TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 22 PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES
PART 23 REQUIREMENTS FOR EDUCATION AND CONDITIONAL PRESCRIPTION CERTIFICATE

16.22.23.1 ISSUING AGENCY: Regulation and Licensing Department Board of Psychologist Examiners.
[16.22.23.1 NMAC - Rp, 16.22.23.1 NMAC, 11/15/06]

16.22.23.2 SCOPE: This part applies to the board, licensees, applicants for licensure seeking licenses under prescriptive authority, and the general public.
[16.22.23.2 NMAC - Rp, 16.22.23.2 NMAC, 11/15/06]

16.22.23.3 STATUTORY AUTHORITY: This part is adopted pursuant to the Professional Psychologist Act, NMSA 1978 Section 61-9-17.1
[16.22.23.3 NMAC - Rp, 16.22.23.3 NMAC, 11/15/06]

16.22.23.4 DURATION: Permanent.
[16.22.23.4 NMAC - Rp, 16.22.23.4 NMAC, 11/15/06]

16.22.23.5 EFFECTIVE DATE: November 15, 2006, unless a later date is cited at the end of the section.
[16.22.23.5 NMAC - Rp, 16.22.23.5 NMAC, 11/15/06]

16.22.23.6 OBJECTIVE: The objective of Part 23 is to set forth the provisions, which apply to all of Chapter 22, and all persons affected or regulated by Chapter 22 of Title 16.
[16.22.23.6 NMAC - Rp, 16.22.23.6 NMAC, 11/15/06]

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

16.22.23.8 QUALIFICATIONS AND EDUCATION REQUIREMENTS FOR CONDITIONAL PRESCRIPTIVE CERTIFICATE:

A. Qualifications of applicant. The board shall issue a conditional prescription certificate pursuant to 16.22.24.8 NMAC, of these regulations to each applicant who submits evidence satisfactory to the board that the applicant:

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

(2) holds an active unrestricted license to practice psychology in New Mexico;

(3) has successfully completed psychopharmacological training that meets the standards set forth in Subsection B below from either:

(a) an institution of higher education that has a postdoctoral program of psychopharmacology education for psychologists and that is accredited by a regional body recognized by the U.S. department of education or the council for higher education accreditation; or

(b) a continuing education provider approved by the American psychological association that offers a program of psychopharmacology education for psychologists; or

(c) a continuing education program of professional development in psychopharmacology for psychologists that is administered in collaboration with a school and that is a formal and organized program of study leading to a credential in psychopharmacology from that school; or

(d) a continuing education program of professional development in psychopharmacology for psychologists that is administered in collaboration with a school if the applicant successfully completed the four-hundred-fifty (450) classroom hours of didactic study referred to in 16.22.23.8 NMAC, of these regulations below prior to January 1, 2004.

B. RxP training program. The psychopharmacology training program referred in Subparagraph (c) above, shall meet the following criteria.

(1) The program shall be an integrated and organized program of study.

(2) The program shall have an identifiable body of students at different levels of matriculation.

(3) The program shall be clearly identified and labeled as a psychopharmacology program and shall specify in pertinent institutional catalogues and brochures its intent to educate and train psychologists to prescribe psychotropic medication.

(4) The program shall have a formally designated training director who is a psychiatrist or a doctoral psychologist, trained in the area of psychopharmacology, and licensed to practice in the jurisdiction in which the program resides.

(5) The training director shall be primarily responsible for directing the training program and shall have administrative authority commensurate with those responsibilities.

(6) The training director's credentials and expertise shall be consistent with the program's mission and goals to train psychologists to prescribe psychotropic medication.

(7) The program shall provide information regarding the minimal level of achievement required for postdoctoral trainees to satisfactorily progress through and complete the psychopharmacological training program, as well as evidence that it adheres to the minimum levels of achievement.

(8) The program shall have formally designated instructors and supervisors in sufficient number to accomplish the program's education and training.

(9) Supervisors shall hold an active, unrestricted license in their field of practice in the jurisdiction in which the program resides or where the supervision is being provided.

(10) The program instructors and supervisors shall have sufficient expertise, competence, and credentials in the areas in which they teach or supervise.

(11) The program instructors and supervisors shall participate actively in the program's planning, implementation and evaluation.

(12) The program, with appropriate involvement from its training supervisors, instructors, and trainees, shall engage in a self-study process that addresses:

(a) expectations for the quality and quantity of the trainees' preparation and performance in the program;

(b) training goals and objectives for the trainees and the trainees' views regarding the quality of the training experiences and the program;

(c) procedures to maintain current achievements or to make changes as necessary; and

(d) goals, objectives, and outcomes in relation to local, regional, and national changes in the knowledge base of psychopharmacology training.

