons in relation to human health or disease and uses the letters "M.D." or the title "doctor" or "physician" or another title that tends to show that the person is willing or qualified to diagnose, treat, test, or counsel another person, shall clarify the letters or title by adding the appropriate specialist designation, if any, such as "dermatologist", "radiologist", "audiologist", "naturopath", or the like.

(b) A person subject to (a) of this section who fails to comply with the requirements of (a) of this section shall be given notice of noncompliance by

that person's appropriate licensing board. If, after a reasonable time, with opportunity for a hearing, the person's noncompliance continues, the board may suspend or revoke the person's license or registration, or administer other disciplinary action which in its determination is appropriate.

**Sec. 08.02.011. Professional geologist.** The commissioner of commerce and economic development shall certify an applicant as a professional geologist if the applicant is certified as a professional geologist by the American Institute of Professional Geologists.

**Sec. 08.02.020. Limitation of liability.** An action may not be brought against a person for damages resulting from

(1) the person's good faith performance of a duty, function, or activity required as

(A) a member of, or witness before, a licensing board or peer review committee established to review a licensing matter;

(B) a member of a committee appointed under AS 08.64.336(c);

(C) a contractor or agent of a contractor under AS 08.01.050(d) or AS 08.64.101(6);

(2) a recommendation or action in accordance with the prescribed duties of a licensing board, peer review committee established to review a licensing matter, committee appointed under AS 08.64.336(c), or contractor or agent of a contractor under AS 08.01.050(d) or AS 08.64.101(6) when the person acts in the reasonable belief that the action or recommendation is warranted by facts known to the person, board, peer review committee, committee appointed under AS 08.64.336(c), or contractor or agent of the contractor under AS 08.01.050(d) or AS 08.64.101(6) after reasonable efforts to ascertain the facts upon which the action or recommendation is made; or

(3) a report made in good faith to a public agency by the person, or participation by the person in an investigation by a public agency or a judicial or administrative proceeding relating to the report, if the report relates to the abuse of alcohol, other drugs, or other substances by a person licensed by a board listed in AS 08.01.050(d).

*Effective July 1, 1995 a new section is added to read:*

**Sec. 08.02.025. Compliance with student loan requirements.** (a) A person licensed under this title shall comply with the student loan repayment provisions under AS 14.43 that are applicable to the person. Notwithstanding another provision of law, a license issued to a person under this title may not be renewed if the borrower and the Department of Commerce and Economic Development have received notice from the Alaska Commission on Postsecondary Education that the licensee is in default on a student loan provided to the

license. This action may be taken no sooner than 60 days after the Alaska Commission on Postsecondary Education has notified the borrower of the default status of the loan as provided under AS 14.43.120(i). If an appeal of a determination of default status is pending on behalf of the licensee, the Alaska Commission on Postsecondary Education shall notify the department and renewal may not be denied under this section until and unless the appeal has been concluded and the default status affirmed. Denial of renewal of a license shall continue until the Department of Commerce and Economic Development receives notice from the Alaska Commission on Postsecondary Education that the licensee is no longer in default on the student loan.

(b) The Department of Commerce and Economic Development shall provide the applicable licensing board, if any, a copy of a notice received under (a) of this section.

**Sec. 08.02.030. Courtesy licenses.** (a) A board established under this title and the Department of Commerce and Economic Development, with respect to an occupation that it regulates under this title, may by regulation establish criteria for issuing a temporary courtesy license to nonresidents who enter the state so that, on a temporary basis, they may practice the occupation regulated by the board or the department.

(b) The regulations adopted under (a) of this section may include limitations relating to the

- (1) duration of the license's validity;
- (2) scope of practice allowed under the license; and
- (3) other matters considered important by the board or the department.

### CHAPTER 03. TERMINATION, CONTINUATION AND REESTABLISHMENT OF REGULATORY BOARDS.

#### Section

**10. Termination dates for regulatory boards**

**20. Procedures governing termination, transition and continuation**

**Sec. 08.03.010. Termination dates for regulatory boards.**

(a) *[Repealed]*

(b) *[Repealed]*

(c) The following boards have the termination date provided by this subsection:

- (1) Board of Public Accountancy (AS 08.04.010)—June 30, 1997;
- (2) Board of Governors of the Alaska Bar Association (AS 08.08.040)—June 30, 1993;
- (3) State Board of Registration for Architects, Engineers and Land Surveyors (AS 08.48.011)—June 30, 1997;

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AS 08.03.020

- (4) Board of Barbers and Hairdressers (AS 08.13.010)—June 30, 1997;
- (5) Big Game Commercial Services Board (AS 08.54.300)—June 30, 1994;
- (6) Board of Certified Direct-Entry Midwives (AS 08.65.010)—June 30, 1998;
- (7) Board of Certified Real Estate Appraisers (AS 08.87.010)—June 30, 1998;
- (8) Board of Chiropractic Examiners (AS 08.20.010)—June 30, 1996;
- (9) Board of Clinical Social Work Examiners (AS 08.95.010)—June 30, 1995;
- (10) Board of Dental Examiners (AS 08.36.010)—June 30, 1997;
- (11) Board of Dispensing Opticians (AS 08.71.010)—June 30, 1996;
- (12) *[Repealed]*
- (13) Board of Marine Pilots (AS 08.62.010)—June 30, 1994;
- (14) Board of Marital and Family Therapy (AS 08.63.010)—June, 30, 1995;
- (15) Board of Mechanical Examiners (AS 08.40.220)—June 30, 1992;
- (16) State Medical Board (AS 08.64.010)—June 30, 1995;
- (17) Board of Nursing (AS 08.68.010)—June 30, 1995;
- (18) Board of Nursing Home Administrators (AS 08.70.010)—June 30, 1994;
- (19) Board of Examiners in Optometry (AS 08.72.010)—June 30, 1996;
- (20) Board of Pharmacy (AS 08.80.010)—June 30, 1999;
- (21) State Physical Therapy and Occupational Therapy Board (AS 08.84.010)—June 30, 1997;
- (22) Board of Psychologist and Psychological Associate Examiners (AS 08.86.010)—June 30, 1995;
- (23) Real Estate Commission (AS 08.88.011)—June 30, 1995;
- (24) Board of Veterinary Examiners (AS 08.98.010)—June 30, 1997.

