MARYLAND BOARD OF EXAMINERS OF PSYCHOLOGISTS

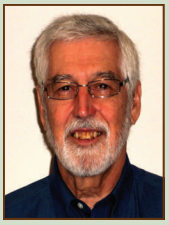
SPRING 2009 Volume 3 Issue 2

ON THE INSIDE

From The Chair...

Robert A. Brown, Ph.D., ABPP

There are a number of changes in Board procedures and activities that will affect many of you. Emphasizing transparency of our operations, we have provided the Maryland Psychological Association with information on these changes and tried to be receptive to their feedback. This newsletter, which goes to all licensed psychologists, is likewise designed to let psychologists know of board actions that may affect them.



There have been requests to all Maryland Health Boards to award CE credits for *pro bono* services. The Psychology Board has voted against awarding CE credits for such services, reasoning that these activities may or may not lead to enhanced competence to practice – as CE is designed to do. However, the Board also believes that *pro bono* services are in the public interest, and therefore it is important that it takes whatever steps are necessary to increase psychologists' participation in activities to aid the disadvantaged. This is particularly critical in this time of financial strain on many of our citizens, which not only increases the need for psychological services, but also increases the number of people who cannot afford them.

What are *pro bono* services? Wikipedia defines them as: **Pro bono publico** (usually shortened to **pro bono**) is a phrase derived from Latin meaning 'for the public good'. The term is generally used to describe professional work undertaken voluntarily and without payment as a public service. It is common in the legal profession and is increasingly seen in marketing, technology, and strategy consulting firms. Pro bono service, unlike traditional volunteerism, uses the specific skills of professionals to provide services to those who are unable to afford them."

The Maryland Pro Bono Commission, established in 1996 by Chief Judge Robert M. Bell, devised the definition, rules, and reporting requirements for Maryland attorneys. The Commission recommends an average of 50 hours annually over an attorney's career to be devoted to services for disadvantaged individuals or organizations that serve them, either free or at substantially reduced rates. This guideline is aspirational, not mandatory, but lawyers must file an annual report specifying some of the details of their *pro bono* activities. You can find information on the rules for attorneys at: www.courts.state.md.us/probono/index.html/ or Google "pro bono legal services Maryland".

As an initial step toward enhancing *pro bono* services by psychologists, the Board has voted to require licensees to report these activities when applying for license renewal. This will give the Board an idea of the current level of services and whether additional steps could be useful.

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2009 Board Meeting Dates

June 12
July 10
September 11
October 9
November 13
December 11

Open meetings begin at 9:00am

If interested in attending an open meeting of the Board, please contact Executive Director, Lorraine Smith at 410–764–4786 for information.

Jurisprudence Exam Dates

The 2009 State of Maryland Jurisprudence Licensure Examination dates:
June 19, July 17, Aug. 21, Sept. 4, Oct. 16, Nov. 20, & Dec. 18.

For examination information or questions regarding your application, contact Ms. Sally Mitchell, Administrative Assistant or Ms. Dorothy Kutcherman, Licensing Coordinator–410–764–4787.or 4703.

ANNOUNCEMENTS

In February 2009, APA Council of Representatives approved newly revised child custody evaluation guidelines, *Guidelines for the Evaluation of Child Custody in Family Law Proceedings*. While guidelines are aspirational, the Board will take them into account when addressing custody-related complaints. Familiarity with the guidelines is recommended for psychologists who conduct custody evaluations and/or practice in related areas. ◊

Disciplinary Actions

July 2008—March 2009

This summary delineates the number, nature and disposition of complaints the Board received. Typically, each complaint alleges multiple violations, therefore the number of complaint types is greater than the total number of complaints received. Data may include, but are not limited to types of allegations, categories of violation, and disciplinary actions. Informal actions do not disclose identifying data. Informal actions typically involve meeting with the Board prior to final agreements being determined. Formal actions are a matter of public record.

