I am writing to advocate AGAINST three proposed changes in Title 17, Series 3.

1. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards.

2. Licensees should be required to demonstrate satisfactory completion of coursework in clinical or counseling psychology. This knowledge is foundational to clinical psychology practice and is not adequately covered in general or experimental programs to allow direct application to the practice of clinical psychology.

3. Licensees should be required to demonstrate completion of coursework in psychological tests and measures. Psychological assessment is a core professional competency in clinical psychology and psychologists cannot ethically engage in assessment practice without foundational knowledge of tests and measures.

I received my training at WVU and graduated in 2014. I have been licensed in WV for almost 10 years. During that time, I have consistently provided services as well as been involved in training psychologists. In-person interactions with faculty and fellow students were a critical piece in helping me to develop my professional skills. It is important for new psychologists to be able to provide competent services both in person and via telehealth. Lastly, psychological assessment is a critical piece of the clinical psychologists' skillset. Professional counselors and social workers can provide therapy. Other types of psychologists (ex developmental, experimental) do not receive training in psychological assessment or abnormal psychology. Only clinical psychologists are trained in psycho metrics, assessment, ethics, and abnormal psychology to the level necessary for clinical practice.

Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

Thank you,

Sincerely,
Jocelyn Stokes

I am writing to advocate against three proposed changes in Title 17, Series 3.

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Thank you.

Sincerely,

Jessica Bradley

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Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

Thank you.

Sincerely,

Ashley Pack

I am writing to advocate against three proposed changes in Title 17, Series 3.

As someone who worked 7 years earning my degree, with 2100+ hours of in-person training, I would be highly concerned about individuals practicing without this type of (or similar) in-person experience. I understand the desire to make requirements less restrictive, as I too believe in increasing accessibility to the field for all. However, this proposal appears to increase the chance of further reducing the quality of practitioners available in the state without significant benefit.

Lauren Schenck

I am writing to advocate against three proposed changes in Title 17, Series 3. I am not licensed in West Virginia but I serve West Virginian clients daily. This change will not benefit West Virginians in any way; instead, it will create less qualified psychologists that are indistinguishable from qualified ones, leading to further harm.

Elyssa Berney

I am writing to advocate against three proposed changes in Title 17, Series 3.

1. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica

are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards.

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Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

Thank you.

Sincerely,

Penny Koontz

As a licensed practitioner and resident of West Virginia, I am firmly opposed to the proposed amendments to Series 17-3. The removal of in-person education requirements, the potential licensure of individuals without clinical degrees, and the exclusion of essential competencies—particularly in psychological assessment—pose serious concerns regarding professional integrity and public protection.

These changes stray from APA-accredited training models and introduce uncertainty into the licensure process. They offer no meaningful support to in-state graduate programs and could significantly compromise the quality of psychological services in West Virginia. While expanding the mental health workforce is important, it must not come at the cost of competence or public trust.

In particular:
The removal of in-person education requirements, especially supervised clinical training,

represents a significant departure from national standards for professional psychology. Hands-on, face-to-face training is vital for the development of ethical, interpersonal, and clinical skills necessary for effective practice.

Permitting individuals without clinical academic backgrounds to seek licensure through undefined "equivalent" training pathways creates confusion and undermines the rigor of the licensure process. Without clearly established criteria, this move jeopardizes both public confidence and the accountability of future licensees.

The proposed omission of core competencies—such as psychological testing and assessment—diminishes the foundational skills that define the field of psychology. These areas are not ancillary; they are essential for competent practice in various sectors, including healthcare, education, and the legal system.

The proposed amendments conflict with the standards of the American Psychological Association and the licensure requirements of most states. Moreover, they disregard the efforts of West Virginia's graduate programs, which have invested heavily in aligning their training with national accreditation benchmarks. Rather than strengthening these programs, the proposed changes risk devaluing their graduates and undermining public confidence in the profession.

Efforts to address workforce shortages must prioritize both competency and public welfare. I respectfully request that the Board reconsider these proposed amendments and actively involve a broader range of stakeholders—including accredited educational institutions, licensed practitioners, and professional bodies—in the decision-making process.

