Behavioral Health Boards Collaborative Report to Legislative Management Health Services Committee

JUNE 2016

Submitted on June 16, 2016 – Updated July 8, 2016

North Dakota Board of Addiction Counseling Examiners;
North Dakota Board of Counselor Examiners;
North Dakota Board of Social Work Examiners;
North Dakota State Board of Psychologist Examiners;
North Dakota Marriage and Family Therapy Licensure Board;
North Dakota Board of Medicine

ND Board of Social Work Examiners

North Dakota State Board of Psychologist Examiners

North Dakota Marriage & Family Therapy Licensure Board

NORTH DAKOTA
Board of Medicine

Behavioral Health Boards Collaborative Report – JUNE 2016

Requirements for Report

Sixty-fourth Legislative Assembly of North Dakota
In Regular Session Commencing Tuesday, January 6, 2015
HOUSE BILL NO. 1048
(Legislative Management)
(Human Services Committee)

AN ACT to provide for behavioral health licensure boards to each develop a plan, in collaboration with the other boards, for the administration and implementation of licensing and reciprocity standards for licensees.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. BEHAVIORAL HEALTH LICENSURE BOARDS - PLAN FOR ADMINISTRATION AND IMPLEMENTATION OF LICENSING AND RECIPROCITY STANDARDS FOR LICENSEES - REPORT TO LEGISLATIVE MANAGEMENT.

1. During the 2015-16 interim, the board of addiction counseling examiners, board of counselor examiners, North Dakota board of social work examiners, state board of psychologist examiners, state board of medical examiners, and North Dakota marriage and family therapy licensure board, shall, in collaboration with the other boards, develop a plan for the administration and implementation of licensing and reciprocity standards for licensees. The plan must include a standard for issuance of licenses to qualified applicants in a timely manner. The boards shall evaluate whether regional, national, or international licensing and reciprocity standards are adequate for licensure in the state.

2. Before July 1, 2016, each board shall present its findings, the proposed plan, and any legislative changes necessary to implement the plan, to the legislative management.

Contributing Boards

Board of Addiction Counseling Examiners –Deborah Davis, M.S., LAC, Chair
Board of Counselor Examiners –James Pfeifer, M.S., LPCC, Chair; Ms. Marge Ellefson, Board Secretary
Board of Social Work Examiners –Nichole Fontaine-Vonesh, LSW, Vice Chair
State Board of Psychologist Examiners –Margo Adams Larsen, Ph.D., President
Marriage and Family Therapy Licensure Board –Larry Giese, M.Div., M.A., Board Administrator
State Board of Medical Examiners – Duane Houdek, Executive Director

- All six boards require a professional degree (BA/BS for LSW, LAC, RABA; MA for LAMFT, LMFT, LAC, LCSW, LICSW, LAPC, LPC, LPCC, LABA; and doctorate for LMFT, LP, MD, DO), professional examination(s), and practical training to be licensed in order to practice.
- In addition, post-graduate supervised work experience is required for licensure for LMFT, LICSW, LPC, LP, MD, DO.

Consensus from Collaborative Meetings

ND regulators discussed the administration and implementation of licensing and reciprocity standards for licensees from a public protection perspective. The following consensus statements were the result of these discussions:

- ***ALL boards agree: If a service is being provided to someone located in North Dakota, consensus is that practice occurs in North Dakota, and therefore, the services provider must be licensed according to the requirements of the respective professional board in North Dakota.***
- Independent of, and prior to, this legislative collaboration mandate, each Board has been engaged in on-going self-evaluation to improve efficiency of the licensure process.
- Licensure regulatory boards represented here are formed by NDCC Chapter 43 as an executive branch of government, with VOLUNTEER members of the public appointed by the Governor's Office (government oversight) to carry-out LEGISLATIVE mandates through the promulgation of rules by scope-specific areas of professional practice.
- Licensure boards are created to PROTECT THE PUBLIC from harm by unqualified, irresponsible, or negligent providers, NOT to protect a potential work-force, employer needs, or professions. **We are regulators not professional advocates.**
- Burden to demonstrate qualification for practice within ANY profession is, and should be, the burden of the applicant, just as obtaining a license for any other regulated purpose such as driving a motor vehicle.
- In reviewing the content areas required by HB1048, the consensus of all boards present at the meetings was:
    - Each profession has EDUCATIONAL STANDARDS required for licensure (though these differ by profession such that counselors are not required to have training as surgeons).

  - Each profession has TRAINING STANDARDS required for licensure (though these differ by profession as to how and when then are obtained).
  - Each profession has NATIONAL EXAMINATION STANDARDS required for licensure (though these differ by content and when they are completed in the application/licensure process often based on national exam contracting requirements).
  - Each profession has SUPERVISED PRACTICE STANDARDS required for licensure (though these differ by content and when they are completed for licensure eligibility).
  - Each profession requires COMPLETION of an application at some point in the licensure process (when, how, and content differs by Board, but generally includes the documentation of educational, training, and supervised practice requirements which require Primary Source Verification (PSV)).
  - Each profession requires payment of fees for the application process.
  - Each profession NDCC Chapter has a type of mechanism related to professionals moving into North Dakota – the terminology and process varies by professional board.
  - Each profession once licensed requires CONTINUING EDUCATION for renewal of license, and each board requires license renewal every one to two years.
- All boards present are in agreement that the time of licensure for a qualified applicant following the **completion** of an application or requirements for eligibility (i.e., receipt of background check or passing a required examination) to be granted the license are generally within **one week of time**.
- All boards present found the collaborative process of discussing National and State-specific regulatory processes very helpful and that minimal changes for each professional chapter would be required to adjust ND Licensure Standards for Behavioral Health Boards to a more consistently similar process that accommodates each profession with national licensing standards (except for Addiction Counseling whose profession does not have a national regulatory community or standard). However, each jurisdiction does vary, making it impossible to exactly meet requirements for licensure from one state to another (i.e., South Dakota varies from Montana varies from Minnesota).
- All boards present indicated that identifying and comparing international licensing standards for their profession would be irrelevant due to the limited numbers of applications from foreign programs into our professions, and that there were no consistent international standards with which to compare those of ND.
- All boards present identified that work-force related issues are NOT because of inefficient LICENSURE standards or regulatory barriers. However, employer inflexibility and lack of legislative mandate for payment for behavioral health services were significant factors for problems with filling professional positions. Neither employer or reimbursement issues are concerns licensing boards have authority to address because we are regulatory in mission to protect the public, not advocate for workforce, employers, insurance carriers, or professions.

We would encourage the legislators to mandate behavioral health care employers and insurance companies to complete a similar review of their policies and procedures for hiring and reimbursement (including DHS). **Importantly, several employers and insurance carriers are defining qualifications for employment and reimbursement that are NOT in keeping with state professional licensing regulations and result in employers and insurance companies inappropriately regulating professions through non-hire or non-reimbursement.**

Costs of Report Preparation

All boards present spent the following amounts of efforts on this process, amounting to **$59,400** value of time and lost wages (we are volunteers):

Item	Detail	Total Invested
Cost for Meetings	August Reg. 6 x $150 = $900	
	Travel to Bismarck 3 x $500 = $1500	
	Travel to GF from BIS 2 x $500 = $1000	
	Travel to GF from FAR 1 x $100 = $100	$3400
Office Costs (estimated)	5 boards x $200 = $1000	$1000
Time spent in meetings	August 2015 = 6 x 8hrs = 48	
	Monthly = 6 x 6 x 1hrs = 36	
	Jan & Mar = 5 x 8hrs = 40	124hrs
Time spent preparing materials	Monthly = 4 x 5 x 2hrs = 40	
	Jan & Mar = 5 x 2hrs = 10	
	Apr & Jun = 6 x 4hrs = 24	74hrs
Travel time	August = 3 x 10hrs = 30	
	Jan & Mar = 2 x 10hrs = 20	
	Mar = 1 x 2hrs = 2	52hrs
Coordination time	August 2015 = 5hrs	
	Monthly = 4 x 1hr = 4	
	Jan & Mar = 2 x 4hrs = 8	
	Apr & Jun = 2 x 4hrs = 8	25hrs
Total Time		275hrs

**Average cost of Professional Time = $200/hr*

Definitions

Definitions Related to Reciprocity

- Mutuality. The term is used in international law to denote the relation existing between two states when each of them gives the subjects of the other certain privileges, on condition that its own subjects shall enjoy similar privileges at the hands of the latter state.
- International Law - A league or **agreement between two** or more independent states whereby they unite for their mutual welfare and the furtherance of their common aims. The term may apply to a union so formed for a temporary or limited purpose, as in the case of an offensive and defensive alliance ; but it is more commonly used to denote that species of political connection between two or more independent states by which a central government is created, invested with certain powers of sovereignty, (mostly external,) and acting upon the several component states as its units, which, however, retain their sovereign powers for domestic purposes and some others.
- **RECIPROCITY** by definition requires at least two governments to agree to accepting each other's licensure status. ND Licensing Boards are NOT given this authority in the Century Code – this is for legislators and attorney generals to accomplish.

Reciprocity Related Terminology

Mobility

- The movement of an individual professional from one jurisdiction to another.

Portability

- The use of a license by an individual in one jurisdiction when practicing in another (not moving, but using credentials to practice in both locations with one license).

Standards

- The minimum requirements for licensure statutorily set forth by the legislative body.

Endorsement

- The granting of a license based on a currently held license from elsewhere (another jurisdiction) based on similar circumstances (such as 'substantially similar licensure requirements')
    - Currently, MFTLB statute uses this to mean an applicant has been practicing as a licensed marriage and family therapist for a minimum of 5 years, has passed the minimum standard of competency by taking the national examination, and has no legal or ethical disciplinary issues in the current jurisdiction of professional licensure.

Reciprocity

- In ND currently used to refer to the process to licensure based on a current license from elsewhere "obtained based on licensure requirements equal or more strict than ND requirements".
    - Currently, NDSBPE, NDBCE, NDBACE, NDBSWE, NDBOME statute uses this to mean an applicant licensed elsewhere can be granted a license in ND if the Board determines the

equivalence of the other jurisdictions requirements to ND's (time-consuming by boards), and very few qualify because of discrepancies in licensing standards across jurisdictions.

Licensure Transfer

- The granting of a license based on a currently held license from elsewhere (another jurisdiction) held in good standing, based on the same degree level, with verification of academics, passing of examination, and good moral character checks. Cannot apply for a "new" license in another jurisdiction if already licensed, must go through this process to avoid fraudulently acquired license.
    - Currently, ND State Board of Pharmacy utilizes this model of fast-tracking incoming Pharmacists (this is a National Model used by all Pharmacy Boards in the US).
    - The term 'transfer' does suggest the acquisition of a new license and surrendering of a previous license (such as a driver's license). The term could also suggest the forwarding of credentials or the granting of a license based upon these previously reviewed credentials by the last jurisdiction, and that you can hold licenses from multiple jurisdictions.

