

NEW MEXICO STATE BOARD OF PSYCHOLOGIST EXAMINERS



**Professional Psychologist Act
Chapter 61, Article 9
NMSA 60-9-1 through 60-9-19
Pages 1-14**

**Title 16, Chapter 22 NMAC
Occupational and Professional Licensing
Psychologist and Psychologist Associates
16.22.1 NMAC through 16.22.30 NMAC
Pages 15-100**

Regulation and Licensing Department
Boards and Commissions Division
P.O. Box 25101
Santa Fe, NM 87504
(505) 476-4622

http://www.rld.state.nm.us/boards/Psychologist_Examiners.aspx

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**New Mexico State Board of
Psychologist Examiners
CHAPTER 60, ARTICLE 9
Professional Psychologist Act**

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ARTICLE 9 Psychologists

61-9-1. Short title. (Repealed effective July 1, 2022.)

[Chapter 61, Article 9](#) NMSA 1978 may be cited as the "Professional Psychologist Act".

61-9-2. Legislative findings and purpose. (Repealed effective July 1, 2022.)

A. The legislature finds that the practice of psychology affects the public health, safety and welfare and that appropriate regulation is necessary to protect the public.

B. It is the purpose of the Professional Psychologist Act to insure that the public is adequately protected from the practice of psychology by unqualified persons and from unprofessional conduct by persons licensed to practice psychology.

61-9-3. Definitions. (Repealed effective July 1, 2022.)

As used in the Professional Psychologist Act:

A. "board" means the New Mexico state board of psychologist examiners;

B. "conditional prescription certificate" means a document issued by the board to a licensed psychologist that permits the holder to prescribe psychotropic medication under the supervision of a licensed physician pursuant to the Professional Psychologist Act;

C. "person" includes an individual, firm, partnership, association or corporation;

D. "prescribing psychologist" means a licensed psychologist who holds a valid prescription certificate;

E. "prescription certificate" means a document issued by the board to a licensed psychologist that permits the holder to prescribe psychotropic medication pursuant to the Professional Psychologist Act;

F. "psychotropic medication" means a controlled substance or dangerous drug that may not be dispensed or administered without a prescription and whose primary indication for use has been approved by the federal food and drug administration for the treatment of mental disorders and is listed as a psychotherapeutic agent in drug facts and comparisons or in the American hospital formulary service;

G. "psychologist" means a person who engages in the practice of psychology or holds himself out to the public by any title or description of services representing himself as a psychologist, which incorporates the words "psychological", "psychologist", "psychology", or when a person describes himself as above and, under such title or description, offers to render or renders services involving the application of principles, methods and procedures of the science and profession of psychology to persons for compensation or other personal gain;

H. "practice of psychology" means the observation, description, evaluation, interpretation and modification of human behavior by the application of psychological principles, methods and procedures for the purpose of preventing or eliminating symptomatic, maladaptive or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health and mental health, and further means the rendering of such psychological services to individuals, families or groups regardless of whether payment is received for services rendered. The practice of psychology includes psychological testing or neuropsychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, behavior analysis and therapy;

diagnosis and treatment of any mental and emotional disorder or disability, alcoholism and substance abuse, disorders of habit or conduct and the psychological aspects of physical illness, accident, injury and disability; and psychoeducational evaluation, therapy, remediation and consultation; and

I. "school" or "college" means a university or other institution of higher education that is regionally accredited and that offers a full-time graduate course of study in psychology as defined by rule of the board or that is approved by the American psychological association.

61-9-4. Criminal offender's character evaluation. (Repealed effective July 1, 2022.)

The provisions of the Criminal Offender Employment Act [[28-2-1](#) to [28-2-6](#) NMSA 1978] shall govern any consideration of criminal records required or permitted by the Professional Psychologist Act.

61-9-4.1. License required. (Repealed effective July 1, 2022.)

Unless licensed to practice psychology under the Professional Psychologist Act, no person shall engage in the practice of psychology or use the title or represent himself as a psychologist or psychologist associate or use any other title, abbreviation, letters, signs or devices that indicate the person is a psychologist or psychologist associate.

61-9-5. State board of examiners; psychology fund. (Repealed effective July 1, 2022.)

A. There is created a "New Mexico state board of psychologist examiners". The board shall be administratively attached to the regulation and licensing department. The board shall consist of eight members appointed by the governor who are residents of New Mexico and who shall serve for three-year staggered terms. The members shall be appointed as follows:

(1) four members shall be professional members who are licensed under the Professional Psychologist Act as psychologists. The governor shall appoint the professional members from a list of names nominated by the New Mexico psychological association, the state psychologist association and the New Mexico school psychologist association;

(2) one member shall be licensed under the Professional Psychologist Act as a psychologist or psychologist associate; and

(3) three members shall be public members who are laymen and have no significant financial interest, direct or indirect, in the practice of psychology.

B. A member shall hold office until the expiration of his appointed term or until a successor is duly appointed. When the term of a member ends, the governor shall appoint his successor for a term of three years. A vacancy occurring in the board membership other than by expiration of term shall be filled by the governor by appointment for the unexpired term of the member. The governor may remove a board member for misconduct, incompetency or neglect of duty.

C. All money received by the board shall be credited to the "psychology fund". Money in the psychology fund at the end of the fiscal year shall not revert to the general fund and shall be used in accordance with the provisions of the Professional Psychologist Act. The members of the board may be reimbursed as provided in the Per Diem and Mileage Act [[10-8-1](#) through [10-8-8](#) NMSA 1978], but shall receive no other compensation, perquisite or allowance.

61-9-5.1. Actions of board; immunity; certain records not public records. (Repealed effective July 1, 2022.)

A. A member of the board or person working on behalf of the board shall not be civilly liable or subject to civil damages for any good faith action undertaken or performed within the proper functions of the board.

B. All written and oral communications made by a person to the board relating to actual or potential disciplinary action shall be confidential communications and are not public records for the purposes of the Inspection of Public Records Act [Chapter 14, Article 2 NMSA 1978]. All data, communications and information acquired by the board relating to actual or potential disciplinary action shall not be disclosed except:

- (1) to the extent necessary to carry out the board's functions;
- (2) as needed for judicial review of the board's actions; or
- (3) pursuant to a court order issued by a court of competent jurisdiction.

C. Notwithstanding the provisions of Subsection B of this section, at the conclusion of an actual disciplinary action by the board, all data, communications and information acquired by the board relating to an actual disciplinary action taken against a person subject to the provisions of the Professional Psychologist Act shall be public records pursuant to the provisions of the Inspection of Public Records Act.

61-9-6. Board; meeting; powers. (Repealed effective July 1, 2022.)

A. The board shall, annually in the month of July, hold a meeting and elect from its membership a chairman, vice chairman and secretary-treasurer. The board shall meet at other times as it deems necessary or advisable or as deemed necessary and advisable by the chairman or a majority of its members or the governor. Reasonable notice of all meetings shall be given in the manner prescribed by the board. A majority of the board constitutes a quorum at a meeting or hearing.

B. The board is authorized to:

(1) adopt and from time to time revise such rules and regulations not inconsistent with the law as may be necessary to carry into effect the provisions of the Professional Psychologist Act. The rules and regulations shall include a code of conduct for psychologists and psychologist associates in the state;

(2) adopt a seal, and the administrator shall have the care and custody of the seal;

(3) examine for, approve, deny, revoke, suspend and renew the licensure of psychologist and psychologist associate applicants as provided in the Professional Psychologist Act;

(4) conduct hearings upon complaints concerning the disciplining of a psychologist or psychologist associate; and

(5) cause the prosecution and enjoinder of persons violating the Professional Psychologist Act and incur necessary expenses therefor.

C. Within sixty days after the close of each fiscal year, the board shall submit a written report, reviewed and signed by the board members, to the governor concerning the work of the board during the preceding fiscal year. The report shall include the names of psychologists and psychologist associates to whom licenses have been granted; cases heard and decisions rendered in relation to the work of the board; the recommendations of the board as to future policies; and an account of all money received and expended by the board.

61-9-7. Fees; license renewal. (Repealed effective July 1, 2022.)

A. All fees from applicants seeking licensure under the Professional Psychologist Act and all license renewal fees received under the Professional Psychologist Act shall be credited to the psychology fund. No fees shall be refunded.

B. The board shall set the charge for an application fee of up to six hundred dollars (\$600) to applicants for licensure under Sections [61-9-9](#) through [61-9-11.1](#) NMSA 1978.

C. The board may establish a method to provide for staggered biennial terms. The board may authorize license renewal for one year to establish the renewal cycle.

D. A licensee shall renew a license biennially on or before July 1 by remitting to the board the renewal fee set by the board not exceeding six hundred dollars (\$600) and providing proof of continuing education as required by regulation of the board. Any license issued by the board may be suspended if the holder fails to renew the license by July 1 of any year. A license suspended for failure to renew may be renewed within a period of one year after the suspension upon payment of the renewal fee plus a late fee of one hundred dollars (\$100), together with proof of continuing education satisfactory to the board. The license shall be revoked if the license has not been renewed within one year of the suspension for failure to renew. Prior to issuing a new license, the board may in its discretion require full or partial examination of a former licensee whose license was revoked because of failure to renew.

61-9-8. Records. (Repealed effective July 1, 2022.)

A. The board shall keep a record of its proceedings and a register of all applications for licensure which shall show:

- (1) the name, age and residence of each applicant;
- (2) the date of the application;
- (3) the place of business of the applicant;
- (4) a summary of the educational and other qualifications of the applicant;
- (5) whether an examination was required;
- (6) whether a license was granted;
- (7) the date of the action of the board; and
- (8) such other information as may be deemed necessary or advisable by the board in aid

of the requirements of this subsection.

B. Except as provided otherwise in the Professional Psychologist Act, the records of the board are public records and are available to the public in accordance with the Public Records Act [Chapter [14](#), Article [3](#) NMSA 1978].

61-9-9. Licensure of psychologists without examination. (Repealed effective July 1, 2022.)

The board at its discretion may license without written examination any person who has been certified by the American board of examiners in professional psychology and who passes an oral examination as provided in Subparagraph (b) of Paragraph (6) of Subsection A of [Section 61-9-11](#) NMSA 1978.

61-9-10. Licensure of psychologists from other areas; reciprocity. (Repealed effective July 1, 2022.)

Subject to the provisions of Section [61-9-10.1](#) NMSA 1978, upon application accompanied by a fee as required by the Professional Psychologist Act, the board may, without written or oral examination, issue a license to a person who furnishes, upon a form and in such manner as the

board prescribes, evidence satisfactory to the board that the person has been licensed or certified as a psychologist by another state, a territorial possession of the United States, the District of Columbia or another country for a minimum of five years. An applicant seeking reciprocity shall demonstrate to the satisfaction of the board that the training and education received by the applicant is equivalent to the requirements for a doctoral degree in psychology as provided in the Professional Psychologist Act.

61-9-10.1. Provisional and temporary licensure. (Repealed effective July 1, 2022.)

A. A temporary license may be issued to an applicant previously licensed in another jurisdiction and in good standing whose out-of-state license meets current licensing criteria for New Mexico. A temporary license shall be valid for six months and is not subject to extension or renewal. The granting of a temporary license to the applicant does not include issuance of a conditional prescription certificate unless the board finds the applicant meets the requirements of Section [61-9-17.1](#) NMSA 1978.

B. A provisional license may be issued to an applicant never previously licensed and who does not meet New Mexico's experience requirements for psychology licensure, but who otherwise meets criteria for education and training. A provisionally licensed psychologist must practice under the supervision of a New Mexico licensed psychologist until fully licensed. A provisional license shall be valid for eighteen months and is not subject to extension or renewal.

61-9-11. Licensure; examination. (Repealed effective July 1, 2022.)

A. The board shall issue a license as a psychologist to an applicant who files an application upon a form and in such manner as the board prescribes, accompanied by the fee required by the Professional Psychologist Act, and who furnishes evidence satisfactory to the board that the applicant:

- (1) has reached the age of majority;
- (2) is of good moral character;
- (3) is not in violation of any of the provisions of the Professional Psychologist Act and the rules adopted pursuant to that act;
- (4) is a graduate of:
 - (a) a doctoral program that is designated as a doctoral program in psychology by a nationally recognized designation system or that is accredited by a nationally recognized accreditation body and holds a degree with a major in clinical, counseling or school psychology from a university offering a full-time course of study in psychology; or
 - (b) a doctoral program outside the United States or Canada that is equivalent to a program in Subparagraph (a) of this paragraph and holds a degree with a major in clinical, counseling or school psychology from a university offering a full-time course of study in psychology; the board shall promulgate by rule a list of board-approved credential inspection and verification services to appraise foreign degree programs;
- (5) has had at least two years of supervised experience in psychological work of a type satisfactory to the board; provided that:
 - (a) up to one year of the supervised experience may be obtained in predoctoral practicum hours overseen by a graduate training program and consistent with the guidelines on practicum experience for licensure promulgated by the association of state and provincial psychology boards;

(b) up to one year of the supervised experience may be obtained in a predoctoral internship approved by the American psychological association;

(c) up to one-half year of the supervised experience may be obtained in a predoctoral internship that is not approved by the American psychological association; and

(d) any portion of the required supervised experience not satisfied pursuant to Subparagraphs (a), (b) and (c) of this paragraph shall be obtained in postdoctoral psychological work;

(6) demonstrates professional competence by passing the examination for professional practice in psychology promulgated by the association of state and provincial psychology boards with a total raw score of 140 (seventy percent), before January 1, 1993 or, if after January 1, 1993, a score equal to or greater than the passing score recommended by the association of state and provincial psychology boards;

(7) demonstrates an awareness and knowledge of New Mexico cultures as determined by the board; and

(8) passes such jurisprudence examination as may be given by the board through an online testing and scoring mechanism.

B. Upon investigation of the application and other evidence submitted, including a criminal background check, the board shall, not less than thirty days prior to the examination, notify each applicant that the application and evidence submitted for licensure are satisfactory and accepted or unsatisfactory and rejected. If rejected, the notice shall state the reasons for rejection.

C. The place of examination shall be designated in advance by the board, and examinations shall be given at such time and place and under such supervision as the board may determine.

D. In the event an applicant fails to receive a passing grade, the applicant may apply for reexamination and shall be allowed to take a subsequent examination upon payment of the fee required by the Professional Psychologist Act.

E. The board shall keep a record of all examinations, and the grade assigned to each, as part of its records for at least two years subsequent to the date of examination.

61-9-11.1. Psychologist associates; licensure; examination. (Repealed effective July 1, 2022.)

A. The board shall issue a license as a psychologist associate to each applicant who files an application upon a form and in such manner as the board prescribes, accompanied by the fee required by the Professional Psychologist Act, and who furnishes evidence satisfactory to the board that the applicant:

(1) has reached the age of majority, is of good moral character and is not in violation of any of the provisions of the Professional Psychologist Act and the rules and regulations adopted pursuant to that act;

(2) holds a master's degree in psychology from a department of psychology of a school or college;

(3) demonstrates professional competence by passing the examination for professional practice in psychology promulgated by the association of state and provincial psychology boards with a score equivalent to or greater than the statistical mean as reported by the association of state and provincial psychology boards for all master's-level candidates taking the examination on that occasion;

(4) demonstrates awareness and knowledge of New Mexico cultures as determined by the board; and

(5) passes such jurisprudence examination as may be given by the board through an on-line testing and scoring mechanism.

B. Upon investigation of the application and other evidence submitted, the board shall, not less than thirty days prior to the examination, notify each applicant that the application and evidence submitted for licensure is satisfactory and accepted or unsatisfactory and rejected. If rejected, the notice shall state the reasons for rejection.

C. The place of examination shall be designated in advance by the board, and examinations shall be given at such time and place and under such supervision as the board may determine.

D. In the event an applicant fails to receive a passing grade, the applicant may apply for reexamination and shall be allowed to take a subsequent examination upon payment of the fee required by the Professional Psychologist Act.

E. The board shall keep a record of all examinations, and the grade assigned to each, as part of its records for at least two years subsequent to the date of examination.

F. The board may adopt reasonable rules and regulations classifying areas and conditions of practice permissible for psychologist associates.

61-9-11.2. Criminal background checks. (Repealed effective July 1, 2022.)

A. The board may adopt rules that provide for criminal background checks for all licensees to include:

(1) requiring criminal history background checks of applicants for licensure pursuant to the Professional Psychologist Act;

(2) requiring applicants for licensure to be fingerprinted;

(3) providing for an applicant who has been denied licensure to inspect or challenge the validity of the background check record;

(4) establishing a fingerprint and background check fee not to exceed seventy-five dollars (\$75.00) to be paid by the applicant; and

(5) providing for submission of an applicant's fingerprint cards to the federal bureau of investigation to conduct a national criminal history background check and to the department of public safety to conduct a state criminal history check.

B. Arrest record information received from the department of public safety and the federal bureau of investigation shall be privileged and shall not be disclosed to persons not directly involved in the decision affecting the applicant.

C. Electronic live fingerprint scans may be used when conducting criminal history background checks.

61-9-12. License. (Repealed effective July 1, 2022.)

The board shall issue a license signed by the chairman and vice chairman or their designee whenever an applicant for licensure successfully qualifies as provided for in the Professional Psychologist Act.

61-9-13. Denial, revocation or suspension of license. (Repealed effective July 1, 2022.)

A. The board, by an affirmative vote of at least five of its eight members, shall withhold, deny, revoke or suspend a psychologist or psychologist associate license issued or applied for in accordance with the provisions of the Professional Psychologist Act or otherwise discipline a licensed psychologist or psychologist associate upon proof that the applicant, licensed psychologist or psychologist associate:

(1) has been convicted of a felony or an offense involving moral turpitude, the record of conviction being conclusive evidence thereof;

(2) is using a drug, substance or alcoholic beverage to an extent or in a manner dangerous to the psychologist or psychologist associate, any other person or the public or to an extent that the use impairs the psychologist's or psychologist associate's ability to perform the work of a professional psychologist or psychologist associate with safety to the public;

(3) has impersonated another person holding a psychologist or psychologist associate license or allowed another person to use the psychologist's or psychologist associate's license;

(4) has used fraud or deception in applying for a license or in taking an examination provided for in the Professional Psychologist Act;

(5) has accepted commissions or rebates or other forms of remuneration for referring clients to other professional persons;

(6) has allowed the psychologist's or psychologist associate's name or license issued under the Professional Psychologist Act to be used in connection with a person who performs psychological services outside of the area of that person's training, experience or competence;

(7) is legally adjudicated insane or mentally incompetent, the record of such adjudication being conclusive evidence thereof;

(8) has willfully or negligently violated the provisions of the Professional Psychologist Act;

(9) has violated any code of conduct adopted by the board;

(10) has been disciplined by another state for acts similar to acts described in this subsection, and a certified copy of the record of discipline of the state imposing the discipline is conclusive evidence;

(11) is incompetent to practice psychology;

(12) has failed to furnish to the board or its representative information requested by the board;

(13) has abandoned patients or clients;

(14) has failed to report to the board adverse action taken against the licensee by:

(a) another licensing jurisdiction;

(b) a professional psychologist association of which the psychologist or psychologist associate is or has been a member;

(c) a government agency; or

(d) a court for actions or conduct similar to acts or conduct that would constitute grounds for action as described in this subsection;

(15) has failed to report to the board surrender of a license or other authorization to practice psychology in another jurisdiction or surrender of membership on a health care staff or in a professional association following, in lieu of or while under a disciplinary investigation by any of those authorities for acts or conduct that would constitute grounds for action as defined in this subsection;

(16) has failed to adequately supervise a psychologist associate;

(17) has employed abusive billing practices; or

(18) has aided or abetted the practice of psychology by a person not licensed by the board.

B. A person who has been refused a license or whose license has been restricted or suspended under the provisions of this section may reapply for licensure after more than two years have elapsed from the date the restriction or suspension is terminated.

61-9-14. Violation and penalties. (Repealed effective July 1, 2022.)

A. It is a misdemeanor:

(1) for any person not licensed under the Professional Psychologist Act to practice psychology or to represent himself as a psychologist or a psychologist associate;

(2) for any person to practice psychology during the time that his license as a psychologist or psychologist associate is suspended, revoked or lapsed; or

(3) for any person otherwise to violate the provisions of the Professional Psychologist Act.

B. Such misdemeanor shall be punishable upon conviction by imprisonment for not more than three months or by a fine of not more than one thousand dollars (\$1,000) or by both such fine and imprisonment. Each violation shall be deemed a separate offense.

C. Such misdemeanor shall be prosecuted by the attorney general of the state or any district attorney he designates.

61-9-15. Injunctive proceedings. (Repealed effective July 1, 2022.)

A. The board may, in the name of the people of the state of New Mexico, through the attorney general of the state of New Mexico, apply for an injunction in any court of competent jurisdiction to enjoin any person from committing any act declared to be a misdemeanor by the Professional Psychologist Act.

B. If it be established that the defendant has been or is committing an act declared to be a misdemeanor by the Professional Psychologist Act, the court, or any judge thereof, shall enter a decree perpetually enjoining said defendant from further committing such act.

C. In case of violation of any injunction issued under the provisions of this section, the court, or any judge thereof, may summarily try and punish the offender for contempt of court.

D. Such injunctive proceedings shall be in addition to, and not in lieu of, all penalties and other remedies in the Professional Psychologist Act provided.

61-9-16. Scope of act. (Repealed effective July 1, 2022.)

A. Nothing in the Professional Psychologist Act shall be construed to limit:

(1) the activities, services and use of an official title on the part of a person in the employ of a federal, state, county or municipal agency or of other political subdivisions or any educational institution chartered by the state insofar as such activities, services and use of any official title are a part of the duties of his office or position with the agency or institution;

(2) the activities and services of a student, intern or resident in psychology pursuing a course of study in psychology at a school or college if these activities and services constitute a part of his supervised course of study and no fee is charged directly by the student, intern or resident; or

(3) the activities of an applicant working under supervision seeking licensure pursuant to the Professional Psychologist Act.

B. Nothing in the Professional Psychologist Act shall in any way restrict the use of the term "social psychologist" by any person who has received a doctoral degree in sociology or social psychology from an institution whose credits in sociology or social psychology are acceptable by a school or college and who has passed comprehensive examinations in the field of social psychology as a part of the requirements for the doctoral degree or has had equivalent specialized training in social psychology and who has notified the board of his intention to use the term "social psychologist" and filed a statement of the fact demonstrating his compliance with this subsection.

A social psychologist shall not practice in any psychological specialty outside that of social psychology without complying with the provisions of the Professional Psychologist Act.

C. Lecturers in psychology from any school or college may utilize their academic or research titles when invited to present lectures to institutions or organizations.

D. Nothing in the Professional Psychologist Act prohibits qualified members of other professional groups who are licensed or regulated under the laws of this state from engaging in activities within the scope of practice of their respective licensing or regulation statutes, but they shall not hold themselves out to the public by any title or description of services that would lead the public to believe that they are psychologists, and they shall not state or imply that they are licensed to practice psychology.

E. Nothing in the Professional Psychologist Act shall be construed to prevent an alternative, metaphysical or holistic practitioner from engaging in nonclinical activities consistent with the standards and codes of ethics of that practice.

F. Specifically exempted from the Professional Psychologist Act are:

(1) alcohol or drug abuse counselors working under appropriate supervision for a nonprofit corporation, association or similar entity;

(2) peer counselors of domestic violence or independent-living peer counselors working under appropriate supervision in a nonprofit corporation, association or similar entity;

(3) duly ordained, commissioned or licensed ministers of a church; lay pastoral-care assistants; science of mind practitioners providing uncompensated counselor or therapist services on behalf of a church; and Christian science practitioners;

(4) students enrolled in a graduate-level counselor and therapist training program and rendering services under supervision;

(5) hypnotherapists certified by the American council of hypnotist examiners or the southwest hypnotherapists examining board, providing nonclinical services from July 1, 1994 to June 30, 1998;

(6) pastoral counselors with master's or doctoral degrees, who are certified by the American association of pastoral counselors; and

(7) practitioners of Native American healing arts.

61-9-17. Drugs; medicines. (Repealed effective July 1, 2022.)

A. Except as provided in Subsections B and C of this section, psychologists or psychologist associates shall not administer or prescribe drugs or medicine or in any manner engage in the practice of medicine as defined by the laws of this state.

B. A licensed psychologist holding a conditional prescription certificate may prescribe psychotropic medication under the supervision of a licensed physician pursuant to the Professional Psychologist Act.

C. A prescribing psychologist may prescribe psychotropic medication pursuant to the Professional Psychologist Act.

61-9-17.1. Conditional prescription certificate; prescription certificate; application; requirements; rulemaking by board; issuance, denial, renewal and revocation of certification. (Repealed effective July 1, 2022.)

A. A psychologist may apply to the board for a conditional prescription certificate. The application shall be made on a form approved by the board and be accompanied by evidence satisfactory to the board that the applicant:

(1) has completed a doctoral program in psychology from an accredited institution of higher education or professional school, or, if the program was not accredited at the time of the applicant's graduation, that the program meets professional standards determined acceptable by the board;

(2) holds a current license to practice psychology in New Mexico;

(3) has successfully completed pharmacological training from an institution of higher education approved by the board and the New Mexico board of medical examiners [New Mexico medical board] or from a provider of continuing education approved by the board and the New Mexico board of medical examiners [New Mexico medical board];

(4) has passed a national certification examination approved by the board and the New Mexico board of medical examiners that tests the applicant's knowledge of pharmacology in the diagnosis, care and treatment of mental disorders;

(5) within the five years immediately preceding the date of application, has successfully completed an organized program of education approved by the board and the New Mexico board of medical examiners [New Mexico medical board] and consisting of didactic instruction of no fewer than four hundred fifty classroom hours in at least the following core areas of instruction:

(a) neuroscience;

(b) pharmacology;

(c) psychopharmacology;

(d) physiology;

(e) pathophysiology;

(f) appropriate and relevant physical and laboratory assessment; and

(g) clinical pharmacotherapeutics;

(6) within the five years immediately preceding the date of application, has been certified by the applicant's supervising psychiatrist or physician as having successfully completed a supervised and relevant clinical experience, approved by the board and the New Mexico board of medical examiners [New Mexico medical board], of no less than an eighty-hour practicum in clinical assessment and pathophysiology and an additional supervised practicum of at least four hundred hours treating no fewer than one hundred patients with mental disorders, the practica to have been supervised by a psychiatrist or other appropriately trained physician and determined by the board and the New Mexico board of medical examiners to be sufficient to competently train the applicant in the treatment of a diverse patient population;

(7) has malpractice insurance in place, sufficient to satisfy the rules adopted by the board and the New Mexico board of medical examiners [New Mexico medical board], that will cover the applicant during the period the conditional prescription certificate is in effect; and

(8) meets all other requirements, as determined by rule of the board, for obtaining a conditional prescription certificate.

B. The board shall issue a conditional prescription certificate if it finds that the applicant has met the requirements of Subsection A of this section. The certificate shall be valid for a period of two years, at the end of which the holder may again apply pursuant to the provisions of Subsection A of this section. A psychologist with a conditional prescription certificate may prescribe psychotropic medication under the supervision of a licensed physician subject to the following conditions:

(1) the psychologist shall continue to hold a current license to practice psychology in New Mexico and continue to maintain malpractice insurance;

(2) the psychologist shall inform the board and the New Mexico board of medical examiners [New Mexico medical board] of the name of the physician under whose supervision the psychologist will prescribe psychotropic medication and promptly inform the board and the New Mexico board of medical examiners [New Mexico medical board] of any change of the supervising physician; and

(3) a physician supervising a psychologist prescribing psychotropic medication pursuant to a conditional prescription certificate shall inform the board and the New Mexico board of medical examiners [New Mexico medical board] that he is supervising the psychologist. The physician shall be individually responsible for the acts and omissions of the psychologist while under his supervision. This provision does not relieve the psychologist from liability for his acts and omissions.

C. A psychologist may apply to the board for a prescription certificate. The application shall be made on a form approved by the board and be accompanied by evidence satisfactory to the board that the applicant:

(1) has been issued a conditional prescription certificate and has successfully completed two years of prescribing psychotropic medication as certified by the supervising licensed physician;

(2) has successfully undergone a process of independent peer review approved by the board and the New Mexico board of medical examiners [New Mexico medical board];

(3) holds a current license to practice psychology in New Mexico;

(4) has malpractice insurance in place, sufficient to satisfy the rules adopted by the board, that will cover the applicant as a prescribing psychologist; and

(5) meets all other requirements, as determined by rule of the board, for obtaining a prescription certificate.

D. The board shall issue a prescription certificate if it finds that the applicant has met the requirements of Subsection C of this section. A psychologist with a prescription certificate may prescribe psychotropic medication pursuant to the provisions of the Professional Psychologist Act if the psychologist:

(1) continues to hold a current license to practice psychology in New Mexico and continues to maintain malpractice insurance; and

(2) annually satisfies the continuing education requirements for prescribing psychologists, as set by the board, which shall be no fewer than twenty hours each year.

E. The board shall promulgate rules providing for the procedures to be followed in obtaining a conditional prescription certificate, a prescription certificate and renewals of a prescription certificate. The board may set reasonable application and renewal fees.

F. The board shall promulgate rules establishing the grounds for denial, suspension or revocation of conditional prescription certificates and prescription certificates authorized to be issued pursuant to this section, including a provision for suspension or revocation of a license to practice psychology upon suspension or revocation of a certificate. Actions of denial, suspension or revocation of a certificate shall be in accordance with the Uniform Licensing Act [[61-1-1](#) through [61-1-31](#) NMSA 1978].

61-9-17.2. Prescribing practices. (Repealed effective July 1, 2022.)

A. A prescribing psychologist or a psychologist with a conditional prescription certificate may administer and prescribe psychotropic medication within the recognized scope of the

profession, including the ordering and review of laboratory tests in conjunction with the prescription, for the treatment of mental disorders.

B. When prescribing psychotropic medication for a patient, the prescribing psychologist or the psychologist with a conditional prescription certificate shall maintain an ongoing collaborative relationship with the health care practitioner who oversees the patient's general medical care to ensure that necessary medical examinations are conducted, the psychotropic medication is appropriate for the patient's medical condition and significant changes in the patient's medical or psychological condition are discussed. The ongoing collaborative relationship shall be maintained pursuant to guidelines developed by the board and the New Mexico board of medical examiners [New Mexico medical board], which shall optimize patient care. The guidelines shall ensure that the prescribing psychologist or the psychologist with a conditional prescription certificate and the treating physician coordinate and collaborate the care of the patient to provide optimal care. A committee composed of members of both boards shall be established and, pursuant to the guidelines, shall evaluate complaints. The committee shall report its findings and recommendations to each board for each board's appropriate actions.