If expansion of services is the goal, I would propose other means of attracting new psychologists to the state including, increasing opportunities for student loan forgiveness, easing the transition of licensure to the state of WV (removing the oral review component), advocating for increased insurance reimbursement for therapy and testing services, and/or increasing state funding to established professional psychology programs. I strongly believe there are other means of increasing access to services without diluting the quality of care provided to WV residents.

Thank you for the opportunity to provide input.

Sincerely,

Kristyn Ford

I am writing to advocate against three proposed changes in Title 17, Series 3.

As a licensed practitioner and resident of West Virginia, I strongly oppose the proposed changes to Series 17-3. Removing in-person education requirements, allowing non-clinical degree holders to petition for licensure, and omitting foundational competencies—especially in assessment—undermine professional standards and public trust.

These changes deviate from APA-accredited training models and introduce ambiguity into licensure. They do not support in-state graduate programs and risk lowering the quality of care in our communities.
Expanding the workforce should not come at the cost of competence or safety.

Specifically:
Eliminating the in-person education requirement, including supervised clinical training, represents a substantial departure from long-established national standards for psychology training. In-person education, particularly for clinical work, is essential for developing core interpersonal, ethical, and professional skills.

Allowing individuals from non-clinical academic backgrounds to petition for licensure based on "equivalent" training, without clearly defined criteria, introduces considerable ambiguity into the licensure process. This threatens the public's trust in the profession and raises questions about professional preparedness and accountability.

Omitting foundational competencies in areas like psychological testing and assessment disregards core skill sets that are essential for competent practice in multiple settings, including healthcare, education, and forensic contexts. These competencies are not optional—they are fundamental to the identity and function of psychologists.

These amendments deviate from the benchmarks set forth by the American Psychological Association (APA) and the standards followed by most state licensing boards. They are not aligned with the training provided by in-state graduate psychology programs, which have invested years in aligning with national accreditation standards. Rather than supporting these programs, the proposed changes risk undermining their graduates' credibility.
Workforce growth must not come at the expense of competence and public safety. I respectfully urge the Board to reconsider these changes and to engage in broader

stakeholder consultation, including input from accredited academic programs, licensed psychologists, and professional organizations.

Thank you for the opportunity to comment.

Sincerely,

Rebecca Osterwise

Please note my opposition to this change.

Thank you

Kerri Linton

I am writing to advocate against three proposed changes in Title 17, Series 3.

1. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards. No state standards should be weaker than those set by the American Psychological Association.

2. Licensees should be required to demonstrate satisfactory completion of coursework in clinical or counseling psychology. This knowledge is foundational to clinical psychology practice and is not adequately covered in general or experimental programs to allow direct application to the practice of clinical psychology.

3. Licensees should be required to demonstrate completion of coursework in psychological tests and measures. Psychological assessment is a core professional competency in clinical psychology and psychologists CANNOT ethically engage in assessment practice without foundational knowledge of tests and measures.

Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities. We need well-trained psychologists with the required competencies set by APA. WEST VIRGINIAS DESERVE NO

LESS!

Thank you.

Sincerely,

Laura Campbell

I am writing to advocate against three proposed changes in Title 17, Series 3.

1. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards. It also removes a fundamental part of training, as psychologists need to be able to see people in person and, as such, having supervised experience in this setting is crucial.

2. Licensees should be required to demonstrate satisfactory completion of coursework in clinical or counseling psychology. This knowledge is foundational to clinical psychology practice and is not adequately covered in general or experimental programs to allow direct application to the practice of clinical psychology.

3. Licensees should be required to demonstrate completion of coursework in psychological tests and measures. Psychological assessment is a core professional competency in clinical psychology and psychologists cannot ethically engage in assessment practice without foundational knowledge of tests and measures.

Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities. Given the high need and clinical complexity in our state, we need to have psychologists who are able to provide the highest quality of care, which requires the highest level of education and training, commensurate with current APA accreditation standards. In addition, licensing people with the same credential as those who have more education, experience, and qualifications is ethically unsound, as it obfuscates critical distinctions in the professional's qualifications. Finally, for those who have already gone through the procedures to obtain and maintain licensure, allowing individuals with less training and qualifications to have the same

license undermines and belittles those of us who have invested years of time and energy obtaining the necessary qualifications and training to deliver true psychological care.

