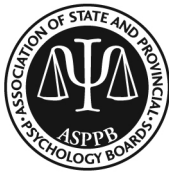


# **ASPPB's Guide for Students and Faculty**

## **ENTRY REQUIREMENTS FOR THE PROFESSIONAL PRACTICE OF PSYCHOLOGY**



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The Association of State and Provincial Psychology Boards (ASPPB) wants to help students preparing for professional practice of psychology be made aware of the legal requirements for entry into such practice. The following information is designed to acquaint students with typical requirements for licensure or certification in the United States and Canada. The Association hopes that an understanding of these requirements will enable candidates to better meet the standards established by law to regulate the practice of psychology in the public interest.

## **WHAT IS THE ASSOCIATION OF STATE AND PROVINCIAL PSYCHOLOGY BOARDS?**

ASPPB is the alliance of state, provincial, and territorial agencies responsible for the licensure and certification of psychologists throughout the United States and Canada. The Association was formed in 1961 to serve psychology boards in the two countries. Much of the impetus for its founding related to mobility for practitioners. By consensus, the first step was to create and maintain a standardized written Examination for Professional Practice in Psychology (EPPP). ASPPB has offered the EPPP since 1965.

## **THE PURPOSE OF LICENSURE OR CERTIFICATION**

The practice of professional psychology is regulated by law. These laws are administered by ASPPB member licensing or registration boards or colleges in each state, province, or territory (henceforth referred to as licensing boards). The laws are intended to protect the public by limiting licensure to persons who are qualified to practice psychology as defined by state, provincial, or territorial law. The legal basis for licensure lies in the right of a state, province or territory, also known as a “jurisdiction,” to enact legislation to protect its citizens. The concept of *caveat emptor*, or buyer beware, is considered an unsound maxim when the consumer of services cannot be sufficiently informed to beware. Hence, jurisdictions have established regulatory boards to license qualified practitioners.

As a state, provincial or territorial agency, a psychology licensing board acts to protect the public rather than to serve the profession. However, by ensuring high standards for those

who practice, the board serves the best interests of both the public and the profession. The major functions of a professional regulatory agency are: 1) to determine standards for admission into the profession; 2) to administer appropriate procedures for selection and examination; and 3) to regulate practice and to conduct disciplinary proceedings involving violations of standards of professional conduct embodied both in the law and the regulations of the board.

A practitioner who offers psychological services to the public must be licensed. There are exemptions from licensure requirements that vary across jurisdictions. For example, those who practice psychology in a state, provincial, territorial or federal institution or agency, in a college or university, or in a research laboratory may be exempt from licensure in some jurisdictions. However, the trend is toward requiring licensure of government agency employees to ensure the same level of protection for consumers of services in both the public and private sectors.

## **TYPICAL REQUIREMENTS OF PSYCHOLOGY LICENSING LAWS**

While licensing laws vary across jurisdictions, most have common provisions. Some jurisdictions have two or more types of licensure, certification or registration, with some requiring less than the doctoral degree and/or entailing more restrictions on the licensee. The licensing board is the final authority on requirements within its jurisdiction and should be contacted for specifics. Go to [www.asppb.org](http://www.asppb.org) for links to each jurisdiction. Typical requirements for licensure are as follows:

### **EDUCATION**

A doctoral degree from a program acceptable to the licensing board is required. In addition, jurisdictions require, as a minimum, that the degree be from a regionally accredited or government-chartered institution. Many require that doctoral programs be accredited by the American Psychological Association (APA) - or Canadian Psychological Association (CPA) - or Designated by the ASPPB/National Register Joint Designation Committee.

### **EXPERIENCE**

Virtually all jurisdictions require at least 3000 hours of supervised experience. The majority require that at least 1500 hours be postdoctoral. Jurisdictions vary in the types of acceptable settings, qualification of supervisors and frequency of supervision.