**Sec. 08.03.020. Procedures governing termination, transition and continuation.** (a) Upon termination, each board listed in AS 08.03.010 shall continue in existence until June 30 of the next succeeding year for the purpose of concluding its affairs. During this period, termination does not reduce or otherwise limit the powers or authority of each board. One year after the date of termination, a board not continued shall cease all activities.

(b) The termination, dissolution, continuation or reestablishment of a regulatory board shall be governed by the legislative oversight procedures of AS 44.66.050.

(c) A board scheduled for termination under this chapter may be continued or reestablished by the legislature for a period not to exceed four years unless the board is continued or reestablished for a longer period under AS 08.03.010.

**CHAPTER 02.  
DIVISION OF OCCUPATIONAL LICENSING**

**Article**

1. **Collection of Fees**  
(12 AAC 02.010 — 12 AAC 02.030)
2. **Occupational Licensing Fees**  
(12 AAC 02.100 — 12 AAC 02.360)
3. **Examination Review Procedures**  
(12 AAC 02.400)
4. **General Provisions**  
(12 AAC 02.900 — 12 AAC 02.990)

**ARTICLE 1.  
COLLECTION OF FEES**

**Section**

10. **Licensing and renewal fees**
20. **Prorating renewal fees**
30. **Prorating initial renewal fees**

**12 AAC 02.010. LICENSING AND RENEWAL FEES.** (a) The department will collect fees and issue receipts for licensing and for license renewal for the boards listed in AS 08.01.010.

(b) The department will not issue a license or renew a license unless the applicable fees established in AS 08 or in this chapter have been collected, and a receipt has been prepared.

(c) Except as otherwise provided in this title, an application for initial licensure or renewal of license will be considered filed as of the filing date of the document, as determined by 12 AAC 02.920.

(d) *Repealed 5/4/90.*

(e) An application fee is not refundable.

**12 AAC 02.020. PRORATING RENEWAL FEES.** The department will prorate the first license renewal fees following initial licensure, in accordance with 12 AAC 02.030. All renewal fees, including penalty and delinquent fees must be paid by the licensee applying for renewal of a license, except as provided in 12 AAC 02.030(a)(1) and (b)(1).

**12 AAC 02.030. PRORATING INITIAL RENEWAL FEES.** (a) When the department issues an initial biennial license

(1) within the 90 days before the date by which it must be renewed, the applicant shall pay the entire license fee but is not required to pay the pre-



scribed renewal fee until the second renewal date;

(2) within the 12 months before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay one-half of the prescribed renewal fee at the time of renewal; or

(3) more than 12 months before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay the entire prescribed renewal fee at the time of renewal.

(b) When the department issues an initial annual license

(1) within the 90 days before the date by which it must be renewed, the applicant shall pay the entire license fee but is not required to pay the prescribed renewal fee until the second renewal date;

(2) within the six months before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay one-half of the prescribed renewal fee at the time of renewal; or

(3) more than six months before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay the entire prescribed renewal fee at the time of renewal.

(c) A quadrennial license issued before July 1, 1987 shall be renewed by the department as a biennial license upon payment of the entire prescribed biennial license renewal fee.

(d) The department will not prorate renewal fees if the initial licensing fee was \$150 or less.

(e) The department will not prorate fees for applications, examinations, reexaminations, credential review or investigation, temporary or emergency permits, locum tenens permits, certificates, or other such fees established in AS 08 or in this chapter.

## ARTICLE 2. OCCUPATIONAL LICENSING FEES

### Section

- 100. Fees established by department
- 105. Administrative fees
- 155. Board of clinical social work examiners

**12 AAC 02.100. FEES ESTABLISHED BY DEPARTMENT.** The fees established in this chapter have been adopted by the department after considering any recommendations of the applicable board or commission listed in AS 08.01.010.

**12 AAC 02.105. ADMINISTRATIVE FEES.** Except as otherwise provided in this chapter for a particular board or occupation, the following fees apply to all boards and professions listed in AS 08.01.010:

- (1) duplicate license fee, \$5;
- (2) fee for verification or certification of an Alaska license, registration, or examination, \$20;
- (3) name change, except for construction contractors, \$5;
- (4) photocopy fee, \$.25 per page, which may be waived by the Department if the total fee is less than \$5;
- (5) facsimile fee, \$1 per page, which may be waived by the department if the total fee is less than \$5;
- (6) returned check fee, \$20;
- (7) penalty for reinstatement of a registration, license, permit or certificate which remains lapsed for more than 60 days, \$50;
- (8) exam postponement fee, \$25;
- (9) wall certificate fee, \$20;
- (10) fee for proctoring an examination for another state's applicant, \$50;
- (11) fee for specialized report of licensing data, \$100 plus the cost of supplies;
- (12) express delivery handling fee, \$20; and
- (13) fee for providing a roster of
  - (A) 1,500 or less licensees, \$5;
  - (B) more than 1,500 licensees, \$10;
  - (C) current business licenses, \$100.

**12 AAC 02.155. BOARD OF CLINICAL SOCIAL WORK EXAMINERS.** The following fees are established for clinical social workers:

- (1) application fee for initial license, \$50;
- (2) *repealed 5/28/93*;
- (3) clinical social worker license fee for all or part of the initial biennial license period, \$150;
- (4) biennial social worker license renewal fee, \$150.

### ARTICLE 3. EXAMINATION REVIEW PROCEDURES

#### Section

#### 400. Examination review

**12 AAC 02.400. EXAMINATION REVIEW.** (a) For nationally prepared and administered examinations, the examination review procedures established by the national examination organization will be used in conjunction with the procedures established in this section. National examinations which have no

provision for examination review are not available for review under this section.