Thank you.

Sincerely,

Eliza Stucker-Rozovsky

On behalf of the West Virginia Psychological Association, I am writing to advocate against the proposed rules changes in Title 17, Series 3. Our member organization serves psychologists and psychologists-intraining throughout the state and represents licensed psychologists with both master's degrees and doctoral degrees. Our mission promotes psychological well-being for every resident in the state, advancement of the science and practice of psychology, and advocacy to improve access to quality care for all West Virginians. WVPA is concerned that three proposed rules changes in Title 17, Series 3 would have the opposite effect. The proposed rules changes do not positively support psychologists currently licensed in West Virginia, nor do they benefit any student currently enrolled in a West Virginia-based graduate education program. There are currently no graduate programs based in West Virginia that offer 100% online graduate education in clinical psychology. West Virginians who wish to pursue 100% online graduate education in clinical psychology would be choosing out-of-state options, as opposed to in-state programs that offer accredited education that aligns with profession-wide standards for clinical training. We recommend the following alternatives to specific sections in the proposed rules change: 1. Removing the requirement for a portion of graduate education in psychology to be in-person moves away from professional training standards in psychology and APA-accreditation standards. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice with a Gold Card. Without in-person clinical practica, it is not possible to attain sufficient clinical competencies for supervised practice in the community. This reduces community access to quality mental health care. As an alternative, WVPA recommends updating language in section 3.1 to specify a requirement for in-person clinical practica as a required component of graduate education, prior to the completion of the degree. We recommend that this be true for licensees at both the Master's and the doctoral level. 2. Removing the requirement for licensees to demonstrate satisfactory completion of core coursework in clinical psychology undermines preparation for clinical practice. This knowledge is foundational to clinical psychology practice and is not adequately covered in general or

experimental programs to allow direct application to clinical psychology. Evaluating a candidate's coursework on a case-by-case basis introduces ambiguity and uncertainty into the licensure process and increases the risk that candidates may have invested a considerable amount of tuition toward a degree that is not appropriate for the clinical work they hope to do. This is a disservice to both the student and the community they hope to serve. WVPA recommends updating the proposed language in section 3.1 to require the licensure candidate to hold a Master's degree in clinical psychology or counseling psychology or to delineate specific clinical or counseling psychology coursework that must have been completed as a component of the Master's Degree program. 3. Licensees should be required to demonstrate completion of coursework in psychological tests and measures. Psychological assessment is a core professional competency in clinical psychology and psychologists cannot ethically engage in assessment practice without foundational knowledge of tests and measures, per the APA Ethics Code. WVPA recommends retaining "tests and measures" in the list of required competencies in section 2.1. We have additional concerns that the proposed changes lower the educational and clinical competency foundations of licensees below profession-wide standards and leave the public with no way of knowing whether their psychologist meets profession-wide competencies or not. This is problematic, as possession of the psychology license should communicate the competency of a provider. Furthermore, a licensed psychologist providing clinical services who does not meet profession-wide competencies is vulnerable to additional professional risks, such as increased vulnerability to board complaints and malpractice claims, and may pose financial vulnerabilities to their employers. WVPA applauds the expansion of access to high quality psychological services in WV through PSYPACT. The recent passage of the Universal Professional and Occupational Licensing Act in 2025 further streamlines the licensure process for licensed psychologists moving to WV from other states or relocating to WV with active duty military service members. This initiative was undertaken to attract highly qualified professionals to West Virginia and to encourage economic growth and our state is still in the very early stages of its implementation. WVPA would be happy to partner with the WV Board of Examiners to further develop and problem-solve strategies to support our psychology workforce and enhance access to services, while maintaining professional licensure standards that align with best practices and profession-wide competencies. However, we do not believe the proposed rules changes cited above would serve that goal.

Sincerely, Chantel Weisenmuller, PhD

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person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards.

