

SUNRISE REPORT

**PROPOSED NEW SPECIALTY LICENSURE FOR PRESCRIPTION PRIVLEDGES WITHIN THE
SCOPE OF PRACTICE OF THE PROFESSION OF PSYCHOLOGY.**



Submitted by:

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Background

The Arizona Psychological Association is seeking a statutory change to expand the scope of practice for psychologists in Arizona who wish to prescribe medications to help someone's mental health, known as psychotropic medication. Examples of such medication include antidepressants, anti-anxiety medication, mood stabilizers and stimulants to help unorganized behavior (example: attention deficit hyperactivity disorder). A psychologist seeking this addition to their practice must meet specific academic standards, have professional training, and have an established collaborating agreement with a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) in order to be able to prescribe the limited type of psychotropic medication contemplated in this sunrise application.

While not all patients seeking psychological services, counseling, or therapy need medication to assist them in their mental health recovery, some do. Those patients that are currently seeing a psychologist for their mental health treatment must see a second health care provider to be prescribed medication that may be recommended for their treatment. With the current shortage of prescribers, this additional step and time for the patient could be eliminated by allowing their current mental health care provider to prescribe the needed medication. This would also allow the psychologist to monitor their progress and also be able to more effectively and efficiently de-prescribe medication if or when it is no longer needed.

The movement to grant psychologists the right to prescribe mental health medication dates back decades and has shown great success for the populations who have been able to be served.

The concept came to fruition in the early 1990s when the U.S. Department of Defense initiated a six-year trial program to train 10 psychologists to prescribe medication at assigned military installations. The overall feedback from the Department of Defense program was that it was safe and successful. Some of those psychologists that participated in the pilot program continue to prescribe. In addition, appropriately trained psychologists may now be credentialed to prescribe in the Department of Defense, the U.S. Public Health Service, and the Indian Health Service.

The Department of Defense program served as a tool to show states that this could be done safely and effectively, thereby setting the stage for individual states to enact legislation that would allow for such an increase in scope for psychologists. The final comments of the report published by the Department of Defense in 1998 found that, it is clear to the evaluation panel that proper training "can transform licensed clinical psychologists into prescribing psychologists who can function effectively and safely in the military setting to expand the delivery of mental health treatment to a variety of patients and clients in a cost-effective way."¹

Since those findings from the Department of Defense program have been published and over the course of the last 20 years, seven states have initiated their own safe and effective regulatory measures allowing psychologists to prescribe: Colorado, Iowa, Idaho, Illinois, New Mexico, Louisiana, and Utah.

A sunrise report was submitted to the Legislature in 2021 and 2022 by the Arizona Psychological Association (Association). The Association is resubmitting this application to reflect the significant changes that have been made to the proposed regulatory framework, professional training and eligible populations due to stakeholder feedback over the last few years.

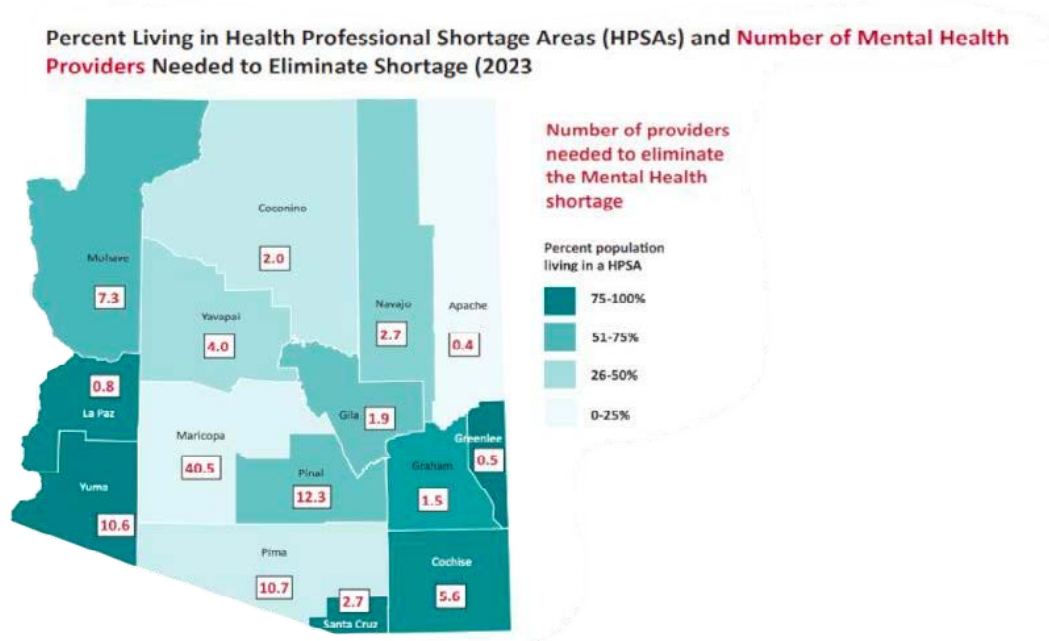
1. *Department of Defense (DoD). 1998. DoD Prescribing Psychologists: External Analysis, Monitoring, and Evaluation of the Program and its Participants. Retrieved from:*
https://www.esd.whs.mil/Portals/54/Documents/FOID/Reading%20Room/Personnel_Related/Prescribe_Psychologists.pdf

A.R.S. 32-3106 Response

1. Why an increased scope of practice is beneficial, including the extent to which health care consumers need and will benefit from safe, quality care from practitioners with this scope of practice.

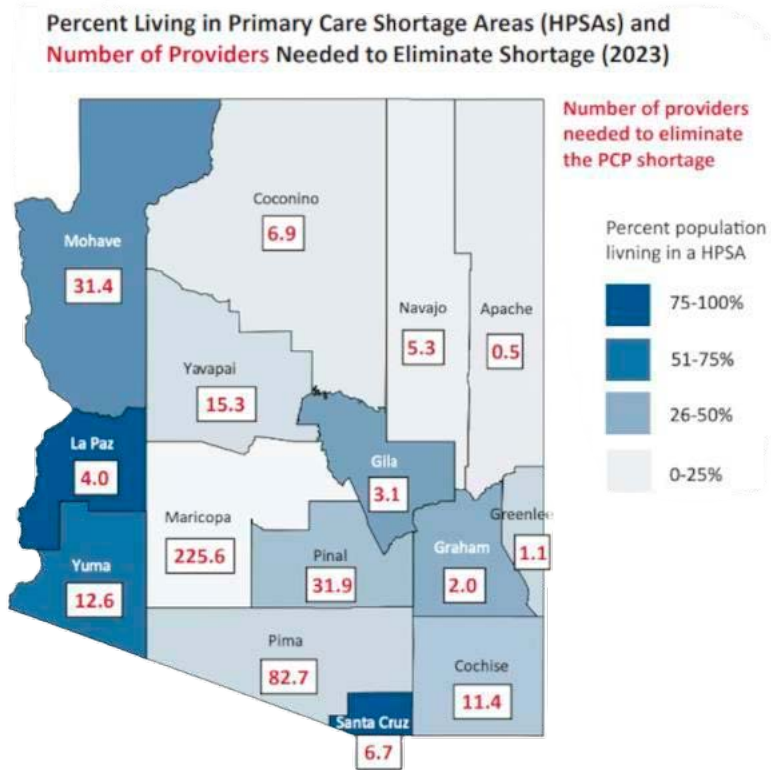
Arizona, like many parts of the country, is experiencing a significant shortage of mental health professionals, especially those with the ability and specialty to prescribe medications in cases where the patient's condition warrants the use of medication in addition to their psychotherapy or counseling.