C. A prescription written by a prescribing psychologist or a psychologist with a conditional prescription certificate shall:

- (1) comply with applicable state and federal laws;
- (2) be identified as issued by the psychologist as "psychologist certified to prescribe";

and

- (3) include the psychologist's board-assigned identification number.

D. A prescribing psychologist or a psychologist with a conditional prescription certificate shall not delegate prescriptive authority to any other person. Records of all prescriptions shall be maintained in patient records.

E. When authorized to prescribe controlled substances, a prescribing psychologist or a psychologist with a conditional prescription certificate shall file with the board in a timely manner all individual federal drug enforcement agency registrations and numbers. The board and the New Mexico board of medical examiners [New Mexico medical board] shall maintain current records on every psychologist, including federal registrations and numbers.

F. The board shall provide to the board of pharmacy and the New Mexico board of medical examiners [New Mexico medical board] an annual list of prescribing psychologists and psychologists with conditional prescription certificates that contains the information agreed upon between the board, the New Mexico board of medical examiners [New Mexico medical board] and the board of pharmacy. The board shall promptly notify the board of pharmacy of psychologists who are added or deleted from the list.

G. For the purpose of this section:

(1) "collaborative relationship" means a cooperative working relationship between a prescribing psychologist or a psychologist with a conditional prescription certificate and a health care practitioner in the provision of patient care, including diagnosis and cooperation in the management and delivery of physical and mental health care; and

(2) "health care practitioner" means a physician, osteopathic physician or nurse practitioner.

61-9-18. Privileged communications. (Repealed effective July 1, 2022.)

A licensed psychologist or psychologist associate shall not be examined without the consent of his client as to any communication made by the client to him or his advice given in the course

of professional employment; nor shall a licensed psychologist's or psychologist associate's secretary, stenographer, clerk or any person supervised by the psychologist or psychologist associate be examined without the consent of his employer concerning any fact the knowledge of which he has acquired in such capacity.

61-9-19. Termination of agency life; delayed repeal. (Repealed effective July 1, 2022.)

The New Mexico state board of psychologist examiners is terminated on July 1, 2021 pursuant to the Sunset Act [[12-9-11](#) through [12-9-21](#) NMSA 1978]. The board shall continue to operate according to the provisions of the Professional Psychologist Act until July 1, 2022. Effective July 1, 2022, the Professional Psychologist Act is repealed.

New Mexico State Board of Psychologist Examiners

TITLE 16, CHAPTER 22 NMAC Occupational and Professional Licensing Psychologists and Psychologist Associates

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TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 1 GENERAL PROVISIONS

16.22.1.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners
[16.22.1.1 NMAC - Rp, 16.22.1.1 NMAC, 11/15/2006]

16.22.1.2 SCOPE: This part applies to the board, licensees, applicants for licensure, and the general public.
[16.22.1.2 NMAC - Rp, 16.22.1.2 NMAC, 11/15/2006]

16.22.1.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-6, 61-9-8, 61-9-16. Section 1 of Part 1 is authorized by NMSA 1978 Section 10-15-1.C (1993 Repl.)
[16.22.1.3 NMAC - Rp, 16.22.1.3 NMAC, 11/15/2006]

16.22.1.4 DURATION: Permanent.
[16.22.1.4 NMAC - Rp, 16.22.1.4 NMAC, 11/15/2006]

16.22.1.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of a section.
[16.22.1.5 NMAC - Rp, 16.22.1.5 NMAC, 11/15/2006]

16.22.1.6 OBJECTIVE: The objective of Part 1 is to set forth the provisions, which apply to all of Chapter 22, and to all persons affected or regulated by Chapter 22 of Title 16.
[16.22.1.6 NMAC - Rp, 16.22.1.6 NMAC, 11/15/2006]

16.22.1.7 DEFINITIONS: As used in these regulations, the following words and phrases have the following meanings, unless the context or intent clearly indicates a different meaning:

- A. “Act”** means the Professional Psychologist Act, Section 61-9-1 through 61-9-19 NMSA 1978.
- B. “Administrator”** or **“board administrator”** means the staff person assigned certain express or implied executive and administrative functions of the board as defined by board regulations or as required to carry out the provisions of the act.
- C. “Adult”** means all persons 18 years of age or older.
- D. “Applicant”** means a person who has completed all educational requirements of the eligibility requirements for licensure and has submitted a complete application to the board. An applicant is seeking approval of his or her application by the board to advance him or her to candidacy for licensure.
- E. “Approved supervision program”** means a formal internship or program of postdoctoral supervised experience in New Mexico that is designed to prepare an applicant for licensure and that has been accredited by a nationally recognized accreditation body, or a program of training for licensure in New Mexico that has been formally approved in advance and in writing by the board as meeting the requirements for internship or postdoctoral supervised experience.
- F. “Board administrator”** or **“administrator”** means the staff person assigned certain express or implied executive and administrative functions of the board as defined by board regulations or as required to carry out the provisions of the act.
- G. “Board certified psychiatrist”** means a physician licensed in New Mexico who has been certified by the American board of psychiatry and neurology in the specialty of psychiatry or the subspecialty of child and adolescent psychiatry.
- H. “Board regulations”** or **“regulations”** means any part adopted by the board pursuant to authority under the act and includes any superseding regulation.
- I. “Candidate”** is an applicant whose application has been approved by the board and is eligible to take the online jurisprudence examination.
- J. “Children/adolescents”** mean all persons through 17 years of age (children two-12 years; adolescents 13-17 years).
- K. “Client”** means a person, corporate entity, patient or organization that is a recipient of psychological services. A corporate entity or other organization is a client when the purpose of the professional contract is to provide services of benefit primarily to the organization rather than to the individuals. In the case of

individuals with legal guardians, including minors and legally incompetent adults, the legal guardian shall be the client for decision-making purposes, except that the individual receiving services shall be the client for:

- (1) issues directly affecting the physical or emotional safety of the individual, such as sexual or other exploitative dual relationships; and
- (2) issues specifically reserved to the individual, and agreed to by the guardian prior to rendering of services, such as confidential communication in a therapy relationship;
- (3) all matters specifically designated to individuals in the Mental Health Code and Children's Code, NMSA 1978.

L. “Confidential information” means information revealed by a patient or clients or otherwise obtained by a psychologist, as a result of a confidential relationship where there is reasonable expectation that the information is not to be disclosed by the psychologist without the informed written consent of the patient or client in accordance with the Public Health Act, Section 24-1-20 NMSA 1978. A confidential relationship, as used here, results from:

- (1) the relationship between the patient(s) or client(s) and the psychologist, or
- (2) the circumstances under which the information was revealed or obtained; when such information is revealed or obtained through the psychologist’s interaction with an individual from within a client corporation or organization, and that interaction is the result of the professional contract between the psychologist and the client corporation or organization, the confidential relationship is between the psychologist and that client corporation or organization, not between the psychologist and a patient or other individual within the corporation or organization; in this instance, information obtained by the psychologist from a patient or other individual shall be available to the organization unless such information was obtained in a separate professional relationship with that individual and is therefore subject to confidentiality requirements in itself.

M. “Conditional prescribing psychologist” means a licensed psychologist who holds a valid conditional prescription certificate.

N. “Conflict of interest” means any situation or relationship that compromises or impairs, or appears to compromise or impair, the neutrality, independence or objectivity of a psychologist, psychologist associate, supervising physician, or board member, including relationships or situations that arise from past or present familial, social, fiduciary, business, financial, health care provider-patient relationship, agency, or other personal relationship. Paying or receiving an appropriate fee for supervisory services is not a conflict of interest. Conflict of interest includes dual relationships as provided herein at 16.22.2.9 NMAC.

O. “Consultant” means a licensed psychologist who provides professional advice or opinion to another licensed psychologist and who has no professional relationship with the patient or client, has no authority over the case, or has no responsibility for the services performed for the patient or client or the welfare of the patient or client.

P. “Continuing professional education” means educational opportunities beyond doctoral education and initial entry level training as a psychologist or psychologist associate for which hourly credit is earned. It is the process through which professional licensees review psychological concepts and techniques, acquire new knowledge or skills relevant to their work, and improve their competence in current skills. These activities are intended to supplement what has already been attained in training and practice. It is an ongoing process consisting of formal learning activities at the postgraduate level that are:

- (1) relevant to psychological practice, education, and science;
- (2) enable psychologists to keep pace with emerging issues and technologies; and
- (3) allow psychologists to maintain, develop and increase competencies in order to improve services to the public and enhance contributions to the profession.

Q. “Controlled substance” means any drug, substance or immediate precursor enumerated in schedules I through V of the U.S. Drug Enforcement Administration, Controlled Substance Act and in Sections 30-31-6 thru 30-31-10 of the act.

R. “Court order” means the written communication of a member of the judiciary, or other court magistrate or administrator, if such authority has been lawfully delegated to such magistrate or administrator that is under the authority of law.

S. “Criminal Offender Employment Act”, Sections 28-2-1 thru 28-2-6 NMSA 1978 is the statutory provision regulating the relevance and weight to be given an applicant, candidate, or licensee’s criminal record, by the board, during the licensure or renewal process.

T. “Cultural competence” means the ability and the will to respond to the unique needs of an individual patient that arise from the patient’s culture, and the ability to use aspects of the person’s culture as a resource or tool to assist with the intervention. Cultural competence includes being able to:

- (1) recognize and respond to health related beliefs and cultural values;
 - (2) incorporate research about disease incidence and prevalence, and treatment efficacy; and
 - (3) know when to seek consultation about the patient's culture.
- U.** **“Currently enrolled”** means enrolled as a student in a college or university.
- V.** **“Custodian”** means the board administrator.
- W.** **“Designated as a doctoral program in psychology by a nationally recognized designation system”** means listed as an approved doctoral program by the Association of State and Provincial Psychology Boards/National Register Designation Project prior to the termination of that project on June 1, 2018.
- X.** **“Drug or substance”** means substances recognized as drugs in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States or official national formulary or any respective supplement to those publications. It does not include devices or their components, parts or accessories.
- Y.** **“Electronic signatures”** means an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.
- Z.** **“Electronic transmission”** means the sending of information through the telephone lines, cable or internet, as in e-mail or facsimile (fax).
- AA.** **“Ethno-pharmacology”** means the basic and clinical sciences of treatment of specific mental illness with ethnically or culturally appropriate drugs.
- BB.** **“Filed with the board”** means hand delivered or postal mail received during normal business hours by the board office in Santa Fe, New Mexico.
- CC.** **“Geriatric”** means all persons 65 years of age and over.
- DD.** **“Good cause”** means the inability to comply because of illness, undue hardship, or extenuating circumstances that are not willful and are beyond the control of the person asserting good cause. The person asserting good cause shall have the burden to demonstrate good cause.
- EE.** **“Governmental Conduct Act”** 10-16-1 thru 10-16-18 NMSA 1978 is the statutory provision which sets forth standards of conduct and ethical principles for public service.
- FF.** **“Inactive status”** means a procedure of the board to affirm that a licensee is not engaged in active practice.
- GG.** **“Initial application”** means the initial application for licensure filed with the board by an applicant not previously or currently licensed in any jurisdiction.
- HH.** **“In-person supervision”** is supervision of psychological services where the supervisor is physically present in the same room as the trainee.
- II.** **“Inspection of Public Records Act”**, 14-2-1 thru 14-2-12 NMSA 1978 is the statutory provision acknowledging the fundamental right of access to public records afforded citizens and media in a democracy, and governing the administration of that right.
- JJ.** **“Licensed”** means licensed or certified, registered, or any other term including temporary, provisional, emergency, unrestricted, active or inactive license or licensure, when such term identifies a person whose professional behavior is subject to regulation by the board by authority of the act.
- KK.** **“Licensee”** means a psychologist licensed pursuant to the provisions of the act and board regulations.
- LL.** **“Licensee in good standing”** means a licensed psychologist who is not the subject of a pending investigation, adjudicatory proceeding, or petition on appeal or review, or whose license is not restricted, suspended, or revoked in New Mexico or any other state or licensing jurisdiction.
- MM.** **“Medical supervision”** means direct oversight of the psychologist trainee's psychopharmacological practice by a qualified supervising physician approved by the board. Supervision may be on-site or off-site as specified in the rule.
- NN.** **“Medical supervisor”** means a qualified supervising physician approved by the board.
- OO.** **“Member of the family”** means a parent, spouse, child, stepchild, grandchild, grandparent, sibling, uncle, aunt, niece or nephew, or other relative by blood, marriage, or legal process with whom the supervisor or physician supervisor has or has had a close familial relationship.
- PP.** **“Member of the household”** means residing within the same dwelling unit, either continuously or intermittently, regardless of whether fee or rent is paid or received.
- QQ.** **“Military service member”** means a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard.
- RR.** **“National certification exam”** means an examination that evaluates the psychopharmacological knowledge base of the applicant, is developed with the intention to administer it to psychologists seeking certificates

or licenses to prescribe psychotropic medication in any state with prescriptive authority for psychologists, and meets standards acceptable to the board and the medical board.

SS. “Nationwide criminal history record” means information concerning a person’s arrests, indictments, or other formal criminal charges and any dispositions arising there from, including convictions, dismissals, acquittals, sentencing and correctional supervision, collected by criminal justice agencies and stored in the computerized databases of the federal bureau of investigation, the national law enforcement telecommunications systems, the department of public safety or the repositories of criminal history information in other states.”

TT. “Nationwide criminal history screening” means a criminal history background investigation of an applicant for licensure by examination or endorsement through the use of fingerprints reviewed by the department of public safety and submitted to the federal bureau of investigation, resulting in the generation of a nationwide criminal history record for that applicant.”

UU. “New Mexico administrative code” or “NMAC”, Section 14-4-7.2 NMSA 1978 is the official compilation of current rules filed by state agencies in accordance with New Mexico statutes.

VV. “New Mexico statutes annotated 1978 or NMSA 1978” is the official compilation of state laws.

WW. “Non-licensed person” means a student, an applicant or postdoctoral person working under supervision in order to satisfy licensure requirements in psychology, and employees or staff of a licensed psychologist

XX. “Open Meetings Act”, 10-15 NMSA 1978 is the statutory provision requiring that public business be conducted in full public view; providing guidelines governing both public and closed meetings, and regulating the notice, agenda and minutes of such meetings.

YY. “Outdated test” means a test for which a revision has been available for three or more years.

ZZ. “Out-of-state psychologist” means a psychologist licensed in another state, a territorial possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, the U.S. Virgin Islands, or a Canadian province who is in good standing in his or her licensing jurisdiction(s).

AAA. “Patient” means a person who is treated, examined, assessed, or interviewed by a licensed psychologist or licensed psychologist associate or a non-licensed person working under supervision as provided in these regulations. In the case of minor patients or adult patients who are legally incompetent, the legal guardian shall represent the patient for decision-making purposes, except that the patient shall be directly consulted by the psychologist or psychologist associate for:

- (1) issues directly affecting the physical or emotional safety of the individual, such as sexual or other exploitative dual relationships;
- (2) issues specifically reserved to the individual, and agreed to by the guardian prior to rendering of services, such as confidential communication in a therapy relationship, and
- (3) all matters specifically designated to individuals in the Mental Health and Developmental Disabilities Code (MHDDC), Section 43-1-19 NMSA 1978, and the Children’s Code, Section 32A-1-1 thru 32A-1-20 NMSA 1978.

BBB. “Physician” means an allopathic or osteopathic physician.

CCC. “Practicum” means a period of supervised clinical training and practice in which specific scientific and clinical techniques and diagnoses are learned.

DDD. “Prescribing applicant” means a licensed psychologist who has made application to the board for a conditional prescribing or prescribing certificate.

EEE. “Prescription” means an order given individually for the person for whom prescribed, either directly from the prescriber to the pharmacist or indirectly by means of a written order signed by the prescriber, and bearing the name and address of the prescriber, his license classification, the name and address of the patient, the name and quantity of the drug prescribed, directions for use and the date of issue. No person other than a prescriber shall prescribe or write a prescription.

FFF. “Primary treating health care practitioner” means the health care practitioner who is directly responsible for treating a specific illness or condition of a patient. The primary treating health care practitioner may be a primary care practitioner, or may be a medical specialist.

GGG. “Professional relationship” means a mutually agreed-upon relationship between a psychologist and a patient(s) or client(s) for the purpose of the patient(s) or client(s) obtaining the psychologist’s professional services.

HHH. “Professional service” means all actions of the psychologist in the context of a professional relationship with a client or patient.

III. “Properly made application” means a completed form for a psychologist or psychologist associate license filed with the board that is complete in all particulars and appears on its face to satisfy all minimum

age, educational, supervision, payment, and other requirements except examination requirements for licensure as required by the act and these regulations.

JJJ. “Psychopharmacology” means the basic and clinical science of drugs used to treat mental illnesses.

KKK. “Psychopharmacotherapy” means the application of pharmacotherapeutics to psychological problems.

LLL. “Recent Veteran” means a person who has received an honorable discharge or separation from military service within the two years immediately preceding the date the person applied for an occupational or professional license pursuant to this section.

MMM. “Reciprocity” means facilitation of licensure for individuals holding a license as a psychologist in another jurisdiction; reciprocity does not mean that other states accept New Mexico licensees on an equal basis but is an invitation that they do so.

NNN. “Public Health Act”, 24-1-1 thru 24-1-30 NMSA 1978, governs the confidentiality of patient or client record.

OOO. “Restricted license” means a psychologist who holds a temporary, provisional, emergency or inactive license.

PPP. “Rule” means board regulations.

QQQ. “Socio-cultural” means aspects of mental illness related to social and cultural mores and traditions of varied social and cultural groups.

RRR. “State Rules Act”, Sections 14-4-1 thru 14-4-5 NMSA 1978, is the statutory provision that ensures that state agencies file with the state records center and archives all rules and regulations including amendments or repeals.

SSS. “Statute” means a law that governs conduct within its scope. A bill passed by the legislature becomes a statute; and “statutory authority” means the boundaries of the board’s lawful responsibility as laid out by the statute that created it.

TTT. “Supervisee” means any person who functions under the authority of a licensed psychologist to provide psychological services as provided in the act or board regulations.

UUU. “Supervisor” means a licensed psychologist who agrees to provide adequate supervision over a student, applicant, employee, staff, or other non-licensed person and who remains ultimately responsible for the professional conduct of the non-licensed person and the welfare of the patient.

VVV. “Supervisory plan” means a written document signed by an applicant for psychology license or a conditional prescribing certificate and the supervisor of the applicant that describes the nature of the supervisory relationship including but not limited to the number of hours of supervision, population served, and credentials of supervisor, and is presented to the board for approval.

WWW. “Telephonic supervision” means the supervision of psychological services through telephone or other audio format where the supervisor is not in the same physical facility as the trainee.

XXX. “Telesupervision” means the supervision of psychological services through synchronous audio and video format where the supervisor is not in the same physical facility as the trainee.

YYY. “Unrestricted license” means a license in psychology with full privileges and responsibilities as described in these regulations but is renewed annually or biennially. It does not have a limitation of a provisional license, temporary license, emergency license or inactive license as described herein.

ZZZ. “Year of supervised experience” means 1500 hours of psychological work conducted under supervision satisfactory to the board. The 1500 hours may be accumulated in one or two consecutive calendar years in the case of an internship, three consecutive years in the case of postdoctoral experience, or over the course of graduate training in the case of doctoral experience.

AAAA. “Doctoral training program” means the program from which the applicant received his or her doctoral degree to fulfill the educational requirements for licensure (NMAC)

[16.22.1.7 NMAC - Rp, 16.22.1.7 NMAC, 11/15/2006; A, 03/21/2009; A, 9/16/2010; A, 4/11/2012; A, 04/30/2015; A, 7/1/2018]

16.22.1.8 [RESERVED]

[16.22.1.8 NMAC - N, 11/15/06; Repealed 7/1/2018]

16.22.1.9 [RESERVED]

[16.22.1.9 NMAC - Rp, 16.22.1.8 NMAC, 11/15/06; Repealed 7/1/2018]

16.22.1.10 BOARD OPERATIONS:

A. Elections. At its annual meeting in July, the board shall elect a chair, vice chair, and secretary treasurer.

B. Duties of officers. All board officers shall exercise authority subject to the act, board regulations, and specific directions of the board.

(1) The chair shall preside at board meetings and adjudicatory hearings unless another presiding officer is named by the board. At the direction of the board, the chair shall respond to inquiries and correspondence, execute orders of the board in any pending adjudicatory proceeding unless a hearing officer is appointed, sign, or designate another board member to sign decisions of the board, appoint board members to formal committees, and provide direction to the board administrator on routine matters to facilitate the efficient operation of board functions between meetings.

(2) The vice chair shall preside at board meetings and adjudicatory hearings in the absence of the chair. If the office of chair becomes vacant, the vice chair shall serve as chair until a new chair is elected.

(3) The secretary-treasurer shall preside at board meetings and adjudicatory proceedings in the absence of the chair and vice chair.

C. Vacancy. If the office of board chair becomes vacant, the board shall elect a chair at the next meeting or any subsequent meeting. If the office of vice chair or secretary-treasurer becomes vacant, the board may hold elections as it deems necessary and advisable.

D. Duties of board administrator. The board administrator shall at all times perform those tasks directed by the board pursuant to and those duties prescribed by the act, board regulations, the ULA, Sections 61-1-1 thru 61-1-33 NMSA 1978, and other applicable state laws. In addition, the board administrator shall supervise other personnel, to ensure the responsiveness and efficiency of board operations, and assume the role of custodian of records.

E. Board office. The board office is located in Santa Fe, New Mexico.

F. Board meetings. The board shall conduct meetings in accordance with the Open Meetings Act (OMA), Sections 10-15-1 thru 10-15-4 NMSA 1978.

G. Annual meeting. The board shall hold an annual meeting in July and shall hold other meetings as it deems necessary and advisable.

H. Conduct of meetings. The board shall conduct its meetings in an orderly fashion, with due regard for each board member and the public. The board may refer to Robert's Rules of Order, Revised, when necessary and advisable.

I. Agenda. The board administrator shall prepare the meeting agenda in accordance with the OMA and board regulations, except that the board may change the order of agenda items during the meeting.

J. Quorum. The board shall transact official business only at a legally constituted meeting with a quorum present. A quorum shall consist of five members. The board is in no way bound by any opinion, statement, or action of any board member, the board administrator, or other staff except when such action is pursuant to a lawful instruction or direction of the board.

K. Addressing the board. Except for proceedings to adopt, amend, or repeal regulations in accordance with the ULA, Section 61-1-29 NMSA 1978, the board, at its sole discretion, may provide a reasonable opportunity for persons attending an open meeting to address the board on an agenda item. The request to speak shall be timely made and shall not delay or disrupt the board's meeting. No person shall be permitted to address the board on any pending or concluded application, complaint, investigation, adjudicatory proceeding, or matter in litigation, except to confer for the purpose of settlement or simplification of the issues. Any public comment to the board shall be brief, concise, and relevant to the agenda item. The board may limit the total time allotted for comments and the time allotted to any person.

L. Telephonic attendance. Pursuant to the OMA, Subsection C of Section 10-15-1 NMSA 1978, a board member may participate in a meeting of the board by means of a conference telephone or other similar communications equipment when it is otherwise difficult or impossible for the member to attend the meeting in person, and shall give advance notice to the board administrator in ample time to arrange such accommodation.

M. Conflict of interest, recusal. Any board member who cannot be impartial in the determination of a matter before the board and who cannot judge a particular matter or controversy fairly on the basis of its own merits shall not participate in the any board deliberation or vote on the matter. A board member with a personal, social, family, financial, business, or pecuniary interest in a matter shall recuse himself or herself and shall not participate in a hearing, consideration, deliberation, or vote on the matter, except as provided by law.

N. Confidentiality. Board members shall not disclose to any non-member the content of any executive session discussion or deliberation, or any other confidential matters that may be the subject of an

executive session or attorney-client privileged communications except as ordered by a court of competent jurisdiction or where the board knowingly and intentionally permits disclosure. Nothing herein shall preclude the board from including in executive session discussions or confidential committee meetings the board administrator or other persons the board deems necessary to assist the board in carrying out its operations. Such other persons shall be bound by the same rules of executive session as board members.

O. Code of conduct. Board members shall adhere to the standards set forth in the GCA, Chapter 10, Article 16 NMSA 1978, and shall sign a code of conduct agreement as provided by the regulation and licensing department or its designee adopting provisions in the GCA.
[16.22.1.10 NMAC - Rp, 16.22.1.9 NMAC, 11/15/2006]

16.22.1.11 BOARD RECORDS:

A. Inspection of Public Records Act (IPRA). Public records shall be available for inspection in accordance with the provisions of the IPRA, Section 14-2-1 through 14-2-12 NMSA 1978 and Section 61-9-5.1 NMSA 1978.

B. Copying charges. The custodian shall charge a copying charge of \$.25 per page or the regulation and licensing department standard IPRA fee, whichever is higher.

C. Creating records. The board shall not be required to create any document or compile data for an individual or private entity.

D. Reasonable access. Consistent with the IPRA and taking into account the available staff, space, and the needs of other legitimate public business, the custodian may determine the reasonable time, place, and conditions for access to public records.

E. Removal. Public records shall not be removed from the board office except by board members, board staff, or agents of the board for official public business.

[16.22.1.11 NMAC - Rp, 16.22.1.10 NMAC, 11/15/2006; A, 03/21/2009]

16.22.1.12 BOARD RULES AND REGULATIONS 2000 (as revised): Board regulations may be adopted, amended, repealed, or superseded by rulemaking proceedings pursuant to applicable provisions of the act, the ULA, and the State Rules Act.

[16.22.1.12 NMAC - Rp, 16.22.1.11 NMAC, 11/15/2006]

16.22.1.13 ELECTRONIC SIGNATURES: The board will accept electronic signatures on all applications and renewals submitted for professional licensure.

[16.22.1.13 NMAC - N, 04/30/2015]

HISTORY OF 16.22.1 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center and Archives under:

SBPE 10, Status of Non-Certified Personnel, filed 11/15/1979;
Rule 13, Status of Non-Certified Personnel, filed 11/1/1983;
NMBPE Rule 9, Status of Non-Licensed Personnel, filed 12/28/1989;
NMBPE Rule 9, Status of Non-Licensed Personnel, filed 2/7/1990;
Rule No. 9, Status of Non-Licensed Personnel, filed 4/24/1995;
SBPE 11, Areas of Practice, filed 11/15/1979;
Rule 11, Changing or Adding Areas of Practice, filed 11/1/1983;
NMBPE Rule 10, Board Files, filed 8/28/1990;
Rule No. 10, Board Records, filed 4/24/1995;
Rule No. 16, Superseding Rule, filed 4/24/1995;
Rule No. 18, Meetings By Telephone, filed 4/24/1995.

History of Repealed Material:

16 NMAC 22.1, General Provisions - Repealed, 04/16/2000.
16.22.1 NMAC, General Provisions - Repealed 11/15/2006.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 2 CODE OF CONDUCT

16.22.2.1 ISSUING AGENCY: Regulation and Licensing Department, New Mexico State Board of Psychologist Examiners.
[16.22.2.1 NMAC - Rp, 16.22.2.1 NMAC, 11/15/2006]

16.22.2.2 SCOPE: The psychologist shall be governed by this code of conduct while providing psychological services in any context or whenever he is functioning in a professional capacity as a psychologist. This code shall not supersede state, federal, or provincial statutes. This code shall apply to the conduct of all licensees and applicants, including the applicant's conduct during the period of education, supervision, training, and employment, which is required for licensure. The term "psychologist," as used within this code, shall apply to both licensee and applicant.
[16.22.2.2 NMAC - Rp, 16.22.2.2 NMAC, 11/15/2006]

16.22.2.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologists Act, Section 61-9-6.
[16.22.2.3 NMAC - Rp, 16.22.2.3 NMAC, 11/15/2006]

16.22.2.4 DURATION: Permanent.
[16.22.2.4 NMAC - Rp, 16.22.2.4 NMAC, 11/15/2006]

16.22.2.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of a section.
[16.22.2.5 NMAC - Rp, 16.22.2.5 NMAC, 11/15/2006]

16.22.2.6 OBJECTIVE: This part establishes the standards against which the required professional conduct of a psychologist is measured. Each licensee and applicant will be governed by this part whenever providing psychological services. A violation of this part is sufficient reason for disciplinary action pursuant to the Act.
[16.22.2.6 NMAC - Rp, 16.22.2.6 NMAC, 11/15/2006]

16.22.2.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.2.8 RULES OF COMPETENCE:

A. Limits on practice. The psychologist shall limit practice and supervision to the areas of competence in which proficiency has been gained through education, training, and experience.

B. Maintaining competency. The psychologist shall maintain current competency in the areas in which he practices, through continuing professional education, consultation, and/or other procedures, in conformance with current standards of scientific and professional knowledge.

C. Cultural competency. Psychologists with restricted and unrestricted licenses and psychologist associates shall complete eight hours of cultural competence coursework promulgated by the board during the first year of licensure; and also shall take four additional hours in cultural competence, as deemed satisfactory to the board, every two years as detailed in 16.22.9 NMAC.

D. Adding new services and techniques. The psychologist, when developing competency in a service or technique that is either new to the psychologist or new to the profession, shall engage in ongoing consultation with other psychologists or relevant professionals, and shall seek appropriate education and training in the new area. The psychologist shall inform clients or patients of the innovative nature and the known risks and benefits associated with the services, so that the client or patient can exercise freedom of choice concerning such services.

E. Referral. The psychologist shall make or recommend referral to professional, technical, or administrative, or public resources when such referral is clearly in the best interest of the clients or patient(s).