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Thank you.

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Adriana Cook

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Thank you.

Sincerely,

Maria Khan

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Sincerely,

Liv Miller

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Thank you.

Sincerely,

Brittany Canady

I am writing to advocate against three proposed changes in Title 17, Series 3. Based on research from nearly a century, such changes would undoubtedly result in subpar training and ultimately lead to more harm coming to patients than benefits.

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person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards.

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Sincerely,

Jonathan Perle

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Thank you.

Sincerely,

Christa Morton

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Thank you.

Sincerely,

Lisa Stafford

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In addition, when I take on a psychologist who is requires clinical supervision for licensure, I do so with the understanding that they have the foundational knowledge required by the APA. If you remove psychological assessment and in-person practicum experience from that foundational knowledge, I would be much less likely to take on a supervised psychologist and therefore, limit the very group of individuals that you are trying to grow within the state.

I would also like to point out, as a former School Psychologist for 15 years that one of their primary functions is to do psychological assessment so removing that stipulation will not do anything to increase the number of School Psychologists within the state.
Thank you.

Sincerely,

Tracy LeGrow

I am writing to advocate against three proposed changes in Title 17, Series 3.

1. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards.

2. Licensees should be required to demonstrate satisfactory completion of coursework in clinical, school, or counseling psychology. This knowledge is foundational to clinical psychology practice and is not adequately covered in general or experimental programs to allow direct application to the practice of clinical psychology.

3. Licensees should be required to demonstrate completion of coursework in psychological tests and measures. Psychological assessment is a core professional competency in clinical psychology and psychologists cannot ethically engage in assessment practice without foundational knowledge of tests and measures.

Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

Thank you.

Sincerely,

Megan Slagel

I am writing to advocate against three proposed changes in Title 17, Series 3.

The proposed changes go against APA requirements for education and would set us back regarding the quality of professional psychologists WV produces. I believe the changes offer little to no benefits that do not outweigh the costs.

Thank you.

Sincerely,

Brittany Cyrus-Hollingsworth

I am writing to advocate against three proposed changes in Title 17, Series 3.

1. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention , to safely enter supervised practice. Removing the requirement for in-person clinical practice moves away from professional training standards in psychology and APA accreditation standards.

2. Licensees should be required to demonstrate satisfactory completion of coursework in clinical or counseling psychology. This knowledge is foundational to clinical psychology practice and is not adequately covered in general corses.

Olga Gioulis

I am writing to advocate against three proposed changes in Title 17, Series 3.

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Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

While it is vital to bring new psychologists to the state of WV, it is important that those psychologists are able to provide quality care. Without these training standards and competencies, individuals seeking mental health would be at risk of harm.

Thank you.

Sincerely,

Erin Benford

I am writing to advocate against three proposed changes in Title 17, Series 3.

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Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities. It will mislead and harm the public, which is accustomed to the typical training standards of psychologists.

There is an unfortunate shortage of qualified, competent psychologists in every state of the country. We cannot solve this problem by lowering standards that are required to obtain a

license to proactice psychology. Individuals without this basic level of training are not psychologists, and may qualify for a different mental health license (e.g., licensed professonal counselor), but should not be licesed as a psychologist any more than a person who does not complete law school should not be licesed as an attorney. A person who does not complete medical school should not be licensed as a physician.

Thank you.

Sincerely,

Martin Boone

I am writing to advocate against three proposed changes in Title 17, Series 3.

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Thank you.

Sincerely,

Jason Chong

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Thank you.

Sincerely,

Ann Logan

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Thank you.

Sincerely,

Rachel Sherman

I am writing to advocate against three proposed changes in Title 17, Series 3.

1. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards.

2. Licensees should be required to demonstrate satisfactory completion of coursework in clinical or counseling psychology. This knowledge is foundational to clinical psychology practice and is not adequately covered in general or experimental programs to allow direct application to the practice of clinical psychology.

3. Licensees should be required to demonstrate completion of coursework in psychological tests and measures. Psychological assessment is a core professional competency in clinical psychology and psychologists cannot ethically engage in assessment practice without foundational knowledge of tests and measures.

Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

Thank you.

Sincerely,

Susan Mullens

I've been a Wv licensed psychologist for 45.5 years and have now heard Everthing! So, they want more tax money and more psychologists and the road to that is to lower training standards? Once again it's obvious that the legislature cares nothing for Wv citizens. How about doing the same for physicians, nurses, and all other professions? Think of the increase in tax income for the state. Apparently, we've already lowered standards to be a legislator. Go public with this, as on a news show, please. The public needs to know what their reps are up to.

Bill Given

I am writing to advocate against three proposed changes in Title 17, Series 3.

1. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards.

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Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

Thank you.

Sincerely,

Melisa Sirbu

I am writing to advocate against three proposed changes in Title 17, Series 3.
I am the associate program director for a health service psychology internship program in West Virginia though writing this on behalf of myself. Our interns practice as masters level supervised psychologists within our system and we are required to assess competencies for our interns based off APA accreditation criteria and professional-wide competency benchmarks. The change in licensure requirement that would remove the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards, which we must abide by from an internship perspective. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice.
Licensees should be required to demonstrate satisfactory completion of coursework in clinical or counseling psychology. This knowledge is foundational to clinical psychology practice and is not adequately covered in general or experimental programs to allow direct application to the practice of clinical psychology. It would be a steep learning curve for someone to obtain this foundational knowledge under the five-year supervision and would require extensive hands-on training and direct observation that many supervisors outside of training programs would be unable to accomplish.
Licensees should be required to demonstrate completion of coursework in psychological tests and measures. Psychological assessment is a core professional competency in clinical psychology and psychologists cannot ethically engage in assessment practice without foundational knowledge of tests and measures. As a neuropsychologist, I am significantly concerned about this proposed change as this may result in misdiagnoses and delayed care.
Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities. Intern applicants often review state's laws and regulations while they are making ranking decisions and this weaking the licensure standards in West Virginia will definitely be a concern for applicants.

Thank you.

Sincerely,

Jillian Keener

I am writing to advocate against three proposed changes in Title 17, Series 3.

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Thank you.

Sincerely,

Jennifer Hughes

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are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards.

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Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

Thank you.

Sincerely,

Ruifeng Cui

I am writing to strongly oppose the proposed amendments to Series 17-3, **filed on July 9, 2025, as an Emergency Rule** and published on July 16, 2025. These changes would weaken licensure standards in West Virginia, undermine the integrity of the profession, and provide no meaningful benefit to the public, the workforce, or our in-state training institutions.

The proposed rule:

- Eliminates the requirement that graduate education include in-person instruction and in-person clinical practica
- Allows individuals from non-clinical academic backgrounds to petition for licensure under vague "equivalency" standards
- Removes the requirement for training in psychological testing and measurement, a core professional competency

These changes deviate from national best practices and accreditation standards. Under this proposal, a licensed psychologist in West Virginia may no longer be required to have a clinical degree or in-person clinical training, yet would carry the same title as psychologists trained under traditional standards. There would be no way for patients or employers to distinguish between a licensee who meets widely accepted professional competencies and one who does not. This introduces confusion into the licensing process and erodes public trust in the profession.

Although presented as a response to workforce needs, this rule does not meaningfully address the psychologist shortage. Individuals entering through this new pathway would still require five years of supervision before becoming eligible for independent practice. That is not a short-term solution. It delays any return on investment, increases demand on already limited supervisors, and introduces additional regulatory complexity.

Economically, the rule disadvantages West Virginia institutions. No graduate psychology programs based in our state offer 100 percent online master's degrees. As a result, the proposed changes shift tuition and training dollars to out-of-state or for-profit online programs while doing nothing to strengthen our local pipeline.

There are also concerns about transparency and governance. The use of the emergency rulemaking process is inappropriate in this case. Emergency rules are intended for urgent situations involving imminent harm or disruption. No such emergency exists here.

