Who does this rule apply to?
This rule applies to applicants, temporary license holders, and license holders for psychologists.

What is the purpose of this rule?
This rule governs the practice of psychology in Idaho to protect the public health, safety, and welfare. This rule establishes:

- Minimum standards of competency and qualifications for applicants;
- Fees related to licensure;
- Continuing education for licensure;
- Requirements for supervised practice;
- Requirements for use of service extenders;
- Code of ethics and standards of practice; and
- Qualifications and standards of practice for prescriptive authority

What is the legal authority for the agency to promulgate this rule?
This rule implements the following statute passed by the Idaho Legislature:

Professions, Vocations, and Businesses -
- 54-2301 through 54-2320, Idaho Code – Psychologists

Who do I contact for more information on this rule?
Idaho Board of Psychologist Examiners
Division of Occupational and Professional Licenses
8 a.m. to 5 p.m., Mountain Time (except Saturdays, Sundays and holidays)
mailing: P.O. Box 83720 Boise, ID 83720-0063
physical: 11351 W. Chinden Blvd., Bldg. 6, Boise, ID 83714
phone: (208) 334-3233
fax: (208) 334-3945
e-mail: IBOL@IBOL.IDAHO.GOV
www: IBOL.Idaho.gov
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24.12.01 – Rules of the Idaho State Board of Psychologist Examiners

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000. LEGAL AUTHORITY.
The rules are promulgated pursuant to Section 54-2305, Idaho Code. (3-28-23)

001. SCOPE.
These rules govern the practice of psychology in Idaho. (3-28-23)

002. INCORPORATION BY REFERENCE.

003. DEFINITIONS.

01. Geriatric Patient. A person sixty-five (65) years of age or older. (3-28-23)

02. Mental, Nervous, Emotional, Behavioral, Substance Abuse, and Cognitive Disorders. Disorders, illnesses, or diseases listed in either the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or those listed in the International Classification of Diseases published by the World Health Organization. (3-28-23)

03. Pediatric Patient. A person seventeen (17) years of age or younger. (3-28-23)

04. Prescribing Psychologist. A person who holds a license to practice psychology issued by the Board and who holds a Certification or Provisional Certification of Prescriptive Authority issued by the Board under Sections 54-2317, 54-2318, 54-2319, Idaho Code, and these rules. (3-28-23)

004. -- 099. (RESERVED)

100. LICENSURE.

01. Written Exam Required. Applicants will pass the National Examination for Professional Practice in Psychology (EPPP). (3-28-23)

02. Temporary Permits. Persons not licensed in this state who desire to practice psychology under the provisions of this chapter for a period not to exceed thirty (30) days within a calendar year may do so if they hold a license in another state or province have had no disciplinary action and pay the required fee. Persons authorized to practice under this section must hold a certification of prescriptive authority issued by the Idaho Board of Psychologist Examiners to issue a prescription. (3-28-23)

03. Examination for Provisional Certification of Prescriptive Authority. The approved examination is the Psychopharmacology Examination for Psychologists. The passing score is determined by the Association of State and Provincial Psychology Boards. (3-28-23)

04. Provisional Certification of Prescriptive Authority.

a. Scope and Supervision Agreement. The scope of practice of a psychologist with provisional certification of prescriptive authority includes only those duties and responsibilities identified in a written supervision agreement with a licensed physician. The agreement will contain the following elements: (3-28-23)

i. The parties to the agreement and authorized scope of authority for each prescribing psychologist; (3-28-23)

ii. The direct supervision methods, including supervision on a one-to-one basis for a minimum of four (4) hours each month and a minimum of a total of forty-eight (48) hours each year; (3-28-23)

iii. A requirement that the prescribing psychologist must collaborate with, consult with, or refer to the supervising physician as indicated by the condition of the patient; the education, experience, and competence of the prescribing psychologist; and the community standard of care; and (3-28-23)

iv. The procedures for an emergency consultation, and if necessary, any patient monitoring parameters. (3-28-23)
b. Documentation. The licensed psychologist will maintain documentation of the supervision agreements for not less than three (3) years for each service extender and submit to the Board upon request. (3-28-23)

c. One (1) of the two (2) years of supervised experience as required by Section 2307(2)(a), Idaho Code, for initial licensure may be pre-doctoral. The second year must be post-doctoral work under appropriate supervision and must be verified by the appropriate supervisor. (3-28-23)

05. Provisional Licensure for Prescriptive Authority. Applicants for licensure or certification or provisional certification of prescriptive authority must submit a complete application, to the Board at its official address. The application must be on the forms approved by the Board and submitted together with the appropriate fee(s) and supporting documentation. (3-28-23)

