



STATE OF WISCONSIN

Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Governor Scott Walker

Secretary Dave Ross

Mail to:
PO Box 8935
Madison WI 53708-8935

Email: dsps@wisconsin.gov
Web: <http://dsps.wi.gov>
Phone: 608-266-2112

PSYCHOLOGY EXAMINING BOARD MEETING
Room 199B, 1400 East Washington Avenue, Madison, WI
Contact: Dan Williams (608) 266-2112
January 15, 2014

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board.

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-4)**
- B. 9:00 A.M. - Public Hearing on Administrative Rule PSY 4 Relating to Education (5-12)**
 - 1) Review and Respond to Clearinghouse Report and Public Hearing Comments
- C. Approval of Meeting Minutes of November 5, 2013 (13-16)**
- D. Administrative Matters – Discussion and Consideration**
 - 1) Staff Update
 - 2) Officer Elections **(17-18)**
 - 3) Appointment of Liaisons and Committee Members **(19-26)**
 - 4) Board member - expiration date
 - a. Rebecca Anderson – 7/1/2014
 - b. Marcus Desmonde – 7/1/2017
 - c. Bruce Erdmann – 7/1/2014
 - d. Daniel Schroeder – 7/1/2015
 - e. Public Member 1: Vacant since 2011
 - f. Public Member 2: Vacant since 2012
- E. Legislation/Administrative Rule Matters – Discussion and Consideration**
- F. Consideration of Creation of Board Goals**
- G. ASPBB Report – Discussion and Consideration (27-30)**
- H. Position Statements – Discussion and Consideration (31-34)**

- I. Items Received After Preparation of the Agenda
 - 1) Introductions, Announcements and Recognition
 - 2) Administrative Matters
 - 3) Presentations of Petition(s) for Summary Suspension
 - 4) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 5) Presentation of Proposed Final Decision and Order(s)
 - 6) Division of Legal Services and Compliance Matters
 - 7) Education and Examination Matters
 - 8) Credentialing Matters
 - 9) Practice Questions/Issues
 - 10) Legislation/Administrative Rule Matters
 - 11) Liaison Report(s)
 - 12) Speaking Engagement(s), Travel, or Public Relation Request(s)

J. Consulting with Legal Counsel

K. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

L. **Division of Legal Services and Compliance**

- 1) Monitoring Matters
- 2) Deliberation of Proposed Stipulations Final Decisions and Orders
- 3) Case closings
- 4) Case status report **(35-36)**

M. Credentialing Matters

N. **Continuing Education Requests**

- 1) Jane C. Harris **(37-55)**

- O.** Deliberation of Items Received After Preparation of the Agenda
- 1) Application Issues and/or Reviews
 - 2) Administrative Warnings
 - 3) Orders Fixing Costs/Matters Related to Costs
 - 4) Proposed Final Decisions and Orders
 - 5) Petitions for Summary Suspension
 - 6) Petitions for Re-hearings
 - 7) Case Closings
 - 8) Education or Examination Matters
 - 9) Review Additional Information Requested of Applicants for Licensure
 - 10) Oral Interviews of Applicants for Licensure – Final Approval for Licensure
 - 11) Review of Applications for Licensure
 - 12) Supervision Reviews
 - 13) Credential Issues
 - 14) Appearances from Requests Received or Renewed
 - 15) Motions
- P.** Consulting with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION
Vote on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate.

ADJOURNMENT

Page intentionally left blank



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz and Jessica Karls-Ruplinger
Clearinghouse Co-Directors

Terry C. Anderson
Legislative Council Director

Laura D. Rose
Legislative Council Deputy Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE 13-103

AN ORDER to renumber and amend Psy 4.03; to amend ch. Psy 4 (title); to repeal and recreate Psy 4.02; and to create Psy 4.015, 4.03, 4.04, and 4.05, relating to psychology continuing education.

Submitted by **DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES**

12-10-2013 RECEIVED BY LEGISLATIVE COUNCIL.

01-06-2014 REPORT SENT TO AGENCY.

SG:MSK

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]

Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached YES NO



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz and Jessica Karls-Ruplinger
Clearinghouse Co-Directors

Terry C. Anderson
Legislative Council Director

Laura D. Rose
Legislative Council Deputy Director

CLEARINGHOUSE RULE 13-103

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated November 2011.]

2. Form, Style and Placement in Administrative Code

a. In SECTION 3 of the proposed rule, the re-use of s. “Psy 4.02” should be revised to instead create a new “Psy 4.025”, which should be created under its own new SECTION of the proposed rule. Re-use of numbers is discouraged in order to avoid confusion as to whether a reference is to the current or previous provision. [s. 1.03 (5) (a), Manual.] The following revisions should be made to conform to this new numbering:

- (1) In the treatment clause for SECTION 3, the phrase “and recreated to read” should be deleted.
- (2) The introductory clause for the proposed rule should be modified to accurately reflect these revisions.
- (3) In s. Psy 4.01, the reference to “Psy 4.02” should be amended to refer to “Psy 4.025”. The introductory clause should also be revised to reflect this treatment of s. Psy 4.01.
- (4) The subsequent SECTIONS should be renumbered to reflect these revisions.

b. In SECTION 5 of the proposed rule, the re-use of s. “Psy 4.03” should be revised to instead create a new “Psy 4.035”. Re-use of numbers is discouraged. [s. 1.03 (5) (a), Manual.]

4. Adequacy of References to Related Statutes, Rules and Forms

a. In the rule summary's listing of related statutes or rules, the reference to s. 455.06, Stats., should be removed, as it is already listed under the statutes interpreted by the proposed rule. If desired, this section could list initial licensing under s. 455.04, Stats., and chs. Psy 2 and 3, Wis. Adm. Code, as related statutes and rules.

b. In s. Psy 4.015 (5), "s. 455.04 (1) (d)" should replace "s. 455.04".

c. In s. Psy 4.04, references to "this chapter" should replace each reference to "this section".

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. Throughout the rule summary's plain language analysis, each reference to a numbered text "Section" should appear in small caps font as "SECTION".

b. In the rule summary's plain language analysis describing SECTION 4 of the proposed rule, "before" should replace "from".

c. In the rule summary's plain language analysis describing SECTION 5 of the proposed rule, the following revisions should be made:

- (1) Commas should replace the semicolons after "Psychologists" and "Association".
- (2) The word "or" should be inserted before "courses approved".
- (3) The phrase "in which" should be inserted before "the license holder".
- (4) The word "completing" should be inserted before "board certification".
- (5) The word "completing" should replace "completion of".
- (6) A semicolon should be inserted after "trainees".
- (7) The last sentence should be revised to state that, "In addition, the third section revises the current requirement for a mandatory audit of compliance with the continuing education requirements to instead allow a general audit to be conducted in the board's discretion."

d. In the rule summary's comparison with rules in Illinois, the following revisions should be made:

- (1) The first sentence could specify if Illinois' requirements are annual or biennial.
- (2) The word "completing" or "attending", whichever is accurate, should be inserted before "postgraduate training".
- (3) A semicolon should be inserted after "training programs".
- (4) The word "do" should be removed.