It also appears that policy decisions may be advancing at the administrative level without full input or deliberation from the Board. For example, under the proposed rules (Section 10.2), the Executive Director or Board Administrator may issue "student gold cards" to individuals enrolled in doctoral psychology programs in West Virginia, or their equivalent, without formal Board review. One such case appears to involve a supervised psychologist currently practicing in West Virginia who earned a master's degree through a 100 percent online program and is now attending a 100 percent online, non-APA-accredited PhD program at Walden University. I would argue that Walden's program is not equivalent to the doctoral programs offered by WVU or Marshall. This raises important concerns about how training programs are evaluated, what standards are being applied, and whether appropriate oversight mechanisms are in place to ensure consistency, fairness, and public protection.

These types of licensing decisions have long-term implications for public safety and professional integrity. They should be grounded in clear standards and reviewed at the Board level to maintain transparency, accountability, and public confidence in the regulatory process.

This is also a social justice issue. West Virginians, including those in rural and underserved areas, deserve access to the same standard of psychological care available elsewhere in the country. Lowering training requirements does not serve our communities. It places them at greater risk and sends the message that their care is less valuable than that of residents in other states.

If the goal is to improve access to psychological services, there are more targeted and responsible solutions. These include:

- Strengthening and expanding in-state training programs and clinical placements
- Promoting participation in PsyPact and E.Passport for cross-state telepsychology
- Removing unnecessary barriers, such as the oral examination, for experienced psychologists already licensed in other states

The proposed rule introduces risk, reduces clarity, harms our institutions, and appears to have bypassed the normal deliberative process. I urge the Board to withdraw this amendment and instead pursue a transparent, collaborative rulemaking process that includes meaningful input from the public, educators, and licensed professionals.

Sincerely,

Michelle Hudson, PsyD, ABPP

I am writing to advocate against three proposed changes in Title 17, Series 3.

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assessment practice without foundational knowledge of tests and measures.

Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

Thank you.

Sincerely,

Janice Blake

I personally value equality between West Virginia licensing requirements and those for the other 49 states of the USA. For the first 65 years of my life, I lived elsewhere; e.g. Iowa , Illinois, Connecticut, Indiana, Californial so I dislike West Virginia being a Laughingstock In our country.

I am writing to advocate against three proposed changes in Title 17, Series 3.

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Sincerely,

David Frederick

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Thank you.

Sincerely,

Abir Benamar

I am writing to advocate against three proposed changes in Title 17, Series 3.

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Thank you.

Sincerely,

Jennifer Price

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Thank you.

Sincerely,

MaKenzee Bell

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Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

Thank you.

Sincerely,

John Prentice

I am writing to strongly oppose the three proposed changes in Title 17, Series 3. I am a clinical psychologist and neuropsychologist in West Virginia for more than three decades. I have found my clients to have longstanding and complex mental health issues which require very skilled evaluation and specialty care. However, West Virginia is markedly underserved in regard to evaluation and treatment services. Lowering the professional education and practica requirements for licensure will further reduce the quality of care available to West Virginia residents.

1. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards.
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In summary, the proposed changes move away from national professional standards and undermine the credibility and practice of the field of psychology in West Virginia. Please contact me if you wish to hear more about my experience and opinion.

Regards,

Christina S. Wilson PHD

I am writing to advocate against three proposed changes in Title 17, Series 3.

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Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

These changes also introduce risk in provision of appropriate treatment to mental health clients. These clients are vulnerable, in need of services, often in a crisis, and seek services in good faith, and often without full knowledge of licensure laws, requirements for licensure and the impact of limited training and course requirements on the expertise and quality of care received.

Thank you.

Sincerely,

Cynthia Clay

I am writing to advocate against three proposed changes in Title 17, Series 3.

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Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

Thank you.

Sincerely,

Marlee Layh

I am writing to advocate against three proposed changes in Title 17, Series 3. As a practicing psychologist who routinely works with trainees ranging from undergraduates to post-doctoral and medical student, I have serious concerns about the ways this proposal could bring psychologists with serious gaps in their training into the field, which runs the risk of doing real harm to the people of West Virginia. I also worry that creating more lax standards may lead to damage to the reputation of the field of psychology in WV, as it may give the impression that our practitioners are not as rigorously trained as others in neighboring states.

1. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards.

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assessment practice without foundational knowledge of tests and measures.

Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities. This is not to deny that there is a shortage of practitioners, but the proposal appears to weigh expedience and ease over a more thoughtful and rigorous approach. Meaningful change often takes time and effort, and I would encourage the board and legislature to create a working group of psychologists to discuss ways that stakeholders such as hospitals, universities, and clinics could collaborate to increase recruitment and retention of psychologists. For example, paid summer practica could bring students from other states to WV and help create a recruitment pipeline. Programs such as this could create the desired change without needlessly running the risk of harming the citizens of WV with substandard care or tarnishing the reputation of practitioners by suggesting we accept a lower standard of training.

Thank you.

Sincerely,

D.J. Bernat

I am writing to advocate against three proposed changes in Title 17, Series 3.

1. The licensure requirement for a portion of graduate education in psychology to be in-person should be retained. In-person clinical instruction and in-person clinical practica are essential to teach foundational intervention and assessment skills and are necessary to develop sufficient skills to safely enter supervised practice. Removing the requirement for in-person clinical practica moves away from professional training standards in psychology and APA accreditation standards. Further, comparable to other mental health professions, at the master's level, WV requires only 50 credit hours, while CACREP programming for licensed professional counselors requires 60 for example. In my opinion, while we are underserved, West Virginian's deserve quality trained clinicians. Counseling and assessment skills are complex and vary by case. This requires a significant amount of didactic and experiential training. Therefore, I am strongly opposed to this change and am in favor of master's level trainees completing additional coursework and maintaining in-person practica and internships.

2. Licensees should be required to demonstrate satisfactory completion of coursework in

clinical or counseling psychology. This knowledge is foundational to clinical practice of psychology and is not adequately covered in general or experimental programs to allow direct application to the practice of clinical psychology. Notably, in 17-3-3, it is noted that "ideally, on-campus and online master's programs degrees should be in 'clinical psychology,'" which excludes the specialty of counseling psychology. I am also advocating that counseling psychology be included in the language for educational backgrounds for practitioners in psychology as well given the distinct differences between clinical and counseling psychology, both of which provide APA accredited pathways for clinicians.

3. Licensees should be required to demonstrate adequate completion of coursework in statistics and psychological tests and measures, particularly if the board intends to continue to allow master's level psychologists to provide clinical evaluations given recent changes in APA. Psychological assessment is a core professional competency in clinical and counseling psychology and psychologists cannot ethically engage in assessment practice without foundational knowledge of tests, measures, scores, and statistics. This is what separates psychology from other mental health fields and is core to our identity. Removing this requirement and continuing to allow master's level clinicians to provide psychological assessments is unethical and clarity is needed prior to changing this requirement.

Reducing the professional education and practica requirements for licensure in our state will greatly reduce the quality of care available in our communities and would likely cause harm to clients, which is a fundamental principle of our ethics code to be avoided. Therefore, in summary, I am advocating against the changes proposed in Title 17, Series 3.

Thank you.

Sincerely,

Christianne Connelly

I am writing to advocate against three proposed changes in Title 17, Series 3.

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Sincerely,

Marissa Carey

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assessment practice without foundational knowledge of tests and measures.

Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities. It will not only put patients at risk for experimental therapies that are not evidence-based, but it will also put providers at risk for litigation. We need to protect the citizens of this state and provide evidence-based mental health treatment that licensed providers provide.

Thank you.

Sincerely,

Janelle Heddings

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Thank you.

Sincerely,

Amanda Strasser

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Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities. The quality of care for Veterans who utilize community care resources in West Virginia would be reduced compared to care in federal facilities that will maintain national standards for licensure in clinical psychology.

Thank you.

Sincerely,

Billy Rutherford

I am writing to advocate against three proposed changes in Title 17, Series 3.

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Reducing the professional education and practica requirements for licensure in our state will reduce the quality of care available in our communities.

Thank you.