(b) An applicant who wishes to review a failed examination shall submit a written request to the division within 30 days after the notice of examination results was mailed to the applicant.

(c) All examination reviews will be conducted in the presence of division staff at the time and location determined by the division. An examination review will not be conducted within 30 days of the next examination the applicant is scheduled to take.

(d) Only an applicant who has failed an examination may participate in the examination review and the applicant may review only his or her own examination.

(e) An applicant may use the same reference materials during an examination review that were allowed during the examination itself, but applicants may not use other materials or take notes or make copies of any kind. All materials brought to an examination review are subject to inspection by the division staff.

#### ARTICLE 4. GENERAL PROVISIONS

##### Section

- 900. Current address
- 910. Abandoned applications
- 920. Filing date
- 940. Effective date of renewed licenses
- 990. Definitions

**12 AAC 02.900. CURRENT ADDRESS.** A person licensed, registered, or certified by a board or commission listed in AS 08.01.010, or in an occupation listed in AS 08.01.010, shall maintain a current, valid, mailing address on file with the division at all times. The latest mailing address on file with the division is the address that will be used for official communications, notifications, and service of legal process.

**12 AAC 02.910. ABANDONED APPLICATIONS.** (a) An application is considered abandoned when

(1) 12 months have elapsed since correspondence was last received from or on behalf of the applicant; or

(2) the applicant has failed to appear for two successive examinations.

(b) An abandoned application is denied without prejudice and the application fee forfeited.

(c) At the time an application is considered abandoned, the division will

send notification of abandonment to the last known address of the applicant. An applicant may request a refund of all unused examination and licensing fees credited to the application by submitting a written request for refund within 30 days from the date notification of abandonment was mailed by the division. If no request for refund is received, all fees are forfeited.

**12 AAC 02.920. FILING DATE.** (a) Except as otherwise provided in this title, a document submitted to the division will be considered filed as of the postmark date of the document. If the document is submitted by a method that does not provide a postmark date, the document will be considered filed as of the date stamped on the document, when it is received in the division office.

(b) For the purposes of this section, "postmark date" means the date a document with prepaid postage and correctly addressed to the division is sent by the United States Postal Service or other established, domestic courier service.

**12 AAC 02.940. EFFECTIVE DATE OF RENEWED LICENSES.** (a) Except as provided in (b) of this section, the effective date of a renewed license will be the date a complete renewal application is filed with the division as determined by 12 AAC 02.920. A complete application includes

- (1) a completed renewal form;
- (2) any applicable renewal fees required by this chapter; and
- (3) documentation of fulfillment of all applicable prerequisites to license renewal, such as continuing competency, recent experience, insurance coverage, or other requirements.

(b) The division will, in its discretion, show a retroactive effective date on a licensee's renewed license if the licensee

- (1) holds a license that has been lapsed less than 60 days;
- (2) requests in writing that the division issue a renewed license showing an effective date that is earlier than the date the renewed license was issued;
- (3) documents that the licensee was in substantial compliance with the renewal requirements in (a) of this section as of the requested effective date; and
- (4) establishes to the satisfaction of the division that the licensee made a good faith effort to strictly comply with the renewal requirements.

(c) The division will not issue a renewed license with an effective date that is earlier than the postmark date of the licensee's first written attempt to renew the licensee's license. "Written attempt to renew" means an effort by the licensee to submit the proper documentation to comply with the license renewal requirements. A request for a renewal application form alone does not constitute a "written attempt to renew."

**12 AAC 02.990. DEFINITIONS.** As used in this chapter

- (1) "department" means the Department of Commerce and Economic

Development;

(2) "division" means the division of occupational licensing, Department of Commerce and Economic Development;

(3) "license" means a license, certificate, permit, registration, or similar evidence of authority issued by the division or by one of the boards listed in AS 08.01.010;

(4) "licensee" means a person who holds a license issued by the division or by one of the boards listed in AS 08.01.010.

State of Alaska  
Department of Commerce  
and Economic Development  
Division of Occupational Licensing  
Board of Clinical Social Work Examiners  
P.O. Box 110806  
Juneau, Alaska 99811-0806

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**CHAPTER 86  
PSYCHOLOGISTS AND PSYCHOLOGICAL ASSOCIATES**

**Article**

1. **Board of Psychologist and Psychological Associate Examiners**  
(§§ 08.86.010—08.86.040)
2. **Administration of Board Affairs**  
(§§ 08.86.070—08.86.100)
3. **Licensing of Psychologists**  
(§§ 08.86.130—08.86.150)
4. **Licensing of Psychological Associates**  
(§§ 08.86.160—08.86.164)
5. **Prohibitions and Penalties** (§§ 08.86.170—08.86.220)
6. **General Provisions** (§§ 08.86.230)

**ARTICLE 1.  
BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL  
ASSOCIATE EXAMINERS.**

**Section**

10. **Creation and membership of board**
30. **Board meetings**
40. **Assistants**

**Sec. 08.86.010. Creation and membership of board.** There is created a Board of Psychologist and Psychological Associate Examiners. It consists of three licensed psychologists, a licensed psychological associate, and one person who has no direct financial interest in the health care industry.

**Sec. 08.86.030. Board meetings.** The board shall hold at least three meetings annually. The board may hold special meetings at the call of the chairman or of a majority of the board members.

**Sec. 08.86.040. Assistants.** The board may employ assistants to prepare and grade examinations and to investigate alleged violations of this chapter.