(5) The word “has” should replace “does have”.

e. In the rule summary’s comparison with rules in Iowa, the word “must” should replace both instances of “shall”.

f. In the rule summary’s description of the factual data and analytical methodologies, the word “the” before “recent audits” should be removed.

g. In the rule summary’s analysis and supporting documents used to determine the effect on small business, a description should be given.

h. In the rule summary’s listing of where to submit comments, the deadline should list the year “2014”, rather than “2013”.

i. In s. Psy 4.015 (5), the first comma should be removed, and “who is” should be inserted before “obtaining”.

j. In s. Psy 4.02 (1), the phrase “beginning October 1 of each odd-numbered year.” should replace “as specified in s. 455.06, Stats.”.

k. In s. Psy 4.06 (1), a phrase should be added to specify the timeframe within which the continuing education hours must be completed prior to the renewal application for a lapsed license. For example, the phrase “that were completed within the two years prior to submitting the application to the board” could be inserted after “continuing education hours”.

l. Although only renumbered and not revised in the proposed rule, is it the intent in s. Psy 4.06 (2) that the more detailed review of a lapsed license be applied to an application that is five years or more after a license expires? It is unclear which procedure applies in the fifth year itself. If it is the intent to apply the more detailed review during that year, in sub. (2), “5 years or more” should replace “more than 5 years”.

m. In s. Psy 4.03 (1) (a), periods should be inserted after the text in subds. 1. and 2.

n. In s. Psy 4.03 (1) (d), commas should be inserted to enclose the phrase “or more”. Also, the phrase “an accredited college or university” should replace “accredited colleges and universities”. Lastly, it would be helpful to specify the relation of graduate course credit hours to the defined “continuing education hour” under s. Psy 4.015 (1).

o. In s. Psy 4.03 (2), the word “or” should replace “and”. Also, it appears that “shall” should replace “may”.

p. In s. Psy 4.03 (3), the following revisions should be made:

(1) The phrase “A licensee” should replace “Professional activity”.

(2) The word “granted” should replace “awarded” in order to be consistent with the usage of “granted” throughout this section.

(3) The phrase “with a maximum” should replace “however, no more than a total”.

- (4) The phrase “, as follows” should replace “may be granted for professional activity. Continuing education hours shall be granted for the following professional activities”.
- q. In s. Psy 4.03 (4), the following revisions should be made:
- (1) A comma should be inserted after “book chapter”.
 - (2) The phrase “A licensee” should replace “Authors”.
 - (3) The phrase “with a maximum” should replace “but not more than a total”.
 - (4) The phrase “may be granted for authorship” should be deleted.
- r. In s. Psy 4.03 (5), the phrase “A licensee” should replace “Licensees”, and “completes” should replace “complete”.
- s. In s. Psy 4.03 (6), the phrase “A licensee” should replace “Licensees”, and “completes” should replace “complete”. Also, it appears that the phrase “at least six hours on” should be inserted before “those topics”.
- t. In s. Psy 4.03 (7), the phrase “, with a maximum of” should replace “. No more than”, and the phrase “may be obtained for supervision” should be deleted.
- u. In s. Psy 4.03 (8) (a), the following revisions should be made:
- (1) The word “a” should be inserted before “community”.
 - (2) The word “outpatient” should be deleted as it is not part of the defined phrase for a “community mental health program” under s. 51.01 (3n), Stats.
 - (3) The word “program” should replace “programs”.
 - (4) The words “expended” and “necessary” should be deleted.
 - (5) The word “required” should be inserted after “training”.
 - (6) The phrase “are equal to” should replace “shall be deemed to equal”.
- v. In s. Psy 4.03 (8) (b):
- (1) If it is intended that evaluation of a community mental health program should be available to a private practice school psychologist, then “A licensee” should replace “Psychologists”.
 - (2) The word “form” should replace “forms”.
 - (3) The phrase “applications are” should be inserted after “order”.
 - (4) The phrase “pursuant to requests for assistance received by the board from that department” should be deleted.
- w. In s. Psy 4.04 (2), the phrase “or the private practice of school psychology” should be inserted after “psychology”.

- x. In s. Psy 4.04 (3), the following revisions should be made:
 - (1) The phrase "or the private practice of school psychology" should be inserted after the first instance of "psychology".
 - (2) The phrase "to active practice" should replace "to the active practice of psychology".
 - (3) It appears that the requirement for a licensee who was exempted from continuing education requirements to complete at least 40 credit hours for each biennia of the exemption may be broader than desired. This could be revised to more closely match the requirements for renewal of a license that has lapsed for five or more years, under s. Psy 4.06 (2) of the proposed rule, by requiring an exempted licensee to have completed at least 40 hours of continuing education in the biennium preceding the return to active practice. If not limited to the biennium prior to a return to active practice, the rule should be revised to more clearly state whether the 40 hours for each biennium must have been completed during each exempted biennium, or whether the total must simply be equal to 40 hours for each exempted biennium.
- y. In s. Psy 4.05 (1), the word "licensee" should replace "credential holder".
- z. In s. Psy 4.05 (1) (a), the following revisions should be made:
 - (1) The phrase "the licensee" should replace "credential holder".
 - (2) The phrase "of attendance" should be inserted after "date".
 - (3) The word "sponsor" should replace "provider".

**PSYCHOLOGY EXAMINING BOARD
MEETING MINUTES
NOVEMBER 5, 2013**

PRESENT: Bruce Erdmann, Ph.D.; Daniel Schroeder, Ph.D.; Rebecca Anderson
(via GoTo Meeting), Ph.D.; Marcus Desmonde Ph.D.

STAFF: Dan Williams, Executive Director; Matthew Guidry, Bureau Assistant; Sharon
Henes, Rules Coordinator; and other Department Staff

CALL TO ORDER

Bruce Erdmann, Ph.D. called the meeting to order at 9:33 a.m. A quorum of four (4) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda

- Item "J.12" **ADD** the agenda item titled "ASPPB Report"
- Item "R.1" **ADD** the agenda item titled "Schulman Application"

MOTION: Daniel Schroeder moved, seconded by Rebecca Anderson, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MEETING MINUTES OF AUGUST 7, 2013

MOTION: Daniel Schroeder moved, seconded by Marcus Desmonde, to approve the minutes of September 9, 2013 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

MOTION: Daniel Schroeder moved, seconded by Marcus Desmonde, to designate the chair on behalf of the Board to revise all application forms with DSPS Staff, and to report back to the Board with any proposed revisions. Motion carried unanimously.

LEGISLATION/ADMINISTRATIVE RULE MATTERS

MOTION: Marcus Desmonde moved, seconded by Daniel Schroeder, to cancel the December 4, 2013 Board meeting and to schedule a Board meeting on January 15, 2014. Motion carried unanimously.

