### ADMINISTRATIVE HISTORY

Chapter 510-1. ORGANIZATION.
- Rule 510-1-.01. Members.
- Rule 510-1-.02. Officers.
- Rule 510-1-.03. Administration.
- Rule 510-1-.04. Public Information.
- Rule 510-1-.05. Fees.
- Rule 510-1-.06. Forms.
- Rule 510-1-.07. Rules and Regulations Numbering System.

Chapter 510-2. LICENSURE BY EXAMINATION.
- Rule 510-2-.02. Repealed.
- Rule 510-2-.03. Repealed.
- Rule 510-2-.04. Education.
- Rule 510-2-.05. Internship and Postdoctoral Supervised Work Experience.
- Rule 510-2-.06. Time Limit for Applications to be Valid.
- Rule 510-2-.07. Repealed.
- Rule 510-2-.08. Repealed.
- Rule 510-2-.09. Repealed.

Chapter 510-3. LICENSURE BY ENDORSEMENT.
- Rule 510-3-.01. Application Process: Forms, Fees and Deadlines.
- Rule 510-3-.02. Qualification of Applicants.
Chapter 510-4. CODE OF ETHICS.
- Rule 510-4-.02. Code of Ethics; APA Ethical Standards.
- Rule 510-4-.03. Repealed.
- Rule 510-4-.04. Repealed.
- Rule 510-4-.05. Repealed.
- Rule 510-4-.06. Repealed.
- Rule 510-4-.07. Repealed.

Chapter 510-5. SUPPLEMENTAL CODE OF CONDUCT.
- Rule 510-5-.02. Definitions.
- Rule 510-5-.03. Competence.
- Rule 510-5-.04. Maintenance and Retention of Records.
- Rule 510-5-.05. Impairment.
- Rule 510-5-.06. Welfare of Clients and Other Professional Relationships.
- Rule 510-5-.07. Representation of Services.
- Rule 510-5-.08. Forensic Assessment.
- Rule 510-5-.09. Violations of Law.
- Rule 510-5-.10. Aiding Illegal Practice.

Chapter 510-6. DISCIPLINARY HEARINGS.
- Rule 510-6-.01. Procedures for Hearings.
- Rule 510-6-.02. Disciplinary Sanctions.

Chapter 510-7. RENEWAL/REINSTATEMENT/INACTIVE LICENSE.
- Rule 510-7-.01. Renewal.
- Rule 510-7-.02. Reinstatement.
- Rule 510-7-.03. Inactive Status.

Chapter 510-8. CONTINUING EDUCATION REQUIREMENTS.
- Rule 510-8-.01. Continuing Education Requirements.
- Rule 510-8-.02. Types of Continuing Education.
- Rule 510-8-.03. Reporting/Documentation.

Chapter 510-9. LICENSES OF LIMITED DURATION.
- Rule 510-9-.01. Temporary License.
- Rule 510-9-.02. Provisional License.
Rule 510-9-.03. Permission for Limited Practice.
Rule 510-9-.04. License for Volunteer Service.

Chapter 510-10. UNLICENSED PRACTICE.
Rule 510-10-.01. Individuals.
Rule 510-10-.02. Business Entities.
Rule 510-10-.03. Psychological Assessment.
Rule 510-10-.04. Exceptions.

ADMINISTRATIVE HISTORY

The Administrative History following each Rule gives the date on which the Rule was originally filed and its effective date, as well as the date on which any amendment or repeal was filed and its effective date. Principal abbreviations used in the Administrative History are as follows:

f. - filed

eff. - effective

R. - Rule (Abbreviated only at the beginning of the control number)

Ch. - Chapter (Abbreviated only at the beginning of the control number)

ER. - Emergency Rule

Rev. - Revised

Note: Emergency Rules are listed in each Rule's Administrative History by Emergency Rule number, date filed and effective date. The Emergency Rule will be in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency.

Chapters 510-1 entitled "Organization", 510-2 entitled "Examination Requirements", 510-3 entitled "Reciprocity", and 510-4 entitled "Standards of Professional Conduct" have been adopted. Filed and effective June 30, 1965.

Rule 510-2-.03 has been repealed and a new Rule adopted. Filed April 20, 1970; effective May 9, 1970.
Chapters 510-1 to 510-4 have been repealed and new Chapters adopted. Chapter 510-5 entitled "Licenses" has been adopted. Filed January 3, 1973; effective January 23, 1973.

Rule 510-2-.03 has been amended. Filed February 11, 1976; effective March 2, 1976.

Chapter 510-6 entitled "Procedural Rules" has been adopted. Filed June 23, 1976; effective July 13, 1976.

Rules 510-2-.01 and .03 have been amended. Filed May 5, 1977; effective May 25, 1977.

Rule 510-2-.02 has been amended. Rule 510-2-.05 and .06 have been repealed and new Rules adopted. Rules 510-2-.08 and 510-5-.03 have been adopted. Filed June 21, 1978; effective July 11, 1978.

Rule 510-2-.01 has been amended. Filed July 8, 1992; effective July 28, 1992.

Rules 510-2-.08 and 510-3-.02 have been amended. Filed July 14, 1992; effective August 3, 1992.

Rule 510-2-.08 has been amended. Filed October 8, 1992; effective October 28, 1992.

Rule 510-4-.02 has been amended. Filed November 5, 1992; effective November 25, 1992.

Rules 510-3-.01 and .02 have been renumbered to 510-3-.02 and .03 and a new Rule 510-3-.01 entitled "Americans With Disabilities Act" has been adopted. Filed January 13, 1993; effective February 2, 1993.

Rule 510-7-.02 has been amended. Filed March 15, 1993; effective April 4, 1993.

Chapter 510-3 has been repealed and a new Chapter adopted. Filed April 7, 1993; effective April 27, 1993.

Rule 510-5-.04 has been repealed and a new Rule adopted. Filed June 25, 1993; effective July 15, 1993.

Rules 510-2-.06, .08, 510-3-.03 have been amended. Filed June 25, 1993; effective July 15, 1993.

Chapters 510-1 to 510-9 have been repealed and new Chapters adopted. Filed July 27, 1994; effective August 16, 1994.

Rules 510-2-.01 to .03 have been repealed and new Rules adopted. Rule 510-2-.04 has been amended. Chapter 510-10 entitled "Unlicensed Practice" has been adopted. Filed December 6, 1994; effective December 26, 1994.

Rule 510-10-.03 has been adopted. Filed December 20, 1994; effective January 9, 1995.
Rules 510-3-.02, 510-5-.13, 510-7-.02, 510-8-.02, .03 have been amended. Filed October 6, 1995; effective October 26, 1995.

Rule 510-2-.07 has been adopted. Rule 510-5-.05, 510-7-.01, 510-8-.01 have been amended. Filed March 29, 1996; effective April 18, 1996.

Rules 510-7-.01, 510-8-.01, .02 have been amended. Filed November 27, 1996; effective December 17, 1996.

Rules 510-8-.01, .02 have been amended. Filed February 25, 1997; effective March 17, 1997.

Rule 510-8-.01 has been amended. Filed August 11, 1997; effective August 31, 1997.

Rules 510-2-.01, .04 to .06, 510-3-.02, .03, 510-9-.01 and 510-8-.02 have been amended. Filed May 1, 1998; effective May 21, 1998.

Rule 510-2-.04 has been amended. Filed February 17, 1999; effective March 9, 1999.

Rules 510-8-.01, .02, .03 have been repealed and new Rules adopted. Filed April 2, 2001; effective April 22, 2001.

Rules 510-2-.01 and .06 have been repealed and new Rules adopted. Filed January 31, 2003; effective February 20, 2003.

Chapter 510-1 Preamble has been repealed and a new Preamble adopted. Chapters 510-6 and 510-9 have been repealed and new Chapters adopted. Filed October 7, 2003; effective October 27, 2003.

Chapters 510-1, 510-2, 510-3, 510-7, 510-8, and 510-10 have been repealed and new Chapters adopted. Filed October 29, 2003; effective November 18, 2003.

Chapters 510-4 and 510-5 have been repealed and new Chapters adopted. Filed March 18, 2004; effective April 7, 2004.

Chapter 510-2 has been repealed and a new Chapter adopted. Filed April 27, 2004; effective May 17, 2004.

Rule 510-2-.05 has been amended. Rule 510-5-.11 has been adopted. Filed September 24, 2007; effective October 14, 2007.

Rule 510-2-.05 has been amended. Filed November 15, 2007; effective December 5, 2007.

Rule 510-5-.04 has been repealed and a new Rule adopted. Filed March 20, 2008; effective April 9, 2008.
Rule 510-9-.03 has been repealed and a new Rule adopted. Rule 510-9-.04 has been adopted. Filed March 28, 2008; effective April 17, 2008.

Rule 510-8-.02 has been amended. Filed August 26, 2008; effective September 15, 2008.

Rule 510-2-.01 has been repealed and a new Rule adopted. Rules 510-2-.02 and .03 have been repealed. Filed February 25, 2009; effective March 17, 2009.

Rules 510-7-.02 and .03 have been repealed and new Rules adopted. Rule 510-8-.02 has been amended. Filed June 25, 2009; effective July 15, 2009.

Paragraphs (1) and (4) of Rule 510-2-.04 have been repealed and new paragraphs (1) and (4) adopted. Paragraph (b) and subparagraph 2. of Rule 510-3-.02 have been repealed and a new paragraph (b) and subparagraph 2. adopted. Filed November 15, 2010; effective December 5, 2010.

Paragraph (4) and subparagraphs (a) 1. of Rule 510-2-.05 have been repealed and new paragraph (5) and subparagraphs (a) 1. adopted. Filed November 16, 2010; effective December 6, 2010.

Rule 510-3-.02 has been repealed and a New Rule adopted. Filed April 19, 2011; eff. May 9, 2011.


Rules 510-8-.01, .02, .03 repealed and new Rules of same title adopted. F. Jul. 30, 2013; eff. Jan. 1, 2015, as specified by the Agency.


Chapter 510-1. ORGANIZATION.

Rule 510-1-.01. Members.

The State Board of Examiners of Psychologists (hereinafter may be referred to as the Board) is comprised of six members (5 licensed psychologists and 1 public member) appointed by the Governor.

Cite as Ga. Comp. R. & Regs. R. 510-1-.01

Rule 510-1-.02. Officers.

The Board shall elect annually at the first meeting during the fiscal year a President and Vice-President to serve a one year term, or until their successors have been elected.

Cite as Ga. Comp. R. & Regs. R. 510-1-.02

Rule 510-1-.03. Administration.
The Board of Examiners of Psychologists shall be administered by the Division Director, Professional Licensing Boards Division of the Office of the Secretary of State.

Cite as Ga. Comp. R. & Regs. R. 510-1-.03

**Rule 510-1-.04. Public Information.**

The public may obtain information from the Board or make submissions to the Board by writing the Board at 237 Coliseum Drive, Macon, Georgia 31217 or visiting the website at www.sos.state.ga.us.

Cite as Ga. Comp. R. & Regs. R. 510-1-.04

**Rule 510-1-.05. Fees.**

Refer to separate Fee Schedule for appropriate fees payable to the Board. Fees may be reviewed and changed at the discretion of the Board. Application fees are non-refundable. Any request for refund of other fees must be made in writing and must be received within one year of the date on which the fee was received by the Board. An indebtedness to the Board caused by a returned check will be handled in accordance with Code Section 16-9-20 of the Criminal Code of Georgia.

Cite as Ga. Comp. R. & Regs. R. 510-1-.05

**Rule 510-1-.06. Forms.**

All necessary forms for licensure may be obtained by writing the Board at 237 Coliseum Drive, Macon, Georgia 31217 or visiting the website at www.sos.state.ga.us.

Cite as Ga. Comp. R. & Regs. R. 510-1-.06
Rule 510-1-.07. Rules and Regulations Numbering System.

The State of Georgia adopted an organized system of numbering Rules in 1981 that was filed as Rule 590-1-.02. This specific numbering system is required for coding all rules and regulations. The system as applied in the Psychology Licensure Rules is as follows:

(1) (Main paragraph);
   (a) (Subparagraph under main paragraph);
      1. (Subparagraph under (a));
         (i) (Subparagraph under 1.);
         (I) (Subparagraph under (i));
            A. Subparagraph under (I));

Cite as Ga. Comp. R. & Regs. R. 510-1-.07
Authority: O.C.G.A. Sec. 50-13-1.

Chapter 510-2. LICENSURE BY EXAMINATION.


(1) Application.

The following requirements must be met in order to be licensed as a psychologist in this jurisdiction.

(a) A doctoral degree from an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited doctoral program in applied psychology (as defined below under Education) or from an I/O or international program (as defined below under Education).

(b) Successful completion of an APA or CPA accredited or Association of Psychology and Internship Centers (APPIC) member internship, or its equivalent (as defined below under Education).
1. An applicant who was enrolled in an APA or CPA approved program prior to May of 2003, and who was a student in good standing, will be deemed to have met the above noted internship requirement, provided the applicant completed/graduated from the program within a seven (7) year period from the date of enrollment.

(c) Successful completion of a 1500 hour postdoctoral supervised work (SWE) experience (as defined in Board Rule 510-2-.04 Education).

(d) Completed Application Initiation Form including all supporting documents and the fee made payable to the Georgia Board.

(e) Once registered with the Georgia Board, the Association of State and Provincial Psychology Boards (ASPPB) will notify applicants to register for participation in their Psychology Licensure Universal System (PLUS) program application process. Instructions on the PLUS program titled "General Instructions for Application by Examination or Endorsement" may be found on the Board website on the Application/Forms Downloads webpage.

