

STATE BOARD OF PSYCHOLOGY OF OHIO

APPROVED MEETING MINUTES
JUNE 18, 2012
RIFFE CENTER, ROOM 31 EAST B
COLUMBUS

BOARD MEMBERS

President*: Pam Mattson, Consumer Advocate Organization Representative Member 2012
Secretary: Kathryn R. Shroder, Ph.D., Licensee Member 2013
Steven Keller, Consumer Advocate Member 2013
Suzanne S. LeSure, Ph.D., Licensee Member 2013
Julie A. Harmon, Ph.D., Licensee Member 2014
Victor McCarley, Psy.D., Licensee Member 2015
Alice Randolph, Ed.D., Licensee Member 2015
Kenneth Drude, Ph.D., Licensee Member, 2016

STAFF/BOARD LEGAL COUNSEL PRESENT

Ronald R. Ross, Ph.D., Executive Director; Carolyn Knauss, Investigator; Roger F. Carroll, Board Counsel

10:35AM MEETING CALLED TO ORDER BY MRS. MATTSON

DR. SHRODER CALLED ROLL:

Dr. Harmon	Present
Mrs. Mattson	Present
Dr. Shroder	Present
Dr. LeSure	Present
Mr. Keller	Present
Dr. McCarley	Present
Dr. Randolph	Present
Dr. Drude	Present

APPROVAL OF FEBRUARY 10, 2012 BUSINESS MEETING MINUTES

Mrs. Mattson invited comments about the February 10, 2012 draft minutes distributed with the agenda. Other than a typographical error on page 19, the minutes were not subject to comment or changes. Dr. McCarley made a motion to approve the minutes as corrected; Dr. Shroder second.

A vote was taken:*

Aye: Dr. LeSure; Dr. Shroder; Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Harmon
Nay: None
Abstain: Dr. Drude

The motion carried.

PRESIDENT'S REPORT

Welcome to new member of the Board, Dr. Ken Drude. Mrs. Mattson announced the presence of Dr. Ken Drude, who is attending his first meeting of Board since his appointment by Governor Kasich. Applause and offers of congratulations were heard. Dr. Drude expressed his appreciation and stated that he is looking forward to his service. Dr. Drude's term, his first on the Board, will end October 4, 2016.

¹ Year Board Member term ends (terms expire October 5 or December 4 if not re-appointed or replaced)

* President votes only to break a tie

Meeting Scheduling. After discussion, consensus emerged that the Board will hold its next business meeting on Friday September 28, 2012 beginning at 10:30. It was emphasized that officer elections for 2012-13 will need to be held during the September meeting.

ASPPB Meetings. Mrs. Mattson then reported that Dr. Ross has reviewed the Board FY13 budget in accord with Board policy 8.1 and that there are funds available to pay for two members to attend the annual meeting of the Association of State and Provincial Psychology Boards (ASPPB) October 25-28 in San Francisco. Mrs. Mattson offered a reminder that Dr. Ross was elected Chair of the ASPPB Board Administrators and Registrars Committee (BARC) for a 2-year term, and in that role his travel expenses for the next four (4) ASPPB meetings will be reimbursed by ASPPB.

Mrs. Mattson asked that Dr. Shroder attend the annual meeting and to serve as the official delegate from the Ohio Board. Dr. Shroder gratefully agreed to attend, in part due to the fact that she has been on the ASPPB Nominations Committee, and elections will be held at this meeting. She also emphasized the importance to all members of being able to attend ASPPB meetings.

Dr. LeSure emphasized her desire to see a transparent selection process for ASPPB meeting attendance, perhaps based on a set of criteria. A discussion ensued relative to board member attendance at ASPPB meetings, and with Dr. LeSure's support consensus was reached to base attendance on Dr. Harmon's concept of "considerations" versus the setting of any formal "criteria." The general considerations discussed were: new members; and, the relevance of a given agenda theme of topics to a member's expertise and/or role on the board. Each member who has attended association meetings joined in to echo the importance of the "New Member Orientation" meetings held at ASPPB meetings, and learning about the regulation of psychology around the U.S. and Canada first-hand. Dr. Randolph suggested that Dr. Drude attend, and Dr. McCarley, after reporting on his positive experiences with ASPPB, echoed Dr. Randolph's recommendation that Dr. Drude attend the 2012 annual meeting in order to be able to attend the New Member Orientation meetings and to become familiar with the ASPPB structure and business meeting process.

Mrs. Mattson announced that Drs. Shroder (delegate) and Drude (alternate delegate) will therefore attend the ASPPB annual meeting in San Francisco with travel expenses to be reimbursed in accord with the Ohio Office of Budget and Management (OBM) Travel Policy.

There was strong consensus related to a statement made by Dr. McCarley that everybody should have an opportunity to attend ASPPB meetings because of the unique foundation it helps to establish in order to make the most out of one's service on the Ohio Board. Dr. Harmon offered a reminder that the attendees for the April 2013 ASPPB mid-year meeting will need to be selected during the September 28, 2012 meeting of the Board.

CONSENT AGENDA

The Consent Agenda, sent to the Board with the meeting agenda, consisted of the Enforcement Report compiled by Ms. Knauss (FY12 Quarter 3) and the Budget Report prepared by Chiquana Campbell-Hancock and Dr. Ross (FY12 Quarter 3 Revenues and Expenditures). There were no motions to move either item to the main agenda. There was brief discussion about the increased number of applications received during the 3rd quarter. Dr. Ross also shared his experience serving as the Board Entrance Examiner for eleven (11) years, and how it makes great sense to have the executive director serve in that role, given the need for consistent attention to detail and the ever-present application files requiring attention on essentially a daily basis. Dr. Ross stated that he would note for the record that

the Consent Agenda was received and reviewed by the Board, and which will be appended to these minutes.

ENTRANCE EXAMINER'S REPORT

The Board's appointed Entrance Examiner, Dr. Ross, presented his report for the Board's consideration with thanks to Chiquana Campbell-Hancock for compiling the report.

STATE BOARD OF PSYCHOLOGY OF OHIO ENTRANCE EXAMINER'S REPORT LICENSURE/REINSTATEMENT/THIRTY-DAY PRACTICE AUTHORIZATION 2/3/2012 THROUGH 6/15/2012

PSYCHOLOGISTS: Under the respective Ohio Revised Code sections

4732.12:

William B. Askren, Ph.D.	#6893	Issued: 2/9/2012
Matthew William Rogers, Psy.D.	#6894	Issued: 2/9/2012
Nina Katherine Rywinski, Ph.D.	#6895	Issued: 2/27/2012
Gregory Scott Johnson, Ph.D.	#6896	Issued: 2/27/2012
Megan M. Mericle, Psy.D.	#6897	Issued: 2/29/2012
Jesse L. Thornton, Psy.D.	#6898	Issued: 2/29/2012
Natalie M Whitlow, Ph.D.	#6899	Issued: 3/13/2012
Megan Ann Norris, Ph.D.	#6901	Issued: 3/30/2012
Justin W. Weeks, Ph.D.	#6902	Issued: 3/30/2012
Tracy D. Guiou, Ph.D.	#6903	Issued: 4/2/2012
Sarah Ann Cain Spannagel, Ph.D.	#6904	Issued: 4/9/2012
Andrew M. Sweeney, Psy.D.	#6906	Issued: 4/23/2012
Sara Heitkamp Pleiman, Psy.D.	#6907	Issued: 5/2/2012
Colleen A. Furey, Psy.D.	#6908	Issued: 5/2/2012
Kathy M. Carr, Ph.D.	#6909	Issued: 5/2/2012
Judith A. Guess, Ph.D.	#6910	Issued: 5/15/2012
Amy M. Boland, Ph.D.	#6913	Issued: 5/25/2012
Emily K. Porensky, Ph.D.	#6914	Issued: 5/25/2012
Adam M. Evans, Psy.D.	#6915	Issued: 5/25/2012
Brooke N. Wright, Psy.D.	#6916	Issued: 5/25/2012