**ARTICLE 2.  
ADMINISTRATION OF BOARD AFFAIRS.**

**Section**

70. **Duties of the board**
80. **Board regulations**
90. **Administrative duties of the department**
100. **Applicability of the Administrative Procedure Act**

**Sec. 08.86.070. Duties of the board.** The board shall

- (1) establish objective examination requirements for persons who apply for a license to practice psychology in the state;
- (2) examine, or cause to be examined, eligible license applicants;
- (3) approve the issuance of licenses to qualified applicants;
- (4) adopt regulations establishing standards for the practice of psychology;
- (5) impose disciplinary sanctions as authorized by this chapter;
- (6) adopt regulations requiring proof of continued competency for license renewal;
- (7) prepare an annual report for submission to the department covering board activities, the number of applicants, the number of examinations conducted, the passing and failure rate of each examination, finances, and other information as requested by the department;
- (8) review, when requested by the department, the quality and availability of psychological services in the state;
- (9) compile information for submission to the department on the practice of psychology by psychologists and psychological associates in the state.

**Sec. 08.86.080. Board regulations.** The board shall adopt regulations to carry out the purposes of this chapter.

**Sec. 08.86.090. Administrative duties of the department.** The department shall furnish administrative services for the board.

**Sec. 08.86.100. Applicability of the Administrative Procedure Act.** The Administrative Procedure Act (AS 44.62) applies to regulations and proceedings under this chapter.

### ARTICLE 3. LICENSING OF PSYCHOLOGISTS.

#### Section

130. Licensing requirements
135. Temporary license
140. Fees
150. License by credentials

**Sec. 08.86.130. Licensing requirements.** (a) The board shall issue a license to a person who

(1) holds an earned doctorate degree, from an academic institution whose program of graduate study for a doctorate degree in psychology meets the criteria established by the board by regulation, in

- (A) psychology;
- (B) educational psychology;

(C) education with the field of specialization in counseling psychology or educational psychology; or

(D) a subject considered equivalent by the board;

(2) has one year of post doctoral experience approved by the board; and

(3) takes and passes the objective examination developed or approved by the board.

(b) The board may not deny recognition as an accredited or approved academic institution to an educational institution solely because its program has not been accredited by a professional organization of psychologists.

**Sec. 08.86.135. Temporary license.** The board may issue a temporary license to a person who meets the requirements of AS 08.86.130(a)(1) and (2). A temporary license issued under this section is valid until the results of the examination following the issuance of the temporary license are published.

**Sec. 08.86.140. Fees.** (a) The department shall set fees under AS 08.01.065 for the following:

- (1) application;
- (2) examination;
- (3) credential review;
- (4) initial license;
- (5) license renewal.

(b) *[Repealed, 1987.]*

**Sec. 08.86.150. License by credentials.** A person who is licensed or certified as a psychologist by a licensing authority other than the state is entitled to be licensed in the state without examination if the person applies on the proper application form, submits proof of continued competence as required by regulation of the board, pays the credential review fee, and

(1) the person holds a doctoral degree with primary emphasis on psychology that satisfies the requirements of AS 08.86.130 and the examination and qualification requirements for the person's out-of-state license or certificate were essentially similar to or higher than the examination and qualification requirements for licensure under this chapter; or

(2) the person is a diplomate in good standing of the American Board of Professional Psychology.

#### ARTICLE 4. LICENSING OF PSYCHOLOGICAL ASSOCIATES.

##### Section

160. Entitlement to licensure

162. Qualifications for associates' examination

**164. Scope of practice by associate**

**Sec. 08.86.160. Entitlement to licensure.** A person who passes the examination given by the board is entitled to be licensed as a psychological associate.

**Sec. 08.86.162. Qualifications for associates' examination.** A person is entitled to take a psychological associate examination if the board finds that the person:

(1) has not engaged in dishonorable conduct related to the practice of counseling or psychometry;

(2) holds a master's degree with primary emphasis on psychology from an academic institution whose program of graduate study for a master's degree in psychology meets the criteria established by the board by regulation, with the equivalent of at least 48 semester credit hours of graduate course work directly related to a specialized area of psychology in which licensure is requested, including a practicum;

(3) has at least three years' supervised experience after obtaining a master's degree; in this paragraph, "supervised experience" means the equivalent of at least one hour a week of personal interview with a supervisor whose educational qualifications are consistent with the level of activity being supervised;

(4) has the recommendation of an immediate supervisor if a licensed psychologist, or two licensed psychologists who hold doctoral degrees; and

(5) has not within the preceding six months failed an examination given by the board.

**Sec. 08.86.164. Scope of practice by associate.** (a) A psychological associate shall be licensed for specific activities or areas of competence as determined by the nature and extent of the psychological associate's training and experience, and those areas shall be specified on the license.

(b) A psychological associate shall function under the supervision of a licensed psychologist.

(c) Supervision of a licensed psychological associate is the responsibility of the supervising licensed psychologist, and includes face-to-face consultation as required by the nature of the work of the psychological associate that is consistent with accepted professional practices in psychology. The supervising psychologist is responsible for insuring that the extent, kind and quality of the psychological services performed are consistent with the training and experience of the psychological associate.

(d) A psychological associate and the psychological associate's supervisor shall register with the board a statement of the intended area of practice and arrangements for supervision.

(e) Notwithstanding (b) of this section, a psychological associate who has

completed at least five years of licensed practice under this section may petition the board for certification to practice without supervision. The board shall grant the petition if the associate satisfies the criteria established by the board by regulation.

## ARTICLE 5. PROHIBITIONS AND PENALTIES.

### Section

- 170. Use of title
- 180. Practice of psychology
- 190. Name under which person practices
- 200. Confidentiality of communication
- 204. Grounds for imposition of disciplinary sanctions
- 210. Penalty
- 220. Limits or conditions on license; discipline

**Sec. 08.86.170. Use of title.** (a) Unless licensed under this chapter, a person may not use the title "psychologist" or a title, designation, or device indicating or tending to indicate that the person is a psychologist or practices psychology.

(b) Unless licensed under this chapter, a person may not use the title "psychological associate" or a title, designation, or device indicating or tending to indicate that the person is a psychological associate or practices counseling or psychometrics.

