



LSBEP Newsletter

Kelly Parker, Editor

2015

VOLUME 28 NUMBER 1

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MP

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REGULATORY BODIES AND PROFESSIONAL ORGANIZATIONS

The Louisiana State Board of Examiners of Psychologists (LSBEP) is a regulatory body, established under the laws of the State of Louisiana. Its primary roles are to protect the public and to regulate the practice of psychology through licensure and maintenance of competence of individuals qualified under its statutes and rules. Members of the Board are appointed by the Governor and are subject to confirmation by the Louisiana (LA) Senate.

By contrast, the Louisiana Psychological Association (LPA)* is a professional organization. Primary roles of LPA include advocating on behalf of the profession, promoting ongoing professional development through the provision of conferences and workshops, and offering opportunities for networking across the profession. Membership in a professional association is voluntary, subject to the rules of membership established by the organization. Membership in a professional organization is not required for licensure or for service on the Board.

In short, LSBEP represents the public interests while LPA represents member interests. While the interests of the two groups may overlap—for example, both groups have offered continuing professional development—their roles often diverge. For example, LPA may provide testimony for or against proposed legislation. LSBEP cannot; LSBEP's role is strictly to provide information regarding the potential impact of pending legislation. In practice, this means that a member of LPA may submit a "red" or a "green" card at a legislative committee meeting and testify for or against proposed legislation. LSBEP is restricted to submitting a "white" card, indicating that it is willing to provide information on the impact of the potential legislation on the public. If a legislator offered a bill proposing, for example, that all psychologists obtain 1 hour of continuing education every year on child custody evaluations, LPA might choose to testify before or against such legislation. LSBEP's testimony, on the other hand, would be more likely to discuss the effect this legislation would have on licensees and the public; i.e. would it be beneficial or not? LSBEP might argue that since not all psychologists do child custody evaluations, it would be of little benefit to the public to have psychologists trained in I/O, experimental, etc. receive such training. Similarly, LPA is permitted to lobby the legislature; it may hire a lobbyist for this role. LSBEP is not permitted to lobby and has no paid lobbyist. LSBEP does employ three attorneys, but their roles are to serve as prosecuting attorneys in the case of disciplinary actions and to provide legal counsel to the board on pending disciplinary and legal matters.

Another key difference between the two groups is the way in which communications, including meetings are handled. While professional organizations may establish their own rules regarding the conduct of meetings or the sharing of information via emails, publications, etc., the Board is subject to the laws of the State of Louisiana. A few of the most important aspects of these are the requirements that all meetings (defined for LSBEP as 3 or more members for the full Board and 2 or more for committees) must be noticed in advance. Only Board members in attendance may vote on matters, and Board members may not discuss matters over email or on conference calls. Board members are required to maintain confidentiality about matters related to individual licensees, including any information received in the application process or in disciplinary procedures—unless disciplinary actions are publicly noticed. While good group dynamics emphasizes simple communication processes, the rules and laws governing LSBEP constrain communications to a more formal level.

Both the regulatory body and the professional organization play important, complementary roles in the lives of psychologists. As always, the Board works to promote a positive exchange of information with all three of LA's psychological organizations.

*For simplicity sake, I chose LPA as the referent professional organization. Most of the comments would also apply to LAMP or LSPA.

Rita R. Culross, Ph.D.
Board Chair

WORKING WITH THE LOUISIANA BEHAVIOR ANALYST BOARD

It's been a year and a half since the Louisiana Behavior Analyst Board [LBAB] was first established. We are happy to report that the LSBEP and LBAB are maintaining a successful working relationship with regard to sharing resources. Dr. Zimmermann serves on LBAB as the LSBEP ex-officio member and provides updates to the LSBEP at the monthly meeting.

NOTICE!!

Rule Changes

On February 20, 2015, the Board noticed the intent to promulgate rules for:

- Emeritus continuing education requirements;
- Provisionally licensed psychologists; and
 - Licensed Specialists in School Psychology.

You can view the notices at www.doa.louisiana.gov or on our website under "Rulemaking". If you wish to comment on any of the above proposed rules, please submit your comments in writing, via U.S. mail, by March 23, 2015 at 12 noon.

MYTHS ABOUT THE BOARD

There are many “myths” about the Board. I compare it to the telephone system using the soup cans...you never hear the right information because some only hear what they want to hear. Here are 5 common myths about the Board – debunked!