4732.15:

Patricia Whalen Smart, Psy.D.	#6892-Texas	Issued: 2/9/2012
Shira Wiesen, Ph.D.	#6900-New York	Issued: 3/13/2012
Lindsay J. Armitage, Psy.D.	#6905-Kentucky	Issued: 4/9/2012
Tow Yee Yau, Ph.D.	#6911-NY & PA	Issued: 5/23/2012
R. Bruce Parkinson, Ph.D.	#6912-Kentucky	Issued: 5/23/2012

SCHOOL PSYCHOLOGIST:

N/A

REINSTATEMENTS:

N/A

THIRTY-DAY PRACTICE [4732.22(B)]

Lindsay Jane Armitage, Psy.D.	Kentucky	Issued: 3/26/2012
John P. McGregor, Ph.D.	Kentucky	Issued: 4/9/2012

Linda L. Richmond, Ph.D.
Robert J. Barth, Ph.D.

New York
Tennessee

Issued: 5/3/2012
Issued: 5/17/2012

Dr. McCarley noted that he will abstain from voting to approve the licensure of: Sara Heitkamp Pleiman, Psy.D; Adam M. Evans, Psy.D.; and, Brooke N. Wright, Psy.D.

Dr. Randolph made a motion to approve the Entrance Examiner's Report and officially journalize the actions with the noted abstentions; Dr. Drude second.

A vote was taken:

Aye: Dr. Harmon; Dr. LeSure; Dr. Shroder; Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Drude

Nay: None

Abstain: As noted above (Dr. McCarley)

The motion carried.

After a brief discussion during which Mr. Carroll explained the importance of using certain language in any motion to enter Executive Session, based on ORC 121.22 (G)(1), Mrs. Mattson sought a motion to enter Executive Session.

Dr. LeSure made a motion to enter Executive Session for the purpose of considering an investigation or complaint against a licensee or applicant and for the purpose of discussing compensation or evaluation of personnel; Dr. Randolph second.

DR. SHRODER CONDUCTED A ROLL CALL VOTE TO ENTER EXECUTIVE SESSION:

Dr. Harmon	Yes
Mrs. Mattson	Yes
Dr. Shroder	Yes
Dr. LeSure	Yes
Mr. Keller	Yes
Dr. McCarley	Yes
Dr. Randolph	Yes
Dr. Drude	Yes

Executive Session began at 11:15AM.

Executive Session ended at 12:15PM, when Mrs. Mattson gaveled the Board back into public session.

DR. SHRODER CALLED ROLL:

Dr. Harmon	Present
Mrs. Mattson	Present
Dr. Shroder	Present
Dr. LeSure	Present
Mr. Keller	Present
Dr. McCarley	Present
Dr. Randolph	Present
Dr. Drude	Present

Dr. Shroder made a motion to authorize issuance of "**Notice of Opportunity #1**" reviewed during Executive Session; Dr. Harmon second.

A vote was taken:

Aye: Dr. Harmon; Dr. McCarley; Dr. Shroder; Dr. Randolph; Mr. Keller; Dr. Drude
Nay: None
Abstain: Dr. LeSure

The motion carried.

Dr. Randolph made a motion to authorize issuance of "**Notice of Opportunity #2**" reviewed during Executive Session; Dr. Drude second.

A vote was taken:

Aye: Dr. LeSure; Dr. McCarley; Dr. Shroder; Dr. Randolph; Mr. Keller; Dr. Drude
Nay: None
Abstain: Dr. Harmon

The motion carried.

Dr. Drude then made a motion to approve "**Consent Agreement #1**" reviewed in Executive Session; Dr. McCarley second.

A vote was taken:

Aye: Dr. LeSure; Dr. McCarley; Dr. Shroder; Mr. Keller; Dr. Drude
Nay: None
Abstain: Dr. Harmon; Dr. Randolph

The motion carried.

Dr. Harmon then made a motion to approve "**Consent Agreement #2**" reviewed in Executive Session; Mr. Keller second.

A vote was taken:

Aye: Dr. LeSure; Dr. Harmon; Dr. Randolph; Mr. Keller; Dr. Drude
Nay: None
Abstain: Dr. McCarley; Dr. Shroder

The motion carried.

Ms. Knauss announced the following:

The subject of the approved **Notice of Opportunity #1 is Judith Lalli, Ph.D. of Mayfield Heights, License 4912.** The Notice letter details a proposal to deny request for restoration of suspended license; and, allegations of a conviction of an offense involving moral turpitude; and, Negligence.

The subject of the approved **Notice of Opportunity #2 is Mark Tully, Ph.D. of Canton, License 4379**. The Notice letter details alleged violations of State Board laws and rules governing Negligence; Welfare of the Client; and, Competence.

The subject of Consent Agreement #1 is Christopher Layne, Ph.D., ABPP of Perrysburg, License 2973. The subject admitted to violations of State Board laws and rules governing Negligence and Competence. The agreed action is a Reprimand; and, an individual consultation with a Board-approved psychologist to remediate professional deficiencies.

The subject of Consent Agreement #2 is Debra El-Amin, Psy.D. of Cleveland Heights, License 5325. The subject admitted to violations of State Board laws and rules governing Negligence and the Supervision Relationship. The agreed action is a Reprimand.

Next, Mrs. Mattson announced that as a part of the Executive Director's compensation, the Board is proposing to resume payment for a parking space under the Ohio Statehouse for Dr. Ross' use. Dr. Ross had self-terminated Board payment for his parking during 2009 when budgetary concerns led him to wish to avoid having sufficient funding for payroll and critical board needs, such as hearings. Relative to this matter, Dr. Harmon made a motion that the Board shall expend monthly funds to cover the cost of a parking space in the Statehouse Garage indefinitely; Dr. Randolph second.

A vote was taken:

Aye: Dr. LeSure; Dr. Harmon; Dr. McCarley; Dr. Shroder; Dr. Randolph; Mr. Keller; Dr. Drude
Nay: None
Abstain: None

The motion carried.

To provide Dr. Randolph a longer period of uninterrupted time, Dr. LeSure asked that she report on the Applied Behavior Analysis Workgroup prior to Dr. Randolph's report.

ABA WORKGROUP REPORT

Dr. LeSure reported that the Applied Behavior Analysis (ABA) Workgroup met most recently on April 27, 2012. She emphasized the excellent participation from the membership, comprised of a group of approximately fifteen (15) stakeholders from state and non-governmental agencies, parents, and providers. There are many areas of agreement and areas of disagreement relative to issues concerning the practice of ABA by unlicensed persons with training in ABA.

Dr. LeSure stated that there is consensus that ABA is a psychological procedure and is included in the practice of psychology. She emphasized, too, that ABA is not limited to interventions with children with Autism Spectrum Disorders (ASD), but that it has numerous other applications, and the workgroup is not focused only on Autism per se. ABA is an effective, evidenced-based treatment for ASD, and reimbursement for ABA services is in many cases being driven by parity laws, 3rd party payers, and other forces. Consumers and providers are concerned about the safety and efficacy of ABA services and about some providers being "unregulated" out of reimbursement streams.