06. Continuing Education.

a. Hours Required. A licensed psychologist must complete thirty (30) hours every two (2) calendar years of continuing education credits. Four (4) of those credits must be in Laws and Ethics. A prescribing psychologist must complete thirty (30) hours every two (2) calendar years of continuing education credits in psychopharmacotherapy. Continuing education credits for prescribing psychologists are in addition to the continuing education credits required to renew their psychologist license. (3-28-23)

b. Professional Level of Continuing Education. This continuing education experience must be at an appropriate level for professional training in psychology. The licensees have responsibility for demonstrating the relevance and adequacy of the educational experience they select. The licensees are also responsible for keeping an accurate record of their own personal continuing education hours for a period of three (3) years. A random audit may be conducted to ensure compliance. (3-28-23)

c. Continuing Education Credit. Licensees are responsible for choosing quality continuing education programs that focus on protecting the health and safety of the public and contribute to their germane profession. (3-28-23)

d. Newly Licensed Individuals. Newly licensed individuals will be considered to have satisfied the continuing education requirements for the remainder of the year in which their license is granted. (3-28-23)

101. -- 149. (RESERVED)

150. Educational and Credentialing Requirements for Licensure.
Applicants who receive a doctoral degree from a program accredited by the American Psychological Association are considered to have met all criteria outlined. (3-28-23)

01. Training in Professional Psychology. Training in professional psychology is doctoral training offered in an institution of higher education that is accredited by a regional accrediting organization recognized by the United States Department of Education. The program must stand as a recognizable and coherent program in the institution. (3-28-23)

02. Training Program. The curriculum must encompass a minimum of three (3) academic years of full-time graduate study, one (1) of which is in physical residence at the degree-granting institution. The program must include a supervised practicum and pre-doctoral internship. Pre-doctoral internships must be completed at a member site of the Association of Psychology Postdoctoral and Internship Centers, or sites demonstrating an equivalent program. (3-28-23)

03. Content of Program. The program must be an integrated, organized sequence of study, with a recognized sequence of study. It must have an identifiable psychology faculty and body of students who are matriculated in that program for the purposes of receiving a degree. Minimal competence is demonstrated by passing a three (3) credit semester graduate course (or a five (5) credit quarter graduate course) in each of the substantive areas listed below: (3-28-23)
a. Biological Bases of Behavior: Physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology. (3-28-23)


c. Social Bases of Behavior: Social psychology, group processes, organizational and systems theory. (3-28-23)

d. Individual Differences: Personality theory, human development, abnormal psychology. (3-28-23)

e. Scientific and Professional Standards and Ethics. (3-28-23)

f. Research Design and Methodology. (3-28-23)

g. Techniques of Data Analysis: statistics, multivariate statistics, factor analysis, multiple regression, non-parametric statistics. (3-28-23)

h. Psychological Measurement: psychometric principles, test theory, personality assessment, cognitive assessment. (3-28-23)

i. History and Systems of Psychology. (3-28-23)

j. Multiculturalism and Individual Diversity. (3-28-23)

151. -- 199. (RESERVED)

200. PRACTICE STANDARDS.

01. Requirements for Supervised Practice. (3-28-23)

a. Duration and Setting of Supervised Practice. A year of supervised experience is defined as a minimum of one thousand (1000) hours of supervised service provision acquired during not less than twelve (12) months and no more than a thirty-six (36) calendar month period. The first year of supervised experience must be accredited only after acquiring the equivalent of one (1) year of full-time graduate study. A second year must be obtained post-doctorally. (3-28-23)

b. Qualifications of Supervisors. Supervising psychologists must be licensed and in good standing. (3-28-23)

c. Amount of Supervisory Contact. One (1) hour per week of face-to-face individual contact per forty (40) hours of applicable experience is a minimum. (3-28-23)

d. Evaluation and Accreditation of Supervised Practice. At the conclusion of the supervisory period, the supervisor will submit a written evaluation on a Board approved form. (3-28-23)

02. Supervision of Provisional Certification Holder. Prior to application for a certification of prescriptive authority, a provisional certification holder must complete two (2) years, including a minimum of two thousand (2,000) hours of satisfactory prescribing under a supervision agreement with a licensed physician. (3-28-23)

a. Number of Patients. A minimum of fifty (50) separate patients who are seen for the purpose of evaluation and treatment with those medications that are within the formulary established in these rules. (3-28-23)

b. Supervision for Pediatric or Geriatric Patients. Prior to application for certification of prescriptive authority for pediatric patients or geriatric patients, a provisional certification holder must complete one (1) year, including a minimum of one thousand (1,000) hours of satisfactory prescribing under a supervision agreement with a
licensed physician. The one (1) year of satisfactory prescribing for a pediatric or geriatric population may be counted as one (1) year of the two (2) years of satisfactory prescribing required to qualify for certification of prescriptive authority.