Total Number of Cases Received = 19
Public Orders/Formal Actions = 2
Average Number of Active Investigations = 18

Number of Informal Actions
Referred to another jurisdiction = 1
Cease and Desist = 1
No investigation warranted = 4
No actions warranted = 5
Letter of Education = 2
Letter of Admonishment = 1
Referred to the Office of the Attorney General for Charging = 1

Formal Actions—Public Orders
The following violation(s) of the Maryland Psychologists Act (Title 18), the Maryland Code of Regulations (Title 10), and the associated board actions are a matter of public record:

Ronald Wynne, Ph.D.—license #1847 was sanctioned to suspension for one (1) year, all stayed; and probation for two (2) years with certain conditions for violations of Health Occ., Sec. 18-313(7), (12), (17) and 20) and COMAR 10.36.05.07B (1), (2), (3) and (4). His violations reflected unprofessional conduct and practicing outside generally accepted professional standards.

Meredith Branson, Ph.D.—license #3179 was sanctioned to a fine of $1,400 for violation of Health Occ., Sec. 18-313(12) and 18-401. Her violations followed from practicing psychology without a license.

For additional information regarding any of the above-referenced formal cases, you can request a copy of the final order from the Board office.

Non-Public Orders Numbers & Types of Alleged Violations

Professionalism/Conflict /Civil Rights Issues
4 — Conflict of Interest & Failure to Disclose Conflict of Interest
1 — Misuse of influence
1 — Discrimination against age, gender and/or race
2 — Exploitation or Harm to Client
1 — Failure to Protect the Interests of Minors/Vulnerable Adults
4 — Failure to Uphold Civil and/or Legal Rights
6 — Unprofessional Conduct

Standards of Practice Issues
6 — Acts Inconsistent with Generally Accepted Practice Standards
3 — Unethical Behavior
1 — Failure to Assume Responsibility for Professional Actions
3 — Practicing Psychology without a License

Test Administration
5 — Failure to Administer Tests According to Practice Standards
2 — Improper Assessment Techniques Compromising Objectivity

Records Issues
1 — Failure to Maintain Records
1 — Failure to Release Records
1 — Failure to File Report
3 — Making False Statements
1 — HIPAA violation

Competence/Impairment Issues
1 — Impaired Objectivity/Competence
3 — Practicing Outside Areas of Competence

Informed Consent Issues
2 — Failure to Explain Limits of—/Breach of Confidentiality

Dual Relationship/Boundary Issues
2 — Boundary Violations/Dual Relationships

The *Maryland Public Information Act* was developed to ensure access to information about governmental affairs while protecting legitimate privacy interests. The wording of all informal actions avoids identification of confidential data. (Adapted from Ch. 13 of the *Maryland Public Information Act*, pub., Office of the Attorney General). ◊

Congratulations Newly Licensed Psychologists!

October 2008
Gurinder V. Bolina, PsyD
Emily R. Cash, PsyD
Jeannie M. Fiumara, PsyD
Tedra E. Jamison, PhD
Theodore Pickett, Jr., PhD
Eric A. Rossen, PhD
Adrienne A. Williams, PhD

November 2008
Marna S. Amsellem, PhD
Serena A. Butler, PsyD
Paul Patrick Giggey, PhD
Jessica M. Mohler, PsyD
Caryn R.R. Rodgers, PhD
Kelly Tan-Haase, PsyD

December 2008
Mark J. Bates, PhD
Robin J. Belamaric, PhD
Christopher K. Burke, PhD
Robin Marie Ciotti, PhD
Jennifer K. Clark, PhD
Allyson Kett, PsyD
Vera P. Roquemore, PhD

January 2009
Kristen M. Tarquin, PhD

February 2009
Talibah E. Buchanan, PhD
Courtney L. Crooks, PhD
Leah J. Crouch, PsyD