(f) Once your application is completed and submitted for approval to the Georgia Board by ASPPB, and approval is granted by the Georgia Board, applicants will be notified to begin the examination process. Georgia Board approved applicants will be required to take and pass the following examinations, in the following order:

1. The first examination is a two-part national licensing exam developed and owned by the Association of State and Provincial Psychology Boards (ASPPB) designed to measure knowledge and skills of psychology relevant to practice. The Board will accept the standard passing score set by ASPPB for each administration of the Examination for the Professional Practice of Psychology (EPPP). This examination is administered online and procedural information is available from the office of the State Board of Examiners of Psychologists.

A person must apply for licensure and be approved by the Board as a licensure candidate in order to take the national licensing exam. EPPP Part 1 is a computer-based examination that assesses the knowledge needed for entry level licensure. Part 1 may be taken after all course work has been completed (prior to internship and post-doctoral supervised work experience). EPPP Part 2 is a computer-based examination that assesses the skills needed for entry level licensure. Part 2 may be taken after all requirements for the doctoral degree including the internship have been completed.
After three unsuccessful attempts to pass either part of the two-part national examination, the applicant will be required to earn, in person, a minimum of three semester hours of Board approved graduate level coursework in psychology at a regionally accredited institution, or 15 hours of Board approved APA, CPA or GPA approved continuing education prior to retaking the failed examinations. Documentation of attendance must be by letter from the instructor or by official APA, CPA or GPA certificate.

After six unsuccessful attempts to pass either part of the two-part national examination, the applicant will be required to earn, in person, a minimum of 9 semester hours of Board approved graduate level coursework in psychology at a regionally accredited institution or 45 hours of Board approved APA, CPA or GPA approved continuing education prior to retaking the failed examinations. Documentation of attendance must be by letter from the instructor or by APA, CPA or GPA official certificate.

2. The second examination, prepared by the Georgia Board of Examiners of Psychologists, consists of a timed, multiple choice, closed book Jurisprudence Examination covering current law, rules and regulations, and general provisions. A licensure candidate can be scheduled to take this exam after the two-part national licensing exam has been passed and while the SWE is being completed. This information is available at the web site at [www.sos.state.ga.us](http://www.sos.state.ga.us). The Board shall set a passing score for this examination. Exam candidates who fail the Jurisprudence Examination must wait 30 days before they can register to retake the exam again.

3. The third examination is the oral exam given by the Georgia Board of Examiners or their representatives. The licensure candidate may be scheduled to take the oral exam after the licensure candidate has passed all examinations, and is within 2 months of satisfactorily completing the SWE. The licensure candidate may be granted a license to practice psychology only after having successfully completed and obtained Board approval of the SWE and after having passed the oral examination. The Board reserves the right to re-administer the oral exam to individuals who do not satisfactorily complete the SWE.

(i) The licensure candidate must personally appear before a subcommittee of the Board for an oral examination which will be based on a work sample of material from their intended area of practice provided by the licensure candidate. The work sample must have been generated within six months preceding the oral examination or within six months of the most recent professional
practice. Licensure candidates must bring the SWE log to the oral exam (see below under Education for exceptions).

(ii) The licensure candidate who fails the subcommittee-administered oral examination will be scheduled for a Full Board Exam. A Full Board oral examination is defined as an oral exam in which the majority of Board members are present.

(iii) The licensure candidate who fails the Full Board oral examination may take a second Full Board Exam after the expiration of a six month period following the date on which the licensure candidate failed the Full Board oral examination.

(iv) The licensure candidate who fails the second Full Board oral examination will be denied licensure. Any consideration for subsequent licensure will require submission of a new application, fees and documentation. The applicant must meet all requirements that are in effect on the date on which the Board receives the new application.

(v) The licensure candidate who passes the subcommittee-administered oral examination and has successfully completed the SWE will be granted a license to practice psychology in the State of Georgia.

(2) Time and Place of Examinations.
   (a) The Office of the Division Director, Professional Licensing Boards Division, designates the specific time and location where examinations are administered. The applicant will be notified in writing of the exact time and place of the examination. The applicant must appear in person for the examinations and bring government issued picture identification.

(3) Americans with Disabilities Act.
   (a) The Board will provide reasonable accommodation to the qualified applicant with a disability in accordance with the Americans with Disabilities Act. The request for an accommodation by an individual with a disability must be made in writing on a form provided by the Board and received in the Board office by the application deadline along with the appropriate documentation, as indicated in the Request for Disability Guidelines.

(4) Application for Non-Renewable Provisional License.
(a) A licensure candidate who has passed the written examinations and who has completed all other requirements for licensure except the post-doctoral supervised work experience requirement and the oral examination may apply for a provisional license. The applicant for provisional license must submit:

1. Completed Application Initiation Form including all supporting Documents and the fee made payable to the Georgia Board.

2. Once registered with the Georgia Board, the Association of State and Provincial Psychology Boards (ASPPB) will notify applicants to register for participation in their Psychology Licensure Universal System (PLUS) program application process. Instructions on the PLUS program titled "General Instructions for Application by Examination or Endorsement" may be found on the Board website on the Application/Forms Downloads webpage.

(b) Denial of Provisional License Application.

1. If the applicant for provisional license is denied, the applicant may petition the Board, within 60 days of the date of the letter of denial, to reconsider the application. After 60 days the file will be closed; to reapply the applicant must submit a new application, a non-refundable application fee, and all required documentation.

2. If the Board requests additional information from the applicant, the applicant has 30 days to respond. Failure to respond will result in denial of the application and closing of the applicant's file. The applicant who re-applies for licensure at a later date must submit a new application, an on-refundable application fee, and all required documentation.

3. A provisional license is subject to revocation if the Board determines that the requirements of the supervised work experience are not being satisfactorily met.

   Revocation of a provisional license shall not be considered a contested case within the meaning of Chapter 13 of Title 50, the Georgia Administrative Procedure Act, but a holder of a provisional license shall have the right to appear before the Board for appeal.

(c) Scope of Provisional License. A Provisional license carries all the weight and privileges of licensure except for the requirement of continued supervision for all professional activities throughout the experience (See supervised work experience). A provisional license is non-renewable and will expire in 24 months unless the Board grants an exception.

(5) Denial of Application.
(a) The applicant will be informed in writing of the Board's decision regarding approval or denial of an application for licensure.

(b) If the Board requests additional information from the applicant, the applicant has 30 days to respond.

(6) Fees.

(a) Licensure application fees are non-refundable. Fees are designated on a separate Fee Schedule. Fees may be reviewed and changed at the discretion of the Board. Indebtedness to the Board caused by a returned check will be handled in accordance with Code Section 16-9-20 of the Criminal Code of Georgia.

Cite as Ga. Comp. R. & Regs. R. 510-2-.01
Amended: F. Mar. 28, 2018; eff. Apr. 17, 2018.

Rule 510-2-.02. Repealed.
Rule 510-2-.03. Repealed.

Cite as Ga. Comp. R. & Regs. R. 510-2-.03
Amended: F. Apr. 20, 1970; eff. May 9, 1970.

Rule 510-2-.04. Education.

(1) **Training Program Requirements.** All applicants, with the exception of international and I/O applicants, must present official documentation that they have completed earned doctoral degree requirements from a regionally accredited professional training program in applied psychology that is also accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA) at the time the doctoral requirements were completed and that meets the basic psychology course requirements of the APA or CPA Commission on Accreditation and the Georgia Board residency rule.

(2) **Curricula Requirements.** Licensure requirements are consistent with APA or CPA Accreditation requirements in that APA or CPA Accredited programs include and implement a congruent and coherent curriculum design that provides for and enables all students to acquire and demonstrate competences in the required areas 1. Transcripts or curriculum plans of applicants for licensure must reflect competence in the following areas:
(a) The breadth of scientific psychology as evidenced through knowledge in the following areas:
   1. biological aspects of behavior;
   2. cognitive and affective aspects of behavior;
   3. social aspects of behavior;
   4. history and systems of psychology;
   5. psychological measurement;
   6. research methodology; and
   7. techniques of data analysis.

(b) The scientific, methodological, and theoretical foundations of practice in the substantive areas of professional psychology as demonstrated through knowledge in the following areas:
   1. individual differences in behavior;
   2. human development;
   3. dysfunctional behavior or psychopathology; and
   4. ethics and professional standards.

(c) Diagnosing or defining problems through psychological assessment and measurements as well as formulating and implementing treatment and intervention strategies (such as training in empirically supported procedures). This competency should be evidenced through knowledge in the following areas:
   1. theories and methods of assessment and diagnosis;
   2. effective treatment and intervention;
   3. consultation and supervision; and
   4. evaluating the efficacy of treatments and interventions.

(d) Competence in understanding issues of cultural and individual diversity that are significant to the above curriculum requirements and the fostering of attitudes essential for life-long learning in scholarly inquiry and professional problem-solving.
(e) Adequate and appropriate **practicum experiences** are required through:

1. providing settings that are (a) committed to training, (b) assure an adequate number of professionals in supervisory roles, and (c) include a breadth of training and educational experiences;

2. integrate the practicum experience with the context of the overall training experience;

3. ensure that the sequencing, duration, nature, and content of the practicum experience is appropriate for the programmatic goals;

4. document the sufficiency and adequacy of the practicum experience in the context of internship preparation.

(3) **Supervision Requirements for Predoctoral Practicum.**

(a) Supervisors of doctoral practicum students must hold a current psychology license that is in good standing in the state in which the training is taking place.

1. A person holding a provisional psychology license in the State of Georgia is qualified to supervise predoctoral training students under that condition that such supervision is part of the provisional licensee's supervised work experience and therefore under the supervision of the provisional licensee's supervisor.

(b) Supervision of doctoral practicum must occur in regularly scheduled, in person, meetings to review psychological services rendered by the student supervisee.

(c) The Board expects that the APA or CPA accredited graduate program will determine the standards for predoctoral practicum supervision (e.g. ratio of supervisees to supervisor, on site presence of supervisor, fee collection policies).

(d) The Board upholds the standards for adequate and appropriate practicum experiences promulgated by the APA or CPA Committee on Accreditation (510-2-.05(e)).

(4) **Time Requirements for Training.** The Licensure requirements are consistent with the APA or CPA Accreditation requirements in that applicants for licensure should be able to demonstrate three full-time academic years of graduate study and additionally the completion of an internship prior to the attainment of the doctoral degree. Two of the three academic training years must be fulfilled at the doctoral degree granting institution and one year must be matriculated in continuous full-time residence or "equivalent thereof" at that same institution.
(a) Residency means continuous physical presence, in person, at the educational institution in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational and training experience, and includes faculty student interaction. Models that use face-to-face contact for shorter durations throughout a year or models that use video teleconferencing or other electronic means to meet the residency requirement are not acceptable.

(b) Length of Degree and Residency means the program has policies regarding program length and residency that permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to promote student development, socialization and peer interaction, faculty role modeling and the development and assessment of student competencies. Residency provides students with mentoring and supervision regarding their development and socialization into the profession, as well as continuous monitoring and assessment of student development through live face-to-face, in-person interaction with faculty and students. These obligations cannot be met in programs that are substantially or completely online. At a minimum, the program must require that each student successfully complete:

1. A minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;
2. At least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted;
3. At least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of one year of fulltime residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement.

(c) As adopted from the Commission On Accreditation (COA) Standards of Accreditation for Health Service Psychology (effective January 1, 2017): Residency has two primary purposes: student development and socialization and student assessment.

1. With regard to student development, residency allows students
   (i) To concentrate on course work, professional training and scholarship;
   (ii) To work closely with professors, supervisors and other students; and
   (iii) To acquire the attitudes, values, habits, skills, and insights necessary for attaining a doctoral degree in psychology. Full-time residence provides students other opportunities, including obtaining fluency in
the language and vocabulary of psychology as enhanced by frequent and close association with, apprenticing to, and role modeling by faculty members and other students; obtaining valuable experience by attending and participating in both formal and informal seminars: colloquia; discussions led by visiting specialist from other campuses, laboratories, or governmental research and/or practice organizations; and, obtaining support in thesis, dissertation, or doctoral project work through frequent consultation with advisors.

2. An equally important purpose of the residency requirement is to permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to assess all elements of student competence. Executing these obligations is an essential aspect of assuring quality and protecting the public. These elements include not only student-trainees' knowledge and skills, but also their emotional stability and well-being, interpersonal competence professional development, and personal fitness for practice. Through such student assessment, accredited programs can ensure - insofar as possible - that their graduates are competent to manage relationships (e.g., client, collegial, professional, public, scholarly, supervisory and teaching) in an effective and appropriate manner. This capacity for managing relationships represents one of the competencies that define professional expertise.

(d) Programs seeking to satisfy the requirement of one year of full-time residency based in "the equivalent thereof" must demonstrate how the proposed equivalence achieves all of the purposes of the residency requirement, as articulated above. In evaluating whether the residency requirement is satisfied, the Board will consider processes and indicators related to the elements of student development and socialization and student assessment detailed in paragraph (c) of this implementing regulation.

(5) Matriculation Outside the United States. If a university outside the United States awarded the doctoral degree, the university must have been accredited professionally at the time of the award. The Board in its sole discretion will determine whether the university outside of the United States has met standards that are substantially the same as those established by the APA or CPA.