(3-28-23)

c. Credit Toward Certification. The one (1) year of satisfactory prescribing for a pediatric or geriatric population may be counted as one (1) year of the two (2) years of satisfactory prescribing required to qualify for certification of prescriptive authority.

(3-28-23)

d. Number of Patients. One (1) year of satisfactory prescribing includes a minimum of twenty-five (25) separate patients in the population for which the prescribing psychologist seeks to prescribe and who are seen for the purpose of evaluation and treatment with those medications that are within the formulary established in Section 200 of these rules. For a prescribing psychologist who seeks to prescribe for pediatric patients, a minimum of ten (10) separate patients must be twelve (12) years of age or younger and a minimum of ten (10) separate patients must be between thirteen (13) years of age and seventeen (17) years of age.

(3-28-23)

03. Standards of Practice for Prescriptive Authority. A prescribing psychologist who issues a prescription for medication to a patient must collaborate with the patient’s licensed medical provider if the patient has one and follow community standard of care.

(3-28-23)

a. Licensed Medical Provider. The prescribing psychologist must document that the psychologist has made every reasonable effort to encourage the patient to maintain or establish a relationship with a licensed medical provider.

(3-28-23)

b. Education. Only prescribe formulary drugs or devices for conditions for which the prescribing psychologist is educationally prepared and for which competence has been achieved and maintained.

(3-28-23)

c. Patient-Prescriber Relationship. Only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship as defined in Section 54-1733, Idaho Code.

(3-28-23)

d. Patient Assessment. Obtain adequate information about the patient’s health status to make appropriate decisions based on the applicable standard of care and the best available evidence.

(3-28-23)

e. Collaboration with Other Health Care Professionals. Recognize the limits of the prescribing psychologist’s own knowledge and experience and consult with and refer to other licensed medical providers as appropriate.

(3-28-23)

f. Documentation. Maintain documentation adequate to justify the care provided including, but not limited to, the information collected as part of the patient assessment, the prescription record, provider notification, and the follow-up care plan.

(3-28-23)

g. Emergencies. If a prescribing psychologist determines that an emergency exists that may jeopardize the health or wellbeing of the patient, the prescribing psychologist may, without prior consultation with the patient’s licensed medical provider, prescribe psychotropic medications or modify an existing prescription for psychotropic medication previously written for that patient by that prescribing psychologist. The prescribing psychologist must consult with the licensed medical provider as soon as possible. The prescribing psychologist must document in the patient’s psychological evaluation/treatment records the nature and extent of the emergency and the attempt(s) made to contact the licensed medical provider prior to prescribing or other reason why contact could not be made.

(3-28-23)

h. Disaster Areas. If a prescribing psychologist is working in a declared emergency/disaster area, the on-site medical staff can serve as the evaluating licensed medical provider.

(3-28-23)

04. Formulary. A prescribing psychologist may not prescribe any opioid-controlled substance medication, unless pursuant to 21 U.S.C 823(g). A prescribing psychologist may not prescribe medication to treat a primary endocrine, cardiovascular, orthopedic, neurologic, gynecologic, obstetric, metabolic, hematologic, respiratory, renal, gastrointestinal, hepatic, dermatologic, oncologic, infectious, ophthalmologic, or rheumatologic illness or disorder.

(3-28-23)
05. **Use of Service Extenders.** To evaluate whether a specific act is within the scope of psychology practice in or into Idaho, or whether an act can be delegated to other individuals under their supervision, a licensee of the Board must independently determine whether:

a. **Express Prohibition.** The act is expressly prohibited by the Idaho Psychologist Act, Title 54, Chapter 23, Idaho Code; rules of the Idaho Board of Psychologist Examiners; or any other applicable state or federal laws or regulations.

b. **Education, Training, and Experience.** The act is consistent with the licensee or service extender’s education, training, and experience.

c. **Standard of Care.** Performance of the act is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or service extender with similar education, training, and experience.

d. **Scope of Service Extenders.** The scope of practice of service extenders includes only those duties and responsibilities identified in a written supervision agreement.

e. **Supervised Practice.** A signed supervision agreement between a licensed psychologist(s) and service extender(s) must include:

   i. The parties to the agreement and authorized scope of practice for each service extender;

   ii. The direct supervision methods including regular supervisory sessions and chart review; and

   iii. The procedures for emergency consultation, and if necessary, any patient monitoring parameters.

   iv. Documentation. The licensed psychologist will maintain documentation of the supervision agreements for not less than three (3) years for each service extender and submit to the Board upon request.

201. -- 399. (RESERVED)

400. **FEES.**

All fees are non-refundable. The examination or reexamination fee are in addition to the application fee and must accompany the application.

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401. -- 999. (RESERVED)