## EXAMINATIONS

Passing an objective examination that assesses practice relevant knowledge such as the Examination for Professional Practice in Psychology (EPPP) is required in all jurisdictions. Most boards use the passing score recommended by ASPPB. Some licensing boards require additional written or oral examinations that assess knowledge of local laws and ethics or competence in the intended area of practice.

## ADMINISTRATIVE REQUIREMENTS

In addition to the above requirements, state, provincial and territorial laws may specify other requirements, such as evidence of good moral character, age and/or evidence of specific public protection coursework on such topics as domestic violence

## SPECIALTIES

Licensure to practice psychology is generic in most jurisdictions. However, a number of jurisdictions recognize specialty designations, such as health service provider or Industrial/Organizational Psychology. Some jurisdictions only license health service providers. Psychologists are expected to practice within the scope of their education and training.

## **PREPARING TO MEET REQUIREMENTS FOR LICENSURE**

Although well-prepared candidates generally have little difficulty working through the licensing process, some errors can create major problems. The primary error is the failure to obtain information on requirements before training. Other areas where difficulties are likely to occur include:

### KNOWLEDGE OF THE LAW AND REGULATIONS

The applicant should examine the law of the jurisdiction in which licensure is sought to assure that he or she has met the requirements before an application is submitted. The applicant also should be familiar with and comply with regulations of the board with respect to qualifications since board regulations have the force of law. It is also imperative to be aware of the regulations for supervised experience since some boards/colleges require the trainee to obtain provisional licensure or registration during their supervised experience.

### ADEQUACY OF TRAINING AND/OR EXPERIENCE

Problems in this area include the failure to obtain the appropriate degree specified by the law (typically, an acceptable doctoral degree in psychology); failure of the candidate to

complete the required number of graduate hours in psychology; failure of the institution from which the degree was granted to meet the criteria for approval by the board; and failure of the specific program in which the student was enrolled to include core areas specified by the board or for the student to take those core courses. Most laws contain a stipulation that requires graduate work to be predominantly psychological in content. In addition to problems with the candidate's education, each law specifies the duration of experience required, and each board stipulates in what type of setting experience may be obtained. Typical of such approved settings are the American Psychological Association (APA)-accredited or Canadian Psychological Association (CPA)-accredited doctoral programs and Association of Psychology Postdoctoral and Internship Centers (APPIC)-approved internship programs. If a setting is not approved, another problem may be failure to complete the required number of hours of supervised experience or required hours of supervision.

It is the responsibility of the applicant to provide appropriate documentation showing that the licensing board's requirements are met.

#### EXAMINATION PERFORMANCE

Successful performance in licensing examinations usually requires demonstration of knowledge of basic psychology that is relevant to professional practice, along with the knowledge of professional ethics. Probably the most frequent source of failure is the candidate's possession of insufficient knowledge of basic psychology. Candidates may also be disqualified in oral examinations as a consequence of insufficient competencies necessary for professional practice, particularly ethical issues.

### **THE CONTENT OF THE EPPP**

The Examination for Professional Practice in Psychology (EPPP) is administered continuously at a network of more than 320 testing centers in the U.S. and Canada. The examination consists of 225 multiple-choice questions, of which 200 are scored and 25 are pre-test items being validated for use on future exams. The content areas of the examination are outlined briefly below, showing the knowledge base required for the various responsibilities psychologists are expected to assume in professional practice. This content outline is used for the EPPP for administrations beginning in June 2005.

**Biological Bases of Behavior (11%)** — knowledge of (a) biological and neural bases of behavior, (b) psychopharmacology, and (c) methodologies supporting this body of knowledge

Requires knowledge of:

1. Correlates and determinants of the biological and neural bases of behavior (e.g., [neuro] anatomy, [neuro] physiology, [neuro] endocrinology) pertaining to perception, action, attention, memory, temperament, and mood in normal, acute and chronic disordered states (e.g., drug or carbon monoxide intoxication, stroke and focal lesions); and/or acute and chronic disease (e.g., insulin shock, diabetes, mood disorders, dementia, schizophrenia, and Alzheimer's);

