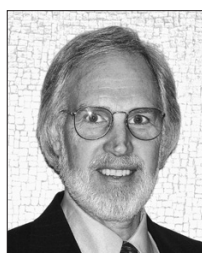


# The Pennsylvania Psychologist

January 2011 • UPDATE

## PPA Records Some Wins, Some Losses in 2010

Thomas H. DeWall, CAE, Executive Director



Thomas H. DeWall

PPA was successful in several areas of its advocacy program in the year just ended, despite the odds against new legislation. The Pennsylvania General Assembly adjourned the 2-year session in November. During that time 4,287 bills were introduced, and just over 220 (about 5%) made it all the way through the process to become law. All bills introduced in 2009 and 2010 that were not enacted died as of November 30. The vast majority of them were never considered in committee or debated in either the House or the Senate. The legislature was criticized

by many observers for leaving many issues on the table without acting on them. Among them were completing the state budget for this fiscal year, enactment of a tax on Marcellus Shale gas drilling, campaign finance reform, expansion of the adultBasic program, and many others.

We won a significant victory with the passage of Senate Bill 383, introduced by Sen. Jane C. Orie (R-Allegheny), which became Act 30 of 2010. This law will authorize the Pennsylvania Supreme Court to create rules for the establishment of problem-solving courts and to appoint a statewide problem-solving courts coordinator and advisory committee. Such measures will allow local courts to apply for federal start-up grants. The term "problem solving courts" is used to

describe mental health courts, drug courts, DUI courts, or other treatment courts in which nonviolent offenders are diverted from prison into appropriate treatment.

Another bill that made it through the legislative labyrinth was House Bill 1639, now Act 112, which was introduced by Rep. Kathy Manderino (D-Philadelphia). This law will improve and update the child custody laws. It ensures that both parents are treated fairly in a custody dispute. It specifies that the court may not presume that custody should be awarded to a particular parent based solely on gender. Instead, it provides a comprehensive list of 16 factors that the court must consider before making a determination, while keeping the best interests

*Continued on page 4*

## So You Want to Form a Professional Corporation or Obtain a Fictitious Name

Rachael Baturin, MPH, J.D., Professional Affairs Associate



Rachael Baturin

In order to set up a professional corporation or a fictitious name in Pennsylvania, psychologists must go through a two-step process: first they must get approval from the State Board of Psychology and then they need to proceed to the Corporation Bureau in the Department of State. Prior to proceeding through this two-step process,

psychologists may call the Corporation Bureau at 888-659-9962 to check to make sure the corporation name or fictitious name is available.