**Sec. 08.86.180. Practice of psychology.** (a) Unless licensed under this chapter, a person may not practice psychology or hold out publicly as a psychologist or as practicing psychology. A person holds out as a psychologist by using a title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychometry," "psychometrics," "psychometrist," "psychological counseling," "psychological counselor," "psychotherapy," "psychotherapeutic," "psychotherapist," "psychoanalysis," or "psychoanalyst," or when holding out publicly to be trained, experienced, or qualified to render services in the field of psychology.

(b) This section does not apply to

(1) a person employed by a governmental unit, educational institution or private agency who may be required to engage in some phase of work of a psychological nature in the course of the person's employment, if the employer maintains appropriate supervision of psychological activities and professional conduct, and if the person is performing the psychological activities as part of the duties for which the person was employed, is performing the activities solely within the facilities of the organization in which the person is employed or under the supervision of the organization in which the person is employed, and does not render or offer to render psychological services to the public for

compensation in addition to the salary the person receives from the organization;

(2) a student, intern, or resident in psychology pursuing a course of study approved by the board as qualifying training and experience for a psychologist, if that person's activities constitute a part of that person's supervised course of study and that person is designated by titles such as "psychology intern" or "psychology trainee";

(3) a qualified member of another profession, in doing work of a psychological nature consistent with that person's training and consistent with the code of ethics of that person's profession, if the person does not hold out to the public by a title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychometry," "psychometrics," "psychometrist," "psychotherapist," "psychoanalysis," "psychoanalyst" or represents to be trained, experienced, or qualified to render services in the field of psychology;

(4) *[Repealed, 1973.]*

(5) a physician engaged in the normal practice of medicine for which the physician is licensed under AS 08.64.

(c) Nothing in this chapter authorizes a person licensed as a psychologist to engage in the practice of medicine, as defined by the laws of the state.

(d) Nothing in this section prohibits a clinical social worker from holding out to the public by a title or description of services incorporating the words "psychotherapy," "psychotherapist," or "psychotherapeutic."

**Sec. 08.86.190. Name under which person practices.** (a) A licensed psychologist may practice psychology only under that person's own name.

(b) A licensed psychological associate may practice counseling or psychometry only under that person's own name.

**Sec. 08.86.200. Confidentiality of communication.** (a) A psychologist or psychological associate may not reveal to another person a communication made to the psychologist or psychological associate by a client about a matter concerning which the client has employed the psychologist or psychological associate in a professional capacity. This section does not apply to

(1) a case conference with other psychologists, psychological associates, or with physicians and surgeons;

(2) a case in which the client in writing authorized the psychologist or psychological associate to reveal a communication;

(3) a case where an immediate threat of serious physical harm to an identifiable victim is communicated to a psychologist or psychological associate by a client;

(4) disclosures of confidential communications required under Rule 504, Alaska Rules of Evidence; or

(5) proceedings conducted by the board or the department where the

disclosure of confidential communications is necessary to defend against charges that the psychologist or psychological associate has violated provisions of this chapter.

(b) Notwithstanding (a) of this section, a psychologist or psychological associate shall report to the appropriate authority incidents of child abuse or neglect as required by AS 47.17.020, incidents of elder abuse as required by AS 47.24.010, and incidents of abuse of disabled persons disclosed to the psychologist or psychological associate by a client. In this subsection "disabled person" means a person who has a physical or mental disability or a physical or mental impairment, as defined in AS 18.80.300.

**Sec. 08.86.204. Grounds for imposition of disciplinary sanctions.** After a hearing, the board may impose a disciplinary sanction on a person licensed under this chapter when the board finds that the licensee

- (1) secured a license through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or other crime which affects the licensee's ability to continue to practice competently and safely;
- (5) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision which does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;
- (6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;
- (7) continued to practice after becoming unfit due to
  - (A) professional incompetence;
  - (B) failure to keep informed of current professional practices;
  - (C) addiction or severe dependence on alcohol or other drugs which impairs the ability to practice safely;
  - (D) physical or mental disability;
- (8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients.

**Sec. 08.86.210. Penalty.** A person who violates this chapter is guilty of a class B misdemeanor.

**Sec. 08.86.220. Limits or conditions on license; discipline.** (a) Upon a finding that by reason of demonstrated problems of competence, experience, education, or health the authority to practice psychology or as a psychological associate under this chapter should be limited or conditioned or the practitioner



disciplined, the board may reprimand, censure, place on probation, restrict practice by time, specialty, procedure or facility, require additional education or training, or revoke or suspend a license.

(b) The Administrative Procedure Act (AS 44.62) applies to any action taken by the board under this section.

## ARTICLE 6. GENERAL PROVISIONS.

### Section

#### 230. Definitions

**Sec. 08.86.230. Definitions.** In this chapter

(1) "board" means the Board of Psychologist and Psychological Associate Examiners;

(2) "department" means the Department of Commerce and Economic Development;

(3) "private agency" means a clinic or private practice, or custodial, rehabilitative, or health care organization whose mental health services are under the direction of a licensed psychologist or psychiatrist;

(4) "psychological associate" means a person licensed under this chapter who renders specific psychological services in association with a licensed psychologist and complies with AS 08.86.164;

(5) "psychologist" means a person who practices psychology;

(6) "to practice psychology" means to render or offer to render for a fee to individuals, groups, organizations, or the public for the diagnosis, prevention, treatment, or amelioration of psychological problems and emotional and mental disorders of individuals or groups or for conducting research on human behavior, a psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, including

(A) the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships;

(B) the methods and procedures for interviewing, counseling, psychotherapy, biofeedback, behavior modification, and hypnosis;

(C) constructing, administering and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations.