In Arizona, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 21.8% of people older than 18 years old experienced any mental illness in the prior year.² While multiple physician specialties, health care professionals like nurse practitioners and physician assistants, and behavioral health professionals like counselors can provide different types of mental health services, the mental health, Health Professional Shortage Areas (HPSAs) in Arizona are based on a ratio of psychiatrist physicians to population. According to the Health Resources and Services Administration, Arizona needs between 142 and 223 psychiatrist physician full-time equivalent (FTE) to eliminate the current mental health care shortage.³ Of the fifty states and the District of Columbia, Arizona ranks 35th in psychiatrist physicians per population.⁴



University of Arizona – Center for Rural Health - Quantifying Arizona's Mental Health Workforce Shortage Using Health Professional Shortage Area (HPSA) Data - https://crh.arizona.edu/sites/default/files/2023-12/231211_MH_HPSA.pdf

2. Substance Abuse and Mental Health Administration (SAMHSA). 2021. NSDUH: Model-Based Estimated Prevalence for states. Retrieved from: <https://www.samhsa.gov/data/report/2021-nsduh-state-prevalence-estimates>
3. Health Resources and Services Administration (HRSA). 2023. Designated Health Professional Shortage Areas Statistics. Second Quarter of Fiscal Year 2023. Retrieved from: <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>
4. Robertson, M. (2023). All 50 states ranked by psychiatrists per capita. Beckers Behavioral Health. Retrieved from: <https://www.beckersbehavioralhealth.com/behavioral-health-news/all-50-states-ranked-by-psychiatrists-per-capita.html>



University of Arizona, Center for Rural Health - Describing The Primary Care Shortage in Arizona Summary of Health Professional Shortage Area Data - https://crh.arizona.edu/sites/default/files/2023-05/230525_Primary_Care_Physician_HPSA_Brief.pdf

Psychologists provide clinical or counseling services to assess and treat mental, emotional, and behavioral disorders. They integrate the science of psychology and treatment of complex human problems with the intention of promoting change. If, however, the psychologist believes their patient would benefit from medication in addition to their clinical or counseling services, today the patient must see another healthcare provider that is able to prescribe such medication. Given the shortages of mental health providers and primary care providers in Arizona, this is difficult for an established patient to do and often delays their ability to start on the medication.

The proposed expansion in scope to allow eligible psychologists to prescribe psychotropic medication is beneficial to Arizona residents as it safely increases health care consumers access to mental health professionals who can prescribe such medication.

The proposed expansion includes safeguards ensuring that a qualified psychologist can only prescribe to a patient that they see conjunctively for clinical or counseling services. This restriction recognizes the clinical relationship that a psychologist who is treating a patient for these services has, as the psychologist knows the in-depth details of patient’s mental health as well as the overall state of their psyche. With the appropriate education to incorporate medication into their care, an individual patient is able to streamline their care through one psychologist who understands their complete needs and can adjust accordingly, including being able to de-prescribe if or when the patient no longer needs the medication. Furthermore, the psychologist may only prescribe within the collaborative agreement outlined between the psychologist and an MD or DO, and when applicable, the psychologist must notify the patient’s general practitioner of any prescriptions ordered by the psychologist. In regard to the collaborative agreement, while the legislation will outline the types of population that a psychologist may serve and the types of medication that a psychologist may prescribe, the collaborative agreement that they have with an MD/DO may limit that further if determined in their agreement.

2. Whether those health professionals seeking an increased scope of practice currently have or will be required to have didactic and clinical education from accredited professional schools or training from recognized programs that prepare them to perform the proposed scope of practice, and details on what that education or training includes for that proposed scope of practice.

The State of Arizona began regulating the practice of Psychology in 1965. There are currently 1,704 actively licensed psychologists in Arizona. To practice as a psychologist in Arizona, a licensee must have a doctoral degree in clinical, counseling, educational, or school psychology.⁵ In addition to their doctoral level education, the psychologist must have 3,000 hours of supervised professional experience and pass the Examination for Professional Practice in Psychology (EPPP Exam) in order to obtain a license to practice psychology in Arizona. A psychologist is required to complete 40 continuing education hours every two years in order to renew their license.

A psychologist applying for the ability to prescribe psychotropic medication must do the following:

- Hold a current license to practice psychology in Arizona
- Must have completed graduate level education approved by the Arizona Board of Psychologist Examiners, in consultation with the Arizona Medical Board and the Arizona Board of Osteopathic Examiners in Medicine and Surgery. This includes multiple courses in core areas of pharmacology. The applicant must have also completed undergraduate level biomedical coursework, comparable to that of undergraduate biomedical course work required for Arizona medical school applicants.
- Required to pass a national certification exam testing the applicant's knowledge of pharmacology in diagnosing, caring for and treating mental illness.
- Complete a practicum that consists of at least 1,900 hours total over the course of twenty-four months in clinical assessment and pathophysiology under the supervision of a physician.
- Must have a collaboration agreement with a licensed MD or DO that details their relationship, including the following:
 - Describes the types of medications the psychologist can prescribe
 - The patient populations the psychologist may work with
 - Communication methods between the collaborating physician and the psychologist
- Complete at least forty hours of continuing education training every two years in the areas of pharmacology and psychopharmacology to maintain their license. This is in addition to their continuing education requirements associated with their general license to practice psychology in Arizona.

5. Arizona Board of Psychologist Examiners (BOPE). Where do I Start? Retrieved from: <https://psychboard.az.gov/where-do-i-start#:~:text=Per%20A.R.S.,counseling%2C%20educational%20or%20school%20psychology>

3. Whether the subject matter of the proposed increased scope of practice is currently tested by nationally recognized and accepted examinations for applicants for professional licensure and the details of the examination relating to the increased scope of practice.

The proposed expansion in scope to allow eligible psychologists to prescribe psychotropic medication requires that the psychologist applying for prescription privileges has passed a national certification exam that tests the applicant's knowledge of pharmacology in diagnosing, caring for and treating mental disorders. This exam would be in addition to the required exam for licensure as a psychologist in Arizona.