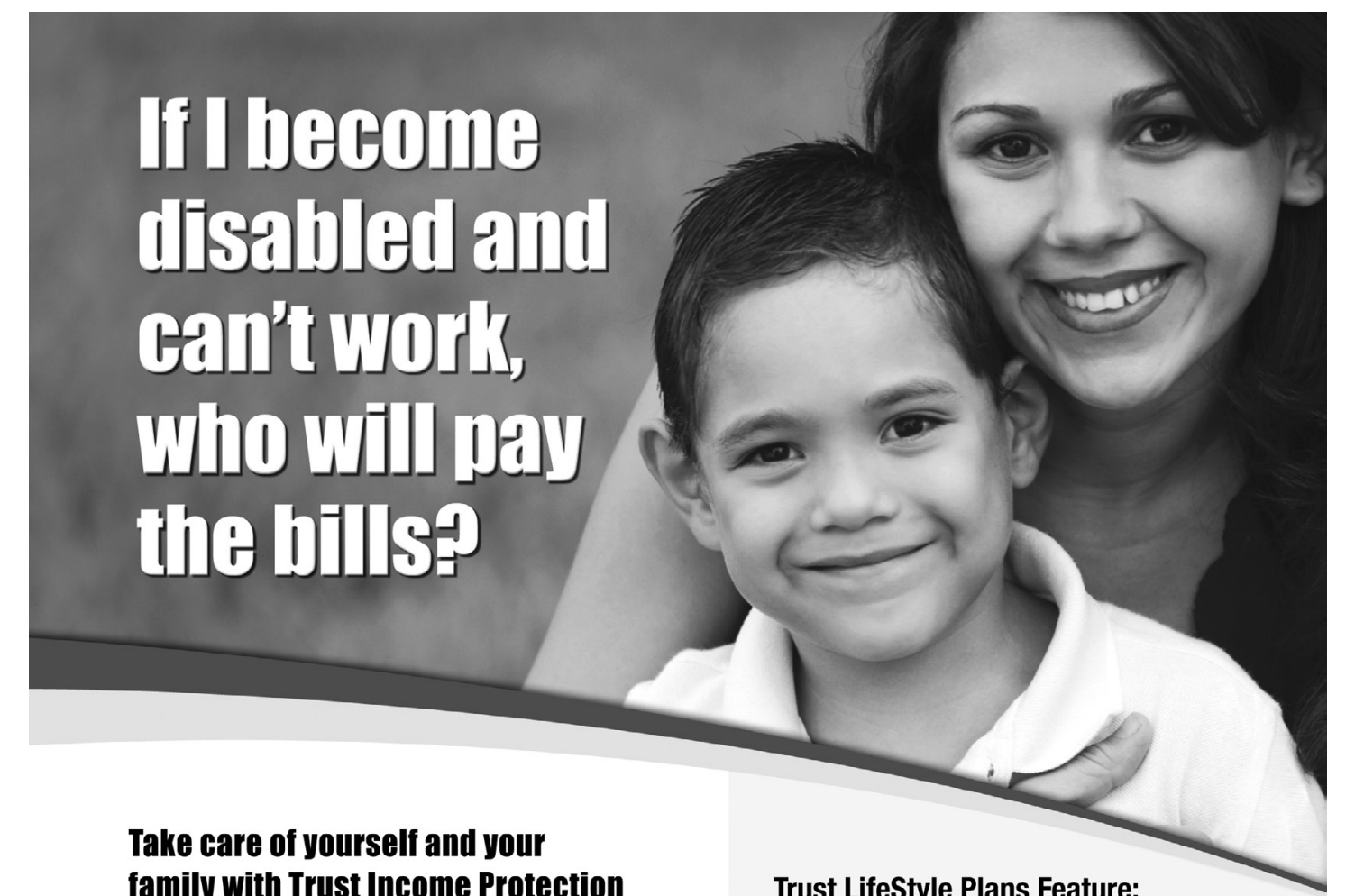
### Professional Corporation

According to Section 41.26 of the State Board of Psychology regulations, a psychologist licensed by the Board may professionally incorporate with other licensed psychologists or with licensed chiropractors, medical doctors, nurses, optometrists, doctors of osteopathy, pharmacists, podiatrists,

veterinarians, dentists, engineers, nursing home administrators, physical therapists, occupational therapists, audiologists, speech-language pathologists, teachers of the hearing impaired, or social workers, if the corporation is also authorized by Chapters 5, 17, 21, 23, 25, 27, 29, 31, 33, 37, 39, 40, 42, 45, and 47. However, psychologists who establish a multidisciplinary practice with non-psychologists must ensure that announcements of services to the public accurately represent the professions of service providers.

*Continued on page 4*





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## AAP: Psychology's National Political Action Committee

*Samuel Knapp, Ed.D., ABPP*



*Dr. Sam Knapp*

We often encounter psychologists who are indignant about lower fees or increased paperwork placed upon them by managed care organizations. With the advent of national health insurance it is important to greatly increase our activism, to avoid restrictions on and to increase opportunities for the practice of psychology. We know that political activism is expensive, frustrating, and requires hard work. No one knows that more than Pennsylvania psychologists, who were leaders in the effort to achieve parity, and now we expect to battle with those who wish to undermine this achievement.