(6) I/O Training Requirements. I/O applicants who have either graduated from an I/O Psychology program which is listed in the Designated Doctoral Programs in Psychology published by ASPPB and the National Register, or who submit documentation showing they meet 15 of the 25 competencies set forth in Guidelines For Education and Training At the Doctoral Level In Industrial/Organizational Psychology (available at www.apa.org Society for Industrial/Organizational Psychology (Division 14), 1999) will be deemed to have met the educational requirements. Documentation of the 15 competencies shall
consist of a transcript showing graduate courses covering the competency as indicated by course title and/or outline, a thesis, a dissertation, refereed presentation(s) or publication(s), or a letter from a professor indicting the competency(s) in a given area.

(7) Mental Retardation/Development Disability Training Programs. A substantial program of study in Mental Retardation/Developmental Disability (MR/DD) psychology must include at least 18 semester hours (in addition to the 50 core hours) at the graduate level in course work in the specialized area of mental retardation or developmental disabilities psychology. Neither internship, practicum, nor thesis courses will be considered as qualifying course work hours. Students must successfully complete courses in each of the following areas:

(a) Developmental Aspects of Behavior; e.g., psychology of mental retardation, psychology of developmental disabilities, psychology of exceptional children, life-span developmental psychology, child psychology, cognitive development, social development, language development, human development.

(b) Cognitive Aspects of Behavior; e.g., learning, memory, visual attention, information processing, cognitive processes, cognitive psychology, cognitive neuro psychology, social cognition.

(c) Behavior Assessment and Intervention; e.g., applied behavioral analysis, behavior therapy, behavior modification, assessment of adaptive and maladaptive behaviors, behavioral psychopharmacology [assessment and programming].

(d) Assessment of Intelligence; e.g., individual intelligence testing, psychological assessment of intelligence, psycho educational assessment.

(8) Retraining is a process of additional education in which a person with an earned doctorate in scientific psychology undertakes additional training and fulfills requirements for licensure in an applied psychology field.

(a) Retraining programs must occur in APA or CPA accredited doctoral programs in applied psychology.

(b) All requirements of doctoral training in the new applied specialty must be met, giving due credit for previous relevant, successfully completed course work to be determined by the APA or CPA accredited doctoral program conducting the retraining.

(c) Applicants who complete such a program must present a certificate or letter from the doctoral program training director that verifies completion of the program and identifies the specialty area of applied psychology.

(9) Hour Conversion. For purposes of this Rule, 3 semester hours = 5 quarter hours in accordance with a conversion of 1 semester course of 3 hours accrues 6 hours of credit (2 courses) in an academic year (September thru June) and is equivalent to 1 quarter course.
of 5 which accrues 15 hours of credit (3 courses) in an academic year for a ratio of 3 semester hours equaling 5 quarter hours.

Cite as Ga. Comp. R. & Regs. R. 510-2-.04

**Rule 510-2-.05. Internship and Postdoctoral Supervised Work Experience.**

(1) **Requirements.** In order to satisfy the experience requirement for licensure the applicant must have completed an internship and a postdoctoral supervised work experience (SWE).

(2) **Definitions.**

(a) An Intern is a person who is engaged in the predoctoral year of applied experience in a psychological internship.

(b) An Internship is an organized, coherent set of training experiences in the specialty/concentration area of the practice of psychology (i.e., clinical, counseling, school, mental retardation/developmental disability or industrial/organizational psychology) that are characterized by greater depth, breadth, duration, frequency, and intensity than practicum training and is either APA or CPA accredited or meets the equivalency criteria set by the Board.

1. An applicant who was enrolled in an APA or CPA approved program prior to May of 2003, and who was a student in good standing, will be deemed to have met the above noted internship requirement, and,

2. Provided the applicant completed/graduated from the program within a seven (7) year period from the date of enrollment.

(c) An Internship Site is a setting in which an internship occurs and is either a hospital, accredited school, university, consulting firm, public agency, public or private organization, or public or private practice.
(d) A Fellow is a person who is engaged in completing a postdoctoral supervised work experience or a post-doctoral fellowship.

(e) A Postdoctoral Supervised Work Experience (SWE) is 1500 hours of individually supervised experience following the internship and the completion of the doctoral degree.

(f) An Internship or Postdoctoral Supervisor (internship/SWE Supervisor) is a psychologist who oversees an internship or SWE and who meets both of the following requirements below:

1. Possesses current licensure issued by the Georgia Board of Examiners of Psychologists or current licensure issued by a psychology board in another jurisdiction whose standards are not lower than those of Georgia; and

2. Is not currently under the terms of a disciplinary order against the professional license issued by the Georgia Board of Examiners of Psychologists or licensure issued by any other state or jurisdiction.

(g) A Senior Industrial/Organizational (I/O) Psychologist is a person who has earned a Ph.D. in I/O psychology or a related field within the discipline of psychology, and who:

1. Meets the educational requirements for licensure of I/O psychologists; and

2. Has completed five years of independent practice concentrated in one or more of the following domains:
   (i) Employee Selection and Placement;
   (ii) Performance Management;
   (iii) Human Factors and Engineering Psychology;
   (iv) Organization Development; and
   (v) Training and Development. Fulfillment of this practice requirement shall be documented by three other psychologists, who are licensed and are members of the Society for Industrial and Organizational Psychology, who attest to the nature and extent of the candidate's expertise and work experience, and to the quality of work; and

3. Provides documentation of achievement and competence in the practice of I/O psychology. Fulfillment of this requirement shall be documented by provision of descriptions of three separate and organizationally significant interventions in the domains listed above for which the applicant had
primary responsibility for all phases including: problem definition, design, development, implementation, and evaluation. For each intervention, a 1-2 page narrative description must be submitted. The description must include a summary of each phase and the name, address, and telephone number of a person from the client organization whom the Board could contact for additional information, if necessary.

(h) A Non-Licensed I/O Supervisor is a person who has an earned Ph.D. in Industrial/Organizational (I/O) psychology or a related field within the discipline of psychology who is not licensed, but may also qualify by meeting the following requirements:

1. Five years of practice in Industrial/Organizational psychology; and

2. Submission of three references to the Board from other psychologists, attesting to the nature of his or her area of expertise, work experience, and quality of work. At least one reference must be from a psychologist who is a current or former direct supervisor.

(i) A Non-Licensed MR/DD Supervisor is a person who has an earned Ph.D. in mental retardation/ Developmental Disabilities (MR/DD) psychology or a related field within the discipline of psychology but who is not licensed may also qualify by meeting the following requirements:

1. Five years of practice in MR/DD psychology; and

2. Submission of three references to the Board from other psychologists, attesting to the nature of his/her area of expertise, work experience, and quality of his/her work. At least one reference must be from a psychologist who is a current or former direct supervisor.

(j) A Secondary Supervisor is a person who oversees no more than 20% of an internship or SWE. For interns, the secondary supervisor must be affiliated with an internship program. All secondary supervisors must meet the following requirements:

1. Current licensure by the State of Georgia or by a licensing board in another jurisdiction in Psychology, Medicine (Psychiatry, Neurology, or other relevant medical field); and,

2. Pre-approval (in writing) by the primary internship/SWE supervisor.

3. Is not currently under the terms of a disciplinary order against the professional license issued by the Georgia Board of Examiners of Psychologists or licensure issued by any other state or jurisdiction.
(3) Supervisor-Intern/Fellow Relationship.

(a) Supervisory relationships are governed by the Code of Ethics in Chapter 510-4. The internship/SWE supervisor may not be an employee of an agency which is headed by the supervisee, nor be employed by an entity in which the supervisee has an interest.

(b) The internship/SWE supervisor shall not take primary supervisory responsibility for more than three interns or fellows concurrently without Board approval. Industrial/Organizational supervisors are not limited to three interns or fellows, but for each intern or fellow the I/O supervisor must spend a minimum of two supervision hours for each 40 hours the intern or fellow works.

(c) The internship/SWE supervisor shall:
1. Co-sign all written reports of interns or unlicensed fellows;
2. Co-sign insurance claims with the intern or unlicensed fellow;
3. Assure that claims to third-party payers clearly reflect who rendered the service;
4. Assure that the intern or fellow:
   (i) Informs clients/patients of the supervisor-intern/fellow relationships; and
   (ii) Informs clients/patients that they may confer with the internship or postdoctoral supervisor about any aspect of the services provided.

(4) Internship Requirements.

(a) General Standards: The general standards for an internship will be met when one of the following is fulfilled:
1. Completion of an APA or CPA accredited or Association of Psychology and Internship Centers (APPIC) member internship of at least 2000 hours; or
2. Completion of a non-APA or non-CPA accredited or APPIC member internship which complies with the following criteria:
   (i) The internship must be completed in no less than 11 months and no more than 24 months after its inception. I/O internships must be completed in 48 months. In cases of disability or hardship, the Board, in its sole discretion, may permit exceptions to this requirement.
   (ii) The internship consists of 2000 hours of organized training experiences appropriate to the academic program specialty area.
(iii) The intern must spend at least 500 hours in direct contact with clients/patients. I/O Interns are exempt from this requirement.

(iv) The intern must have completed a minimum of 60 semester hours of graduate course work in psychology prior to the inception of an internship.

(v) Supervised program activities (practica) for which course credit is awarded may not be used to satisfy any internship hours.

(vi) The internship must provide training in a range of assessment and treatment/intervention activities conducted directly with persons or organizations who receive psychological services.

(vii) The administrative director of the internship site or its training director shall, upon request of the Board, furnish a written statement of the internship's goals, its content, and the criteria by which the quality and quantity of the intern's work will be evaluated.

(viii) At least 80% of the internship supervision must be provided by one or more licensed psychologists. Final evaluations by supervisors must indicate satisfactory completion of the internship.

(ix) The intern must use a title which identifies a trainee status, i.e., "intern", or "resident".

(x) Prior to the inception of the internship, the internship supervisor(s), university doctoral program training director or designate and intern must enter into a written internship agreement that specifies the goals and nature of the training experiences. Upon completion of the internship, the intern and internship supervisor(s) must sign the agreement and confirm thereby that the internship has been completed satisfactorily.

3. Applicants who are Senior Industrial/Organizational Psychologists will be deemed to have met the internship requirements for licensure.

(b) Internship Supervision.

1. The Internship Supervisor must approve the Intern's workload, which must be sufficient to afford the Intern appropriate experience but must not be so great as to impair his/her ability to provide competent service to clients/patients.
2. The internship supervisor must require the intern to maintain a file on each client, or of his/her work progress in the case of I/O interns. The intern must update each file no less than once each month with a current summary of client contacts and with a rationale for the procedures that were used.

3. The internship supervisor must limit the intern's activities to the application of assessment, treatment and/or intervention techniques, and methodology which the supervisor is qualified to utilize.

4. The internship supervisor shall hold primary responsibility for the intern's assessment procedures and treatment and/or intervention programs. An intern should be notified as soon as possible if his/her performance is unsatisfactory.

5. All fees for services shall be paid directly to the internship agency or directly to the supervisor.

(c) Specialty Areas. In addition to the general standards for internships enumerated above, internships in the specialty areas of clinical, counseling, school, I/O and in MR/DD psychology must meet the requirements delineated in the following section. Specialty areas are defined by the doctoral program described on the applicant's transcript. A clinical psychology specialty is defined by an earned doctoral degree with a concentration in clinical psychology. A counseling psychology specialty is defined by an earned doctoral degree with a concentration in counseling psychology. A school psychology specialty is defined by an earned doctoral degree with a concentration in school psychology. An industrial/organizational specialty is defined by an earned doctoral degree with a concentration in industrial/organizational psychology. A mental retardation/developmental disabilities specialty is defined by an earned doctoral degree with a substantial program of study in the specialized area of mental retardation or developmental disabilities psychology.


   (i) Internship supervisors must be staff members of the internship site, or an affiliate thereof, who carry clinical responsibility for the cases being supervised.

   (ii) The internship must have a clearly designated staff psychologist who is responsible for the integrity and quality of the training program, and who is a licensed psychologist.

   (iii) The internship site must have two or more psychologists on its staff, at least one of whom satisfies the definition of an internship supervisor. An internship supervisor or secondary supervisor must
be on site to personally intervene in a crisis situation requiring immediate attention.

(iv) The internship site must have a minimum of two psychology interns during the internship. The Board may make exceptions in cases of hardship.

(v) The internship supervisor must meet at least two hours per week in regularly scheduled, individual, in person, contact with the intern to review psychological services rendered directly by the intern.

(vi) The internship must include at least two hours per week of scheduled learning activities such as: conferences involving cases in which the intern was actively involved; seminars dealing with clinical issues; co-therapy with a staff member which includes discussion of the therapy; group supervision; or additional supervision.

2. School Psychology Internships.

(i) Internship supervisors must be staff members of the internship site, or an affiliate thereof, who carry clinical responsibility for the cases being supervised.

(ii) The internship must have a clearly designated staff psychologist who is responsible for the integrity and quality of the training program, and who is a licensed psychologist or a school psychologist who is certified at the doctoral level by a State Department of Education.

(iii) The supervisor must be either a staff member of the internship site or an affiliate thereof who is responsible for the cases being supervised. Supervision may be provided by a combination of staff members and an affiliate. When supervision is provided exclusively by an affiliate, an administrative head of that staff must be responsible for the accuracy of the documented work hours. An internship supervisor or secondary supervisor must be on site to personally intervene in a crisis situation requiring immediate attention.

(iv) The internship site must have a minimum of two psychology interns during the internship. The Board may make exceptions in cases of hardship.
(v) The internship supervisor must meet at least two hours per week in regularly scheduled, individual, in person, contact with the intern to review psychological services rendered directly by the intern.