MOTION: Daniel Schroeder moved, seconded by Marcus Desmonde, to authorize the Chair, or designee, to approve the revisions of PSY 4 relating to continuing education for posting of economic impact comments and submission to the Clearinghouse. The public hearing will take place on January 15, 2014. Motion carried unanimously.

CLOSED SESSION

MOTION: Daniel Schroeder moved seconded by Rebecca Anderson, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Bruce Erdmann read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Bruce Erdmann, Ph.D. – yes; Daniel Schroeder, Ph.D. – yes; Rebecca Anderson, Ph.D. – yes; Marcus Desmonde, Ph.D. – yes. Motion carried unanimously.

The Board convened into Closed Session at 12:59 p.m.

MONITORING MATTERS

MOTION: Daniel Schroeder moved, seconded by Marcus Desmonde, to refer Raymond Lueck to DLSC for investigation relating to the failure to comply with the terms of order 0002281. The Board directs that this referral bypass the screening panel. Motion carried unanimously.

DELIBERATION OF PROPOSED STIPULATIONS FINAL DECISIONS AND ORDERS

MOTION: Daniel Schroeder moved, seconded by Marcus Desmonde, to adopt the Findings of Fact, Conclusions of Law, Stipulation and Order in the matter of Scott Allen, Psy.D. (12 PSY 032). Motion carried unanimously.

CASE CLOSING

MOTION: Marcus Desmonde moved, seconded by Daniel Schroeder, to close case # 13 PSY 026 (K.L.) for N.V.(no violation). Motion carried unanimously.

MOTION: Daniel Schroeder moved, seconded by Marcus Desmonde, to close case # 13 PSY 027 (R.E.) for N.V. (no violation). Motion carried unanimously.

CONTINUING EDUCATION REQUESTS

MOTION: Daniel Schroeder moved, seconded by Marcus Desmonde, to accept C.W.'s 20 CEH as meeting all the CE requirements for the 2011-2013 biennium. Motion carried unanimously.

*Bruce Erdmann recused himself from voting and deliberations at 1:30 p.m.
Daniel Schroeder took over the duty of the Chair.*

MOTION: Marcus Desmonde moved, seconded by Rebecca Anderson, to extend R.G.'s deadline until April 1, 2014 for completion of CE requirements for biennium 2011-2013. These CEs cannot be considered for fulfilling the CE requirements of the 2013-2015 biennium. Motion carried unanimously.

Bruce Erdmann returned and resumed the chair at 1:46 p.m.

MOTION: Marcus Desmonde moved, seconded by Daniel Schroeder, to accept S.S.'s 11 CEH as meeting all the CE requirements for the 2011-2013 biennium. Motion carried unanimously.

ORDER FIXING COSTS

MOTION: Daniel Schroeder moved, seconded by Marcus Desmonde, to adopt the Order Fixing Costs in the matter of Raymond Lueck, Order0002281. Motion carried unanimously.

APPLICATION REVIEW

MOTION: Daniel Schroeder moved, seconded by Marcus Desmonde, to defer action on Sharon Schulman's Application for Licensure and to direct the Division of Professional Credentialing to request a release from the applicant for the records and to allow for discussion of the complaints in Florida. The release shall be returned to DSPS no later than December 10, 2013. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Marcus Desmonde moved, seconded by Daniel Schroeder, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 2:21 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Daniel Schroeder moved, seconded by Marcus Desmonde, to affirm all motions made in closed session. Motion carried unanimously.

ADJOURNMENT

MOTION: Daniel Schroeder moved, seconded by Marcus Desmonde, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:23 p.m.

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Matthew Guidry Bureau Assistant		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Psychology Examining Board			
4) Meeting Date: 1/15/2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Officer Elections and Liaison Appointments	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

Please note the following information is from the February 6, 2013 Psychology Examining Board Meeting Minutes, and may have since been revised

2013 OFFICER ELECTION RESULTS	
Board Chair	Bruce Erdman
Vice Chair	Melissa Westendorf
Secretary	Rebecca Anderson

2013 LIAISON APPOINTMENTS	
DLSC Monitoring Liaison	Rebecca Anderson, Ph.D.
Professional Assistance Procedure (PAP) Liaison	J Rebecca Anderson, Ph.D., Daniel Schroeder, Ph.D.
Credentialing Liaison	Daniel Schroeder, Ph.D., Bruce Erdmann, Ph.D.
Interstate Compact Representative	Dan Williams
Continuing Education Liaison	Daniel Schroeder, Ph.D.
Practice Question Liaison	Melissa Westendorf, J.D., Ph.D., Bruce Erdmann, Ph.D.

2013 SCREEN PANEL	
January- December 2013	Rebecca Anderson, Ph.D., Melissa Westendorf, J.D., Ph.D.

2013 SUB-COMMITTEE MEMBERS	
Application Review Sub-Committee	Daniel Schroeder, Ph.D., Bruce Erdmann, Ph.D.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Horton Department Monitor Division of Legal Services and Compliance		2) Date When Request Submitted: December 20, 2013 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections:			
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Monitoring: Appointment of Monitoring Liaison and Delegated Authority Motion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1. Appointment of 2014 Monitoring Liaison 2. Delegated Authority Motion: <i>“ _____ moved, seconded by _____ to adopt/reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today’s agenda packet.”</i>			
11) Authorization <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  </div> <div style="width: 30%; text-align: center;"> December 20, 2013 </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Signature of person making this request</div> <div style="width: 20%; text-align: center;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Supervisor (if required)</div> <div style="width: 20%; text-align: center;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="width: 20%; text-align: center;">Date</div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison is a board designee who works with department monitors to enforce the Board's orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board:

1. Grant a temporary reduction in random drug screen frequency upon Respondent's request if he/she is unemployed and is otherwise compliant with Board order. The Department Monitor will draft an order and sign on behalf of the Liaison. The temporary reduction will be in effect until Respondent secures employment in the profession.
2. Grant a stay of suspension if Respondent is eligible per the Board order. The Department Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board order. The Department Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board approval. The Department Monitor will notify Respondent of the Liaison's decision.
5. Grant a maximum 90-day extension, if warranted and requested in writing by Respondent, to complete Board-ordered CE, pay proceeding costs, and/or pay forfeitures upon Respondent's request.

Current Authorities Delegated to the Department Monitor

The Department Monitor may take the following actions on behalf of the Board, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board-ordered CE and/or paid costs and forfeitures within the time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.

Clarification

1. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. (This is consistent with current practice.)