(13) The program shall follow the guidelines for psychopharmacology training of post-doctoral psychologists established by the American psychological association.

(14) As part of the admission and training process, the training program shall evaluate and assure that every student completes necessary prerequisite training in basic science (e.g. physiology, chemistry, and biochemistry), the biological bases of behavior, and psychopharmacology.

(15) When students are not in residence, the program provides on-line access to a library of sufficient diversity and level to support the advanced study of the psychopharmacological treatment of mental disorders from wherever the student resides. This access shall remain available throughout all didactic and clinical phases of the training program. Frequent face-to-face evaluation and discussions shall be included in the didactic training.

(16) The program provides formal, written measurement of the mastery of course content.

(17) The program demonstrates in its written materials or course syllabi that it integrates into the training the following areas; socio-cultural issues in psychopharmacological treatment, ethno-pharmacology, use of translators, the cultural context of compliance and noncompliance with prescribed medication, creating a culturally appropriate environment to meet patient care treatment and language needs, and working collaboratively with traditional healers.

C. Didactic instruction.

(1) Within the five (5) years immediately preceding the date of application for a conditional prescription certificate, the applicant shall have successfully completed didactic instruction of no fewer than four-hundred-fifty (450) classroom hours in at least the following core areas of instruction:

(a) neuroscience;

(b) pharmacology;

(c) psychopharmacology;

(d) physiology;

(e) pathophysiology;

(f) appropriate and relevant physical and laboratory assessment;

(g) clinical pharmaco-therapeutics; and

(h) cultural competence.

(2) At least three-fourths (3/4) of the four-hundred-fifty (450) classroom hours of didactic instruction shall be awarded by one certification or degree-granting institution or continuing education program.

D. Eighty (80) hour practicum in clinical assessment and pathophysiology.

(1) The 80 hour practicum shall be part of the psychopharmacology training program from which the applicant obtains the certification or degree.

(2) The 80 hour practicum shall provide the opportunity for the applicant to observe and demonstrate competence in physical and health assessment techniques within a medical setting under the supervision of a physician.

(3) The 80 hour practicum shall be completed in a timeframe of full-time over two (2) weeks to thirty (30) weeks.

(4) If the applicant cannot complete the 80 hour practicum within the time frame designated in Paragraph (3) of Subsection D of 16.22.20.8 NMAC, because of illness or other extenuating circumstances, the applicant may request an extension from the board explaining in writing the extenuating circumstances and the additional time requested.

(5) The supervising physician and the training director of the psychopharmacology training program shall certify in writing that the applicant:

(a) assessed a diverse and significantly medically ill patient population;

(b) observed the progression of illness and continuity of care of individual patients;

(c) adequately assessed vital signs;

(d) demonstrated competent laboratory assessment; and

(e) successfully completed the 80-hour practicum.

E. **Four-hundred hour practicum**. Requirements for the general 400 hour practicum treating a minimum of 100 patients with mental disorders include:

(1) The 400 hour practicum shall be part of the psychopharmacology training program from which the applicant obtains the certification, degree or certification of completion.

(2) One-hundred (100) patients shall mean 100 separate patients.

(3) The four-hundred hours shall refer to four-hundred (400) face-to-face hours. The four-hundred (400) face-to-face hours shall include only time spent with patients to provide evaluation and treatment for medical psychopharmacotherapy of patients and time spent in collaboration with the patient's treating health care practitioner(s).

(4) The applicant must have supervised experience in the evaluation and treatment of 100 patients, representing as diverse a patient population as possible, including diversity in the patients:

(a) gender;

(b) different ages throughout the life cycle, including adults, children/adolescents, and geriatrics; as possible and appropriate;

(c) range of disorders listed in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association and acute and chronic disorders;

(d) ethnicity;

(e) socio-cultural background; and

(f) economic background.

(5) The applicant and the training program shall maintain a log on patient seen, which shall include: a coded identification number for the patient, patient's age, gender, diagnosis, date and time seen, amount of time seen for psychopharmacotherapy. The log shall be available to the RxP application committee or the board upon request. The log shall contain the name and signature of the supervisor.

(6) The applicant and the training program shall keep records of the time spent during this practicum. The records shall be available to the psychopharmacology application committee or the board upon request. The records shall not contain patient identifying information.

(7) A psychiatrist or other appropriately trained physician, licensed in good standing in the jurisdiction in which the psychiatrist or other physician rendered supervision shall be the primary supervising physician of the practicum. The primary supervising physician shall be responsible for the overall supervision of the applicant; however, training may be assigned to other licensed physicians, i.e., secondary supervisors, as designated by the primary supervising physician and the training director of the program.