Dr. LeSure reminded the Board that a number of states have developed various structures for the oversight of ABA providers, including some being regulated by psychology boards or committees reporting to psychology boards. She noted that, similarly, guidelines for deeming a person qualified to provide ABA vary across jurisdictions, too. There are various directions that might be taken by the Workgroup, including but not necessarily limited to: issuing a credential to allow qualified, trained, experienced providers to use ABA independently (with requirements for admission to be developed); formally identifying ABA as a specialty in the practice of psychology; and, outside of exempt settings and reimbursement streams, developing a special "title" approach for behavior analysts to practice under the license of a psychologist.

Dr. Ross added that the model licensure act does not include "diagnosis" of ASD's within the scope of practice for ABA's. Mrs. Mattson stated that, without state regulation of ABA, families will have no recourse to hold unscrupulous or incompetent providers accountable and therefore have an enforcement mechanism that is standard across every occupation involving practices and techniques that risk harm to the public.

In response to a question from Dr. Randolph, Dr. LeSure and Dr. Ross gave a brief historical overview of the genesis of the workgroup, which was formed by the Board to respond to a letter received from the Ohio Chapter of Applied Behavior Analysis International, which sought the opening of a dialogue for the purpose of considering whether qualified persons could be regulated by the Psychology Board to render ABA services.

RXP TASKFORCE REPORT

Dr. Randolph made a presentation to the Board, following a set of PowerPoint slides. Dr. Ross apologized for the fact that there was an inability to get the slides projected onto a screen. She framed this update as an interim report for the purpose of providing the Board with an update of the work of the Taskforce and to seek action relative to SB329. The presentation, which included discussion, follows:

Task Force on Prescriptive Authority for Psychologists Ohio Board of Psychology

Purpose of Task Force

- Develop a comprehensive understanding of the current status of RxP
- Make recommendations about if/how RxP for psychologists should be addressed/regulated in Ohio and the role of the Board of Psychology
- Determine how a psychologist will acquire and demonstrate competence
- Identify safeguards to protect the public
- Recommendation to Board on pending legislation
- Develop draft rules and procedures for consideration by the Board when legislation is passed

Board of Psychology

- Psychopharmacological Consultation
- Hazardous Practice
- 4732-5-01: (B) (13)
- Psychological pharmacological consultation as defined by procedures specified in rule 4732-3-01(C) (3)

Psychopharmacological Consultation

- Ohio Psychologists currently provide psychological pharmacological consultation within their level of expertise/competence.

- Many Ohio physicians and prescribers consult psychologists about medications for behavioral health issues.

Evolution of a Profession: Additional Context

- Professions evolve (Medicine DO, Pharmacy, Nursing, Optometry, Dentistry)
- New knowledge (Brain and Biochemistry)
- Technology (Diagnostic, Web-based)
- Interventions
- Leads to: Specialties and Diversification

The Profession of Psychology

- The profession of psychology is a broad and diverse discipline
- Interfaces with other disciplines (collaborative and consultative)
- Bio-Social-Psychological Model; not exclusively medical/pathology model
- Multimodal interventions

APA - Established 1892

- Brought together scholars from several disciplines
- Began to identify themselves as psychologists
- Began to expand the study of behavior and of the human mind

- Psychologists are mental health specialists
- Average 7 years graduate training
- Experts in diagnosing, treating and managing emotional, behavioral and cognitive disorders, many with a biological component
- Psychologists with prescriptive authority have an additional 2 years of graduate-level training
- "One of the hallmarks of a maturing profession is its collective willingness to adapt to change and, we would suggest, focusing upon meeting society's evolving needs"

--Pat DeLeon

Essential Elements of Psychology in Healthcare

- Assessment and Diagnosis
- Interventions
 - Cognitive
 - Behavioral
 - Interpersonal/Psychodynamic
 - Psychopharmacological
- Active Listening
- Trust/Relationship
- Time-based

Psychologists' Sub Specialties

The profession does not change just because sub-specialties are developed

- Clinical
- Neuropsychology
- Pediatric
- Geropsychology
- Health Psychology
- Psychopharmacological Intervention
- Forensic

- Rehabilitation
- Counseling
- School

Psychologists in Health Care

- Behavioral experts
- Assessments
- Care plans
- Counseling and psychotherapy
- Psycho-education
- Health behavior consultation
- Psychopharmacological Consultation

Appropriate Psychopharmacological Interventions

Psychopharmacological interventions are only effective if:

- Diagnosis is correct
- Intervention is correct
- Compliance is achieved
- Efficacy is assessed and monitored
- Dosage/medication is adjusted immediately

Introduction to RxP

- Not a theoretical movement
- Not a new movement
- RxP as part of a scope of practice for appropriately trained psychologists has been defined with deliberateness and ongoing evaluation and evolution of best practice in training and delivery by APA, universities, military programs, and state associations of psychology
- Multidisciplinary input into model legislation, model training program and practice guidelines is from many disciplines and carefully vetted within the profession
- Not all psychologists will opt for this specialization

Psychopharmacology a Specialty:

Various Names

- RxP
- Pharmacotherapy
- Prescriptive authority for psychologists
- Clinical Psychopharmacology
- Prescribing psychologists
- Medical psychologists

Psychologists' Primary Identity

All are first and foremost psychologists who practice the sub-specialty within their practice of psychology.

Psychopharmacology Benchmarks

- 1992 DoD: 10 Graduates Acquired Prescriptive Authority
- 1992 APA Council established Ad Hock Task Force on Psychopharmacology

- 1994 CAPP established Task Force on Prescription Privileges
- 1995 APA endorsed prescription privileges for psychologists
- 1996 Model Legislation and Training Guidelines
- 1997 PEP Development
- 1999 PEP Finalized
- 2008 Revised Training Guidelines
- 2011 Practice Guidelines

Other Jurisdictions

- DOD
- LA
- NM
- Guam and Trust Territories
- Military hiring civilian trained
- Indian Health Services
- VA
- Public Health Service

Competence

- Based in professional preparation and licensure
- Additional training to acquire specialization
- Competence
- Prerequisites
 - Doctoral degree in psychology (I.e., Ph.D., Psy.D., Ed.D.)
 - Current state license as a psychologist
 - Practice as a "health services provider" as defined by APA
- Training Models
- Developed by APA
- Currently several university-based programs offering post-doctoral master's degrees and a Certificate Program in Clinical Psychopharmacology (PPR)
- Second generation
- Competency-based education
- Integrated clinical experience
- Program accreditation in discussion
- The model program
- 430-459 classroom hours
- Some are residential programs such as NOVA
- Some combine distance learning with face to face instruction (Alliant)
- ALL are post-doctoral degrees from accredited universities
- Not CE, workshops, correspondence courses

Content Areas

- Neurosciences
- Neuroanatomy
- Neurophysiology
- Neurochemistry

- Pharmacology and Psychopharmacology
- Clinical and Research Pharmacology and Psychopharmacology
- Pharmacology
- Clinical Pharmacology
- Psychopharmacology
- Developmental Psychopharmacology

- Chemical Dependency and Chronic Pain Management
- Physiology and Pathophysiology
- Physical and Laboratory Assessment
 - Assessment and Laboratory
- Clinical Pharmacotherapeutics
 - Professional, ethical, and legal issues
 - Psychotherapy/pharmacotherapy interactions
 - Computer-based aids
 - Pharmacoepidemiology

Competence: Psychopharmacology Examination for Psychologists (PEP)

- Integrating clinical psychopharmacology with the practice of psychology
- Neuroscience
- Nervous system pathology
- Physiology and pathophysiology
- Biopsychosocial and pharmacologic assessment and monitoring
- Differential diagnosis
- Pharmacology
- Clinical psychopharmacology
- Research
- Professional, legal, ethical, and inter-professional issues

Competence Standards

•Guidelines:

Practice Guidelines Regarding Psychologists' Involvement in Pharmacological Issues.
American Psychologist (2011, October 17).