Expedited Licensure

- The granting of a license based on currently held license from elsewhere (another jurisdiction) held in good standing, based on verification of similar degree, passing of nations examinations, and good moral character. Must only use this process to avoid fraudulently acquired license.
    - This is what the FSMB Compact process is beginning for Medical Doctors, however, it is limited to those seeking licensure within compact-participating jurisdictions, and will take several years to come into effect.
    - This term could be used by all Behavioral Health Boards (consistently) to mean the granting of a license by ND Board based on a current license from another jurisdiction, held in good standing, based on verification of similar degree as applying for in ND, passing of national examinations (if relevant), and good moral character assessment. ND Boards may still require Criminal Background Checks and ND specific jurisprudence/law/ethics examinations.

License Eligible

- An applicant has completed or is in the process of completing requirements for licensure accepted by the board (theoretically, if the applicant satisfactorily completes the specific experiences, they would be granted a license).

Completed Application

- The completions of all aspects of an application by the person seeking licensure to practice (Profession) in ND, and these documented (and verified) experiences, training, education, examinations are ready to be reviewed by the professional boards' process to: 1) approve or deny license application; or 2) to sit for national exam; or 3) to sit for state exam/interview (depending on respective Board).

Granting of License

- The issuance of paper license upon completion of application, completion of all requirements for licensure, and MAJORITY vote by the Board (approval process).

Good Moral Character

- A verified demonstration of the lack of ethical violations, disciplinary history, and may require a criminal background check

Compact

- Legislatively entered into agreements permitting a Board to participate in a Compact Commission with a specific focus that permits the individual Board to permit licensing based on an agreed upon standard set by the Commission (prior to legislative passing).

Temporary

- Time reference for a license, such as an expiration date or renewal date (Medical Board).
- FARB Model Act recommends the term Temporary Practice, defined as:
    - Any person duly licensed to practice (Profession) in another State, upon written application to, and approval by, the Board, may practice (Profession) in ND within the scope of practice designated by such other State license for no more than thirty (30) day per year without applying to the Board for a ND license. The temporary practice privileges under this section shall apply only if the requirements for licensure as a (Profession) are substantially similar (i.e., same degree level) to the requirements for licensure in ND. The 30-day period shall commence on the date of approval by the Board of the written application for temporary practice. Any practitioner who provides (Profession) services under this section shall be deemed to have submitted to the jurisdiction of the Board and be bound by the laws of ND. For purposes of carrying out the mandate of this Act, the Board retains the authority to remove, revoke, rescind, or restrict the temporary practice privilege without a Hearing through a majority vote of the Board.

Provisional

- Time reference for the ability to practice (used by NDSBPE); pre-requisites must be accomplished before full licensure is granted (LAMFT is a provisional track toward licensure by MFTLB in ND).
- FARB Model Act defines Provisional Licensure:
    - The Board may issue a provisional license to practice (Profession) only under the Direct Supervision of a licensed (Professional) to a non-licensed person who meets all statutory and regulatory criteria for licensure under this Act with the exception of ND law examination. The provisional license shall be issued under procedures set forth in regulations promulgated by the Board, but under no circumstances shall such licensed be granted for a period exceeding (Number) year from its date of issuance. Such a provisional license may also be issued with restrictions as to time, place, or supervision, or a combination thereof, as the Board may deem appropriate. For purposes of carrying out the mandate of this Act,

the Board retains the authority to remove, revoke, rescind or restrict the provisional license and privilege to practice without a Hearing through a majority vote of the Board.

Scopes of Practice - Defined

Addiction Counseling Scopes of Practice

NDCC 43-45-01.

"Addiction counseling" means the provision of counseling or assessment of persons regarding their use or abuse of alcohol or a controlled substance.

"Clinical training" means training in addiction counseling, approved by the board.

"Internship" means work experience in a licensed addiction treatment facility under the supervision of a clinical supervisor registered by the board.

"Private practice of addiction counseling" means the independent practice of addiction counseling by a qualified individual who is self-employed on a full-time or part-time basis and is responsible for that independent practice. Consultation services provided to an organization or agency are not the private practice of addiction counseling.

Counselor Scopes of Practice

NDCC 43-47-01.

"Counseling" means the application of human development and mental health principles in a therapeutic process and professional relationship to assist individuals, couples, families, and groups in achieving more effective emotional, mental, marital, family, and social or educational development and adjustment. The goals of professional counseling are to: a. Facilitate human development and adjustment throughout the lifespan; b. Prevent, assess, and treat emotional, mental, or behavioral disorder and distress which interferes with mental health; c. Conduct assessments for the purpose of establishing treatment goals and objectives; and d. Plan, implement, and evaluate treatment plans using professional counseling strategies and interventions.

"Counselor" means a person who has been granted either a professional counselor or associate professional counselor license by the board.

"Licensed associate professional counselor" means a person who has been granted an associate professional license by the board to offer and conduct counseling under the supervision of a licensed professional counselor or such other person meeting the requirements of supervising professional set by the board.

"Licensed professional counselor" means a person who is trained in counseling or a related human service field and has been granted a professional counselor license by the board.

Addition to LPCC Administrative Rules

97-02-01.1-06. Definitions 1.

"Clinical counseling" means providing clinical mental health counseling services involving the application of principles of human development, learning theory, psycho-therapy, group dynamics, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families, and groups for the purpose of promoting optimal mental health, dealing with normal problems of living,

and treating psychopathic disorders. Clinical counseling includes diagnosis and treatment of emotional and mental disorders; psycho-educational techniques aimed at the prevention of emotional and mental disorders; consultations to individuals, couples, families, groups, organizations, and communities; and clinical research into more effective psycho-therapeutic modalities.

Marriage and Family Therapy Scopes of Practice

NDCC 43-53-01.

"Associate marriage and family therapist" means an individual who has completed the educational requirements for a marriage and family license and who has successfully passed the licensing examination, but who has not yet successfully completed the supervised work experience requirement for licensure as a marriage and family therapist.

"Licensed marriage and family therapist" means an individual who holds a valid license issued under this chapter.

"Marriage and family therapy" means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders.

"Practice of marriage and family therapy" means the rendering of marriage and family therapy services to individuals, couples, and families, singly or in groups, whether the services are offered directly to the general public or through organizations, either public or private, for a fee, monetary or otherwise.

Psychologist & Applied Behavior Analyst Scopes of Practice

NDCC 43-32-01.

"Applied behavior analyst" means an individual licensed under this chapter as an applied behavior analyst. The term does not include a registered applied behavior analyst.

"Industrial-organizational psychologist" means an individual who is licensed under this chapter to engage in the practice of industrial-organizational psychology.

"Industrial-organizational psychology" means the provision of psychological research services or consultation services to a group or an organization. The term does not include the delivery or supervision of services to individuals who are themselves, rather than the group or organization, the intended beneficiaries of the services, regardless of the source or extent of payment for services rendered.

"Industrial-organizational psychology resident" means an individual who has met the requirement of subdivision b of subsection 2 of section 43-32-20, is involved in supervised employment in industrial-organizational psychology, and has registered with the board.

"Practice of applied behavior analysis" a. Means the application of the principles, methods, and procedures of the experimental analysis of behavior and applied behavior analysis, including principles

of operant and respondent learning. The term includes applications of those principles, methods, and procedures to: (1) Design, supervise, evaluate, and modify treatment programs to change the behavior of individuals diagnosed with an autism spectrum disorder; (2) Design, supervise, evaluate, and modify treatment programs to change the behavior of individuals; (3) Design, supervise, evaluate, and modify treatment programs to change the behavior of groups; and (4) Consult with individuals and organizations. b. The term does not include diagnosis, counseling, psychological testing, personality assessment, intellectual assessment, neuropsychological assessment, psychotherapy, cognitive therapy, sex therapy, family therapy, coordination of care, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

"Practice of psychology" means the observation, description, evaluation, interpretation, or 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 enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health. The term includes psychological testing and the evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling, psychotherapy, biofeedback, behavior analysis and therapy, clinical applications of hypnosis, and other therapeutic techniques based on psychological principles; diagnosis and treatment of mental and emotional disorder or disability, compulsive disorders, disorders of habit or conduct as well as of the psychological aspects of physical illness, accident, injury, or disability; and psychoeducational evaluation, therapy, remediation, and consultation. The term includes providing psychological services to individuals, families, groups, organizations, institutions, and the public regardless of whether payment is received for services rendered. The term includes supervising others who are engaged in the practice of psychology.

"Psychologist" means an individual who is licensed under this chapter in the practice of psychology.

"Psychology resident" means an individual who has met the requirement of subdivision b of subsection 1 of section 43-32-20, is involved in supervised psychological employment, and has registered with the board.

"Registered applied behavior analyst" or **"registrant"** means an individual who is registered under this chapter as a registered applied behavior analyst and is supervised by a licensed psychologist or applied behavior analyst. The term does not include an applied behavior analyst.

Social Work Scopes of Practice

NDCC 43-41-01.

"Licensed certified social worker" means an individual who has a doctorate or master's degree in social work from a college or university and who has fulfilled the requirements for licensure.

"Licensed independent clinical social worker" means an individual who has a doctorate or master's degree in social work from a college or university and who has fulfilled the requirements for licensure or has been registered by the board for third-party reimbursement before August 1, 1997.

"Licensed social worker" means an individual who has a baccalaureate degree in social work from a college or university and who has fulfilled the requirements for licensure.

"Private practice of social work" means the independent practice of social work by a qualified individual who is self-employed on a full-time or part-time basis and is responsible for that independent practice. Consultation services provided to an organization or an agency are not considered to be the private practice of social work.

"Social work practice" consists of the professional application of social work values, principles, and techniques in helping people obtain tangible services; counseling; psychotherapy with individuals, families, and groups; helping communities or groups to improve social and health services; providing social casework; directly supervising programs providing social work services; social work education; social work research; or any combination of these. The practice of social work requires knowledge of human development and behavior, of social, economic, and cultural institutions, and the interaction of all these factors.

Physician Scopes of Practice

NDCC 43-17-01.

"Physician" includes physician and surgeon (M.D.) and osteopathic physician and surgeon (D.O.).

"Practice of medicine" includes the practice of medicine, surgery, and obstetrics. The following persons must be regarded as practicing medicine: a. One who holds out to the public as being engaged within this state in the diagnosis or treatment of diseases or injuries of human beings. b. One who suggests, recommends, or prescribes any form of treatment for the intended relief or cure of any physical or mental ailment of any person, with the intention of receiving, directly or indirectly, any fee, gift, or compensation. c. One who maintains an office for the examination or treatment of persons afflicted with disease or injury of the body or mind. d. One who attaches the title M.D., surgeon, doctor, D.O., osteopathic physician and surgeon, or any other similar word or words or abbreviation to the person's name, indicating that the person is engaged in the treatment or diagnosis of the diseases or injuries of human beings must be held to be engaged in the practice of medicine.