The American Psychological Association offers a nationally recognized exam titled the Psychopharmacology Exam for Psychologists (PEP). The exam is organized into eleven knowledge-based content areas:

- Integrating clinical psychopharmacology with the practice of psychology
- Neuroscience
- Nervous System Pathology
- Physiology and pathophysiology
- Biopsychical and pharmacological assessment and monitoring
- Differential Diagnosis
- Pharmacology
- Clinical Psychopharmacology
- Research
- Professional Legal, ethical, and interprofessional issues
- Diversity Factors (considering impact of diversity factors on research, assessment, diagnosis, and treatment)

All other states with prescription authority require psychologists to pass a national certification exam or the PEP specifically.

4. The extent to which the proposed increased scope of practice will impact the practice of those who are currently licensed in this state or the entry into practice of those individuals who have relocated from other states with substantially equivalent requirements for registration, certification, or licensure as this state.

The 2024 State of Mental Health in America report published by Mental Health America found that Arizona ranked 50th out of 51 states and Washington, D.C., indicating we have high rates of mental illness and low access to care.⁶ Furthermore, the University of Arizona found that "Arizona needs between 142 and 223 psychiatrist physician full-time equivalent (FTE) to eliminate the current mental health shortage".⁷ Those problems are only exacerbated in rural areas. A study published in the Journal of Clinical and Translation Science found that about 65% of nonmetropolitan counties in the United States do not have psychiatrists.⁸

6. Mental Health America. 2024. *The State of Mental Health in America*. Retrieved from: <https://mhanational.org/sites/default/files/2024-State-of-Mental-Health-in-America-Report.pdf?eType=ActivityDefinitionInstance&eld=18ffe536-c4fd-4ab3-83b8-6b2a34118652>

7. The University of Arizona. 2023. *Quantifying Arizona's Mental Health Workforce Shortage Using Health Professional Shortage Area (HPSA) Data*. Retrieved from: https://crh.arizona.edu/sites/default/files/2023-12/231211_MH_HPSA.pdf

8. *Journal of Clinical and Translational Science*. 2020. *A Call to Action to Address Rural Mental Health Disparities*. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7681156/>

These numbers are staggering, and they indicate that the need for mental health treatment is greater than the number of practitioners in our state can serve. In fact, most psychotropic prescriptions are prescribed by general practitioners, nurse practitioners, and physician assistants, rather than specialized providers, which also have a shortage as described above. Given the current number of prescribers able to prescribe psychotropic medication and the current deficit of care, we do not anticipate that adding psychologists who are conjunctively seeing a patient for clinical services to negatively impact other professions. Rather, the goal is to support access to care for those in need of mental health treatment.

5. The extent to which implementing the proposed increased scope of practice may result in savings or a cost to this state and to the public.

As for a cost savings to the state, there is no immediate correlation between increasing the access to care through psychologist prescribing psychotropic medication and savings to the state financially. In the long term, ensuring that Arizonans who are seeking mental health services that also need medication in addition to therapy and counseling should save the state money by ensuring they can continue or return to work and may not need additional care or state services in the future.

As for a cost to the state, given that Arizona regulatory boards are self-sustaining, receiving no support from the state's General Fund, there is no fiscal impact to the state. That said, there would be a cost to the licensee, as is the case with any professional license issued by the State.

For the public who could utilize a psychologist licensed to prescribe psychotropic medication, there may be cost savings in the sense that they can see their psychologist not only for their clinical therapy but also their medication which cuts down on additional health practitioner visits and streamlines their mental health care, as opposed to the current system that requires a separate visit to a psychiatrist or other healthcare provider for psychotropic medication in addition to visits with their clinical psychologist or other healthcare provider.

6. The relevant health profession licensure laws, if any, in this or other states.

The practice of psychology is already regulated in Arizona by the Board of Psychologist Examiners. The infrastructure and staff exist to regulate this scope expansion within the practice of psychology, given they have the license fees to cover additional administrative costs.

There are seven states that currently offer prescription privileges for psychologists: New Mexico, Louisiana, Illinois, Iowa, Idaho, Colorado, and Utah (additional details in Appendix A):

New Mexico

- Statutory Citation: [NMSA §§61-9-17.1 through 17.3](#)
- Regulatory Citation: [NMAC §§16.22.20 through 16.22.30](#)

Louisiana

- Statutory Citation: [37 La. Rev. Stat. §§1360.51 et seq.](#)
- Regulatory Citation: [46 LAC §§3901 et seq.](#)

Illinois

- Statutory Citation: [225 ILCS 15/2, 15/4.2, 15/4.3](#)
- Regulatory Citation: [68 Ill. Admin. Code §§1400.200 through 1400.260](#)

Iowa

- Statutory Citation: [Iowa Code §§154B.10 through 154B.14](#)
- Regulatory Citation: [Iowa Admin. Code §§645.244.1 et seq.](#)

Idaho

- Statutory Citation: [54 Idaho Stat. Ann. §§54-2316 – 54-2319](#)
- Regulatory Citation: [IDAPA 24.12.01](#)

Colorado

- Statutory Citation: [Colo. Rev. Stat. §§ 12-245-301 et seq.](#)
- Regulatory Citation: [3 CCR 721-1.24](#)

Utah

- Statutory Citation: [Utah Code §58-61-304\(4\)-\(6\), §58-61-308\(1\)](#)
- Regulatory Citation: Pending

7. Recommendations, if any, from the applicable regulatory entity or entities, from the department of health services and from accredited educational or training programs.

The U.S. Department of Defense initiated a six-year trial program to train 10 psychologists to prescribe medication at assigned military installations. The overall feedback from the Department of Defense program was that it was safe and successful. Some of those psychologists that participated in the pilot program continue to prescribe. In addition, appropriately trained psychologists may now be credentialed to prescribe in the Department of Defense, the U.S. Public Health Service, and the Indian Health Service.

Due to the recommendations and experience of the U.S. Department of Defense's pilot program and studies done after the pilot, seven states have enacted the ability for psychologists to prescribe.