(vi) The internship must include at least two hours per week of scheduled learning activities such as: conferences involving cases in which the intern was actively involved, seminars dealing with clinical issues, co-therapy with a staff member which includes discussion of the therapy, group supervision, or additional supervision.

3. Industrial/Organizational (I/O) Internships.

(i) The Internship must be an organized program designed to provide the Intern with a planned, coherent sequence of supervised experiences of quality in a broad range of professional psychology activities including research and/or intervention within an organizational setting.

(ii) At least 80% of the Internship Supervision must be provided by one or more psychologists.

(iii) At least one-half of the Internship time must be spent in professional psychological activities with or on behalf of a client (person or organization).

(iv) The Internship agency or director of training must, upon request of the Board, furnish a written statement of the internship goals and the nature of experiences of the Intern's work.

(v) All professional activities of the Intern must be conducted in a setting where a Supervisor is available for consultation within a reasonable period of time based on the nature of the supervised experience.

(vi) The Internship may consist of more than one (but no more than four) separate work experiences. Each experience must last at least three months (500 hours) and must meet all other I/O Internship requirements.


(i) The internship site must employ a clearly designated internship training director who shall be responsible for the integrity and quality
of the internship, however, the internship may occur at more than one site.

(ii) At least one of the internship supervisors must be a licensed psychologist whose specialty area is MR/DD psychology or a licensed psychologist with considerable experience in the practice of MR/DD psychology.

(iii) The internship must provide training in a variety of assessment and intervention activities conducted with persons with MR/DD. The training in assessment activities must include an emphasis on the selection of appropriate evaluation instruments. The training in intervention activities must include experience in applied behavior analysis for persons who carry MR/DD as at least one of their diagnoses. Experience with individuals with dual diagnoses, including mental illness, substance abuse, and behavior disorders, is strongly recommended.

(iv) The supervisor must meet at least two hours per week in regularly scheduled face-to-face contact with the intern to review psychological services rendered by that intern.

(v) The internship must include at least two hours per week of scheduled learning activities such as case conferences, individual program or service planning meetings, seminars dealing with professional issues, or in-service training.

(vi) The intern must have scheduled and unscheduled opportunities to interact professionally with such persons as interns, psychologists, and professionals from other disciplines and other agencies. The intern must have experience in working with professionals from other disciplines as part of an interdisciplinary team involved in assessment and intervention activities. At least 250 hours of the internship must be completed in an organized program for persons with MR/DD to provide sufficient experience in the interdisciplinary team process.

(vii) All professional activities of the intern must be conducted in a setting where a licensed psychologist is available for consultation within a reasonable period of time based on the nature of the supervised experience. The internship supervisor, or another equally qualified person, must be available to intervene in a timely manner in an emergency.
(viii) Documentation of the internship must be submitted to the Board.

(5) Postdoctoral Supervised Work Experience (SWE).

(a) General Standards and Requirements: The general standards for a postdoctoral supervised work experience will be met when the following is fulfilled:

1. Licensure requires 1500 hours of SWE that is deemed acceptable to the Board which comply with the guidelines set forth below:

2. The SWE must be consonant with the fellow's area of intended practice, and must be within the range of competency of the supervisor(s). It must occur after all requirements for the doctoral degree are completed.

3. The SWE must be completed in no less than 11 months and no more than 24 months after its inception. Supervision begins on the date the contract is signed by the supervisor(s) and fellow.

4. The content of the SWE must include a minimum of 500 hours of client/patient involvement as defined as including face to face client/patient contact, document review, test scoring, note/report writing, or any other professional activity which directly relates to the treatment of or services provided for the client/patient.

5. All SWE hours must be documented on a weekly log which is co-signed by the fellow and supervisor. The SWE log shall contain at least the following information:

   (i) The professional activities, tasks, or work performed during that week.

   (ii) The number of hours worked during that week.

   (iii) The number of hours of client/patient involvement during that week.

   (iv) The number of hours of individual supervision during that week.

6. Postdoctoral Supervised Work Experiences (SWE) conducted in academic settings meet the non-client/patient involvement hours requirement through activities that transmit psychological knowledge or application of psychological principles in the work setting (e.g. teaching, research, university and professional service and governance, and administration).

7. An applicant who has completed 1500 hours of supervised experience in no less than 11 months and no more than 24 months in a formal postdoctoral
fellowship that is APA accredited or APPIC member or acceptable to the Board will be deemed to have met the SWE requirement for licensure. No SWE log is required for individuals in these programs.

8. An applicant who meets the definition of Senior Industrial/Organizational Psychologist will be deemed to have met the SWE requirement for licensure.

(b) Supervision Requirements:

1. The postdoctoral supervisor(s) and fellow must enter into a written and signed supervision contract prior to the inception of the SWE. The contract must specify the work experience goals, its content and the criteria for ensuring the quality and quantity of the fellow's work. It is not necessary that the supervisor be on site for the supervisee's clinical work.

2. The fellow must meet with the supervisor individually to discuss cases and other professional activities at least one hour for each 30 hours of SWE. That meeting must occur during the week the fellow provides the services or during the week following the provision of those services. Supervision must be individual, and may be accomplished through in person meetings or real time, face to face video teleconferencing. I/O Fellows are exempt from this requirement.

3. At the successful conclusion of the SWE, all supervisors shall attest to the adequacy of the applied experience and supervision on a postdoctoral supervised work experience affidavit of supervisor form (Form G).

4. Supervision of the Postdoctoral Industrial/Organizational work experience may be conducted by a qualified psychologist employed by the same institution or agency as the Fellow. Alternatively, the supervision may be provided by private arrangement with a qualified psychologist employed elsewhere so long as the Supervisor and Fellow meet face-to-face at least twice a month for a minimum of four hours per month. At least one half of the SWE hours must be spent in professional psychological activities with or on behalf of a client (person or organization). At a minimum, the Supervisor must review and comment on any research or intervention designs, monitor progress on such efforts, and review and comment on any reports, recommendations, or interventions resulting from such efforts.

Cite as Ga. Comp. R. & Regs. R. 510-2-.05
Rule 510-2-.06. Time Limit for Applications to be Valid.

An applicant must satisfactorily complete all requirements for licensure within one year from the date the Board approved the applicant’s most recent application and/or completion of their postdoctoral SWE; otherwise, the applicant must submit a new application with the required fee.

Cite as Ga. Comp. R. & Regs. R. 510-2-.06

Rule 510-2-.07. Repealed.

Cite as Ga. Comp. R. & Regs. R. 510-2-.07


Chapter 510-3. LICENSURE BY ENDORSEMENT.

Rule 510-3-.01. Application Process: Forms, Fees and Deadlines.

(1) Licensure by endorsement refers to licensure for applicants who hold current licenses in psychology in other states and are applying for licensure in Georgia. To apply requires:

   (a) Completed Application Initiation Form including all supporting documents and the fee made payable to the Georgia Board.

   (b) Once registered with the Georgia Board, the Association of State and Provincial Psychology Boards (ASPPB) will notify applicants to register for participation in their Psychology Licensure Universal System (PLUS) program application.

process. Instructions on the PLUS program titled "General Instructions for Application by Examination or Endorsement" may be found on the Board website on the Application/Forms Downloads webpage.

(2) The Board may in its discretion deny licensure to an applicant who has had disciplinary action taken against him or her by any licensing authority or professional organization, or whose record reflects any other matter that puts in question his or her competency to practice.

Cite as Ga. Comp. R. & Regs. R. 510-3-.01


Rule 510-3-.02. Qualification of Applicants.

Endorsement may be granted to a psychologist who satisfies one of the alternatives delineated below. In the event the applicant cannot satisfy one of these alternatives, he/she may apply for licensure by examination.

(a) Alternative for a psychologist who has been licensed for less than 10 years:

1. The current overall licensure standards in the jurisdiction where the applicant is currently licensed must not be lower than those of Georgia including the requirements set forth in Board rules 510-2-.01, 510-2-.04, 510-2-.05 and 510-3-.02.

2. An information/verification form from the jurisdiction of licensure must be submitted to the Georgia Board. It must show that the applicant's license is current and that it is in good standing.

3. The applicant's original licensure must have been based on an earned doctoral degree in applied psychology which met the residency requirement as defined in 510-2-.04(4)(a).
4. The applicant must have attained a score on the national licensing examination equal to or greater than the standard passing score set by ASPPB.

5. The applicant must have obtained a passing score on the Georgia jurisprudence examination.

6. The applicant must have passed an oral examination based on a work sample, which was generated in the six months prior to the examination or within six months of the most recent professional practice.

7. The applicant must have completed a postdoctoral supervised work experience (SWE), as previously defined, or its equivalent. For the purposes of this rule, equivalent work experience is deemed to be:
   (i) Three years of full time practice (at least 30 hours per week for 50 weeks per year), in an organized setting where supervision and collaboration were provided; or
   (ii) Licensure as a psychologist in another jurisdiction for at least five years.

(b) Alternative for a Senior Psychologist (a person who has been licensed for 10 or more years):

1. The applicant must have been licensed for 10 years in a jurisdiction of the United States or Canada.

2. The applicant's original licensure must have been based on an earned doctoral degree in applied psychology which met the residency requirement as defined in 510-2-.04(4)(a).

3. An information/verification form from the jurisdiction of licensure must be submitted to the Georgia Board. It must show that the applicant's license is current and that it is in good standing.

4. The applicant must have obtained a passing score on the Georgia jurisprudence examination and, if it was required, a passing score on the EPPP in the jurisdiction the current license is held.

5. The applicant must have passed an oral examination based on a work sample which was generated in the six months prior to the examination or within six months of the most recent professional practice.

6. The applicant must have tendered the appropriate application and fees, as required by the rules and regulations of the Board.
(c) Alternative for a person who has an earned doctoral degree in Industrial/Organizational (I/O) Psychology or an I/O related doctoral degree in psychology:

1. The applicant must have five years of practiced Industrial/Organizational psychology.

2. The applicant must submit three references from psychologists, attesting to the nature of the applicant's expertise, work experience, and quality of their work. At least one reference must be from a licensed psychologist.

3. The applicant must have tendered the appropriate application fees, as required by the rules and regulations of the Board.

4. The applicant must have attained a score on the national licensing examination equal to or greater than the standard passing score set by ASPPB.

5. The applicant must have obtained a passing score on the Georgia jurisprudence examination.

6. The applicant must have passed an oral examination based on a work sample, which was generated in the six months prior to the examination or within six months of the most recent professional practice.

(d) Alternative for a person who holds the Certificate of Professional Qualification (CPQ) issued by ASPPB:

1. Any person holding a CPQ will be deemed as having met all requirements for licensure in Georgia provided the following conditions are met:

   (i) An information/verification form from the jurisdiction of licensure must be submitted to the Georgia Board. It must show that the applicant's license is current and that it is in good standing.

   (ii) The applicant must have obtained a passing score on the Georgia jurisprudence examination.

   (iii) The applicant must have passed an oral examination based on a work sample, which was generated in the six months prior to the examination or within six months of the most recent professional practice.

2. The applicant must provide the Board with the entire CPQ file for consideration.

(e) Alternative for Military Spouses and Transitioning Service Members:

1. As used in this rule, the following terms shall mean:

   (i) "Military" means the United States armed forces, including the National Guard.
(ii) "Military spouse" means a spouse of a service member or transitioning service member.

(iii) "Service member" means an active or reserve member of the armed forces, including the National Guard.

(iv) "Transitioning service member" means a member of the military on active duty status or on separation leave who is within 24 months of retirement or 12 months of separation.

2. A service member, transitioning service member, or military spouse may qualify for a license by endorsement where the applicant:

   (i) Holds a license in good standing from another state for which the training, experience, and testing substantially meet or exceeds the requirements to obtain a license as a Psychologist in Georgia;

   (ii) Has submitted to the Board a verification of licensure from the appropriate licensing agency of another state showing that the applicant's active license is in good standing in that state;

   (iii) Has submitted documentation satisfactory to the Board which verifies the applicant's status as a service member, transition service member, or military spouse as defined in O.C.G.A. § 43-1-34;

   (iv) Has submitted a completed application for licensure by endorsement on a form approved by the Board, has paid the required fee.

   (v) The applicant must have obtained a passing score on the Georgia jurisprudence examination.

   (vi) The applicant must have passed an oral examination based on a work sample, which was generated in the six months prior to the examination or within six months of the most recent professional practice.

3. Effective July 1, 2017, military spouses and transitioning service members may qualify for expedited processing of the license application for any license or permit issued by the Board by showing that the applicant is a military spouse or transitioning service member and that the applicant has paid the fee and meets the requirements for a license or permit under the laws and rules for the type of license for which the applicant has applied.

   (f) The Board may in its discretion deny licensure to an applicant who has had disciplinary action taken against him or her by any licensing authority or professional organization, or
whose record reflects any other matter that puts in question his or her competency to practice.

(g) The application process for endorsement applicants is the same as is outlined in 510-2-.01. The ASPPB PLUS application process described in 510-2-.01 will allow for the requirements listed above to be demonstrated for endorsement applicants.

Rule 510-3-.03. Temporary License.

An endorsement applicant may submit a written request for a temporary license. See Chapter 510- 9, entitled,"Licenses of Limited Duration."

Chapter 510-4. CODE OF ETHICS.