Description of ND Behavior Health Boards

Board of Addiction Counseling Examiners

The 1987 Legislative Assembly passed legislation establishing the state board of addiction counseling examiners, codified as North Dakota Century Code chapter 43-45. The Board of Addiction Counseling Examiners is a regulatory board. This Board is responsible for the proper licensure of addiction counselors who practice in North Dakota. The board consists of seven members appointed by the governor. Four members are licensed practicing addiction counselors, two members are laypersons, and one member is a licensed addiction counselor in private practice. The governor shall appoint board members for three-year terms, but no person may be appointed to serve for more than two consecutive terms. The board annually elects from its membership a chairperson, a vice chairperson, and a treasurer at the fourth quarter meeting. The board may hire a secretary at its discretion. The purpose of the NDBACE is to set minimum standards for the license of addiction counselors, establish core curriculum requirements, approve addiction Counseling training programs, internships, and clinical supervisors, and establish requirements for the private practice of addiction counseling. Currently, we have 384 licensed addiction counselors, of those 52 are registered for Private Practice and 186 are registered for Clinical Supervision. There are currently 35 trainees that are registered with the NDBACE.

Board of Counselor Examiners

The NDBCE was established by the North Dakota Legislature in 1989 to regulate the practice of professional counseling in the state (NDCC 43-47). The mission of the North Dakota Board of Counselor Examiners is to ensure that counselors providing services to the public are competent, safe and ethical practitioners in the profession of counseling. This mission is accomplished by establishing and maintaining standards of qualification and performance appropriate to the counselors' title and role. Presently, the NDBCE regulates three counseling licenses (73 LAPC, 195 LPC, & 172 LPCC) and maintains active files for some 440 licensed professional counselors in North Dakota. The board sets the requirements for these licenses, oversees the examination process needed to qualify for licensure, monitors continuing education for counselors, and manages the complaint procedure relative to professional counseling. The board has five members, two licensed LPCC's, a counselor educator and two public members. The basis/foundation of all board member decisions shall be in the interest of protecting the public. (NDBCE Board Code of Ethics). The operating budget is approximately $42,000.00 per year. The operations of the board are supported by a part-time executive secretary.

Board of Social Work Examiners

The North Dakota Board of Social Work Examiners was formed in 1983 by the legislative assembly. It is a six-member board appointed by the governor. The Board is responsible for licensing qualified

applicants to practice social work and to ensure that licensees comply with the laws and regulations governing that practice. The Board requires competency and ethical behavior in all areas of social work practice. Our mission is to protect the health and safety of the public by licensure of qualified persons, enforcement of the statutes, rules and regulations governing the practice of social work, including the appropriate resolution of complaints. Currently there are 1,693 LSW's, 379 LCSW's and 328 LICSW's in the state. The board consists of six members appointed by the Governor, 2 LSW's, 1 LCSW, 1 LICSW and 2 public members. In 2015, we processed a total of 193 applications, 113 for LSW, 51 for LCSW, and 29 for LICSW. We received 12 complaints: 10 were dismissed, 1 was settled, and there remains 1 pending. The operations of the board are supported by two part-time support staff. The office of the Attorney General also provides legal counsel at the expense of the board. Operating budget and revenues are $500,000.00.

Board of Psychologist Examiners

The ND State Board of Psychologist Examiners was created by the 1967 Legislative Assembly to license psychologists, and now, in 2016, licenses industrial organizational psychologists, applied behavior analysts, and registers applied behavior analysts. Our mission is to regulate the professions of psychology, industrial organizational psychology, and applied behavior analysis in the interest of and to preserve and protect the health, safety, and welfare of the public. The Board consists of seven members appointed by the Governor, 5 licensees, 1 research/teaching licensee, and 1 public member. Currently, there are 251 Licensed Psychologists, 18 Licensed Applied Behavior Analysts, and 4 Registered Applied Behavior Analysts. This board does not license school psychologists (see NDCC 43-32-30 section 3). In 2015 we processed 17 NEW applications for licensure as psychologist, 5 for applied behavior analyst, we received 4 new complaints, and had 5 ongoing investigations, no dismissed complaints, no accepted settlement agreements, no appeals, and issued no disciplinary action. We do all this on operating revenues of approximately $45,000 and a part-time office secretary.

Marriage and Family Therapist Licensure Board

The North Dakota Marriage and Family Therapy Licensure Board was created by the 2005 Legislative Assembly to license Marriage and Family Therapists. Our mission is to protect the public by licensing and regulating marriage and family therapists and associate marriage and family therapists. The Board monitors education through primary source verification and continuing education to maintain competency, receiving documentation of post-graduate supervision and work experience in individual, couple, and family settings, and receives, regulates, and enforces ethical and legal complaints in disciplinary proceedings which may arise during the delivery of marriage and family therapy. To date we have 46 Licensed Marriage and Family Therapists and 10 Licensed Associate Marriage and Family Therapists. Annual revenues are approximately $6,800.00 (2015 Audit Report). The work of the board

is supported by a part-time board administrator. In 2014 there was a complaint received, investigated, and proceeded to hearing process, anticipating a settlement agreement in 2016.

Board of Medical Examiners

The North Dakota Board of Medicine was established in 1890 to protect the citizens of the state by regulating the practice of medicine. The Board licenses physicians, physician assistants and fluoroscopy technicians and disciplines them if they violate the state's medical practice act. There are thirteen members of the board, appointed by the Governor to four year terms. No member may serve more than two consecutive terms. There are nine Medical Doctors, two public members, one Doctor of Osteopathy and one Physician Assistant on the board. The board is supported by a full-time executive director and 3 full time staff members. Our board has yearly operational expenses of $740K. Under authorization by separate statute, we are allowed to contribute to a separate 501(C)(3) – the North Dakota Professional Health Program - under that authorization, we give them $240,000.