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Horton Department Monitor Division of Legal Services and Compliance		2) Date When Request Submitted: December 20, 2013 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 																	
3) Name of Board, Committee, Council, Sections:																			
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Appointment of Professional Assistance Procedure (PAP) Liaison																	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:																	
10) Describe the issue and action that should be addressed: Appointment of 2014 PAP Liaison - see <i>Wis. Admin. Code SPS ch. 7, attached, for Liaison duties</i>																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;">11)</td> <td style="width: 60%; text-align: center; vertical-align: middle;"> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">Authorization</td> <td style="width: 15%; text-align: center; vertical-align: middle;">December 20, 2013</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;">Signature of person making this request</td> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;">Supervisor (if required)</td> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> <td colspan="2" style="border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> </table>				11)		Authorization	December 20, 2013	Signature of person making this request		Date		Supervisor (if required)		Date		Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
11)		Authorization	December 20, 2013																
Signature of person making this request		Date																	
Supervisor (if required)		Date																	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date																	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.																			

Chapter SPS 7

PROFESSIONAL ASSISTANCE PROCEDURE

SPS 7.01	Authority and intent.	SPS 7.07	Intradepartmental referral.
SPS 7.02	Definitions.	SPS 7.08	Records.
SPS 7.03	Referral to and eligibility for the procedure.	SPS 7.09	Report.
SPS 7.04	Requirements for participation.	SPS 7.10	Applicability of procedures to direct licensing by the department.
SPS 7.05	Agreement for participation.	SPS 7.11	Approval of drug testing programs.
SPS 7.06	Standards for approval of treatment facilities or individual therapists.		

Note: Chapter RL 7 was renumbered chapter SPS 7 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671

SPS 7.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority in ss. 15.08 (5) (b), 15.30, 146.82, 227.11 and 440.03, Stats.

(2) The intent of the department in adopting rules in this chapter is to protect the public from credential holders who are impaired by reason of their abuse of alcohol or other drugs by promoting early identification of chemically dependent professionals and encouraging rehabilitation. This goal will be advanced by providing an option that may be used in conjunction with the formal disciplinary process for qualified credential holders committed to their own recovery. This procedure is intended to apply when allegations are made that a credential holder has practiced a profession while impaired by alcohol or other drugs or whose ability to practice is impaired by alcohol or other drugs or when a credential holder contacts the department and requests to participate in the procedure. It may be used in conjunction with the formal disciplinary process in situations where allegations exist that a credential holder has committed misconduct, negligence or violations of law, other than practice while impaired by alcohol or other drugs. The procedure may then be utilized to promote early identification of chemically dependent professionals and encourage their rehabilitation. Finally, the department's procedure does not seek to diminish the prosecution of serious violations but rather it attempts to address the problem of alcohol and other drug abuse within the enforcement jurisdiction of the department.

(3) In administering this program, the department intends to encourage board members to share professional expertise so that all boards in the department have access to a range of professional expertise to handle problems involving impaired professionals.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (2), Register, July, 1996, No. 487, eff. 8-1-96; CR 10-081: am. (2) Register December 2010 No. 660, eff. 1-1-11.

SPS 7.02 Definitions. In this chapter:

(1) "Board" means any board, examining board or affiliated credentialing board attached to the department.

(2) "Board liaison" means the board member designated by the board or the secretary or the secretary's designee as responsible for approving credential holders for the professional assistance procedure under s. SPS 7.03, for monitoring compliance with the requirements for participation under s. SPS 7.04, and for performing other responsibilities delegated to the board liaison under these rules.

(2a) "Coordinator" means a department employee who coordinates the professional assistance procedure.

(2b) "Credential holder" means a person holding any license, permit, certificate or registration granted by the department or any board. For purposes of this chapter, "credential holder" includes a person with a pending application for a credential for a period not to exceed one year from the date the application for the credential was submitted to the department.

(3) "Department" means the department of safety and professional services.

(4) "Division" means the division of enforcement in the department.

(5) "Informal complaint" means any written information submitted by any person to the division, department or any board which requests that a disciplinary proceeding be commenced against a credential holder or which alleges facts, which if true, warrant discipline. "Informal complaint" includes requests for disciplinary proceedings under s. 440.20, Stats.

(6) "Medical review officer" means a medical doctor or doctor of osteopathy who is a licensed physician and who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with an individual's medical history and any other relevant biomedical information.

(7) "Procedure" means the professional assistance procedure.

(8) "Program" means any entity approved by the department to provide the full scope of drug testing services for the department.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (1), (2), (5), cr. (2a), (2b), r. (6), Register, July, 1996, No. 487, eff. 8-1-96; cr. (6) and (8), Register, January, 2001, No. 541, eff. 2-1-01; CR 10-081: am. (1) to (2b), (7) Register December 2010 No. 660, eff. 1-1-11; correction in (2), (3) made under s. 13.92 (4) (b) 6., Register November 2011 No. 671.

SPS 7.03 Referral to and eligibility for the procedure. (1) A credential holder who contacts the department and requests to participate in the procedure shall be referred to the board liaison and the coordinator for determination of acceptance into the procedure.

(2) A credential holder who has been referred to the procedure and considered for eligibility shall be provided with an application for participation.

(3) All informal complaints involving allegations of impairment due to alcohol or chemical dependency shall be screened and investigated pursuant to s. SPS 2.035. After investigation, informal complaints involving impairment may be referred to the procedure along with a summary of the investigative results in the form of a draft statement of conduct to be used as a basis for the statement of conduct under s. SPS 7.05 (1) (a) and considered for eligibility for the procedure or for formal disciplinary proceedings under ch. SPS 2. The credential holder shall be provided with a written explanation of the credential holder's options for resolution of the matter through participation in the procedure and of the formal disciplinary process pursuant to ch. SPS 2.

(4) Eligibility for the procedure shall be determined by the board liaison and coordinator who shall review all relevant materials including investigative results and the credential holder's application for participation. Eligibility shall be determined upon criteria developed by the coordinator in consultation with the disciplinary authority. The decision on eligibility shall be consistent with the purposes of these procedures as described in s. SPS 7.01 (2). Credential holders who have committed violations of law may be eligible for the procedure. The board liaison shall have

responsibility to make the determination of eligibility for the procedure.

(5) The credential holder shall obtain a comprehensive assessment for chemical dependency from a treatment facility or individual therapist approved under s. SPS 7.06. The credential holder shall arrange for the treatment facility or individual therapist to file a copy of its assessment with the board liaison or coordinator. The board liaison and the credential holder may agree to waive this requirement. The obtaining of the assessment shall not delay admission into the procedure.

(6) If a credential holder is determined to be ineligible for the procedure, the credential holder may be referred to the division for prosecution.