Rationale

- By all accounts there is a public health crisis equal to or greater than the problems with access to mental health care: The abuse and misuse of prescriptive medications.
- There are multiple factors contributing to factors to the abuse and misuse crisis.

Safety

- Psychologists have additional training in comparison with PCPs, ANP and psychiatrists in psycho-diagnostics and additional tools in psychometrics to differentially diagnose, thereby aligning treatments more faithfully to need. Muse & McGrath (2010)
- Psychologists are more aware of alternative treatments to medication, and are aware of the differential effectiveness of medication and alternative treatments in specific disorders. Due, in part, to the above assertions, *psychologists are less likely to prescribe*, thus reducing medication side effects. Muse (2010)
- Psychologists have almost 20 years of prescriptive authority without incident
- There are logical fallacies in previous assertions that psychologists have no proven safety track record. It is as hard to "prove" safety as it is the null hypothesis

- "Do No Harm"--No harm has been reported related to psychologists with prescriptive authority

Board Considerations

- The majority of practicing psychologists will never seek prescriptive authority for themselves.
- Should RxP be a regulated sub-specialty?
- Are there are significant issues of public protection that fall under the authority of the Board?
- Can appropriately trained psychologists safely prescribe and discontinue certain medications?
- How should competence be demonstrated?
- Should there be continuing education requirements ("Continuing Professional Development" is the model being developed by ASPPB) above those currently established?
- Should there be a *certificate* or *addendum* to the license?
- Should the Board require collaboration/consultation with medical providers?
- What level of provider?
- Should there be a regulated limitation on the formulary?

SB 329

- Should the Board take a position on this bill?
- *Relevant excerpts inserted:*

Sec. 4732.01. <i>As used in sections 4732.01 to 4732.25 of the Revised Code</i>	1938
<i>this chapter:</i>	1939
(A) <i>"Psychologist" means any person who holds self out to the public by any title or description of services incorporating the words "psychologic," "psychological," "psychologist," "psychology," or any other terms that imply the person is trained, experienced, or an expert in the field of psychology.</i>	1940
	1941
	1942
	1943
	1944
(B) <i>"The practice of psychology" means rendering or offering to render to individuals, groups, organizations, or the public any service involving the application of psychological procedures to assessment, diagnosis, prevention, treatment, or amelioration of psychological problems or emotional or mental disorders of individuals or groups; or to the assessment or improvement of</i>	1945
	1946
	1947
	1948
	1949
	1950

<i>psychological adjustment or functioning of individuals or groups,</i>	1951
<i>whether or not there is a diagnosable pre-existing psychological</i>	1952
<i>problem. Practice of psychology includes the practice of school</i>	1953
<i>psychology. For purposes of this chapter, teaching or research</i>	1954
<i>shall not be regarded as the practice of psychology, even when</i>	1955
<i>dealing with psychological subject matter, provided it does not</i>	1956
<i>otherwise involve the professional practice of psychology in which</i>	1957
<i>patient or client welfare is directly affected.</i>	1958
<i>(C) "Psychological procedures" include but are not restricted</i>	1959
<i>to application of principles, methods, or procedures of</i>	1960
<i>understanding, predicting, or influencing behavior, such as the</i>	1961
<i>principles pertaining to learning, conditioning, perception,</i>	1962
<i>motivation, thinking, emotions, or interpersonal relationships;</i>	1963
<i>the methods or procedures of verbal interaction, interviewing,</i>	1964
<i>counseling, behavior modification, environmental manipulation,</i>	1965
<i>group process, psychological psychotherapy, or hypnosis; and the</i>	1966
<i>methods or procedures of administering or interpreting tests of</i>	1967
<i>mental abilities, aptitudes, interests, attitudes, personality</i>	1968
<i>characteristics, emotions, or motivation.</i>	1969
<i>(D) "School psychologist" means any person who holds self out</i>	1970
<i>to the public by any title or description of services</i>	1971
<i>incorporating the words "school psychologist" or "school</i>	1972
<i>psychology," or who holds self out to be trained, experienced, or</i>	1973
<i>an expert in the practice of school psychology.</i>	1974
<i>(E) "Practice of school psychology" means rendering or</i>	1975
<i>offering to render to individuals, groups, organizations, or the</i>	1976
<i>public any of the following services:</i>	1977
<i>(1) Evaluation, diagnosis, or test interpretation limited to</i>	1978
<i>assessment of intellectual ability, learning patterns,</i>	1979
<i>achievement, motivation, or personality factors directly related</i>	1980
<i>to learning problems in an educational setting;</i>	1981
<i>(2) Counseling services for children or adults for</i>	1982
<i>amelioration or prevention of educationally related learning</i>	1983
<i>problems;</i>	1984
<i>(3) Educational or vocational consultation or direct</i>	1985
<i>educational services. This does not include industrial</i>	1986
<i>consultation or counseling services to clients undergoing</i>	1987

<i>vocational rehabilitation.</i>	1988
<i>(F) "Licensed psychologist" means an individual holding a current, valid license to practice psychology issued under section 4732.12 or 4732.15 of the Revised Code.</i>	1989 1990 1991
<i>(G) "Licensed school psychologist" means an individual holding a current, valid license to practice school psychology issued under section 4732.12 or 4732.15 of the Revised Code.</i>	1992 1993 1994
<i>(H) "Certificated school psychologist" means an individual holding a current, valid school psychologist certificate issued under division (M) of section 3319.22 of the Revised Code.</i>	1995 1996 1997
<i>(I) "Mental health professional" and "mental health service" have the same meanings as in section 2305.51 of the Revised Code.</i>	1998 1999
<u>Sec. 4732.29.</u> <i>If, under section 5120.052 of the Revised Code, the director of rehabilitation and correction implements a program to improve the access of prisoners confined in state correctional institutions to psychotropic drugs, the state board of psychology shall issue a certificate to prescribe psychotropic drugs to a licensed psychologist who meets all of the following requirements:</i>	2000 2001 2002 2003 2004 2005 2006
<i><u>(A) Has a doctoral degree in psychology;</u></i>	2007
<i><u>(B) Has a postdoctoral master's degree in psychopharmacology or other degree of that nature acceptable to the board;</u></i>	2008 2009
<i><u>(C) Has passed the psychopharmacology examination for psychologists given by the college of professional psychology of the APA practice organization, a companion organization to the American psychological association;</u></i>	2010 2011 2012 2013
<i><u>(D) Is employed by the department of rehabilitation and correction;</u></i>	2014 2015
<i><u>(E) Complies with any requirements established by rules adopted under section 4732.291 of the Revised Code.</u></i>	2016 2017
<u>Sec. 4732.291.</u> <i>The state board of psychology shall adopt rules in accordance with Chapter 119. of the Revised Code</i>	2018 2019