February 2009
Melissa L. Decker, PsyD
Michelle Nuttall Eakin, PhD
Teresa M. Grant, PhD
Kristin M. Grasso, PsyD
Leila Jarrahi, PhD
Lesley C. Johnston, PsyD
Shallimar M. Jones, PhD
Maria Kereshi, PsyD
Ricard D. LaGrange, PhD
John C. McGinnis, PhD
Vanita G. Nair, PhD
Rina Vetticad Pesce, PhD
Julie Rife-Freese, PsyD
Nicole J. Ryan, PsyD
Deborah L. Story, PsyD
Lisa A. Wuyek, PhD

March 2009
Meghan H. Buckley, PsyD
Melissa Menditch Phillips, PsyD
Regan Rinderknecht, PhD

April 2009
Karen Beth Daum, PsyD
Alison J. Dunton, PsyD
Courtney Elaine Gasser, PhD
Donna Henderson, PsyD
Lacresha Kinnebrew, PsyD
Beverly D. Koloian, PsyD
Eric J. Lane, PsyD
Milissa Faley Nidecker, PhD
Linda Nugent, PhD
Hayley Ilana Porter, PsyD
Heather A. Powell, PhD
Amanda Wagner Santanello, PsyD
Ling Loui Wu, PsyD

From The Chair...

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A second development, which will affect all licensees, is the revision of the continuing education regulations. The total number of hours remains the same (40 over the two-year reporting period), but there are a number of other CE changes.

1. The beginning of the reporting period has been shifted to April 1st to coincide with the license renewal date.
2. Credit may be gained through "*business of practice*" activities. Business and professional committee meetings are still excluded.
3. Credits for independent study have been increased to 20 from 16 hours.
4. There will no longer be extensions for incomplete reporting, and CE audits will be limited to a group of randomly selected psychologists.
5. A maximum of 15 hours may be earned for developing and instructing a new graduate level psychology course during each two year reporting period. The Board has been inconsistent in this area over the last few years.
6. In addition to the mandatory three credits in the area of ethics/legal issues in each two-year licensing cycle, three CEs on cultural diversity will be required.
7. The Board itself will not authorize CE sponsors. Rather, there is a list of authorized sponsors (including APA and the sponsors they approve), so that organizations that have been formerly approved by the Board must now be approved by APA, AMA, NASW, etc. We have reviewed the current CE submissions and find that this will not change the submissions of the vast majority of licensees. There will likely be a one year grace period for local organizations to obtain approval under the auspices of one of these national organizations if needed.

These new regulations have been approved by the Board and will be published in the Maryland Register in the near future.

Our Operations and Licensing Committees are working on revising the regulations regarding Psychology Associates. Some possible changes may include a renewal requirement, clarifying supervisor reporting requirements, and a processing fee. At the present time, there are some hundreds of psychology associates on the roles who are not listed as supervisees by licensees in their renewal applications, so some tightening of the rules is clearly necessary.

The Legislature has now approved HB 654 and SB 951, bills aimed at (1) allowing for two years of required supervised professional experience to be earned prior to awarding of the doctorate, and (2) eliminating the requirement that the Board itself review whether individual applicants have earned a doctoral degree in psychology.

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LICENSURE RENEWAL STATISTICS

1246 psychologists were eligible to renew their licenses

1157 completed the renewal process = 92.9%

917 (79.3% of the renewals) renewed on-line; 240 (20.7%) renewed on paper

58 did not renew their license = 4.7%

31 transferred their license to "inactive" status = 2.5%

Winter Board Retreat Summary

The Board of Examiners held its Winter Retreat at the Loyola College Columbia Campus. Topics addressed included the continuing education regulations, integrating a cultural diversity requirement and adaptations of post-doctoral supervised experience regulations.

Participants in the retreat discussions included APAGS Representatives, Preston Greene & Linda Herbert; MPA Reps. At Large, Mike Tebeleff, PhD & Josh Cohen, PhD; William Flook, PhD; MPA, Executive Director, Judy DeVito; Jonathan Kandell, PhD, Asst. Director for the Counseling Center at the University of Maryland; MPA President, Kathy Seifert, PhD; Richard Bloch, MPA Counsel; and the Chair of MPA's Early Career Psychologists, Julie Benjamin, PhD.