Myth #1: *The Board is slow to process complaints.* Complaints are typically resolved between 6-12 months after the initial complaint is filed. The respondent psychologist is afforded due process and has the opportunity to respond to the allegations. Typically, the respondent has 30 days to respond, however, this deadline may be extended depending on the situation, which often causes a delay in processing. After the response is filed, a full investigation is completed. Complaints which concern repeat offenders, numerous allegations of violations, or those that involve voluminous records to review (quite often, forensic cases), may not be resolved as quickly as others.

Myth #2: *The Board is influenced by certain associations.* The Board recognizes that there are 3 psychological associations in Louisiana: LPA, LAMP and LSPA. The Board welcomes input from all 3 associations regarding important issues that impact psychology. All 3 associations are polled for input, which can be proven with the Provisional Licensure Task Force, Licensed Specialist in School Psychology Task Force and as most recently evident in the newly formed Professionalism Task Force.

Myth #3: *The Board is not transparent.* The Board is transparent by providing and updating the website with current information, answering telephone questions, providing E-mail blasts of important information, providing quarterly newsletters, conducting meetings in accordance with Open Meeting Laws, and posting its minutes on the website. Public bodies must only keep written minutes consisting of:

- Date, time and place of meeting
- Members present or absent.
- Substance of all matters decided; and record or roll call of the individual votes of members’ vote if a member requests such.
- The minutes and audio or videotapes are public records and must be made available within a reasonable time after a meeting.

The Board is fully compliant with the requirements listed above. The minutes are posted after they are approved at the following Board meeting. Lastly, the psychologist community is encouraged to attend monthly meetings.

Myth #4 – The staff have inordinate sway over Board decisions. Staff members are invaluable as a point of resource when providing information regarding policies, procedures and previous Board decisions. Board staff assists by providing information, which ultimately may help the Board, reach a final decision.

Myth #5 – Medical Psychologists have an ethical conflict when serving on the Board. Each board member, even the dually licensed members, have rendered service, teaching, training, or research in psychology for at least five years, and are licensed under the LSBEP. If a Board member has or chooses to obtain an additional license, as a medical psychologist, that does not impact the LSBEP authority. This is no different than a psychologist choosing to obtain a behavior analyst license. This is also no different than a psychologist choosing to obtain any other additional license. Bottom line, anyone eligible for Board appointment is regulated and licensed under the LSBEP – period. I have *never* witnessed any pressure on the LSBEP from a Board member that is dually licensed as a medical psychologist.

In conclusion, the Board encourages psychologists to get the right information from the correct source – the LSBEP. We encourage you to come to the Board meetings and witness what we are doing for psychology and to protect the public for yourself!

PROFESSIONALISM-WHY DO WE CARE?

Professionalism is very important for many reasons. The LSBEP has formed a Professionalism Task Force to study the issue further. The members of the task force are: Marc Zimmermann, Ph.D., MP (LSBEP), K. Chris Rachal, Ph.D., MP (LAMP), Kim Van Geffen, Ph.D. (LPA) and Amy Childress, Ph.D. (LSPA). The first meeting is scheduled for **Friday, March 6 at 1:00 p.m.**

Here are a few things to consider when you hear the word “professionalism”:

- **Credibility** –It is important to be credible and competent to one’s peers; outside of psychology and among other professionals our professional behavior is a key factor in how others view our profession.
- **Lack of awareness** – We may have personal perspectives that keep us from acting professional.
- **Lack of commitment** – We should promote professionalism of psychologists because if not, it may be easier to drift away from competent/professional behavior. It may also let others continue to abuse the system and others.
- **How do others handle this topic?** FARB Model Code of Conduct, Canada Professional Code of Conduct, Other state rules (Oregon, etc.)

The Board expects the applicants and licensees to conduct their business in a professional manner at all times. It only takes one bad apple, and the attitude and behavior of an individual psychologist reflects upon the profession as a whole that the LSBEP regulates.

Continued Professional Development (CPD)

The Board would like to send a friendly clarification for psychologists regarding CPD. For the reporting period that began July 1, 2014 and for the period that begins on July 1, 2015, psychologists shall obtain 30 hours of CPD in at least 2 of the nine categories and at least 2 hours in ethics/forensics. The online system is updated and you can log the new CPD as early as today! The paper Verification form will be reviewed at the February 27th meeting and should be available soon. We would also like to clarify that your 40-hour requirement does not begin until July 1, 2016 and July 1, 2017.