2. Drug classification (e.g., anti-anxiety, anti-depressant, anti-psychotic, anti-convulsant, cognitive enhancing, hallucinogenic, depressant, stimulant); pharmacokinetics (administration, distribution, metabolism, elimination) and pharmacodynamics (receptor actions, second and third messenger system actions, neural plasticity) as they relate to the desired and non-desired, acute and chronic effects of therapeutic drugs, abused drugs, and drug interactions;

3. Guidelines for pharmacological treatment of mental disorders (e.g., disorders for which they are available, recognized pharmacological treatments, efficacy and outcome information, and combination with non-pharmacological treatments);

4. Behavioral genetics, transmission and expression of genetic information and its modification (e.g., gene-environment interactions), and the role of this information in understanding disorders (e.g., alcoholism, Autism) and diseases (e.g., Huntington's, Down Syndrome, Alzheimer's); population differences in genetic information (e.g., enzymatic polymorphisms);

5. Interaction of developmental, gender, ethnic, cultural, environmental, and experiential factors with the biological and neural bases of behavior;

6. Applications and limitations of, brain imaging methods that describe structure and function (e.g., MRI, CT, fMRI, PET, SPECT, evoked potentials); electrophysiological methods (e.g., biofeedback); therapeutic drug monitoring techniques; genetic screening methodologies, and neuropsychological assessment; and

7. Biological and neural bases of stress (e.g., endocrine glucocorticoid response and its neural effects); relationship of stress to biological and psychological functioning, with particular reference to lifestyle and lifestyle modification (e.g., cardiac rehabilitation, smoking cessation) and behavioral health; effects of stress on the immune system.

**Cognitive-Affective Bases of Behavior (13%)** — knowledge of (a) cognition and its neural bases, (b) theories and empirical bases of learning, memory, motivation, affect, emotion, and executive function, and (c) factors that influence cognitive performance and/or emotional experience and their interaction.

Requires knowledge of:

8. Elements of cognition (e.g., sensation and perception, attention, learning, memory, language, spatial skills, intelligence, information processing, problem-solving, strategies for organizing information, executive function);

9. Neural bases of cognition, affect, and emotion;

10. Major theories, models, and principles of learning (e.g., social learning, classical and operant conditioning, Rescorla-Wagner model) and their application (e.g., contingency reinforcement, interventions, cognitive behavioral therapy, training strategies, sports performance strategies);

11. Major theories and models of memory (e.g., multiple memory systems, expectancy theory, constructivist theory, levels of processing) and their application (e.g., use of mnemonics);

12. Major theories and models of motivation and emotion (e.g., need/value approaches, cognitive choice approaches, James-Lang theory of emotion) and their application (e.g., self-regulation, work motivation, anger management, social skills training, sports performance);

13. Interrelationships among cognitions/beliefs, behavior, affect, temperament, and mood (e.g., healthy functioning, performance anxiety, performance enhancement, job satisfaction, stress, and depression); and

14. Influence of psychosocial factors (e.g., gender, social class, family styles and characteristics, academic/occupational success, ethnicity and culture) on beliefs/cognitions and behaviors.

**Social and Multicultural Bases of Behavior (12%)** — knowledge of (a) intrapersonal, interpersonal, intragroup, and intergroup processes and dynamics, (b) theories of personality, and (c) issues in diversity.

Requires knowledge of:

15. Social cognition and perception (e.g., attribution theory and biases, information integration, confirmation bias, person perception, development of stereotypes, prejudice);

16. Social interaction (e.g., interpersonal relationships, attraction, aggression, altruism, procedural and distributive justice);

17. Group/team dynamics and organizational structures

(e.g., school and family systems, family work interface and management, job satisfaction, team functioning, group thinking, conformity, persuasion, jury selection) and social influences on individual functioning;

18. Environmental/ecological psychology (e.g., person-environment fit, rural-urban differences, crowding, pollution, noise);

19. Evolutionary perspectives on social behavior;

20. Major theories of personality (e.g., psychodynamic, humanistic/existential, cognitive, behavioral, trait);

21. Cultural issues (e.g., cross-cultural and social class comparisons, universal and culture-specific formulations, political differences, international and global awareness);