Both Board and public attendees shared perspectives regarding issues related to CE sponsor authorization criteria, licensure renewal, audits, extensions. Useful ideas for future review and consideration were gathered.

Thanks to the Board staff, Lorraine Smith, Executive Director; Sally Mitchell, Administrative Assistant; Dot Kutcherman, Licensing Coordinator, P. Morris English , Board Investigator; and Linda Bethman, Board Counsel for their contributions, helping to make this a highly productive retreat. ◊

Interactions Between the Maryland Psychological Association's Representatives-at-Large and the Maryland Board of Examiners of Psychologists

Josh Cohen, PhD & Michael Tebeleff, PhD

The Board of Examiners of Psychologists (BoE) generously offered the Maryland Psychological Association's (MPA) Representatives-at-Large the opportunity to write an article for the BoE's Newsletter. As elected officials within MPA's governance, one of the primary responsibilities of the Representatives-at-Large is attending and monitoring the "open to the public" portions of the BoE monthly meetings and serving as liaisons to the MPA Board of Directors. Although the perspectives and interests of the BoE and MPA often overlap, there can be differences. The BoE's charge is to guard the publics' safety as it relates to interactions with psychologists, and legislation affecting the practice of psychologists. MPA's focus is on the interests of psychologists and how the decisions of the BoE will impact the profession of psychology.

During the BoE meetings, the MPA Representatives-at-Large learn about the various issues facing the BoE and directions the Board is considering. As public attendees, we are invited to share input and query into their processes. These interactions typically reflect MPA's perspective and often take the form of informal factual exchanges during the meetings. More substantive exchanges, however, come from position papers or letters submitted to the BoE from the MPA President's office. This approach insures that one voice, the MPA President, speaks for the Association.

Attending these meetings can be both informative and intriguing. The make-up of the BoE is mainly psychology colleagues representing clinical, academic, and research areas of practice, but is also balanced by two lay public representatives. The variety of statutory and regulatory issues recently considered by the BoE includes licensing, supervision, continuing educational credits, disciplinary procedures (actual disciplinary matters for individuals are considered in closed session), and more. All of these issues strike close to home for psychologists. In following Board discussions one is continually struck by the complexity and validity of the various board members' positions and the seriousness with which the board members deliberate. Although the MPA governance does not always agree with the decisions of the Board, one cannot help but recognize with admiration and respect the Board's tireless efforts, sacrifice of time, and dedication to their responsibilities.

The Representatives-at-Large and MPA governance experience our relationship with the BoE as respectful and open. This collegial relationship permits a productive exchange of information and an environment that supports consideration of multiple perspectives. The Board's open invitation for this article is indicative of the positive relationship that has evolved between the BoE and MPA. ◊

9 Potential Pitfalls in Psychological Assessment

Dr. Kenneth S. Pope identifies 9 problems that can befall the administration and interpretation of psychological assessment. He describes obstacles not uncommonly experienced by busy professionals or those who may not have a strong understanding of psychometric properties and associated interpretive, ethical and legal responsibilities in the evaluation process. They include **1. Mismatched Validity—**using tests that are inappropriate for the purpose for which the assessment is being conducted. **2. Confirmation Bias—**interpreting results in a manner that supports one's initial impression rather than objectively reporting unbiased findings reflected by all the data. **3. Confusing Retrospective and Predictive Accuracy** (switching conditional probabilities) - Inaccurately interpreting the direction of the results. This occurs, for example when the results are interpreted such that the likelihood that those with condition X will score in X direction on the assessment instruments is confused with the probability that individuals who score in X manner on the tests are likely to have condition X. **4. Unstandardizing Standardized Tests—**Altering the way in which tests are administered, scored or interpreted. **5. Ignoring the Effects of Low Base Rates—Can l**ead to the inaccurate extrapolation of very low base rate data and the inferences drawn from them. **6. Misinterpreting Dual High Base Rates—**Deducing specific inference from association or inaccurately ascribing specific meaning based on the correlation of co-occurring high frequency data. **7. Financial Bias—**Subtle conflict or bias due to financial influence or impression can easily affect how test data is garnered, interpreted and/or presented. The *Specialty Guidelines for Forensic Psychologists* states "Forensic psychologists do not provide psychological services to parties to a legal proceeding on the basis of 'contingent fees' when those services involve the offering of expert testimony to a court or administrative body or when they call upon the psychologist to make affirmations or representation intended to be..." **8. Ignoring the Effects of Audio-Recording & 9. Video-Recording, or the Presence of Third-Party Observers—**Recording and being observed impact both test administrators and test takers. Insufficient preparation for or recognition of these effects can lead to inaccurate results and misleading interpretations from them.