The Board also believes its necessary to clarify the Emeritus CPD issue. To date, the requirements are not final. The notice will be published in the February 20th Louisiana Register. The Board understands and appreciates that the Emeritus psychologists will need to time to obtain CPD. Therefore, the modification provides for an exemption for Emeritus licenses through 2015 and 2016. Emeritus licensees who hold an odd license shall begin accruing continuing education hours on July 1, 2015 and shall report by June 30, 2017. Emeritus licensees who hold an even license shall begin accruing continuing education hours on July 1, 2016 and shall report by June 30, 2018.

The Board is discussing an orientation/workshop on the new CPD rules for the community. Lastly, the Board would like to encourage everyone to contact the Board office for accurate information regarding CPD or any other issue.

LOUISIANA TELEPSYCHOLOGY GUIDELINES

Effective 1/1/2015



Purpose of guidelines: To facilitate the process for licensed psychologists to provide telepsychology services to residents of Louisiana.

Telepsychology: The practice of psychology which includes assessment, diagnosis, intervention, consultation or information by psychologist using interactive telecommunication technology that enables a psychologist and a client, at two different locations separated by distance to interact via two-way video and audio transmissions simultaneously. Telepsychology is not a separate specialty. If the use of technology is clearly administrative purposes, it would not constitute telepsychology under these guidelines.

The Appropriate Use of Telepsychology

Psychologists recognize that telepsychology is not appropriate for all problems and that the specific process of providing professional services varies across situation, setting and time, and decisions regarding the appropriate delivery of telepsychology services are made on a case-by-case basis. Psychologists have the necessary professional and technical training, experience, and skills to provide the type of telepsychology that they provide. Psychologists are encouraged to maintain their competence in this area via appropriate continuing education. They also can adequately assess whether involved participants have the necessary knowledge and skills to benefit from those services. If the psychologist determines that telepsychology is not appropriate, they inform those involved of appropriate alternatives

Legal and Ethical Requirements

Psychologists recognize that the provision of Telepsychology is not legally prohibited by local or state laws and regulations (supplements 2002 APA Ethics Code Sec. 1.02). Psychologists are aware of and in compliance with Louisiana psychology licensure laws and rules.

Responsibilities of the Licensed Psychologist:

Professional and Patient Identity and Location: at the beginning of a Telepsychology service with a client, the following essential information shall be verified by the psychologist:

Psychologist and Client Identify Verification: The name and credentials of the professional and the name of the patient shall be verified.

Provider and Patient Location Documentation: The location where the patient will be receiving services shall be confirmed and documented by the psychologist. Documentation should at least include the date, location, duration and type of service.

Secure Communications/Electronic Transfer of Client: Psychologists, use secure *HIPAA/HITECH* compliant communications.

Non-secured communications: Obtain consent for use of non-secured communications. In cases of emergency, non-secured communications may be used with the consent of the patient and/or at the discretion of the psychologist based on clinical judgment



Non-secured communications: Obtain consent for use of non-secured communications. In cases of emergency, non-secured communications may be used with the consent of the patient and/or at the discretion of the psychologist based on clinical judgment

Informed Consent: A thorough informed consent at the start of all services shall be performed. The consent should be conducted in real-time. Local, regional and national laws regarding verbal or written consent shall be followed. The consent should include all information contained in the consent process for in-person care including confidentiality and the limits to confidentiality in electronic communication; an agreed upon emergency plan, particularly in settings without clinical staff immediately available; the potential for technical failure, process by

Privacy: Efforts shall be made to ensure privacy so clinical discussion cannot be overheard by others either inside or outside of the room where the service is provided. Further, psychologists review with clients their policy and procedure to insure privacy of communications via physical, technical, and administrative safeguards.

Emergency Management:

Psychologists shall have an Emergency Management plan in case of emergency in a telepsychology session. The psychologist's plan should include such things as: patient safety, information for patient support person, uncooperative patients and identifying local emergency personnel.

In an emergency situation with a patient, psychologists will follow the normal clinical emergency protocols. In the event of an emergency, a patient has to consent to a voluntary support system. In cases where a patient refuses to consent, emergency procedures will be followed using the pre-identified resources available at the remote site and permitted by prior consent / agreement of the client.