F. Bases for Assessments. Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings except when:

- (1) psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions;
- (2) despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions and appropriately limit the nature and extent of their conclusions or recommendations; or
- (3) psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

G. Maintenance and retention of records.

- (1) The psychologist rendering professional services to a client or patient shall maintain professional records that include:
 - (a) the presenting problem(s) or the reason the client(s) or patient(s) sought the psychologist's services;
 - (b) diagnosis and/or clinical formulation;
 - (c) the fee arrangement;
 - (d) the date and substance of each billed contact or service;
 - (e) any test results or other evaluative results obtained and any basic test data from which they were derived;
 - (f) notation and results of formal consultations with other providers;
 - (g) a copy of all test or other evaluative reports prepared as part of the professional relationship;
 - (h) the date of termination of services.

(2) The psychologist shall ensure that all data entries in the professional records are maintained for a period of not less than five years after the last date that service was rendered. The psychologist shall comply with other legal requirements for record retention, even if longer periods of retention are required for other purposes.

(3) The psychologist shall store and dispose of written, electronic, and other records in a manner that protects confidentiality.

(4) For each person professionally supervised, the psychologist shall maintain for a period of not less than five years after the last date of supervision a record of the supervisory session that shall include, among other information, the type, place, and general content of the session.

(5) Upon request by the client, patient, or legal representative of the client or patient, the psychologist shall release records under his control, except as otherwise provided in these rules and regulations or state law. Lack of payment for services does not constitute grounds for refusing to release client or patient records. [16.22.2.8 NMAC - Rp, 16.22.2.8 NMAC, 11/15/2006; A, 9/16/2010; A, 7/1/2018]

16.22.2.9 DUAL RELATIONSHIPS:

A. The psychologist shall not undertake or continue a professional relationship with a client or patient when the objectivity or competency of the psychologist is compromised because of the psychologist's present or previous familial, social, sexual, emotional, or legal relationship with the client or a relevant person associated with or related to the client.

B. The psychologist, in interacting with a current or former client or patient to whom the psychologist has at any time within the previous 12 months rendered counseling, psychotherapeutic, or other professional psychological services for treatment or amelioration of emotional distress or behavioral inadequacy, shall not:

- (1) engage in any verbal or physical behavior toward the client or patient which is sexually seductive, demeaning, or harassing; or
- (2) engage in sexual intercourse, or sexual contact or other sexual intimacies with the client or patient; or
- (3) enter into a business or financial (other than fees for professional services) or other potentially exploitative relationship with the client or patient.

C. The prohibitions set out in Paragraph (2) of Subsection B of 16.22.2.9 NMAC shall not be limited to the 12-month period but shall extend longer unless the psychologist can demonstrate that the client or patient is not vulnerable to exploitative influence by the psychologist. The psychologist who engages in such sexual or

financial relationship after the 12 months following cessation or termination of treatment bears the burden of proving that there has been no exploitation, in light of all relevant factors, including:

- (1) the amount of time that has passed since the therapy terminated;
- (2) the nature and duration of the therapy;
- (3) the circumstances of termination;
- (4) the client or patient's personal history;
- (5) the client or patient's mental status;
- (6) the likelihood of adverse impact on the client or patient and others; and
- (7) any statements or actions made by the psychologist during the course of therapy

suggesting or inviting the possibility of a post-termination sexual or other potentially exploitative relationship with the patient or client.

D. The psychologist shall not serve in varied capacities that confuse the role of the psychologist. Such confusion is most likely when the psychologist changes from one role to another and fails to make clear who is the client or patient. The psychologist is responsible for taking appropriate precautions to avoid harmful dual relationships and is responsible for informing all affected individuals, preferably in writing, when such a change is necessary. Examples of situations requiring extra caution include:

- (1) treating a person who is the family member of a current or former patient or client;
- (2) treating a family as a unit after treating a family member or, conversely, treating a family member after treating the family as a unit;
- (3) moving from a confidential role to a non-confidential one, such as from therapist or mediator to evaluator, arbitrator, or "wise-person"; and
- (4) moving from a position of authority into a confidential role, such as from court-appointed evaluator to the role of therapist.

E. If one family member is a minor, the psychologist shall ensure that the child understands how the role of the psychologist is changing (for example, moving from therapist for the child to therapist for the family) and shall explain the limits of confidentiality that result from this changed role.

F. When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist shall clarify at the outset:

- (1) which of the individuals are patients or clients and
- (2) the relationship the psychologist will have with each person; this clarification includes the role of the psychologist and the possible uses of services provided or information obtained.

G. As soon as it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife and then witness for one party in a divorce proceeding), the psychologist shall clarify and withdraw from or adjust roles, as appropriate.

[16.22.2.9 NMAC - Rp, 16.22.2.9 NMAC, 11/15/2006; A, 3/21/2009; A, 7/1/2018]

16.22.2.10 PATIENT WELFARE:

A. Informed consent for therapy and evaluation.

(1) The psychologist shall appropriately document and obtain appropriate informed consent for therapy or related procedures or evaluation. Informed consent means that the person:

- (a) has the capacity to consent;
 - (b) has been informed of significant information concerning the therapy or evaluation in language that is understandable; and
 - (c) has freely and without undue influence expressed consent.
- (2) When persons are legally incapable of giving informed consent, the psychologist shall obtain informed consent from a legally authorized person, if such substitute consent is permitted by law.
- (3) In addition, the psychologist shall:
- (a) inform those persons who are legally incapable of giving informed consent about the proposed interventions or evaluations in a manner commensurate with the persons' psychological capacities;
 - (b) seek or obtain their assent to those interventions or evaluations; and
 - (c) consider such person's preferences and best interests.

B. Limits of confidentiality in forensic, court-ordered, or child custody evaluations.

(1) The psychologist shall explain the limits of confidentiality to parties at the outset, before the evaluation begins, and the explanation should be documented. The psychologist shall also clarify how the

information will be used and which parties or entities will have access to the evaluation. The procedures of the evaluation and their purpose should be described to the parties.

(2) In the case of child custody evaluations, the limits of confidentiality shall be explained at the initial meeting with each parent and the children.

C. Terminating the professional relationship.

(1) The psychologist shall not abandon his clients or patients.

(2) The psychologist shall terminate a professional relationship when it becomes clear that the patient no longer needs the service, is not benefiting from the service, is being harmed by continued service, or if the psychologist is acting outside of his or her area of competence.

(3) Prior to termination, for whatever reason, except where precluded by circumstances outside of the control of the psychologist including the patient's conduct, or changes in administrative or financial arrangements, if possible, the psychologist shall discuss the patient's views and needs, provide appropriate pre-termination counseling, suggest alternative service providers as appropriate, and take other reasonable steps to facilitate transfer of responsibility to another provider, if the patient needs one immediately.

D. Impaired psychologist. The psychologist shall not undertake or continue a professional relationship with a client when the psychologist is impaired due to mental, emotional, physiologic, pharmacologic, or substance abuse conditions.

E. Continuity of care. The psychologist shall make arrangements for another appropriate professional or professionals to deal with emergency needs of his clients, as appropriate, during periods of his foreseeable absences from professional availability. The psychologist shall also make advance arrangements for managing the transfer of care for his clients or the closure of his clients' cases upon his illness, incapacity or death.

F. Exploitative relationships.

(1) The psychologist shall not exploit persons over whom the psychologist has supervisory, evaluative, or other authority such as applicants, supervisees, employees, research participants, and clients or patients.

(2) The psychologist shall not engage in sexual relationships with applicants, supervisees in training over whom the psychologist has evaluative or direct authority.

G. Solicitation of business by patients. The psychologist shall not induce the patient to solicit business on behalf of the psychologist.

H. Referrals. The psychologist providing services to a client or patient shall make an appropriate referral of the client or patient to another professional when requested to do so by the client or patient, when such a referral is in the best interest of the client or patient or when the client or patient presents symptoms or behaviors that are outside the psychologist's area of practice.

I. Consultations. When consulting with colleagues, the psychologist:

(1) shall not share confidential information that could lead to the identification of a patient, client, research participant, or other person or organization without prior written consent; and

(2) shall share information only to the extent necessary to achieve the purposes of the consultation.

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

[16.22.2.10 NMAC - Rp, 16.22.2.10 NMAC, 11/15/2006; A, 7/1/2018]

16.22.2.11 WELFARE OF SUPERVISEE AND RESEARCH SUBJECTS:

A. Welfare of supervisees. The psychologist shall not exploit a supervisee in any way sexually, financially, or otherwise.

B. Welfare of research subjects. The psychologist shall respect the dignity and protect the welfare of his research subjects, and shall comply with all relevant statutes and the board's regulations concerning treatment of research subjects.

[16.22.2.11 NMAC - Rp, 16.22.2.11 NMAC, 11/15/2006]

16.22.2.12 PROTECTING CONFIDENTIALITY:

A. Safeguarding confidential information. The psychologist shall safeguard confidential information obtained in the course of practice, teaching, research, or other professional services. The psychologist shall disclose confidential information to others only with the written informed consent of the patient or client in accordance with the Public Health Act, Section 24-1-20 NMSA 1978, except as provided in these regulations.

B. Discussing the limits of confidentiality.

(1) The psychologist shall discuss with persons and organizations with whom the psychologist establishes a professional or scientific relationship (including, to the extent feasible, minors and their legal representatives):

(a) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting; and

(b) the foreseeable uses of the information generated through his services.

(2) Unless it is not feasible or is contraindicated, the psychologist shall discuss confidentiality at the outset of the relationship and thereafter as new circumstances warrant.

C. Disclosure without informed written consent. Except as otherwise permitted under the provisions of the MHDDC, Section 43-1-19 NMSA, 1978, and the CMHDDA, Sections 32A-6-1 thru 32A-6-22 NMSA 1978 and as amended, a psychologist may disclose confidential information without the informed written consent of the patient/client when the psychologist judges that disclosure is necessary to protect against a substantial and imminent risk of serious harm being inflicted by the patient on the patient or another person. In such case, the psychologist shall limit disclosure of the otherwise confidential information to only those persons and only that content necessary to address the imminent risk of harm. When the client is an organization, disclosure shall be made only after the psychologist has made a reasonable and unsuccessful attempt to have the problems corrected within the organization.

D. Services involving more than one interested party. In a situation in which more than one party has an appropriate interest in the professional services rendered by the psychologist to a patient(s) and client(s), the psychologist shall, to the extent possible, clarify to all parties prior to rendering the services the dimensions of confidentiality and professional responsibility that shall pertain in the rendering of services. The relevant limitations on confidentiality shall be clarified, including limitations where applicable in group, marital, or family therapy or in organizational consulting. Such clarification is specifically indicated, among other circumstances, when the patient or client is an organization. The psychologist shall also communicate the foreseeable uses of the information generated through his services.

E. Legally dependent patients. At the beginning of a professional relationship, to the extent that the patient or client can understand, the psychologist shall inform a patient or client who is below the age of majority or who has a legal guardian of the limit the law imposes on the right of confidentiality with respect to the patient or client's communications with the psychologist.

F. Limited access to client records. The psychologist shall limit access to patient or client records to preserve the patient or client's confidentiality and shall make effort to ensure that all persons working under the psychologist's authority comply with the requirements for confidentiality of patient or client material.

G. Release of confidential information. The psychologist may release confidential information upon court order, or to conform to state or federal law, rules or regulations. The psychologist shall consult with others and take appropriate action if a court order appears to violate confidentiality rights under state or federal law, rules or regulations.

H. Reporting of abuse of children and vulnerable adults. The psychologist shall be familiar with the Child Abuse and Neglect Act (CANa), Sections 32A-4-1 thru 32A-4-34 NMSA 1978, Resident Abuse and Neglect Act (RANA), Sections 30-47-1 thru 30-47-10 NMSA 1978, and any other relevant law concerning the reporting of abuse of children and vulnerable adults, and shall comply with the mandatory requirements of such laws.

I. Discussion of client information among professionals. When rendering professional services as part of a team or when interacting with other appropriate professionals concerning the welfare of the client, the psychologist may share confidential information about the client provided the psychologist ensures that all persons receiving the information are informed about the confidential nature of the information and abide by the rules of confidentiality.

J. Disguising confidential information. When a case report or other confidential information is used as the basis of teaching, research, or other published reports, the psychologist shall exercise reasonable care to ensure that the case report or information is appropriately disguised to prevent client identification.

K. Observation and electronic recording. The psychologist shall ensure that diagnostic interviews or therapeutic sessions with a patient are observed or electronically recorded only with the informed written consent of the patient or his legal guardian, if any. The patient may withdraw consent at any time verbally or in writing unless otherwise required by law.

L. Confidentiality after termination of a professional relationship. The psychologist shall continue to treat information regarding a patient as confidential after the professional relationship between the psychologist and the patient has ceased.

M. Confidentiality of electronic transmission. The psychologist shall ensure that confidential information is not transmitted in any way that compromises confidentiality.
[16.22.2.12 NMAC - Rp, 16.22.2.12 NMAC, 11/15/2006]

16.22.2.13 DISCLOSURE AND MISREPRESENTATION OF SERVICES:

A. Definition of public statements. Public statements include but are not limited to paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures, and public oral presentations.

B. Display of license. The psychologist shall display his current New Mexico license to practice psychology, on the premises of his primary professional office.

C. Misrepresentation of qualifications. The psychologist shall not misrepresent directly or by implication his professional qualifications such as type of licensure, education, experience, and areas of competence.

D. Misrepresentation of affiliations. The psychologist shall neither misrepresent nor permit the misrepresentation of his professional qualifications, affiliations, or purposes, or those of the institutions, organizations, products, and/or services with which he is associated.

E. False or misleading information regarding professional services. The psychologist shall not include false or misleading information in public statements concerning professional services offered.

(1) When announcing or advertising professional services and/or describing his professional qualifications, the psychologist may list the following:

- (a) degrees obtained (Ph.D. or Psy.D.) and the area in which the degree is obtained (clinical, counseling, or school);
- (b) the institutions from which the degrees were obtained;
- (c) date, type, and level of certification or licensure;
- (d) diploma status; membership status in professional organizations;
- (e) address; telephone number; office hours;
- (f) a brief listing of the type of psychological services offered;
- (g) an appropriate presentation of fee information;
- (h) foreign languages spoken; and
- (i) policy with regard to third-party payments.

(2) Additional relevant or important consumer information may be included if not prohibited by other sections of the code. The psychologist must disclose and list whether his New Mexico license is regular, provisional, temporary, emergency or inactive, and include its expiration date.

(3) When announcing or advertising the availability of psychological products, publications, or services, the psychologist shall not display any affiliation with an organization in a manner that falsely implies the sponsorship or certification of that organization. In particular, the psychologist shall not offer professional organization or fellowship status in a way that implies specialized professional competence or qualifications. Public statements shall not contain:

- (a) any statement likely to mislead or deceive because it makes only a partial disclosure of relevant facts;
- (b) a statement of a patient's laudatory statements about the psychologist or his services or products;
- (c) a statement intended or likely to create false or unjustified expectations of favorable results;
- (d) a statement implying unusual, unique, or one-of-a-kind abilities;
- (e) a statement intended or likely to appeal to a prospective patient's fears, anxieties; or emotions concerning the possible consequences of the prospective client's failure to obtain the offered services;
- (f) a statement concerning the comparative desirability of offered service;
- (g) a statement of direct solicitation of individual clients.

F. Promotion of psychological services and products. Psychologists associated with the development or promotion of psychological devices, books, or other products offered for sale must ensure that announcements and advertisements are presented in an accurate and truthful manner.

(1) The psychologist shall offer his/ her services, products, and publications in an accurate and truthful manner, avoiding statements or claims likely to deceive or mislead such as misrepresentation through sensationalism, exaggeration, or superficiality. The psychologist shall be guided by the primary obligation to aid the public in forming their own informed judgments, opinions, and choices.

(2) The psychologist shall make efforts to ensure that statements in catalogues, workshops, and seminar outlines are not false, misleading, or inaccurate. Announcements, brochures, or advertisements describing workshops, seminars, or other programs shall accurately represent the intended audience, eligibility requirements, educational objectives, and nature of the material to be covered, as well as the education, training, and experience of the persons presenting the programs. The psychologist shall make clear the nature of the services, costs, and other obligations to be accepted by research participants whenever fees or clinical or other professional services are offered as inducement.

G. Misrepresentation of services or products. The psychologist shall not associate with or permit his name to be used in connection with any services or products in such a way as to misrepresent:

- (1) the services or products;
- (2) the degree of his responsibility for the services or products; or
- (3) the nature of his association with the services or products.

H. In-person solicitation. The psychologist shall not engage, directly or through agents, uninvited, in-person solicitation of business from actual or potential psychotherapy patients, or other persons who, because of their particular circumstances, are vulnerable to undue influence.

[16.22.2.13 NMAC - Rp, 16.22.2.13 NMAC, 11/15/2006]

16.22.2.14 FEES AND STATEMENTS:

A. Disclosure of charges for services. The psychologist shall provide complete and accurate information about the charge of professional services to the client or patient, a prospective client or patient, or third-party payor.

B. Accuracy in reports to payors and funding sources. In reports to payors for services or sources of research funding, the psychologist shall accurately state the nature of the research or services provided, the fees or charges, and, where applicable, the identity of the provider, the findings, and the diagnosis.

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

D. Fees and financial arrangements. As early as is feasible in a professional or scientific relationship, the psychologist and the patient, or client, should reach an agreement specifying the compensation and the billing arrangements.

(1) The psychologist shall not misrepresent his fees.

(2) If limitations to services can be anticipated because of the client or patient's finances, the psychologist should discuss such anticipated limitations with the patient or client.

(3) If the patient or client does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist shall first inform the patient or client that such measures will be taken and provide an opportunity for the patient or client to make prompt payment.

(4) Prior to conducting a custody evaluation, the psychologist shall clarify to the parties involved the charges, or estimation of costs, and the manner in which fees will be collected. A specific written fee agreement shall be signed by all parties.

[16.22.2.14 NMAC - Rp, 16.22.2.14 NMAC, 11/15/2006; A, 7/1/2018]

16.22.2.15 ASSESSMENT PROCEDURES:

A. Confidential information. The psychologist shall treat the results of a psychological assessment as confidential information subject to the same rules and regulations as other patient information.

B. Use of assessment in general and with special populations. Psychologists who administer, score, interpret, or use assessment techniques shall be familiar with reliability, validity, standardization, comparative, and outcome studies of the techniques they use and with the proper application and use of those techniques.

(1) The psychologist shall recognize limits of the confidence with which diagnoses, judgments, or predictions can be made about individuals.

(2) The psychologist shall identify situations in which particular assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as an individual's gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

C. Communication of results. The psychologist shall communicate results of the assessment to the client or patient, parents, legal guardians, or other agents of the client or patient in as clear and understandable a manner as reasonably possible and with respect for the client or patient.

D. Reservations concerning results. The psychologist shall include in the assessment report the results of any limitations of the assessment procedures as may apply to the reliability or validity of the assessment techniques or the interpretation of results.

(1) Issues of individual differences, such as language, ethnicity, culture, socioeconomic, religion, disability, and lifestyle differences, should be carefully considered and addressed whenever relevant.

(2) Any limitations of results derived from the factors in Paragraph (1) of Subsection D of 16.22.2.15 NMAC should be clearly stated in the psychological report. The psychological report of an individual on whom psychological tests are not normed or adequately normed should clearly indicate the limitations of the assessment and the need for caution in interpreting test results.

E. Information for professional users.

(1) The psychologist offering an assessment procedure or automated interpretation service to non-psychologist professionals shall accompany this offering with information that fully describes:

(a) the development of the assessment procedure or service;

(b) evidence of validity and reliability; and

(c) characteristics of the normative population.

(2) The psychologist shall explicitly state the purpose and application for which the procedure is recommended and identify special qualifications required to administer and interpret it properly. The psychologist shall ensure that advertisements for the assessment procedure or interpretive service are factual and accurately descriptive.

F. Assessing quality of parenting in child custody evaluations. There may be situations in which one parent is unavailable for direct evaluation due to geographic distance, severe pathology, or refusal to participate. While the psychologist can assess the quality of parenting of the available parent, no comparison can be made in terms of which parent is better; nor can conclusions be derived about the fitness or level of psychological functioning of the unavailable parent.

G. Collateral contacts in child custody evaluations. The identification, extent, and purpose of collateral contacts made in the course of an evaluation shall be clearly explained early, even within the referral process. Collateral contacts include people who represent a major presence in the children and parents' environment.

H. Test settings. Clients or patients should take standardized tests in a setting that will preserve the integrity of the tests and the information. When possible, all assessment procedures and techniques should be administered in a clinical setting.

I. Single-test assessments. A single-test assessment should not be the sole basis for major opinions or decisions.

J. Outdated tests. The psychologist shall not base assessments, decisions, or recommendations on outdated tests or test data as defined in Paragraph (49) of Subsection A of 16.22.1.7 NMAC. [16.22.2.15 NMAC - Rp, 16.22.2.15 NMAC, 11/15/2006; A, 7/1/2018]

16.22.2.16 TEST SECURITY:

A. Limits of reproduction and description of test materials. The psychologist shall not reproduce or describe in public or in publications subject to general distribution any psychological tests or other assessment devices, the value of which depends in whole or in part on the naiveté of the subject, in ways that might invalidate the techniques. The psychologist shall limit access to such tests or devices to persons with professional interests who will safeguard their use.

B. Safeguarding test materials. The psychologist shall safeguard testing materials in accordance with the necessity to maintain test security. The psychologist should take reasonable measures to protect test manuals, testing stimuli, and raw test data from disclosure to those who are not qualified to properly appraise those materials. Appropriate measures to safeguard test materials include educating non-psychologists about the professional duties of psychologists and the importance of safeguarding the tests, and asking that the materials be released only to qualified persons.

[16.22.2.16 NMAC - Rp, 16.22.2.16 NMAC, 11/15/2006; A, 7/1/2018]

16.22.2.17 VIOLATIONS OF LAW:

A. The psychologist shall not use fraud, misrepresentation, or deception in applying for or obtaining a psychologist license.

B. The psychologist shall not use fraud in:

- (1) assisting another to obtain a psychologist license;
- (2) billing clients or third-party payors;
- (3) providing psychological service;
- (4) reporting the results of psychological evaluations or services; or
- (5) conducting any other activity related to the practice of psychology.

[16.22.2.17 NMAC - Rp, 16.22.2.17 NMAC, 11/15/2006]

16.22.2.18 AIDING ILLEGAL PRACTICE:

A. Aiding unauthorized practice. The psychologist shall not aid or abet another person in misrepresenting his professional credentials or illegally engaging in the practice of psychology.

B. Delegating professional responsibility. The psychologist shall not delegate responsibilities:

(1) to persons who are not appropriately licensed, credentialed, or otherwise qualified to provide assessment, diagnosis, or treatment; or

(2) to persons who are not psychology predoctoral or postdoctoral trainees.

C. Providing supervision. The psychologist shall exercise appropriate supervision over supervisees, as set forth in the board regulations.

[16.22.2.18 NMAC - Rp, 16.22.2.18 NMAC, 11/15/2006]

16.22.2.19 RESOLVING ETHICAL ISSUES:

A. Improper complaints. The psychologist shall not file or encourage the filing of ethics complaints to the board that are frivolous.

B. Familiarity with this code. The psychologist has an obligation to be familiar with the code, other applicable ethics codes, and their application to psychologists' work. Lack of awareness or misunderstanding of the code is not a defense to a charge of unethical conduct.

C. Confronting ethical issues. When a psychologist is uncertain whether a particular situation or course of action would violate this code, the psychologist shall consult with other psychologists knowledgeable about ethical issues, with state or national psychology ethics committees, or with other appropriate authorities in order to choose a proper course of action. Such consultation is not a defense to a charge of unethical conduct.

D. Mandatory reporting. If a psychologist has reason to believe that another psychologist is engaged in a prohibited dual relationship with a client or patient, exhibits habitual or excessive use of drugs and alcohol that adversely affect professional practice or commits fraud or gross incompetence, he must report the suspected violation to the board.

E. Cooperating with complaint and ethics committees. The psychologist shall cooperate in investigations, proceedings, and requirements of this code, the ethical principles of psychologists and code of conduct of the American psychologist association, or any affiliated state psychological association to which he belongs. In doing so, the psychologist shall make reasonable efforts to resolve any issues of confidentiality. Failure to cooperate is a separate violation of the code.

[16.22.2.19 NMAC - Rp, 16.22.2.19 NMAC, 11/15/2006]

HISTORY OF 16.22.2 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center and Archives under:

SBPE 3, Code of Conduct, filed 11/15/1979.

SBPE 3, Code of Conduct, filed 10/29/1982.

NMSBPE Rule 3, Code of Conduct, filed 4/22/1985.

NMBPE Rule 1, Code of Conduct, filed 12/28/1989.

Rule No. 1, Code of Conduct, filed 4/24/1995.

History of Repealed Material:

16 NMAC 22.2, Code of Conduct - Repealed, 4/16/2000.

16.22.2 NMAC, Code of Conduct - Repealed 11/15/2006

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 3 NON-LICENSED DOCTORAL STUDENTS, PSYCHOLOGY INTERNS AND POST-DOCTORAL TRAINEES; NON LICENSED EMPLOYEES AND AGENTS

16.22.3.1 ISSUING AGENCY: Regulation and Licensing Department, New Mexico State Board of Psychologist Examiners.
[16.22.3.1 NMAC - Rp, 16.22.3.1 NMAC, 11/15/2006]

16.22.3.2 SCOPE: This part applies to the board, licensees, doctoral students in psychology, psychology interns, unlicensed individuals acquiring post-doctoral experience under supervision, applicants for licensure, non-licensed employees or agents of licensees, and the general public.
[16.22.3.2 NMAC - Rp, 16.22.3.2 NMAC, 11/15/2006; A, 7/1/2018]

16.22.3.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist act, Section 61-9-6, 61-9-8, 61-9-16 NMSA 1978. Part 3 is authorized by Section 10-15-1.C NMSA 1978 (1993 Repl.)
[16.22.3.3 NMAC - Rp, 16.22.3.3 NMAC, 11/15/2006]

16.22.3.4 DURATION: Permanent.
[16.22.3.4 NMAC - Rp, 16.22.3.4 NMAC, 11/15/2006]

16.22.3.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of a section.
[16.22.3.5 NMAC - Rp, 16.22.3.5 NMAC, 11/15/2006]

16.22.3.6 OBJECTIVE: The objectives of this part are to:

- A.** set forth the limitations and conditions on the practice of psychology that apply to students while supervised in a course of study at a school or college, non-licensed persons who practice under supervision in order to satisfy the requirements for licensure, and non-licensed staff or employees of licensees; and
- B.** establish the extent that licensees who supervise or sponsor non-licensed persons are responsible for the conduct of the non-licensed person.

[16.22.3.6 NMAC - Rp, 16.22.3.6 NMAC, 11/15/2006; A, 7/1/2018]

16.22.3.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.3.8 NON-LICENSED PERSONS:

- A. Limits of practice.** Unless licensed by the board or exempted from licensure as provided in the act, no non-licensed person shall render, perform, or offer to render or perform psychological services except as provided under this part. The provisions of this part shall be strictly construed to ensure that the public is adequately protected from the practice of psychology by unqualified persons.
- B. Required consent by patient or client.** Except for normal office management, administrative, and secretarial support roles and functions, the patient or client shall be fully informed of the tasks and assignments performed by non-licensed persons. The supervisor shall obtain informed consent as appropriate when non-licensed persons will have access to confidential patient or client information or if other non-licensed persons are or will be performing or rendering psychological services under supervision.
- C. Non-licensed employees or staff.**
 - (1)** A licensed psychologist may employ office staff or agents to perform nonprofessional office management, administrative, and secretarial duties and functions. The licensee shall make every effort to ensure that the office staff is trained in a protect patient or client confidential information. The psychologist shall be responsible for any breach of confidentiality by his employees or staff.
 - (2)** A licensed psychologist may employ qualified non-licensed persons to administer and score psychological tests or gather historical data from patients or clients. The employee shall work under the psychologist's direct supervision. The psychologist is ultimately responsible for the accuracy and competent administration, scoring and interpretation of tests and data.

[16.22.3.8 NMAC - Rp, 16.22.3.8 NMAC, 11/15/2006]

16.22.3.9 SUPERVISION OF NON LICENSED PERSONS:

A. Responsibility of supervisors and violations. The supervisor shall not assist a non-licensed person in the performance of any activity that constitutes the practice of psychology except as allowed by this part. A supervisor shall have functional authority over and professional responsibility for the work of the non-licensed person. A supervisor who assists a non-licensed person in the practice of psychology in violation of this part, by acts of omission or commission, or who provides inadequate supervision over a non-licensed person is subject to disciplinary action. The grounds for disciplinary action may include, without limitation, aiding and abetting the practice of psychology by a non-licensed person; incompetent practice of psychology; willful or negligent violation of the act; allowing the supervisor's name or license to be used in connection with a non-licensee who performs psychological services outside of the area of the non-licensed person's training, experience, or competency; or abandonment of the patient or client.

B. Qualifications of supervisors. The supervisor shall be a licensed psychologist. The supervisor shall have training or experience in the specific area of practice being supervised. The supervisor may assign non-licensed persons to other qualified specialists under the supervisor's authority for specific skill training. The other specialist shall have a clearly established practice and shall possess demonstrable teaching skills. The supervisor shall limit the number of non-licensed persons under supervision, taking into account the requirements of the supervisor's principal work or practice and clinical responsibilities, to ensure that the supervision provided and the practice are consistent with professional standards. The supervisor shall not supervise an applicant who is a member of the supervisor's immediate or extended family, who has a financial interest in the supervisor's business or practice, or with whom the supervisor has a dual relationship.

C. Duties of the supervisor. The supervisor has the following duties to his patients or clients, the non-licensed person, and the public.

(1) The supervisor has ultimate responsibility to the patient or client for all professional psychological services rendered, whether rendered by the supervisor or the non-licensed person.

(a) The supervisor shall ensure that the patient or client knows the supervisory status of the non-licensed person and that consent is obtained.

(b) The supervisor shall ensure that the patient or client understands the possibility that a third-party payor may not reimburse for services rendered by the non-licensed person.

(c) The supervisor shall ensure that the patient or client is aware of the non-licensed person's qualifications and functions.

(d) The supervisor shall be available to patients or clients, shall be available to the non-licensed person for professional guidance and direction and intervention as needed, and shall be responsible for proper record-keeping and proper documentation in the patient's or client's case file, progress notes, or medical record.