According to the American Psychological Association, there are currently six accredited institutions of higher education that offer master's programs in Clinical Psychopharmacology:

- California School of Professional Psychology
- The Chicago School
- Drake University
- Fairleigh Dickinson University
- Idaho State University
- New Mexico State University

The American Psychological Association has a rigorous designation process for education and training programs seeking to train for prescriptive authority.⁹

9. American Psychological Association (APA). 2024. Prescriptive Authority Program Designation. Retrieved from: <https://www.apa.org/education-career/grad/designation>

Footnotes

1. Department of Defense (DoD). 1998. DoD Prescribing Psychologists: External Analysis, Monitoring, and Evaluation of the Program and its Participants. Retrieved from: https://www.esd.whs.mil/Portals/54/Documents/FOID/Reading%20Room/Personnel_Related/Prescribe_Psychologists.pdf
2. Substance Abuse and Mental Health Administration (SAMHSA). 2021. NSDUH: Model-Based Estimated Prevalence for states. Retrieved from: <https://www.samhsa.gov/data/report/2021-nsduh-state-prevalence-estimates>
3. Health Resources and Services Administration (HRSA). 2023. Designated Health Professional Shortage Areas Statistics. Second Quarter of Fiscal Year 2023. Retrieved from: <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>
4. Robertson, M. (2023). All 50 states ranked by psychiatrists per capita. Beckers Behavioral Health. Retrieved from: <https://www.beckersbehavioralhealth.com/behavioral-health-news/all-50-states-ranked-by-psychiatrists-per-capita.html>
5. Arizona Board of Psychologist Examiners (BOPE). Where do I Start? Retrieved from: <https://psychboard.az.gov/where-do-i-start#:~:text=Per%20A.R.S.,counseling%2C%20educational%20or%20school%20psychology>.
6. Mental Health America. 2024. The State of Mental Health in America. Retrieved from: <https://mhanational.org/sites/default/files/2024-State-of-Mental-Health-in-America-Report.pdf?eType=ActivityDefinitionInstance&eld=18ffe536-c4fd-4ab3-83b8-6b2a34118652>
7. The University of Arizona. 2023. Quantifying Arizona's Mental Health Workforce Shortage Using Health Professional Shortage Area (HPSA) Data. Retrieved from: https://crh.arizona.edu/sites/default/files/2023-12/231211_MH_HPSA.pdf
8. Journal of Clinical and Translational Science. 2020. A Call to Action to Address Rural Mental Health Disparities. Retrieved from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7681156/>
9. American Psychological Association (APA). 2024. Prescriptive Authority Program Designation. Retrieved from: <https://www.apa.org/education-career/grad/designation>

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	NEW MEXICO	LOUISIANA	GUAM	ILLINOIS	IOWA	IDAHO	COLORADO	UTAH
Title	Prescribing psychologist [conditional prescribing psychologist]	Medical psychologist	Clinical psychologist with prescriptive authority	Prescribing psychologist	Prescribing psychologist	Prescribing psychologist	Prescribing psychologist	Prescribing psychologist
Scope of prescriptive authority practice, defined	Administer and prescribe psychotropic medication within the recognized scope of the profession, including the ordering and review of laboratory tests in conjunction with the prescription, for the treatment of mental disorders.	Profession of the health sciences which deals with the examination, diagnosis, psychological, pharmacologic and other somatic treatment and/or management of mental, nervous, emotional, behavioral, substance abuse, or cognitive disorders, and specifically includes the authority to administer, distribute without charge and/or prescribe drugs. Also incorporates scope of practice as defined in state psychology licensing laws	A clinical psychologist may be authorized to administer, prescribe, and dispense licensed drugs or class of drugs, within their education, training, and competence as determined by the Board. Ordering laboratory tests for purposes of diagnosis and monitoring therapeutic levels of prescribed medication is included within the scope of practice of clinical psychology.	Authority to prescribe, administer, discontinue, or distribute drugs or medicines.	Administer and prescribe psychotropic medication within the scope of the psychologist's profession, including the ordering and review of laboratory tests in conjunction with the prescription, for the treatment of mental disorders. A prescribing psychologist cannot prescribe without a current written collaborative practice agreement with a collaborating physician in place.	Prescribe only those drugs or controlled substances that are: (a) Recognized in or customarily used in the diagnosis, treatment and management of individuals with psychiatric, mental, cognitive, nervous, emotional or behavioral disorders; (b) Relevant to the practice of psychology or other procedures directly related thereto; and (c) Within the scope of the psychologist's license and certification of prescriptive authority.	Prescribe and administer psychotropic medication within the recognized scope of practice, including ordering and reviewing laboratory tests in conjunction with a prescription for the treatment of a mental health disorder. Prescribe psychotropic medication using telepsychology.	Prescribe, administer, and discontinue SSRIs, and other medications approved [by the Professional & Licensing Division] recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, developmental, or behavioral disorders Also includes (i) laboratory tests; (ii) diagnostic examinations; and (iii) procedures that are: necessary to obtain laboratory tests or diagnostic examinations; relevant to the practice of psychology; and consistent with relevant rules.
Psychology licensure requirements	NM psychology license required	LA psychology license required	Guam psychology license required	IL clinical psychology license required	IA psychology license required	ID psychology license required	CO psychology license required	UT psychology license required

	NEW MEXICO	LOUISIANA	GUAM	ILLINOIS	IOWA	IDAHO	COLORADO	UTAH
Didactic training requirements	<p>Pharmacological training from an institution of higher education approved by the New Mexico psychology & medical boards or from a CE provider approved by both boards</p> <p>Training must be completed within the five years immediately preceding the date of the application</p> <p>Minimum of 450 classroom hours in at least the following core areas of instruction:</p> <ul style="list-style-type: none"> • Neuroscience • Pharmacology • psychopharmacology, • physiology • pathophysiology, • appropriate & relevant physical and laboratory assessment; and • clinical pharmacotherapeutics 	<p>Post-doctoral master's degree in clinical psychopharmacology from a regionally accredited institution or has completed equivalent training to the post-doctoral master's degree approved by the medical board</p> <p>The curriculum shall include instruction in:</p> <ul style="list-style-type: none"> • anatomy and physiology • biochemistry, • neurosciences, • pharmacology, • psychopharmacology, • clinical medicine/ pathophysiology, and • health assessment, including relevant physical and lab assessment 	<p>Completion of program in an organized program of intensive didactic instruction, consisting of a minimum of 300 contact hours defined by the Guam Board of Allied Health Examiners, consisting of the following core areas of instruction:</p> <ul style="list-style-type: none"> • neuroscience, • pharmacology, • psychopharmacology, • physiology, • pathophysiology, • appropriate and relevant physical and laboratory assessment, • clinical pharmacotherapeutics 	<p>Completion of biomedical prerequisite coursework in areas of:</p> <ul style="list-style-type: none"> • Medical Terminology (class or proficiency); • Chemistry or Biochemistry with lab (2 semesters); • Human Physiology (one semester); • Human Anatomy (one semester); • Anatomy and Physiology (one semester); • Microbiology with lab (one semester); • General Biology for science majors or Cell and Molecular Biology (one semester). <p>Completion of minimum of 60 semester credit hours or quarter hours-equivalent in at least the following 10 content areas:</p> <ul style="list-style-type: none"> • Pharmacology; • Clinical Psychopharmacology; • Clinical Anatomy and Integrated Science; • Patient Evaluation; • Advanced Physical Assessment; • Research Methods; • Advanced Pathophysiology; • Diagnostic Methods; • Problem Based Learning; and 	<p>MSCP from an APA designated program that must meet the following requirements:</p> <ul style="list-style-type: none"> • minimum of 30 credit hours not including the practicum • shall include coursework in basic science, neuroscience, clinical medicine, pathological basis of disease, clinical pharmacology, psychopharmacology and professional, ethical and legal issues • minimum of 1/3 of coursework must be completed in a live interactive format • date the degree is conferred must be within the 5-year period immediately preceding RxP application and • program must be APA designated when degree is conferred 	<p>MSCP from an APA designated program that is minimum of 2 years and substantially equivalent to education requirements for advanced practice psychiatric nurse practitioners</p>	<p>MSCP from an APA designated program or any education as set forth in the rules promulgated by the board with approval of the Colorado medical board and that consists of at least 450 classroom hours in at least the following core areas of instruction:</p> <p>(A) Neuroscience;</p> <p>(B) Pharmacology;</p> <p>(C) Psychopharmacology;</p> <p>(D) Physiology;</p> <p>(E) Pathophysiology;</p> <p>(F) Appropriate and relevant physical and laboratory assessment;</p> <p>(G) Clinical pharmacotherapeutics;</p> <p>(H) Basic sciences, including general biology, microbiology, cell and molecular biology, human anatomy, human physiology, biochemistry, and genetics, as part of or prior to enrollment in an MSCP program; and</p> <ul style="list-style-type: none"> • any other areas of instruction determined necessary by the division 	<p>MSCP in clinical psychopharmacology that includes a minimum of 30 credit hours in the following content areas:</p> <ul style="list-style-type: none"> • neuroscience, • pharmacology, • psychopharmacology, • physiology, and • pathophysiology; • appropriate and relevant physical and laboratory assessment; • basic sciences, including general biology, microbiology, cell and molecular biology, human anatomy, human physiology, biochemistry, and genetics, as part of or prior to enrollment in an MSCP program; and • any other areas of instruction determined necessary by the division