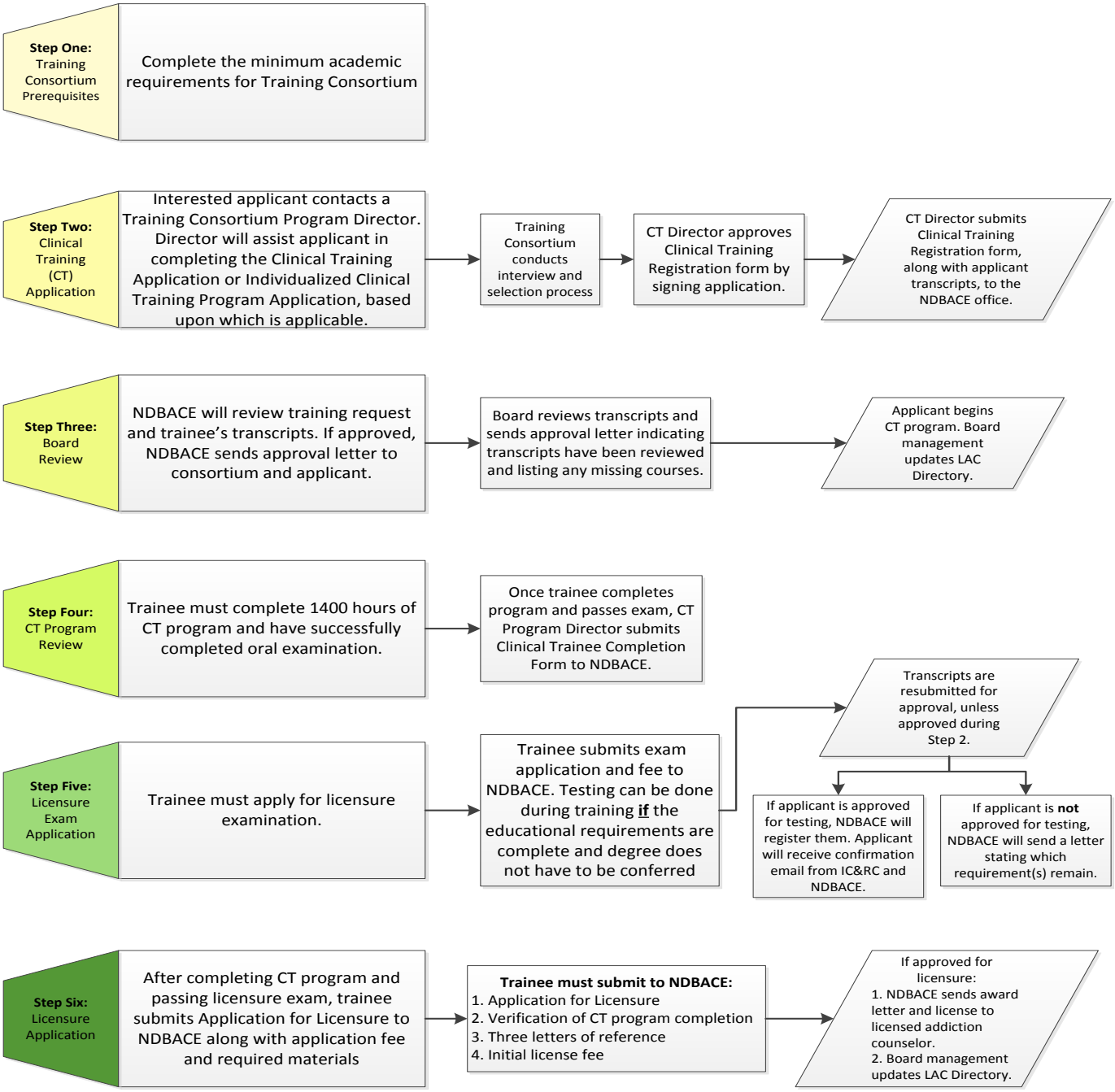
Summary of ND Board Operations

Data	NDSBPE	NDSBCE	NDBSWE	NDBACE	NDMFTLB	NDBME
Yearly Expenses						
Operating Budget	$40,950.00	$42,045.86	$265,000.00	$55,109.78	$6795.00	$740,000.00
Rule Change Cost Estimates	$8486.75	$6000.00	$~2000.00	$5,000.00		
Percentage of Operations	21%	14.3%	<1%	9%		
Complaints 2011-2015	*2011 - 2015*				*2014*	Average/yr
Received	31	10	12	72	1	~80-100
Dismissed	22	9	10	47	0	
Settlement	3	1	1	24	0 (pending)	~10-15%
Appealed	0	0	0	1	0	
In progress…	6	0	1	0	1	
Attorney Costs						
2011	$10,965	$4690 (1 c, rules)	$5,504.45	$26,308.53	$756.86	
2012	$26,482	$3298 (6c, rules)	$6,474.22	$7,190.19	$270.31	
2013	$4,864	$2300 (1c, rules)	$6,414.93	$8,736.15	$185.35	
2014	$8,485	$6059 (2c, rules)	$9,276.87	$14,841.34	$722.08	
2015	$16,378 (1c, rules)	$3348 (0c, no rules)	$15,709.90	$20,373.85	$2,260.49	
Office Functions						
Staff	20hrs contract	20-30hrs	2 people PT	20 hours	20hrs contract	1ED; 4FTE; contract JD; contract CPA
Phone calls	Vary	~6/day	Not tracked	~20/wk	5/week	
Verification of Licensure	Many			~8/wk	Email	
General Inquiries	Several			~12/wk		
Emails	Majority	~14/day		~10/day		
Licensee Data	2015					
	LP = 251 LABA = 18 RABA = 4 PsychRes = 7	LPCC = 173 LPC = 194 LAPC = 73	LSW = 1,693 LCSW = 379 LICSW = 328	LAC = 384 Trainees = 35 PP = 52 CS = 186	LMFT = 44 LAMFT = 13	MD/DO = 3893 PA = 352 GC = 25 FT = 5
Applications 2011-2015				Since 9/1/14		
Total New Received	Not Available	184	193	54	34	~370-500/yr
New Reciprocity	Not Available	38	NA	NA		
New Licensed Elsewhere	Not Available		NA	NA		
Total Denied	Not Available	2	1	12		
Total Reciprocity Denied	Not Available		NA	12		
Total Licensed Elsewhere Denied	Not Available		NA	NA		
Appealed	Not Available	0	NA	NA	1	

Licensing Process by Profession

Board of Addiction Counseling Examiners

ND Addiction Counselor Initial Licensure Process



Updated 3/2015

Board of Counselor Examiners

Application Process

The Board accepts applications in various stages, and keeps a routing sheet where requirements are checked off as they are completed. The applicant must request that the university send an original transcript directly to this office. Licensure requirements are:

- ✓ Master's Degree in Counseling
- ✓ Three letters of recommendation as listed on the application
- ✓ Verification of a minimum 700-hour practicum and internship
- ✓ Passing score on the National Counselor Exam
- ✓ Criminal Background check
- ✓ Plan of Supervision or verification of two years of post-masters qualifying supervised counseling activity.

Review Process

The application is reviewed initially to qualify the education and approve the applicant to test. Any requirements missing or incomplete are noted at the time of initial review and checked off a list as the requirements are completed. The time line for this depends on the applicant and his/her efforts to complete the application.

Timeline for examinations

The time line for testing is at least three months. The Board approves for testing once the original transcript is received. A test registration form is sent to the applicant. Once the applicant sends the registration to NBCC it takes about a month for NBCC to offer the information for the applicant to reserve their test slot. Once the applicant tests, it takes about three weeks for NBCC to get the official scores to this office. Best time scenario for completing the test process is three months.

Timeline for supervised practice requirements

The NDBCE requires two years of post-grad supervised counseling experience to qualify for or advance to LPC. Applying for the LAPC requires a Plan of Supervision describing the proposed counseling setting, the supervisor name and credentials, and schedule of supervision. Successful completion of the LAPC license requirements allows the LAPC to advance to LPC.

Internships/Training Requirements

To further address the latest set of questions/concerns directed to the licensing boards, this board requires a minimum 700 Hour practicum and internship relative to counseling, done under the direction of the university, within the Masters of Counseling program. This board does not know the specific requirements to be accepted into an internship program. This board has no knowledge of reimbursement for interns or mentors. This is all done through the Masters Program and is listed on the final transcript. Criteria for the internships requires the applicant can demonstrate that theoretically

grounded counseling skills were applied under an appropriate supervisor. The practicum and internship are a licensure requirement, the same as any other coursework within the Masters. This is different from the two years of post-grad supervised experience, which is a separate requirement. The post-grad supervised experience further prepares the counselor for the independent level of licensure, the LPC.

Review of Eligibility for License

Once all requirements are complete, a final review of the application is done, within a week or less.

Eligible for Granting of License to Signed and Mailed License

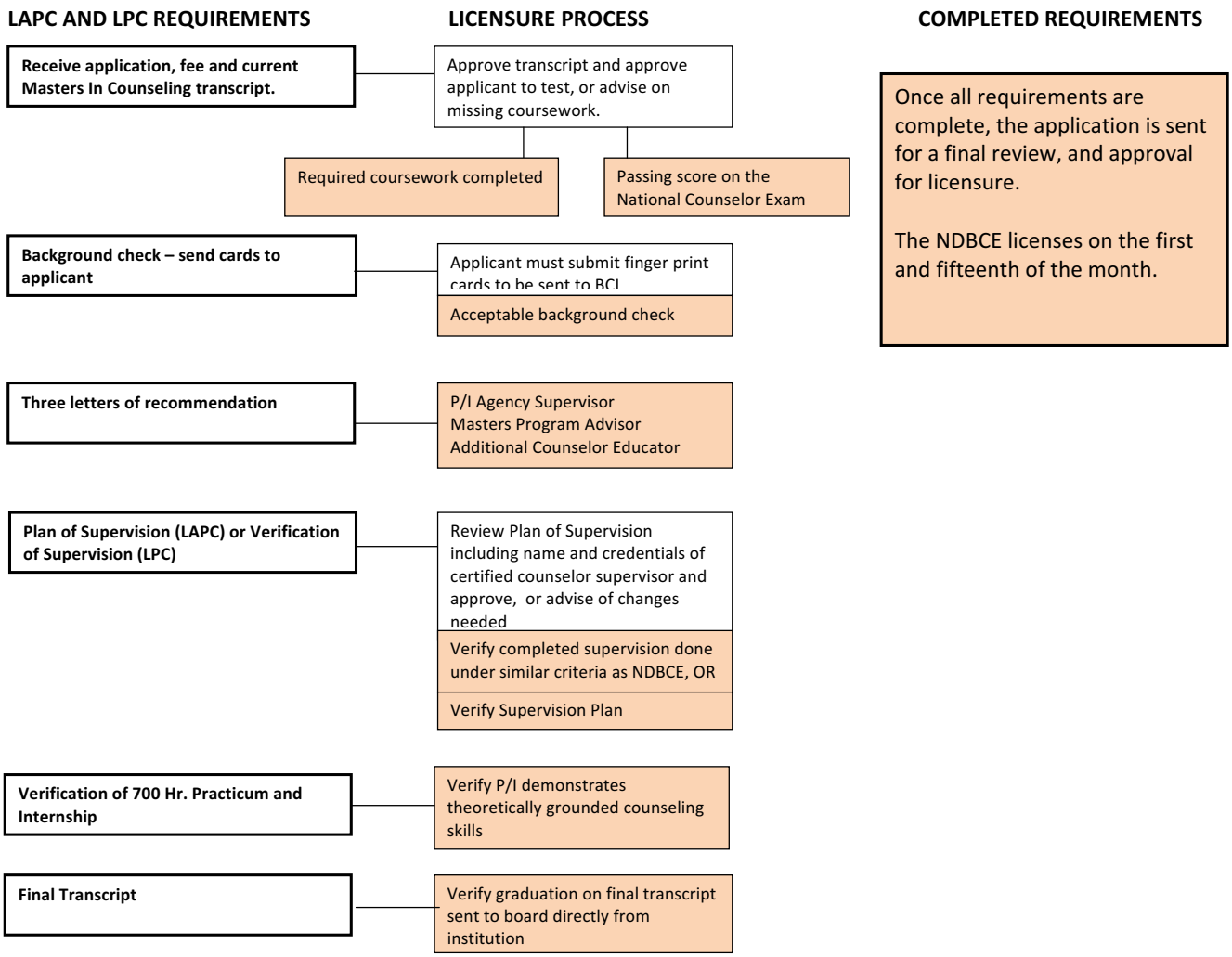
Once the application is reviewed the final time, approval for licensure is granted, and the paperwork is started. The board licenses on the first and fifteenth of the month. For instance, an application that is approved on the 17th of the month is effective the first day of the following month.

Reciprocity can be done with a license that comes from a state with requirements equal to or greater than our own. Reciprocity applicants must meet the same standards that the ND counselors are held to. These standards are found in the NDCC and in the NDBCE Administrative Rules. In a nation-wide survey conducted by the NDBCE, from the few responses we received, it was noted that no other states were willing to enter into a reciprocity agreement with North Dakota, not just because their standards were greater, but also due to differences in standards. One state would license by endorsement. The NDBCE discussed establishing a one-way reciprocity, meaning this board will evaluate all reciprocity applications for qualification, and those that meet NDBCE requirements will be listed for future reciprocity. Although not mutual, it could streamline the process on this end if a list is created that shows what states have demonstrated qualifying requirements.

Other Comments

Since this board has disciplined only two licenses in the past eighteen years, this board would like to think that the low number of sanctions is due, in part, to the requirements, standards of training and screening set forth during the application process. The concern, purpose and work of this board is to ensure the people of North Dakota have duly qualified counselors available for their mental health needs. The current processes for licensure are supporting that effort and allow the people of North Dakota to have confidence in the professionals who provide their services.

Summary Chart – Board of Counselor Examiners



Marriage and Family Therapy Licensure Board

After graduating from an accredited university, COAMFTE, CACREP, etc., with at least a Master's degree of a minimum 48 semester hours (9 semester hours in a practicum)

Applicant must provide the Board:

- ✓ Completed and signed application form A
- ✓ Fees in USD
- ✓ Educational Equivalency Form I if not from a COAMFTE accredited school
- ✓ Practicum Verification Form VI from the school of study to verify the delivery of 500 GRADUATE supervised hours of individual, couple, and family therapy, and 100 hours of group/individual supervision (50 hours must be individual hours), to count toward licensure requirements.
- ✓ An official transcript sent directly from the school's registrar to the Board
- ✓ Three professional recommendations/endorsements addresses and emails. The Board sends a letter to the letter writers for response to professional background, recommendation and endorsement.

The Board reviews, upon approval:

- ✓ Applicant files a Supervision Agreement Form III to receive the LAMFT.
- ✓ In the next two to four years the AMFTRB exam must be taken and applicant receives a passing score.
- ✓ The LAMFT/licensee accrues an additional 1,500 hours of POST-GRADUATE experience hours in the delivery of individual, couple, and family therapy. The licensee must be supervised by a Board and/or AAMFT approved supervisor for 200 hours of supervision, of which 100 hours must be individual hours.