22. Causes, manifestations, effects, and the prevention and reduction of oppression (e.g., racism and antiracism, sexism, homophobia, ethnic conflicts, colonization, political persecution);

23. Racial and ethnic minority issues (e.g., theories of racial/ethnic identity, effects of culture on school motivation, differences in communication styles, differences in the psychosocial, political, and economic development of individuals, families, groups, and communities);

24. Sexual orientation (e.g., sexual identity development, gay/lesbian/bisexual/transgender perspectives);

25. Psychology of gender (e.g., psychology of women, psychology of men, gender identity development); and

26. Disability and rehabilitation issues (e.g., inclusion, accessibility, psychological impact of disability, conceptual models and assumption of disability, compliance with anti-discrimination laws and regulations, management of disabled persons in the workplace).

**Growth and Lifespan Development (13%)**— knowledge of (a) age-appropriate development across the lifespan, (b) atypical patterns of development, and (c) the protective and risk factors that influence developmental outcomes for individuals.

Requires knowledge of:

27. Normal growth and development (biological, physical, cognitive, perceptual, social, personality, moral, and emotional) across the lifespan;

28. Role of genes, behavioral genetics, and impact of shared versus non-shared environmental factors in the study of development;

29. Impact of parents, peers, siblings, schools, community, and media on socialization of aggression, prosocial behavior,

antisocial conduct, and self-esteem;

30. How development is influenced by the organism-environment interaction over time (e.g., understanding the relationship between the individual and the social, academic, or work environment);

31. Major theories of development (e.g., psychodynamic, constructivist, behavioral, social cognitive, evolutionary, ecological);

32. Influence of culture and cultural differences on development (e.g., determination of what is normal and abnormal, adaptive and non-adaptive, normative and age-expected behaviors);

33. Family development and functioning and its impact on the individual (e.g., family life cycle, family conflict, parent-child communication, sibling relationships, grandparenting);

34. Nontraditional families (e.g., single parent, reconstituted, gay/lesbian) and their effects on child and adolescent development;

35. Life event changes that can alter the normal course of development (e.g., injury, trauma, illness, onset of chronic disease or disorder in self or parent, death, divorce);

36. Factors that promote problems or resilience in high-risk environments (e.g., abuse, poverty, war, trauma); and

37. Risk factors that predict a problematic developmental course (e.g., nutritional deficiencies, poor prenatal care, poor health care, lack of social support, poverty, exposure to violence and abuse, parental alcohol/drug abuse, problem parenting).

**Assessment and Diagnosis (14%)** — knowledge of (a) psychometrics, (b) assessment models and instruments, (c) assessment methods for initial status of and change by individuals, couples, families, groups, and organizations/systems, and (d) diagnostic classification systems and their limitations.

Requires knowledge of:

38. Psychometric theory (e.g., classical test theory, item response theory), generalizability theory, and related concepts (e.g., test construction and standardization procedures, reliability and validity measures, examination of test fairness and bias, test and item characteristic, curve analysis, and application of test standards);

39. Assessment theories and models (e.g., psychometric behavioral, ecological, diagnostic, and other classification systems; assessment centers);

40. Assessment methods (e.g., self-report, report by others, psychophysiological, work sample, direct observation, structured and semi-structured interviews);

41. Tests for the measurement of characteristics and behaviors of individuals (e.g., social, emotional, and behavioral functioning; cognitive and neuropsychological functioning; ability, aptitude, and achievement; personality; vocational interest; health behavior and various medical conditions; assessment of competence, criminal responsibility, risk of future violence, suicide evaluation), and the adaptation of these tests for use with various populations;

42. Issues of differential diagnosis and integration of non-psychological information (e.g., medical evaluations, results of imaging procedures, laboratory test results) into psychological assessment;