(2) Unless the applicant holds an independent mental health license issued by the New Mexico counseling and therapy practice board or is an independent social worker licensed by the New Mexico board of social work examiners, the supervisor shall be responsible for billing for services and receipt or collection of payment. Bills, statements, invoices, or requests for payment in any form shall accurately and clearly identify the work performed and by whom.

(3) The supervisor maintains ultimate responsibility for and has an ongoing duty to actively supervise the non-licensed person's work performance and conduct to ensure adherence to the act and to board regulations.

(4) The supervisor shall ensure that a non-licensed person for whose work the supervisor is responsible does not engage in any activity, which, if engaged in by the supervisor, would constitute a violation of the act or the board regulations. The supervisor shall ensure, for example, that the non-licensed person:

(a) does not engage in a dual relationship;

(b) preserves the confidentiality of patient or client information;

(c) does not misrepresent his status, credentials, or qualifications to the patient or client or to others;

(d) does not mislead others or misrepresent his status to collect fees for services; and

(e) does not abuse drugs, substances, or alcohol to an extent or manner that endangers himself or another or impairs his ability to perform the duties required.

(5) The supervisor shall ensure that the non-licensed person works within his area of training, education, and competence.

(6) The supervisor shall adequately monitor the work of the non-licensed person to the extent necessary to protect the welfare of the patient or client. The supervisor shall ensure that the patient or client is properly evaluated and treated. The supervisor shall assess the skills and functioning of the non-licensed person on an ongoing basis to ensure that the non-licensed person is acting within his area of training, education, and competence. The supervisor shall prepare and document the plan of supervision, if applicable.

D. Doctoral students under supervision. Students enrolled in a graduate-level clinical counseling or school psychology training program who are rendering services under supervision and who have not applied for licensure are exempt from the act as specified under Section 61-9-16 NMSA 1978. Students shall not directly charge a patient or third-party payor a fee for the services performed. The supervisor shall accept supervisory responsibility only over students currently enrolled in a graduate-level program, who are under the auspices of a bona fide practicum or externship program with a designated faculty advisor who shall be responsible for coordinating students' services and training. Students shall not render any psychological services that are not supervised by a qualified supervisor as defined in this part.

E. Registered psychologist interns and post-doctoral psychology trainees.

(1) Psychology interns and post-doctoral psychology trainees doing their training in New Mexico and who are enrolled in an approved supervision program as defined in Subsection F of 16.22.1.7 NMAC must register with the board.

(2) Registered psychology interns and post-doctoral psychology trainees working under approved supervision are allowed to practice psychology as specified under Section 61-9-16 NMSA 1978.

(3) Individuals who are enrolled in a formal internship or program or a postdoctoral supervised experience that has been accredited by a nationally recognized accreditation body will be registered based on documentation, in a manner satisfactory to the board, of enrollment in that approved training program.

(4) Psychology interns and post-doctoral trainees doing their training in New Mexico must apply for and receive formal approval of their training program unless they are in a formal internship program as described in Paragraph (3) of Subsection E of 16.22.3.9 NMAC and must register with the board.

(5) Interns and post-doctoral trainees shall not directly charge a patient or third-party payor a fee for the services performed.

(6) Registration as a psychology intern or post-doctoral trainee shall be for the term of the formal internship or traineeship not to exceed two years total or as approved by the board.

[16.22.3.9 NMAC - Rp, 16.22.3.8 NMAC, 11/15/2006; A, 7/1/2018]

16.22.3.10 [RESERVED]

[16.22.3.10 NMAC - Rp, 16.22.3.8 NMAC, 11/15/06; Repealed 7/1/2018]

HISTORY OF 16.22.3 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center and Archives under:

SBPE 10, Status of Non-Certified Personnel, filed 11/15/1979.

Rule 13, Status of Non-Certified Personnel, filed 11/1/1983.

NMBPE Rule 9, Status of Non-Licensed Personnel, filed 12/28/1989.

NMBPE Rule 9, Status of Non-Licensed Personnel, filed 2/7/1990.

Rule No. 9, Status of Non-Licensed Personnel, filed 4/24/1995

History of Repealed Material:

16 NMAC 22.1, General Provisions - Repealed 4/16/2000.

16.22.3 NMAC, Non Licensed Psychologists/Applicants with an Independent Mental Health license- Repealed 11/15/2006.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 4 PSYCHOLOGISTS: EDUCATION REQUIREMENTS

16.22.4.1 ISSUING AGENCY: Regulation and Licensing Department, New Mexico State Board of Psychologist Examiners.
[16.22.4.1 NMAC - Rp, 16.22.4.1 NMAC, 11/15/2006]

16.22.4.2 SCOPE: The provisions of Part 4 apply to all applicants for licensure except applicants applying for reciprocity (16.22.5.10 and 16.22.5.11 NMAC) and foreign trained individuals (16.22.5.15 NMAC).
[16.22.4.2 NMAC - Rp, 16.22.4.2 NMAC, 11/15/2006; A, 7/1/2018]

16.22.4.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, Sections 61-9-4.1, 61-9-6, 61-9-10 61-9-11, 61-9-11.1 NMSA 1978.
[16.22.4.3 NMAC - Rp, 16.22.4.3 NMAC, 11/15/2006]

16.22.4.4 DURATION: Permanent.
[16.22.4.4 NMAC - Rp, 16.22.4.4 NMAC, 11/15/2006]

16.22.4.5 EFFECTIVE DATE: November 15, 2006 unless a later date is cited at the end of a section.
[16.22.4.5 NMAC - Rp, 16.22.4.5 NMAC, 11/15/2006]

16.22.4.6 OBJECTIVE: This part establishes the minimum educational requirements for applicants applying for licensure.
[16.22.4.6 NMAC - Rp, 16.22.4.6 NMAC, 11/15/2006]

16.22.4.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.4.8 EDUCATIONAL REQUIREMENTS:

A. The board shall issue a license as a psychologist to an applicant, otherwise qualified, who furnishes evidence satisfactory to the board that the applicant is a graduate of a doctoral program that is designated as a doctoral program in psychology by a nationally recognized designation system or that is accredited by a nationally recognized accreditation body and hold a degree with a major in clinical, counseling or school psychology from a university offering a full-time course of study in psychology.

B. It is the responsibility of the prospective applicant to provide evidence, at the time of application that the program from which he or she graduated meets the requirements of the Professional Psychology Act.
[16.22.4.8 NMAC - Rp, 16.22.4.8 NMAC, 11/15/2006; A, 3/21/2009; A, 9/16/2010; A, 7/1/2018]

HISTORY OF 16.22.4 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center and Archives under:

Rule 4, Requirements for Certifications Psychologists filed 11/1/1983.

Rule 4, Requirements for Certification Psychologists filed 4/19/1985.

NMBPE Rule 2 Requirements for Certification Licensure Psychologists filed 12/28/1989.

NMBPE Rule 2, Requirements for Certification Licensure Psychologists filed 8/28/1990.

Rule No. 2, Requirements for Licensure filed 4/24/1995.

Rule 5, Requirements for Certification Psychologist Associate filed 11/1/1983.

MBPE Rule 3, Requirements for Licensure filed 12/28/1989.

Rule No. 3, Educational Requirements filed 4/24/1995.

Rule 6, Psychologist Associates Conditions of Practice filed 1/3/1984.

NMBPE Rule 4, Psychologist Associates filed 12/28/1989.

Rule No. 4, Supervised Practice Leading Towards Licensure filed 4/24/1995.

Rule 8, Examination-Psychologist Associate filed 11/1/1983.

Rule 8, Examination-Psychologist Associate filed 3/19/1984.

Rule 8, Examination-Psychologist Associate filed 4/19/1985.

NMBPE Rule 6, Examination-Psychologist Associate filed 12/28/1989.
NMBPE Rule 6, Examination-Psychologist Associate filed 8/28/1990.
Rule No. 6, Examination for Licensure Psychologist-Psychologist Associate filed 4/24/1995.
NMBPE Rule 15 Senior Psychologist filed 8/28/1990.
Rule No. 15, Section 61-9-10 Licensure filed 4/24/1995.

History of Repealed Material:

16 NMAC 22.3, Licensure, Educational and Examination Requirements - Repealed 4/16/2000
16.22.4 NMAC, Education Requirements for Psychologists - Repealed 11/15/2006

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 5 PSYCHOLOGISTS: APPLICATION PROCEDURES

16.22.5.1 ISSUING AGENCY: Regulation and Licensing Department, New Mexico State Board of Psychologist Examiners.
[16.22.5.1 NMAC - Rp, 16.22.5.1 NMAC, 11/15/2006]

16.22.5.2 SCOPE: The provisions of Part 5 apply to all applicants for licensure.
[16.22.5.2 NMAC - Rp, 16.22.5.2 NMAC, 11/15/2006]

16.22.5.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist act, Section NMSA 61-9-4.1, 61-9-6, 61-9-10 61-9-11, 61-9-11.1.
[16.22.5.3 NMAC - Rp, 16.22.5.3 NMAC, 11/15/2006]

16.22.5.4 DURATION: Permanent.
[16.22.5.4 NMAC - Rp, 16.22.5.4 NMAC, 11/15/2006]

16.22.5.5 EFFECTIVE DATE: November 15, 2006 unless a later date is cited at the end of a section.
[16.22.5.5 NMAC - Rp, 16.22.5.5 NMAC, 11/15/2006]

16.22.5.6 OBJECTIVE: This part establishes procedures for applying for licensure as a psychologist and demonstrating to the board one's qualifications for licensure.
[16.22.5.6 NMAC - Rp, 16.22.5.6 NMAC, 11/15/2006; A, 7/1/2018]

16.22.5.7 DEFINITIONS: [RESERVED.]
[Refer to 16.22.1.7 NMAC]

16.22.5.8 APPLICATION; EXAMINATION; PROCESS:

A. A non-refundable application fee set by the board is due at the time of each initial application. Additional fees may be charged and will be collected by the board, as necessary, for the administration of examinations.

B. The applicant may be considered for licensure if the applicant fulfills conditions of 16.22.4 NMAC, 16.22.6 NMAC, and 16.22.7 NMAC. The only exceptions to these requirements apply to reciprocity for licensure in another state as defined in 16.22.5.10 NMAC and 16.22.5.11 NMAC, and foreign trained individuals as defined in 16.22.5.15 NMAC.

C. Nationwide criminal history screening: All applicants for initial licensure in any category in New Mexico are subject to a national criminal history screening at their expense. All applicants must submit two full sets of fingerprints, completed fingerprint certificate form, signed authorization for criminal background screening and fee at the time of application.

(1) Applications for licensure will not be processed without submission of fingerprints, completed fingerprint certificate form, signed authorization for criminal background screening and fee.

(2) Applications will be processed pending the completion of the nationwide criminal background screening.

(3) If the criminal background screening reveals a felony or a violation of the Psychologist Examiners Practice Act, the applicant/licensee will be notified to submit copies of legal documents and other related information to the board which will make the determination if the applicant is eligible for licensure or if disciplinary action will be taken.

[16.22.5.8 NMAC - Rp, 16.22.5.9 NMAC, 11/15/06; A, 9/16/10; A, 4/11/2012; A, 7/1/2018]

16.22.5.9 APPLICATION FOR LICENSURE:

A. All applicants shall submit the following to the satisfaction of the board or an agency designated by the board:

(1) a completed and signed application;

(2) the application fee as required by the board;

- (3) verification of educational requirements as described in 16.22.4 NMAC by official transcripts directly from the institution's office of the registrar;
- (4) verification of pre-doctoral and post-doctoral supervision as defined in 16.22.6 NMAC.
- (5) three letters of reference; dated within the last two years and two of the letters must be from a licensed practicing psychologist familiar with their clinical work, and can attest to their competency and moral character;
- (6) completion or application to complete examination requirements; either
 - (a) for applicants licensed in another jurisdiction, verification of a passing score on the Examination for Professional Practice in Psychology (EPPP) as defined in 16.22.7 NMAC; or
 - (b) for applicants who have not passed the EPPP, a request to be permitted to take the EPPP.
- (7) for individuals holding a certificate of professional qualification or national register health service provider in psychology credential, a verified or certified copy of the applicant's CPQ or national register HSPP credential as defined in 16.22.5.11 NMAC.
- (8) for applicants who are licensed in another jurisdiction and who are eligible for reciprocity as defined in 16.22.5.10 NMAC, verification of the documentation defined in that section.
 - B.** Applicants who have not taken and passed the EPPP must complete all requirements of Paragraphs 1 through 6 of Subsection A of 16.22.5.10 NMAC at least 60 days prior to taking the EPPP.
 - C.** Complete applications will be reviewed by the board or its designee and a notification of approval, denial or need for additional information will be issued to the applicant.
 - D.** The applicant shall take and pass a jurisprudence examination as defined in 16.22.7 NMAC.
 - E.** During the first year of licensure an applicant shall furnish evidence to the board that demonstrates an awareness and knowledge of New Mexico cultures.
 - F.** When the applicant fulfills all the requirements of this section, a license will be issued. [16.22.5.9 NMAC - Rp, 16.22.5.10 NMAC, 11/15/2006; A, 3/21/2009; A, 9/16/2010; A, 4/11/2012; A, 7/1/2018]

16.22.5.10 APPLICANTS HOLDING A VALID LICENSE IN ANOTHER STATE FOR TEN YEARS OR MORE SEEKING LICENSURE UNDER SECTION 61-9-10 - RECIPROCITY:

- A.** An applicant seeking licensure under this section may obtain a license pursuant to Section 61-9-10 of the act if the applicant fulfills the following conditions.
 - (1) At the time of application, the applicant shall possess a current license to practice psychology in another state, territory, possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico, or Canadian Province.
 - (2) The applicant shall possess a doctoral degree in psychology or a degree that is substantially equivalent and is acceptable by the board.
 - (3) The applicant shall have no pending disciplinary actions, no formal disciplinary actions issued against the license in the last five years and no past suspensions or revocations.
 - (4) The applicant shall have been licensed for a minimum of 10 years.
 - (5) The applicant shall have obtained a passing score on the EPPP as defined in 16.22.7 NMAC.
- B.** Application under this board regulation shall be made on a form approved by the board. The applicant shall apply as specified in 16.22.5.9 NMAC. [16.22.5.10 NMAC - Rp, 16.22.5.11 NMAC, 11/15/2006, A, 3/21/2009; A, 4/11/2012; A, 2/22/2013; A, 7/1/2018]

16.22.5.11 APPLICANTS HOLDING AN ASPPB CERTIFICATION OF PROFESSIONAL QUALIFICATION OR A NATIONAL REGISTER HEALTH SERVICE PROVIDER IN PSYCHOLOGY CREDENTIAL - RECIPROCITY:

- A. Eligibility.** A licensee in good standing for a minimum of five years in another jurisdiction is eligible for licensure pursuant to Section 61-9-10 of the act if the applicant holds current certification of professional qualification (CPQ) or holds a current national register (HSPP) credential at the doctoral level, pursuant to Subsection A of 16.22.4.8 NMAC. In addition, the applicant shall have passed the EPPP with a minimum score required for licensure as set forth in Paragraph (6) of Subsection A of Section 61-9-11 of the act, have no disciplinary actions within five years immediately preceding the date of application, and shall have no prior license suspensions or revocations in any jurisdiction in which the applicant is or has been licensed.
- B. Application procedure.** The applicant shall apply as specified in 16.22.5.9 NMAC. [16.22.5.11 NMAC - Rp, 16.22.5.13 NMAC, 11/15/06; A, 3/21/09; A, 4/11/12; A, 7/1/2018]

16.22.5.12 [RESERVED]

[16.22.5.12 NMAC - Rp, 16.22.5.12 NMAC, 11/15/06; A, 3/21/09; A, 9/16/10; A, 4/11/12; Repealed 7/1/2018]

16.22.5.13 APPLICANTS SEEKING A TEMPORARY LICENSE

A. A temporary six month license may be issued to a psychologist who meets the following conditions:

- (1) the applicant is licensed as a psychologist in another jurisdiction and is in good standing;
- (2) the applicant completes a form approved by the board that includes required information and states the reason for seeking a temporary license, including court-ordered evaluation or providing services during a federally declared natural disaster;
- (3) the board will set the appropriate fees for obtaining a temporary license;
- (4) the temporary license will expire in six months; and
- (5) the temporary license may be extended at the discretion of the board with a written request thirty days prior to the expiration, stating the reason for extension.
- (6) the board shall expedite the licensure process for obtaining a temporary license under this section but may not waive the specific licensing requirements.

B. Nothing in this section should be construed to prevent an applicant with a temporary license from applying for an unrestricted license. The applicant may apply for an unrestricted license by completing a form approved by the board, remitting appropriate fees, and taking and passing the online jurisprudence examination.

[16.22.5.13 NMAC - N, 11/15/2006; A, 9/16/2010; A, 4/11/2012; A, 7/1/2018]

16.22.5.14 [RESERVED]

[16.22.5.14 NMAC - N, 11/15/06; A, 3/21/09; Repealed 7/1/2018]

16.22.5.15 APPLICANTS WHO ARE GRADUATES FROM PROGRAMS OUTSIDE THE UNITED STATES AND CANADA

A. Graduates of programs outside the United States and Canada shall be evaluated according to the following criteria for New Mexico licensure:

- (1) applicants for licensure whose applications are based on graduation from universities outside the United States and Canada shall provide the board with such documents and evidence to establish that their formal education is a doctoral degree and is equivalent to a doctoral program that is designated as a doctoral program in psychology by a nationally recognized designation system or that is accredited by a nationally recognized accreditation body;
- (2) equivalency will be reviewed by a board approved agency specializing in the credentialing of foreign graduates.

B. After evaluation and acceptance by the board, the applicant shall take and pass the EPPP and an online jurisprudence examination to obtain licensure.

[16.22.5.15 NMAC - N, 11/15/2006; A, 9/16/2010; A, 2/22/2013; A, 7/1/2018]

HISTORY OF 16.22.5 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center and Archives under:

Rule 4, Requirements for Certifications Psychologists, 11/1/1983.

Rule 4, Requirements for Certification Psychologists, 4/19/1985.

NMBPE Rule 2 Requirements for Certification Licensure Psychologists, 12/28/1989.

NMBPE Rule 2, Requirements for Certification Licensure Psychologists, 8/28/1990.

Rule No. 2, Requirements for Licensure, 4/24/1995.

Rule 5, Requirements for Certification Psychologist Associate, 11/1/1983.

NMBPE Rule 3, Requirements for Licensure, 12/28/1989.

Rule No. 3, Education Requirements, 4/24/1995.

Rule 6, Psychologist Associates Conditions of Practice, 1/3/1984.

NMBPE Rule 4, Psychologist Associates, 12/28/1989.

Rule No. 4, Supervised Practice Leading Towards Licensure, 4/24/1995.

Rule 8, Examination-Psychologist Associate, 11/1/1983.
Rule 8, Examination-Psychologist Associate, 3/19/1984.
Rule 8, Examination-Psychologist Associate, 4/19/1985.
NMBPE Rule 6, Examination-Psychologist Associate, 12/28/1989.
NMBPE Rule 6, Examination-Psychologist Associate, 8/28/1990.
Rule No.6 Examination for Licensure Psychologist-Psychologist Associate, 4/24/1995.
NMBPE Rule 15 Senior Psychologist, 8/28/1990.
Rule No. 15, Section 61-9-10 Licensure, 4/24/1995.

History of Repealed Material:

16 NMAC 22.3, Licensure, Educational and Examination Requirements - Repealed, 4/16/2000.
16.22.5 NMAC, Application Procedures and Requirements for Licensure as a Psychologist - Repealed 11/15/2006.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 6 PSYCHOLOGISTS: PRACTICUM, DOCTORAL INTERNSHIP AND POSTDOCTORAL SUPERVISED EXPERIENCE

16.22.6.1 ISSUING AGENCY: Regulation and Licensing Department, New Mexico State Board of Psychologist Examiners
[16.22.6.1 NMAC - Rp, 16.22.6.1 NMAC, 11/15/2006]

16.22.6.2 SCOPE: The provisions of Part 6 apply to all applicants for licensure.
[16.22.6.2 NMAC - Rp, 16.22.6.2 NMAC, 11/15/2006]

16.22.6.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, Sections 61-9-4.1, 61-9-6, 61-9-10 61-9-11, 61-9-11.1 NMSA 1978.
[16.22.6.3 NMAC - Rp, 16.22.6.3 NMAC, 11/15/2006]

16.22.6.4 DURATION: Permanent.
[16.22.6.4 NMAC - Rp, 16.22.6.4 NMAC, 11/15/2006]

16.22.6.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of a section.
[16.22.6.5 NMAC - Rp, 16.22.6.5 NMAC, 11/15/2006]

16.22.6.6 OBJECTIVE: This part establishes supervisory requirements for applicants applying for licensure and establishes application procedures.
[16.22.6.6 NMAC - Rp, 16.22.6.6 NMAC, 11/15/2006]

16.22.6.7 DEFINITIONS: [RESERVED]

16.22.6.8 PRACTICUM, DOCTORAL INTERNSHIP, AND POSTDOCTORAL SUPERVISED EXPERIENCE:

A. Supervised experience leading toward licensure:

- (1) two years (3,000 hours) of supervised experience are required for licensure;
- (a) up to one year (1500 hours) of the supervised experience may be obtained in practicum hours overseen by the doctoral training program and consistent with the guidelines on practicum experience for licensure promulgated by the association of state and provincial psychology board; and
- (b) up to one year (1500 hours) of the supervised experience may be obtained in a doctoral internship approved by the American psychological association; or
- (c) up to one-half year (750 hours) of the supervised experience may be obtained in a doctoral internship not approved by the American psychological association; and
- (d) after totaling approved doctoral practicum hours and allowed hours for doctoral internship, the remainder of the (3000 hours) supervised experience must be obtained in supervised postdoctoral psychological work.
- (2) doctoral and postdoctoral experience from all supervisors shall be documented on forms provided by the board.

B. Practicum experience. Practicum training is an organized, sequential series of supervised experiences of increasing complexity, serving to prepare the student for internship and partially meeting the requirements for licensure. Training experiences shall follow appropriate academic preparation and shall be overseen by the doctoral training program. Not all supervised experience accumulated during graduate training may count toward licensure. The board requires that all practicum experiences counting toward licensure be of high quality and carefully approved and monitored by the doctoral training program. In particular, these experiences should advance the doctoral student's role and identity as a psychologist. All experiences counting toward licensure must be supervised one hour per week by a licensed psychologist or clinical faculty member who is allowed to practice psychology under the laws of the state. The director of clinical training of the doctoral training program, or designee of that program's chair, shall certify, in a form satisfactory to the board, that the hours meet the following specifications of type of clinical activity and supervision:

- (1) The practicum setting was approved by, integrated with and monitored by the doctoral training program;
- (2) The hours were obtained in the course of an organized, sequential series of supervised experiences of increasing complexity, serving to prepare the student for internship and partially meeting the requirements for licensure.
- (3) Supervised practicum experience occurred in psychological service settings that had, as part of the organizational mission, a goal of training professional psychologists.
- (4) Each practicum setting had an identified, licensed psychologist who was responsible for maintaining the integrity and quality of the experience for each trainee. The doctoral training program shall assign a licensed psychologist to serve in this role if none is available on site.
- (5) Telesupervision or telephonic supervision did not account for more than fifty percent of the total supervision at a given practicum site. The doctoral training program shall have a formal policy addressing its utilization of telesupervision or telephonic supervision that includes:
- (a) an explicit rationale for using telesupervision or telephonic supervision;
 - (b) how and when telesupervision or telephonic supervision is utilized in clinical training;
 - (c) how it is determined which trainees can participate in telesupervision or telephonic supervision;
 - (d) how an off-site supervisor maintains full professional responsibility of clinical cases;
 - (e) how non-scheduled consultation and crisis coverage are managed; and
 - (f) how privacy and confidentiality of the client and trainees are assured.
- (6) All supervisors were qualified by education, licensure and experience to provide supervision of doctoral students.
- (7) Where experiences counted for licensure were obtained in various settings, each setting was an appropriate experience in itself, the particular student was academically prepared for that experience and the combination of experiences was appropriate to the student's training needs.
- (8) The following clinical experiences and supervision were present across settings:
- (a) At least fifty percent of the total hours of supervised experience were in service-related activities, defined as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations.
 - (b) At least twenty-five percent of the total hours were face-to-face patient/client contact.
 - (c) Supervision by a licensed psychologist or clinical faculty member who is allowed to practice psychology under the laws of the state was at least one hour for each day (eight hours including the supervision; 12 and a half percent of total) of supervised experience for experienced students. The doctoral training program shall assure that higher levels of supervision are provided for less experienced students. All supervision time, whether individual or group, including additional supervision beyond that may be counted as part of the total supervised experience.
- (9) The board requires that all predoctoral practicum experiences counting toward licensure be of high quality and carefully approved and monitored by the doctoral training program. In particular, these experiences should advance the doctoral student's role and identity as a psychologist.
- (10) The board may, at its discretion, require documentation that above system of training was in place for the applicant. Possible forms of documentation include but are not limited to:
- (a) individual written training plans between the doctoral training program and each practicum training site;
 - (b) policies and procedures of the doctoral training program designating the expectations for practicum training sequences;
 - (c) program descriptions or self-study documents submitted for program approval to the American psychological association or the American association of state and provincial psychology boards.
- C. Internship or fellowship accredited by a nationally recognized accreditation body.** If the doctoral or postdoctoral experience is obtained in an internship or fellowship accredited by a nationally recognized accreditation body, a board form completed by the director of training will satisfy the requirement of certifying all supervision received during the internship or fellowship.

D. Internship not accredited by a nationally recognized accreditation body. If the predoctoral experience is obtained in an internship that is not accredited by a nationally recognized accreditation body, it will be counted for 750 hours of the required 3,000 hours if it meets the following criteria:

(1) the agency or institution offers internship education and training in psychology, one goal of which is to prepare applicants for the practice of professional psychology;

(2) the internship program is sponsored by an institution or agency, which has among its primary functions the provision of service to a population of recipients sufficient in number and variability to provide interns with adequate experiential exposure to meet its training purposes, goals, and objectives;

(3) the internship is completed within 24 consecutive months at a minimum of 20 hours per week:

(a) an internship that involves more than one agency, organization, or institution will be accepted if the primary supervisor and the applicant can demonstrate that the internship program is organized under a unifying or coordinating structure (e.g. a consortium with a core clinical faculty) and central leadership (e.g., one director of training or central supervisor overseeing the entire internship program and the supervision of the intern);

(b) internships consisting of less than 20 hours per week will not be accepted;

(4) the director of clinical training of the applicant's doctoral training program certifies in a manner acceptable to the board that the internship was approved as part of the degree requirements for obtaining the doctoral degree.

E. Postdoctoral supervised practice leading toward licensure.

(1) The applicant may complete a doctoral supervised practicum up to 1500 hours and a doctoral internship up to 1500 hours before completing the doctorate. Depending on the number of hours of doctoral supervised experience, the applicant shall complete the remainder of the required 3,000 hours through postdoctoral supervision.

(2) If the applicant is completing postdoctoral hours in New Mexico, the applicant shall submit a postdoctoral supervisory plan to the board for review before beginning supervised practice. Once a plan for supervision is submitted to the board, the board or a designated board member will respond in writing to the acceptability of such a plan within 60 days. If the plan is found unacceptable, the board or a designated board member will specify the areas of deficiency based on the guidelines specified in Part 3. If the board approves the plan, the applicant will be assured that postdoctoral experience, if completed according to the plan, will meet the postdoctoral requirements and the applicant will be registered as participating in an approved supervision program.

(3) If the applicant is completing postdoctoral hours outside New Mexico, a supervisory plan is optional.

(4) If the applicant does not obtain a board-approved postdoctoral supervisory plan, the applicant shall submit documentation of the postdoctoral supervised practice after its completion. However, if the board does not approve this experience, part or all of the postdoctoral supervised experience shall be repeated. In this case, the board will require the applicant to submit a supervisory plan, and the supervisory plan must be approved by the board before the applicant's supervised practice begins.

[16.22.6.8 NMAC - Rp, 16.22.6.8 NMAC, 11/15/2006; A, 4/11/2012; A, 7/1/2018]

16.22.6.9 CONDITIONS OF POSTDOCTORAL SUPERVISION

A. Primary supervisors.

(1) One licensed psychologist who serves as a primary supervisor shall be responsible for the overall supervision of the supervisee's professional growth. Specific skill training may be assigned to other licensed specialists, under the authority of the supervising psychologist. The other licensed specialists shall have clearly established practice and teaching skills demonstrable to the satisfaction of both the primary supervisor and the supervisee.

(2) The primary supervisor shall limit the number of applicants supervised to the number that the supervisor's work position and clinical responsibilities reasonably permit, so as to maintain a level of supervision and practice consistent with professional standards and ensure the welfare of the supervisees and their clients or patients.

(3) The supervisor shall not be a member of the supervisee's immediate family or in a dual relationship that would compromise the supervisor's objectivity.

B. Supervisory contact.

(1) In-person supervision must account for at least fifty percent of any postdoctoral supervision used toward the required 3,000 hours of supervised experience for licensure. Telesupervision or

telephonic supervision may account for no more than fifty percent of postdoctoral supervision hours. The supervisor must have a formal policy addressing the utilization of telesupervision or telephonic supervision as specified in Paragraph 5 of Subsection B of 16.22.6.8 NMAC.

(2) At a minimum, supervision by the primary supervisor shall be provided on a one-to-one basis for one hour per week for a total at least 46 hours of one-to-one supervision per year.

C. Conduct of supervision.

(1) The board recognizes that variability in preparation for practice of the applicant will require individually tailored supervision. The specific content of the supervision procedures shall be worked out between the primary supervisor and the applicant.

(2) The primary supervisor who provides supervision for the applicant for licensure shall have clinical and professional responsibility for the work of the applicant.

(3) A supervisor, either primary or designated, shall be available to the applicant whenever decisions about clients or patients are made.

(4) The primary supervisor shall be responsible for the delivery of services, the representation to the public of services, and the supervisor/applicant relationship. This responsibility includes, but is not limited to, the following requirements.

(a) All clients or patients shall be informed of the availability or possible necessity of meetings with the primary supervisor at the request of the client or patient, the applicant, or the psychologist. The supervisor shall be available for emergency consultation or intervention.