<u>governing the process of issuing a certificate to prescribe</u>	2020
<u>psychotropic drugs to a licensed psychologist under section</u>	2021
<u>4732.29 of the Revised Code. The rules shall establish or specify</u>	2022
<u>all of the following:</u>	2023
<u>(A) Procedures for renewing a certificate to prescribe</u>	2024
<u>psychotropic drugs at times specified in the rules;</u>	2025
<u>(B) Reasons for which the board may revoke, in accordance</u>	2026
<u>with Chapter 119. of the Revised Code, a certificate to prescribe</u>	2027
<u>psychotropic drugs;</u>	2028
<u>(C) Anything else the board considers necessary to implement</u>	2029
<u>sections 4732.29 to 4732.293 of the Revised Code.</u>	2030
<u>Sec. 4732.292. Not more than six licensed psychologists at</u>	2031
<u>one time may hold certificates to prescribe psychotropic drugs</u>	2032
<u>issued under section 4732.29 of the Revised Code.</u>	2033
<u>Sec. 4732.293. A certificate to prescribe psychotropic drugs</u>	2034
<u>issued under section 4732.29 of the Revised Code authorizes a</u>	2035
<u>licensed psychologist holding the certificate only to prescribe,</u>	2036
<u>as part of the program established under section 5120.052 of the</u>	2037
<u>Revised Code, a psychotropic drug to a prisoner who is confined in</u>	2038
<u>a state correctional institution and diagnosed with a condition</u>	2039
<u>for which the psychotropic drug is appropriate.</u>	2040
<u>Sec. 5120.052. (A) As used in this section and section</u>	2041
<u>5120.053 of the Revised Code:</u>	2042
<u>"Certificate to prescribe psychotropic drugs" means a</u>	2043
<u>certificate the state board of psychology issues to a licensed</u>	2044
<u>psychologist under section 4732.29 of the Revised Code.</u>	2045
<u>"Licensed health professional authorized to prescribe drugs"</u>	2046
<u>has the same meaning as in section 4729.01 of the Revised Code.</u>	2047
<u>"Licensed psychologist" has the same meaning as in section</u>	2048
<u>4732.01 of the Revised Code.</u>	2049
<u>"Physician" means an individual who is authorized under</u>	2050
<u>Chapter 4731. of the Revised Code to practice medicine and surgery</u>	2051
<u>or osteopathic medicine and surgery. "Physician" includes a</u>	2052

<u>psychiatrist.</u>	2053
<u>"Psychiatrist" means a physician who has satisfactorily completed a residency training program in psychiatry, as approved by the residency review committee of the American medical association, the committee on postgraduate education of the American osteopathic association, or the American osteopathic board of neurology and psychiatry, or who on July 1, 1989, has been recognized as a psychiatrist by the Ohio state medical association or the Ohio osteopathic association on the basis of formal training and five or more years of medical practice limited to psychiatry.</u>	2054 2055 2056 2057 2058 2059 2060 2061 2062 2063
<u>(B) The director of rehabilitation and correction may implement a program to improve the access of prisoners confined in state correctional institutions to psychotropic drugs. If implemented, the program shall provide for any of the following, while employed by the department of rehabilitation and correction, to prescribe a psychotropic drug to a prisoner confined in a state correctional institution who has been diagnosed with a condition for which the drug is appropriate:</u>	2064 2065 2066 2067 2068 2069 2070 2071
<u>(1) A physician;</u>	2072
<u>(2) Subject to division (C)(1) of this section, a physician assistant who holds a certificate to prescribe issued under Chapter 4730. of the Revised Code and has been granted physician-delegated prescriptive authority by a supervisory physician;</u>	2073 2074 2075 2076 2077
<u>(3) Subject to division (C)(1) of this section, a clinical nurse specialist or certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code;</u>	2078 2079 2080 2081
<u>(4) A licensed psychologist who holds a certificate to prescribe psychotropic drugs.</u>	2082 2083
<u>(C) This section does not do either of the following:</u>	2084
<u>(1) Authorize a person who is a physician assistant, clinical nurse specialist, or certified nurse practitioner to prescribe a psychotropic drug that is not a drug the person is authorized to</u>	2085 2086 2087

<u>prescribe;</u>	2088
<u>(2) Require that a licensed health professional authorized to prescribe drugs, other than a licensed psychologist holding a certificate to prescribe psychotropic drugs, prescribe drugs for a prisoner confined in a state correctional institution only as part of the program implemented under this section.</u>	2089 2090 2091 2092 2093
<u>Sec. 5120.053.</u> <u>The director of rehabilitation and correction may implement a program under which medical and behavioral health care professionals provide through telecommunication methods, to the extent consistent with the professionals' scope of practice, case consultation services, treatment services, or both for prisoners confined in state correctional institutions. A medical or behavioral health care professional may not provide a service for a prisoner as part of the telecommunication program until a physician, physician assistant, clinical nurse specialist, certified nurse practitioner, or licensed psychologist has met personally with the prisoner at least once.</u>	2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104
<u>The director may specify which types of medical and behavioral health care professionals may participate in the telecommunication program.</u>	2105 2106 2107
<u>This section does not authorize any person to engage in the practice of telemedicine, as defined in section 4731.296 of the Revised Code, without holding a telemedicine certificate issued under that section.</u>	2108 2109 2110 2111

Recommendation #1

All psychologists should acquire competence in psychopharmacological issues.

- Level I is minimum understanding of the appropriate use, efficacy and possible adverse effects of psychoactive medications.
- Level II is an advance skill level necessary to consult with prescribers on psychopharmacological interventions.
- Level III includes the requisite skills and knowledge necessary to safely manage psychoactive medications.

Recommendation #2

- Psychopharmacological interventions by psychologists are within the practice of psychology and should be the under the regulation of the Board of Psychology.

Recommendation #3

Psychopharmacology and ensuring that there is safe access to psychotropics prescribed by psychologists is the responsibility of the Board. Any legislation enacted should authorize the Board to undertake initiatives to allow specially trained

psychologists to prescribe from a limited formulary. The formulary should be limited medications typically prescribed with behavioral health treatment.

Recommendation #4

There shall be administrative rules and procedures that will govern the Board's issuance of a certificate to Ohio licensed psychologist who meet the criteria established by the Board. The rules committee shall follow the Board's standard approach to inviting critical stakeholders to the table—in this case allied healthcare professionals with the authority to prescribe psychotropic medications.

Recommendation #5

Competence would be established by completion of an M.S. in Clinical Psychopharmacology and successful passing of the national exam PEP (Psychopharmacology Exam for Psychologists). There shall be a distinct Mandatory Continuing Education requirement for license renewal.

There was discussion during the presentation, and additional information shared. Twenty-five states have introduced legislation regarding prescriptive authority for psychologists, and two (Illinois and Ohio) have active legislation related to allowing psychologists to prescribe psychotropic medications. In Ohio, SB329 is a demonstration project to allow the Director of the Ohio Department of Rehabilitation and Correction to establish a program whereby no more than six (6) trained and qualified psychologists would be authorized to prescribe in state prisons. Dr. Randolph noted that each branch of the U.S. military has prescribing psychologists, the Department of Defense (DoD) demonstration project trained psychologists in the medical school system, and deemed prescriptive authority for psychologists "safe, efficient, and effective," and the DoD currently employs civilian-trained psychologists.