(1) Licensure by the State of Georgia mandates compliance with the Code of Ethics and the Supplemental Code of Conduct delineated in Chapters 510-4 and 510-5 respectively.
(2) This Code of Ethics and Supplemental Code of Conduct constitutes the standards against which the required professional conduct of a psychologist is measured. The psychologist shall be governed by the rules delineated in this Code of Ethics and Supplemental Code of Conduct whenever he/she provides psychological services in any context. These codes shall apply to the conduct of all licensees and applicants, including the applicant's conduct during the period of education, training, and employment which is required for licensure; the term "psychologist," as used within these codes, shall be interpreted accordingly. A violation of this Code of Ethics or the Supplemental Code of Conduct constitutes unprofessional conduct and may constitute sufficient grounds for disciplinary action, or for denial of licensure.

(3) Numbering and Coding Interpretation. The Numbering System Rule 590-2-1-.2 of the Rules and Regulations of the State of Georgia require a specific numbering sequence. The APA Code of Conduct as cited in this chapter does retain the accurate standard number but is preceded by the State Rule Numbering System to meet the consistency requirement (see Rule 510-1-.07 for the Numbering System Code).

Cite as Ga. Comp. R. & Regs. R. 510-4-.01

Rule 510-4-.02. Code of Ethics; APA Ethical Standards.

(1) Resolving Ethical Issues.
   (a) 1.01 Misuse of Psychologists' Work.

       If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

   (b) 1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.

       If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.
(c) 1.03 Conflicts Between Ethics and Organizational Demands.

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

(d) 1.04 Informal Resolution of Ethical Violations.

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

(e) 1.05 Reporting Ethical Violations.

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

(f) 1.06 Cooperating With Ethics Committees.

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

(g) 1.07 Improper Complaints.
Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

(h) 1.08 Unfair Discrimination Against Complainants and Respondents.

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

(2) Competence.

(a) 2.01 Boundaries of Competence.

1. Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

2. Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

3. Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

4. When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

5. In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take
reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

6. When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

(b) 2.02 Providing Services in Emergencies.

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

(c) 2.03 Maintaining Competence.

Psychologists undertake ongoing efforts to develop and maintain their competence.

(d) 2.04 Bases for Scientific and Professional Judgments.

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

(e) 2.05 Delegation of Work to Others.

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.) are responsible for

(f) 2.06 Personal Problems and Conflicts.
1. (a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

2. (b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

(3) Human Relations.

(a) 3.01 Unfair Discrimination.

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

(b) 3.02 Sexual Harassment.

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

(c) 3.03 Other Harassment.

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

(d) 3.04 Avoiding Harm.
Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(e) 3.05 Multiple Relationships.

1. (a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

2. (b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

3. (c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

(f) 3.06 Conflict of Interest.

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing
their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

(g) 3.07 Third-Party Requests for Services.

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

(h) 3.08 Exploitative Relationships.

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

(i) 3.09 Cooperation With Other Professionals.

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

(j) 3.10 Informed Consent.

1. When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)
2. For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual’s assent, (3) consider such persons’ preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual’s rights and welfare.

3. (c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

4. (d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(k) 3.11 Psychological Services Delivered To or Through Organizations.

1. (a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

2. (b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

(l) 3.12 Interruption of Psychological Services.

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted
by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

(4) Privacy And Confidentiality.

(a) 4.01 Maintaining Confidentiality.

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

(b) 4.02 Discussing the Limits of Confidentiality.

1. (a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

2. (b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

3. (c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

(c) 4.03 Recording.

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(d) 4.04 Minimizing Intrusions on Privacy.
1. (a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

2. (b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

(e) 4.05 Disclosures.

1. (a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

2. (b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

(f) 4.06 Consultations.

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

(g) 4.07 Use of Confidential Information for Didactic or Other Purposes.

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take
reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

(5) Advertising and Other Public Statements.

(a) 5.01 Avoidance of False or Deceptive Statements.

1. (a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

2. (b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

3. (c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

(b) 5.02 Statements by Others.

1. (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

2. (b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)
3. (c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

(c) 5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs.

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

(d) 5.04 Media Presentations.

When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(e) 5.05 Testimonials.

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

(f) 5.06 In-Person Solicitation.

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

(6) Record Keeping and Fees.

(a) 6.01 Documentation of Professional and Scientific Work and Maintenance of Records.

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services
later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

(b) 6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.

1. (a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01 Documentation of Professional and Scientific Work and Maintenance of Records.)

2. (b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

3. (c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

(c) 6.03 Withholding Records for Nonpayment.

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

(d) 6.04 Fees and Financial Arrangements.

1. (a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

2. (b) Psychologists' fee practices are consistent with law.
3. (c) Psychologists do not misrepresent their fees.

4. (d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

5. (e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

(e) 6.05 Barter With Clients/Patients.

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

(f) 6.06 Accuracy in Reports to Payers and Funding Sources.

In their reports to payers for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

(g) 6.07 Referrals and Fees.

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

(7) Education and Training.
(a) 7.01 Design of Education and Training Programs.

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

(b) 7.02 Descriptions of Education and Training Programs.

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

(c) 7.03 Accuracy in Teaching.

1. (a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

2. (b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

(d) 7.04 Student Disclosure of Personal Information.

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary
to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

(e) 7.05 Mandatory Individual or Group Therapy.

1. (a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

2. (b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

(f) 7.06 Assessing Student and Supervisee Performance.

1. (a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

2. (b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

(g) 7.07 Sexual Relationships With Students and Supervisees.

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

(8) Research and Publication.
(a) 8.01 Institutional Approval.

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

(b) 8.02 Informed Consent to Research.

1. (a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants’ rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

2. (b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payer will be sought. (See also Standard 8.02a, Informed Consent to Research.)

(c) 8.03 Informed Consent for Recording Voices and Images in Research.

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or
harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

(d) 8.04 Client/Patient, Student, and Subordinate Research Participants.

1. (a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

2. (b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

(e) 8.05 Dispensing With Informed Consent for Research.

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

(f) 8.06 Offering Inducements for Research Participation.

1. (a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

2. (b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

(g) 8.07 Deception in Research.
1. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

2. (b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

3. (c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

(h) 8.08 Debriefing.
   1. (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

2. (b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

3. (c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

(i) 8.09 Humane Care and Use of Animals in Research.
   1. (a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
2. (b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

3. (c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

4. (d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

5. (e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

6. (f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

7. (g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

(j) 8.10 Reporting Research Results.

1. (a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

2. (b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

(k) 8.11 Plagiarism.
Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

(l) 8.12 Publication Credit.

1. (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

2. (b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

3. (c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

(m) 8.13 Duplicate Publication of Data.

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

(n) 8.14 Sharing Research Data for Verification.

1. (a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that
such individuals or groups be responsible for costs associated with
the provision of such information.

2. (b) Psychologists who request data from other psychologists to verify
the substantive claims through reanalysis may use shared data only
for the declared purpose. Requesting psychologists obtain prior
written agreement for all other uses of the data.

(o) 8.15 Reviewers.

Psychologists who review material submitted for presentation, publication, grant,
or research proposal review respect the confidentiality of and the proprietary
rights in such information of those who submitted it.

(9) Assessment.

(a) 9.01 Bases for Assessments.

1. (a) Psychologists base the opinions contained in their recommendations,
reports, and diagnostic or evaluative statements, including forensic
testimony, on information and techniques sufficient to substantiate
their findings. (See also Standard 2.04, Bases for Scientific and
Professional Judgments.)

2. (b) Except as noted in 9.01c, psychologists provide opinions of the
psychological characteristics of individuals only after they have
conducted an examination of the individuals adequate to support
their statements or conclusions. When, despite reasonable efforts,
such an examination is not practical, psychologists document the
efforts they made and the result of those efforts, clarify the probable
impact of their limited information on the reliability and validity of
their opinions, and appropriately limit the nature and extent of their
conclusions or recommendations. (See also Standards 2.01,
Boundaries of Competence, and 9.06, Interpreting Assessment
Results.)

3. (c) When psychologists conduct a record review or provide consultation
or supervision and an individual examination is not warranted or
necessary for the opinion, psychologists explain this and the sources
of information on which they based their conclusions and recommendations.

(b) 9.02 Use of Assessments.

1. (a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

2. (b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

3. (c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

(c) 9.03 Informed Consent in Assessments.

1. (a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

2. (b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.
3. (c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

(d) 9.04 Release of Test Data.

1. (a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

2. (b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

(e) 9.05 Test Construction.

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

(f) 9.06 Interpreting Assessment Results.

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences,
that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

(g) 9.07 Assessment by Unqualified Persons.

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

(h) 9.08 Obsolete Tests and Outdated Test Results.

1. (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

2. (b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

(i) 9.09 Test Scoring and Interpretation Services.

1. (a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

2. (b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

3. (c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

(j) 9.10 Explaining Assessment Results.
Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

(k) 9.11. Maintaining Test Security.

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

(10) Therapy.

(a) 10.01 Informed Consent to Therapy.

1. (a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

2. (b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

3. (c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the
therapist is in training and is being supervised and is given the name of the supervisor.

(b) 10.02 Therapy Involving Couples or Families.

1. (a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

2. (b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

c) 10.03 Group Therapy.

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

d) 10.04 Providing Therapy to Those Served by Others.

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

e) 10.05 Sexual Intimacies With Current Therapy Clients/Patients.

Psychologists do not engage in sexual intimacies with current therapy clients/patients.
0.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients.

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients.

10.07 Therapy With Former Sexual Partners.

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients.

1. (a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

2. (b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy.

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy.
1. (a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

2. (b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

3. (c) Except where precluded by the actions of clients/patients or third-party payers, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.¹

¹History and Effective Date Footnote

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003.

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Cite as Ga. Comp. R. & Regs. R. 510-4-.02

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Rule 510-4-.03. Repealed.

Cite as Ga. Comp. R. & Regs. R. 510-4-.03

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Rule 510-4-.04. Repealed.

Cite as Ga. Comp. R. & Regs. R. 510-4-.04
Rule 510-4-.05. Repealed.

Cite as Ga. Comp. R. & Regs. R. 510-4-.05

Rule 510-4-.06. Repealed.

Cite as Ga. Comp. R. & Regs. R. 510-4-.06

Rule 510-4-.07. Repealed.

Cite as Ga. Comp. R. & Regs. R. 510-4-.07

Chapter 510-5. SUPPLEMENTAL CODE OF CONDUCT.


(1) Licensure by the State of Georgia mandates compliance with the Code of Ethics and the Supplemental Code of Conduct delineated in Chapters 510-4 and 510-5 respectively.

(2) This Code of Ethics and Supplemental Code of Conduct constitutes the standards against which the required professional conduct of a psychologist is measured. Psychologists shall be governed by the rules delineated in this Code of Ethics and Supplemental Code of Conduct whenever they provide psychological services in any context. These codes shall apply to the conduct of all licensees and applicants, including the applicant's conduct during the period of education, training, and employment which is required for licensure; the term "psychologist," as used within these codes, shall be interpreted accordingly. A violation of this Code of Ethics and Supplemental Code of Conduct constitutes unprofessional conduct and may constitute sufficient grounds for disciplinary action, or for denial of licensure.
Rule 510-5-.02. Definitions.

(1) Patient or Client. The term clients/patients may be defined through the following roles:
   (a) a recipient of psychological services,

   (b) a corporate entity or other organization when the professional contract is to provide services of benefit primarily to the organization rather than to individuals unless the contract specifies otherwise,

   (c) individuals including minors and legally incompetent adults who have legal guardians. The legal guardian shall be the client for decision-making purposes, except that the individual receiving services shall be the patient or client for:

       1. Issues directly affecting the physical or emotional safety of the individual, such as sexual or other exploitative dual relationships; and

       2. Issues specifically reserved to the individual, and agreed to by the guardian prior to rendering of services, such as confidential communication in a therapy relationship.

(2) Student. Students are individuals matriculating in a predoctoral training program or internship.

(3) Confidential Information. Confidential information refers to information for which a psychologist or other health professional is ethically obligated not to disclose without client permission. This standard is protected by state statute except when compelled to disclose as a result of a court order.

   (a) When a corporation or other organization is the client, rules of confidentiality apply to information pertaining to the organization, including personal information about individuals when such information is obtained in the proper course of that contract. Such information about individuals is subject to confidential control of the organization, not of the individual, and can be made available to the organization, unless there is an understanding between the psychologist and such individual that such information was obtained in a separate professional relationship with that individual and is, therefore, subject to confidentiality requirements in itself.
Court Order. A court order is an action taken by a judge that compels disclosure unless appealed, in contrast to a subpoena which compels only a response and may be issued by an attorney.

Professional Relationship. A professional relationship is a mutually agreed upon relationship between a psychologist and patients, clients, students, supervisees, or employees. The professional relationship status is not contingent upon nor defined by a payment transaction.

Psychological Services are all actions of psychologists in the context of a professional relationship with client/patients, students, supervisees, or employees.

Supervisee. Supervisees are individuals who are not authorized or licensed to practice psychology independently and who function under the extended authority of the psychologist, the internship/SWE supervisor or secondary supervisor in the provision of psychological services. Supervisees are individuals who are either:
(a) employees of the supervisor,
(b) employed by the supervisor's employer, or
(c) in training.

Supervisor. Supervisors are psychologists who have responsibility for the professional activities of individuals who are supervisees.

Telepsychology. The provision of psychological services using telecommunication technologies. Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g. self-help websites, blogs, and social media).

Cite as Ga. Comp. R. & Regs. R. 510-5-.02

Rule 510-5-.03. Competence.

(1) Scope of Practice. Psychologists who intend to or begin to practice in areas outside of their educational, internship, or SWE experiences must obtain sufficient training in those areas to insure their competence. When psychologists are developing competency in a
service or technique that is either new to the psychologist or new to the profession, they shall engage in ongoing consultation with other psychologists or relevant professionals and shall seek and obtain appropriate education and training in the new area.