(b) All written communication shall clearly identify the primary supervisor as clinically and professionally responsible for all psychological services provided. Public announcement of services and fees and contact with the public or professional community shall be offered in the name of the primary supervisor, business, or agency. Both the primary supervisor and the applicant shall inform the client or patient, to whatever extent is necessary for the client or patient to understand, of the supervisory status and other specific information as to the applicant's qualifications and functions.

(c) The primary supervisor shall oversee the maintenance of information and files relevant to the client or patient during the supervisory period.

(d) The primary supervisor shall not be a member of the applicant's extended or immediate family or be involved in a dual relationship.

(e) The supervision shall not be delivered in an agency or business in which the applicant has a financial interest.

D. Inappropriate representation. In the event applicants publicly represent themselves inappropriately, or supervision is not conducted according to Subsection C of 16.22.6.9 NMAC, conduct of supervision, any experience gained under such circumstances does not comply with these rules and regulations and will not be accepted as experience toward licensure. Any psychologist providing supervision under such circumstances is in violation of these rules and regulations and may be subject to disciplinary action.

[16.22.6.9 NMAC - Rp, 16.22.6.9 NMAC, 11/15/2006; A, 4/11/2012; A, 7/1/2018]

16.22.6.10 POSTDOCTORAL SUPERVISORY PLAN:

A. Evaluation of the supervisory plan. The supervisory plan shall include the following information and shall be signed by both the primary supervisor and the applicant:

- (1) name of applicant;
- (2) name of primary supervisor, address, license number, and state in which the license was granted; area of specialization;
- (3) names of additional licensed specialists, if applicable;
- (4) dates of practice covered by the plan;
- (5) number of practice hours during the period covered by the plan;
- (6) number of one-on-one supervisory hour per week;
- (7) amount of any telesupervision or telephonic supervision provided;
- (8) the setting(s) in which the applicant will practice and the hours per week worked at each setting;
- (9) the applicant's duties;
- (10) the clinical and professional responsibilities of the applicant;
- (11) the location where the supervision will take place;
- (12) the areas in which the primary supervisor has specialized skills to render competent supervision and, if applicable, whether specific training will be assigned to other specialists; if non-psychologist

specialists are assigned, their practice and teaching skills as they pertain to supervision of the applicant and their degrees and licenses;

(13) the number of applicants the primary supervisor will supervise during this time period;

(14) the way in which the primary supervisor will demonstrate clinical and professional responsibility for the applicant's work;

(15) the way in which the applicant will be represented to the public, and the way in which all written communications and public announcements will identify the primary supervisor as clinically and professionally responsible for all psychological services;

(16) other information necessary to clarify the nature and scope of supervision.

B. As listed in this part, the board or a designated board member will respond in writing to the acceptability of such plan within 60 days.

[16.22.6.10 NMAC - Rp, 16.22.6.10 NMAC, 11/15/2006; A, 7/1/2018]

HISTORY OF 16.22.6 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center and Archives Under:

Rule 4, Requirements for Certifications Psychologists, 11/1/1983.

Rule 4, Requirements for Certification Psychologists, 4/19/1985.

NMBPE Rule 2 Requirements for Certification Licensure Psychologists, 12/28/1989.

NMBPE Rule 2, Requirements for Certification Licensure Psychologists, 8/28/1990.

Rule No. 2, Requirements for Licensure, 4/24/1995.

Rule 5, Requirements for Certification Psychologist Associate, 11/1/1983.

NMBPE Rule 3, Requirements for Licensure, 12/28/1989.

Rule No. 3, Education Requirements, 4/24/1995.

Rule 6, Psychologist Associates Conditions of Practice, 1/3/1984.

NMBPE Rule 4, Psychologist Associates, 12/28/1989.

Rule No. 4, Supervised Practice Leading Towards Licensure, 4/24/1995.

Rule 8, Examination-Psychologist Associate, 11/1/1983.

Rule 8, Examination-Psychologist Associate, 3/19/1984.

Rule 8, Examination-Psychologist Associate, 4/19/1985.

NMBPE Rule 6, Examination-Psychologist Associate, 12/28/1989.

NMBPE Rule 6, Examination-Psychologist Associate, 8/28/1990.

Rule No.6 Examination for Licensure Psychologist-Psychologist Associate, 4/24/1995.

NMBPE Rule 15 Senior Psychologist, 8/28/1990.

Rule No. 15, Section 61-9-10 Licensure, 4/24/1995.

History of Repealed Material:

16 NMAC 22.3, Licensure, Educational and Examination Requirements - Repealed, 4/16/2000

16.22.6 NMAC, Pre Doctoral and Post Doctoral Supervised Experience - Repealed, 11/15/2006

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 7 EXAMINATION REQUIREMENTS

16.22.7.1 ISSUING AGENCY: Regulation and Licensing Department, State Board of Psychologist Examiners.
[16.22.7.1 NMAC - Rp, 16.22.7.1 NMAC, 11/15/2006]

16.22.7.2 SCOPE: The provisions of Part 7 apply to all applicants for licensure.
[16.22.7.2 NMAC - Rp, 16.22.7.2 NMAC, 11/15/2006]

16.22.7.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, Sections 61-9-4.1, 61-9-6, 61-9-10 61-9-11, 61-9-11.1 NMSA 1978.
[16.22.7.3 NMAC - Rp, 16.22.7.3 NMAC, 11/15/2006]

16.22.7.4 DURATION: Permanent.
[16.22.7.4 NMAC - Rp, 16.22.7.4 NMAC, 11/15/2006]

16.22.7.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of a section.
[16.22.7.5 NMAC - Rp, 16.22.7.5 NMAC, 11/15/2006]

16.22.7.6 OBJECTIVE: This part establishes the examination requirements for all licensure applicants.
[16.22.7.6 NMAC - Rp, 16.22.7.6 NMAC, 11/15/2006]

16.22.7.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.7.8 DEMONSTRATION OF COMPETENCE:

A. Examinations.

(1) To qualify for licensure, an applicant must demonstrate professional competence by taking and passing the Examination for Professional Practice in Psychology (EPPP), promulgated by the Association of State and Provincial Psychology Boards (ASPPB). The passing score on the EPPP taken before January 1, 1993 is 140 (seventy percent) or taken after January 1, 1993 is the score equal to or greater than the passing score recommended by ASPPB.

(2) All persons applying for licensure shall take and pass an online jurisprudence examination on ethical standards, New Mexico laws, and board regulations as they apply to psychologists and their clients or patients. The passing score will be determined by the board.

(3) If the score of either the EPPP or jurisprudence examination meets the requirements for licensure as a psychologist but the other score does not, the examination passed will not have to be retaken.

(4) Re-examination. An applicant may retake the EPPP or jurisprudence examination and pay the appropriate examination fee as required by the board. Such fee is nonrefundable and due at the time of the request.

B. An applicant shall furnish evidence to the board that demonstrates an awareness and knowledge of New Mexico cultures.

[16.22.7.8 NMAC - Rp, 16.22.7.8 NMAC, 11/15/2006; A, 3/21/2009; A, 7/1/2018]

HISTORY OF 16.22.7 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center and Archives Under:

Rule 4, Requirements for Certifications Psychologists, 11/1/1983.

Rule 4, Requirements for Certification Psychologists, 4/19/1985.

NMBPE Rule 2 Requirements for Certification Licensure Psychologists, 12/28/1989.

NMBPE Rule 2, Requirements for Certification Licensure Psychologists, 8/28/1990.

Rule No. 2, Requirements for Licensure, 4/24/1995.

Rule 5, Requirements for Certification Psychologist Associate, 11/1/1983.

NMBPE Rule 3, Requirements for Licensure, 12/28/1989.

Rule No. 3, Education Requirements, 4/24/1995.
Rule 6, Psychologist Associates Conditions of Practice, 1/3/1984.
NMBPE Rule 4, Psychologist Associates, 12/28/1989.
Rule No. 4, Supervised Practice Leading Towards Licensure, 4/24/1995.
Rule 8, Examination-Psychologist Associate, 11/1/1983.
Rule 8, Examination-Psychologist Associate, 3/19/1984.
Rule 8, Examination-Psychologist Associate, 4/19/1985.
NMBPE Rule 6, Examination-Psychologist Associate, 12/28/1989.
NMBPE Rule 6, Examination-Psychologist Associate, 8/28/1990.
Rule No.6 Examination for Licensure Psychologist-Psychologist Associate, 4/24/1995.
NMBPE Rule 15 Senior Psychologist, 8/28/1990.
Rule No. 15, Section 61-9-10 Licensure, 4/24/1995.

History of Repealed Material:

16 NMAC 22.3, Licensure, Educational and Examination Requirements - Repealed, 4/16/2000.
16.22.7 NMAC, Examination Requirements - Repealed 11/15/2006

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 8 LICENSE EXPIRATION AND RENEWAL

16.22.8.1 ISSUING AGENCY: Regulation and Licensing Department, State Board of Psychologists Examiners.
[16.22.8.1 NMAC - Rp, 16.22.8.1 NMAC, 11/15/2006]

16.22.8.2 SCOPE: The provisions of Part 8 apply to all psychologists and psychologist associates with a license to practice in New Mexico.
[16.22.8.2 NMAC - Rp, 16.22.8.2 NMAC, 11/15/2006]

16.22.8.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act Section 61-9-6, 61-9-7.
[16.22.8.3 NMAC - Rp, 16.22.8.3 NMAC, 11/15/2006]

16.22.8.4 DURATION: Permanent.
[16.22.8.4 NMAC - Rp, 16.22.8.4 NMAC, 11/15/2006]

16.22.8.5 EFFECTIVE DATE: November 15, 2006 unless a later date is cited at the end of a section.
[16.22.8.5 NMAC - Rp, 16.22.8.5 NMAC, 11/15/2006]

16.22.8.6 OBJECTIVE: This part establishes the procedures for license expiration and license renewal.
[16.22.8.6 NMAC - Rp, 16.22.8.6 NMAC, 11/15/2006]

16.22.8.7 DEFINITIONS:

A. “Nationwide criminal history record” means information concerning a person’s arrests, indictments, or other formal criminal charges and any dispositions arising there from, including convictions, dismissals, acquittals, sentencing and correctional supervision, collected by criminal justice agencies and stored in the computerized databases of the federal bureau of investigation, the national law enforcement telecommunications systems, the department of public safety or the repositories of criminal history information in other states.

B. “Nationwide criminal history screening” means a criminal history background investigation of a licensee applying for licensure renewal through the use of fingerprints reviewed by the department of public safety and submitted to the federal bureau of investigation, resulting in the generation of a nationwide criminal history record for that applicant.
[16.22.8.7 NMAC - N, 9/16/2010; A, 4/11/2012]

16.22.8.8 LICENSE RENEWAL: Licensees shall renew their licenses to practice psychology biennially on or before July 1 of alternate years by remitting to the board office the biennial renewal active status fee specified in Paragraph 2 of Subsection C of 16.22.13.8 NMAC with the renewal application form provided by the board. Continuing education hours shall be documented every two years at the time of license renewal as described in Part 9. Background fees shall be the amount established by the department of public safety for the processing of criminal history background checks.

A. All renewal applications will be subject to a one time nationwide criminal history screening. Renewal applications will be processed pending the completion of the criminal history screening.

B. If the nationwide criminal background screening reveals a felony or a violation of the Psychologist Examiners Act, the licensee will be notified to submit copies of legal documents and other related information to the board which will make the determination if the applicant is eligible for licensure or if disciplinary action will be taken.
[16.22.8.8 NMAC - Rp, 16.22.8.8 NMAC, 11/15/2006; A, 9/16/2010; A, 4/11/2012; A, 7/1/2018]

16.22.8.9 LICENSE RENEWAL DEADLINE: Licenses shall be renewed biennially before July 1 and must be submitted through the online renewal system, post-marked or hand-delivered.
[16.22.8.9 NMAC - Rp, 16.22.8.9 NMAC, 11/15/2006; A, 9/16/2010]

16.22.8.10 LICENSE RENEWAL NOTICES: Renewal notification will be given to each current licensee prior to the expiration date of the license.
[16.22.8.10 NMAC - Rp, 16.22.8.10 NMAC, 11/15/2006; A, 9/16/2010; A, 7/1/2018]

16.22.8.11 LICENSEE RESPONSIBILITY: Renewal application notices will be delivered to the last known address on file with the board. It is the responsibility of the licensee to keep the board informed of any changes in address and phone numbers. Failure to receive the renewal application notice shall not relieve the licensee of the responsibility of renewing his license before the expiration date.
[16.22.8.11 NMAC - Rp, 16.22.8.11 NMAC, 11/15/2006; A, 7/1/2018]

16.22.8.12 RENEWAL AFTER JULY 1

A. The board shall initiate license suspension proceedings and thereafter shall suspend a license for failure to renew if the licensee failed to renew his license by July 1 of the appropriate year. Any person who renders or offers to render psychological services while his license is suspended is subject to disciplinary action. A licensee who chooses to permanently retire from practice shall inform the board in writing previous to the expiration date of the license and will be considered honorary retired as a non-disciplinary revocation.

B. A license suspended for failure to renew may be renewed within a period of one year after the suspension upon payment of the renewal fee plus a late fee and proof of continuing education satisfactory to the board.

C. The license shall be revoked if the license has not renewed within one year of the suspension for failure to renew. Any licensee whose license is revoked for failure to renew shall be required to make a new application and shall satisfy all requirements for licensure in effect at the time the application is filed.

D. Unless currently licensed to practice psychology under the act, no person shall:
(1) engage in the practice of psychology;
(2) use the title or represent himself as a psychologist or psychologist associate; or
(3) use any other title, abbreviation, letters, signs or devices that indicate the person is a psychologist or psychologists associate.

E. It is a misdemeanor:
(1) for any person not licensed under the act to practice psychology or represent himself as a psychologist or a psychologist associate;
(2) for any person to practice psychology during the time that his license as a psychologist or psychologist associate is suspended, revoked, or lapsed.

[16.22.8.12 NMAC - Rp, 16.22.8.12 NMAC, 11/15/2006; A, 9/16/2010]

16.22.8.13 APPROVAL OF RENEWAL APPLICATION: Upon approval of the licensee's renewal application, the board will issue a renewal to the licensee.
[16.22.8.13 NMAC - Rp, 16.22.8.13 NMAC, 11/15/2006]

HISTORY OF 16.22.8 NMAC:

History of Repealed Material:

16.22.8 NMAC, License Expiration and Renewal - Repealed, 11/15/2006

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 9 CONTINUING PROFESSIONAL EDUCATION REQUIREMENTS

16.22.9.1 ISSUING AGENCY: Regulation and Licensing Department, State Board of Psychologist Examiners
[16.22.9.1 NMAC - Rp, 16.22.9.1 NMAC, 09/16/2010]

16.22.9.2 SCOPE: The provisions of Part 9 apply to psychologists and psychologist associates licensed to practice in New Mexico.
[16.22.9.2 NMAC - Rp, 16.22.9.2 NMAC, 09/16/2010]

16.22.9.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Examiners Act, Sections 61-9-6, 61-9-7 NMSA 1978.
[16.22.9.3 NMAC - Rp, 16.22.9.3 NMAC, 09/16/2010]

16.22.9.4 DURATION: Permanent.
[16.22.9.4 NMAC - Rp, 16.22.9.4 NMAC, 09/16/2010]

16.22.9.5 EFFECTIVE DATE: September 16, 2010, unless a later date is cited at the end of a section.
[16.22.9.5 NMAC - Rp, 16.22.9.5 NMAC, 09/16/2010]

16.22.9.6 OBJECTIVE: This part establishes criteria for continuing professional education for psychologists and psychologist associates licensed in New Mexico.
[16.22.9.6 NMAC - Rp, 16.22.9.6 NMAC, 09/16/2010]

16.22.9.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.9.8 REQUIRED HOURS:

A. Purpose. The purpose of continuing professional education (CPE) requirements for psychologists is to ensure that licensees update and advance their skills such that the public shall benefit from the most current and effective standards of professional practice. To further the goal of public benefit, all psychologists are required to fulfill a portion of their CPE in the areas of ethics and cultural diversity as related to the profession of psychology.

B. Required hours. The board requires 40 hours of CPE for licensed psychologists and psychologist associates during every two years. For conditional prescribing and unrestricted prescribing psychologists the board requires 60 hours of CPE every two years.

C. Program types. CPE credits are divided into two categories depending on the design and approval process for the experience and on the monitoring of the psychologist. Psychologists must obtain at least 15 of their 40 hours every two years in category I, which is the most stringent in terms of presentation standards and monitoring. Any additional hours to complete the 40 hour requirement may be from category I or category II.

(1) Cultural Diversity: a minimum of four hours every two years from either category must be in the area of cultural diversity as described in 16.22.9.9 NMAC. At least two hours of cultural diversity CPE must be in the area of ethnic diversity.

(2) Ethics: a minimum of five hours every two years from either category must be in the area of ethics as described in 16.22.9.9 NMAC.

(3) Psychopharmacology or psychopharmacotherapy: for conditional prescribing or unrestricted prescribing psychologists, 40 hours every two years out of the 60 hour CPE requirement must be in the area of psychopharmacology or psychopharmacotherapy.

D. Criteria. The board accepts the criteria of the national professional organizations listed in 16.22.9.9 NMAC in accrediting continuing education hours. The following criteria adapted from *Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists* (American Psychological Association, 2009) shall apply to the board and to New Mexico accrediting organizations when approving continuing education requests.

(1) Sponsors must be prepared to demonstrate that information and programs presented are based on methodical, theoretical, research, or practice knowledge base. This requirement must be met by at least one of the following:

(a) Program content has obtained credibility, as demonstrated by the involvement of the broader psychological practice, education, and science communities in studying or applying the findings, procedures, practices, or theoretical concepts.

(b) Program content has been supported using established research procedures and scientific scrutiny.

(c) Program content has peer reviewed, published support beyond those publications and other types of communications devoted primarily to the promotion of the approach.

(d) Program content is related to ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychology.

(2) Sponsors must select instructors with expertise in the program content and who are competent to teach this program content at a level that builds upon a completed doctoral program in psychology.

(3) Sponsors are required to ensure that instructors, during each CE presentation, include statements that describe the accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught and the severe and the most common risks.

(4) Sponsors must offer program content that builds upon the foundation of a completed doctoral program in psychology.

(5) Sponsors must be prepared to demonstrate that content is relevant to psychological practice, education, or science.

(6) Sponsors must clearly describe any commercial support for the CE program, presentation. Or instructor to program participants at the time the CE program begins. Any other relationship that could be reasonably construed as a conflict of interest also must be disclosed.

[16.22.9.8 NMAC - Rp, 16.22.9.9 NMAC, 09/16/2010; A, 04/30/2015]

16.22.9.9 CPE PROGRAM CATEGORIES:

A. Category I shall consist of formally designed programs presented in a group setting with monitored attendance. The following types of programs qualify as category I:

(1) Formally organized workshops, seminars, grand rounds or classes aimed at the graduate or professional level which maintain an attendance roster and are approved by or under the auspices of an accredited institution of higher education offering graduate instruction.

(2) Workshops, seminars, or classes which maintain an attendance roster and are certified or recognized by one of the following organizations:

(a) the American psychological association;

(b) the American psychiatric association;

(c) the American medical association;

(d) the American association for marriage and family therapy;

(e) the American counseling association;

(f) the international congress of psychology;

(g) the national association of social workers;

(h) the New Mexico psychological association;

(i) the national association of school psychologists; or

(j) the New Mexico state board of psychologist examiners.

(3) Formal graduate level college or university courses relevant to scientific or professional psychological activities, including but not limited to neuropsychology, forensic psychology, development, language skills, statistics, and cultural knowledge, as deemed satisfactory to the board. Five CPE credits will be granted for each university semester credit listed for the course. Documentation may be provided by college transcript showing credit obtained or letter from the instructor documenting hours of attendance for audited courses.

(4) Participation in the board will be granted hour-for-hour CPE credit up to 20 hours. These hours satisfy the ethics CPE requirement.

(5) Achieving advanced certification, diplomate status or specialization in a field of psychology or psychopharmacology may be granted up to 15 CPE credits if approved by one of the organizations designated in Paragraph (2) of Subsection A of 16.22.9.9 NMAC using their own criteria or the criteria of Paragraph (2) of Subsection D of 16.22.9.8 NMAC.

(6) Online education qualifies as category I if:

(a) it meets the above criteria;
(b) attendance is verified by the instructor's organization, e.g., electronically monitoring when the learner is online;
(c) a limit of 11 CPE credits come from online coursework, that is that at least four CPE credits be face-to-face interactions.

B. Category II shall consist of high quality and relevant experiences outside the format of formal presentations and classes. The following types of programs qualify as category II:

(1) Non-supervised independent study or home study programs, including online programs, conducted by accrediting agencies listed in Paragraph (2) of Subsection A of 16.22.9.9 NMAC will be granted hour-for-hour CPE credit.

(2) Symposia or presentations at annual conventions of national or regional professional organizations in psychology (for example, American psychological association, and Rocky Mountain psychological association) or a closely related discipline may be claimed for CPE credit. Four hours may be claimed for the first time each scientific or professional presentation was made; two hours may be claimed for a poster session.

(3) Publications related to the practice of psychology: CPE hours may be claimed for each publication of an article in a professional journal or book chapter authored by the licensee according to author listing:

- (a) eight hours for the first author;
- (b) six hours for the second author;
- (c) four hours for the third author; and
- (d) two hours for any subsequent author.

(4) Books related to the practice of psychology: Authoring or editing a book may be claimed for 15 hours.

(5) A presenter providing continuing education or teacher of a graduate course that qualifies as a category I program may claim hour per hour credit up to eight CPE credit hours for the first time the presentation is made or the course is taught. New material in an existing course or program may be claimed hour per hour up to eight hours the first time it is presented.

(6) Participation in the New Mexico psychological association executive board, or formal offices or committees established by the board, the New Mexico psychological association, the American psychological association, or other professional organizations, if the tasks are clearly related to issues of ethics, professional standards, or practice-related skills shall be granted CPE credit of one hour for every two hours of participation up to 20 hours.

C. Cultural Diversity shall consist of the following types of programs: A course containing attention to cultural diversity, as specifically noted in the title, description of objectives, or curriculum of the presentation, symposium, workshop, seminar, or course. A course in cultural diversity focuses on increasing scientific understanding and training in regard to those aspects that pertain to but are not limited to culture, class, race/ethnicity, gender, sexual orientation, aging and disability. The aim of such courses is the promotion of culturally sensitive models for the delivery of psychological services. The topic of the presentation, symposium, workshop, seminar, or course need not be on cultural diversity; however one of the objectives or the description of topics covered must clearly indicate attention to cultural diversity, as deemed satisfactory to the board. Four hours of cultural diversity CPE from either category I or II are required for each two year reporting period.

D. Ethics shall consist of the following types of programs: A course containing attention to the ethics of practice related to psychology. The topic of the presentation, symposium, workshop, seminar, or course need be on ethics and the objectives or the description of topics covered must clearly indicate attention to ethics, as deemed satisfactory to the board. Five hours of ethics CPE from either category I or II are required for each two year period. [16.22.9.9 NMAC - Rp, 16.22.9.8 NMAC, 09/16/2010; A, 04/30/2015]

16.22.9.10 CARRY-OVER HOURS; EXEMPTIONS; TIME EXTENSIONS

A. Carry-over hours. No hours shall be carried over from one compliance-reporting period to another compliance reporting period.

B. Exemptions and extensions of time.

(1) Licenses on retirement or inactive status as provided in Part 10 are not exempt from CPE requirements of this Part 9.

(2) Extensions of time for completing and reporting CPE requirements shall be granted for good cause only upon a written request filed with the board by the licensee prior to the date for compliance. Unless extenuating circumstances beyond the control of the licensee cause extraordinary hardship, the extension of time for

completing and reporting CPE requirements shall not exceed one year. The board may grant one extension of time of up to 60 calendar days for filing a request for the extension of time upon a finding of good cause
[16.22.9.10 NMAC - Rp, 16.22.9.10 NMAC, 09/16/2010]

16.22.9.11 COMPLIANCE: FAILURE TO COMPLY AND LICENSE RENEWAL

A. Compliance reporting requirements. Every two years during the designated annual renewal period, each licensee shall submit an attestation that he has completed the CPE requirements. The board reserves the right to audit any licensee to submit evidence or documentation of the CPE credits (e.g. course or program certificate of training, transcript, course or workshop brochures or published descriptions, copies of registration forms, payment invoices or receipts, specific evidence of attendance, etc.). Therefore, it is the responsibility of each licensee to establish and maintain detailed records of CPE compliance for two years after the reporting period. The board shall not allow continuing education credit for personal psychotherapy, workshops for personal growth, the provision of paid or volunteer services to professional associations other than APA or statewide associations of licensed psychologists in New Mexico, foreign language courses, computer training, office management, or practice building.

B. Failure to comply. Failure to complete or report continuing professional education requirements as provided in this part is grounds for withholding renewal of a license or for suspension or revocation of a license as provided in the act. Fraud or deception in reporting CPE credit is a separate violation of the code and is grounds for withholding renewal of a license or for suspension or revocation of a license as provided in the act.
[16.22.9.11 NMAC - Rp, 16.22.9.11 NMAC, 09/16/2010]

16.22.9.12 REQUIREMENTS FOR NEWLY LICENSED INDIVIDUALS:

A. No CPE requirements until first renewal. Individuals licensed for the first time in New Mexico as psychologists or psychologist associates shall renew their license for two years at the first renewal period following the issuing of their license. They shall have no CPE requirement during this initial licensing period from issuance to renewal, but shall complete cultural awareness coursework prior to their first renewal.

B. Cultural awareness coursework. Newly licensed psychologists and psychologist associates with restricted and unrestricted licenses shall complete eight hours of cultural awareness coursework approved by the board prior to their first license renewal. Cultural awareness coursework shall be courses designed to provide knowledge and awareness of the cultures of New Mexico. Course titles and descriptions must make clear a breadth of cultural awareness training and the specific content of New Mexico cultures.
[16.22.9.12 NMAC - N, 04/30/2015]

HISTORY OF 16.22.9 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center and Archives under:

SBPE 9*, Renewal of Certificate filed 11/15/1979;
Rule 12, Renewal of Certificate filed 11/1/1983;
Rule 12, Renewal of Certificate filed 3/19/1984;
Rule 12, Renewal of Certificate filed 4/19/1985;
Rule 12, Renewal of Certificate filed 2/9/1987;
NMBPE Rule 8 Renewal of License filed 12/28/1989;
NMBPE Rule 8, Renewal of License filed 8/28/1990;
Rule No. 8, Renewal of License filed 4/24/1995.

History of Repealed Material:

16 NMAC 22.5, Licensure Renewal, filed 11/14/1997 - Repealed effective 4/16/2000.
16.22.9 NMAC, Continuing Professional Education Requirements, filed 3/17/2000 - Repealed effective 11/15/2006.
16.22.9 NMAC, Continuing Professional Education Requirements, filed 10/16/2006 - Repealed effective 9/16/2010.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 10 INACTIVE STATUS AND REINSTATEMENT

16.22.10.1 ISSUING AGENCY: Regulation and Licensing Department, State Board of Psychologist Examiners
[16.22.10.1 NMAC - Rp, 16.22.10.1 NMAC, 11/15/2006]

16.22.10.2 SCOPE: The provisions of Part 10 apply to all licensed psychologists who plan to place their license on inactive status, or reinstate their inactive license to active status.
[16.22.10.2 NMAC - Rp, 16.22.10.2 NMAC, 11/15/2006]

16.22.10.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, Section 61-9-6 NMSA 1978.
[16.22.10.3 NMAC - Rp, 16.22.10.3 NMAC, 11/15/2006]

16.22.10.4 DURATION: Permanent.
[16.22.10.4 NMAC - Rp, 16.22.10.4 NMAC, 11/15/2006]

16.22.10.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of a section.
[16.22.10.5 NMAC - Rp, 16.22.10.5 NMAC, 11/15/2006]

16.22.10.6 OBJECTIVE: This part establishes the requirements and procedures to place an active license in inactive status or to reinstate the license to active status.
[16.22.10.6 NMAC - Rp, 16.22.10.6 NMAC, 11/15/2006]

16.22.10.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.10.8 INACTIVE STATUS

- A.** The following criteria must be met for inactive status eligibility:
- (1) the licensee must be in good standing; and
 - (2) his license must be current; a licensee who failed to renew a license by July 1 of any year shall renew the license in accordance with Part 8 before the licensee can be considered for inactive status.
- B.** A licensee who wishes to be placed on inactive status shall:
- (1) notify the board administrator in writing before his current license expires and the board administrator will acknowledge receipt of the notification; and
 - (2) pay the fees established by the board to be placed on inactive status.
- C.** A licensee on inactive status shall not practice psychology in New Mexico as defined in the act.
- D.** Rendering or offering to render psychological services or engaging in the practice of psychology while on inactive status shall be considered sufficient grounds for disciplinary action by the board.
- E.** When a psychologist holds an inactive license and represents himself in public statements that include but are not limited to, paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curricula vitae, interviews or comments for use in media, statements in legal proceedings, lectures, and public oral presentations, he must disclose that with an inactive license, he shall not provide psychotherapy.
- F.** A licensee on inactive status shall at all times comply with the provisions of Part 2, including, without limitation, Subsection B of 16.22.2.10 NMAC and 16.22.2.12 NMAC.
[16.22.10.8 NMAC - Rp, 16.22.10.8 NMAC, 11/15/2006]

16.22.10.9 REINSTATEMENT FROM INACTIVE STATUS

- A.** If the inactive licensee requests reinstatement to active status within three years, he shall:
- (1) complete an application for reinstatement form provided by the board;
 - (2) provide satisfactory proof of completion of the continuing education requirements described in Part 9;
 - (3) not have violated any rule of the Professional Psychologist Act or the rules and regulations of the board;

- (4) pay the appropriate renewal fee established by the board.
- B. If the inactive licensee requests reinstatement to active status after three years, he shall:
 - (1) complete an application for reinstatement form provided by the board;
 - (2) provide satisfactory proof of completion of the continuing education requirements described in Part 9;
 - (3) take and pass the online jurisprudence examination;
 - (4) not have violated any rule of the Professional Psychologist Act or the rules and regulations of the board;
 - (5) pay the appropriate renewal fee established by the board.
- C. A licensee on inactive status shall not render or offer to render psychological services or otherwise engage in the practice of psychology until he receives a new license issued by the board.
[16.22.10.9 NMAC - Rp, 16.22.10.9 NMAC, 11/15/2006; A, 03/21/2009]

HISTORY OF 16.22.10 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center and Archives under:

NMBPE Rule 11, Inactive Status filed 8/28/1990.