Kenneth S. Pope, PhD, ABPP provided permission for excerpts from this article to be used. The full article and others by him are available at http://kspope.com/fallacies/assessment.php. ◊

From The Chair...

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At present, the doctoral degree must be earned from a program accredited by APA or designated by the National Register of Health Service Providers in Psychology (NR)/Association for State and Provincial Psychology Boards (ASPPB) designation process. The statute mandates that if the NR/ASPPB will not review an individual application, then the Board does, using the NR/ASPPB criteria.

Currently, evaluating individual applicants must be farmed out to consultants to assess, since the Board does not have the resources to process these applications. There are hundreds of pages of program documents to review; and the process is exceedingly expensive. It appears that over the last few years, only a very few applicants for licensure would have been affected by this change. This would not, of course, affect anyone currently licensed.

The chairs of our standing committees (Jeff Lating, PhD —Licensing; Marv Hoss, EdD, JD — Operations; Warren Hobbs, JD — Public Affairs; and Disciplinary, Marla Sanzone, PhD) have been diligent in taking on their tasks. Mike Tebeleff, PhD and Josh Cohen, PhD have been exceedingly helpful in providing feedback from MPA on our initiatives and operations, and the staff (Lorraine Smith, MPH; Dot Kutcherman, Sally Mitchell, Pat Morris-English, MS; and Sandy Sarkar, MS) have been more than competent not only in doing their jobs, but also ensuring that we can do ours. And Linda Bethman, JD, the Assistant Attorney General, has more than ably guided us through the legal complexities that we face. It has been an honor and a pleasure to serve as the Board Chair this year.

If you have comments or suggestions for these or other areas of interest , feel free to drop us a line by email at www.dhmh.state.md.us/psych or phone (410) 764-4787 or at 1877-4MD-DHMH. ◊

ANNOUNCEMENTS

Dr. Dave Rhoads passed away unexpectedly in November 2008. Dave was a member of AACPA. Dave was retired from the University of Maryland and maintained a part time clinical practice in Anne Arundel County. He volunteered with Red Cross Disaster Crises, including Ground Zero, tsunamis and many fire disasters. ◊

HB 654 and Efforts to Advance the Practice of Psychology in Maryland

Jeffrey E. Barnett, Psy.D., ABPP

The Board of Examiners of Psychologists is tasked with regulating the profession and the practice of psychology in the state of Maryland. The Board's mandate is to protect the welfare of the citizens of Maryland. One aspect of the Board's responsibilities concerns the standards and procedures that allow individuals to become licensed psychologists in Maryland. This includes processing applications and ensuring that applicants meet all requirements set by the legislature as well as administering the examination process and granting licenses, among many other duties.

Those seeking to enter the profession of psychology and obtain licensure as psychologists in Maryland must meet a number of requirements with regard to education, demonstrated knowledge, and supervised clinical experience. In addition to the doctoral degree in psychology and passing scores on the EPPP and the exam on state law and ethics, at present applicants for licensure must have completed two-years of supervised clinical experience engaged in activities that are primarily psychological in nature. One of these years may be predoctoral (the internship year) but one must be postdoctoral.