On the national level, PPA and other state and territorial psychological associations work with APA and the APA Practice Organization to promote national advocacy. PPA works primarily with the grassroots network, although staff and volunteers are always available to meet directly with federal officials when needed. Political giving on a national level, however, cannot be done through APA. As a tax-exempt professional association, APA may not give money to political campaigns, even to Representatives and Senators who are strongly supportive of the work of psychology. Instead, political giving on a federal level is done through the Association for the Advancement of Psychology (AAP). AAP is a national professional association that has an affiliated political action committee, AAP/PLAN (Psychologists for Legislative Action Now). Members pay dues directly to AAP, which then raises money for political candidates supportive of psychology. Psychologists who wish to join AAP or to contribute can go to the AAP website at [www.aap.org](http://www.aap.org).

Since 2003 AAP has had an affiliate status with APA's Practice Organization, which allows it to solicit contributions directly from the practice assessment payers. This has greatly increased AAP's ability to raise money for candidates. Much of the money AAP/PLAN raises goes to candidates in response to direct requests from campaigns. Often this involves sending APA staff members to specific fundraising receptions where they can meet directly with the Representative or Senator. If the event is in the district office then sometimes local psychologists will attend on behalf of psychology's national agenda. In addition, AAP will host special fundraising dinners for Senators or Representatives at the APA convention in August or at the State Leadership Conference in Washington, DC, in March of every year.

For more than 30 years, PPA members have supported AAP and AAP/PLAN. From 1987 until around 2005 this author raised money to send representatives from Pennsylvania to

AAP/PLAN fundraisers in Washington, DC, or other locations. Since 2005 Dr. John Gavazzi has been the primary fundraiser for these events in Pennsylvania. These activities are carried on separately from any affiliation these individuals may have with PPA.


Over the years an informal tradition has developed whereby Pennsylvania's representatives to the APA Council of Representatives will attend the event at the APA Convention, and PPA's president will attend the event at the State Leadership Conference. Some of the recent legislators who have been supported include Senators Al Franken (D-MN), Jay Rockefeller (D-WV), Olympia Snow (R-ME), and Michael DeWine (R-OH), and Representatives Timothy Murphy (R-PA, a psychologist); Ted Strickland (D-OH, also a psychologist and until recently governor of Ohio), Brian Baird (D-WA, a psychologist), and Judy Chu (D-CA, the most recently elected psychologist to Congress). A relatively small number of psychologists, perhaps 20, have carried the burden over the years to raise the \$2,000 necessary to send representatives from Pennsylvania to these events. Psychologists who wish to contribute as well can contact Dr. Gavazzi ([john gavazzi@aol.com](mailto:john gavazzi@aol.com)) or Dr. Knapp ([samuelknapp52@yahoo.com](mailto:samuelknapp52@yahoo.com)). ■

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## PPA RECORDS SOME WINS, SOME LOSSES IN 2010

*Continued from page 1*

of the child in mind. The list includes which party is more likely to encourage and permit frequent and continued contact between the child and the other party; the parental duties already performed by each party; the need for stability and continuity in the child's education, family life, and community life; the availability of extended family; and the child's sibling relationships. PPA's past president, Dr. Steve Cohen, testified in favor of this bill before the House Judiciary Committee last February.

A series of bills that require newly hired police officers and firefighters to undergo psychological evaluations was passed and signed into law in October, as reported in the December *Pennsylvania Psychologist*. Psychologists were specifically authorized to conduct those evaluations.

House Bill 2728, which would have taken several steps to protect student athletes who suffered head concussions, passed the House in September but was not taken up by the Senate. It was introduced by Rep. Timothy P. Briggs (D-Montgomery), and a companion bill was introduced in the Senate by Sen. Patrick M. Browne (R-Lehigh). HB 2728 would have required more education on concussions in high schools and more training of coaches. It would require student athletes who suffer concussions to be removed from play and not allowed to return until cleared by "a licensed or certified health care practitioner whose scope of practice includes the management and evaluation of concussions." This definition includes psychologists with the requisite training.