(2) **Maintaining Competency.** Psychologists shall maintain current competency in their areas of practice, through continuing education, consultation, and/or other procedures, in conformance with current standards of scientific or professional knowledge.

Cite as Ga. Comp. R. & Regs. R. 510-5-.03

Authority: O.C.G.A. Sec. 43-39-12.


**Rule 510-5-.04. Maintenance and Retention of Records.**

(1) Records include information that may be used to document the nature, delivery, progress, and results of psychological services. The psychologist who renders professional services shall maintain records that include the following:

(a) Records of psychological services include:

1. identifying data (e.g., name, client ID number);
2. contact information (e.g., phone number, address, emergency contact);
3. fees and billing information;
4. where appropriate, guardianship or conservatorship status;
5. documentation of informed consent or assent for treatment (Ethics Code 3.10);
6. documentation of waivers of confidentiality and authorization or consent for release of information (Ethics Code 4.05);
7. documentation of any mandated disclosure of confidential information (e.g., report of child abuse, release secondary to a court order);
8. complaint, diagnosis, or basis for request for services;
9. plan for services, updated as appropriate (e.g., treatment plan, supervision plan, intervention schedule, community interventions, consultation contracts);
10. relevant health and developmental history;

11. date of service and duration of session;

12. types of services (e.g., consultation, assessment, treatment, training);

13. nature of professional intervention or contact (e.g., type of treatment, referral, letters, e-mail, phone contacts);

14. formal or informal assessment of client status.

(2) Psychologists are aware of relevant federal state and local laws and regulations governing records. Laws and regulations supersede requirement of these rules. In the absence of such laws and regulations, psychologists maintain complete records for seven years after the last date of service delivery for adults. If the client is a minor, the record period is extended until three years after the age of majority, or at least for seven years after the last date of service delivery, whichever is later.

(3) The psychologist shall store and dispose of written, electronic, and other records of patients and clients in such a manner as to ensure their confidentiality.

Cite as Ga. Comp. R. & Regs. R. 510-5-.04

Rule 510-5-.05. Impairment.

(1) The psychologist shall not undertake or continue a professional relationship with a client when the psychologist is, or could reasonably be expected by the Board to be, impaired due to mental, emotional, physiological, pharmacological, or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, shall notify the patient or client in writing of the termination, and shall assist the patient or client in obtaining services from another professional.

(2) Reporting Procedures and Investigation. The Board provides the following mechanism for the identification, intervention, and referral for treatment of a licensed psychologist or applicant who may be identified as impaired:
(a) A written statement shall be submitted to the Board. The statement should include a description of the incidents which led to the belief that the said licensee or applicant may be impaired. The individual making the report/complaint does not need to have proof of the impairment, but must state the facts which form the basis for their belief that the individual is impaired.

(b) If, after investigation of the complaint, the Board has reasonable grounds to believe that the individual may be impaired, the Board may do any or all of the following:

1. The Board may require a licensee or applicant to submit to a mental, physical, or mental and physical examination by an appropriate licensed practitioner designated by the Board.

2. The Board may require a licensee or applicant to produce or authorize the Board to obtain, any and all records relating to the alleged incapacitating mental and/or physical condition, including that individual's personal psychiatric and psychological records.

3. The Board may refer said licensee or applicant to an Impaired Colleague Assistance Program to establish a diagnosis, a plan of treatment, and to determine a prognosis.

(c) If sufficient evidence supports the diagnosis of impairment, the Board will inform the licensee or applicant of its belief that the licensee or applicant suffers from an impairment which may effect his or her care of clients and/or the ability to provide appropriate psychological services. Depending upon the severity of the problem and the prognosis, the Board may require the licensee or applicant to undertake a rehabilitation program recommended and monitored by a Colleague Assistance Program approved by the Board, and may impose appropriate restrictions on the licensee's or applicant's practice.

(d) If, at any point during the process of evaluation or rehabilitation, the licensee or applicant refuses/fails to comply with this procedure, such conduct may constitute the basis for the imposition of disciplinary sanctions.
(1) **Consultations and Referrals.**

(a) Psychologists arrange for appropriate consultations and referrals based principally on the best interests of their client/patients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations.

(b) Psychologists' referral practices are consistent with law.

(2) **Continuity of Care.**

(a) Psychologists shall make arrangements for another appropriate professional or professionals to deal with the emergency needs of his/her patients or clients, as appropriate, during periods of foreseeable absence from professional availability, unless section 10.10 of the Code of Ethics is applicable.

(b) Psychologists make reasonable efforts to plan for continuity of care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability or by the client/patient's relocation or financial limitations.

(c) **Confidentiality After Termination of Professional Relationship.** Psychologists shall continue to treat as confidential, information regarding client/patients after the professional relationship between the psychologist and the client/patient has ceased.

(3) **Delegation to and Supervision of Supervisees of Psychological Services.**

(a) Psychologists shall not delegate professional responsibilities to a person who is not qualified to provide such services. Psychologists delegate to supervisees, with the appropriate level of supervision, only those responsibilities that such persons can reasonably be expected to perform competently and ethically based on the supervisee's education, training, and experience.

(b) Psychologists shall not delegate responsibilities or accept supervisory responsibilities for work which they are not qualified and personally competent to perform. Psychologists must retain full, complete, and ultimate authority and responsibility for the professional acts of supervisees.

(c) The supervisee must have appropriate education and training, including training in ethical issues, to perform the delegated functions. The psychologist is responsible for determining the competency of the supervisee and will not assign or allow the supervisee to undertake tasks beyond the scope of the supervisee's training and/or competency. The psychologist is also responsible for providing the supervisee with specific instructions regarding the limits of his/her role as supervisee.
(d) The supervisee must fully inform the patient or client receiving services of his or her role as supervisee and the right of the patient or client to confer with the supervising psychologist with regard to any aspect of the services, care, treatment, evaluation, or tests being performed.

(e) When clinical psychological services are rendered, the psychologist must take part in the intake process, must personally make the diagnosis when a diagnosis is required, and must personally approve and co-sign a treatment plan for each patient or client. The psychologist must meet personally with the supervisee on a continuous and regular basis concerning each patient or client and must review the treatment record, including progress notes, on a regular basis as appropriate to the task(s). The psychologist must provide a **minimum** of one hour of supervision for every 20 hours of face-to-face clinical contact. The psychologist shall not take primary supervisory responsibility for more than three supervisees engaged in psychological services concurrently without Board approval.

(f) The selection and interpretation of psychological tests shall only be made by the psychologist. The psychologist must personally interview the patient when a diagnosis is made or is requested. In any written report, including psychological evaluations, the psychologist must approve and sign the report. When the supervisee does not participate in the actual writing of a report, but does administer and/or score psychological tests, the supervisee is not required to sign the report, but his or her name must be listed as the person who participated in the collection of the data in the report. When the supervisee personally participates in the writing of any report, then both the psychologist and the supervisee must sign the report.

(g) When the delegation and supervision of psychological services is being conducted for training purposes towards licensure, psychologists must comply with the Rules regarding internships, fellowships and/or postdoctoral supervised work experience.

Cite as Ga. Comp. R. & Regs. R. 510-5-.06

**Rule 510-5-.07. Representation of Services.**

(1) **Possession of License.** The psychologist must possess a current, valid, Georgia license to practice psychology.

(2) **Practicing via Electronic Transmission.** The provision of psychological services by electronic transmission (e.g. internet, telephone, computer.) must meet the same legal and
ethical standards as psychological services provided in person. This rule applies to both psychologists who are licensed in Georgia and to other psychologists residing elsewhere who are providing psychological services to clients/patients in Georgia who must meet the requirements of section 510-9-.03. The Georgia Board will report out of state psychologists to their respective licensing boards for practicing psychology via these means in the state of Georgia without a Georgia license.

(3) Psychologists do not exploit recipients of services or payers with respect to fees.

(4) Telepsychology Practice.

(a) Competence:

1. Psychologists assume responsibility to continually assess both their professional and technical competence when providing telepsychology services. Psychologists have read and are regulated by the Georgia State Board of Examiners of Psychologists rules for the practice of Telepsychology.

2. Psychologists are encouraged to examine the available evidence to determine whether specific telecommunication technologies are suitable for a client/patient, based on the current literature available, current outcomes research, best practice guidance, and client/patient preference.

   (i) Psychologists understand the need to consider their client/patient's ability to engage in and fully understand the risks and benefits of the proposed intervention utilizing specific technologies.

   (ii) Psychologists understand the manner in which cultural, linguistic, socioeconomic, and other individual characteristics (e.g. medical status, psychiatric stability, physical/cognitive disability, personal preferences) may impact effective use of telecommunication technologies in service delivery.

3. Psychologists identify and learn how to access relevant and appropriate emergency resources in the client/patients' local area such as emergency response contacts.

(b) Standards of Care in Telepsychology Services:

1. Psychologists delivering telepsychology services apply the same ethical and professional standards of care and practice that are required when providing in-person psychological services.

2. Psychologists who are providing telepsychology services conduct an initial assessment to determine the appropriateness of the telepsychology service to be provided for the client/patient which includes the examination of
potential risks and benefits for the client/patients' particular needs, the multicultural and ethical issues that may arise, and a review of the most appropriate medium (e.g., video teleconference, text, e-mail).

3. Psychologists are aware of such other factors as geographic location, technological competence, diagnosis, use of substances, treatment history, and therapeutic needs relevant to appropriateness of telepsychology services.

4. Psychologists communicate any risks and benefits of the telepsychology services in relation to in-person services.

5. Psychologists assess carefully the remote environment in which services will be provided to determine what impact there might be on efficacy, privacy, or safety of the proposed intervention.

(c) Informed Consent:

1. Psychologists make efforts to offer a clear description of those telepsychology services they provide and they seek to obtain and document informed consent.

2. Psychologists document written informed consent from their clients/patients that specifically addresses the unique concerns relevant to services.

3. Psychologists make an effort to use language that is understandable by their clients/patients and to be aware of cultural linguistic and other issues.

4. Psychologists discuss the billing documents with client/patients.

5. Psychologists include in the informed consent the manner in which telecommunication will be used and the boundaries they will establish, and the procedures for responding to electronic communications.

(d) Confidentiality of Data and Information:

1. Psychologists protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks of loss of confidentiality inherent in the use of the telecommunication technologies.

2. Psychologists become knowledgeable about the potential risks to confidentiality before utilizing such technologies.
3. Psychologists understand and inform their clients/patients of the limits to confidentiality and the risks of possible access to or disclosure of confidential data and information.

4. Psychologists are cognizant of the ethical and practical implications of researching online personal information about their clients/patients.

5. Psychologists who use social networking sites for both personal and professional purposes educate themselves about the potential risks to privacy and confidentiality and to utilize available privacy settings to reduce these risks.

(e) **Security and Transmission of Data and Information:**

1. Psychologists take reasonable steps to ensure that security measures are in place to protect data and information related to their clients/patients from unintended access or disclosure.

2. When keeping records of e-mail, online messaging, and other work using telecommunication technologies, psychologists are cognizant that preserving the actual communication may be preferable to summarization.

(f) **Disposal of Data and Information and Technologies:**

1. Psychologists make reasonable efforts to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.

(g) **Testing and Assessment:**

1. Psychologists are knowledgeable about the unique impact of tests, their suitability for diverse populations, and the limitations on test administration and on test and other data interpretations when these psychological tests and other assessment procedures are conducted via telepsychology.

2. Psychologists strive to maintain the integrity of the application of the testing and assessment process and procedures when using telecommunication technologies.

3. When a psychological test or other assessment procedure is conducted via telepsychology, psychologists are encouraged to ensure that the integrity of the psychometric properties of the test or assessment procedure and the conditions of administration indicated in the test manual are preserved when adapted for use with such technologies.
4. Psychologists are cognizant of the specific issues that may arise with diverse populations when providing telepsychology and to make appropriate arrangements to address those concerns (e.g., language or cultural issues, cognitive, physical, or sensory skills or impairments, or age may impact assessment).

5. Psychologists use test norms derived from telecommunication technologies administration if such are available.

6. Psychologists recognize the potential limitations of all assessment processes conducted via telepsychology and to be ready to address the limitations and potential impact of those procedures.

Cite as Ga. Comp. R. & Regs. R. 510-5-.07

Rule 510-5-.08. Forensic Assessment.

(1) Psychologists' forensic assessment, recommendations, and reports are based on information and techniques (including personal interviews of the individual, when appropriate) sufficient to provide appropriate substantiation for his/her findings.

(2) Psychologists provide written or oral forensic reports or testimony of the psychological characteristics of an individual only after they have conducted an examination of the individual adequate to support his/her statements or conclusions.

Provided, however, that when, despite reasonable efforts, such an examination is not feasible, psychologists clarify the impact of his/her limited information on the reliability and validity of his/her reports and testimony, and they appropriately limit the nature and extent of his/her conclusions or recommendations.

(3) In forensic testimony and reports, psychologists testify truthfully, honestly, and candidly and, consistent with applicable legal procedures, describe fairly the basis for his/her testimony and conclusions.

(4) Whenever necessary, psychologists acknowledge the limits of his/her data or conclusions.

(5) In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists, may be called on to service in
more than one role in a legal proceeding (for example, as consultant or expert for one party or for the court and as a fact witness) they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter, as changes occur, in order to avoid compromising his/her professional judgment and objectivity, and in order to avoid misleading others regarding his/her role.