There was discussion about the structure of the law and regulations in New Mexico and Louisiana, the two (2) states with laws allowing specially trained psychologists to prescribe medication. Louisiana requires a consultative relationship with a medical provider for "medical psychologists" who hold the prescriptive certificate. The Louisiana State Board of Medicine is the professional board issuing the license and certificate, but there is a "bridge board" with the Psychology Board maintaining oversight of the regulatory/complaint process. New Mexico recognizes two levels of psychopharmacological expertise for psychologists: completion of a post-doctoral master's program in clinical psychopharmacology, and completion of 3-years of supervised experience for prescriptive authority. Dr. Randolph highlighted that, to date, no known adverse events have been reported for psychologists with prescriptive authority.

In addition, Dr. Randolph highlighted the competency training model developed by APA, indicating that there are presently at least eight university-based programs in clinical psychopharmacology that meet these model requirements. It was noted that there was formerly a requirement for 100 hours of supervised experience at the conclusion of coursework, but that has evolved, such that in some training settings supervised experience hours now occur embedded within the coursework requirements. She reported that approximately 1000 psychologists have passed the Psychopharmacology Examination for Psychologists (PEP).

Dr. Hayes, OPA Liaison to the Board, gave a brief overview of SB329, reporting that sponsor testimony has been completed.

Discussion about a variety of issues ensued. Dr. Harmon inquired about the membership of the Board's workgroup on prescriptive authority, with representatives from the Board (Drs. Randolph, LeSure, Ross, and Mr. Keller), OPA (Drs. Hayes and G. Strauss, and Mr. Ranney), OSPa (Dr. Brennan), and Ohio Department of Rehabilitation and Corrections (Dr. R. Hoffman) identified as participants in various workgroup meetings.

Dr. Harmon thanked Dr. Randolph for presenting information regarding Louisiana and New Mexico legislation during the slide presentation, stating her interest specifically in the area of licensure and regulatory issues by reading an excerpt from the October 2010 Board meeting minutes of the motions establishing this workgroup: "Dr. LeSure made a motion that the President appoint a workgroup to produce a 'white paper' for the Board regarding what other states are doing in the area of prescription privileges. Dr. Harmon stated her interest specifically in gathering information on the impact of prescriptive privileges on public protection, licensure, and regulation, and seconded the motion, adding that including a representative from ODRC is important."

Dr. Harmon asked a number of clarifying questions regarding the federal and state systems with prescribing psychologists. Dr. Harmon indicated that some psychologists within the Department of Veterans Affairs (VA) system have prescriptive authority for nicotine replacement therapy, but Dr. Randolph stated it was unknown whether different VA facilities have a broader formulary. Dr. Harmon asked about range of formularies for prescribing psychologists in New Mexico and Louisiana, but information was not readily available. Dr. Harmon stated particular interest in states with prescriptive authority, because Ohio law authorizes psychologists to work within the scope of their federal positions, but psychologists within the Ohio prison system would be fully regulated by this Board. Further inquiries were made about the regulatory arrangements in Louisiana and New Mexico, specifically about the "bridge board" with the Medical Board in Louisiana, but specific information was not available about the make-up and function of this structure or its exact process. New Mexico requires three-years of supervised prescribing experience for licensure, in addition to the qualifying post-doctoral master's in clinical psychopharmacology. Details regarding the process of regulation of prescriptive privileges in New Mexico were not specifically part of the presentation.

Dr. LeSure stated that the workgroup did not intend to provide details specific to any processes that Ohio may want to implement, because that would be part of the rules writing process should legislation be enacted. She emphasized that pharmacology is a part of psychology practice and that the workgroup was unanimous in making the recommendations contained in this interim report.

Dr. Harmon stated that she did not feel as though she had enough specific information from the Taskforce relative to their charge—to summarize the laws, rules, requirements, and formularies in those states and Federal settings in which specially trained psychologists are legally authorized to prescribe. She noted that this area is beyond the "sub-specialties" identified in the presentation (e.g. Neuropsychology, Pediatric, etc.) because this Board issues a general license with each licensee limiting practice to individual areas and populations of competence, whereas the present legislation would require this Board to certificate or license a subspecialty practice.

Slides included a number of recommendations made by the workgroup, and the Board agreed by consensus that there was insufficient time to address each of them. With respect to the first recommendation regarding requiring competence among all psychologists in psychopharmacology, Dr. Ross noted his recollection that this was originally intended to be an aspirational principle more than a requirement, because the use of psychotropic

medications is so commonplace that psychologists should have a working knowledge of medications and their side effects. Discussion led to a general consensus that this might be better worded "All psychologists shall aspire to have a basic, foundational competence related to psychopharmacological issues."

Dr. Randolph made a motion that the Board shall support SB329; Dr. McCarley second.

A vote was taken:

Aye: Dr. McCarley; Dr. LeSure; Dr. Randolph; Dr. Shroder; Mr. Keller; Dr. Drude
Nay: Dr. Harmon
Abstain: None

The motion carried.

After additional discussion, Dr. LeSure offered a motion that Drs. Randolph and Ross shall offer testimony in support of SB329 highlighting specifically that, upon study and the consensus of the Board, there is a 20 year history and significant practice of psychologists prescribing medications in the U.S. made safe by a requirement for a post-doctoral master's degree in clinical psychopharmacology and related practical training. If the bill passes, the Board is prepared to take the lead role in writing rules and regulations in conjunction with stakeholders from relevant allied health care boards and associations; Dr. Randolph second.

A vote was taken:

Aye: Dr. McCarley; Dr. LeSure; Dr. Randolph; Mr. Keller; Dr. Drude
Nay: Dr. Harmon
Abstain: Dr. Shroder

The motion carried.

A 5-minute break was held.

DR. SHRODER CALLED ROLL AT 3:05PM:

Dr. Harmon	Present
Mrs. Mattson	Present
Dr. Shroder	Present
Dr. LeSure	Present
Mr. Keller	Present
Dr. McCarley	Present
Dr. Randolph	Present
Dr. Drude	Present

EXECUTIVE DIRECTOR'S REPORT

Dr. Ross began by stating that he will present his report in a different order than is listed on the agenda, so that the Board and any visitors can review the online license renewal site in his office at the end of his report, because there is no web connectivity in the board meeting room.

1) Workforce Development Planning

Investigator vacancy posting. Dr. Ross first thanked investigator Carolyn Knauss for her loyalty and work ethic relative to taking on the entire investigative caseload in March, when Jenny Kochensparger left Board employment to join the staff OF THE Ohio Casino Control Commission. He reported that, and the Board agreed by consensus, that there is a need for two (2) investigators (consistent with the Board's Table of Organization), and he recommended that the hiring process start following the license renewal period, which ends in early October. He reported that a specific schedule and processes for selecting a new investigator can be devised at the September 28, 2012 meeting. In lieu of a vote on this issue, the Board agreed to this plan by consensus.

Dr. Ross also advised the Board that there is a formal Workforce Development Planning process due on a date on October, and the decision to hire into the investigator vacancy later in the year will be included in that plan. He emphasized that the Board's TO still reflects six (6) Full Time Equivalent (FTE) in the office, but that due to budgetary constraints, the Board has been operating with five (5) FTE for over two (2) years. He reported that it is realistic to continue with Five (5) employees in their current positions indefinitely, especially with the work ethic, and chemistry, and cross-training currently evident.