	NEW MEXICO	LOUISIANA	GUAM	ILLINOIS	IOWA	IDAHO	COLORADO	UTAH
				<ul style="list-style-type: none"> Clinical and Procedural Skills. 				
Supervised clinical training requirements	<p>Within the five years immediately preceding the date of application, must complete:</p> <ul style="list-style-type: none"> 80-hour supervised practicum in clinical assessment and pathophysiology 400 hours/100 patients supervised practicum of diverse patient population One-to-one supervision may be provided either face-to-face, telephonically, or by video conference 	N/A	<p>Completion of supervised and relevant clinical experience, consisting of treatment of a minimum of 100 patients, sufficient to attain competency in the treatment of a diverse population</p>	<p>Completion of full-time practicum of at least 14 months supervised clinical training of at least 36 credit hours, including a research project</p> <p>Must complete clinical rotations in Emergency Medicine, Family Medicine, Geriatrics, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatrics, Surgery, and one elective of the students' choice in a variety of settings such as hospitals, medical centers, federal and state prison health care facilities, hospital outpatient clinics, community mental health clinics, patient-centered medical homes or family-centered medical homes, women's medical health centers, and FQHCs</p> <p>Clinical training must meet accreditation standards for PAs, APRNs and physicians.</p>	<p>Didactic program must include minimum of 40 hours of basic training on clinical assessment skills</p> <p>Supervised practicum training of minimum 400 hours/100 patients in following settings:</p> <ul style="list-style-type: none"> Minimum 100 hours in psychiatric setting Minimum 100 hours in primary care or community mental health setting 	<p>Clinical experience that is sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of qualified practitioners including, but not limited to, licensed physicians and prescribing psychologists as determined by the institution offering the MSCP degree</p> <p>Provisional prescribing certification period requires a written supervision agreement addressing:</p> <ul style="list-style-type: none"> Identified parties Scope of practice Direct supervision methods -- on individual basis for a minimum of 4 hrs/month and minimum of 48 hrs/year Emergency protocols 	<p>Completion of supervised clinical training within 12-24 months to include:</p> <p>In-person practicum of minimum 750 hours/150 patients with mental health disorders and includes an 80-hour supervised training in observational clinical assessment and Pathophysiology</p> <p>If working with patients under age 18 or age 65, at least 250 of the 750 hours under physician supervision must include treating that patient demographic</p>	<p>Completion of supervised clinical training with minimum of 4,000 hours for a period of at least 2 years</p> <p>For an applicant who specializes in treating children, the elderly or persons with comorbid medical conditions, at least 1 year of prescribing psychotropic medications to those populations, as certified by the applicant's supervising licensed physician is required.</p>

	NEW MEXICO	LOUISIANA	GUAM	ILLINOIS	IOWA	IDAHO	COLORADO	UTAH
Exam requirement	Must pass a national certification exam approved by both boards that tests the applicant's knowledge of pharmacology in the diagnosis, care and treatment of mental disorders.	Must pass national psychopharmacology exam approved by the medical board within past 3 years of applying for MP license	Must pass the Psychopharmacology Exam for Psychologists (PEP)	Must pass the PEP	Must pass the PEP.	Must pass the PEP	Must pass the PEP	Must pass the PEP
Additional requirements for prescriptive authority	<p>Completion of 2-year conditional (supervised) prescribing period evaluating for or prescribing psychotropic medication to at least 50 patients</p> <p>Successful completion of independent peer review approved by both boards.</p> <p>Active NM psychology license</p> <p>Sufficient malpractice coverage</p> <p>State issued controlled substances permit.</p> <p>DEA controlled substances registration</p>	<p>Current & unrestricted LA psychology license in good standing</p> <p>Sufficient malpractice coverage</p> <p>State issued controlled substances permit.</p> <p>DEA controlled substances registration</p> <p>For MP Advance Practice Certificate:</p> <ul style="list-style-type: none"> • 3 years of MP practice • Treatment of a minimum of 100 patients including 25 or more involving the use of major psychotropics and 25 or more involving the use of major antidepressants • Recommendation of 2 collaborating licensed physicians who are each familiar with the applicant's competence to practice. • Recommendation of the Medical 	<p>Guam Controlled Substances Registration (CSR)</p> <p>DEA controlled substances registration</p>	<p>Active IL clinical psychology license</p> <p>Illinois Controlled Substances license.</p> <p>DEA controlled substances registration</p> <p>Written collaborative agreement(s)</p> <p>Sufficient malpractice coverage</p>	<p>Completion of 2-year certified conditional (supervised) prescribing period evaluating a minimum of 300 patients</p> <p>If intending to prescribe for children, elderly or patients with serious medical conditions, at least 1 year must be spent treating that patient group.</p> <p>Active IA psychology license</p> <p>Sufficient malpractice coverage</p> <p>Written collaborative practice agreement.</p> <p>State issued controlled substances permit.</p> <p>DEA controlled substances registration</p>	<p>Completion of 2-year/minimum 2000 hours of provisional (supervised) certification period under a written supervision agreement evaluating a minimum of 50 patients who are seen for the purpose of evaluation and treatment with those medications within the formulary.</p> <p>If psychologist seeks to prescribe for pediatric or geriatric patients, must complete at least 1 year/1000 hours of the 2-year period evaluating minimum 25 separate patients in the population for which the prescribing psychologist seeks to prescribe and who are seen for the purpose of evaluation and treatment with those medications that are within the formulary. as attested by the supervising physician(s).</p> <p>For a prescribing psychologist who seeks</p>	<p>Successful completion of independent peer review process</p> <p>Active CO psychology license</p> <p>Sufficient malpractice coverage (minimum indemnity amount of \$1,000,000 per incident and \$3,000,000 annual aggregate per year)</p> <p>DEA registration</p> <p>State issued controlled substances permit.</p>	<p>Active UT psychology license</p> <p>Criminal background check</p> <p>Sufficient malpractice coverage</p>