**CHAPTER 60  
BOARD OF PSYCHOLOGIST AND  
PSYCHOLOGICAL ASSOCIATE EXAMINERS**

**Article**

1. Applications (12 AAC 60.010—12 AAC 60.060)
2. Experience and Education  
(12 AAC 60.070—12 AAC 60.090)
3. Examinations (12 AAC 60.100—12 AAC 60.170)
4. Rules of Professional Conduct  
(12 AAC 60.180—12 AAC 60.220)
5. Reinstatement of Professional Privileges After Discipline  
(12 AAC 60.230—12 AAC 60.240)
6. Continuing Education  
(12 AAC 60.250—12 AAC 60.350)
7. General Provisions (12 AAC 60.900—12 AAC 60.990)

**ARTICLE 1.  
APPLICATIONS.**

**Section**

10. Application forms: supporting evidence
20. Application for temporary license
25. Supervisory relationship for psychological associates
30. Application for licensure by credentials
40. Examination applications reviewed by the board
50. Application made under oath; penalty
55. Denial of application
60. Application not returned

**12 AAC 60.010. APPLICATION FORMS: SUPPORTING EVIDENCE.**

(a) An application for initial licensure by examination as a psychologist must be submitted on a form provided by the department with

- (1) a check or money order in the amount specified in 12 AAC 02.330;
- (2) official transcripts from all undergraduate and graduate schools attended by the applicant;
- (3) *repealed 5/18/85*;
- (4) a complete vita from the date of high school graduation to the time of application, including dates and places of residency;
- (5) *repealed 5/18/85*;
- (6) five letters of reference, one of which must be from the applicant's doctoral committee membership, preferably the chairperson; two from licensed

psychologists, members of the American Psychological Association, or diplomates of the American Board of Examiners in Professional Psychology; and, two from other persons not related to the applicant; and

(7) verification that the applicant has completed, contracted for, or is currently engaged in, one year of supervised professional experience as defined in 12 AAC 60.070(b).

(b) An application for initial licensure by examination as a psychological associate must be submitted on a form provided by the department with

(1) a check or money order in the amount specified in 12 AAC 02.330;

(2) official transcripts from all undergraduate and graduate schools attended by the applicant;

(3) a complete vita from the date of high school graduation to the time of application, including dates and places of residency;

(4) proof of a practicum from an accredited school with an approved program in the area in which licensure is requested;

(5) proof of experience required under AS 08.86.162(3) and 12 AAC 60.070(c); and

(6) the recommendations required by AS 08.86.162(4).

**12 AAC 60.020. APPLICATION FOR TEMPORARY LICENSE.** (a) A psychologist applicant who is approved by the board to sit for the psychologist examination may be issued a temporary license by making a written request to the board.

(b) A temporary license granted under this section is valid until the date of the first available examination for licensure if the applicant fails to sit for it, or, if the applicant does sit for the examination, until the applicant receives notification of the results of the examination.

(c) The board will renew a temporary license only for good cause and only one time.

(d) An applicant who fails the examination or a portion of the examination is not entitled to a temporary license or to renewal of a temporary license.

(e) A temporary license will not be issued to a psychological associate applicant.

**12 AAC 60.025. SUPERVISORY RELATIONSHIP FOR PSYCHOLOGICAL ASSOCIATES.** (a) The supervisory relationship between a psychologist and a psychological associate must meet the minimum of at least some form of communication monthly regarding the practice supervised and actual face-to-face consultation on a quarterly basis.

(b) A psychological associate must maintain records documenting the supervisory contacts required by (a) of this section and must make them available to the board for review at any time considered necessary by the board and for good cause.

(c) A psychological associate applicant shall document the supervisory relationship, signed by the supervising psychologist, on a form provided by the department.

(d) A psychological associate and the supervisor shall register with the board a statement of the intended area of practice and the arrangements for supervision. Any change in the area of practice or the supervision plan must be immediately reported to the board, in writing, by the psychological associate, and an updated statement by the psychological associate and the supervisor must be registered with the board for review and approval.

#### **12 AAC 60.030. APPLICATION FOR LICENSURE BY CREDENTIALS.**

(a) An applicant for licensure by credentials as a psychologist will be licensed without examination if the applicant

(1) complies with the application requirements of 12 AAC 60.010(a); and

(2) submits verification of a current license or certificate from another licensing jurisdiction and provides evidence that the license or certificate was issued based upon examination and qualifications essentially similar to those in Alaska at the time of application for the Alaska license; or

(3) submits verification that the applicant is a diplomate in good standing of the American Board of Examiners in Professional Psychology.

(b) A temporary license by credentials may be issued by the department if the applicant

(1) meets the requirements of (a) of this section;

(2) takes the national examination and achieves at least a 70 percent score.

(c) A temporary license issued under (b) of this section is valid until suspended or revoked or until the board issues a permanent license by credentials.

(d) An applicant is responsible for assuring that all application documents are received by the department; no application will be reviewed until all documents required by this section have been received.

#### **12 AAC 60.040. EXAMINATION APPLICATIONS REVIEWED BY THE BOARD.**

(a) An examination application received by the department will be reviewed by the board at a regular meeting before the applicant will be approved to sit for the examination. No application will be reviewed until all documents required by 12 AAC 60.010 have been received by the department. It is the responsibility of the applicant to assure that all documents are received by the department.

(b) An application and supporting documents must be received at least 45 days before a scheduled examination for the applicant to be approved to sit for that exam. If an application and supporting documents are received less than 45 days before the next scheduled examination, the applicant will be considered for the following examination.

**12 AAC 60.050. APPLICATION MADE UNDER OATH; PENALTY.**

An application must be signed and the truth of its contents sworn to by the applicant. False or misleading statements or information, whether made knowingly or not, are grounds for denial of approval to take the examination or revocation of a license granted on the basis of the false or misleading statement.

**12 AAC 60.055. DENIAL OF APPLICATION.** The board will, in its discretion, deny an application for licensure by credentials, or deny approval to take a licensing examination, if the applicant has

- (1) been found guilty of incompetence by another state or jurisdiction;
- (2) violated the ethical standards for providers of psychological services as established by another state agency or jurisdiction;
- (3) misrepresented his or her qualifications to the board in any way; or
- (4) been found to be practicing psychological services without a license.

**12 AAC 60.060. APPLICATION NOT RETURNED.** An application becomes the property of the board upon receipt by the department, and neither the application nor its supporting documents will be returned to the applicant. However, if an applicant fails to qualify for licensure, the license fee submitted with the application, if any, will be refunded.