2) HB496 (ORC 4732 bill) update

Dr. Ross next reported that HB496 has been assigned to the House Health and Aging Committee. Sponsor testimony was presented on May 9, 2012, and proponent testimony was given by Dr. David Hayes, OPA, and Dr. Ross on May 23. The bill has not been scheduled for additional hearings, although it is still possible that it will be scheduled for a third committee hearing this summer.

3) Board Retreat Dialogue

Dr. Ross led a brief discussion about scheduling a Board "retreat" at a reasonably central location for the purpose of discussing board business, including strategic planning and the oral jurisprudence examination. Consensus was reached that the Board and Dr. Ross would schedule a retreat (which shall be an "open meeting") via email and will follow all necessary processes to make the meeting known to the public consistent with requirements in law and rules. It was agreed that an online poll will be constructed by Dr. Ross and made available to the members of the Board so that a retreat might be scheduled over the summer.

4) Online license renewal processes/review of portal/schedule

Dr. Ross next invited to his office the full Board and the remaining visitor, Michael Ranney, Executive Director of OPA, to review the online license registration (renewal) site to be used for the 2012 renewal process. Dr. Shroder left the meeting at this point to attend to a pre-existing commitment. Once in Dr. Ross' office, he logged on to the site and went through the instructions and each item on the renewal form, leading up to the credit card information page. There was discussion about the site and reports from other boards' administrators about how "user friendly" it is and that, after some "growing pains" for the staff, the transfer of the credit card payments to the appropriate state fund is not complicated. Dr. Ross explained that American Express has a special rate for state governments, putting its cost for board use on par or below that of Visa and MasterCard.

Next, Dr. Ross reviewed a request from OPA to include a link to a survey in the renewal environment, so that OPA could collect workforce and demographic data on Ohio's psychologists. There was consensus among the Board that having OPA arrange for such a survey without using the Board's inaugural online renewal process is wise. There was

consensus that recommending that OPA have a link to the voluntary survey at its online MCE registration site would be a good option. Mr. Ranney thanked the Board for its consideration and for the recommendation. Members of the Board were also heard stating that, after this first online renewal process, during which there is a desire to make the process as simple and easy as possible, there is reason to revisit the request to include a survey for the use of the Board and OPA and other interested parties.

Dr. Ross reported that each licensee will receive a one-page letter including a unique User ID and password, with instructions on accessing the online renewal portal through the Board's homepage. Letters should be mailed in early July, as is historically typical with renewal materials. He also reported that he would renew his license, along with members of the Board, prior to the mailing, so that any errors can be identified and corrected prior to opening up the portal to all licensees. There was consensus about this schedule.

Dr. LeSure made a motion that the Board approve the use of the online renewal form as presented; Dr. Randolph second.

A vote was taken:

Aye: Dr. Harmon; Dr. LeSure; Dr. McCarley; Dr. Randolph; Mr. Keller; Dr. Drude.

Nay: None

Abstain: None

The motion carried.

NEW BUSINESS

None.

OLD BUSINESS

None.

ADJOURNMENT

At the behest of Mrs. Mattson, the members of the State Board of Psychology agreed to adjourn the meeting by consensus.

The meeting was adjourned at 4:00PM.

[Signed copy on file in Board office]

Ronald R. Ross, Ph.D.
Executive Director

Pam Mattson
President

Next scheduled business meetings: September 28, 2012, 10:30AM, Riffe 31st floor

APPENDIX

CONSENT AGENDA MEETING OF JUNE 18, 2012

EXECUTIVE DIRECTOR'S BUDGET REPORT JANUARY 1, 2012 – MARCH 31, 2012 FY12 Q3

DETAILED STATEMENT OF REVENUE

<u>Description</u>	<u>Revenue Received</u>	<u># of Receipts</u>
Applications for Psychologist	\$ 4,875.00	39
Applications for School Psychologists	\$ 125.00	1
Retake Psychology Oral Exam	\$ 100.00	2
Retake School Psychology Oral Exam	\$ 0.00	0
License Renewal Fee	\$ 0.00	0
Reinstatement Penalty	\$ 0.00	0
Enforcement Public Records Request	\$ 0.00	0
Directory of Licensees Requests	\$ 0.00	0
General Public Information Requests	\$ 0.00	0
Duplicate License Card	\$ 35.00	7
Duplicate License Certificate	\$ 75.00	3
Miscellaneous Reimbursement	\$ 0.00	0
Total Q3 2012 Revenue Received	\$5,210.00	

ALL EXPENDITURES FY12 Q3**ACCOUNT 520 GENERAL MAINTENANCE SPENDING FY12 Q3**

1/5/2012	DAVIS LASER PRODUCTS 7990489677	1011	\$191.98
1/6/2012	CENTURY LINK EDI OK BY EMAIL 1195766933	1008	\$7.01
1/9/2012	IRON MOUNTAIN ERG2469 ANNUAL STORAGE FEE	1012	\$1,078.14
1/13/2012	GREENE INC 12029	1013	\$25.00
1/26/2012	MCCARLEY TRAVEL ORALS ON 1/13/12 (DUMMY DATE 1/27/12)	227116	\$79.35
1/26/2012	MCCARLEY TRAVEL BOARD MTG 2/9-10	227121	\$189.10
1/26/2012	RANDOLPH TRAVEL BOARD MTG 2/10	227126	\$122.40
1/26/2012	LESURE TRAVEL BOARD MTG 2/10	227132	\$122.40
1/26/2012	MATTSON TRAVEL BOARD MTG 2/10	227136	\$101.30
1/26/2012	SHRODER TRAVEL BOARD MTG 2/10	227145	\$175.65
1/26/2012	KELLER TRAVEL BOARD MTG 2/10	227152	\$13.95
1/27/2012	HARMON TRAVEL BOARD MTG 2/10	227131	\$145.05
1/30/2012	SHRODER ORALS 1/27/12 (DUMMY DATE 1/31/12)	227855	\$15.30
2/1/2012	IRON MOUNTAIN ERZ1963	1024	\$26.12
2/7/2012	CENTURYLINK EDI OK BY EMAIL 1199923565	1025	\$7.96
2/15/2012	STAPLES EDI OK BY EMAIL 3169209557	1027	\$75.26
2/15/2012	GREENE INC 12118	1030	\$25.00
2/22/2012	OSS OBM TRAVEL REPORT PROCESSING OSS122PSY	1034	\$360.00
2/28/2012	STAPLES EDI Inv #3169798385 OK BY EMAIL	1032	\$114.91
3/6/2012	CENTURYLINK EDI OK BY EMAIL Inv #1204083796	1035	\$7.26
3/12/2012	HARMON TRAVEL INVESTIG MEETING 3/13/12	238832	\$145.05
3/13/2012	PROFORUM (LICESNING REPORT) MARCH 6 2012	1037	\$198.00
3/27/2012	OHIO ETHICS COMMISSION FDS FILLING FEES PSY31612	1043	\$600.00
3/27/2012	GREENE INC. 12197	1041	\$25.00
4/3/2012	LESURE TRAVEL ASPPB APRIL 2012	244887	\$1,288.08
4/5/2012	IRON MOUNTAIN EZA7259	1050	\$139.25
4/9/2012	CENTURY LINK Inv #1208102242 EDI OK BY EMAIL	1049	\$6.90
4/9/2012	RANDOLPH TRAVEL ASPPB 4.12.12	246100	\$900.46
4/18/2012	GREENE INC. 12277	1056	\$25.00
5/4/2012	JONES TRAVEL BOARD ORAL EXAMS 5/7/12	254004	\$16.35
5/4/2012	SHRODER TRAVEL ORAL EXAMS 5/11/12	254006	\$15.30
5/8/2012	OSS OBM TRAVEL REPORT PROCESSING OSS123PSY	1065	\$108.00
5/9/2012	CENTURYLINK EDI #1212268633 OK'D BY EMAIL	1062	\$10.57
5/9/2012	LESURE TRAVEL TASK FORCE 5.9.12	255284	\$130.40
5/9/2012	RANDOLPH TRAVEL TASK FORCE 5.9.12	255287	\$130.20
5/9/2012	KELLER TRAVEL TASK FORCE 5.9.12	255290	\$13.40
5/14/2012	GREENE INC. 12367	1068	\$25.00
5/21/2012	STAPLES EDI #3174573467	1066	\$313.58
5/29/2012	RONALD ROSS PARKING REIMB	1071	\$720.00
5/30/2012	REMI GROUP FY13 RSA0001568-02	1070	\$150.00
7/6/2012	JAMES KENNEY CO. SERVICE AGREEMENT #9081 PO 74	1084	\$199.95
5/30/2012	AUDITOR OF STATE PO 73 \$9,500 BILL128496	1076	\$9,184.55
6/7/2012	CENTURYLINK EDI 1216192038	1074	\$9.70
6/7/2012	STAPLES EDI 3175924010	1073	\$10.45