43. Instruments and methods for the measurement of characteristics and performance of jobs, organizations and systems of care, and educational and other social institutions (e.g., performance appraisal, work history, job analysis, job evaluation, need assessment, organizational frameworks, functional analysis of behavior);

44. Methods for evaluating environmental/ecological influences on individuals, groups or organizations (e.g., organizational frameworks, functional analysis of behavior);

45. Criteria for selection and adaptation of assessment methods (e.g., cultural appropriateness, trans-cultural adaptation, language accommodation, cost effectiveness, incremental validity, relevance to referral concern);

46. Utilization of various classification systems (e.g., DSM, WHO, AAMR, SEC, ICD) and their underlying rationales and limitations for evaluating client functioning;

47. Factors influencing judgment and diagnostic decision-making (e.g., base rates, group differences, cultural biases and differences, availability heuristics);

48. Epidemiology of behavioral disorders, base rates of disorders in clinical or demographic populations; comorbidity of mental illness with substance abuse; comorbidity of behavioral disorders with medical disorders; comorbidity rates, age ranges affected; associated features; natural course of disorders;

49. Methods for the measurement of individual, couples, family, group, and organizational change due to intervention or prevention efforts (e.g., continuous monitoring, pre-, post-, and follow-up assessment, detection of relapse, patient compliance, organizational benchmarking); and

50. Use of computers, the internet, and related technology in implementing tests, surveys, and other forms of assessment and diagnostic evaluation; validity, cost effectiveness, consumer acceptability.

**Treatment, Intervention, and Prevention (15%)** — knowledge of (a) individual, couple, family, group, organizational, or community interventions for specific concerns/disorders in diverse populations, (b) intervention and prevention theories, (c) best practices, and (d) consultation models and processes.

Requires knowledge of:

51. Treatment decision making processes and issues based on best available evidence (e.g., matching treatment to assessment/diagnosis, matching client/patient and therapist characteristics, cost benefit, level of intervention);

52. Contemporary theories/models of treatment/intervention (e.g., behavioral, cognitive, cognitive-behavioral, psychodynamic, family-systems/ecological, humanistic, psycho-educational, time-limited/brief therapy, rehabilitation and recovery, biopsychosocial, and career development);

53. Treatment techniques/interventions and the evidence for their comparative effectiveness for specific disorders or functional concerns (e.g., exposure techniques for panic disorder, cognitive therapy for depression, parent training for oppositional defiant disorder, family psycho-education for serious mental illness, approaches to integrating psychotherapy and psychopharmacology for bipolar disorder, structured organizational changes, adherence to medical regimes);

54. Interventions to enhance growth and performance for individuals, couples, families, groups, and organizations (e.g., personal coaching, executive coaching, enhancement of athletic performance, teaching cooperation and conflict resolution skills, teaching optimism);

55. Systems and organizational interventions (e.g., systemic family interventions, school or community systems interventions, organizational development and change, performance enhancement/management, organizational leadership);

56. Consultation models and processes for individuals, couples, families, groups, organizations, and communities (e.g., mental health, physical health, residential facilities, behavioral, instructional, organizational);

57. Human resource management interventions (e.g., risk management, management training, conflict resolution, compensation and benefits design);

58. Academic and career counseling (e.g., career assessment, career counseling, career development, vocational counseling, improving study habits, time management);

59. Interprofessional cooperation and appropriate referrals (e.g., education, health, mental health, social services, forensics, business and industry) including the roles of other professionals

at all levels of care;

60. Adjunctive and alternative interventions (e.g., inpatient or partial hospitalization, psychopharmacology, support groups, individual self-help, and spiritual and indigenous support systems);

61. Use of computers, the internet, and related electronic technologies in planning and delivery of treatment/intervention, human factors design, clinical/research documentation, and authorized exchange of client/patient information (e.g., validity, cost-effectiveness, consumer acceptability);

62. Healthcare system structures (e.g., common models, provider networks), processes and procedures (e.g., quality improvement, documentation of assessment, treatment plans, and patient progress), and methods (e.g., specification of benefit coverage limitations, medical necessity criteria, and need for prior authorization);