Sincerely,

Dorothy Boston

I am writing to express my opposition to the proposed Series 3 changes. If these changes are made I feel West Virginians will receive substandard care by allowing clinicians who have not been adequately trained and supervised to provide them care. I believe it is essential to maintain professional competency to ensure the WV public receives the best possible care and not suffer preventable harm. I implore you to not lower the standards and reject these changes so that West Virginians can be better served by competent professionals.

Respectfully opposed,

Tammie L. Smith, PsyD

I feel in person training is critical especially for the basics that are needed to be a good psychologist or school psychologist. I think the proposed changes will not benefit the profession or the quality needed for maintaining high quality professionals. I'm not sure they are in line with NASP or APA standards

Tanya Cook

On behalf of the faculty comprising the Clinical Psychology Training Program at West Virginia University, I am writing to express our collective opinions regarding the proposed modifications to BOE Rule Title 17, Series 3. We have reviewed the proposed changes within the context of the existing rule and have concluded that while we appreciate the attention being given to recruiting and retaining behavioral health care providers in the State of West Virginia, some of the proposed changes will seriously interfere with our field's ability to provide competent behavioral health care to citizens of our state.

We have relied for decades on the WV Board of Examiners of Psychologists to establish a workforce of well-trained health service psychologists both at the doctoral and master's levels, the only state in the nation to construct a system that licenses both groups fully with equivalent qualifying standards. The proposed modifications will undo what has taken decades to create by lowering the standards for providers trained at the master's level that will effectively result in a two-tier system of behavioral health care by psychologists. This will not only lead to the provision of sub-standard care for many West Virginians but also harm the reputations of our well-trained master's level psychologists who meet current licensing standards. Lowering the educational bar risks putting vulnerable patients in the hands of undertrained providers.

Like other health care professions, the competencies required for the practice of psychology cannot be acquired entirely via online instructional methods. The existing language in Title 17, Series 3 recognizes this by requiring at least 50% of learning to occur in person to provide the direct observation of the acquisition of foundational competencies in psychological assessments and psychotherapy prior to practical learning experiences. Furthermore, the professional development of future psychologists requires acquisition of professional relationships among cohorts of trainees both at the student's level and above the student's level, interactions that are challenging to replicate in online teaching environments. The American Psychological Association recognizes this by requiring all students enrolled in accredited doctoral programs for health service psychologists to spend at least one year in residence in their training programs.

More importantly, however, is that the proposed modifications undermine the capacity of the Board of Examiners of Psychologists to evaluate the competencies of applicants for licensure in the State of West Virginia. The proposed language suggests an "ideal" but not required course of study as well as permitting applicants

to "prove" that their training is worthy of licensure. Use of this language subverts the Board's responsibility to evaluate the qualifications of applicants by allowing them to self-define what training is required for practicing psychology in our state. Also, such language will expose the Board to legal action by candidates who experience adverse licensing decisions. To promote high quality behavioral health care by psychologists, we should define the required coursework and related practicum/internship experiences explicitly. This will ensure that future constellations

of the Board will continue to employ the same quality standards used successfully to evaluate candidates for licensure by past and current Boards.

The Board of Examiners of Psychologists relies heavily on training program faculty to evaluate students to ensure that only those who acquire the competencies for engaging in the practice of psychology earn a degree in health service psychology and pursue licensure. As faculty comprising a clinical psychology training program, we can attest that the evaluations we conduct would be less comprehensive if they were not informed by direct observation of the acquisition of student competencies and the provision of face-to-face mentoring and supervision. Retaining the 50% rule ensures that training programs will continue to provide the type of evaluation and feedback that BOEs are accustomed to receiving from us.

We believe the move toward updating the qualifications for licensing of psychologists in West Virginia requires serious considerable discussion and should not be rushed. There are several negative consequences associated with the proposed modifications to Title 17, Series 3, only a few of which we have highlighted here. We would be happy to be part of these conversations to preserve the standards that hold those with a master's degree in psychology to the same level that doctoral students possess. This standard has been in place in WV since the state first licensed psychologists and has worked well in ensuring that licensed providers are trained in evidence-based practices and have the required competencies to assess and treat the citizens of WV.

Respectfully submitted,

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