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		Psychology Advisory Committee <ul style="list-style-type: none"> Completion of a minimum of 100 CME hours relating to the use of psychiatric medications in the management since issuance of MP license 						
Psychotropic medication, defined	Controlled substance or dangerous drug that may not be dispensed or administered without a prescription and whose primary indication for use has been approved by the FDA for the treatment of mental disorders or is listed as a psychotherapeutic agent in <i>Drug Facts and Comparisons 2017</i> , or the most recent edition of that book, or in <i>American Hospital Formulary Service Drug Information</i>	“Drug” is defined as controlled substances except narcotics but shall be limited only to those agents related to the diagnosis and treatment or management of mental, nervous, emotional, behavioral, substance abuse, or cognitive disorders as listed in either the most recent edition of the <i>Diagnostic and Statistical Manual of Mental Disorders</i> published by the American Psychiatric Association or the <i>International Classification of Diseases</i> published by the World Health Organization.	No definition included	Any nonnarcotic Schedule III through V controlled substances used for the treatment of mental health disease or illness	Medicine that shall not be dispensed or administered without a prescription and that has been explicitly approved by the FDA for the treatment of a mental disorder, as defined by the most recent version of the <i>Diagnostic and Statistical Manual of Mental Disorders</i> published by the American Psychiatric Association or the most recent version of the <i>International Classification of Diseases</i> . “Psychotropic medication” does not include narcotics.	Drugs or controlled substances that are recognized in or customarily used in the diagnosis, treatment and management of individuals with psychiatric, mental, cognitive, nervous, emotional or behavioral disorders;	"Psychotropic medication" means a controlled substance or dangerous drug: (I) That may not be dispensed or administered without a prescription. (II) For which the primary indication for use is approved by the federal food and drug administration for the treatment of mental health disorders; and (III) That is listed as a psychotherapeutic agent in the most recent edition of "Drug Facts and Comparisons" or in the American hospital formulary service drug information compendium.	Medications recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, developmental, or behavioral disorders
Formulary	CAN prescribe psychotropic medications related to the diagnosis and treatment or management of mental, nervous, emotional, behavioral, substance use or cognitive disorders	CAN prescribe controlled substances related to the diagnosis and treatment or management of mental, nervous, emotional, behavioral, substance	CANNOT prescribe any drug or class of drugs that the clinical psychologist is not competent to prescribe as determined by the Board and may not	CANNOT prescribe: <ul style="list-style-type: none"> benzodiazepine Schedule III controlled substances; any controlled substance to be 	CAN only prescribe psychotropic medications for the treatment of mental disorders. CANNOT prescribe	CAN those drugs or controlled substances that are: <ul style="list-style-type: none"> Recognized in or customarily used in the diagnosis, treatment and management of 	CANNOT prescribe narcotics	CANNOT prescribe narcotics or controlled substances <i>May be further defined in rulemaking</i>

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	<p>including the management of or protection from side effects that are a direct result from the use of those agents, whose use is consistent with standards of practice for clinical psychopharmacology.</p> <p>CAN prescribe and administer psychotropic medication injections (upon completion of board-approved training)</p> <p>In consultation with PCP, CAN order neurovascular imaging procedures that use contrast media; neuro imaging that require the use of radioactive material; roentgenological procedures (x-rays) or other appropriate tests.</p> <p>CANNOT perform medical procedures such as spinal taps, intramuscular or intravenous administration of medication, or phlebotomy; or amytal interviews.</p>	<p>abuse, or cognitive disorders.</p> <p>CAN order and interpret routine laboratory studies and other medical diagnostic procedures, as necessary for adequate pretreatment health screening, diagnosis of mental, nervous, emotional, behavioral, substance abuse and cognitive disorders and treatment maintenance, including those necessary for the monitoring of potential side effects associated with medications prescribed by the medical psychologist.</p> <p>CANNOT prescribe:</p> <ul style="list-style-type: none"> • narcotics or • controlled substances for the treatment of non-cancer related chronic or intractable pain, or • controlled substances for treatment of obesity 	<p>prescribe any drugs that are not routinely administered within the clinical psychologist's scope of practice.</p>	<p>delivered by injection;</p> <ul style="list-style-type: none"> • any Schedule II substances or any narcotics. 	<p>narcotics</p> <p>Formulary may also be limited by terms of the prescribing psychologist's written collaborative practice agreement</p> <p>To prescribe for a pregnant or lactating patient, must consult with the patient's OB-GYN or the physician managing the patient's pregnancy or postpartum care regarding all prescribing decisions. A psychologist shall not prescribe a psychotropic medication to a patient if the patient's obstetrician-gynecologist or the physician managing care objects based on a contraindication.</p> <p>To prescribe for a patient who has a serious medical condition (e.g., heart disease, kidney disease, liver disease, cancer, stroke, seizures, or comorbid psychological conditions), or has a developmental or intellectual disability, must consult with the physician who is</p>	<p>individuals with psychiatric, mental, cognitive, nervous, emotional or behavioral disorders;</p> <ul style="list-style-type: none"> • Relevant to the practice of psychology or other procedures directly related thereto; and • Within the scope of the psychologist's license and certification of prescriptive authority <p>CANNOT prescribe:</p> <ul style="list-style-type: none"> • any opioid-controlled substance medication, unless pursuant to 21 U.S.C 823(g), or • medication to treat a primary endocrine, cardiovascular, orthopedic, neurologic, gynecologic, obstetric, metabolic, hematologic, respiratory, renal, gastrointestinal, hepatic, dermatologic, oncologic, infectious, ophthalmologic, or rheumatologic illness or disorder. 		