63. Healthcare economics and policies impacting psychological services (e.g., funding sources and trends, cost/benefit considerations, medical cost-offset; health care resource allocation);

64. Consumerism (e.g., impact of internet access to healthcare information, consumer involvement in treatment planning); patient empowerment;

65. Health promotion, risk reduction, and goals (e.g., reduce substance abuse; reduce medical risk factors/promote health; reduce injury, violence, school dropout, job burnout; facilitate treatment adherence; manage the psychological and behavior impact of invasive treatments and chronic illnesses; increase resilience) and methods (e.g., stress management, medical monitoring techniques, family support following mastectomy, exercise schedules for chronic pain);

66. Interventions to reduce risk factors and to increase resilience and competence of individuals living in at-risk environments; and

67. Interventions for acute traumatic stress situations (e.g., counseling at disaster site; suicidal intervention, emergency room consultation).

**Research Methods and Statistics (7%)** — knowledge of (a) research design, methodology, and program evaluation, (b) instrument selection and validation, and (c) statistical models, assumptions, and procedures.

Requires knowledge of:

68. Research methods (e.g., sampling, instrument, instructions for research subjects, data collection procedures);

69. Research design (e.g., hypothesis generation; experimental, quasi-experimental, naturalistic inquiry; group and single-case research designs; randomized controlled trials; longitudinal and cross sectional designs);

70. Considerations for instrument selection and validation (e.g., reliability, sensitivity, and validity);

71. Statistics and analytic methods (e.g., qualitative, quantitative, descriptive; probability theory, univariate, bivariate, and multivariate methods; meta analysis; parametric and non-parametric statistics; regression analysis; causal modeling; time-series designs; survival analysis) and related issues (e.g., power, effect size, selection of appropriate statistical methodologies, interpretation of findings, causal vs. association, sensitivity and specificity, degree and nature of generalizability, clinical versus statistical significance);

72. Considerations for critical appraisal and utilization of research findings (e.g., technical adequacy, limitations to generalizations, threats to internal and external validity, design flaws);

73. Evaluation strategies and techniques (e.g., needs assessment, process/implementation evaluation, formative and summative assessment program evaluation, outcome evaluation, cost-benefit analysis, public health benefit); and

74. Presentation and dissemination of research findings (e.g., analyzing the data and interpreting results for publication in a journal or presentation to professional colleagues, dissemination of results via various appropriate avenues).

**Ethical/Legal/Professional Issues (15%)**— knowledge of (a) codes of ethics, (b) professional standards for practice, (c) legal mandates and restrictions, (d) guidelines for ethical decision-making, and (e) professional training and supervision.

Requires knowledge of:

75. APA Ethical Principles of Psychologists and Code of Conduct and/or Canadian Code of Ethics for Psychologists (e.g., confidentiality, research, dual relationships, limits of competence, advertising practices, informed consent, record-keeping);

76. Professional standards and guidelines for the practice of psychology (e.g., APA/CPA Standards for Providers of Psychological Services, AERA/APA/NCME Standards for Educational and Psychological Testing, ASPPB Code of Conduct, AP-LS Guidelines for Forensic Practice, APA Guidelines for Child Custody Assessment, model licensure acts, credentialing requirements for advanced specialties and proficiencies, published guidelines for special populations such as women and

minorities);

77. Pertinent federal, state and/or provincial laws/statutes and/or judicial decisions that affect psychological practice (e.g., laws and regulations relating to family and child protection, education, disabilities, discrimination, regulations for electronic exchange of patient information, duty to warn and privileged communication, commitment and least restrictive care, continuing education requirements, practice regulations, licensure regulations);

78. Ethical decision-making process (e.g., resolution of conflicts involving ethical issues, problems and ethics of practice on the internet and in the media, integration of ethical principles and legal/regulatory standards); and

79. Models and approaches for professional development (e.g., methods for developing, updating, and enhancing knowledge in proficiencies and specialties, continuing education, professional self-management, clinical supervision, peer consultation and supervision; recognition of self-limits; appropriateness of credentials).