(7) A credential holder determined to be ineligible for the procedure by the board liaison or the department may, within 10 days of notice of the determination, request the credentialing authority to review the adverse determination.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (2) to (6), Register, July, 1996, No. 487, eff. 8-1-96; CR 10-081: renum. (1) and (3) to (6) to be (3) to (7) and am. (3) to (6), cr. (1), am. (2) Register December 2010 No. 660, eff. 1-1-11; correction in (3), (4), (5) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 7.04 Requirements for participation. (1) A credential holder who participates in the procedure shall:

- (a) Sign an agreement for participation under s. SPS 7.05.
- (b) Remain free of alcohol, controlled substances, and prescription drugs, unless prescribed for a valid medical purpose.
- (c) Timely enroll and participate in a program for the treatment of chemical dependency conducted by a facility or individual therapist approved pursuant to s. SPS 7.06.
- (d) Comply with any treatment recommendations and work restrictions or conditions deemed necessary by the board liaison or department.
- (e) Submit random monitored physiological specimens for the purpose of screening for alcohol or controlled substances provided by a drug testing program approved by the department under s. SPS 7.11, as required.
- (f) Execute releases valid under state and federal law to allow access to the credential holder's counseling, treatment and monitoring records.
- (g) Have the credential holder's supervising therapist and work supervisors file quarterly reports with the coordinator.
- (h) Notify the coordinator of any changes in the credential holder's employer within 5 days.
- (i) File quarterly reports documenting the credential holder's attendance at meetings of self-help groups such as alcoholics anonymous or narcotics anonymous.

(2) If the board liaison or department determines, based on consultation with the person authorized to provide treatment to the credential holder or monitor the credential holder's enrollment or participation in the procedure, or monitor any drug screening requirements or restrictions on employment under sub. (1), that a credential holder participating in the procedure has failed to meet any of the requirements set under sub. (1), the board liaison may refer the credential holder to the division. A failure to maintain abstinence is considered a relapse and shall be reviewed by the board liaison to determine whether the credential holder should be referred to the division. The board liaison may review the complete record in making this determination.

(3) If a credential holder violates the agreement and no referral to the division occurs, then a new admission under s. SPS 7.05 (1) (a) shall be obtained for relapses and for misconduct, negligence or violations of law which are substantial. If a new admission is not obtained, then a referral to the division by the coordinator shall occur.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. Register, July, 1996, No. 487, eff. 8-1-96; am. (1) (e), Register, January, 2001, No. 541, eff. 2-1-01; CR 10-081: am. (1) (e), (f), (2), (3) Register December 2010 No. 660, eff. 1-1-11;

correction in (1) (a), (c), (e), (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 7.05 Agreement for participation. (1) The agreement for participation in the procedure shall at a minimum include:

(a) A statement describing conduct the credential holder agrees occurred relating to participation in the procedure and an agreement that the statement may be used as evidence in any disciplinary proceeding under ch. SPS 2.

(b) An acknowledgement by the credential holder of the need for treatment for chemical dependency;

(c) An agreement to participate at the credential holder's expense in an approved treatment regimen.

(d) An agreement to submit to random monitored drug screens provided by a drug testing program approved by the department under s. SPS 7.11 at the credential holder's expense, if deemed necessary by the board liaison.

(e) An agreement to submit to practice restrictions at any time during the treatment regimen as deemed necessary by the board liaison.

(f) An agreement to furnish the coordinator with signed consents for release of information from treatment providers and employers authorizing the release of information to the coordinator and board liaison for the purpose of monitoring the credential holder's participation in the procedure.

(g) An agreement to authorize the board liaison or coordinator to release information described in pars. (a), (c) and (e), the fact that a credential holder has been dismissed under s. SPS 7.07 (3) (a) or violated terms of the agreement in s. SPS 7.04 (1) (b) to (e) and (h) concerning the credential holder's participation in the procedure to the employer, therapist or treatment facility identified by the credential holder and an agreement to authorize the coordinator to release the results of random monitored drug screens under par. (d) to the therapist identified by the credential holder.

(h) An agreement to participate in the procedure for a period of time as established by the board.

(2) The board liaison may include additional requirements for an individual credential holder, if the circumstances of the informal complaint or the credential holder's condition warrant additional safeguards.

(3) The board or board liaison may include a promise of confidentiality that all or certain records shall remain closed and not available for public inspection and copying. Any promise is subject to s. SPS 7.08 and ends upon a referral to the division. Information and records may be made available to staff within the department on an as-needed basis, to be determined by the coordinator.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (1) (a) to (g) and (2), Register, July, 1996, No. 487, eff. 8-1-96; am. (1) (d), Register, January, 2001, No. 541, eff. 2-1-01; CR 10-081: am. (3) Register December 2010 No. 660, eff. 1-1-11; correction in (1) (a), (d), (g), (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 7.06 Standards for approval of treatment facilities or individual therapists. (1) The board or board liaison shall approve a treatment facility designated by a credential holder for the purpose of participation in the procedure if:

(a) The facility is certified by appropriate national or state certification agencies.

(b) The treatment program focus at the facility is on the individual with drug and alcohol abuse problems.

(c) Facility treatment plans and protocols are available to the board liaison and coordinator.

(d) The facility, through the credential holder's supervising therapist, agrees to file reports as required, including quarterly progress reports and immediate reports if a credential holder withdraws from therapy, relapses, or is believed to be in an unsafe condition to practice.

(2) As an alternative to participation by means of a treatment facility, a credential holder may designate an individual therapist for the purpose of participation in the procedure. The board liaison shall approve an individual therapist who:

(a) Has credentials and experience determined by the board liaison to be in the credential holder's area of need.

(b) Agrees to perform an appropriate assessment of the credential holder's therapeutic needs and to establish and implement a comprehensive treatment regimen for the credential holder.

(c) Forwards copies of the therapist's treatment regimen and office protocols to the coordinator.

(d) Agrees to file reports as required to the coordinator, including quarterly progress reports and immediate reports if a credential holder withdraws from therapy, relapses, or is believed to be in an unsafe condition to practice.

(3) If a board liaison does not approve a treatment facility or therapist as requested by the credential holder, the credential holder may, within 10 days of notice of the determination, request the board to review the board liaison's adverse determination.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. Register, July, 1996, No. 487, eff. 8-1-96; r. (1) (d) and (2) (d), renum. (1) (e) and (2) (e) to be (1) (d) and (2) (d) and am., Register, January, 2001, No. 541, eff. 2-1-01.

SPS 7.07 Intradepartmental referral. (2) The division may refer individuals named in informal complaints to the board liaison for acceptance into the procedure.

(3) The board liaison may refer cases involving the following to the division for investigation or prosecution:

(a) Credential holders participating in the procedure who fail to meet the requirements of their rehabilitation program.

(b) Credential holders who apply and who are determined to be ineligible for the procedure where the board liaison is in possession of information indicating misconduct, negligence or a violation of law.

(c) Credential holders who do not complete an agreement for participation where the board liaison is in possession of information indicating misconduct, negligence or a violation of law.

(d) Credential holders initially referred by the division to the board liaison who fail to complete an agreement for participation.

(e) Credential holders who request early termination of an agreement for participation. In making the decision if a referral should occur, the board liaison shall consider whether the credential holder's therapist approves the early termination and whether this opinion is supported by a second therapist selected by the department who shall always be consulted and shall concur.