Recordkeeping

Psychologists insure that documentation of service delivery via telepsychology is appropriately included in the clinical record (paper or electronic). Further, psychologists insure the secure destruction of any documents maintained in any media of telepsychology sessions and in accordance with APA guidelines, and all federal, state, and local laws and regulations.

Service Delivery

Psychologists are responsible for insuring that any services provided via electronic media are appropriate to be delivered through such media without affecting the relevant professional standards under which those services would be provided if delivered in person. It is recommended that the initial interview/assessment occur in-person. However if conducted via telepsychology then the psychologist is responsible for meeting the same standard of care.

This also includes but is not limited to reliability and validity of psychometric tests and other assessment methods; and consideration of normative data for such psychometric / assessment tools; maintaining conditions of administration. When providing therapeutic interventions, psychologists insure that the modality being used is appropriate for delivery through electronic media and is appropriate for delivery to individuals, groups, and/or families/couples as indicated.

Psychologists reassess appropriateness of the use of telepsychology throughout the course of contact with the patient.



Limitations

Any service that would require the psychologist to personally interact with, touch, and/or examine the client may not be suitable for telepsychology. Examples may include but not be limited to the sensory-perceptual examinations of some neuropsychological assessments; and examination of the client for signs of movement disorders like the AIMS and Simpson-Angus exams. Psychologists must insure that the integrity of the examination procedure is not compromised through the use of telepsychology.

Cultural Competence

Psychologists are encouraged to reflect on multicultural issues when delivering telepsychology services to diverse clients.

Complaints

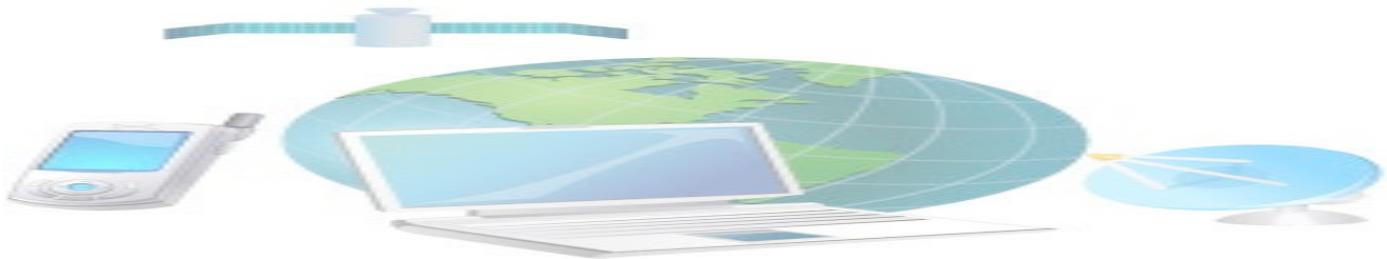
If any complaint arises and the psychologist was using telepsychology, then whether they used it properly would be part of the investigation of the overall complaint.

References:

APA Ethical Principles and Code of Conduct (2010).

APA (2013). Guidelines for the practice of telepsychology, *American Psychologist*, 68, 791–800. doi: 10.1037/a0035001.

American Telemedicine Association (2013). Practice guidelines for video-based online mental health services. (Available at www.americantelemed.org).



DISCIPLINARY ACTION REPORT 7/1/13 - 6/30/14

- Total number of Request for Investigations received: 11
 - Total number of Open Investigations: 4
 - Total number of cases closed: 7
 - Total number of Non-Psychologist Cases: 2
 - Total number of IPPA: 0
 - Disciplinary Actions 2013-2014: 3

Media / Public Information Policy

Effective 1/16/2015



Scope

This policy pertains to requests from the public and the professional media to the Louisiana State Board of Examiners of Psychologists (herein after referred to as LSBEP or Board), its members, and its staff.

Intent

This policy is not intended to curtail, circumvent, or in any other manner prohibit the public and media from making legitimate requests for defined public information from the Board. Nor does this policy exempt the Board from compliance with state laws/regulations governing public access to documents and proceedings under the public records law as cited in R.S. 44:1 etseq; or the open meetings law cited in R.S. 42:11 etseq.

The intent of this policy is to preserve legitimate public access to information while at the same time insuring that such information is as accurate as possible. It is also intended to insure that the Board provides the public and media consistency in its release of information to avoid the potential for misinformation, contradictory statements, or other avenues for misinterpretation.