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					<p>managing the comorbid condition for that patient regarding all prescribing decisions.</p> <p>CANNOT prescribe a psychotropic medication if the patient's physician objects based on a contraindication in any of the above situations.</p>			
Prescribing opioid antagonist permitted?	Yes -- suboxone, methadone							
Limitations on Patient populations?	<p>CANNOT prescribe for patients with the following conditions:</p> <ul style="list-style-type: none"> • patients with a serious comorbid disease of the central nervous system • patients with cardiac arrhythmia • patients who are being pharmacologically treated for coronary vascular disease • patients with blood dyscrasia • patients who are hospitalized for an acute medical condition or • women who are pregnant or breast feeding 			<p>CANNOT prescribe for the following patient populations:</p> <ul style="list-style-type: none"> • pediatric patients (under the age of 17); • older adults (65+); • pregnant women; • patients with serious medical conditions (e.g., heart disease, cancer, stroke or acute seizures); or • patients with developmental or intellectual disabilities 			<p>CANNOT prescribe any drug to a person age 18 age without informed consent from the person's parent or guardian</p>	

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Eligible supervisors	<ul style="list-style-type: none"> Licensed physician Osteopathic physician Prescribing psychologist with minimum four years of independent experience prescribing psychotropic medications Nurse practitioner Psychiatric nurse practitioner or Clinical nurse specialist 			Licensed physicians	Licensed physicians board-certified in family medicine, internal medicine, neurology, pediatrics, or psychiatry.	Board-certified psychiatrists, neurologists, family medicine physicians, or other physicians and prescribing psychologists	Licensed physicians	Licensed physicians
Collaborative agreement requirement?	<p>Health Care Practitioner Collaboration Guidelines:</p> <ul style="list-style-type: none"> Signed patient consent to contact patient's PCP If no PCP or patient refuses to sign release, psychologist must refer to another provider Written notice to PCP within 24 hours of issuing a prescription Maintain and document collaborative relationship to exchange relevant information accurately and in a timely manner Includes adverse effects from medications prescribed by the psychologist that may be related to the patient's medical condition Lab test results as ordered by psychologist Any change in patient's psychological condition that may affect medical treatment 	<p>Medical psychologists shall prescribe only in consultation and collaboration with the patient's primary or attending physician, and with the concurrence of that physician.</p> <p>Shall also re-consult with the patient's physician prior to making changes in the patient's medication treatment protocol, as established with the physician.</p> <p>MP shall not prescribe if the patient's physician does not concur or if the patient does not have a primary care physician.</p> <p>See 46 LAC §6115(E) for physician consultation documentation requirements</p> <p>Medical psychologists</p>	Collaborative practice agreement with licensed physician required	<p>A written delegation of prescriptive authority by a collaborating physician may only include medications for the treatment of mental health disease or illness the collaborating physician provides to his or her patients in the normal course of his or her clinical practice.</p> <p>The written collaborative agreement shall describe the working relationship of the prescribing psychologist with the collaborating physician and the delegation of prescriptive authority. Collaboration does not require an employment relationship.</p> <p>Absent an employment relationship, an agreement may not restrict third-party</p>	<p><u>Collaborative practice</u> Written agreement between a prescribing psychologist and a licensed physician that establishes clinical protocols, practice guidelines, and care plans relevant to the scope of the collaborative practice.</p> <p>May include limitations on the prescribing of psychotropic medications by psychologists and protocols for prescribing to special populations, including patients who are less than 17 years of age or over 65 years of age, patients who are pregnant, patients with serious medical conditions (e.g., heart disease, cancer, stroke, or seizures), and patients with developmental</p>	<p>A psychologist who issues a prescription to a patient shall collaborate with the patient's licensed medical provider (physician, PA or APRN)</p> <p>The prescribing psychologist must document that the psychologist has made every reasonable effort to encourage the patient to maintain or establish a relationship with a licensed medical provider.</p> <p>Must maintain documentation adequate to justify the care provided including, but not limited to, the information collected as part of the patient assessment, the prescription record, provider notification, and the follow-up care plan.</p>	<p>The prescribing psychologist shall maintain an ongoing collaborative relationship with the physician who oversees the patient's general medical care to ensure that necessary medical examinations are conducted, the psychotropic medication is appropriate for the patient's medical condition, and significant changes in the patient's medical or psychological conditions are discussed.</p> <p>A prescribing psychologist shall obtain a release of information from a patient or the patient's legal guardian authorizing the psychologist to contact the patient's primary treating physician, as required by law.</p>	<p>A certified prescribing psychologist may only prescribe psychotropic medication for a patient if there is an identified physician or psychiatric nurse practitioner currently overseeing the patient's general medical care; and an established collaborative relationship with that provider.</p> <p>The collaborative relationship is necessary to ensure that: necessary medical examinations are conducted; the psychotropic medication is appropriate for the patient's medical condition; and any significant changes in the patient's medical or psychological conditions are discussed.</p> <p><i>May be further defined in</i></p>

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		with advance practice certificate		<p>payment sources accepted by the prescribing psychologist.</p> <p>Physician's collaboration shall include:</p> <ul style="list-style-type: none"> • participation in the joint formulation and approval of orders or guidelines with the prescribing psychologist; • periodic review of the prescribing psychologist's orders and the services provided patients; • regular collaboration and consultation with the prescribing psychologist in-person at least once a month • consultation through telecommunications on medical problems, complications, emergencies, or patient referral; and • at least monthly review of medication orders of the prescribing psychologist, including review of lab tests and other tests as available. <p>The collaborative agreement shall contain provisions</p>	<p>disabilities and intellectual disabilities.</p> <p>Collaboration may be done in person or electronically.</p> <p>A physician shall not serve as a collaborating physician for more than 2 prescribing psychologists at one time.</p> <p>All collaborative practice agreements shall be reviewed and evaluated annually, including review of 10% of patient charts per IAC §645-244.8(2)(l). The prescribing psychologist must consult with the collaborating physician on a regular basis regarding the patient's psychotropic treatment plan and any potential complications and cannot prescribe or make changes without the physician's concurrence.</p> <p>The collaborating physician must consult with the patient's primary care physician on a regular basis.</p> <p><u>Consultation with PCP</u> Separate from mandatory CPA</p>		<p>If a patient or the patient's legal guardian refuses to sign a release of information, the prescribing psychologist must inform the patient or patient's representative that the psychologist cannot treat the patient pharmacologically without an ongoing collaborative relationship with the primary treating physician; and must refer the patient to another prescriber who is not required to maintain an ongoing collaborative relationship with a physician.</p> <p>Before prescribing or administering a psychotropic medication to a patient, a prescribing psychologist shall communicate to the patient's primary treating physician the intent to prescribe or administer the medication and must receive electronic written agreement from the physician that the prescription for or administering of the medication is appropriate.</p> <p>If a patient does not have a primary care physician,</p>	rulemaking

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				<p>detailing notice for termination or change of status involving a written collaborative agreement, except when the notice is given for just cause.</p>	<p>requirement, must contact patient's PCP (physician, NP or PA) at least on a quarterly basis or to convey the following information:</p> <ul style="list-style-type: none"> • adding a new psychotropic medication • discontinuing or changing the dosage • patient experiencing adverse effects from any medication prescribed by the psychologist • laboratory test results related to the medical care of a patient or • noted changes in patient's mental condition that may affect the patient's medical treatment. <p>CANNOT prescribe if patient does not have a designated PCP or refuses to sign release for psychologist to consult with PCP</p>		<p>the prescribing psychologist shall refer the patient to a licensed physician prior to psychopharmacological treatment. The psychologist must receive the results of the physician's assessment and shall contact the physician prior to prescribing a psychotropic medication to the patient.</p> <p>Once a collaborative relationship is established with the patient's primary treating physician, the prescribing psychologist shall maintain and document the collaborative relationship to ensure that relevant information (e.g., adverse effects, lab test results, changes in psychological condition) is exchanged accurately and in a timely manner.</p> <p>Must disclose to each patient to whom the psychologist prescribes that the psychologist is not a licensed physician and will be sharing information with the patient's primary treating health-care provider as required by law. The disclosure must be in writing, signed by the</p>	