Rule No. 11, Inactive, Retirement Status and Reinstatement filed 4/24/1995.

History of Repealed Material:

16 NMAC 22.6, Inactive, Retirement Status and Reinstatement - Repealed, 4/16/2000.

16.22.10 NMAC, Inactive Status and Reinstatement - Repealed 11/15/2006

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES:
PART 11 COMPLAINT PROCEDURES; ADJUDICATORY PROCEEDINGS

16.22.11.1 ISSUING AGENCY: Regulation and Licensing Department State Board of Psychologist Examiners
[16.22.11.1 NMAC - Rp, 16.22.11.1 NMAC, 11/15/2006]

16.22.11.2 SCOPE: The provisions of Part 11 shall apply to all licensees and applicants for license entitled to notice and hearing under the Uniform Licensing Act, (ULA) Section 61-1-1 through 61-1-33 NMSA 1978 and to any interested person who may file a complaint against a licensee or applicant.
[16.22.11.2 NMAC - Rp, 16.22.11.2 NMAC, 11/15/2006]

16.22.11.3 STATUTORY AUTHORITY: Part 11 is adopted pursuant to the Professional Psychologist Act Section 61-9-6, 61-9-13, and 61-9-14 NMSA 1978
[16.22.11.3 NMAC - Rp, 16.22.11.3 NMAC, 11/15/2006]

16.22.11.4 DURATION: Permanent.
[16.22.11.4 NMAC - Rp, 16.22.11.4 NMAC, 11/15/2006]

16.22.11.5 EFFECTIVE DATE: November 15, 2006 unless a later date is cited at the end of a section.
[16.22.11.5 NMAC - Rp, 16.22.11.5 NMAC, 11/15/2006]

16.22.11.6 OBJECTIVE: This part establishes procedures for filing, processing, and investigating complaints against licensees and applicants and establishes procedures for the conduct of adjudicatory proceedings.
[16.22.11.6 NMAC - Rp, 16.22.11.6 NMAC, 11/15/2006]

16.22.11.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.11.7 NMAC]

16.22.11.8 COMPLAINT PROCEDURES

A. Inquiries regarding filing of complaints.

(1) Inquiries made to the board or to a board member regarding a potential complaint will be referred to the board administrator or compliance liaison for a response.

(2) Upon receipt of an inquiry, the board administrator or compliance liaison shall forward to the potential complainant a complaint form with instructions on how to file the complaint. Complaints shall be submitted in writing on the prescribed form, signed and notarized, and state the facts upon which the complaint is based. Anonymous complaints will not be investigated, unless the board determines an exception is valid due to unusual circumstances.

(3) Once a complaint, is made, it will come under the provisions of this section and cannot be withdrawn.

B. Procedures for processing complaints. The board administrator or compliance liaison shall:

(1) log in the date the complaint is received;

(2) determine if the subject of the complaint is a licensed psychologist, psychologist associate or an applicant or person otherwise within the jurisdiction of the board;

(3) assign an individual file with a complaint number, which numbering sequence shall begin each new calendar year;

(4) send a letter to the complainant confirming receipt of the complaint;

(5) forward the complaint to respondent with a letter requesting a response to the allegations and any documents or materials relevant to the complaint, unless it will impede an investigation or interfere with the acquisition of documents or relevant papers or the development of the case; and

(6) forward the complaint file to the chair of the complaint committee.

C. Review by the complaint committee.

(1) The chair of the complaint committee is appointed by the board chair and shall consist of a board member and may include the board administrator and compliance liaison.

(2) The complaint committee shall review the entire complaint file to determine if the allegations in the complaint are substantiated and constitute grounds for disciplinary action.

(3) The complaint committee or its designee may employ experts, consultants, or private investigators to assist in investigations of complaints.

(4) The complaint committee, or its designee, on behalf of the board, may issue investigative subpoenas, pursuant to Section 61-1-4)A) NMSA 1978.

(5) Upon completion of an investigation and review, the complaint committee shall submit to the full board a case summary containing alleged violations of the code, board regulations or the act and recommendations for disposition. Throughout this process, confidentiality of interested parties will be maintained.

D. Review by the full board.

(1) Any board member or any member of the complaint committee who is partial or who believes he is not capable of judging a particular controversy fairly on the basis of its own circumstances shall not participate in the decision whether to issue a notice of contemplated action and shall not participate in the hearing, deliberation, or decision of the board.

(2) The board shall review the case summary presented by the complaint committee, relevant documents, witness statements, and other pertinent information regarding the complaint. If the board has sufficient evidence that a violation may have occurred, the board shall forward the evidence to the administrative prosecutor for issuance of a notice of contemplated action.

(3) Following the issuance of a notice of contemplated action, the board may at its option authorize a board member, or the administrative prosecutor to confer with the applicant or the licensee for the purpose of settlement of the complaint. Such settlement must be approved by the board, must be with the consent of the applicant or licensee, and shall include a knowing and intentional waiver by the applicant or the licensee of his rights to hearing under the Uniform Licensing Act.

(4) The board may refer a complaint to the attorney general for injunctive proceedings or to the district attorney for criminal prosecution.

[16.22.11.8 NMAC - Rp, 16.22.11.8 NMAC, 11/15/2006; A, 2/22/2013]

16.22.11.9 ADJUDICATORY PROCEEDINGS

A. General provisions and pre-hearing and preliminary matters.

(1) All hearings shall be conducted either by the board or, at the election of the board, by a hearing officer.

(2) If the board appoints a hearing officer, the hearing officer shall have authority to decide pre-hearing matters, preside over the hearing, and direct post-hearing matters in accordance with the requirements of the case in a manner that ensures an efficient and orderly hearing and expedites the final resolution of the case. Except as otherwise limited in this part, the hearing officer shall have the authority to rule on all non-dispositive motions. If the board does not appoint a hearing officer or if the hearing officer is unavailable or unable to proceed, the board chair or other board member designated by the board shall have the authority to decide pre-hearing or preliminary matters on behalf of the board. This authority shall be in accordance with the requirements of the case in a manner that ensures an efficient and orderly hearing and expedites the final resolution of the case, including, without limitation.

(a) Unopposed or stipulated motions to change venue.

(b) Motions for continuance of a hearing date. A motion to vacate the hearing must contain an affirmative statement that the licensee or applicant waives his right to a hearing held not more than 60 days from the date of service of the notice hearing.

(c) The granting of one notice of pre-emptory excusal to each party if the notice is timely and if the pre-emptory excusal does not result in a loss of a quorum of the board.

(d) Motions regarding discovery.

(3) The original of any papers and pleadings shall be filed with the board. Copies shall be sent to the hearing officer and attorneys or parties of record.

(4) The hearing officer or designated board member shall issue appropriate orders to control the course of the proceedings.

(5) Consistent with provisions of the Uniform Licensing Act and to the extent practicable, the rules of civil procedure for the district courts shall apply unless the hearing officer or designated board member orders otherwise.

(6) A request for an order shall be made by a motion filed with the board. Except for motions made during the course of the hearing, a motion shall be in writing. A motion shall state with particularity the grounds for the motion and shall set forth the relief and order sought.

(7) A motion shall be accompanied by a memorandum brief in support of the motion. The brief shall state with particularity the grounds for the motion and shall contain citation to authorities, statutes, and references to the pleadings on file. If matters outside of the pleadings are considered, a copy of the referenced material shall be attached to the brief. Responsive briefs shall be permitted in accordance with the rules of civil procedure for the district courts to the extent practicable unless the hearing officer or designated board member orders otherwise.

(8) The hearing officer or the designated board member may order the filing of briefs or other documents and may set oral argument on any matter.

(9) No more than two continuances of the hearing date will be granted without the approval of the board for good cause shown.

(10) All dispositive motions shall be decided by the board.

(11) No proposed settlement, consent agreement, voluntary surrender of a license in lieu of prosecution, or other proposal for the resolution of a pending disciplinary case shall be effective unless approved by the board and executed by the board and the licensee or applicant. The board or hearing officer may seek information from the administrative prosecutor and the licensee or applicant concerning circumstances of the case relevant to a consideration of the proposed settlement or clarification of the proposed terms and conditions. No board member is presumed to be biased and shall not be excused based solely on the reason that the member considered a proposed settlement, consent agreement, or other proposal for the resolution of a pending disciplinary case. The board may submit a counterproposal for the settlement or resolution of the case.

(12) Any proposed settlement, consent agreement, voluntary surrender of a license in lieu of prosecution, or other proposal for the resolution of a pending disciplinary case shall contain at least the following:

(a) an admission of all jurisdictional facts; an acknowledgment of the rights contained in the Uniform Licensing Act and an express waiver of those rights and of all rights to hearing and judicial review or any other opportunity to contest the validity of the board order in any other proceeding or forum;

(b) a statement that the proposal resolves only the violations alleged in the notice of contemplated action and a statement that the board reserves the right to initiate other proceedings for any other violations of the act or board regulations;

(c) a general nature of the evidence underlying each alleged violation;

(d) if appropriate, a list of provisions of the acts or practices from which the licensee or applicant will refrain in the future;

(e) a statement of the type, terms, and conditions of the proposed disciplinary action of the board;

(f) a statement that the licensee will be responsible for all costs of disciplinary proceedings or a statement setting forth the reason why the licensee should be excused from paying costs; the affidavit of the board administrator concerning the costs incurred to date shall accompany the proposal;

(g) a statement that the decision and order of the board shall be a public record and reported, as required by law. If the proposed settlement involves an action of the type specified in the Uniform Licensing Act, Subsections D-(i) thru 61-1-3 K(n) NMSA 1978 or voluntary surrender of a license in lieu of prosecution, the decision and order shall be reported by the board to the ASPPB disciplinary data report, healthcare integrity and protection data bank (HIPDB), and to other appropriate entities;

(h) other provisions necessary to ensure the complete and final resolution of the proceedings.

(13) A proposal to settle a matter shall not stay the proceedings or vacate the hearing date unless otherwise ordered by the hearing officer or presiding officer upon the filing of a timely motion.

B. Duties of the board administrator. The board administrator shall:

(1) after consultation with the board or hearing officer, issue a notice of hearing stating the date, time, and place of the hearing;

(2) execute on behalf of the hearing officer or board notices, scheduling orders, subpoenas, and subpoenas duces tecum, and other routine procedural documents that facilitate the efficient conduct of adjudicatory proceedings;

(3) maintain the official record of all papers and pleadings filed with the board in any matter;

(4) prepare an affidavit as to costs of any disciplinary proceeding at the conclusion of any hearing or upon request by a party submitting a proposed settlement, consent agreement, or voluntary surrender of a license in lieu of prosecution;

(5) prepare, certify, and file with the district court the record of the case on appeal or review;

(6) unless the board orders otherwise, have the authority to sign the decision of the board to grant or refuse a request to reopen the case.

C. Conduct of hearings.

(1) The hearing officer, or presiding officer if the case is heard by the board, shall ensure the fair, efficient, and orderly conduct of the hearing in accordance with the Uniform Licensing Act.

(2) Unless the board orders otherwise, a board member hearing officer, the board chair, or presiding officer shall have the authority to sign the written decision of the board.

(3) The board administrator shall serve the decision of the board on the licensee or applicant in accordance with law.

(4) A motion for an order staying the operation of a board decision shall be decided by the board.

[16.22.11.9 NMAC - Rp, 16.22.11.9 NMAC, 11/15/2006]

16.22.11.10 SURRENDER OF LICENSE

A. If a license is restricted, suspended, or revoked by the board for any reason specified in the rules and regulations of the board or in the act, the licensee shall immediately surrender his license in person or by registered mail to the board.

B. If the licensee's scope of practice is restricted or limited or otherwise subject to conditions, the license may reflect the restriction, limitations, or condition.

[16.22.11.10 NMAC - Rp, 16.22.11.10 NMAC, 11/15/2006]

HISTORY OF 16.22.11 NMAC:

Pre-NMAC History:

Part 11 was derived from material previously filed with the State Records Center and Archives under:

Rule No. 19, Complaint Procedures filed 4/24/1995.

Rule No. 17, Surrender of License filed 4/24/1995.

History of Repealed Material:

16 NMAC 22.7, Complaint Procedures - Repealed, 4/16/2000

16.22.11 NMAC, Complaint Procedures and Adjudicatory Proceedings - Repealed 11/15/2006

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 12 PSYCHOLOGIST ASSOCIATES: EDUCATION REQUIREMENTS AND CONDITIONS OF PRACTICE

16.22.12.1 ISSUING AGENCY: Regulation and Licensing Department, State Board of Psychologist Examiners.
[16.22.12.1 NMAC - Rp, 16.22.12.1 NMAC, 11/15/2006]

16.22.12.2 SCOPE: The provisions of Part 12 apply to all applicants and licensees who apply or are licensed as psychologist associates in New Mexico.
[16.22.12.2 NMAC - Rp, 16.22.12.2 NMAC, 11/15/2006]

16.22.12.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act Sections 61-9-6, 61-9-11-1 NMSA 1978.
[16.22.12.3 NMAC - Rp, 16.22.12.3 NMAC, 11/15/2006]

16.22.12.4 DURATION: Permanent.
[16.22.12.4 NMAC - Rp, 16.22.12.4 NMAC, 11/15/2006]

16.22.12.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of a section.
[16.22.12.5 NMAC - Rp, 16.22.12.5 NMAC, 11/15/2006]

16.22.12.6 OBJECTIVE: This part sets forth the conditions of practice for psychologist associates and defines the professional relationship with doctoral-level supervision.
[16.22.12.6 NMAC - Rp, 16.22.12.6 NMAC, 11/15/2006]

16.22.12.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.12.8 CONDITIONS OF PRACTICE FOR PSYCHOLOGIST ASSOCIATES:

A. Supervision by a licensed psychologist or board-certified psychiatrist.

(1) Psychologist associates who engage in the practice of psychology shall be supervised by a licensed psychologist or a board-certified psychiatrist, except in the area of psychological or cognitive testing. The supervising psychologist must be licensed in New Mexico as a psychologist with the New Mexico Board of Psychologist Examiners, be in good standing and have no history of rule violations. If the psychologist associate conducts psychological and/or cognitive testing, the psychologist associate shall be supervised in this area of practice by a licensed psychologist. The psychologist shall explicitly agree to supervise the psychologist associate.

(2) The supervisor shall assume professional and ethical responsibility for the work of the psychologist associate performed in the course of their professional relationship.

(3) The supervisor shall provide supervision only in those areas of practice in which he/she is qualified to render services.

(4) The supervisor shall not provide supervision to one who is his/her administrative superior(s) or is a member of his or her family.

(5) The supervisor shall keep records of supervision. Such records shall be kept separately from the client's records and shall include dates of supervision, without reference to the client's name. Such records shall be submitted to the board on an annual basis as a condition of the renewal process.

(6) The supervisor shall not exploit the psychologist associate for financial gain or with excessive work demands. The supervisor shall make every effort to avoid exploitation of the psychologist associate by an agency with which the supervisor and psychologist associate are affiliated.

(7) Financial arrangements between the supervisor and the psychologist associate shall be clear and shall not interfere with or compromise the ethical, professional, and legal responsibilities each party has to the client or patient and to each other. Psychologist associates may bill clients or patients independently from the supervisor, provided that this arrangement does not interfere with or compromise those responsibilities.

B. Nature of supervision from licensed supervisor.

(1) Supervision of a psychologist associate shall cover all aspects of the psychologist associate's work and shall include at least two hours a month of one-to-one supervision between the psychologist associate and the supervisor. If the psychologist associate who is supervised by a board-certified psychiatrist also conducts psychological or cognitive testing in his practice, the psychologist associate must be supervised by a licensed psychologist at least two additional hours per month in this area of practice.

(2) The client or patient shall always be informed about the nature of the professional relationship that exists between the supervisor and the psychologist associate. The client shall be informed of his/her right to meet with the supervisor upon request and that the supervision of the psychologist associate by the supervisor may involve a review of the content of the evaluation documents and intervention plans.

C. Supervisory agreement with licensed supervision.

(1) The psychologist associate and his supervisor shall file a notarized letter of agreement signed by all parties setting forth the terms of the supervisory arrangements. This agreement shall be updated and provided to the board as a condition of the yearly renewal of the psychologist associate's license. If there is no change in the agreement, a letter informing the board that there is no change, signed by both parties, shall accompany the yearly renewal of the psychologist associate's license.

(2) Both the supervisor and the psychologist associate shall notify the board in writing within 30 days of termination if the supervisory agreement is terminated or the supervisory relationship ends for any reason. Most importantly, termination of the supervisory relationship shall be accomplished in a context of primary concern for the clients receiving care.

D. Ethical responsibilities of psychologist associates.

(1) The psychologist associate shall assume legal, ethical, and professional responsibility for the welfare of the client or patient, including client or patient diagnosis, intervention, and outcome of intervention.

(2) The psychologist associate shall provide services only in those areas of practice for which he is qualified.

E. Disclosure requirements. Any person licensed as a psychologist associate who advertises or solicits services to the general public shall specifically state: "Licensed psychologist associate - supervised practice." [16.22.12.8 NMAC - Rp, 16.22.12.8 NMAC, 11/15/2006; A, 7/1/2018]

16.22.12.9 EDUCATION REQUIREMENTS

A. An applicant who received a master's degree prior to July 1, 1985, shall hold a master's degree from a department of psychology in a school or college as defined in the Professional Psychologist Act or a master's degree which is primarily psychological in nature from a school or college whose program had substantially equivalent requirements as those set forth in this rule.

B. An applicant who received a master's degree after July 1, 1985, shall hold a master's degree from a department of psychology, counseling psychology, or school psychology in a school or college as defined in the Professional Psychologist Act.

C. The applicant shall show that his program of graduate studies included a minimum of three graduate semester hours (six graduate quarter hours) directly related to psychological theory in three of the nine following content areas (no course may be counted for more than two areas):

(1) biological aspects of behavior: physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology, biological bases of development;

(2) cognitive and affective aspects of behavior: learning, thinking, motivation, emotion, and cognitive development;

(3) social aspects of behavior: social psychology, group processes, community psychology, social development, organizational and systems theory;

(4) human development: developmental psychology, human development, lifespan development, and developmental psychopathology;

(5) individual differences: personality theory, human development, and abnormal psychology;

(6) professional and scientific ethics and standards: professional and ethical problems in clinical, counseling, or school psychology, legal, ethical, and professional issues in psychotherapy or counseling;

(7) research design, methodology, statistics, and data analysis: research methods in clinical, counseling, or school psychology; research design in psychology; statistical analysis in psychology; multivariate statistical methods;

(8) cultural competence, as deemed satisfactory to the board, multicultural counseling, counseling the culturally different, feminist psychology, counseling gay and lesbian populations, treating persons with disabilities;

(9) methods of assessment and diagnosis: psychological assessment, clinical diagnosis, and intellectual and personality assessment.

D. The applicant shall have completed at least two semesters (or four quarter hours) of clinical, counseling, or school psychology practicum.

[16.22.12.9 NMAC - Rp, 16.22.12.9 NMAC, 11/15/2006]

16.22.12.10 [RESERVED]

[16.22.12.10 NMAC - Rp, 16.22.12.10 NMAC, 11/15/2006]

16.22.12.11 DEMONSTRATION OF COMPETENCE

A. **Description of examination and general information.** All persons applying for licensure shall be examined by the board. The examination consists of two parts:

(1) a written examination, called the EPPP, that demonstrates professional competence;

(2) an online jurisprudence examination constructed, administered, and graded by the board and its designees, which assesses knowledge, ethical standards, New Mexico laws, and the board regulations as they apply to psychologists and their clients or patients.

B. Passing scores.

(1) The passing score on the EPPP taken before January 1, 1993 is 140 (seventy percent) or taken after January 1, 1993 is the score equal to or greater than the passing score recommended by ASPPB.

(2) The passing score for the jurisprudence examination will be as determined by the board. Applicants will be notified within 30 days following the jurisprudence examination of their test results.

(3) If the score of either the EPPP or the jurisprudence examination meets the requirement for licensure as a psychologist associate but the other score does not, the examination passed will not have to be retaken.

[16.22.12.11 NMAC - Rp, 16.22.8.11 NMAC, 11/15/2006]

16.22.12.12 APPLICATION PROCESS

A. Initial application procedure. To open an initial application file, the applicant shall submit the following:

(1) a completed and signed application;

(2) the application fee as required by the board;

(3) official transcripts directly from the institution's office of the registrar; and

(4) three letters of reference.

B. If the application is not complete, the applicant will be notified of all deficiencies within thirty 30 days of the board's receipt. The application process shall be completed within 30 days of the receipt at the board office of all materials listed in Subsection A of 16.22.12.12 NMAC. The applicant must have all documents in the board office at least 60 days prior to taking the examination for professional practice in psychology (EPPP).

C. Complete applications will be reviewed by the board and a notification of approval, denial or need for additional information will be issued to the applicant within 30 days.

D. The written examination for licensure is the EPPP, developed by the association of state and provincial psychology boards (ASPPB) and administered by the professional examination service (PES). An applicant shall be eligible to take the EPPP three times within the 18 months following the date the applicant was notified of the board's approval of their application.

(1) If the applicant does not pass the EPPP any of the three times it is administered within eighteen 18 months, the applicant shall submit a new initial application.

(2) Upon the submission of the new application, the rules and regulations in effect at the time the new initial application is received will be used to determine whether an applicant meets the requirements for licensure.

E. The applicant shall take and pass an online jurisprudence examination after the board has received his EPPP score from the ASPPB reporting service, indicating that the applicant received a passing score pursuant to the act.

F. During the first year of licensure, an applicant shall furnish evidence to the board that demonstrates an awareness and knowledge of New Mexico cultures.

[16.22.12.12 NMAC - N, 03/21/2009]

HISTORY OF 16.22.12 NMAC:

Pre-NMAC History:

Rule No. 5, Conditions of Practice for Psychologist Associate filed 4/24/1995.

Rule No. 5, Requirements for Certification Psychologist Associate filed 11/1/1983.

NMBPE Rule 3, Requirements for Licensure Psychologist Associate filed 12/28/1989.

Rule No. 3, Educational Requirements-Psychologist filed 4/24/1995.

History of Repealed Material:

16 NMAC 22.8, Educational Requirements and Conditions of Practice for Psychologist Associates, Repealed 4/16/2000

16.22.12 NMAC, Education Requirements and Conditions of Practice for Psychologists Associates - Repealed 11/15/2006

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 13 FEES

16.22.13.1 ISSUING AGENCY: Regulation and Licensing Department, State Board of Psychologist Examiners.
[16.22.13.1 NMAC - Rp, 16.22.13.1 NMAC, 11/15/2006]

16.22.13.2 SCOPE: The provisions of Part 13 apply to all applicants for licensure and the general public.
[16.22.13.2 NMAC - Rp, 16.22.13.2 NMAC, 11/15/2006]

16.22.13.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologists Act, Sections 61-9-7, 61-9-10, 61-9-11 and Paragraph (1) of Section 61-9-11 NMSA 1978, and the Inspection of Public Records Act, Subsection B of Section 14-2-9 NMSA 1978.
[16.22.13.3 NMAC - Rp, 16.22.13.3 NMAC, 11/15/2006]

16.22.13.4 DURATION: Permanent.
[16.22.13.4 NMAC - Rp, 16.22.13.4 NMAC, 11/15/2006]

16.22.13.5 EFFECTIVE DATE: November 15, 2006 unless a later date is cited at the end of a section.
[16.22.13.5 NMAC - Rp, 16.22.13.5 NMAC, 11/15/2006]

16.22.13.6 OBJECTIVE: To establish fees within statutory limitations to generate revenue adequate to fund the cost of program administration.
[16.22.13.6 NMAC - Rp, 16.22.13.6 NMAC, 11/15/2006]

16.22.13.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.13.8 FEE SCHEDULE:

A. All fees payable to the board are non-refundable. The fees for the (EPPP), and the (PEP) are in addition to the fees described below, and determined by the professional examination service offering the examination on behalf of the board. Background fees shall be the amount established by the department of public safety for the processing of criminal history background checks.

B. Application fees. (psychologists, psychologist associates, conditional prescribing and prescribing psychologists):

(1) initial application fee- (initial application fee expires 24 months from the date application is received in the board office) \$125.

(2) jurisprudence examination: \$75.

(3) re-examination fee for jurisprudence exam: \$75.

(4) application for an out of state psychologist to conduct court-ordered independent examination (per case): \$150.

(5) initial conditional prescription certificate: \$75.

(6) 60 day extension of conditional prescription: \$100.

(7) second-year conditional prescription certificate: \$75.

(8) prescription certificate: \$75.

(9) temporary license fee: \$300.

C. Biennial/annual renewal fees psychologists, psychologist associates, conditional prescribing and prescribing psychologists:

(1) one-time annual renewal by psychologists and psychologist associates meeting first-year New Mexico licensure requirements: \$250.

(2) biennial renewal active status psychologists and psychologist associates: \$500.

(3) biennial renewal active status (conditional prescribing and prescribing psychologists): \$125.

(4) annual renewal inactive status: \$50.

(5) late fee (received after July 1 and within 1 year of suspension): active status (psychologists, psychologist associates, conditional prescribing and prescribing psychologist): \$100.

(6) reinstatement fee from inactive to active status: \$300.

D. Other miscellaneous charges

(1) duplicate/replacement wall certificate: \$25.

(2) licensee lists: \$100.

(3) licensee labels: \$150.

(4) per page copy fee for public information request: \$.25 cents.

(5) license verification fee: \$15.

[16.22.13.8 NMAC - Rp, 16.22.13.8 NMAC, 11/15/2006; A, 3/21/2009; A, 9/16/2010; A, 4/11/2012; A, 7/1/2018]

HISTORY OF 16.22.13 NMAC:

History of Repealed Material:

16.22.13 NMAC, Fees - Repealed 11/15/2006

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 14 LICENSURE FOR MILITARY SERVICE MEMBERS, SPOUSES AND VETERANS

16.22.14.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.14.1 NMAC - N, 04/30/2015]

16.22.14.2 SCOPE: This part sets forth application procedures to expedite licensure for military service members, spouses and veterans.
[16.22.14.2 NMAC - N, 04/30/2015]

16.22.14.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to Professional Psychology Act, NMSA 1978.
[16.22.14.3 NMAC - N, 04/30/2015]

16.22.14.4 DURATION: Permanent.
[16.22.14.4 NMAC - N, 04/30/2015]

16.22.14.5 EFFECTIVE DATE: April 30, 2015, unless a later date is cited at the end of a section.
[16.22.14.5 NMAC - N, 04/30/2015]

16.22.14.6 OBJECTIVE: The purpose of this part is to expedite licensure for military service members, spouses and veterans.
[16.22.14.6 NMAC - N, 04/30/2015]

16.22.14.7 DEFINITIONS: [RESERVED]
[16.22.14.7 NMAC - N, 04/30/15; Repealed 7/1/2018]

16.22.14.8 APPLICATION REQUIREMENTS:

- A.** Applications for registration shall be completed on a form provided by the department.
- B.** The information shall include:
 - (1)** Completed application and fee.
 - (2)** Satisfactory evidence that the applicant holds a license as a doctoral level psychologist that is current and in good standing, issued by another jurisdiction, provided that the educational requirements and supervised experience requirements of that jurisdiction meet or exceed those of 16.22.4 NMAC and 16.22.6 NMAC and that the requirement for examination includes a passing score on the examination for professional practice in psychology (EPPP) that meets or exceeds the requirements set in Paragraph 1 of Subsection A of 16.22.7.8 NMAC. Other requirements for licensure are waived until the first license renewal.
 - (3)** The board will develop, approve and maintain a list of American and Canadian jurisdictions whose requirements of education, supervised experience and EPPP passing score meet or exceed those of 16.22.4 NMAC, 16.22.6 NMAC and Paragraph 1 of Subsection A of 16.22.7.8 NMAC.
- C.** Electronic signatures will be acceptable for applications submitted pursuant to Section 14-16-1 through Section 14-16-19 NMSA 1978.
[16.22.14.8 NMAC - N, 4/30/2015; A, 7/1/2018]

16.22.14.9 [RESERVED]
[16.22.14.9 NMAC - N, 4/30/15; Repealed 7/1/2018]

16.22.14.10 RENEWAL REQUIREMENTS:

- A.** A license issued pursuant to this section shall not be renewed unless the license holder satisfies the requirements for the issuance and for the renewal of a license pursuant to Chapter 61, Articles 2 through 34 NMSA 1978.
- B.** The licensee must submit the following documents at the time of renewal:
 - (1)** official doctoral degree transcripts sent directly from the institution's office of the registrar;

- (2) license verification from all jurisdictions in which the applicant is or has been granted a psychologist license;
- (3) three letters of reference dated within the last two years and two of the letters must be from a licensed practicing psychologist familiar with their clinical work, and can attest to their competency and moral character;
- (4) verification of doctoral and post-doctoral supervised experience as defined in 16.22.6 NMAC; and
- (5) verification of passing the examination for professional practice in psychology (EPPP) as defined in 16.22.7.8 NMAC.
- C.** Licensee must take and pass a jurisprudence examination with a score of seventy-five percent.
- D.** Prior to the expiration of the license, all licensed psychologists shall apply for registration renewal and shall pay the renewal fee as set forth in 16.22.13 NMAC.
[16.22.14.10 NMAC - N, 4/30/2015; A, 7/1/2018]

HISTORY OF 16.22.14 NMAC: [RESERVED]

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 20 CONDITIONAL PRESCRIPTION CERTIFICATE; PRESCRIPTION CERTIFICATE:
HEALTH CARE PRACTITIONER COLLABORATION GUIDELINES

16.22.20.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.20.1 NMAC - Rp, 16.22.20.1 NMAC, 11/15/06]

16.22.20.2 SCOPE: This part applies to psychologists with conditional prescription certificate, and the general public.
[16.22.20.2 NMAC - Rp, 16.22.20.2 NMAC, 11/15/06]

16.22.20.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-17.2
[16.22.20.3 NMAC - Rp, 16.22.20.3 NMAC, 11/15/06]

16.22.20.4 DURATION: Permanent.
[16.22.20.4 NMAC - Rp, 16.22.20.4 NMAC, 11/15/06]

16.22.20.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of the section.
[16.22.20.5 NMAC - Rp, 16.22.20.5 NMAC, 11/15/06]

16.22.20.6 OBJECTIVE: The objective of Part 20 is to set forth the provisions, which apply to all of Chapter 22, and all persons affected or regulated by Chapter 22 of Title 16.
[16.22.20.6 NMAC - Rp, 16.22.20.6 NMAC, 11/15/06]

16.22.20.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.20.8 CONDITIONAL PRESCRIPTION CERTIFICATE OR PRESCRIPTION CERTIFICATE
HEALTH CARE PRACTITIONER COLLABORATION GUIDELINES:

A. A conditional prescribing or prescribing psychologist shall obtain a release of information from the patient or the patient's legal guardian authorizing the psychologist to contact the patient's primary treating health care practitioner, as required by law.