It should also be recognized that no one member or staff of the Board can represent or speak for the Board unless authorized to do so by the Board. In addition, the Board is a regulatory body empowered by the state to grant a license to practice psychology; regulate the practice of psychology; and to take defined actions against anyone who violates the law governing the practice of psychology. Based on these statutory responsibilities and the need to remain impartial when making decisions, it is critical that the Board not engage in unauthorized communications with the public or media that could in the future, compromise the Board's ability to make decisions regarding granting a license to practice, renewing a license to practice, or taking action against a licensee or non-licensee who violates the scope of psychology practice law.

Policy

In order to preserve the status of the Board as an unbiased regulatory body; to avoid any potential or unforeseen compromise to the integrity of the Board; and to prevent or minimize risks to any possible future actions taken by the Board as a regulatory authority under the law, the following positions are hereby adopted:

- Information that is publicly available is accessible through the Board's website.
- Public information about Board meetings is posted on the Louisiana State Boards and Commissions website. This includes agendas of upcoming and past meetings as well as minutes of past meetings. In addition, the Board holds a public hour at each of its announced meetings inviting the public to attend and observe the open section of the meeting as well as provide comments when invited to do so by the Chair. When attending Board meetings, the public / media are expected to adhere to the restrictions on public / media participation defined in R.S. 42:17(C).

Media/Public Information Policy (Continued)



- Other publicly available information can be accessed through appropriate filing of freedom of information (FOI) requests. Such requests must comply with FOI rules and the Board reserves the right to seek legal counsel when responding to such requests.
- No member of the Board is authorized to speak for the Board. Therefore, members of the Board should not be contacted by the public/media to discuss any matters that could come before the Board in due course as a regulatory body. No member of the Board can offer the public /media any opinions or consultations on real or 'hypothetical' scenarios as this could compromise the integrity of the Board in any future action related to such a scenario. The Board, however, welcomes inquiries from the public/media on practice issues if submitted in writing for discussion by the Board in its official capacity.
- Staff of the Board similarly is not authorized to speak for the Board. Staff may only provide information of a factual nature to the public/media on Board policy and procedure that is already publicly available through the Board's website or through the referential state statutes and regulations from which the Board derives its operational authority.
- As a general rule, Board members and staff are not authorized to grant interviews to the media. Exceptions to this rule would require a formal decision by the Board on a case-by-case basis. However, the Board can be invited to provide a position statement in response to a written question on a defined specific question from the public/media. The Board must review such a request formally before any response can be issued, and may include a response of 'no comment'.

2015 Legislative Session Alert

The 2015 Legislative Session will open on Monday, April 13, 2015 and is scheduled to end on June 11, 2015 no later than 6:00 p.m. You can search the legislative website for proposed legislation and to find your State Senator and State Representative at: www.legis.la.gov.com.



Medical Psychology Supervision

12/17/2014

Guidance for Medical Psychologists – During its 2014 session, the Louisiana Legislature established two (2) new categories of providers who are licensed and regulated by the Louisiana State Board of Examiners of Psychologists (LSBEP). As to each, the laws provide a supervisory relationship with a psychologist or medical psychologist (MP). Specifically, Act 136 established *licensed specialists in school psychology (LSSP)*; Act 137 created *provisionally licensed psychologists (PLP)*.

A **LSSP** is defined as an individual:

Who applies his knowledge of both psychology and education during consultation and collaboration with others and engages in specific services for students, such as direct and indirect interventions that focus on academic skills, learning, socialization, and mental health. La. R.S. 37:2352(4).

A LSSP who practices as such but is “working outside of the school system” is required to do so under the clinical supervision of a Louisiana licensed psychologist or MP, who is “administrative, clinically, and legally responsible for all professional activities of the licensed specialist in school psychology . . . and shall be required to sign any final reports. . .” La. R.S. 37:2356.2.B (1)(b).

A **PLP** is defined as an individual who is:

Provisionally licensed under this Chapter. La. R.S. 37:2352(7).

A PLP is required to maintain a relationship with a licensed psychologist or MP for purposes of clinical supervision. An MP who has entered into such a relationship “shall have legal functioning authority of the professional activities of the PLP.” La. R.S. 37:2356.2.D.

The LSBEP adopted emergency rules for PLP, which prescribe the supervisory obligations. (*La. Reg. Vol. 40, No. 8, pp. 1474-1477 (Aug. 2014)*). It is likely that rules prescribing obligations for supervisors of LSSP will be issued in due course.