(4) The board liaison shall refer credential holders who relapse in the context of the work setting to the division for investigation and prosecution. A credential holder referred under this subsection who has not been dismissed from the procedure may continue to participate in the procedure.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (1), (3) (a) to (d), Register, July, 1996, No. 487, eff. 8-1-96; CR 10-081: r. (1), am. (3) (a), (b), (c), cr. (3) (e), (4) Register December 2010 No. 660, eff. 1-1-11.

SPS 7.08 Records. (1) CUSTODIAN. All records relating to the procedure including applications for participation, agreements for participation and reports of participation shall be maintained in the custody of the department secretary or the secretary's designee.

(2) AVAILABILITY OF PROCEDURE RECORDS FOR PUBLIC INSPECTION. Any requests to inspect procedure records shall be made to the custodian. The custodian shall evaluate each request on a case by case basis using the applicable law relating to open records and giving appropriate weight to relevant factors in order to determine whether public interest in nondisclosure outweighs the public interest in access to the records, including the reputational interests of the credential holder, the importance of confidentiality to the functional integrity of the procedure, the existence of any promise of confidentiality, statutory or common law rules which

accord a status of confidentiality to the records and the likelihood that release of the records will impede an investigation. The fact of a credential holder's participation in the procedure and the status of that participation may be disclosed to credentialing authorities of other jurisdictions.

(3) TREATMENT RECORDS. Treatment records concerning individuals who are receiving or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence which are maintained by the department, by county departments under s. 51.42 or 51.437, Stats., and their staffs and by treatment facilities are confidential under s. 51.30, Stats., and shall not be made available for public inspection.

(4) PATIENT HEALTH CARE RECORDS. Patient health care records are confidential under s. 146.82, Stats., and shall not be made available to the public without the informed consent of the patient or of a person authorized by the patient or as provided under s. 146.82 (2), Stats.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (2), Register, July, 1996, No. 487, eff. 8-1-96; CR 10-081: am. (2) Register December 2010 No. 660, eff. 1-1-11.

SPS 7.09 Report. The board liaison or coordinator shall report on the procedure to the board at least twice a year and if requested to do so by a board.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. Register, July, 1996, No. 487, eff. 8-1-96.

SPS 7.10 Applicability of procedures to direct licensing by the department. This procedure may be used by the department in resolving complaints against persons licensed directly by the department if the department has authority to discipline the credential holder. In such cases, the department secretary shall have the authority and responsibility of the "board" as the term is used in the procedure and shall designate an employee to perform the responsibilities of the "board liaison."

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. Register, July, 1996, No. 487, eff. 8-1-96.

SPS 7.11 Approval of drug testing programs. The department shall approve drug testing programs for use by credential holders who participate in drug and alcohol monitoring programs pursuant to agreements between the department or boards and credential holders, or pursuant to disciplinary orders. To be approved as a drug testing program for the department, programs shall satisfactorily meet all of the following standards in the areas of program administration, collection site administration, laboratory requirements and reporting requirements:

(1) Program administration requirements are:

(a) The program shall enroll participants by setting up an account, establishing a method of payment and supplying pre-printed chain-of-custody forms.

(b) The program shall provide the participant with the address and phone number of the nearest collection sites and shall assist in locating a qualified collection site when traveling outside the local area.

(c) Random selection of days when participants shall provide specimens shall begin upon enrollment and the program shall notify designated department staff that selection has begun.

(d) The program shall maintain a nationwide toll-free access or an internet website that is operational 24 hours per day, 7 days per week to inform participants of when to provide specimens and is able to document the date and time of contacts by credential holders.

(e) The program shall maintain and make available to the department and treatment providers through an internet website data that are updated on a daily basis verifying the date and time each participant was notified after random selection to provide a specimen, the date, time and location each specimen was collected, the results of drug screen and whether or not the participant complied as directed.

(f) The program shall maintain internal and external quality of test results and other services.

(g) The program shall maintain the confidentiality of participants in accordance with s. 146.82, Stats.

(h) The program shall inform participants of the total cost for each drug screen including the cost for program administration, collection, transportation, analysis, reporting and confirmation. Total cost shall not include the services of a medical review officer.

(i) The program shall immediately report to the department if the program, laboratory or any collection site fails to comply with this section. The department may remove a program from the approved list if the program fails to comply with this section.

(j) The program shall make available to the department experts to support a test result for 5 years after the test results are released to the department.

(k) The program shall not sell or otherwise transfer or transmit names and other personal identification information of the participants to other persons or entities without permission from the department. The program shall not solicit from participants presently or formerly in the monitoring program or otherwise contact participants except for purposes consistent with administering the program and only with permission from the department.

(L) The program and laboratory shall not disclose to the participant or the public the specific drugs tested.

(2) Collection site administration requirements are:

(a) The program shall locate, train and monitor collection sites for compliance with the U.S. department of transportation collection protocol under 49 CFR 40.

(b) The program shall require delivery of specimens to the laboratory within 24 hours of collection.

(3) Laboratory requirements are:

(a) The program shall utilize a laboratory that is certified by the U.S. department of health and human services, substance abuse and mental health services administration under 49 CFR 40. If the laboratory has had adverse or corrective action, the department shall evaluate the laboratory's compliance on a case by case basis.

(b) The program shall utilize a laboratory capable of analyzing specimens for drugs specified by the department.

(c) Testing of specimens shall be initiated within 48 hours of pickup by courier.

(d) All positive drug screens shall be confirmed utilizing gas chromatography in combination with mass spectrometry, mass spectrometry, or another approved method.

(e) The laboratory shall allow department personnel to tour facilities where participant specimens are tested.

(4) The requirements for reporting of results are:

(a) The program shall provide results of each specimen to designated department personnel within 24 hours of processing.

(b) The program shall inform designated department personnel of confirmed positive test results on the same day the test results are confirmed or by the next business day if the results are confirmed after hours, on the weekend or on a state or federal holiday.

(c) The program shall fax, e-mail or electronically transmit laboratory copies of drug test results at the request of the department.

(d) The program shall provide a medical review officer upon request and at the expense of the participant, to review disputed positive test results.

(e) The program shall provide chain-of-custody transfer of disputed specimens to an approved independent laboratory for retesting at the request of the participant or the department.

History: Cr. Register, January, 2001, No. 541, eff. 2-1-01; CR 10-081: am. (1) (d), (e) Register December 2010 No. 660, eff. 1-1-11.

Page intentionally left blank

Report on the 53rd Annual Meeting of ASPPB

Las Vegas, NV, October 16-20, 2013

General Session – Business Meeting

Executive Officer Report

- Organization on good financial footing.

PLUS: This is the credential banking and application verification service that ASPPB hopes to offer to boards: it is moving along nicely. It has been piloted in one or two states and may be expanded to Georgia

Mobility Committee Report Don Crowder: moving along, adding another couple of states to the process.