## ARTICLE 2. EXPERIENCE AND EDUCATION.

### Section

70. "Psychologist" and "psychological associate experience" defined
80. Criteria for evaluation of experience
82. Criteria for programs of graduate study in psychology
83. Additional criteria for doctorate degree
84. Additional criteria for master's degree

**12 AAC 60.070. "PSYCHOLOGIST" AND "PSYCHOLOGICAL ASSOCIATE EXPERIENCE" DEFINED.** (a) *Repealed 1/14/82.*

(b) The one year's experience required for a psychologist applicant by AS 08.86.130(a)(2) is satisfied by one year of post-doctoral experience in a field of psychology the same as or similar to that in which the applicant acquired academic training under the supervision of a licensed psychologist or a diplomate of the American Board of Examiners in Professional Psychology.

(c) The three years' experience required for a psychological associate applicant by AS 08.86.162(a)(2), is satisfied by three years' supervised experience in the specialty area for which licensure is sought.

**12 AAC 60.080. CRITERIA FOR EVALUATION OF EXPERIENCE.**

(a) In order to be credited with the experience required by 12 AAC 60.070, a psychologist or psychological associate applicant must meet the following minimum requirements:

(1) the applicant's supervised experience must have been in the same or similar field of psychology as was the applicant's education and training;

(2) a year of experience must consist of not less than 1,500 clock hours completed within 24 consecutive calendar months;

(3) during the entire supervised experience, contact between the supervisor and applicant must be for a minimum of one hour per week of individual face-to-face supervision, and the supervisor must verify in writing to the board the applicant's supervised experience, setting out the nature and extent of the supervision;

(4) at least 80 percent of the supervised experience must be with a licensed or certified psychologist, a diplomate of the American Board of Professional Psychology, or a person holding a doctorate degree in psychology and who is considered by the board qualified to supervise; 20 percent of the supervised experience may be with a psychiatrist licensed under AS 08.64, a Ph.D. level clinical social worker, or a marriage and family counselor certified as an approved supervisor by the American Association of Marriage and Family Therapy who is qualified and competent in the specialty area for which the applicant has applied;

(5) *repealed 5/18/85;*

(6) a full-time appointment teaching psychology may count for one-half of the one year of supervised experience if the appointment was for courses in the same or a similar field of psychology as was the applicant's education and training; the post-doctoral experience may have taken place in any post-doctoral training program presently or after the effective date of this section approved by the American Psychological Association for specialty training in applied psychology or in any other post-doctoral training program determined as comparable by the board;

(7) the experience may consist of work in psychological research for

(A) an accredited college or university offering an advanced degree; or

(B) a research organization in which psychological research is an important function if the research was performed under the supervision of a person meeting the qualifications of (4) of this subsection.

(b) Unsupervised independent private practice will not be considered as acceptable supervised professional experience.

(c) After one year of supervised experience under this section, an alternate plan of supervision which varies from the requirement of (a)(3) of this section, will, in the board's discretion, be accepted if the applicant

(1) submits proof of completion of a pre-doctoral psychology internship approved by the American Psychological Association or an equivalent intern-

ship approved by the board;

(2) submits the alternate plan in writing to the board on a form provided by the department; and

(3) receives approval of the alternate plan by the board before beginning the alternate supervised experience.

**12 AAC 60.082. CRITERIA FOR PROGRAMS OF GRADUATE STUDY IN PSYCHOLOGY.** The following criteria are established under AS 08.86.130 and AS 08.86.162 for programs of graduate study for either a doctorate or a master's degree in psychology:

(1) the program must be publicly identified as a program in psychology or the equivalent as determined by the board; and

(2) the institution offering the program must be accredited by one of the regional accrediting bodies recognized by the Council of Postsecondary Accreditation.

**12 AAC 60.083. ADDITIONAL CRITERIA FOR DOCTORAL DEGREE.** (a) In addition to the criteria established in 12 AAC 60.082, programs of graduate study for a doctorate degree in psychology must require

(1) the equivalent of three full-time academic years of graduate study, two years of which are through the degree-granting institution, and one year of which is in full-time residence at the degree-granting institution or the equivalent as described in (b) of this section; and

(2) courses covering the following program components:

(A) methodology and history, including systematic preparation in scientific standards and responsibilities, research design and methodology, quantitative methods, and historical foundations in psychology;

(B) foundation in psychology, including course work in each of the four following areas of study:

- (i) biological bases of behavior, including physiological psychology, comparative psychology, neuropsychology, and psychopharmacology;
- (ii) cognitive-affective bases of behavior including learning, memory, perception, cognition, thinking, motivation, and emotion;
- (iii) social bases of behavior including social psychology, cultural, ethnic, group-processes, sex roles and organizational behavior; and
- (iv) individual differences including personality theory, human development, individual differences, abnormal psychology, psychology of women, psychology of the handicapped, and psychology of the minority experience.

(C) area of specialization focusing on

- (i) knowledge and use of ethics, guidelines, and standards;



- (ii) a supervised practicum or laboratory experience appropriate to the area of practice, teaching, or research in psychology; and
- (iii) advanced preparation appropriate to the area of specialization.

(b) Compliance with all of the following requirements is the equivalent of the one year of full-time residence at the degree-granting institution required in (a)(1) of this section:

(1) a minimum of 324 hours of student-faculty contact involving face to face individual or group educational meetings;

(2) educational meetings required by (b)(1) of this section must

(A) include both faculty and peer interaction;

(B) be conducted by faculty of the institution at least 90 percent of the time;

(C) be fully documented by the student and the institution; and

(D) relate substantially to the program components listed in (a) of this section; and

(3) the institution must clearly document how the student's performance is assessed and evaluated.

(c) Programs accredited by the American Psychological Association Education and Credentialing Committee are recognized as meeting the requirements of this section.