B. If a patient or the patient's legal guardian refuses to sign a release of information for the patient's primary treating health care practitioner, the conditional prescribing or prescribing psychologist shall inform the patient or the patient's legal guardian that the psychologist cannot treat the patient pharmacologically without an ongoing collaborative relationship with the primary treating health care practitioner. The psychologist shall refer the patient to another mental health care provider who is not required to maintain an ongoing collaborative relationship with a health care practitioner.

C. A conditional prescribing or prescribing psychologist shall contact the primary treating health care practitioner prior to prescribing medication to the patient.

(1) The conditional prescribing or prescribing psychologist shall inform the primary treating health care practitioner the medications the psychologist intends to prescribe for mental illness and any laboratory tests that the psychologist ordered or reviewed and shall discuss the relevant indications and contraindications to the patient of prescribing these medications.

(2) The conditional prescribing or prescribing psychologist shall document the date and time of contacts with the primary treating health care practitioner, a summary of what was discussed, and the outcome of the discussions or decisions reached.

(3) If the primary treating health care practitioner and the conditional prescribing or prescribing psychologist do not agree about a particular psychopharmacological treatment strategy, the psychologist shall document the reasons for recommending the psychopharmacological treatment strategy that is in disagreement and shall inform the primary treating health care practitioner of that recommendation. If the primary treating health care practitioner believes the medication is contraindicated because of a patient's medical condition, the conditional prescribing or prescribing psychologist shall defer to the judgment of the primary treating health care practitioner and shall not prescribe.

(4) If a conditional prescribing or prescribing psychologist determines that an emergency exists that may jeopardize the health or well being of the patient, the psychologist may, without prior consultation with the patient's primary treating health care practitioner, prescribe psychotropic medications or modify an existing prescription for psychotropic medication previously written for that patient by that psychologist. The conditional prescribing or prescribing psychologist shall consult with the primary treating health care practitioner as required herein as soon as possible. The conditional prescribing or prescribing psychologist shall document in the patient's psychological evaluation/treatment file the nature and extent of the emergency and the attempt(s) made to contact the primary treating health care practitioner prior to prescribing or other reason why contact could not be made.

(5) If a conditional prescribing psychologist or prescribing psychologist is working in a declared emergency/disaster area, the on-site medical staff can serve as the evaluating primary care physician.

D. If a patient does not have a primary treating health care practitioner, the conditional prescribing or prescribing psychologist shall refer the patient to a health care practitioner prior to psychopharmacological treatment. The psychologist must receive the results of the health care practitioner's assessment and shall contact the health care practitioner as required herein prior to prescribing.

E. Once the collaborative relationship is established with the primary treating health care practitioner, the conditional prescribing or prescribing psychologist shall maintain and document the collaborative relationship to ensure that relevant information is exchanged accurately and in a timely manner. The ongoing collaborative relationship shall be maintained pursuant to the following guidelines.

(1) A conditional prescribing or prescribing psychologist shall contact the primary treating health care practitioner for any changes in medication not previously discussed with the primary treating health care practitioner.

(2) A conditional prescribing or prescribing psychologist shall contact the primary treating health care practitioner if and when the patient experiences adverse effects from medications prescribed by the psychologist that may be related to the patient's medical condition for which he or she is being treated by a health care practitioner.

(3) A conditional prescribing or prescribing psychologist shall contact the primary treating health care practitioner regarding results of laboratory tests related to the medical care of the patient that have been ordered by the psychologist in conjunction with psychopharmacological treatment.

(4) The patient's treating health care practitioner shall inform a conditional prescribing or prescribing psychologist of any new medical diagnosis or changes in the patient's medical condition that may affect the treatment being provided by the psychologist.

(5) A conditional prescribing or prescribing psychologist shall inform a treating health care practitioner as soon as possible of any change in the patient's psychological condition that may affect the medical treatment being provided by the health care practitioner.

(6) The patient's primary treating or other health care practitioner shall inform the conditional prescribing or prescribing psychologist of any psychotropic medications prescribed or discontinued by the primary or other treating health care practitioner, the dates of any subsequent changes in psychotropic medications prescribed by the primary or other treating health care practitioner, and the efforts to coordinate the mental health care of the patient as soon as possible.

[16.22.20.8 NMAC - Rp, 16.22.20.8 NMAC, 11/15/06]

HISTORY OF 16.22.20 NMAC:

History of Repealed Material:

16.22.20 NMAC, Health Care Practitioner Collaboration Guidelines - Repealed 11/15/06

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 21 CONDITIONAL PRESCRIBING OR PRESCRIBING PSYCHOLOGISTS: LIMITS OF PRACTICE

16.22.21.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.21.1 NMAC - Rp, 16.22.21.1 NMAC, 11/15/06]

16.22.21.2 SCOPE: This part applies to the board, licensees, applicants for licensure seeking licenses under prescriptive authority, and the general public.
[16.22.21.2 NMAC - Rp, 16.22.21.2 NMAC, 11/15/06]

16.22.21.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-17.2
[16.22.21.3 NMAC - Rp, 16.22.21.3 NMAC, 11/15/06]

16.22.21.4 DURATION: Permanent.
[16.22.21.4 NMAC - Rp, 16.22.21.4 NMAC, 11/15/06]

16.22.21.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of the section.
[16.22.21.5 NMAC - Rp, 16.22.21.5 NMAC, 11/15/06]

16.22.21.6 OBJECTIVE: The objective of Part 21 is to set forth the provisions, which apply to all of Chapter 22, and all persons affected or regulated by Chapter 22 of Title 16.
[16.22.21.6 NMAC - Rp, 16.22.21.6 NMAC, 11/15/06]

16.22.21.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.21.8 LIMITS OF PRACTICE:

A. A conditional prescribing/prescribing psychologist shall limit practice and supervision to the areas of competence in which proficiency has been gained through education, training and experience.

B. As defined in the collaboration guidelines of 16.22.20.8 NMAC, unless specifically agreed to by the primary treating health care practitioner, a conditional prescribing or prescribing psychologist shall not prescribe medications for patients with the following conditions:

- (1) patients with a serious co-morbid disease of the central nervous system;
- (2) patients with cardiac arrhythmia;
- (3) patients who are being pharmacologically treated for coronary vascular disease;
- (4) patients with blood dyscrasia;
- (5) patients who are hospitalized for an acute medical condition; or
- (6) women who are pregnant or breast feeding.

C. A conditional prescribing or prescribing psychologist shall not prescribe a drug, substance or controlled substance that is not contained in the formulary described in 16.22.27 NMAC, of these regulations.

D. A conditional prescribing or prescribing psychologist may order and review laboratory tests that are necessary to maximize the psychopharmacological effectiveness and to minimize the potential untoward effects of medications that are prescribed. In consultation with the PCP, the psychologist may also order neurovascular imaging procedures that use contrast media; neuro imaging that require the use of radioactive material; roentgenological procedures (x-rays) or other appropriate tests. The psychologist shall not:

- (1) perform medical procedures such as spinal taps, intramuscular or intravenous administration of medication, or phlebotomy; or
- (2) perform amygdal interviews.

E. A conditional prescribing or prescribing psychologist shall not self-prescribe medication and shall not prescribe medication to any person who is a member of the psychologist's family or household, or with whom the psychologist has a conflict of interest, including a prohibited dual relationship, as defined in 16.22.1 NMAC, of these regulations and the code of conduct adopted by the board.

F. A conditional prescribing or prescribing psychologist is subject to provisions of the Professional Psychologist Act and board regulations. A psychologist who violates the Professional Psychologist Act or board regulations is subject to disciplinary action by the board, which may include denial, suspension, or revocation of a conditional prescription certificate or prescription certificate or suspension or revocation of a license to practice psychology.

G. A conditional prescribing or prescribing psychologist must comply with all other state and federal laws regulating the administering and prescribing of controlled substances.
[16.22.21.8 NMAC - Rp, 16.22.21.8 NMAC, 11/15/06]

HISTORY OF 16.22.21 NMAC:

History of Repealed Material:

16.22.21 NMAC, Limits of Practice - Repealed 11/15/06

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 22 CONDITIONAL PRESCRIBING OR PRESCRIBING PSYCHOLOGISTS:
APPLICATION COMMITTEE

16.22.22.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.22.1 NMAC - Rp, 16.22.22.1 NMAC, 11/15/06]

16.22.22.2 SCOPE: This part applies to the board, licensees, applicants for licensure, and the general public.
[16.22.22.2 NMAC - Rp, 16.22.22.2 NMAC, 11/15/06]

16.22.22.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-17.1
[16.22.22.3 NMAC - Rp, 16.22.22.3 NMAC, 11/15/06]

16.22.22.4 DURATION: Permanent.
[16.22.22.4 NMAC - Rp, 16.22.22.4 NMAC, 11/15/06]

16.22.22.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of the section.
[16.22.22.5 NMAC - Rp, 16.22.22.5 NMAC, 11/15/06]

16.22.22.6 OBJECTIVE: The objective of Part 22 is to set forth the provisions, which apply to all of Chapter 22, and all persons affected or regulated by Chapter 22 of Title 16.
[16.22.22.6 NMAC - Rp, 16.22.22.6 NMAC, 11/15/06]

16.22.22.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.22.8 PSYCHOPHARMACOLOGY (RxP) APPLICATION COMMITTEE:

A. The chair of the board may appoint one or more RxP application committee(s) to review application(s) for conditional prescription and prescription certificates and to make recommendations to the board.

B. The RxP application committee will consist of a minimum of three (3) members who shall reside in New Mexico and who shall hold active, unrestricted New Mexico licenses in their respective profession. The committee shall consist of:

- (1) one person appointed by the chair of the board who is experienced in psychopharmacology;
- (2) one person appointed by the chair of the board, in collaboration with the New Mexico medical board, who is an allopathic or osteopathic physician or a nurse practitioner or physicians assistant with clinical experience in mental health or psychopharmacology; and
- (3) a public member appointed by the chair of the board.

C. The professional members appointed by the chair of the board to the committee may include:

- (1) a psychologist with a conditional prescribing certificate or a prescription certificate;
- (2) a physician or osteopathic physician with clinical experience in mental health or psychopharmacology;
- (3) a pharmacist clinician, or certified, or certified nurse practitioner, RNCS or physician's assistant with specialized training in psychopharmacology; or
- (4) a licensed psychologist.

D. Members of the RxP application committee shall not be in a psychopharmacology training program, and shall not be seeking licensure as a psychologist.

E. Members of the RxP application committee shall not participate in the review, deliberation, or decision of an application if the applicant is a member of the member's family or household or if the member has a conflict of interest as defined in 16.22.25 NMAC, of these regulations.

F. The New Mexico medical board or its designee shall be available upon request to consult with the RxP application committee or the board regarding the applicability of the regulations adopted pursuant to Section 61-9-17.1 NMSA 1978 of the act to a particular application.

G. The RxP application committee shall provide the board a recommendation to accept or reject an application for a conditional prescription or prescription certificate. A recommendation to reject an application shall state the reasons for the recommendation.

[16.22.22.8 NMAC - Rp, 16.22.22.8 NMAC, 11/15/06]

HISTORY OF 16.22.22 NMAC:

History of Repealed Material:

16.22.22 NMAC, Prescribing Psychologists: Application Committee - Repealed 11/15/06

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 23 REQUIREMENTS FOR EDUCATION AND CONDITIONAL PRESCRIPTION
CERTIFICATE

16.22.23.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.23.1 NMAC - Rp, 16.22.23.1 NMAC, 11/15/06]

16.22.23.2 SCOPE: This part applies to the board, licensees, applicants for licensure seeking licenses under prescriptive authority, and the general public.
[16.22.23.2 NMAC - Rp, 16.22.23.2 NMAC, 11/15/06]

16.22.23.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-17.1
[16.22.23.3 NMAC - Rp, 16.22.23.3 NMAC, 11/15/06]

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[16.22.23.4 NMAC - Rp, 16.22.23.4 NMAC, 11/15/06]

16.22.23.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of the section.
[16.22.23.5 NMAC - Rp, 16.22.23.5 NMAC, 11/15/06]

16.22.23.6 OBJECTIVE: The objective of Part 23 is to set forth the provisions, which apply to all of Chapter 22, and all persons affected or regulated by Chapter 22 of Title 16.
[16.22.23.6 NMAC - Rp, 16.22.23.6 NMAC, 11/15/06]

16.22.23.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.23.8 QUALIFICATIONS AND EDUCATION REQUIREMENTS FOR CONDITIONAL PRESCRIPTIVE CERTIFICATE:

A. Qualifications of applicant. The board shall issue a conditional prescription certificate pursuant to 16.22.24.8 NMAC, of these regulations to each applicant who submits evidence satisfactory to the board that the applicant:

- (1) has completed a doctoral program in psychology from an accredited institution of higher education or professional school or, if the program was not accredited at the time of the applicant graduation, that the program meets professional standards determined acceptable by the board;
- (2) holds an active unrestricted license to practice psychology in New Mexico;
- (3) has successfully completed psychopharmacological training that meets the standards set forth in Subsection B below from either:
 - (a) an institution of higher education that has a postdoctoral program of psychopharmacology education for psychologists and that is accredited by a regional body recognized by the U.S. department of education or the council for higher education accreditation; or
 - (b) a continuing education provider approved by the American psychological association that offers a program of psychopharmacology education for psychologists; or
 - (c) a continuing education program of professional development in psychopharmacology for psychologists that is administered in collaboration with a school and that is a formal and organized program of study leading to a credential in psychopharmacology from that school; or
 - (d) a continuing education program of professional development in psychopharmacology for psychologists that is administered in collaboration with a school if the applicant successfully completed the four-hundred-fifty (450) classroom hours of didactic study referred to in 16.22.23.8 NMAC, of these regulations below prior to January 1, 2004.

B. RxP training program. The psychopharmacology training program referred in Subparagraph (c) above, shall meet the following criteria.

- (1) The program shall be an integrated and organized program of study.
- (2) The program shall have an identifiable body of students at different levels of matriculation.

(3) The program shall be clearly identified and labeled as a psychopharmacology program and shall specify in pertinent institutional catalogues and brochures its intent to educate and train psychologists to prescribe psychotropic medication.

(4) The program shall have a formally designated training director who is a psychiatrist or a doctoral psychologist, trained in the area of psychopharmacology, and licensed to practice in the jurisdiction in which the program resides.

(5) The training director shall be primarily responsible for directing the training program and shall have administrative authority commensurate with those responsibilities.

(6) The training director's credentials and expertise shall be consistent with the program's mission and goals to train psychologists to prescribe psychotropic medication.

(7) The program shall provide information regarding the minimal level of achievement required for postdoctoral trainees to satisfactorily progress through and complete the psychopharmacological training program, as well as evidence that it adheres to the minimum levels of achievement.

(8) The program shall have formally designated instructors and supervisors in sufficient number to accomplish the program's education and training.

(9) Supervisors shall hold an active, unrestricted license in their field of practice in the jurisdiction in which the program resides or where the supervision is being provided.

(10) The program instructors and supervisors shall have sufficient expertise, competence, and credentials in the areas in which they teach or supervise.

(11) The program instructors and supervisors shall participate actively in the program's planning, implementation and evaluation.

(12) The program, with appropriate involvement from its training supervisors, instructors, and trainees, shall engage in a self-study process that addresses:

(a) expectations for the quality and quantity of the trainees' preparation and performance in the program;

(b) training goals and objectives for the trainees and the trainees' views regarding the quality of the training experiences and the program;

(c) procedures to maintain current achievements or to make changes as necessary; and

(d) goals, objectives, and outcomes in relation to local, regional, and national changes in the knowledge base of psychopharmacology training.

(13) The program shall follow the guidelines for psychopharmacology training of post-doctoral psychologists established by the American psychological association.

(14) As part of the admission and training process, the training program shall evaluate and assure that every student completes necessary prerequisite training in basic science (e.g. physiology, chemistry, and biochemistry), the biological bases of behavior, and psychopharmacology.

(15) When students are not in residence, the program provides on-line access to a library of sufficient diversity and level to support the advanced study of the psychopharmacological treatment of mental disorders from wherever the student resides. This access shall remain available throughout all didactic and clinical phases of the training program. Frequent face-to-face evaluation and discussions shall be included in the didactic training.

(16) The program provides formal, written measurement of the mastery of course content.

(17) The program demonstrates in its written materials or course syllabi that it integrates into the training the following areas; socio-cultural issues in psychopharmacological treatment, ethno-pharmacology, use of translators, the cultural context of compliance and noncompliance with prescribed medication, creating a culturally appropriate environment to meet patient care treatment and language needs, and working collaboratively with traditional healers.

C. Didactic instruction.

(1) Within the five (5) years immediately preceding the date of application for a conditional prescription certificate, the applicant shall have successfully completed didactic instruction of no fewer than four-hundred-fifty (450) classroom hours in at least the following core areas of instruction:

(a) neuroscience;

(b) pharmacology;

(c) psychopharmacology;

(d) physiology;

(e) pathophysiology;

(f) appropriate and relevant physical and laboratory assessment;

(g) clinical pharmaco-therapeutics; and

(h) cultural competence.

(2) At least three-fourths (3/4) of the four-hundred-fifty (450) classroom hours of didactic instruction shall be awarded by one certification or degree-granting institution or continuing education program.

D. Eighty (80) hour practicum in clinical assessment and pathophysiology.

(1) The 80 hour practicum shall be part of the psychopharmacology training program from which the applicant obtains the certification or degree.

(2) The 80 hour practicum shall provide the opportunity for the applicant to observe and demonstrate competence in physical and health assessment techniques within a medical setting under the supervision of a physician.

(3) The 80 hour practicum shall be completed in a timeframe of full-time over two (2) weeks to thirty (30) weeks.

(4) If the applicant cannot complete the 80 hour practicum within the time frame designated in Paragraph (3) of Subsection D of 16.22.20.8 NMAC, because of illness or other extenuating circumstances, the applicant may request an extension from the board explaining in writing the extenuating circumstances and the additional time requested.

(5) The supervising physician and the training director of the psychopharmacology training program shall certify in writing that the applicant:

- (a) assessed a diverse and significantly medically ill patient population;
- (b) observed the progression of illness and continuity of care of individual patients;
- (c) adequately assessed vital signs;
- (d) demonstrated competent laboratory assessment; and
- (e) successfully completed the 80-hour practicum.

E. Four-hundred hour practicum. Requirements for the general 400 hour practicum treating a minimum of 100 patients with mental disorders include:

(1) The 400 hour practicum shall be part of the psychopharmacology training program from which the applicant obtains the certification, degree or certification of completion.

(2) One-hundred (100) patients shall mean 100 separate patients.

(3) The four-hundred hours shall refer to four-hundred (400) face-to-face hours. The four-hundred (400) face-to-face hours shall include only time spent with patients to provide evaluation and treatment for medical psychopharmacotherapy of patients and time spent in collaboration with the patient's treating health care practitioner(s).

(4) The applicant must have supervised experience in the evaluation and treatment of 100 patients, representing as diverse a patient population as possible, including diversity in the patients:

- (a) gender;
- (b) different ages throughout the life cycle, including adults, children/adolescents, and geriatrics; as possible and appropriate;
- (c) range of disorders listed in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association and acute and chronic disorders;
- (d) ethnicity;
- (e) socio-cultural background; and
- (f) economic background.

(5) The applicant and the training program shall maintain a log on patient seen, which shall include: a coded identification number for the patient, patient's age, gender, diagnosis, date and time seen, amount of time seen for psychopharmacotherapy. The log shall be available to the RxP application committee or the board upon request. The log shall contain the name and signature of the supervisor.

(6) The applicant and the training program shall keep records of the time spent during this practicum. The records shall be available to the psychopharmacology application committee or the board upon request. The records shall not contain patient identifying information.

(7) A psychiatrist or other appropriately trained physician, licensed in good standing in the jurisdiction in which the psychiatrist or other physician rendered supervision shall be the primary supervising physician of the practicum. The primary supervising physician shall be responsible for the overall supervision of the applicant; however, training may be assigned to other licensed physicians, i.e., secondary supervisors, as designated by the primary supervising physician and the training director of the program.

(8) The primary or secondary supervisor shall be on site. The applicant shall consult with the primary or secondary supervising physician as appropriate, before the applicant makes a decision about the psychopharmacological treatment of the patient.

(9) The primary or secondary supervising physician shall review the charts and records of any patient seen by the applicant during the practicum while under the supervision of the primary or secondary supervising physician.

(10) The practicum shall be completed in a period of time of not less than six (6) months and not more than three (3) years.

(11) If the applicant cannot complete the 400 hour practicum within the timeframe designated in Subsection E of 16.22.23.8 because of illness or other extenuating circumstances, the applicant may request an extension from the board explaining in writing the extenuating circumstances and the additional time requested. The applicant shall receive a minimum of one hour of supervision for every eight (8) hours of patient time. The applicant is responsible to keep a log of the dates and time of supervision. The supervisor may meet with the applicant for additional education at his or her discretion.

(12) The practicum shall be completed within the five years immediately preceding the date of application for a conditional prescription certificate.

(13) Upon request of the RxP application committee or the board, the primary supervising physician shall provide an affidavit stating that:

(a) the supervisor does not have conflict of interest and is not a member of the applicant's family or household as defined in 16.22.26 NMAC, of these regulations;

(b) the supervisor or a designated secondary supervisor reviewed and discussed with the applicant the charts and records of patients seen by the applicant during the practicum;

(c) the practicum included a diverse group of patients, as defined in these regulations; and

(d) the applicant did not write any prescriptions without the primary or secondary supervisor's supervision and signature or authorization.

(14) The primary supervising physician shall conduct a formal, written evaluation on at least two occasions, at the midpoint and at the end of the practicum. The evaluation shall assess the applicant's progress and competencies and shall describe any deficiencies or areas where competency has not been achieved. The primary supervisor shall submit copies of the evaluations to the applicant and the training director.

(15) In the event of documented deficiencies the training director of the psychopharmacology program shall specify in writing:

(a) the areas in need of remediation;

(b) the process and procedures by which these areas are to be re-mediated; and

(c) the method by which the training director and supervisor shall determine that the applicant has achieved the competencies necessary to successfully complete the practicum.

(16) The psychologist in practicum training or the conditional prescribing psychologist is responsible for informing the patient or the patient's legal guardian, when appropriate, or explain to the patient through the recommendation system at an institution if the institution itself generally handles such informed consent. The name and role of the supervisor and sufficient information of the expectation and requirements of the practicum shall be provided to the patient or the patient's legal guardian at the initial contact necessary to obtain informed consent and appropriate releases. The applicant shall provide additional information requested by the patient or the patient's legal guardian concerning the applicant's education, training and experience.

(17) The primary supervising physician and the training director of the psychopharmacology program from which the applicant obtained a certification of successful completion or a degree in psychopharmacology shall certify to the board in writing that the applicant has successfully completed the practicum.

F. National examination. To qualify for a conditional prescription or prescription certificate, the applicant must demonstrate competency by passing a national examination.

(1) Applicant must pass the psychopharmacology examination for psychologists (PEP), developed by the American psychological association practice organization's college of professional psychology and its contractor, the professional examination service.

(2) Applicant must be eligible to take the PEP after the applicant successfully completes the didactic portion of the postdoctoral program of education in psychopharmacology.

(3) The passing score shall be the passing score recommended by the American psychological association's practice organization college of professional psychology for the occasion.

(4) If the applicant fails the examination, the applicant may take the examination a second time after a mandatory 90-day waiting period.

(5) If the applicant fails the examination on the second attempt, the applicant will be required to wait one year before repeating the examination.

(6) If the applicant fails the examination on the third attempt, the applicant is required to take the remedial didactic program recommended by the psychopharmacology application committee and approved by the board before the applicant is allowed to repeat the examination.

G. An applicant who has successfully completed a psychopharmacology educational program, an eighty (80) hour practicum in clinical assessment and pathophysiology, a four-hundred (400) hour/100 patient practicum treating patients with mental disorders or the national certification examination prior to the effective date of these regulations may include the completed portion(s) of the training in the application for a conditional prescription certificate. The applicant who has completed the four-hundred (400) hour practicum shall include certification in writing from the primary supervising physician that the applicant has successfully completed the practicum and is trained to competently treat a diverse patient population as defined in these regulations. The board shall approve the prior training program(s) that satisfy the requirements as listed in 16.22.23 NMAC, of these regulations.

[16.22.23.8 NMAC - Rp, 16.22.23.8 NMAC, 11/15/06; A, 03/21/09]

HISTORY OF 16.22.23 NMAC:

History of Repealed Material:

16.22.23 NMAC, Requirements for Education and Conditional Prescription Certificate - Repealed 11/15/06

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 24 APPLICATION PROCEDURES: TWO-YEAR SUPERVISED PRACTICE

16.22.24.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.24.1 NMAC - Rp, 16.22.24.1 NMAC, 11/15/06]

16.22.24.2 SCOPE: This part applies to the board, licensees, applicants for licensure seeking licenses under prescriptive authority, and the general public.
[16.22.24.2 NMAC - Rp, 16.22.24.2 NMAC, 11/15/06]

16.22.24.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-17.1
[16.22.24.3 NMAC - Rp, 16.22.24.3 NMAC, 11/15/06]

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16.22.24.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of the section.
[16.22.24.5 NMAC - Rp, 16.22.24.5 NMAC, 11/15/06]

16.22.24.6 OBJECTIVE: The objective of Part 24 is to set forth the provisions, which apply to all of Chapter 22, and all persons affected or regulated by Chapter 22 of Title 16.
[16.22.24.6 NMAC - Rp, 16.22.24.6 NMAC, 11/15/06]

16.22.24.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

**16.22.24.8 APPLICATION PROCEDURES AND PRESCRIBING PRACTICES FOR
CONDITIONAL PRESCRIPTION CERTIFICATE; TWO-YEAR SUPERVISED PRACTICE**

A. An applicant for a conditional prescription certificate shall submit a completed application on the form provided by the board. The applicant is responsible to ensure that the application is complete and that all application fees are paid.

B. Application procedure, the applicant shall submit the following:

- (1) a copy of the degree, certificate or certification of completion of a post-doctoral psychopharmacology training program;
- (2) certification by the supervising physician and program training director of successful completion of the eighty (80) hour practicum in clinical assessment and pathophysiology;
- (3) certification by the primary supervising physician and the program-training director of successful completion of the general (400) hour practicum treating a minimum of 100 patients with mental disorders;
- (4) evidence of passing the psychopharmacology examination for psychologists(PEP);
- (5) a proposed supervisory plan; on a form provided by the board that is signed by the psychologist and the supervising physician;
- (6) evidence of proof of insurance or insurance binder as described in 16.22.24.9 NMAC, of these regulations; and
- (7) a non-refundable application fee.

C. Only a complete application will be considered. The board may request additional information from the applicant to verify or confirm the information contained in the application.

D. The applicant will be notified in writing within sixty (60) days whether the application, including the supervisory plan, is accepted or rejected. If the application is rejected, the notice shall state the reason for rejection.

[16.22.24.8 NMAC - Rp, 16.22.24.8 NMAC, 11/15/06]

16.22.24.9 CONDITIONS OF PRACTICE; MALPRACTICE INSURANCE

A. The conditional prescribing psychologist shall maintain malpractice insurance covering claims for personal injury arising out of his or her performance of professional services and claims arising out of his or her act,

errors or omissions in providing professional services, including prescribing psychotropic medication. Such malpractice insurance coverage shall be no less than one (1) million dollars per occurrence with an aggregate limit of three (3) million dollars.

B. The conditional prescribing psychologist shall submit to the board the declaration page of his or her malpractice insurance policy, when instituted, and thereafter on the policy renewal date, as proof of this required insurance upon making application for the conditional prescription certificate, and proof that the policy covers the prescribing of psychotropic drugs.

[16.22.24.9 NMAC - Rp, 16.22.24.8 NMAC, 11/15/06; A, 03/21/09]

16.22.24.10 TWO YEAR SUPERVISED PRACTICE

A. The conditional prescribing psychologist shall be supervised by a licensed physician(s) knowledgeable of the administration of psychotropic medication. If more than one supervisor is selected, one supervisor shall be designated the primary supervising physician.

B. The board shall approve the supervisory plan before the conditional prescription certificate is issued. The proposed supervisory plan shall include the information contained in 16.22.24 NMAC, and shall be signed by the primary supervising physician.

C. After the board approves the supervisory plan, the conditional prescribing psychologist shall within thirty (30) days submit to the New Mexico medical board the name, address and phone number of the conditional prescribing psychologist and the name(s), address(s) and phone number(s) of the primary supervising physician and secondary supervising physicians, if any. During the period of supervised practice, the conditional prescribing psychologist shall provide to the New Mexico medical board the name(s), address(s) and phone number(s) of any supervising physician or physician serving as a substitute or replacement for primary or secondary supervisor(s).

D. Each supervisor shall have clinical expertise or training with the patient population that the psychologist with a conditional prescription certificate is evaluating and treating.

E. During the initial contact between the patient or the patient's legal guardian, if any, and the conditional prescribing psychologist, the patient or the patient's legal guardian shall be informed that the psychologist has received specialized training in the prescription of psychotropic medication, that the psychologist is transitioning to independent psychopharmacological practice, and that the psychologist is practicing under supervision with respect to the prescribing of psychotropic medication. The name and role of the supervisor shall be provided to the patient or the patient's legal guardian and informed consent and appropriate releases shall be obtained. The conditional prescribing psychologist shall provide additional information requested by the patient or the patient's legal guardian concerning the psychologist's education, training, and experience.