(6) When a judge authorizes an order for a psychologist to conduct a psychological custody evaluation of a family, the court appointed psychologist shall not be subject to disciplinary action resulting from any act or failure to act in the performance of his or her duties unless such act or failure to act was found in bad faith by the judge (see O.C.G.A. § 19-9-3). If found in bad faith by the judge the following is considered by the Board in deciding whether or not a rule violation has occurred: The definition of "working in good faith" shall be based on compliance with the APA's 2010 "Guidelines for Child Custody Evaluations in Family Law Proceedings." Any Board filed complaint that alleges misconduct by a psychologist acting as a court-appointed custody expert must cite a specific breach of the APA's guidelines before any action is taken against the psychologist.

Cite as Ga. Comp. R. & Regs. R. 510-5-.08

Rule 510-5-.09. Violations of Law.

(1) Violation of Applicable Statutes. The psychologist shall not violate any applicable statute or administrative rule regulating the practice of psychology.

(a) Psychologists have an obligation to be familiar with these codes, other applicable ethics codes, and their application to psychologists' work. Lack of awareness or misunderstanding of a standard is not itself a defense to a charge of unprofessional conduct.

(b) When a psychologist is uncertain whether a particular situation or course of action would violate these codes, the psychologist shall consult with other psychologists who are knowledgeable about ethical issues, with state or national psychology ethics committees, or with other appropriate authorities, in order to choose a proper response or course of action.

(2) Use of Fraud, Misrepresentation or Deception. The psychologist shall not use fraud, misrepresentation, or deception in obtaining a psychology license, in passing a psychology licensing examination, in assisting another to obtain a psychology license or to pass a psychology licensing examination, in billing clients or third party payers, in
providing psychological services, in reporting the results of psychological evaluations or services, or in conducting any other activity related to the practice of psychology.

Cite as Ga. Comp. R. & Regs. R. 510-5-.09

Rule 510-5-.10. Aiding Illegal Practice.

(1) Providing Supervision.

(a) The psychologist shall exercise appropriate supervision over the supervisee, as set forth in the rules and regulations of the Board.

(b) A person licensed under this chapter may not supervise or employ as an assistant, or in any other capacity, an individual who has:

1. voluntarily surrendered his/her license to practice psychology in this or any other state;

2. been disciplined by this Board pursuant to O.C.G.A. Sec. 43-1-19 and/or 43-39-13;

3. been disciplined by any other lawful licensing authority; or

4. been convicted of a felony, and/or is under criminal probation.

(c) Rule 510-5-.10(1)(b) may be waived or modified by the Board, in its discretion, upon a showing of extraordinary circumstances.

(2) Psychologists shall cooperate in national investigations, proceedings, and resulting requirements of the Board or any affiliated state or national psychological associations to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself a violation.

(3) Psychologists do not file or encourage the filing of complaints that are frivolous or maliciously intended.

Cite as Ga. Comp. R. & Regs. R. 510-5-.10

A Psychologist shall report within thirty (30) days to the Board:

(a) Any sanctions or disciplinary actions by any other lawful authorities.

(b) Any voluntary surrender of his/her license to practice psychology in another state.

Cite as Ga. Comp. R. & Regs. R. 510-5-.11

Rule 510-5-.12. Repealed.

Cite as Ga. Comp. R. & Regs. R. 510-5-.12


Cite as Ga. Comp. R. & Regs. R. 510-5-.13


Cite as Ga. Comp. R. & Regs. R. 510-5-.14

Chapter 510-6. DISCIPLINARY HEARINGS.

Rule 510-6-.01. Procedures for Hearings.

The Georgia State Board of Examiners of Psychologists hereby adopts by reference as its permanent rules Chapter 295-3 through 295-13, and any future amendments thereto, Rules and Regulations of the Office Of Joint Secretary, State Examining Boards, relating to Procedures for Hearings before the several State Examining Boards.
Rule 510-6-.02. Disciplinary Sanctions.

(1) The Board shall have the authority pursuant to O.C.G.A. Secs. 43-1-19 to refuse to grant a license to an applicant or to revoke or discipline a licensee upon a finding by a majority of the Board that the licensee or applicant has committed a violation under O.C.G.A. Secs. 43-1-19 and/or 43-39-13.

(2) For purposes of O.C.G.A. Secs. 43-1-19(a)(6), behaviors (acts, knowledge, and practices) that are unprofessional, immoral, unethical, deceptive, or which fail to meet the minimal reasonable standards of acceptable and prevailing practice of psychology, shall include but not be limited to any act or practice which violates the Code of Ethics or the Code of Conduct established by the Board. This applies to the psychologist and to anyone under his or her supervision.

Chapter 510-7.

RENEWAL/REINSTATEMENT/INACTIVE LICENSE.

Rule 510-7-.01. Renewal.

Every psychology license will expire on December 31st of even numbered years, and will be renewable for two years if all requirements for renewal, including continuing education requirements are satisfied, and the renewal fee is paid. Psychologists practicing with an expired license are subject to disciplinary action by the Board. Licenses may be renewed within thirty one (31) days after their expiration and are subject to a late renewal penalty fee in addition to the renewal fee. Licensees are NOT to practice after December 31st of each even numbered year until the license has been renewed and is in active status. See fee schedule and continuing education rule. Failure to renew a license within thirty one (31) days of its expiration, the license shall be considered lapsed. Reinstatement is at the sole discretion of the Board.
Rule 510-7-.02. Reinstatement.

(1) A license which has lapsed for failure to renew may be reinstated within one year, from the date the license lapsed, at the sole discretion of the Board, upon submission of an Application for Reinstatement, documentation of 40 hours of continuing education activities that were completed within two years of the date the application is received by the Board, and payment of a penalty fee as set by the Board (See Fee Schedule). Reinstatement after more than twelve (12) months following lapse of the license will require submission of an Application for Reinstatement, documentation of 40 hours of continuing education activities that were completed within two calendar years of the date the application is received by the Board, and passage of both the Georgia Jurisprudence and Oral Examinations.

(2) For applicants holding a current license in another jurisdiction, a Georgia license which has been in lapsed status for one or more years may be reinstated, at the sole discretion of the Board, upon completion of the requirements set forth above, plus submission of Verification of Current Licensure from the licensing jurisdiction, and passage of both the Georgia Jurisprudence and Oral Examinations.

Cite as Ga. Comp. R. & Regs. R. 510-7-.02

Rule 510-7-.03. Inactive Status.

(1) A person must have a current Georgia psychology license to practice psychology in Georgia or to use the title "psychologist" in Georgia.
(a) A licensee who holds a current license, and who will not use the title "psychologist" in Georgia and will not practice psychology in Georgia, may apply for Inactive Status by completing an Application for Inactive Status and submitting the appropriate fee (see Fee Schedule) to the Board. A licensee may not use his or her license in the State of Georgia while that license is on Inactive Status.

(b) A licensee who wishes to reactivate an inactive license who has an active license in another state and who has been actively practicing psychology there within the past two years must submit to the Board an Application to Reactivate, documentation of 40 hours of continuing education activities, in accordance with the requirements for continuing education hours specified in Board rule 510-8, that were completed within two calendar years of the date the application is received by the Board, and appropriate fee. See Fee Schedule.

(c) For the Board to approve reactivation of the license of a psychologist who has not had an active license in another state and who has not been actively practicing psychology the licensee must also pass both the Georgia Jurisprudence and Oral Examinations in addition to the requirements set forth in (b) above.

Cite as Ga. Comp. R. & Regs. R. 510-7-.03
Amended: F. Mar. 28, 2018; eff. Apr. 17, 2018.

Chapter 510-8. CONTINUING EDUCATION REQUIREMENTS.

Rule 510-8-.01. Continuing Education Requirements.

(1) A total of 40 credits of continuing education relevant to the licensee's professional activities are required biennially to renew a license. Six CE credits must be earned in professional ethics at a personally attended workshop. The renewal period runs from January 1 of an odd numbered year to December 31 of the following even numbered year. Time counted shall be a clock hour for each hour's CE credit, except in area III Conference/Conventions where one conference day is equal to one hour of CE credit. Each psychologist shall report biennially on the renewal application, under oath, the number of CE credits of continuing education he/she completed.
(2) Psychologists who are licensed by examination or by endorsement during the first year of the biennium (between January 1 and December 31 of the odd numbered year) must obtain 20 CE credits of continuing education, 3 CE credits of which must be in professional ethics.

(3) Psychologists who are licensed by examination or by endorsement during the second year of the biennium (between January 1 and December 31 of the even numbered year) will not be required to complete any continuing education credits to renew the license for the first time.

(4) Psychologists with disabilities may petition the Board for accommodations that facilitate their satisfaction of these requirements. The request for an accommodation by an individual with a disability must be made in writing and received in the Board office by at least 2 months prior to the end of the renewal period along with the appropriate documentation, as indicated in the Request for Disability Guidelines.

Cite as Ga. Comp. R. & Regs. R. 510-8-.01
Amended: F. Mar. 29, 1996; eff. Apr. 18, 1996.

Rule 510-8-.02. Types of Continuing Education.

(1) Successful completion of the board examination of the American Board of Professional Psychology will satisfy all continuing education requirements in the biennium during which the examination is passed. Documentation from ABPP must be submitted to the Board.

(2) Professional Ethics. A licensed psychologist must complete a minimum of 6 CE credits in professional ethics at a personally attended workshop to renew his/her license each biennium. These credits may be earned through Areas I or IV. The content of the ethics CE requirement must be related to ethical, legal, statutory or regulatory policies, guidelines, and/or standards that impact psychology and must be postdoctoral in nature. A psychologist who serves as a peer reviewer for the Board for an alleged violation of the laws or rules will earn 3 ethics CE credits for the current biennium if the completion of the review is acknowledged by the Board and if the review is submitted as a written report to the Board. A psychologist who serves on a subcommittee of the Board for oral examinations will be awarded 3 ethics CE credits for each day of service up to a
maximum of 6 CE credits per biennium. A psychologist who serves as a member of the Ethics committee for the Georgia Psychological Association or as a Board member of the State Board of Examiners of Psychologists for the entire biennium will receive 6 ethics credits. If a psychologist serves as a member of the Georgia Psychological Association Ethics Committee or the Georgia State Board of Psychologists for half of the biennium, 3 ethics credits will be awarded; for service six months or less, 1 ethics credit will be awarded. **The delivery method of the continuing education by the presenter and the attendance of the psychologist at the continuing education event must be in person.**

(3) Continuing Education credits may be met through the following areas. Each area states the minimum (if applicable) and maximum number of credits allowed as well as the required documentation. All credits in areas I (1, 2) II, III, and IV must be in person. **The delivery method of the continuing education by the presenter and the attendance of the psychologist at the continuing education event must be in person.**

(a) **Area I- Academic.** This area includes three academic activities: Academic Courses, Instruction, and Publications. A maximum of 20 CE credits per biennium may be earned through Area I.

1. **Academic courses** refers to taking, for credit, and passing a graduate-level course related to psychology from a regionally accredited university. A maximum of 20 CE credits per biennium is allowed for this activity. Required documentation is a graduate transcript showing the course taken and passing grade.

2. **Instruction** refers to teaching, for the first time, a semester long (or equivalent) graduate or undergraduate course related to psychology in a regionally accredited institution. This activity counts for a maximum of 10 CE credits per course with a maximum of 20 CE credits per biennium. Instruction also refers to presenting for the first time, a day-long (6 credit hour) approved sponsor workshop or half-day long (3 credit hour) approved sponsor workshop that relates to the practice of psychology. For first time presented sponsor approved workshops, each hour of presentation counts for one hour of CE credit. A maximum of 12 CE credits each biennium is allowed for two 6 hour workshops and a maximum of 6 CE credits each biennium is allowed for two 3 hour workshops. Approved sponsors are identified in Area IV below. Both of these instructional activities (teaching a course or presenting a workshop) will count only when the course or presentation is conducted for the first time. Required documentation is both a copy of the presentation announcement, course catalog noting the course taught and instructor, or registration materials indicating the presentation; and an attestation from the psychologist stating that the course or workshop is being presented for the first time.

3. **Publications** refers to first or second authoring of articles published in peer reviewed journals, books or book chapters, or editing or co-editing of a book
or peer-reviewed journal related to the profession of psychology. A maximum of 5 CE credits per article for a total of 10 CE credits per biennium is allowed for publications. Required documentation is a copy of the journal abstract, book table of contents, or book or journal editor page inclusive of the author's name.

(b) **Area II-Ongoing Peer Group Consultation.** This area includes research groups, journal clubs, and individual and group case consultation that has a structured, organized format, meet regularly, and focus on psychological activities related to one's practice. If one gets credit from this area, one must have a minimum of 10 CE credits from this area and a maximum of 20 CE credits from this area, with one hour of peer consultation equal to one credit. This means that any peer consultation activity must have at least a minimum of ten one hour sessions in length. However, one can only count a maximum of 20 one hour sessions for credit under this area. Required documentation is a contemporaneous log with a list of dates attended, topics discussed, location, identification of participants, and number of hours. The log must be attested to and notarized by the individual who is designated as the leader of the peer consultation group.