Upon completion of post-graduate requirements the applicant:

- ✓ Applies to the Board for LAMFT to LMFT upgrade on Form A.
- ✓ File form V of post-graduate supervision and experience
- ✓ The Board will notify the applicant of the next Board meeting for the oral interview. Passing interview.
- ✓ Federal Background check

LMFT is issued.

Endorsement Process (already LMFT in another jurisdiction)

Checklist for Licensed Marriage and Family Therapist (LMFT) licensing file by Endorsement

- ✓ Application Form A
- ✓ Application fee ($300.00)—the applicant must simply include payment of the fee.
- ✓ Verification of Licensure in Other Jurisdiction Form II (if the person was licensed as a Licensed Associate Marriage and Family Therapist or equivalent license in another state or jurisdiction)
- ✓ Transcript showing a qualifying degree was conferred (Must be sent from the university of study directly to the Board for primary source identification)

- ✓ Verification of examination score from AMFTRB (If qualified to test by the state of North Dakota, the score is sent to the board; if the person has taken and passed the examination in the past we can accept verification of having passed the national licensing examination. The California examination is not valid for examination purposes in North Dakota.
- ✓ Either a listing of 3 personal references as required on application Form A or 3 actual reference letters (endorsements). Please include email addresses.

Endorsement with an LAMFT begun in another jurisdiction and less than five years licensed as LMFT.

The applicant follows the LAMFT track to meet or exceed North Dakota requirements and is granted an LAMFT if the following requirements are met:

Applicant must provide the Board:

- ✓ Completed and signed application form A
- ✓ Fees in USD
- ✓ Educational Equivalency Form I if not from a COAMFTE accredited school
- ✓ Practicum Verification Form VI from the school of study to verify the delivery of 500 GRADUATE supervised hours of individual, couple, and family therapy, and 100 hours of group/individual supervision (50 hours must be individual hours), to count toward licensure requirements.
- ✓ An official transcript sent directly from the school's registrar to the Board
- ✓ Three professional recommendations/endorsements addresses and emails. The Board sends a letter to the letter writers for response to professional background, recommendation and endorsement.

The Board reviews, Upon Approval: applicant files a Supervision Agreement Form III to receive the LAMFT if remaining hours need to be accrued to meet LMFT requirement.

Endorsement with an LMFT issued in another jurisdiction and less than five years licensed as LMFT.

Checklist for Licensed Marriage and Family Therapist (LMFT) licensing file by Endorsement

- ✓ Application Form A
- ✓ Application fee ($300.00)—the applicant must simply include payment of the fee.
- ✓ Verification of Licensure in Other Jurisdiction Form II (if the person was licensed as a Licensed Associate Marriage and Family Therapist or equivalent license in another state or jurisdiction)
- ✓ Transcript showing a qualifying degree was conferred (Must be sent from the university of study directly to the Board for primary source identification)
- ✓ Verification of examination score from AMFTRB (If qualified to test by the state of North Dakota, the score is sent to the board; if the person has taken and passed the examination in the past we can accept verification of having passed the national licensing examination. The California examination is not valid for examination purposes in North Dakota.
- ✓ Either a listing of 3 personal references as required on application Form A or 3 actual reference letters (endorsements). Please include email addresses.

- ✓ Readiness to interview with the Board for the oral interview
- ✓ Federal Background Check

Board of Medical Examiners

The process described is for physicians. Applications and renewals are done online. The status of the application and a checklist of information received and information not yet submitted is available to applicants online and in real time. We obtain primary source information from medical schools, postgraduate training programs (residencies), recent places of employment, United States Medical Licensing Examination scores, eligibility status for international medical graduates, FBI criminal background checks, verification of other state's license status, disciplinary data bank reports, AMA profiles and personal references.

We offer the following licenses:

License Type	Explanation
Permanent medical license	Valid for all medical practice
Provisional temporary license	Issued by the board chair and executive secretary. Valid for all medical practice, but designed to allow practice until the board next meets, so applicants don't have to wait for the next meeting of the board.
Locum tenen license	Issued by the executive secretary for up to 90 days at a specific site or sites. Designed to allow institutions to hire temporary help as needed, and to provide another avenue of licensure for those who will receive a permanent license at the next meeting of the board.
Special license	Allows the board to waive technical eligibility requirements for those applicants demonstrating the training and/or experience to provide a unique contribution to medicine in North Dakota.
Administrative license	Allows physicians to practice administratively, i.e., non-clinically, when they do not have current clinical practice history.

Board of Psychologist Examiners

Application Process

New rules took effect April 1, 2016, promulgating some new processes related to applications for practice in ND (pursuant to a legislative law change in 2015). The Board receives an application initiation form and application fee from an applicant, and generally this is sent to the office when the applicant is ready to graduate. The application initiation form is reviewed by office staff, and if the applicant has been enrolled in an accredited educational program, the process moves to the on-line application stage, the PLUS, where the applicant will complete a detailed digital application that reviews educational history and collects transcripts, training history and verification from supervisors/training directors, as well as work experience and verification of such. This often takes the applicants a while to complete, and some opt to begin this process before they even graduate (transcripts documenting conferred degrees often take a while to be sent out). The same application process is used for all applicants for licensure/registration (psychologist, I/O, ABA, etc). Completed licensure requirements are:

- ✓ Doctorate Degree in Psychology/Masters Degree in from a program accredited by ABAI or BACB/Bachelor's Degree from accredited program or with a major in psychology or other human service field (depending on licensure/registration sought)
- ✓ Three letters of endorsement as listed on the application form
- ✓ Verification of a minimum of 3000 supervised training/work experience, 1500 of which must be pre-doctoral and the remaining 1500 could be pre-doctoral or post-doctoral (applies only to LP, and applicant may apply while continuing to accrue post-doctoral hours)
- ✓ Passing score on the Examination for the Professional Practice of Psychology (EPPP: 500)/Passing score on the board-certified behavior analyst examination/passing score on the board-certified assistant behavior analyst examination (depending on the licensure/registration sought)
- ✓ List of supervising LP or LABA (as necessary).

Review Process

Following receipt of a completed application, it is forwarded to the Applications Review Committee or the full board for review and confirmation that all licensure requirements are satisfied, or in progress (for the LP who is still accruing hours). Applications are reviewed typically on a monthly basis, except for November – January, when the Board is consumed with licensure renewals and audits.

Timeline for examinations

Upon review of the application, if there are no questions or concerns, the Board votes to approve the applicant to: a. Sit for the EPPP (if a new graduate, or applicant for RABA and not taking BCaBA examination), b. Sit for the Oral Exam (if licensed elsewhere and already passed the EPPP or required national examination). Once approved for the EPPP, the applicant may take this examination

immediately, or study for several months (up to ~5 years) before they decide to take it. The applicant can re take this exam up to 3 times in one year. Once the applicant has passed the national exam, they are offered the opportunity to sit for the next oral exam (given about every 3 months, and required to be given only 2 times per year). This exam may take 20-60 minutes depending upon the preparation the applicant has completed. If required, the applicant may take a retake at the next oral examination date. Oral exam is currently administered during an executive session of the entire board (or two groups of the board when examination numbers are high). *With the new rules, oral examinations on state jurisprudence will be transitioned into the ND Professional Responsibilities Examination (a written exam that could be administered more frequently with less time consumed by the Board). Following satisfactorily completed examinations, a final review of supervised work experience is required to ensure the requirement is complete (if an applicant is still accruing hours or has not yet documented their hours in the online application system, this can take some time to accomplish and have verified by the supervisor). At the time all requirements are completed, the Board Office issues a license/registration, that is mailed to the President and Secretary to sign, and then sent out to the newly licensed/registered provider. This process can take up to 10 days due to postal processes.

Timeline for supervised practice requirements

NDCC 43-32 requires that the applicant have 3000 hours of practical supervised training/work experience. 1500 of this must be during the pre-doctoral internship (which is required by all APA/CPA accredited programs). The other 1500 may be completed post-doctorally, within ND as a psychology resident (supervised by a licensed psychologist of 3 years or more in ND). If the applicant wishes to use other predoctoral hours, there are specific criteria that must be documented by the applicant, verified by the application process, and reviewed by the board.

Internship/Training Requirements

In psychology, the internship is a specific and competitive supervised training that occurs at the end of the graduate program and is required in order for graduation. The requirements for these are set by the APPI organization in conjunction with APA/CPA who set the curriculum and competency requirements for the field of psychology. Other training experiences may include: Practicum, Externships, and supervised work experience.