Exam Program Report

- EPPP test:
 - Test written by several committees dedicated to topic areas
 - 400 items written/tested annually-can take up to 2 years of testing;
 - about 75% are accepted for the operational test bank;
 - 175 working items on the test, and 800 operational items for use in constructing each
 - Goal is to reach about 1800 pretest items
 - 78 knowledge statements
- Year of translation, presentation of a bilingual exam/ Eng-Span / Eng-French

Updates on Association Activities (CATF)

Competency Assessment Task Force EPPP 2

- Develop Consensual competence, but using the ASPPB data on “what psychologists do” as the basis
- After reviewing the literature on competency, the CATF defined the competencies for professional practice. This model, approved by the ASPPB Board of Directors, includes the following six competency clusters:
 1. SCIENTIFIC ORIENTATION
 - a. Core knowledge domains
 - b. Evidence-based practice orientation
 - c. Critical thinking and decision making
 2. PROFESSIONAL PRACTICE
 - a. Assessment
 - b. Intervention
 - c. Consultation
 - d. Supervision
 - e. Teaching
 - f. Training
 - g. Research
 3. RELATIONAL COMPETENCE
 - a. Diversity
 - b. Relationships
 4. PROFESSIONALISM
 - a. Reflective Practice
 - b. Self-assessment
 - c. Self-care
 - d. Values and attitudes

5. ETHICAL PRACTICE
 - a. Application of the ethics code
 - b. Application of laws and rules
 - c. Ethical decision making
 6. SYSTEMS THINKING
 - a. Interdisciplinary relationships
 - b. Management
 - c. Advocacy
- **Supervision Task Force**
 - Working on a report
 - **Behavior Analysis**
 - There is an ASPPB position paper in the members only section of the website.
 - Consumer oriented paper was prepared as well.
 - **Joint Designation of programs with NRHSP**
 - Begin withdrawing from the joint-designation program
 - Only 22 of the listed programs are not APA or CPA approved programs.
 - NR was drifting in their philosophy about listing
 - Did not function as envisioned at the onset.
 - Did not help fulfill the mission of protecting the public
 - **CoA Accreditation**
 - ASPPB & GSPAS were invited to have major specific input on the process
 - Affirmation that APA/CPA accreditation is a MINIMAL requirement for entry to the field
 - **MOCAL Report**
 - white paper written on the issue in June
 - **Telepsychology Task Force Report**
 - Guidelines on the website
 - E-Passport idea, an attempt to allow for regulation of providers by telecommunications.
 - 90 feedback responses
 - **Working to create a Minimum Data Set**
 - How many Psychologists? Building a data base to answer questions about professional practice.
 - **Use of Volunteers**
 - A list of committees was distributed, along with a volunteers form.

Friday, October 18, 2013

CSI: Psychology: Custody, Scenarios and Investigations – Part 1

Keynote Address: “Custody and Related Issues:

www.californiaparentingcoordinator.com Sullivan

Very few cases are seen (1%) by psychologists (about ½ are custody), even fewer go to litigation; the fact that cases move in this directions suggest at least one party has issues that go against reason and favor the adversarial process and a tendency to grieve the results.

- **Custody Work**
 - In custody work there are many levels of review and various codes of ethics to which a psychologist must adhere
 - <http://www.afccnet.org/> publishes standards
 - **BIAS:**
 - procedural,
 - substantive, e.g., beliefs that things should be a certain way
 - confirmatory bias: the procedure and methods support the goal you set in advance.
 - Failure to adhere to scope

- Brief Focused Assessments (BFA): limited scope, could raise issues of sufficiency to of the procedures
 - Child interviewing (special skill)
- **Court-Involved Therapy**
- **Court involved Treatment:** MH professionals who provide help to family members involved in the legal system.
 - Legal processes impact treatment
- **Parenting coordinator:**
 - Multiple risks: competence, qualifications
 - Role confusion—e.g., PC does not do psychotherapy can't bill as therapy
 - Fees: avoid the debit column
 - Scope of role is defined
- **Tips for Regulators”:** Matthew Sullivan
 - Essentially, complaints come with the territory, careful and informed review is needed to not unduly burden the psychologist—look at issues of bias as identified above.
- **“Jurisdictional Variation in Dealing with Custody Complaints”**
 - [horrible examples from Michigan were reviewed]
- **Keynote Address on Investigations:** Darrel Crimmins Council on Licensure Enforcement and Regulation, <http://www.clearhq.org/>
 - it was useful to hear about the investigative process for informational purposes

Saturday, October 19, 2013

Legal, Ethical and Legislative Updates Dale Atkinson

-
- **BUSTED: Using Cease & Desist Orders”** Don Meck; Alex Siegel
 - Most often used by Boards against a person or organization to prevent them from practicing psychology without a license
 - Be sure to put the facts for the finding into the C&D order

Sunday, October 20, 2013

- **Evaluating the Pay-Out of Licensure of Non-Health Care Psychologists”**
 - Mark Nagy: I-O and Consulting psychologists, should not practice in the mental health arena
 - Likewise, a clinical psychologist should not practice in the realm of IO or Consulting psychologists
 - There is no APA accreditation for IO/Consulting programs
 - Continuing ed programs are few and far between for IO/C, and the “required” CE experiences may not be relevant.
 - Portability is also an issue as the business may span political boundaries, + rapid turn around, calls may originate from anywhere
 - Judith Blanton: The nature of IO/C work is different from HSP psychologists
 - Programs are very research focused
 - Supervision needs are different
 - No solid consensus on what specific skills and knowledge would be acquired
 - There is no internship in IO/C, although many students seek/arrange for internships
 - The work supervisor for recent graduates, is rarely a psychologist, much less a IO/C psychologist
 - Recommendations:
 - Have O/C psychologists on the board
 - Div 13 & 14 can make recommendations
 - Involve the broad range of psychologists

11:00 am Adjourn Fred Millán

Submitted to the Wisconsin Examining Board by Bruce R. Erdmann, Ph.D.

Page intentionally left blank

6. SUPERVISION

1) CAN A TRAINEE HAVE ONLY ONE SUPERVISOR?

No. In order for the trainee to have diversity in training, they may be supervised by several licensed psychologists with different levels of expertise. This is noted in [Psy 2.09 \(3\)\(a\)\(5\)](#). While the trainee can have several supervisors, the primary supervisor that is specified in [Psy 2.09\(3\)\(a\)\(2\) and \(3\)](#) will be the responsible party for the quality of the trainee's overall work.

2) WHEN DOCUMENTING THE NUMBER OF HOURS OF SUPERVISED EXPERIENCE, WHAT SERVICES COUNT TOWARD "FACE-TO-FACE CLIENT CONTACT HOURS" AND WHAT SERVICES COUNT TOWARD "DIRECT SERVICE HOURS"?

"Face-to-face client contact hours" are those spent working directly with your client. "Direct service hours" are those activities a psychologist performs that support the provision of face-to-face client contact hours. As described in [Psy 2.09\(3\)\(a\)\(9\)](#), examples of direct service hours include note and report writing, studying test results, case consultations and reviewing published works relating to the client's needs. Direct service hours do not include face-to-face client contact hours.