## **PSYCHOLOGISTS' ROLES AND THE EPPP**

These descriptions of the roles of professional psychologists resulted from the 1995 practice analysis and were refined as an outcome of the 2003 practice analysis update. They are not used as guidelines for constructing the EPPP, but are used to aid exam item writers in creating job-relevant examination questions.

**Psychological Services** — design or provide psychological services, or supervise or manage their delivery, to individuals, couples, families, groups, and/or organizations/systems in a manner consistent with current professional and ethical standards/guidelines, and jurisdictional and national laws/regulations.

1. Provide psychological services and/or make referrals with knowledge of the range of levels and types of evaluation and interventions available;

2. Coordinate and/or participate in service delivery with psychologists and others (e.g., health professionals, managed care systems, organizational personnel, attorneys, managers and executives, collective bargaining representatives, schools, community groups, public sector systems, and other agencies);

3. Use multiple methods to gather information from individuals, couples, families, groups, organizations, and other relevant sources (including information about context) in a systematic manner to identify the problems/needs for assessment and prevention and/or intervention planning;

4. Develop procedures and/or instruments (e.g., behavioral analyses; structured interviews; surveys and questionnaires; work samples; and tests of knowledge, skills, and abilities) for the assessment of relevant characteristics of individuals, groups, jobs, organizations, educational and social institutions, and/or environments;

5. Select, administer, and code/quantify/score instruments for the assessment of relevant characteristics of individuals, groups, jobs, organizations, educational and social institutions, and/or environments;

6. Evaluate and integrate results of information-gathering and assessment processes with scientific/professional knowledge to formulate/reformulate working hypotheses, descriptions, diagnoses, and intervention recommendations;

7. Plan, design, and implement prevention and/or intervention programs, and evaluation/feedback strategies (e.g., define goals and objectives, identify appropriate intervention targets and strategies, and outcome measures);

8. Prepare, present, and coordinate classes, seminars, or workshops for individuals, groups, or organizations (e.g., executive managers, employees, and others) on a variety of issues (e.g., procedural justice, training and development programs, organizational entry/exit programs, change management, parenting interventions);

9. Document and communicate assessment results, intervention recommendations, progress, and outcomes; and

10. Design, implement, and monitor quality efficacy and effectiveness of prevention and intervention programs, systems, and procedures and modify, as appropriate (e.g., individual and organizational interventions, utilization review, care management, case management)

**Consultation, Outreach, and Policy Making** — prepare, present, coordinate, and evaluate educational and training programs for public or organizational audiences; disseminate information or provide expertise to a variety of constituents; and/or participate in the process of policy making, advocacy, and standard setting in a manner consistent with current professional and ethical standards/guidelines, and jurisdictional and national laws/regulations.

11. Prepare, present, coordinate, and evaluate health promotion programs or workshops for public or organizational audiences (e.g., smoking cessation, parenting, anger control and management, informational programs on community psychological services/resources);

12. Prepare, present, coordinate, and evaluate prevention and/or early intervention programs for at-risk populations (e.g., substance abuse prevention, HIV-AIDS education, injury prevention programs for frail older adults, school violence prevention);

13. Prepare, present, coordinate, and evaluate classes, seminars, or workshops to various groups (e.g., personnel in school systems, legal systems, health care and organizational settings; medical and mental health consumer groups; and the general public);

14. Provide expertise to and/or serve on boards or committees of local/state/provincial/territorial/federal agencies (e.g., community outreach program, jurisdictional licensing board, federal mental health commission, releasing/parole board) and other policy making organizations (e.g., business and healthcare coalitions, business roundtables, chambers of commerce, legal system);

15. Provide expertise to and/or serve on local, state/provincial, national or international psychological and/or interdisciplinary organizations, consumer groups, charitable and religious organizations;

16. Provide expertise to and/or serve on boards or committees of specific organizations (e.g., accreditation preparation committee, Quality Improvement Committee, program advisory committee);

17. Disseminate knowledge of psychology and its value to the general public via various media (e.g., interviews and articles for the popular press; radio and television appearances); and

18. Formulate and advocate for policies and standards applicable to individual and/or organizational providers and consumers of psychological services and work to build consensus for their adoption by the appropriate constituents.