F. Supervision by the primary supervising physician shall be provided on a one-to-one basis for at least four hours a month and should total at least forty-six (46) hours of one-to-one supervision per year, unless altered, in accordance with Subsection K of 16.22.24.10 NMAC of these regulations.

G. Each supervising physician is responsible to review only the cases he or she is supervising. The supervising physician at all times shall have access to and shall review records relating to the treatment of patients under his or her supervision. The supervising physician may require face-to-face consultation(s) with the conditional prescribing psychologist.

H. If there is more than one supervisor, each supervisor shall inform the other supervisor of any concerns about a conditional prescribing psychologist whom he or she is supervising.

I. The primary supervising physician shall contact any secondary supervisor(s) at least every six (6) months to obtain written or verbal progress reports concerning how the conditional prescribing psychologist is performing.

J. One-to-one supervision must be provided either face-to-face, telephonically, or by tele-video live communication.

K. At any time during the two-year conditional prescribing periods the supervising physician, after consultation with the conditional prescribing psychologist, may amend the supervisory plan, to increase or decrease the hours of supervision. The board shall approve amendments to the supervisory plan set forth in Subsection M below.

L. At any time during the two-year conditional prescribing period a primary supervising physician shall not supervise more than three (3) conditional prescribing psychologists.

M. The supervisory plan described in Paragraph (5) of Subsection B of 16.22.24.8 NMAC shall include the following information and shall be signed by the primary supervising physician:

- (1) name of the applicant;

- (2) name, address, license number, and area of specialization of the primary supervising physician and the secondary supervisor(s), if any;
- (3) beginning and ending dates of the two-year supervised practice covered by the plan;
- (4) number of one-on-one supervisory hours per month and by whom;
- (5) setting(s) where supervision will occur and with whom;
- (6) duties and clinical responsibilities of the conditional prescribing psychologist;
- (7) location(s) where supervision will occur and with whom;
- (8) areas in which the primary and secondary supervisor(s), if any, have specialized skills to render competent supervision;
- (9) number of psychologists with conditional prescription certificates that the primary supervising physician will supervise during this time period;
- (10) the manner in which the conditional prescribing psychologist will be represented to the public including, all written communications and public announcements;
- (11) any direct or indirect financial agreements between or among the conditional prescribing psychologist and the primary and secondary supervisor(s), if any;
- (12) other information necessary to clarify the nature and scope of supervision; and
- (13) a statement specifying the manner in which supervision and clinical and professional responsibility will be provided during the supervisor's absence (during vacations or unexpected events that require the supervisor to be absent for any period of time),

N. The board or its designee shall notify the applicant in writing within sixty (60) days of application date, whether the application and the proposed supervisory plan are accepted or rejected. The board or its designee shall notify a conditional prescribing psychologist within thirty (30) days whether a proposed amendment to an approved supervisory plan is accepted or rejected. If rejected, the notice shall state the reasons for rejection.

O. Each supervising physician shall maintain a supervision log containing the dates, duration, and place or method of supervision, the same identification code for patients as used by the psychologist with a conditional prescribing certificate in the summary reports, and a brief description of the content of supervision. The log shall be submitted to the board upon request.

P. The primary supervising physician shall also maintain a log of the contacts with the secondary supervisor(s) that includes the dates of contact, and a brief description of the outcome of this contact, including a statement stating whether the conditional prescribing psychologist is progressing satisfactorily.

Q. The supervisor shall review the results of laboratory tests as appropriate and shall be skilled and experienced in such interpretation.

R. The supervising physician(s) shall hold an active unrestricted license in good standing and appropriate drug enforcement administration certificate and shall be experienced and skilled in the prescription of psychopharmacological drugs.

S. The conditional prescribing psychologist shall see a minimum of fifty (50) separate patients within the two-year period who are seen for the purpose of evaluation and treatment with psychotropic medication. The duration of the two-year supervisory period shall not be accelerated or reduced.

T. At the end of the two-year period, the primary supervising physician shall provide an affidavit on a form provided by the board certifying that:

- (1) the supervising physician has not received any financial payments from the applicant except appropriate fees for supervisory services, the supervising physician is not a member of the applicant's family or household, the supervising physician is not in a prohibited dual relationship with the applicant or a member of the applicant's family or household, and that the supervising physician has not had an interest that conflicts with the supervising physician's duties as supervisor;
- (2) each supervising physician discussed with the psychologist the charts and records of patients seen by the psychologist under that physician's supervision during the two-year period or any extension; and
- (3) the psychologist has successfully completed two years of evaluating for or prescribing psychotropic medication to at least 50 patients.

U. The primary supervising physician in consultation with any secondary supervisor shall evaluate and describe any deficiencies at the end of the two-year period. In the event of documented deficiencies, the primary supervising physician(s) shall specify in writing the areas in need of remediation and the process and procedures by which these areas are to be remediated.

V. The supervisory period and the conditional prescriptive certificate may be extended with approval of the board if the conditional prescribing psychologist does not successfully complete the two-year conditional period of supervision. A supervisory plan shall be submitted to the board for the proposed extended period of

practice under supervision. The conditional prescribing psychologist shall continue to maintain malpractice insurance.

W. At the end of the extended two-year period, the primary supervising physician shall provide to the board an affidavit on a form provided by the board certifying: the method by which the supervisor(s) determined that the conditional prescribing psychologist obtained the competencies necessary to prescribe psychotropic medication, supported by a written evaluation addressing areas of remediation.

[16.22.24.10 NMAC - Rp, 16.22.24.8 NMAC, 11/15/06; A, 03/21/09]

16.22.24.11 EXPIRED PRACTICE OR CERTIFICATE

A. The conditional prescribing psychologist shall notify the board in writing if a supervising physician fails to meet any of the supervisory requirements as set forth in this section and the supervisory plan approved by the board. The notification shall include a clear and detailed description of the supervisor's failure(s) to perform.

B. The conditional prescribing psychologist shall notify the board within fourteen (14) days of discovery of any event or circumstance that requires the psychologist to interrupt or cease prescribing practices for any period of time that exceeds sixty (60) days. In no event shall the conditional prescribing psychologist continue prescribing psychotropic medications without an active, responsible supervising physician and valid malpractice insurance.

C. The conditional prescribing certificate shall expire two years after issuance, unless extended in writing as provided in 16.22.24.8 NMAC. A psychologist shall not administer or prescribe drugs or medicines unless the psychologist holds a valid conditional prescription certificate or prescription certificate issued by the board. The board may extend the conditional prescribing certificate up to sixty (60) days pending peer review if the board has received at the board office a complete application for a prescription certificate no later than ten (10) days before the expiration of the conditional prescription certificate.

D. The psychologist shall not administer or prescribe drugs or medicines after the expiration of the conditional prescription certificate. The psychologist shall notify the board in writing if the psychologist decides not to immediately apply for a prescription certificate upon expiration of the conditional prescription certificate. A psychologist who successfully completes all of the requirements of conditional prescription certificate may apply for a prescription certificate after the expiration of the conditional prescription certificate, so long as the psychologist satisfies all the education, training, and supervision criteria within the time limits established by NMSA 1978, Section 61-9-17.1 and 16.22.23.8 NMAC, of these regulations. The psychologist is solely responsible to obtain patient records for peer review and all other evidence of satisfactory completion of practice under supervision, including supervising physician affidavit(s).

[16.22.24.11 NMAC - Rp, 16.22.24.8 NMAC 11/15/06]

HISTORY OF 16.22.24 NMAC:

History of Repealed Material:

16.22.24 NMAC, Application Procedures: Two-Year Supervised Practice - Repealed 11/15/06

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 25 PRESCRIPTION CERTIFICATE: APPLICATION; PEER REVIEW; EVALUATION
OUTCOME

16.22.25.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.25.1 NMAC - Rp, 16.22.25.1 NMAC, 11/15/06]

16.22.25.2 SCOPE: This part applies to the board, licensees, applicants for licensure seeking licenses under prescriptive authority, and the general public.
[16.22.25.2 NMAC - Rp, 16.22.25.2 NMAC, 11/15/06]

16.22.25.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-17.1
[16.22.25.3 NMAC - Rp, 16.22.25.3 NMAC, 11/15/06]

16.22.25.4 DURATION: Permanent.
[16.22.25.4 NMAC - Rp, 16.22.25.4 NMAC, 11/15/06]

16.22.25.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of the section.
[16.22.25.5 NMAC - Rp, 16.22.25.5 NMAC, 11/15/06]

16.22.25.6 OBJECTIVE: The objective of Part 25 is to set forth the provisions, which apply to all of Chapter 22, and all persons affected or regulated by Chapter 22 of Title 16.
[16.22.25.6 NMAC - Rp, 16.22.25.6 NMAC, 11/15/06]

16.22.25.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.25.8 APPLICATION FOR PRESCRIPTION CERTIFICATE:

A. An applicant for a prescription certificate shall submit a complete application on a form approved by the board. The applicant is responsible to ensure that the application is complete and timely and that all application fees are paid.

B. The application procedure, shall commence no sooner than sixty (60) days and no later than ten (10) days prior to expiration of the conditional prescription certificate, whereby the applicant shall submit a non-refundable fee (see fee schedule at 16.22.13.8 of these regulations) established by the board and shall submit evidence satisfactory to the board that the applicant:

(1) has been issued a conditional prescription certificate and has successfully completed or anticipates successfully completing two (2) years of prescribing psychotropic medication, as certified by the primary supervising physician pursuant to 16.22.24 NMAC of these regulations;

(2) holds an active and unrestricted license to practice psychology in New Mexico;

(3) has malpractice insurance as required in 16.22.24 NMAC, of these regulations; the psychologist shall submit to the board a copy of the declaration page of his malpractice insurance policy with the application.

C. Only a complete application will be considered. The board may request additional information from the applicant to verify or confirm the information in the application.

[16.22.25.8 NMAC - Rp, 16.22.25.8 NMAC, 11/15/06]

16.22.25.9 PEER REVIEW:

A. Panel membership. The applicant for a prescription certificate shall successfully complete a process of independent peer review that meets the requirements set forth below before the board shall issue a prescription certificate.

(1) One or more peer review panel(s) shall be appointed by the chair of the board. Peer review panels shall consist of three (3) members from at least two (2) of the following professions and categories:

(a) conditional prescribing psychologists, prescribing psychologists or licensed psychologists with specialized training and experience in psychopharmacology;

- (b) licensed, board-certified psychiatrists, other physicians, nurse practitioners or physician assistants with specialized training and experience in psychopharmacology;
- (c) doctoral level licensed pharmacists or pharmacist clinicians with specialized training and experience in psychopharmacology.

(2) A panel member shall not be a member of the applicant's family or household, shall not be in a prohibited dual relationship with the applicant or a member of the applicant's family or household, shall not have supervised the applicant, and shall not have a conflict of interest as defined in 16.22.1 NMAC, of these regulations.

(3) No panel member may be a psychologist enrolled in a psychopharmacology training program.

B. Review process.

(1) A panel shall examine at least ten (10) randomly selected charts of patients treated by the conditional prescribing psychologist during the two-year supervised period and any approved extensions. The applicant shall be solely responsible for obtaining the patient charts for peer review. The charts shall be reviewed to determine whether the following information is timely, accurately, and properly recorded:

- (a) a full medical history and family history;
- (b) a mental status examination and complete differential diagnosis of the patient by the conditional prescribing psychologist;
- (c) risk factors for the diagnostic condition were identified, including absence of drug, alcohol, suicide and homicide;
- (d) drug and food allergies;
- (e) patient medications;
- (f) patient education on prescription, including evidence of informed consent to treatment;
- (g) appropriate laboratory tests ordered and reviewed;
- (h) the patient's diagnosis;
- (i) adequate dosing requirements for prescription;
- (j) treatment, including psychopharmacotherapy and psychotherapy, adverse affects from prescriptions, documentation of outcome measures for prescriptions;
- (k) progress notes;
- (l) a follow-up plan, including a discharge plan, and
- (m) documentation of collaboration with the patient's treating health care practitioner as required pursuant to 16.22.20 NMAC, of these regulations;

(2) The peer review panel shall complete an evaluation form approved by the psychopharmacology application committee, which shall certify whether the charts reviewed are in compliance and are satisfactory, and shall forward the evaluation form to the board.

[16.22.25.9 NMAC - Rp, 16.22.25.8 NMAC, 11/15/06]

16.22.25.10 EVALUATION OUTCOME:

A. Board action. Within sixty (60) days, the board shall issue an unrestricted prescription certificate to the applicant or inform the applicant of deficiencies.

B. Remedial period. If the peer review panel documents deficiencies in the patient charts or the applicant otherwise does not demonstrate competency to prescribe independently, the panel shall specify in writing:

- (1) the areas in need of remediation;
- (2) the process and procedures by which these areas are to be remediated; and
- (3) the time period, not to exceed six (6) months, allowed for remediation of deficiencies or demonstration of competency before the applicant can undergo another peer review.

C. Additional peer review(s).

(1) Another peer review shall be conducted at the end of the remedial period. The applicant may have a total of three (3) peer reviews, after which the applicant shall re-enroll in psychopharmacology program meeting all criteria in 16.22.23.8 NMAC, and apply for another conditional prescription certificate prior to applying for a prescription certificate.

(2) The evaluation or results of any deficient peer review shall be forwarded to the board and the New Mexico medical board. The board, in consultation with the medical board or its designee, shall have the discretion to extend a conditional prescription certificate pursuant to Subsection V of 16.22.24.10 NMAC, pending the outcome of the second or subsequent peer review process.

[16.22.25.10 NMAC - Rp, 16.22.25.8 NMAC, 11/15/06]

HISTORY OF 16.22.25 NMAC:

History of Repealed Material:

16.22.25 NMAC, Application For Prescription Certificate: Peer Review - Repealed 11/15/06

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 26 GRADUATES OF THE DEPARTMENT OF DEFENSE PSYCHOPHARMACOLOGY
DEMONSTRATION PROJECT

16.22.26.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.26.1 NMAC - Rp, 16.22.26.1 NMAC, 11/15/06]

16.22.26.2 SCOPE: This part applies to the board, licensees, applicants for licensure seeking licenses under prescriptive authority, and the general public.
[16.22.26.2 NMAC - Rp, 16.22.26.2 NMAC, 11/15/06]

16.22.26.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-17.1 and 61-9-10
[16.22.26.3 NMAC - Rp, 16.22.26.3 NMAC, 11/15/06]

16.22.26.4 DURATION: Permanent.
[16.22.26.4 NMAC - Rp, 16.22.26.4 NMAC, 11/15/06]

16.22.26.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of the section.
[16.22.26.5 NMAC - Rp, 16.22.26.5 NMAC, 11/15/06]

16.22.26.6 OBJECTIVE: The objective of Part 26 is to set forth the provisions, which apply to all of Chapter 22, and all persons affected or regulated by Chapter 22 of Title 16.
[16.22.26.6 NMAC - Rp, 16.22.26.6 NMAC, 11/15/06]

16.22.26.7 DEFINITIONS: [RESERVED]
[Refer 16.22.1.7 NMAC]

16.22.26.8 GRADUATES OF THE DEPARTMENT OF DEFENSE PSYCHOPHARMACOLOGY
DEMONSTRATION PROJECT: REQUIREMENTS

A. Conditional prescription certificate. Graduates of the department of defense psychopharmacology demonstration project who have been actively engaged in prescribing psychotropic medication for at least two (2) of the last five (5) years immediately preceding the date of application may apply for a conditional prescription certificate and shall meet these requirements:

(1) Additional supervision training. The RxP application committee shall make recommendations to the board concerning additional supervision and training that may be required. The board shall review the committee recommendations and determine the additional supervision and training required of the applicant in order to qualify for a prescription certificate.

(2) Supervision plan. The period of supervised practice shall be determined by the board based on the applicant's education, training, and experience and shall not be less than three (3) months or more than two (2) years. The applicant shall submit to the psychopharmacology application committee a supervisory plan as outlined in Subsection H of 16.22.24.10 NMAC, of these regulations. The same requirements set forth in 16.22.24.10 NMAC, shall apply to the supervisory period.

(3) Issuance of prescription certificate. The RxP application committee shall recommend to the board issuance of a prescription certificate to a graduate of the department of defense psychopharmacology demonstration project who qualifies in accordance with these regulations.

B. Prescription certificate. Graduates of the department of defense psychopharmacology demonstration project shall be issued a prescription certificate if they hold an active unrestricted New Mexico license as a psychologist and present to the board evidence that they hold a valid certificate as a department of defense prescribing psychologist.

[16.22.26.8 NMAC - Rp, 16.22.26.8 NMAC, 11/15/06]

HISTORY OF 16.22.26 NMAC:

History of Repealed Material:

16.22.26 NMAC, Graduates of the Department Of Defense Psychopharmacology Demonstration Project - Repealed
11/15/06

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 27 CONDITIONAL PRESCRIBING OR PRESCRIBING PSYCHOLOGISTS: FORMULARY

16.22.27.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.27.1 NMAC - Rp, 16.22.27.1 NMAC, 11/15/06]

16.22.27.2 SCOPE: This part applies to the board, licensees, applicants for licensure seeking licenses under prescriptive authority, and the general public.
[16.22.27.2 NMAC - Rp, 16.22.27.2 NMAC, 11/15/06]

16.22.27.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-17.2 and 61-9-3
[16.22.27.3 NMAC - Rp, 16.22.27.3 NMAC, 11/15/06]

16.22.27.4 DURATION: Permanent.
[16.22.27.4 NMAC - Rp, 16.22.27.4 NMAC, 11/15/06]

16.22.27.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of the section.
[16.22.27.5 NMAC - Rp, 16.22.27.5 NMAC, 11/15/06]

16.22.27.6 OBJECTIVE: The objective of Part 27 is to set forth the provisions, which apply to all of Chapter 22, and all persons affected or regulated by Chapter 22 of Title 16.
[16.22.27.6 NMAC - Rp, 16.22.27.6 NMAC, 11/15/06]

16.22.27.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.27.8 FORMULARY:

A. Conditional prescribing or prescribing psychologists shall exercise prescriptive authority using psychotropic medications, as defined in 16.22.1 NMAC, of these regulations, within the recognized scope of practice for the treatment of mental disorders and for which the psychologist has been properly educated and trained.

B. As provided by Section 61-9-17.2, of the act, when prescribing psychotropic medication for a patient, a conditional prescribing psychologist or a psychologist with a conditional prescription certificate shall maintain an ongoing collaborative relationship with a health care practitioner who oversees the patient's general medical care to ensure that necessary medical examinations are conducted, the psychotropic medication is appropriate for the patient's medical condition and significant changes in the patient's medical or psychological condition are discussed. The collaborative relationship shall be utilized to coordinate the patient's ongoing care, including, determining whether non-psychotropic medications should be prescribed to provide the patient with optimized care. In such cases, all non-psychotropic medications shall be prescribed by the health care practitioner who oversees the patient's general medical care, or by other health care practitioners involved in the patient's care who are authorized by law to prescribe such medications.

C. A conditional prescribing or prescribing psychologist shall not prescribe psychotropic medication to treat patients for the following conditions:

- (1) chronic pain;
- (2) endocrine, cardiovascular, orthopedic, neurological, and gynecological illness or disorders;
- (3) allergies; or
- (4) other non-psychiatric illnesses, disorders, or illnesses causing mental disorders.

D. A conditional prescribing or prescribing psychologist shall treat psychopharmacologically only mental disorders listed in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association.

E. A conditional prescribing psychologist or prescribing psychologist who prescribes outside the scope of practice specified in the act and these regulations is subject to disciplinary action by the board.

[16.22.27.8 NMAC - Rp, 16.22.27.8 NMAC, 11/15/06; A, 02/22/13]

HISTORY OF 16.22.27 NMAC:

History of Repealed Material:

16.22.27 NMAC, Formulary - Repealed 11/15/06

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 28 CONDITIONAL PRESCRIBING OR PRESCRIBING PSYCHOLOGISTS:
COMPLAINT PROCEDURES

16.22.28.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.28.1 NMAC - Rp, 16.22.28.1 NMAC, 11/15/06]

16.22.28.2 SCOPE: The provisions of Part 28 shall apply to all licensees and applicants for licensure, and the general public.
[16.22.28.2 NMAC - Rp, 16.22.28.2 NMAC, 11/15/06]

16.22.28.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-17.1
[16.22.28.3 NMAC - Rp, 16.22.28.3 NMAC, 11/15/06]

16.22.28.4 DURATION: Permanent.
[16.22.28.4 NMAC - Rp, 16.22.28.4 NMAC, 11/15/06]

16.22.28.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of the section.
[16.22.28.5 NMAC - Rp, 16.22.28.5 NMAC, 11/15/06]

16.22.28.6 OBJECTIVE: The objective of Part 28 is to set forth the provisions, which apply to all of Chapter 22, and all persons affected or regulated by Chapter 22 of Title 16.
[16.22.28.6 NMAC - Rp, 16.22.28.6 NMAC, 11/15/06]

16.22.28.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.28.8 COMPLAINT PROCEDURES:

A. Any complaint against a conditional prescribing or prescribing psychologist shall be made according to the complaint procedures described in 16.22.11 NMAC of these board regulations.

B. The board shall notify the New Mexico medical board, the board of osteopathic medical examiners, or the board of nursing in writing upon receipt of any complaint that implicates the collaborative relationship between a conditional prescribing or prescribing psychologist and a physician, an osteopathic physician, a nurse practitioner, or a physician's assistant respectively.

C. A joint board complaint committee shall be appointed to evaluate any complaint arising out of the collaboration between a conditional prescribing or prescribing psychologist and a health care practitioner. The committee shall evaluate compliance with provisions of the collaboration guidelines as set forth in 16.22.20.8 NMAC. If the committee determines that the complaint does not involve the collaboration guidelines, the committee shall return the complaint to the board for appropriate action.

D. A joint board complaint committee will consist of a minimum of the following members, appointed as follows:

- (1) one person appointed by the board who has experience in the field of psychopharmacology;
- (2) one person appointed by the appropriate board of the health care practitioner having a collaborative relationship with the conditional prescribing or prescribing psychologist; and
- (3) a public member appointed by the board.

E. Members of a joint board complaint committee shall not be in a pharmacological training program or seeking a prescription certificate, shall not be seeking licensure as a psychologist, physician, or nurse, and shall be a licensee in good standing in his or her respective profession.

F. Members of a joint board complaint committee shall not participate in any complaint review involving the member's family, household or a conflict of interest as defined in 16.22.1.7 NMAC, of these regulations.

G. The professional members of a joint board complaint committee may include:

- (1) a psychologist with specialized training and experience in psychopharmacology;

- (2) a licensed physician or osteopathic physician with clinical experience in mental health or psychopharmacology;
- (3) a licensed pharmacist or pharmacist clinician with specialized training and experience in psychopharmacology;
- (4) a licensed psychologist with a prescription certificate;
- (5) a nurse practitioner, or physicians assistant with specialized training and experience in psychopharmacology; or
- (6) a licensed psychologist.

H. Upon receipt and review of a complaint, a joint board complaint committee shall attempt an informal resolution of a complaint between a treating health care practitioner and a conditional prescribing or prescribing psychologist, consistent with the collaboration guidelines, in order to optimize patient care.

I. If an informal resolution cannot be achieved, a joint board complaint committee shall report its findings to the board and to the health care practitioner's licensing board. The report shall specify the area of alleged non-compliance with the collaboration guidelines and shall provide recommendations to each board for each board's appropriate action.

[16.22.28.8 NMAC - Rp, 16.22.28.8 NMAC, 11/15/06]

HISTORY OF 16.22.28 NMAC:

History of Repealed Material:

16.22.28 NMAC, Prescribing Psychologists: Complaint Procedures - Repealed 11/15/06

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 29 CONDITIONAL PRESCRIBING OR PRESCRIBING PSYCHOLOGISTS: CONTINUING PROFESSIONAL EDUCATION AND CERTIFICATE RENEWAL

16.22.29.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.29.1 NMAC - Rp, 16.22.29.1 NMAC, 11/15/06]

16.22.29.2 SCOPE: This part applies to the board, conditional prescribing and prescribing psychologists.
[16.22.29.2 NMAC - Rp, 16.22.29.2 NMAC, 11/15/06]

16.22.29.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-17.1
[16.22.29.3 NMAC - Rp, 16.22.29.3 NMAC, 11/15/06]

16.22.29.4 DURATION: Permanent.
[16.22.29.4 NMAC - Rp, 16.22.29.4 NMAC, 11/15/06]

16.22.29.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of the section.
[16.22.29.5 NMAC - Rp, 16.22.29.5 NMAC, 11/15/06]

16.22.29.6 OBJECTIVE: The objective of Part 29 is to set forth the provisions, which apply to all of Chapter 22, and all persons affected or regulated by Chapter 22 of Title 16.
[16.22.29.6 NMAC - Rp, 16.22.29.6 NMAC, 11/15/06]

16.22.29.7 DEFINITIONS: [RESERVED]
[Refer to 16.22.1.7 NMAC]

16.22.29.8 REQUIREMENTS: Conditional prescribing and prescribing psychologists shall complete CPE requirements as specified 16.22.9 NMAC.
[16.22.29.8 NMAC - Rp, 16.22.29.8 NMAC, 11/15/06; A, 04/30/15]

16.22.29.9 CERTIFICATE RENEWAL:

A. Concurrent renewal of certificate and license. The prescription certificate shall be renewed concurrently with the active unrestricted license. The conditional prescribing or prescribing psychologist shall submit the certificate renewal application on forms approved by the board. The conditional prescribing or prescribing psychologist shall provide evidence of malpractice insurance and additional CPE required by the board, and shall pay a certificate renewal fee established by the board.

B. Voluntary surrender. A licensee in good standing may voluntarily surrender a conditional prescription certificate or prescription certificate.
[16.22.29.9 NMAC - Rp, 16.22.29.8 NMAC, 11/15/06]

HISTORY OF 16.22.29 NMAC:

History of Repealed Material:

16.22.29 NMAC, Prescribing Psychologists: Continuing Professional Education and Certificate Renewal - Repealed 11/15/06.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 30 PRESCRIPTION MONITORING PROGRAM REQUIREMENTS

16.22.30.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners
[16.22.30.1 NMAC - N, 7/1/2018]

16.22.30.2 SCOPE: This part applies to conditional prescribing and prescribing psychologists.
[16.22.30.2 NMAC – N, 7/1/2018]

16.22.30.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, Section 61-9-6 NMSA 1978; the Health Care Provider Act, Sections 61-7-1 through 61-7-12 NMSA 1978; and the Pain Relief Act, Sections 24-2D-1 through 24-2D-6 NMSA 1978.
[16.22.30.3 NMAC - N, 7/1/2018]

16.22.30.4 DURATION: Permanent.
[16.22.30.4 NMAC - N, 7/1/2018]

16.22.30.5 EFFECTIVE DATE: July 1, 2018, unless a later date is cited at the end of a section.
[16.22.30.5 NMAC - N, 7/1/2018]

16.22.30.6 OBJECTIVE: The objective of Part 30 is to ensure that prescribing psychologists protect the public from unsafe use of controlled substances and harmful and illegal activities involving these substances.
[16.22.30.6 NMAC - N, 7/1/2018]

16.22.30.7 [RESERVED]

16.22.30.8 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS:

A. Any conditional prescribing or prescribing psychologist who holds a federal drug enforcement administration registration and a New Mexico controlled substance registration shall become a participant in the state's prescription monitoring program. Such participation requires registering with the board of pharmacy.

B. A conditional prescribing or prescribing psychologist may authorize non-licensed individuals under the psychologist's supervision to access the prescription monitoring report consistent with board of pharmacy regulation 16.19.29 NMAC. Individuals so authorized may obtain a report from the state's prescription monitoring program, with the requirement that the conditional prescribing or prescribing psychologist is solely responsible for reviewing the prescription monitoring report, and for documenting the receipt and review of such report in the patient's medical record.

C. A conditional prescribing or prescribing psychologist shall obtain a prescription monitoring report, in addition to contacting the patient's physician before prescribing a controlled substance for the first time or when the patient has been prescribed an opiate by the patient's physician. If there is a gap in prescribing the controlled substance for 30 days or more, the conditional prescribing or prescribing psychologist shall review a prescription monitoring report for the patient for the preceding 12 months. When made available, the conditional prescribing or prescribing psychologist shall review similar reports from other states. The conditional prescribing or prescribing psychologist shall document the receipt and review of such reports in the patient's medical record.

D. A prescription monitoring report shall be reviewed a minimum of once every three months during a patient's continuous use of a controlled substance. The conditional prescribing or prescribing psychologist shall document the review of these reports in the patient's medical record. Nothing in this section shall be construed as preventing a conditional prescribing or prescribing psychologist from reviewing prescription monitoring reports with greater frequency than that required by this section.

E. A conditional prescribing or prescribing psychologist does not have to obtain and review a prescription monitoring report before prescribing,

- (1) for a patient in a nursing facility;
- (2) for a patient in hospice care;
- (3) for a patient in a licensed treatment facility; or
- (4) for a patient under 14 years of age.

F. Upon review of a prescription monitoring report for a patient, the conditional prescribing or prescribing psychologist shall identify, document, and attempt to remain current with regard to all prescriptions for any a patient known to be:

- (1) receiving opioids from multiple prescribers;
- (2) receiving opioids and benzodiazepines concurrently;
- (3) receiving more than one controlled substance analgesic;
- (4) receiving opioids totaling more than 90 morphine milligram equivalents per day; or
- (5) exhibiting potential for abuse or misuse of opioids and other controlled substances, such

as:

- (a) over-utilization;
- (b) requests to fill early;
- (c) requests for specific opioids;
- (d) requests to pay cash when insurance is available; or
- (e) receives opioids from multiple pharmacies.

G. Upon recognizing any of the above conditions described in Subsection F, the conditional prescribing or prescribing psychologist, using professional judgment based on prevailing standards of practice, shall take action as appropriate to prevent, mitigate, or resolve any potential problems or risks that may result in opioid misuse, abuse, or overdose. These steps may involve consultation with the primary prescribing physician, and utilization of the prescription monitoring program. The conditional prescribing or prescribing psychologist shall document actions taken to prevent, mitigate, or resolve the potential problems or risks.

[16.22.30.7 NMAC - N, 7/1/2018]

History of 16.22.30 NMAC: [RESERVED]