#### **12 AAC 60.084. ADDITIONAL CRITERIA FOR MASTER'S DEGREE.**

In addition to the criteria established in 12 AAC 60.082, programs of graduate study for a master's degree in psychology must require courses in the following program components:

- (1) human growth and development;
- (2) social and cultural foundations of society;
- (3) counseling theory and practice;
- (4) marriage, family, and group therapy and dynamics;
- (5) appraisal of the individual;
- (6) research and evaluation; and
- (7) professional practices and ethics.

### **ARTICLE 3. EXAMINATIONS.**

#### **Section**

- 100. Frequency of examination**
- 110. Examination**
- 120. Identification of applicant**
- 130. Time allowed for examination**
- 140. Passing scores**
- 150. Regrading**

**160. Reexamination****170. Transfer of examination grades**

**12 AAC 60.100. FREQUENCY OF EXAMINATION.** Examinations will be given twice a year, usually in April and October.

**12 AAC 60.110. EXAMINATION.** (a) The examination is both objective and essay.

(b) Answers to the written portion must be recorded on the answer sheets furnished by the board.

(c) No applicant may leave the written examination location during the examination without permission of an examiner.

(d) The written examination may include questions about the provisions of AS 08.86.

(e) An applicant may not remove examination materials from the examination location nor make any record of examination materials.

(f) Any applicant assisting or receiving assistance from another applicant or violating any provisions of 12 AAC 60.120 will be dismissed from the examination and will forfeit fees paid and the privilege of examination.

**12 AAC 60.120. IDENTIFICATION OF APPLICANT.** (a) For purposes of anonymity, the department will assign each applicant an examination number which neither the department nor applicant may reveal.

(b) No applicant may place any identification marks on the examination papers or reveal the examination number to an examiner or to any other person.

(c) No applicant may identify herself or himself by making any oral or written reference to any college, professor, present licenses, present position, or specialty until the examination has been completed.

(d) No items turned in to the examiners may identify the applicant except by the assigned examination number.

**12 AAC 60.130. TIME ALLOWED FOR EXAMINATION.** Time limits may be set for each section of the written examination; examination begins when the applicant is told to start by the examiner.

**12 AAC 60.140. PASSING SCORES.** (a) If the board uses the Professional Examination Service for a psychologist applicant, a score of 70 percent is the passing grade on the objective portion of the examination.

(b) If the board uses the Professional Examination Service for a psychological associate applicant, a score of 60 percent is the passing grade on the objective portion of the examination.

(c) The essay section of the examination will be graded on a pass/fail basis.

(d) An applicant will only be given written notification by the department of his or her score on the examination.

(e) Essay examination questions will be based upon material contained in standard textbooks used in accredited educational institutions, Alaska statutes, and American Psychological Association ethics and case book materials.

**12 AAC 60.150. REGRADING.** (a) Subject to (b) of this section, an applicant who receives a failing score may request regrading or reviewing of the examination via written request to the department within 30 days of receiving notification of the score.

(b) No written examination will be regraded or reviewed if the applicant received a score of more than one standard deviation below the mean.

(c) The review must be made in the presence of one board member and any recommended change in the score must be approved by the board at a duly conducted meeting of the board.

**12 AAC 60.160. REEXAMINATION.** An applicant who fails the examination may be reexamined if the applicant notifies the department in writing of the intent to be reexamined and submits the appropriate fee with the written notification. If one year or more has lapsed since the applicant last took an examination, the applicant is required to submit a new and complete application for examination.

**12 AAC 60.170. TRANSFER OF EXAMINATION GRADES.** An applicant who, within three years before the date of application to the board for licensure, has passed the Professional Examination Service examination under the jurisdiction of another state or territory of the United States under standards equivalent to 12 AAC 60.140 is exempted from taking that portion of the written examination administered by this state.

#### ARTICLE 4. RULES OF PROFESSIONAL CONDUCT.

##### Section

- 180. Competence
- 185. Ethics and standards
- 190. Misrepresentation
- 200. Confidentiality
- 220. Effect of violation

**12 AAC 60.180. COMPETENCE.** (a) Neither a psychologist nor a psychologist-supervisor may function outside her or his particular field or fields of competence as established by her or his education, training, and experience.

(b) A psychological associate applicant shall choose clinical, counseling,

school, or industrial-organizational psychology as a scope of practice to be specified on the associate's license. A psychological associate may not function outside the scope of practice specified on the associates license.

**12 AAC 60.185. ETHICS AND STANDARDS.** (a) The ethics to be adhered to by licensed psychologists and licensed psychological associates are the "Ethical Principles of Psychologists and Code of Conduct," (December 1992 revision), of the American Psychological Association, Inc. "Ethical Principles of Psychologists and Code of Conduct" is incorporated by reference in this section.

(b) The standards to be adhered to by licensed psychologists and licensed psychological associates rendering psychological services in the state are "General Guidelines for Providers of Psychological Services," (1987 edition), of the American Psychological Association. "General Guidelines for Providers of Psychological Services" is incorporated by reference in this section.

*Editor's notes: A copy of the "Ethical Principles of Psychologists and Code of Conduct" or "General Guidelines for Providers of Psychological Services," incorporated by reference in 12 AAC 60.185, may be obtained from the American Psychological Association, Inc., 1200 Seventeenth Street Northwest, Washington, D.C. 20036.*

**12 AAC 60.190. MISREPRESENTATION.** A psychologist may not misrepresent nor permit the misrepresentation of her or his professional qualifications, affiliations, or purposes, or those of the institutions, organizations, products, or services with which she or he is associated.

**12 AAC 60.200. CONFIDENTIALITY.** A psychologist and a psychological associate shall safeguard confidential information that has been obtained in the course of her or his teaching, practice, or investigation.

**12 AAC 60.220. EFFECT OF VIOLATION.** Violation of any of the provisions of 12 AAC 60.170—12 AAC 60.210 or AS 08.86.190—08.86.200 is unprofessional conduct and grounds for disciplinary proceedings.