While the LSBEP has no regulatory authority over MPs who do not maintain their license with the LSBEP, the supervisory requirements imposed upon LSSP and PLP by the law and any LSBEP regulations must be met in order for these individuals to lawfully practice their profession. With that in mind, the Board would consider it the professional obligation of any MP who undertakes the supervision of an LSSP or PLP to be aware of and comply with the obligations imposed on such supervisors by law and LSBEP rules. Failure to provide such supervision would work to the detriment of the LSSP or PLP (and clients), who could also be found to be engaged in an improper practice for lack of supervision.

In short, while there may little occasion for an MP to serve as a supervisor for a LSSP or a PLP, an MP who does so should comply with the supervisory obligations imposed by law and LSBEP regulations. To do otherwise may be viewed by the (Medical) Board as unprofessional conduct or having a professional association with an improper practitioner, which could give rise to disciplinary investigation and/or action by the (Medical) Board.



Supreme Court Ruling Could Limit Medical Board Authority

Robert Lowes
February 25, 2015

State medical boards may find it harder to fence off the practice of medicine from nonphysicians — think nurse practitioners — in the wake of today's Supreme Court decision in a case about teeth whitening.

In a 6–3 vote, the high court ruled that North Carolina's dental board violated the Sherman Antitrust Act when it shut down nondentists who were whitening teeth in malls and beauty shops because the board, composed mostly of practicing dentists, was not actively supervised by the state. Active supervision, the court said, would have shielded the board from a Sherman violation.

"[The Sherman Act] does not authorize the states to abandon markets to the unsupervised control of active market participants, whether trade associations or hybrid agencies," the court said, upholding a move by the Federal Trade Commission (FTC) to block the dental board's actions in the name of fair competition.

The American Medical Association (AMA) and other medical societies had asked the Supreme Court to hear the case — and uphold the decision of the North Carolina dental board — in light of the antitrust implications for state medical boards. "If state licensing decisions are subject to invalidation by federal agencies with no particular expertise in the healing arts, then those federal agencies will become the final arbiters of matters of public safety, tasks that they are ill-equipped to perform," the AMA and its allies stated.

The medical societies warned that if the FTC got its way, medical boards might be loathe to crack down on nonphysicians engaged in "the illegal practice of medicine" for fear of triggering an antitrust suit. They cited the example of nurse practitioners who provide services that were beyond their qualifications without any physician supervision.

Rallying behind the FTC in the Supreme Court case were the American Nurses Association, the American Association of Nurse Practitioners, the American Association of Nurse Anesthetists, the American College of Nurse Midwives, and the National Association of Clinical Nurse Specialists. In a friend-of-the-court brief, these associations said that active state supervision was needed for physician-dominated medical boards because they have a history of unfairly limiting the scope of practice for nurses.

The AMA did not respond to a request for a comment.



New Jersey Appellate Division Holds That Applicants for a Professional License Need Not Exhibit an Intent To Deceive In Order To Have Their License Application Denied Due To Misrepresentation

Posted on: Tuesday, October 7, 2014

The Appellate Division recently issued a decision in which it found that an applicant's failure to disclose information on their application for a license could be denied based on a finding that their application contained a misrepresentation, even if the failure to disclose was unintentional. In Matter Of Y.L., an applicant for a license as a massage and bodywork therapist had been arrested on prostitution charges some years prior to her application for New Jersey licensure. The charges were later dismissed. When the applicant applied for New Jersey licensure, she swore that she had never been arrested for any crime or offense. When the licensing board discovered this, the applicant indicated that she had misread the application, that English was not her first language, and that she had not engaged in prostitution. She argued that in order to have her license denied based on misrepresentation, the board was required to show that she had an "intention to deceive." The Appellate Division rejected her argument, finding that the failure to disclose the information constituted at least negligent misrepresentation, and could be used as a basis to deny her application. The Appellate Division referenced an earlier decision in which a pharmacy applicant's request to participate in the Medicaid program was denied because the applicant failed to disclose that one of its employees had entered a guilty plea to a drug possession charge. We reported on that development [here](#). The K.L. decision serves as an important reminder of the need for full and honest disclosure on professional licensure applications.