3) CAN A TRAINEE RECEIVE PAYMENT FOR SERVICES PROVIDED DURING HIS OR HER SUPERVISORY TRAINING PERIOD?

Per [Psy 2.09 \(3\)\(a\)\(8\)](#), "The trainee must inform potential clients in writing of his or her trainee status, lack of license, and of the possibility that insurance companies may not reimburse services rendered by the nonlicensed trainee. Fees for client services may neither be billed independently nor accepted by the trainee." Trainees may not direct bill or charge for services and receive payment directly, however this is not to say that the clinic in which they work can't bill for services and then pay the trainee as a service provider, with the caveat being that insurance carriers may choose not to reimburse for services provided by trainees. Please note that the Board does not regulate or provide information about billing/business practices, proper coding, etc. Professional associations and practice mentors are a more appropriate resource.

4) WHAT IS WITHIN THE SCOPE OF PRACTICE OF A PSYCHOLOGY TRAINEE/INTERN?

If the supervising licensed psychologist has sufficient training and experience in treatment of a particular disorder, they can train the resident intern in that area and the resident intern can provide those services (under supervision). See standards of supervised training outlined in [Ch. Psy 2.09](#) for additional information.

5) CAN SUPERVISION BE OBTAINED THROUGH AN OUTSIDE CONTRACT?

[Psy 2.09 \(3\)\(b\)](#) notes that Supervisors shall not be a relative by blood or marriage nor be involved in any other dual relationship which obliges the supervisor to the trainee. Paying a supervisor creates a dual relationship. Therefore, if a supervisor is in a paid contract with the trainee, this would create a dual relationship.

6) CAN UNLICENSED PERSONS PROVIDE PSYCHOLOGICAL SERVICES?

Under the exceptions listed in [Stats. 455.02 \(2m\)\(b\)](#) a person may provide psychological services as directed by a psychologist who has the power to direct, decide and oversee the implementation of the services provided. In this sense, the services would be provided under the license of the psychologist and therefore any discipline that would be raised against the unlicensed individual would be reflected under the license of the supervisor.

7. FEES/REFERRALS

1) FEE SPLITTING FOR REFERRALS – IS THIS ACCEPTABLE?

While the rules do not explicitly prohibit this, [Psy 5.01\(22\)](#) does provide guidelines as to the appropriate process for fee splitting. If the client is aware of the entire financial picture it is acceptable to charge a client directly for a referral and receive a kickback. By knowing the entire picture the client must know who is involved, how an amount is determined and the actual dollar figure.

2) ARE FEES AND FEE DISPUTES REGULATED BY THE PSYCHOLOGY EXAMINING BOARD?

No, the board does not intercede in disputes involving issues such as fee disputes. However, the Wisconsin Psychological Association's Professional Issues Committee and its Ombudsman do respond to inquiries regarding disputes between professionals, ethics concerns regarding psychologists who are WPA members, and issues such as fee disputes. See the "[Organizations](#)" page for information on the WPA.

8. ETHICS

- 1) IS THERE A REQUIREMENT FOR ME AS A CREDENTIALLED PROFESSIONAL TO REPORT UNPROFESSIONAL CONDUCT BY ANOTHER MEMBER OF MY OWN PROFESSION?

No. Child abuse must be reported, and the reporting of sexual abuse by a therapist must be discussed with the victim, but mandatory reporting of unprofessional conduct has not been added to the Code of Professional Conduct. There is a statute, section [440.042 \(2\)](#), that encourages people to report unprofessional conduct by a grant of civil immunity (“any person who in good faith ... provides the department or any examining board ... with advice or information on a matter relating to the regulation of a person holding a credential is immune from civil liability”) but a credential-holder is not subject to disciplinary action for failing to report unprofessional conduct by another.

- 2) CAN OUT OF STATE CREDENTIALS BE USED IN MARKETING MATERIALS SUBMITTED IN WISCONSIN?

Title protection language found in [Wis. Stats. 455.02](#) specifies that the use of the title “psychologist” or “licensed psychologist” requires the Wisconsin license. Likewise, [Psy 5.01\(1\)](#) contains standards for conduct in advertising. This appears to prohibit the use of out-of-state credentials in Wisconsin sales materials.

- 3) WHAT ARE THE CE REQUIREMENTS FOR THE CURRENT BIENNIUM?

Requirements for the current biennium can be found at the Board of Psychology's [Education Web Page](#) on the Department Website.

- 4) IS SUSPECTED ELDER ABUSE A MANDATED REPORTING REQUIREMENT?

No. Currently, it is discretionary. However, the duty to warn and protect remains relevant.

5) IS A PSYCHOLOGIST MANDATED TO REPORT SUSPECTED CHILD ABUSE OR NEGLECT IF THE INFORMATION IS OBTAINED FROM AN ALLEGED PERPETRATOR OR PERSON OTHER THAN THE ALLEGED CHILD VICTIM?

No. [Stats. 48.981 \(The Children's Code\)](#) mandates specific individuals including mental health professionals to report to the appropriate agency when, in the course of professional duties *with the child*, there is a reasonable suspicion that the child has been abused or neglected or has been threatened with abuse or neglect.

When the suspicion of child abuse or neglect is obtained from an alleged perpetrator or person other than the alleged child victim, a psychologist **MAY** report this suspicions without liability of the report is made in good faith. In addition, in accordance with two California Supreme Court rulings (1974 & 1976) a psychologist MAY have a duty to warn or protect victim or intended victim(s) or risk a negligence claim. Finally, most psychologists would consider such an action to fall within the [APA Ethical Principles of Psychologists and Code of Conduct \(2002\)](#) if there is reasonable suspicion that a child is currently being harmed or if that child or other children are still at risk of abuse or neglect.

6) IS A 14 YEAR OLD'S PERMISSION NEEDED BEFORE RECORDS CAN BE RELEASED, AND CAN A MINOR WHO IS 14 OR OLDER BLOCK RELEASE OF RECORDS?

No to both questions. While a child over 14 may release mental health records, the parents also retain the ability to release and access records, even without the child's permission, unless denied periods of physical placement after divorce as stated in [Stats. Ch. 767 \(Actions Affecting the Family\)](#). Under statutes [51.30\(5\)\(a\)](#) and [48.396\(1b\)](#), either a child over the age of 14 or his/her parents or legal guardian may release records without the signed release of the other. Thus, a child 14 or older cannot deny a parent access to his/her mental health records or prevent release of these records, unless that parent has been denied periods of physical placement. Parents may certainly be asked to respect confidentiality but cannot legally be denied access to records (even if it is not in the child's best interests) without a court order.

Under [Stats. 51.47 \(2\)](#) a health care provider or outpatient facility may only release records regarding outpatient, or detoxification, drug or alcohol services WITH the consent of a minor patient, provided the minor is 12 years of age or older