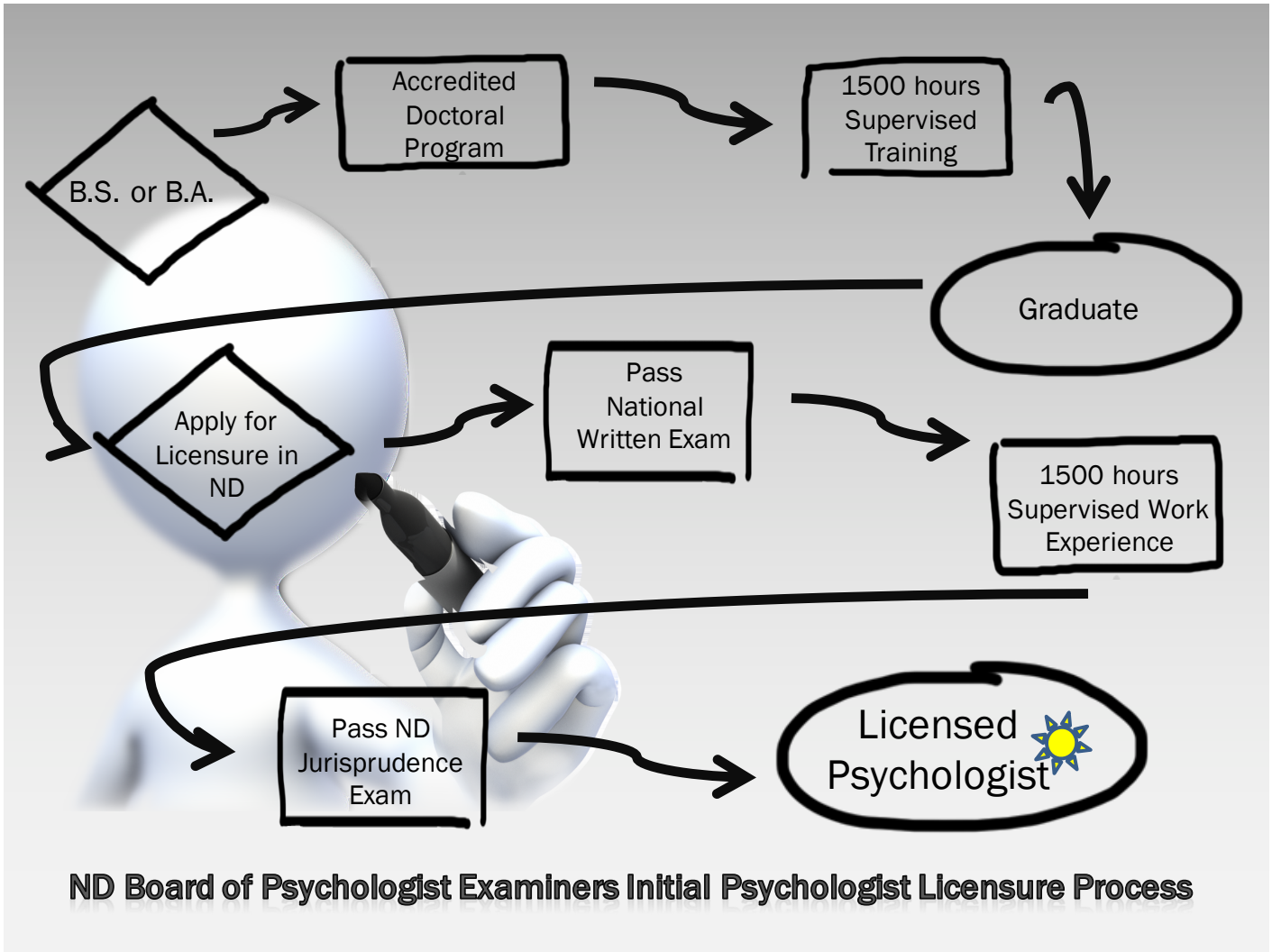
Review of Eligibility for License

The board members ensure when reviewing applications that applicants have me the criteria set forth in the law with regard to education, training, supervision and examination. A minimum of two board members are involved in reviewing applications, and when the PRE exists, in administering this written exam.

Eligible for Granting of License to Signed and Mailed License/Registration

As noted above, once the applicant has completed the experience, and submitted the documentation of the requirements, and then passed the examination processes, the board office can initiate the processing of the license. It is printed in the Board Office, sent to the President and Secretary to sign and make a copy, and send the original out to the new licensee/registrant. Again, the eligibility for licensure relates to accredited educational program, supervised training, written and oral examination, and supervised work experience.

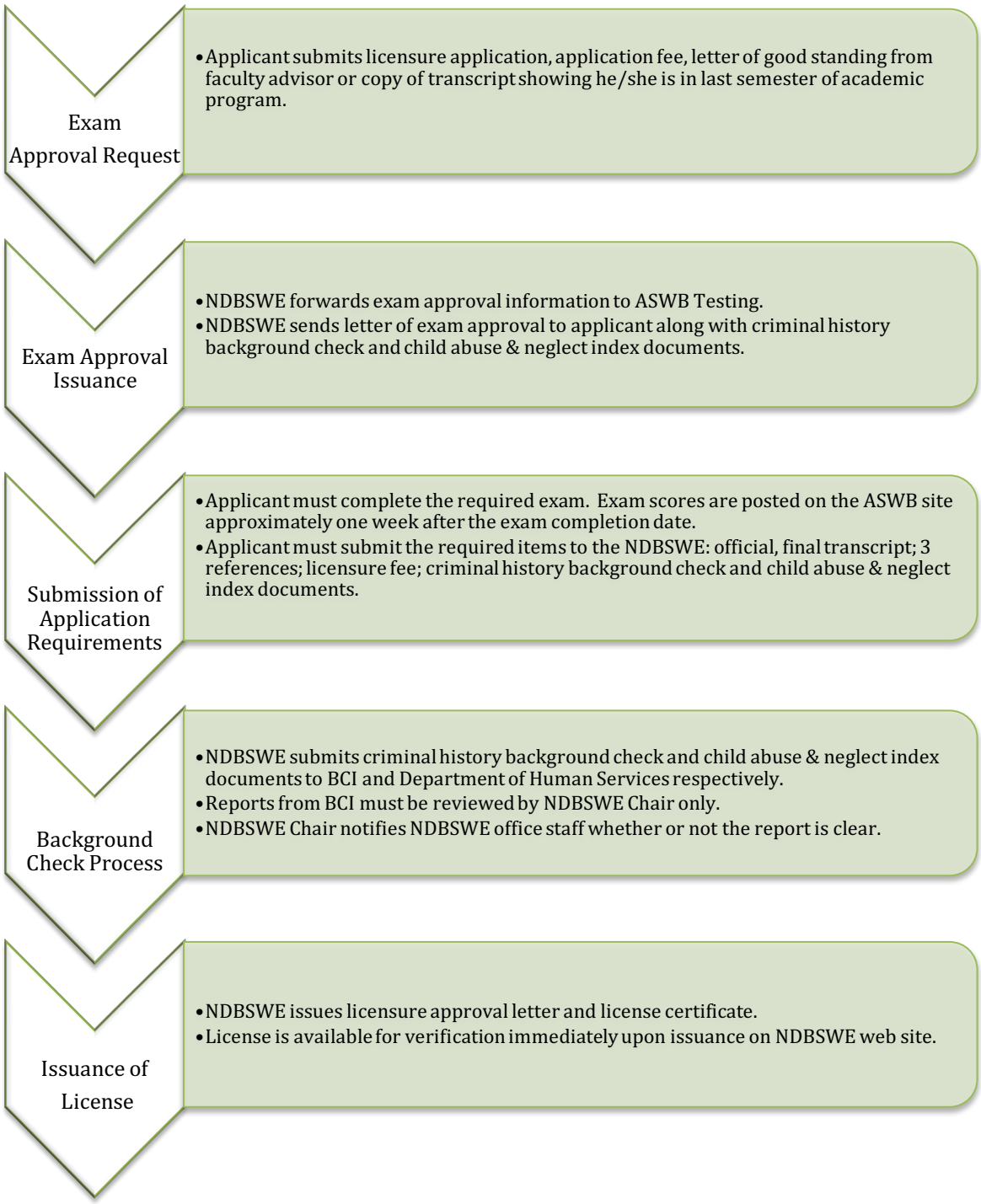
Summary Chart – Board of Psychologist Examiners



Board of Social Work Examiners

Summary Chart

ND Board of Social Work Examiners Initial Licensure Process



Report Recommendations

1. The participating Boards would encourage the legislators to mandate behavioral health care employers and insurance companies to complete a similar review of their policies and procedures for hiring/credentialing and reimbursement (including DHS). ***Importantly, several employers and insurance carriers are defining qualifications for employment and reimbursement that are NOT in keeping with state professional licensing regulations and result in employers and insurance companies inappropriately regulating professions through non-hiring or non-payment.***
    - Mandate insurance reimbursement for ND licensed/registered behavioral health care providers providing these services to ND residents.
    - Mandate that employers use ND licensure requirements to set their professional employment/hiring standards.

2. It is important to maintain the current licensure eligibility requirements in each profession and the autonomy of the boards to regulate in the manner that is most consistent with national standards for their profession. This ensures in general that mobility into North Dakota as well as movement of our trainees/students out of North Dakota can be most efficient, and better serve our public.

3. **Remove** the **reciprocity** requirement that states: "obtained a license in a jurisdiction that is equal or more strict that ND requirements" and **replace** with an **EXPEDITED LICENSURE** model – if currently licensed elsewhere MUST go through the expedited licensure application process – requires applicant provide verified documentation of graduation from an accredited program in degree level of licensure sought in ND (or for NDBACE successful completion of the NCAC2*[*]), previously passed any required national exam, and then be subject to a moral character assessment including criminal background check (if required). A ND Board may still require passage of any state-specific exams required by the board. *This removes the number of licensure years, number of supervised work hours, AND subjective determinations of 'requirements that are equal or more strict than ND'. If there are disciplinary action or background check concerns, the board can discuss and determine further.*
    - This could easily be accomplished by having the previous licensing board complete a **verification of licensure and <u>expedited credential transferring</u> form (which could be the same form used by all behavioral health boards)** of the educational degree that licensure

[*] *Licensed Addiction Counselors do not have a national regulatory group, thus there are no national standards in existence. NDBACE is in the process of statutory and rule changes to assist with improving mobility of qualified providers from other jurisdictions into ND, and the Behavioral Health Boards represented in this report are in support of these current pending recommendations by NDBACE.*

is based upon licensed at maximum independent licensure level, disciplinary action, passed national written exam(s), and must disclose ALL licensure history in any field.

4. **Recommend appropriation of funds to the Governor's Office to improve efficiencies across regulatory boards with regard to the following Board Operations.** This would require legislative mandate to change NDCC 54-59-05. Efficiencies in the following areas could be considered:
    i. ONLINE APPLICATIONS
    ii. RENEWALS
    iii. CE DATABASE
    iv. PAYMENTS ON-LINE
    v. DISCIPLINARY ACTION POSTING
    - NDSWE and NDBOM indicated they do not need this funding, but, would support finding funding to support the work of the smaller boards.

5. **Appropriation of funds to the Governor's Office specifically designated for the purpose of improving efficiencies across regulatory boards to assist with a yearly meeting of Chairs/Presidents of regulatory boards** to review standards, licensure challenges, operations, legislative mandates, education of legislative parties, for effective and efficient regulatory processes. In fact, this model would actually be recommended for **ALL regulatory boards** within ND, the challenges and operational difficulties are faced by many boards in ND. While small boards have the largest fiscal impacts of these challenges, the large boards have much to offer in terms of resources. Regulatory board member training would also be recommended in this process.
    - Relatedly, funding for Executive Board Manager collaborative meetings to review office procedures would assist in making the board office processes more consistent, and perhaps lead to cost-saving measures across boards.

6. **Require background checks (standardized assessment of 'good moral character') for all the licenses.** Currently, NDBCE and NDBOM already require this, NDBACE are adding this to their new statutes, but NDBSWE and NDSBPE do not. Boards need statutory authority to do a background check and to have FBI send it to the respective board.

7. **CE Reporting & Renewal Process Standardizations**
    - Board rules could change such that all behavioral health boards approve of the each other's approved CE programs or approved providers/sponsors – A consistent application form could be utilized for all boards. Once approved by a board, the approval could be disseminated to other boards. There would be some financial factors that would need to be addressed related to this process, however, a collaborative

process related to approving CE sponsors or programs could lead to a consistent process of reporting CEs for renewals.

- Consistent CE reporting forms across all boards would lead to a mechanism of potential collaboration for storing and tracking this data. This could present to be somewhat more difficult, as some boards already have this service provided by their national regulatory organization.
- Databank for behavioral health CE in ND that documents licensees in attendance so boards are provided attendance data from the CE source. Funding and management of such a databank would need to be coordinate, and again, there is potential that some of the national regulatory organizations may already do this for their jurisdictional members (i.e., Optometry/ARBO).
- Payment processing/uploading forms at a single site for behavioral health boards to cost share the expenses of the CE and renewal process.