### **Academic Preparation and Professional Development**

— develop, implement, administer, and evaluate educational programs for psychologists including teaching, supervision, and curriculum development in a manner consistent with current professional and ethical standards/guidelines, and jurisdictional and national laws/regulations; engage in continuing education and self-development.

19. Prepare, present, coordinate, and evaluate courses, seminars, workshops, or conferences for undergraduate, graduate, and post-doctoral students, and professional practitioners;

20. Supervise, administer, coordinate, and evaluate undergraduate and graduate training and practicum, internship,

and post-doctoral fellowship programs for knowledge and skill acquisition;

21. Develop and evaluate curricula for undergraduate, graduate, post-doctoral, and continuing education programs;

22. Supervise professional practitioners to enhance their professional development and service delivery;

23. Supervise and advise undergraduate, graduate, and post-doctoral students regarding research and evaluation studies (e.g., honors thesis, dissertation);

24. Provide mentoring for undergraduate, graduate, and post-doctoral students, and professional psychologists; and

25. Participate in professional self-development and continuing education designed to enhance personal and professional effectiveness, and knowledge and skills (e.g., self-care, burnout prevention, life-long learning, Continuing Education courses)

**Research, Evaluation, and Scholarship** — develop and/or participate in any activity to expand or refine knowledge or to improve programs and services in a manner consistent with current professional and ethical standards/guidelines, and jurisdictional and national laws/regulations.

26. Critically review and appraise existing literature with regard to issues such as conceptualization, methodology, interpretation, and generalizability of results and conclusions;

27. Use the existing knowledge base to formulate clear research/program evaluation questions and design appropriate methods to test them;

28. Administer and manage research/program evaluation projects (e.g., select and train personnel, supervise subject recruitment and data collection, carry out fiduciary responsibilities, ensure design integrity);

29. Collect and analyze data using appropriate methods of analysis;

30. Disseminate research and/or program evaluation findings, implications, and limitations;

31. Engage in other scholarly activities so as to contribute to the core body of knowledge and enhance understanding (e.g., prepare scholarly reviews; develop instrumentation, models, and theories; write textbooks);

32. Interpret and recommend applications of research and/or program evaluation findings, with awareness of their strengths and limitations;

33. Organize and participate in scientific and professional meetings and workshops;

34. Prepare proposals for funding agencies; and
35. Provide scientific expertise (e.g., serve in an editorial capacity on professional journals or other referred publications, review proposals for funding agencies, serve on an Institutional Review Board and advisory committees).

## **IN CONCLUSION**

The requirements for licensure described in this brochure suggest that the student who elects a broad background in psychology is less likely to encounter problems in the licensing process. The license to practice psychology issued by most jurisdictions in the United States and Canada is generic in nature. Some jurisdictions, however, issue speciality licenses that have specific requirements, e.g., health service psychologist. Given the foundation needed in light of the complexity of the field, the student should seek broadly based coursework and supervised experiences that emphasize the application of psychological knowledge to the many issues encountered as a professional psychologist. Narrowly based training and inadequate supervision is likely to lead to difficulty in obtaining the generic license to practice.

Moreover since psychologists tend to be mobile, a broad background acceptable to all or most licensing boards is prudent. Students who have sought out experiences consistent with APA/CPA standards and who have taken training in recognized programs are generally in the best position to obtain licensure in multiple jurisdictions and to qualify for certification that facilitate mobility.

**More detailed information can be found at  
[www.asppb.org](http://www.asppb.org) regarding the EPPP:**

**Information for Candidates**

**and**

**Computer-delivered EPPP Practice Tests:**

**PEPPP: At Prometric Centers**

**PEPPPO: At Home Testing**

## FOR MORE INFORMATION

### REFERENCES

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