(c) **Area III Conference/Convention.** This area refers to attending professional conferences/conventions related to psychology. A maximum of 5 CE credits per biennium is allowed in this area with one conference day being equal to one hour of CE credit. These credits are for activities at conventions and conferences such as luncheons or psychology related business meetings or gatherings for which the attendee does not earn approved sponsor continuing education credits under Area IV. For example, in one conference day there are two ways to earn 7 CE credits. One could earn 7 CE Credits by attending one 6 hour Area IV Approved Sponsor CE and adding 1 conference day CE Credit for attending other activities such as a business lunch or meeting, or evening activity. One could also earn 7 CE Credits by attending two 3 hour Area IV Approved Sponsor CE activities and adding 1 conference day CE Credit for attending other activities such as a business lunch or meeting, or an evening activity. One could earn 4 CE Credits in one conference day by attending one 3 hour Area IV Approved Sponsor CE Activity and adding 1 conference day CE Credit for attending other activities such as a business lunch or meeting, or an evening activity. Also, one could earn only 1 CE Credit in one conference day by only attending other activities such as a business lunch or meeting, or an evening activity. Required documentation is a copy of the conference/convention registration materials.

(d) **Area IV Approved Sponsored Continuing Education.** This area refers to participation in any activity provided by approved sponsor organizations described below. A maximum of 40 CE credits per biennium is allowed in this area with one hour of activity being equal to 1CE credit. Required documentation is an official certificate of attendance/participation issued by the CE presenter/sponsoring
organization and includes date, title, location, and hours. **The delivery method of the continuing education by the presenter and the attendance of the psychologist at the continuing education event must be in person.**

Approved sponsors of continuing education may include State Psychological Associations, the American Psychological Association or any of its approved sponsors approved through the American Psychological Association Sponsor Approval System (APA Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists, 2005), the Canadian Psychological Association Approval of Sponsor of Continuing Education for Canadian Psychologists (CPA, 2005), the Academies of the Specialty Boards of the American Board of Professional Psychology, Association for Psychological Science, National Association of School Psychologists, regionally accredited educational institutions that offer graduate training in psychology or related fields, Federal and State Government entities providing training at the post-doctoral level by licensed psychologists. Category I Continuing Medical Education (CME) of the American Medical Association, the Canadian Medical Association, American Bar Association, and the Canadian Bar Association, if relevant to the practice of psychology.

(e) **Area V -Self Instructional Activity.** This is a broadly defined area intended to accommodate any self-development activities, which are relevant to one's professional interests. A maximum of 16 total CE hours per biennium are allowed in this area earned from the following categories:

1. This area includes use of audiotapes, videotapes, books, journals and online CE offerings. Each hour of self-instructional activity qualifies for 1 CE credit. A maximum of 10 CE credits are allowed for the aforementioned activities. Required documentation is an affidavit which contains a description of the activity, the subject material covered, the dates, the number of hours involved, or a CE certificate from an online offering.

2. A maximum of 6 hours of credit is allowed for interactive online CE in real time. Interactive CE is defined as an activity in which the participant interacts with a live person who is the instructor, and may also interact with other participants through a computer either through audio or audio/visual channels, in real time. Real time is defined as an activity in which both the instructor and the participant are on the computer at the same time. Any interactive CE hour over 6 hours may be counted under section (c) above.

(f) **On Line Continuing Education.** Online instruction qualifies as CE credit only as described under Area V.

_Cite as Ga. Comp. R. & Regs. R. 510-8-.02_  
_History._ Original Rule entitled "Types of Continuing Education" adopted. F. July 27, 1994; eff. August 16, 1994._
(1) Each licensee shall maintain for four years his/her own records of completed continuing education activities. The Board will not maintain continuing education files for licensees.

(2) Each licensee shall attest, on his/her biennial license renewal application, that he/she has satisfied the continuing education requirements. Documentation of these activities should be retained by the licensee and not sent to the Board unless so requested. False attestation of satisfaction of the continuing education requirements on a renewal application may subject to licensee to disciplinary action, including revocation.

(3) The Board will audit a fixed percentage of the renewal applications. Licensees whose applications are audited will be required to document the completion of his/her continuing education activities on the Continuing Education Report Form. Licensees will also be required to provide copies of the actual certificates earned for Area IV Approved Sponsored Continuing Education activities and also the documentation of any CE activities claimed from Areas I, II, III, and V as is required and specified in those areas.

   (a) If an audited licensee fails to provide the Board with acceptable documentation of the credits attested to on his/her renewal application, the license will not be renewed. The licensee may obtain the required continuing education credits within thirty one (31) days, however, the license will not be renewed until the requirements have been met and approved by the Board. Failure to satisfy the continuing education requirement shall result in revocation of the license by operation of law.

   (b) If, following the audit, the Board disqualifies any of the documented continuing education credits such that the licensee does not meet the continuing education requirements set out above, the license will not be renewed until the requirements have been met and approved by the Board. The licensee must obtain the required continuing education credits before the end of the late renewal period (January 31st of every odd numbered year following the even numbered year renewal/expiration date) or the license shall be revoked by operation of law.

   (c) Under conditions a or b, practicing without a renewed license subjects the licensee to penalties as set forth by the Board, and the licensee may be subject to
disciplinary action, including revocation of license. A psychologist cannot practice psychology in the State of Georgia without an active, renewed license.

Cite as Ga. Comp. R. & Regs. R. 510-8-.03

Chapter 510-9. LICENSES OF LIMITED DURATION.

Rule 510-9-.01. Temporary License.

(1) A temporary license is available only to applicants for licensure by endorsement. See Chapter entitled "Licensure by Endorsement".

(2) The applicant for a temporary license must submit a written request for a temporary license along with their application for licensure by endorsement and the appropriate fee. See Fee Schedule.

(3) The Board will consider the request for a temporary license only after the application for licensure by endorsement is complete. The applicant must have taken and passed both the EPPP and the Georgia Jurisprudence examination and the Board has determined that the applicant is eligible to sit for the required oral examination.

(4) The Temporary License will be in effect for a maximum of 12 months. To continue to practice psychology in Georgia beyond that year, the holder must have obtained a license to practice psychology by endorsement.

Cite as Ga. Comp. R. & Regs. R. 510-9-.01

Rule 510-9-.02. Provisional License.
(1) The Board may issue a provisional license to an applicant for a permanent license, but only to an individual who is in the process of completing the postdoctoral supervised work experience requirement. The provisional license may be granted to an individual who has passed all written examinations and completed all other requirements for permanent licensure except for the postdoctoral supervised work experience requirement and the oral examination.

(2) A provisional license will expire in 24 months unless the Board grants an exception, or in the event of the granting of a permanent license, whichever occurs first. The provisional license shall not be renewable. Individuals licensed under this subsection are restricted to the stipulations of the supervised work experience requirement.

(3) A provisional license is subject to revocation if the Board determines that the requirements of the supervised work experience are not being satisfactorily met. Revocation of a provisional license shall not be considered a contested case within the meaning of Chapter 13 of Title 50, the "Georgia Administrative Procedure Act", but a holder of a provisional license shall have the right to appear before the Board.

Cite as Ga. Comp. R. & Regs. R. 510-9-.02

**Rule 510-9-.03. Permission for Limited Practice.**

An individual licensed to practice psychology at the doctoral level in another jurisdiction may practice psychology in Georgia without applying for a Georgia license, so long as the following requirements are met:

(a) The individual holds an Interjurisdictional Practice Certificate (IPC) issued by the Association of State and Provincial Psychology Boards (ASPPB) and

   1. at least 5 days before the intended practice submits an IPC attestation form and

   2. ASPPB verifies the IPC certificate is current and valid or

(b) at least 5 days before the intended practice, the individual notifies the Board of their intent to practice in Georgia with dates, address, and nature of intended practice and 1. Submits a verification form from their jurisdiction of licensure indicating no history of disciplinary action.

(c) The psychologist must limit his/her practice in Georgia to a maximum of 30 days per calendar year (a day being defined as any part of a day where psychological work is
performed). This permission for limited practice only applies to individuals who are currently not seeking licensure in Georgia.

(d) The state of Georgia provides that a person must be licensed as a psychologist in the state to render psychological services however, the following are exempted: The activities and services of a non resident of the state of Georgia who renders consulting or other psychological services if such activities and services are rendered in cooperation with the American Red Cross, the International Critical Incident Stress Foundation, or as a member of the Disaster Response Network of the American Psychological Association or the Georgia Psychological Association or other nationally recognized disaster response networks. The Board shall be informed prior, if possible, to the initiation of said services.

Cite as Ga. Comp. R. & Regs. R. 510-9-.03

Rule 510-9-.04. License for Volunteer Service.

(a) A license issued by consent order by the board may be granted to persons who are retired from the practice of psychology or who have an inactive license and who are not currently engaged in the practice of psychology either full time or part time and who have prior to retirement or attaining inactive status, maintained full licensure in psychology in good standing.

(b) This license by consent order shall permit the practice of psychology only in the non compensated employ of public agencies or institutions, not for profit agencies, not for profit institutions, nonprofit corporations, or not for profit associations providing services to indigent patients in areas which are underserved or are in critical need population areas of the state and will not receive compensation for the services of the psychologist.

(c) Examinations by the psychology board, application fees, and all licensure and renewal fees will be waived.

(d) The board will issue a license by consent order for volunteer service after the person has applied for and successfully completed a personal interview with the board.

(e) In order to be approved to interview with the board the person requesting license by consent order for volunteer service shall submit to the board by application:
   (1) verification that most recently held license was in good standing.
(2) proof of meeting 20 hours continuing education requirements for licensure renewal in the two years immediately prior to application for volunteer service. If continuing education requirements are not complete at the time of application the applicant may be granted a non renewable 6 month temporary license by consent order with the provision that the person has successfully completed the personal interview with the board and the understanding that all continuing education requirements shall be met within 6 months after being issued the temporary license.

(3) a notarized statement from the agency that will receive the volunteer services attesting to the fact that the psychologist will not be compensated for their services and the agency will not bill for or in any way be compensated for the services provided by the psychologist. The notarized statement will also verify that the agency will provide malpractice insurance coverage for the volunteer psychologist.

(f) The requirements for renewal for a license by consent order for volunteer service will be the same as required to renew a psychology license except that the time for renewal will be determined by the consent order and may require a personal interview if requested by the board.

Cite as Ga. Comp. R. & Regs. R. 510-9-.04

Chapter 510-10. UNLICENSED PRACTICE.

Rule 510-10-.01. Individuals.

An individual who does not hold a current license issued by the Georgia State Board of Examiners of Psychologists, and does not fall within one of the exemptions set forth in O.C.G.A. Section 43-39-7:

(a) May not render or order to render to individuals, groups, organizations, or the public for a fee or any remuneration, monetary or otherwise, any service involving the application of recognized principles, methods, and procedures of the science and profession of psychology, such as, but not limited to, diagnosing and treating mental and nervous disorders and illnesses, rendering opinions concerning diagnoses of mental disorders, including organic brain disorders and brain damage, engaging in neuropsychology, engaging in psychotherapy, interviewing, administering, and interpreting tests of mental abilities, aptitudes, interests, and personality characteristics for such purposes as psychological classification or evaluation, or for education or vocational placement, or for such purposes as psychological counseling, guidance, or readjustment.
(b) May not offer direct psychological services or supervise psychological services, including for training purposes, regardless of fee or remuneration, monetary or otherwise.

(c) May not advertise that he or she is licensed by the Board;

(d) May not use any words, letters, titles, or figures indicating or implying that he or she is licensed by the Board.

(e) May not use any words, letters, titles, or figures indicating or otherwise implying that he or she is a psychologist or is in any way practicing psychology.

Rule 510-10-.02. Business Entities.

A business entity may not use in its name any words, letters, titles, or figures that indicate or imply the practice of psychology unless at least one employee or officer of that entity holds a current psychology license issued by the Board of Examiners of Psychologists.

Rule 510-10-.03. Psychological Assessment.

(1) Definitions:

(a) **Psychological Testing** is defined as the use of assessment instruments that measure mental abilities, personality characteristics, or neuropsychological functioning in order to diagnose, render opinions, treat, classify or evaluate mental and nervous disorders and illnesses including organic brain disorders and brain damage.

(b) **Mental Abilities** are defined as abilities that are psychological in nature, as opposed to physical in nature. Mental abilities include, but are not limited to, intelligence, cognition, attention, concentration, memory, language, abstraction, creativity and problem solving.
(c) **Personality Characteristics** are defined as personality states, traits, attitudes, emotional conditions, self-image, motivation and interpersonal behaviors. Personality assessment includes objective and projective personality tests.

(d) **Neuropsychological Functioning** is defined as the psychological manifestations of brain functioning. Neuropsychological testing is the use of psychological tests and assessment techniques to assess brain functioning and to diagnose brain pathology, organic brain disorders, and brain damage. Neuropsychological functioning includes, but is not limited to, sensory-motor functioning, attention, concentration, memory language, abstraction, problem solving, visual spatial ability, executive functioning and personality.

(2) The administration and interpretation of tests for psychological purposes constitutes the practice of psychology, and, accordingly, requires that the individual administering and interpreting such psychological tests be currently licensed by the State of Georgia as a psychologist. Students, trainees or assistants who satisfy the requisite statutory and rule requirements may administer and interpret psychological tests under the direct supervision of a currently licensed psychologist.

(b) Psychologists also administer and interpret other tests, including but not limited to educational and vocational tests, interest inventories, academic achievement tests, test that evaluate marital and family functioning, and test that assess alcohol and substance abuse and dependence, however these other tests are not entirely within the domain of the profession of psychology alone.

Cite as Ga. Comp. R. & Regs. R. 510-10-.03

**Rule 510-10-.04. Exceptions.**

Nothing in this chapter shall prohibit a person with a license issued by another professional board from engaging in any activity for which that person is currently authorized to by state law to practice. Persons practicing acts exempted under O.C.G.A. Section 43-39-7 shall not be considered to be unlawfully practicing psychology.

Cite as Ga. Comp. R. & Regs. R. 510-10-.04