This experience requirement is based on a model that is over 30 years old; a requirement created when students entering their internship year had little to no supervised clinical experience. The requirement of a post-doctoral year of supervised clinical experience appears to have been a very important requirement at the time when considering the mandate to protect the citizens of the state along with the need to ensure that all those being licensed meet minimal acceptable standards for being granted the privilege of practicing psychology independently in Maryland. This requirement was consistent across many states.

In recent years it has been acknowledged that the training received in many graduate schools has changed significantly over the years. Presently, the average beginning intern has already completed over 1800 hours of supervised externship or practicum experience as part of their graduate school training. Recognizing this change in how psychologists are trained, in recent years several states have changed their licensing laws and relevant regulations to allow these additional pre-doctoral hours of supervised experience to meet licensing requirements.

Over the past four years members of the Board of Examiners of Psychologists and leaders of the Maryland Psychological Association have worked collaboratively to develop a plan to address this important issue. These efforts have culminated in House Bill 654, currently under consideration in the Maryland legislature (at the time of the writing of this article). Members and student members of MPA recently met with state legislators to educate them about this proposed legislation and then members of the Board of Examiners and several MPA leaders and student members provided testimony to the Maryland House of Delegates' Health and Government Operations Committee on this proposed legislation. Once enacted into law, the Board of Examiners would then update Title 10 (a regulation) to reflect this change, to specify the supervision requirements for these pre-doctoral hours, and enabling graduate students to apply for licensure and take the EPPP and state licensing exam during the Internship year. This would then enable successful candidates to become licensed at the receipt of their doctoral degree. HB 654 also addresses who reviews applications for licensure when an individual's degree is not from an accredited doctoral program. Additional information is provided elsewhere in this newsletter. ◊

By the year 2015, 45% of Americans will be over the age of 50. More than 10,000 Americans turn 62 years old every day.

(Excerpt from *America is Graying Fast* in Military Officer March 2009 pp. 76)

Using Laypeople to Treat Mental Health

John Iyanrick, JD, MPH

Office of Minority Health & Health Disparities
Maryland Department of Health & Mental Hygiene

In much of the developing world, mental illness is rarely diagnosed or treated. Stigma associated with mental health disorders, like anxiety or depression, exists in many cultures. As a result, many individuals are reluctant to seek treatment for emotional problems. Even after coming to the United States as immigrants, the stigma may remain. A recent study showed that shame and stigma prevent many individuals of the Asian community in the U.S. from utilizing mainstream mental health services.

A pilot project in western India is attempting to provide mental health services to underserved areas and decrease the stigma associated with obtaining these services. The program 5-year project, funded by a Wellcome Trust grant trains non-medical laypeople to identify depression and anxiety in patients at six community health clinics in the city of Goa. Research has consistently indicated that depression and anxiety are no less likely to be experienced by individuals in developing countries as it is in the Western world. According to the primary investigator, Dr. Vikram Patel, one-third of patients seeking primary medical care were depressed or anxious [1]. As in Western cultures they often come for treatment of their physical problems. Because depressed patients often experience physical symptoms, headaches or insomnia for example, their underlying mental problems may go unaddressed.

In this program, laypeople with no formal medical education are trained to be health assistants and health counselors. Health assistants screen every patient for physical and emotional symptoms. If a patient meets criteria for suspected mental illness, they are sent to a health counselor, who provides information about depression and anxiety. In collaboration with a physician, the counselors offer various treatments, including talk therapy, yoga, and antidepressant medication. Patients are requested to return every few weeks for follow-ups.

The program appears to be working. The health counselors have more time than the physicians to interact with patients and listen to their problems. The patients benefit because they feel much more comfortable talking to a layperson in a primary care setting. The stigma associated with mental illness is strong in India, thus health assistants and counselors use common terms with patients, such as "tension" or "strain" rather than "depression" or "mental illness." Before the program, the few patients who were diagnosed with depression by physicians were referred to psychiatrists at one of the local state mental hospitals, and because of the stigma and difficulty getting appointments, very few actually showed for appointments.