8. SHARING OF DISCIPLINARY ACTION ACROSS BOARDS – Dissemination of information regarding disciplinary actions to other ND boards, employers, and most importantly the public would be of significant benefit. A ND professional licensure databank whose major purpose is to collect disciplinary data from ND regulatory boards would be helpful, and provide the public with an easy one-stop site to find licensure information on providers. This would lead to a simple method of completing a state-based review for applicants and current licensees. Minimally, having all executive directors/secretaries of the behavioral health boards sharing this information with each other would be a start, and could occur at the previously recommended meetings of the Board directors.

9. TELETHERAPY – A consistent implementation of occupational and licensing laws/rules related to telepractice across behavioral health boards is recommended. This can come from a legislative mandate related to telepractice OR through appropriations to the Governor's Office for the funding regular behavioral health board collaborative meetings to work towards addressing law or rule changes necessary for each respective board.

10. If legislators are considering implementation of these recommendations for consistency of statutory wording across all licensing professions, such as using a selected model act to then draft each profession into as the template relates to the designated profession; or, a consistent method of licensing similar to a drivers' license model where a picture card, wall certificate, consistent method of issuance and numbering, renewal, or collaborative Continuing Education process, there are significant financial implications for all boards. For some boards, if there are significant and substantive changes, the legal fees associated with the Board's required legal and public hearing process, as well as the costs to announce the intent to change rules in every

newspaper in ND, could result in a depletion of board funds to the point that pursuit of investigations of misconduct and licensure violations could not be possible. This would result in direct and negative impact on public protection.

Fiscal Implications of Potential Legislative Changes

The implications for each board with regard to the above recommended standard changes are of concern. It is essential that legislators understand the burden for our smaller boards (measured by licensee number) become MUCH greater as the operating funds of these boards are substantially lower than the larger boards, YET the costs for law and rule changes are constant - $2000 for newspaper publication of public hearings, $500 for travel for testimony, etc.). Attorney General's office fees will vary by board/situation, but are also significant for the small boards.

Appendix

Additional Helpful Information

1. FMSB Compact Information Link - http://www.licenseportability.org/
2. FARB Model Act Link - https://www.imis100us2.com/FARB/ItemDetail?iProductID=b2bcc837-de90-44fd-b0c8-5161ee323ec9&Class=09c61659-a500-41dc-ac03-4dd71a7120b7&WebsiteKey=6d5eb519-6383-47f7-b4d0-addc7060cddf
3. Social Work Model Act Link - https://www.aswb.org/wp-content/uploads/2013/10/Model_law.pdf
4. Psychologist Examiners Workforce Data Sheet
5. NDBACE Licensure 2000 – 2015
6. NDSBPE Licensure 2000 – 2015
7. MFTLB Licensure 2000 – 2015
8. NDBSWE Newly Licensed 2000 – 2015
9. NDBCE Licensure 2000 – 2015

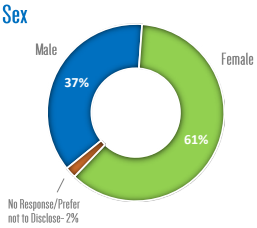
NDSBPE Licensee Reported Workforce Data for 2015

178 of 244 North Dakota State Board of Psychologist Examiners (NDSBPE) licensees completed the 2015 Association of State and Provincial Psychology Boards (ASPPB) Workforce Analysis Survey. ASPPB's Research and Analysis Center is surveying licensed psychologists in order to gain a comprehensive view of the current psychology workforce.

2015

Demographics

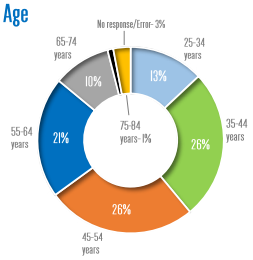
Sex

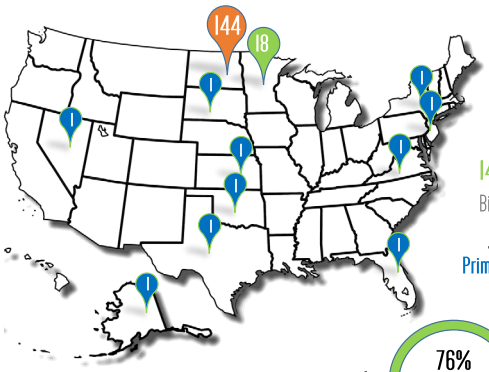


Race

	# of Respondents
American Indian or Alaska Native	9
Asian or Asian American	1
Black or African American	0
Native Hawaiian or Other Pacific Islander	0
White	164
American Indian or Alaska Native and White	1
Asian or Asian American and White	1
No Response/Error	2

Age





Education & Training

71% of respondents have a PhD. 28% of respondents have a PsyD. 33% of respondents received their education in ND. 13% of respondents received their education in MN. 26% of respondents received their education between 1990-1999. 25% of respondents received their education between 2010-2014. 12% of respondents received their education between 1980-1989. 94% of respondents completed an internship 78% of those respondents completed an APA accredited internship. 82% of respondents completed a postdoctoral supervised training experience.

Practice Information

81% of NDSBPE licensed psychologist respondents are working in North Dakota

144 out of 178 NDSBPE licensed psychologist respondents work in ND. 33% work in Fargo. 15% work in Bismarck. 17% work in Grand Forks. 8% work in Jamestown. 7% work in Minot. 6% work in West Fargo.

76% of respondents worked 50-52 weeks in 2015

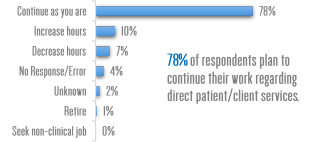
58% worked in a salaried position

82% worked in a setting w/ other licensed mental health professionals

Primary Practice Area

	# of Respondents
Clinical Child & Adolescent Psychology	23
Clinical Health Psychology	3
Clinical Neuropsychology	8
Clinical Psychology	109
Cognitive Behavioral Psychology	6
Counseling Psychology	12
Forensic Psychology	6
Professional Geropsychology	1
No Response/Error	10

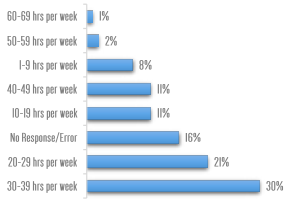
Plans Regarding Direct Patient/Client Services



78% of respondents plan to continue their work regarding direct patient/client services.

Hours Spent in Direct Patient/Client Services

30% of respondents reported working between 30-39 hours per week in direct client/patient care in 2015.

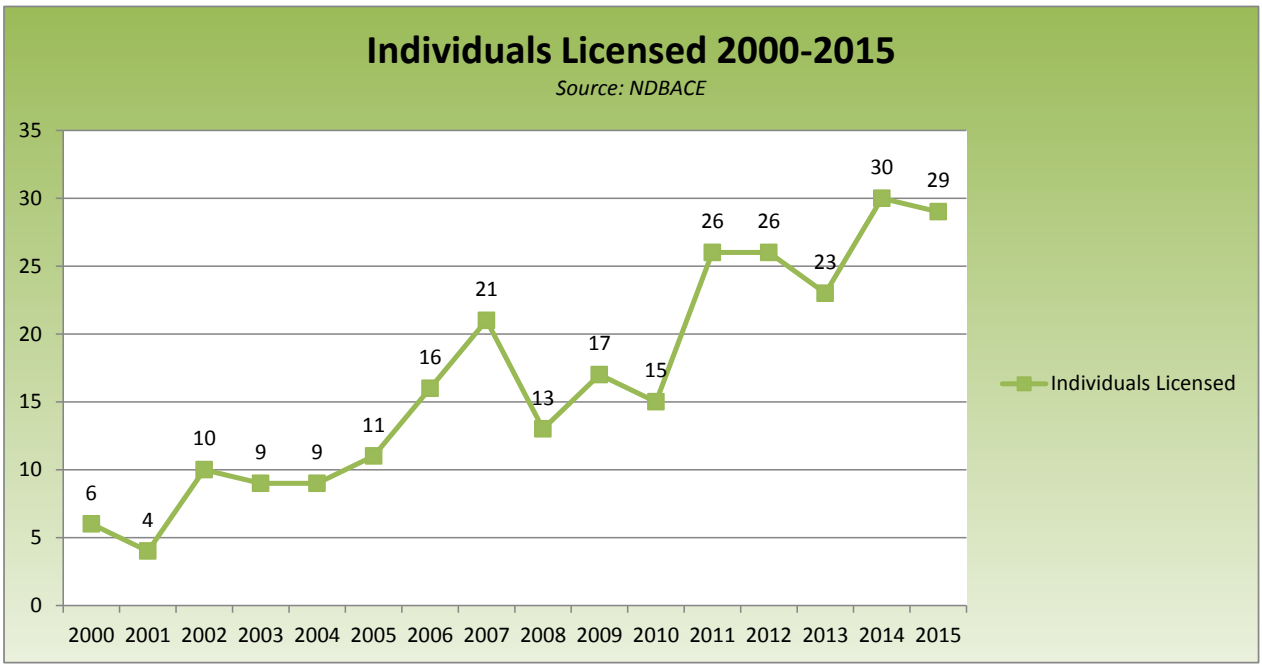


Primary Practice Setting

	# of Respondents
Federal Government Hospital	14
Non-federal Government Hospital: General Medicine	13
Non-federal Hospital-Psychiatric	5
Community Health Center	10
Mental Health Clinic	3
Primary or specialist medical care	13
Child Welfare Facility	1
College/University Counseling/ Health Center	9
Criminal Justice Facility	1
Correctional Facility	2
Independent Group Practice	26
Organization/ Business Setting	1
Residential setting	2
Veterans facility	2
Independent Solo Practice	13
Other	13
No Response/Error	10