West Virginia: proposal to create Health Professions Board

West Virginia **House Bill 2239** proposes the establishment of a Board of Health Professions to provide consolidated administrative functions to the health regulatory boards, including the boards of medicine, dentistry, pharmacy, nursing, optometry, chiropractic, veterinary medicine, medical imaging and 16 others. The stated goal of the proposal is to increase efficiency and consistency. The Board of Health Professions would also be responsible for receiving and investigating complaints. The Board would include one member from the membership of each of the health regulatory boards and five lay members appointed by the Governor.

North Carolina Board of Opticians: insufficient operating funds

A state audit has revealed that the North Carolina Board of Opticians will not have sufficient funds to operate through 2015. Since 2009, the board has been operating at an annual net loss and has now depleted cash reserves. Licensing fees, which support the board's operation, have not been raised since 2004. The audit report suggests that lawmakers increase the fees or combine the board with another regulatory board to reduce overhead costs. The board's executive director notes that the services the board is required to provide cost more than current fees can cover.

Reminder: Specialty Areas & Re-specialization

The Board would like to remind psychologists that if you are interested in re-specializing in an applied area such as clinical, counseling psychology, clinical neuropsychology, school psychology, or industrial-organizational psychology, you must make a request to the Board and provide documentation of necessary training/education. You must also successfully pass an oral examination in the area of re-specialization in order to use the specialty title. For more information about requirements, you should refer to LAC Title 46, Part LXIII. Psychologists, Chapter 3 Training and Credentials, Section 305 Specialty Areas.



LSBEP 2015-2020 Board Seat

The following election results are certified by Simply Voting to have been securely processed and accurately tabulated by our independently managed service. We conducted a standard review of the Activity Log and did not find any anomaly in organizer or voter activity.

Beverly A. Stubblefield, Ph.D.	176
Koren Boggs, Ph.D.	132
Jesse D. Lambert, Psy. D.	71

VOTER SUMMARY

Total	394
Abstain	15

CONDOLENCES

To the family, friends, and colleagues of Dr. Sam Thomas, the Louisiana State Board of Examiners of Psychologists wishes to express its sincere condolences for your loss. His contribution to the psychological community will be greatly missed.

The Statutory Reference Guide Compilation has been updated. Please review the new version for updated materials, at

www.lsbep.org

UPCOMING BOARD MEETING DATES:

March 13th
April 24th
May 29th

**PUBLIC HOUR BEGINS
AT 1:00 PM**

50th Anniversary Celebration



Dr. Rita Culross, Dr. Joseph Comaty, Dr. Marc Zimmermann, former Governor Edwin Edwards, Dr. Darla Burnett, and Ms. Kelly Parker

On Friday, November 21, 2015, the LSBEP celebrated its 50th anniversary. We are very thankful and grateful to have shared the evening with past Board members and former Governor Edwin Edwards, who was one of the original authors of the psychology practice act.



Dr. Lee Matthews, Dr. Joseph Comaty, Dr. Janet Matthews, Former Governor Edwin Edwards, Dr. Darlene Nameth, Dr. Beverly Stubblefield, and Dr. Greg Gormanous

New Licensees

Issued October 3, 2014

Ilore dickey, Ph.D. (CO) #1293
Sarah Gray, Ph.D. (CL) #1292
Anna Long, Ph.D. (SC) #1291
Brian Mizuki, Psy. D. (CN) #1294
Fernando Pastrana, Jr., Ph.D. (CL) #1295

Issued November 20, 2014

Christiane Creveling, Ph.D. (SC) #1296
James Giddens, Psy.D. (CL) #1300
Brandon Richard, Ph.D. (SC) #1299
Lauren Robinson, Psy.D. (CL) #1297
Shawanda Woods, Psy.D. (CL) #1298

Issued December 19, 2014

Stephen Anen, Ph.D. (CL) #1303
John Blaze, Ph.D. (SC) #1301
LeSajeane Jennings, Psy.D. (CL) #1305
Laura Niditch, Ph.D. (CL) #1306PL
James Underhill, Ph.D. (CL) #1302
Krystin Wessner, Psy.D. (CL) #1304

Issued January 16, 2015

Courtney Baker, Ph.D. (CL) #1307
Royce Butler, Psy.D. (CL) #1308
Matthew Holcomb, Ph.D. (CN) #1310
Jennifer Hughes, Ph.D. (CL) #1313PL
Leila Miller, Ph. D. (SC) #1309
Mandi Musso, Ph.D. (CL) #1311PL
Victoria Tomassetti-Long, Ph.D. (CL) #1312PL