Similar mental health intervention programs have been used in other countries to serve low-income and underserved populations [2]. A study conducted in Santiago, Chile followed low-income women enrolled in a 3-month program at community clinics that included a psychoeducational group led by non-medical health workers, follow-up care, and drug treatment for patients with severe depression. At six months follow-up, 70% of the "stepped-care" group had recovered compared to only 30% of women in the usual care group [3]. Other similar community based programs have been used in Afghanistan and Sudan, where community health workers are trained to identify mental illness at the community level.

Lay health workers have been useful in the U.S. for certain health promotion activities. Some studies have shown their effectiveness in increasing vaccination rates and improving health in people with certain infectious disease. There is still not enough evidence to show whether the use of lay health workers is effective in reducing other health problems, such as mental illness [1, 4]. However, the use of laypeople and community members may be one part of a multi-faceted approach to help minorities and immigrants address their mental health issues. With the growing minority and immigrant population in Maryland and the United States, it is important to understand culture and the stigma of mental health care in certain cultures [2]. While it may not be feasible to replicate the India project model in the U.S., it is helpful to think of ways that mental health organizations can apply similar concepts to increase treatment access for individuals with mental illnesses. ◊

References:

1. Benderly, B. (2006). Overlooked and undertreated: mental health care is a major unmet need in countries around the world. http://www.dcp2.org/features/18/overlooked-and-undertreated-mental-health-care-is-a-major-unmet-need-in-countries-around-the-world.

2. Kohn, D. (2008). Psychotherapy for all: an experiment. *New York Times*. http://www.nytimes.com/2008/03/11/health/11psych.html

3. Lewin, S., Dick J., Pond, P., Zwarenstein, M., Aja, G., VanWyk, B., Bosch-Capblanch, X., & Patrick, M. (2005). Lay health workers in primary and community health care. *Cochrane Database of Systematic Reviews 2005, Issue 1.*

4. Schraufnagel, T., Wagner, A., Miranda, J., & Roy-Byrne, P. (2006). Treating minority patients with depression and anxiety: what does the evidence tell us? *Gen. Hosp. Psychiatry*, 28, 1, 27-36.

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Maryland Board of Examiners of Psychologists

The Maryland Board of Psychology is dedicated to protecting the citizens of Maryland and promoting quality health care in the field of psychology

NAME * ADDRESS * PHONE CHANGES?

It is important to notify the Board of any changes to your contact information — name, address, phone number, email address, changes. You can now do this on-line at
www.dhmh.state.md.us/psych
or by contacting Sally Mitchell at
410-764-4787 or
mitchellsj@dhmh.state.md.us

During the Renewal Period You Can Renew Your License On-Line

The convenient online license renewal process piloted in the Spring of 2008 has been received positively. User friendly instructions are posted on the Board's website at
www.dhmh.state.md.us/psych.

Credit cards can be accepted online. For those who prefer to pay by check, you can still complete the renewal application online and mail your check to the Board.

Even license numbers expire on March 31, 2010. Odd license numbers expired March 31, 2009.

Composition of The Board

The board consists of 9 members, 7 psychologists and 2 consumer members appointed by the Governor to a term of 4 years.

Robert A. Brown, PhD, ABPP–Chair
Marvin A. Hoss, JD, EdD –Vice Chair
Marla M. Sanzone, PhD, MP
Jeffrey M. Lating, PhD
Myra A. Waters, PhD
Steven A. Sobelman, PhD
Laurie Friedman Donze, PhD

Consumer Members:
Prentera ld Price, BSC
Warren L. Hobbs, JD

Staff:
Lorraine Smith, MPH, Executive Director
Dorothy Kutcherman, Licensing Coordinator
Sally Mitchell, Administrative Assistant
P. Morris English, MS, Board Investigator
Sangeeta Sarkar , MS, Data Base Programmer Analyst

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