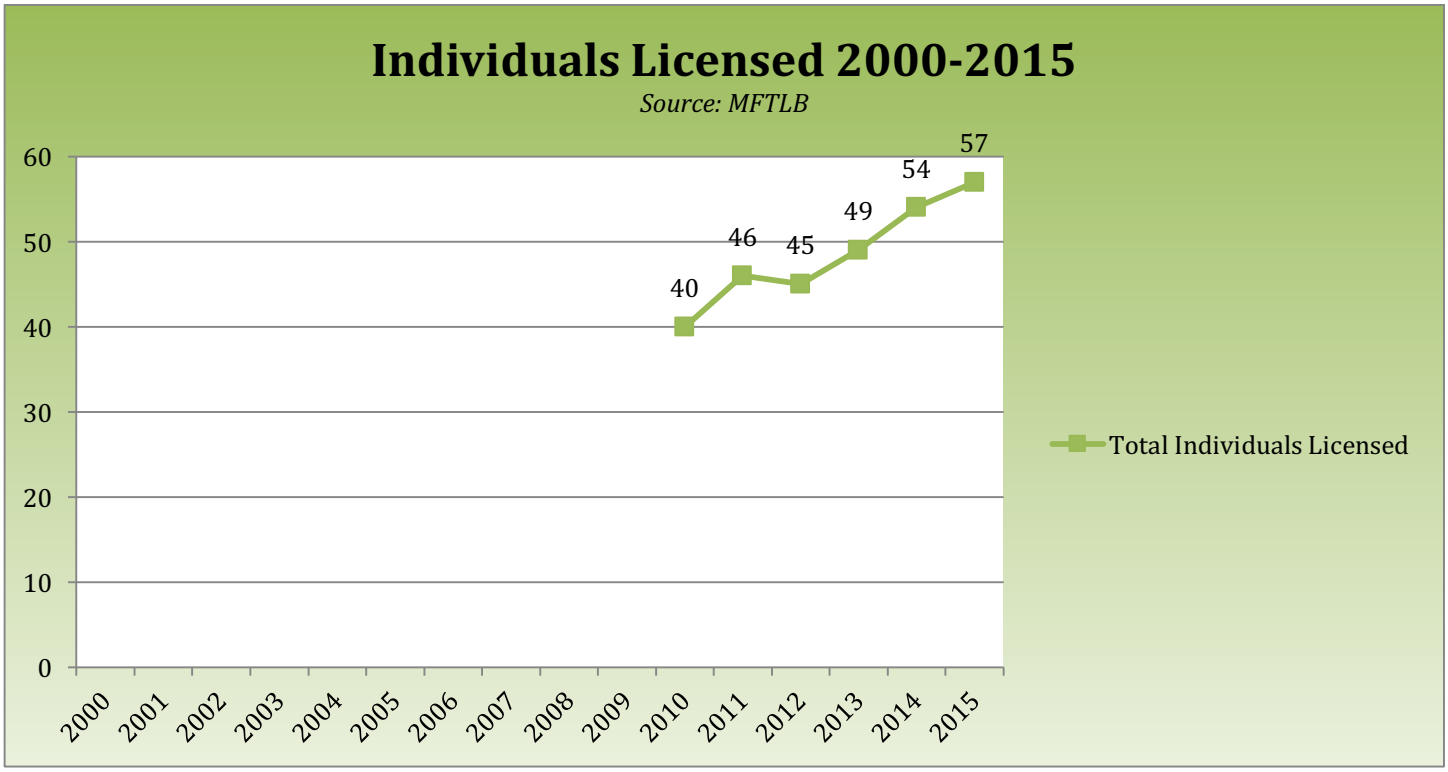
For more detailed information about these survey results, the ASPP Workforce Analysis Survey or the ASPPB Research and Analysis Center, please contact researchcenter@asppb.org or 678-216-1186

NDBACE Licensure Report 2000 – 2015

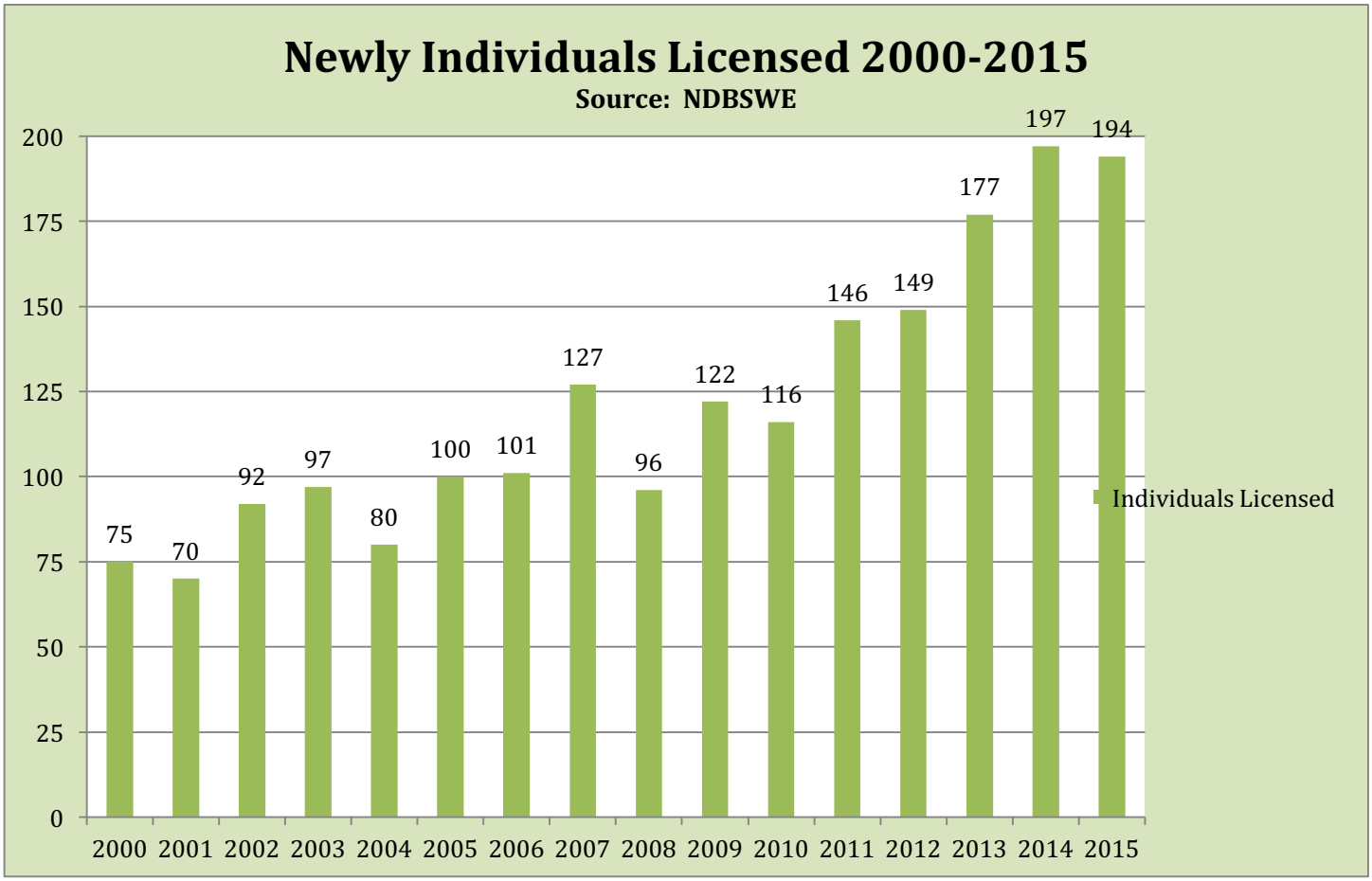
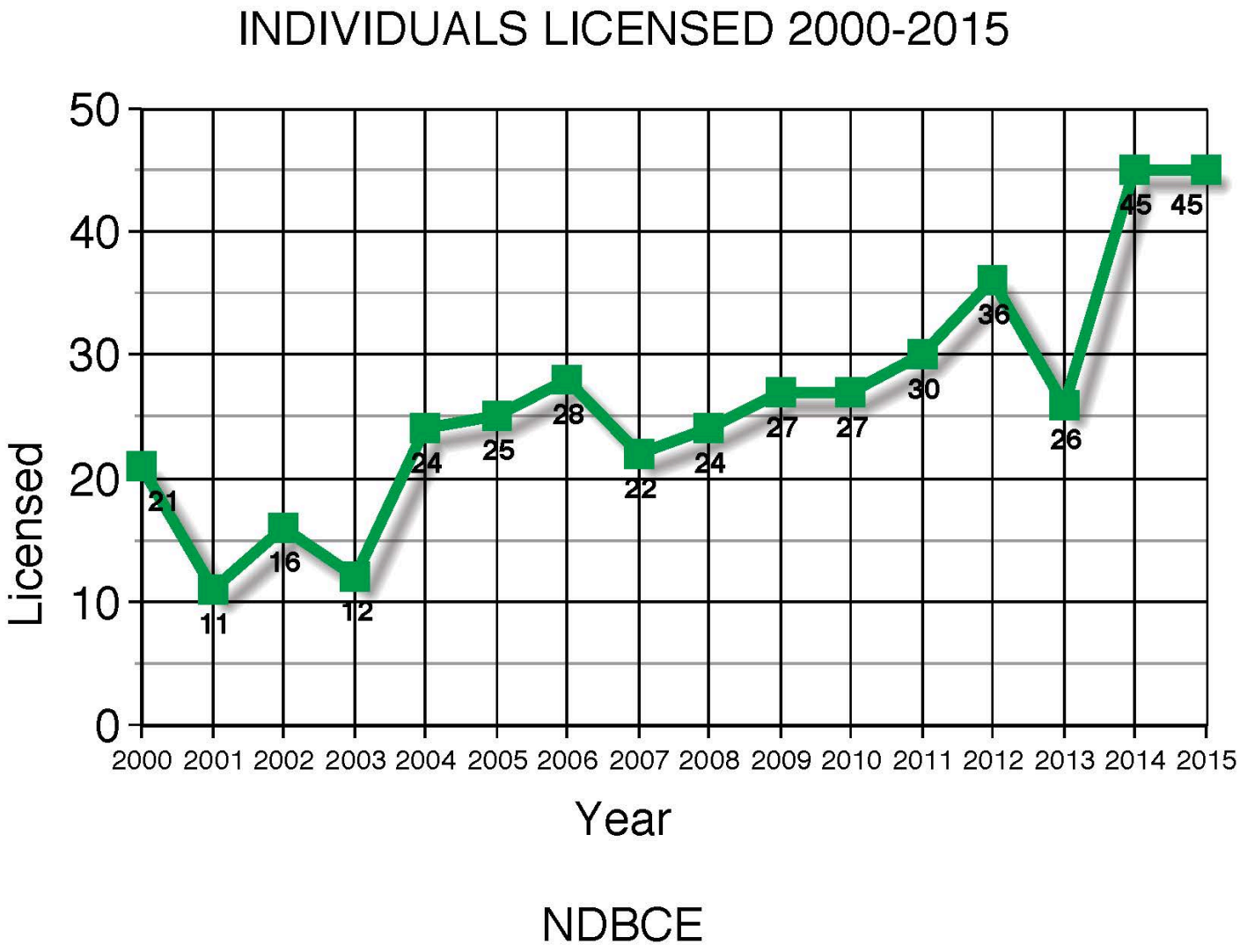


NDSBPE Licensure 2000 – 2015

NDMFTLB Licensure 2000 – 2015



NDBSWE Newly Licensed 2000 – 2015



NDBCE Licensure 2000 – 2015