PURCHASE ORDER #68 FOR DAS EXPENDITURES FY12 Q3

1/3/2012	DAS OIT NETWORK SVS#121330882221 NOV 2011	1009	\$555.45
1/3/2012	DAS PRINT CPC PROGRAM JULY-SEP 2011 2R2555	1007	\$595.20
1/4/2012	DAS TELECOMM DEC 2011 PHONES 2X4022	1010	\$166.20
1/26/2012	DAS MIAL PRESORT Q2 2UP166	1020	\$2.99
1/27/2012	DAS CSA ASSESSMENT CHARGES Q3 2AC185	1022	\$4,527.93
1/27/2012	DAS STATE MAIL Q2 2UN231	1021	\$263.76
1/31/2012	DAS TELECOMM JAN 2012 PHONES 2X4834	1023	\$164.80
2/14/2012	DAS ITS DESKTOP SVS #124P30882212 Q1&Q2 FY12	1028	\$2,604.00
2/14/2012	DAS OIT NETWORK SVS #121330882212	1029	\$555.46
2/15/2012	DAS GENERAL SVS RENT Q3 FY12 2MF086	1031	\$3,193.52
2/22/2012	DAS STATE PRINTING OAKS WARRANTS 2R3490	1033	\$2.55
3/12/2012	DAS STATE PRINTING CPC PROGRAM 2R3749 Q2	1036	\$595.20
3/12/2012	DAS OIT NETWORK SVS #121330882201 JAN 2012	1038	\$555.41
3/12/2012	DAS ITS DESKTOP SVS #124P30882201 JAN 2012	1039	\$434.00
3/13/2012	DAS CSA ELICENSE SYSTEM BILLING 2AK022	1040	\$1,618.00
3/27/2012	DAS TELECOMM FEB PHONES 2X5643	1045	\$169.62
3/27/2012	DAS RISK MANAGEMENT FY12 LIABILITY 2TX013	1044	\$56.18

ACCOUNT 500 PAYROLL FY12 Q3

PPE	CHARGES	BALANCE
BEGINNING BALANCE		\$90,577.00
VOUCHER 12014 FOR PPE 12/31/11	\$13,946.02	\$76,630.98
VOUCHER 12015 FOR PPE 1/14/12	\$15,078.35	\$61,552.63
VOUCHER 12016 FOR PPE 1/28/12	\$14,272.77	\$47,279.86
VOUCHER 12017 FOR PPE 2/11/12	\$16,048.77	\$31,231.09
VOUCHER 12018 FOR PPE 2/25/12	\$15,199.14	\$16,031.95
VOUCHER 12019 FOR PPE 3/10/12	\$14,673.85	\$1,358.10

ACCOUNT 510 PURCHASED SERVICES FY12 Q3

1/18/2012	RICHLAND CTY SHERIFF SUBPEONA WILKERSON NON-DELIV	1014	\$12.50
1/24/2012	RICHLAND CTY SHERIFF SUBPEONA 53673 BRANDT	1015	\$13.15
1/24/2012	RICHLAND CTY SHERIFF SUBPEONA 53658 WILKERSON	1016	\$18.25
1/24/2012	RICHLAND CTY SHERIFF SUBPEONA 53672 DOBBINS	1017	\$4.50
1/24/2012	RICHLAND CTY SHERIFF SUBPEONA 53671 CONSTANCE	1018	\$20.30
1/26/2012	RONDA SHAMANSKY PO #66 INVOICE 1/25/12	1019	\$975.00
2/1/2011	SANDY MCPHERSON PO #67 INV SVCS WILD1000	1026	\$3,950
3/14/2012	PROFORUM LICENSING REPORT SUBSCRIPTION MARCH 2012	1037	\$198.00
3/27/2012	HANNAH NEWS SERVICE ANNUAL	1042	\$1,050.00

ACCOUNT 530 EQUIPMENT FY12 Q3

[NO EXPENDITURES]

**STATE BOARD OF PSYCHOLOGY
ENFORCEMENT REPORT
JANUARY 1, 2012 THROUGH MARCH 31, 2012
FY12 Q3**

JANUARY 2012

Informal Complaint Intakes	8
Formal Complaints Received	0
Closed Cases	3
Referred Cases	2

Disposition of JANUARY Cases

No Jurisdiction	0
No Basis to Proceed	1
No Fault Found	2
Cease and Desist Letter	0
Practice Restriction	0
Reprimand	0
Suspension	0
Revocation	0

FEBRUARY 2012

Informal Complaint Intakes	8
Formal Complaints Received	1
Closed Cases	10
Referred Cases	1

Disposition of FEBRUARY Cases

No Jurisdiction	0
No Basis to Proceed	1
No Fault Found	6
Cease and Desist Letter	2
Practice Restriction	0
Reprimand	1
Suspension	0
Revocation	0

MARCH 2012

Informal Complaint Intakes	8
Formal Complaints Received	5
Closed Cases	4
Referred Cases	4

Disposition of MARCH Cases

No Jurisdiction	0
No Basis to Proceed	3
No Fault Found	1
Cease and Desist Letter	1
Practice Restriction	0
Reprimand	0
Suspension	0
Revocation	0

REQUESTS FOR PUBLIC INFORMATION FY12 Q3

Primary Procedural Documents: 15
Full Public Records: 2

CATEGORIES OF INVESTIGATIONS CURRENTLY IN PROCESS

(NOTE: Complaints often reflect alleged violations in more than one general area. These numbers reflect the primary area of alleged misconduct under investigation).

<u>Category</u>	<u>Total</u>
Billing/Improper Financial Arrangement	1
Confidentiality	1
Criminal Act/Conviction	0
Fraud/Deceit/Misrepresentation	0
Multiple Relationship	0
Dual Sexual Relationship—0 (Sexual Misconduct)	
Non-Sexual Dual Relationship—0	
Negligence/Competence/Standard of Care	24
Domestic Relations—4	
Release of Records—1	
Other	3
Unlicensed practice—2	
Restoration request—1	
Supervision	1
TOTAL:	30