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							patient, and kept in the patient's record on file with the psychologist.	
Regulatory oversight	<p>New Mexico State Board of Psychologist Examiners</p> <p>For complaints involving collaboration, the board shall contact the professional board for the collaborating PCP and shall establish a joint board complaint committee will consist at a minimum of the following members, appointed as follows: (1) one person appointed by the board who has experience in the field of psychopharmacology; (2) one person appointed by the appropriate board of the health care practitioner having a collaborative relationship with the conditional prescribing or prescribing psychologist; and (3) a public member appointed by the board.</p> <p>The joint board committee may include:</p> <ul style="list-style-type: none"> • a psychologist with specialized training and experience in psychopharmacology; • a licensed physician or osteopathic physician with clinical experience in mental health or psychopharmacology; • a licensed pharmacist or 	<p>Louisiana Board of Medical Examiners & Medical Psychology Advisory Committee comprised of 4 medical psychologists, 1 board-certified, licensed physician in the specialty of psychiatry and the medical board executive director (ex officio member)</p>	<p>Guam Board of Allied Health Providers</p>	<p>Illinois Clinical Psychologists Licensing & Disciplinary Board</p> <p>The Board shall consist of 11 persons:</p> <ul style="list-style-type: none"> • 4 licensed clinical psychologists in active practice; • 2 licensed prescribing psychologists; • 2 licensed physicians, one of whom shall be a psychiatrist and the other a primary care or family physician; • 2 licensed clinical psychologists who are full time faculty members of accredited colleges or universities who are engaged in training clinical psychologists; • 1 public member who is not a licensed health care provider. 	<p>Iowa Board of Psychology</p>	<p>Idaho State Board of Psychologist Examiners & advisory committee comprised of:</p> <ul style="list-style-type: none"> • psychiatrist, pediatric psychiatrist or a pediatrician recommended by the medical board, • Licensed doctoral-level pharmacist and • 2 licensed psychologists 	<p>Colorado Board of Psychologist Examiners – 7 members including 4 psychologists (at least 2 practicing psychologists & 1 prescribing psychologist) and 3 public members</p>	<p>Utah Behavioral Health Board consisting of the following:</p> <p>Minimum 6 licensed behavioral health providers:</p> <ul style="list-style-type: none"> • Clinical social worker • MFT • Clinical MH counselor • Master addiction counselor • Psychologist • Behavior analyst or specialist <p>Minimum 2 providers from the following categories:</p> <ul style="list-style-type: none"> • Certified social worker • Social service worker • Associate MFT • Associate CMHC • Associate MAC • Advanced SUD counselor • SUD counselor • Certified psychology resident • Assistant behavior analyst or specialist <p>Minimum 4 public members representing not less 1/3 of the board and meeting the following criteria:</p> <ul style="list-style-type: none"> • At least 2 representing specified behavioral

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	<p>pharmacist clinician with specialized training and experience in psychopharmacology;</p> <ul style="list-style-type: none"> • a licensed psychologist with a prescription certificate; • a nurse practitioner, or physician’s assistant with specialized training and experience in psychopharmacology; or • a licensed psychologist. 							<p>health entities</p> <ul style="list-style-type: none"> • 1 appointee of the executive director of the Department of Health and Human Services; and • 1 individual licensed in Utah to practice as a physician; physician assistant; or nurse <p>The division may consult with the medical board on issues involving the licensing of prescribing psychologists and provisional prescribing psychologists; and rulemaking related to prescribing psychology.</p>
CE/CPD requirements	<p>40 CPE hours required every two years in the area of psychopharmacology or psychopharmacotherapy</p> <p>Plus 20 CPE hours for psychology licensure every 2 years including at least 2 hours in cultural diversity or health disparities, 4 hours in equity and inclusion issues, and 4 hours in ethics</p>	<p>20 hours/year of approved continuing medical education relevant to the practice of medical psychology including 2 hours of ethics; 25% of CME hours shall be provided by the Louisiana Academy of Medical Psychology; plus 15 CE hours in psychology</p>	<p>Minimum of 20 CE credit hours in psychopharmacology as well as minimum 40 CE credit hours within each 2-year psychology licensure period, which must include 6 hours of ethics.</p>	<p>Minimum of 20 CE credit hours in pharmacology every 2 years plus 24 CE hours for clinical psychology licensure which must include at least 3 hours of ethics</p>	<p>Minimum of 20 CE hours/year (or total of 40 per renewal period) relevant to psychopharmacology</p> <p>If treating children, a minimum of 10 CE hours each year, must be directly related to prescribing psychotropic medication to children</p>	<p>Minimum of 30 CE hours related to psychopharmacotherapy every 2 years of which 4 credits must be in Laws and Ethics & in addition to 30 CE credits required for psychology licensure every 2 years</p>	<p>Minimum 40 CE hours in pharmacology and psychopharmacology every 2 years plus</p>	<p><i>May be defined in rulemaking</i></p>
Licensure by endorsement	<p>Yes for graduates of the Defense Department’s PDP</p>	<p>N/A</p>		<p>Yes for DoD PDP-trained psychologists and other prescribing psychologists as determined by the board</p>	<p>N/A</p>	<p>Yes for DoD-PDP trained psychologists, prescribing psychologists trained in armed forces or credentialed out-of-state prescribing psychologists as</p>	<p>Yes as determined by the board</p>	<p>Yes as determined by the division</p>

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						determined by the board		
Statutory citations	NMSA §§61-9-17.1 through 17.3	37 La. Rev. Stat. §§1360.51 et seq.	10 Guam Code Ann. § 12827	225 ILCS 15/2, 15/4.2, 15/4.3	Iowa Code §§154B.10 through 154B.14	54 Idaho Stat. Ann. §§54-2316 – 54-2319	Colo. Rev. Stat. §§ 12-245-301 et seq.	Utah Code §58-61-304(4)-(6), §58-61-308(1)
Regulatory citations	NMAC §§16.22.20 through 16.22.30	46 LAC §§3901 et seq.	GUAM BOARD OF ALLIED HEALTH EXAMINERS ADMINISTRATIVE RULES & REGULATIONS §§10601--10606	68 Ill. Admin. Code §§1400.200 through 1400.260	Iowa Admin. Code §§645.244.1 et seq.	IDAPA 24.12.01	3 CCR 721-1.24	Pending