(8) The primary or secondary supervisor shall be on site. The applicant shall consult with the primary or secondary supervising physician as appropriate, before the applicant makes a decision about the psychopharmacological treatment of the patient.

(9) The primary or secondary supervising physician shall review the charts and records of any patient seen by the applicant during the practicum while under the supervision of the primary or secondary supervising physician.

(10) The practicum shall be completed in a period of time of not less than six (6) months and not more than three (3) years.

(11) If the applicant cannot complete the 400 hour practicum within the timeframe designated in Subsection E of 16.22.23.8 because of illness or other extenuating circumstances, the applicant may request an extension from the board explaining in writing the extenuating circumstances and the additional time requested. The applicant shall receive a minimum of one hour of supervision for every eight (8) hours of patient time. The applicant is responsible to keep a log of the dates and time of supervision. The supervisor may meet with the applicant for additional education at his or her discretion.

(12) The practicum shall be completed within the five years immediately preceding the date of application for a conditional prescription certificate.

(13) Upon request of the RxP application committee or the board, the primary supervising physician shall provide an affidavit stating that:

(a) the supervisor does not have conflict of interest and is not a member of the applicant's family or household as defined in 16.22.26 NMAC, of these regulations;

(b) the supervisor or a designated secondary supervisor reviewed and discussed with the applicant the charts and records of patients seen by the applicant during the practicum;

(c) the practicum included a diverse group of patients, as defined in these regulations; and

(d) the applicant did not write any prescriptions without the primary or secondary supervisor's supervision and signature or authorization.

(14) The primary supervising physician shall conduct a formal, written evaluation on at least two occasions, at the midpoint and at the end of the practicum. The evaluation shall assess the applicant's progress and competencies and shall describe any deficiencies or areas where competency has not been achieved. The primary supervisor shall submit copies of the evaluations to the applicant and the training director.

(15) In the event of documented deficiencies the training director of the psychopharmacology program shall specify in writing:

(a) the areas in need of remediation;

(b) the process and procedures by which these areas are to be re-mediated; and

(c) the method by which the training director and supervisor shall determine that the applicant has achieved the competencies necessary to successfully complete the practicum.

(16) The psychologist in practicum training or the conditional prescribing psychologist is responsible for informing the patient or the patient's legal guardian, when appropriate, or explain to the patient through the recommendation system at an institution if the institution itself generally handles such informed consent. The name and role of the supervisor and sufficient information of the expectation and requirements of the practicum shall be provided to the patient or the patient's legal guardian at the initial contact necessary to obtain informed consent and appropriate releases. The applicant shall provide additional information requested by the patient or the patient's legal guardian concerning the applicant's education, training and experience.

(17) The primary supervising physician and the training director of the psychopharmacology program from which the applicant obtained a certification of successful completion or a degree in psychopharmacology shall certify to the board in writing that the applicant has successfully completed the practicum.

F. National examination. To qualify for a conditional prescription or prescription certificate, the applicant must demonstrate competency by passing a national examination.

(1) Applicant must pass the psychopharmacology examination for psychologists (PEP), developed by the American psychological association practice organization's college of professional psychology and its contractor, the professional examination service.

(2) Applicant must be eligible to take the PEP after the applicant successfully completes the didactic portion of the postdoctoral program of education in psychopharmacology.

(3) The passing score shall be the passing score recommended by the American psychological association's practice organization college of professional psychology for the occasion.

(4) If the applicant fails the examination, the applicant may take the examination a second time after a mandatory 90-day waiting period.

(5) If the applicant fails the examination on the second attempt, the applicant will be required to wait one year before repeating the examination.

(6) If the applicant fails the examination on the third attempt, the applicant is required to take the remedial didactic program recommended by the psychopharmacology application committee and approved by the board before the applicant is allowed to repeat the examination.

G. An applicant who has successfully completed a psychopharmacology educational program, an eighty (80) hour practicum in clinical assessment and pathophysiology, a four-hundred (400) hour/100 patient practicum treating patients with mental disorders or the national certification examination prior to the effective date of these regulations may include the completed portion(s) of the training in the application for a conditional prescription certificate. The applicant who has completed the four-hundred (400) hour practicum shall include certification in writing from the primary supervising physician that the applicant has successfully completed the practicum and is trained to competently treat a diverse patient population as defined in these regulations. The board shall approve the prior training program(s) that satisfy the requirements as listed in 16.22.23 NMAC, of these regulations.

[16.22.23.8 NMAC - Rp, 16.22.23.8 NMAC, 11/15/06; A, 03/21/09]

HISTORY OF 16.22.23 NMAC:

History of Repealed Material:

16.22.23 NMAC, Requirements for Education and Conditional Prescription Certificate - Repealed 11/15/06