Another bill that passed the House but was never brought to a vote in the Senate was House Bill 1, which would have expanded adultBasic, a health insurance program for the working poor who make too much to qualify for Medical Assistance but who don't receive insurance through their employer. This bill, introduced by Rep. Todd A. Eachus, (D-Luzerne), would have covered more people and added prescription drugs and behavioral health. In doing so it would have qualified for more federal assistance, so the cost would not be borne solely by the state.

Bills that were not brought to a vote in either the House or the Senate included one that would have prohibited health insurers from retroactively denying payment to providers after a year has elapsed, and one that would have authorized psychologists to testify on the determination of insanity in criminal cases. The retroactive denial bill, introduced by Rep. Stephen E. Barrar (R-Delaware County), was approved by the House Insurance Committee but did not go any further. It was strongly opposed by health insurance companies, which greatly outnumber health care providers in terms of money spent on lobbying and campaign contributions.

The insanity-determination bill, HB 2496, was introduced by Rep. Manderino and 31 cosponsors. It would not have altered the standards for an insanity defense in Pennsylvania. Insanity determinations are rare and constitute fewer than 1% of all homicides. The current insanity statute permits defendants to summon an "other expert" such as a psychologist to testify on their behalf. Thus, the court can allow a psychologist expert to testify for the defense, but not allow a psychologist expert to testify for the prosecution in the initial determination of insanity. This bill would have rectified that. We will need to seek a new prime sponsor of this bill in 2011, since Rep. Manderino, a strong champion for many of our causes, has retired. ■

## PROFESSIONAL CORPORATION

*Continued from page 1*

A psychologist seeking to form a professional corporation must (1) file a copy of the articles of incorporation and registry statement of the proposed corporation with the State Board of Psychology for review and approval prior to submitting them to the Corporation Bureau, (2) fill out the State Board of Psychology application for approval of corporate or fictitious name (phone 717-783-7155), and (3) identify all parties with an ownership interest in the business and all licensed or unlicensed professional staff. If the name of the corporation limits the practice of psychology to a particular area of psychology—for example, neuropsychology, clinical psychology, or biofeedback—the State Board of Psychology will need additional documentation of training sufficient to establish the credentials in that area of the relevant service providers.

Once this information is received by the State Board of Psychology, the Board must approve it prior to its use. Corporate names which contravene the ethical principles set out in §41.61 (relating to the Code of Ethics) or which, when regarded in their entirety, are false, misleading, or deceptive, will be disapproved by the Board. For example, a psychologist cannot call the corporation "International Psychology Services" unless the corporation is really international.

When the State Board of Psychology approves the name of the corporation, the psychologist may then proceed to file the articles of incorporation, docketing statement, and letter from the State Board of Psychology approving the use of the name with the Corporation Bureau.

### Fictitious Name

According to §41.27 of the State Board of Psychology regulations, a psychologist practicing as a sole proprietor or in association with other psychologists in a business form other than a professional corporation may do business under a fictitious name.

The process for getting a fictitious name approved parallels the process for forming a professional corporation. A psychologist seeking to form a fictitious name must (1) file a copy of the fictitious name registration with the State Board of Psychology for review and approval prior to its submission to the Corporation Bureau, (2) fill out the State Board of Psychology application for approval of the corporate or fictitious name, and (3) identify all parties with an ownership interest in the business and all licensed or unlicensed professional staff. If the fictitious name limits the practice of psychology to a particular area of psychology, the State Board of Psychology will need additional documentation of training sufficient to establish the credentials in that area of the relevant service providers.

Once this information is received by the State Board of Psychology, the Board must approve it prior to its use. Names which contravene the ethical principles set out in §41.61 (relating to the Code of Ethics) or which, when regarded in their entirety, are false, misleading, or deceptive will be disapproved by the Board.

When the State Board of Psychology approves the fictitious name, the psychologist may then proceed to file the application for registration of fictitious name and letter from the State Board of Psychology approving the use of the name with the Corporation Bureau. ■

# Board Certification in Clinical Psychology

Lisa Grossman, J.D., Ph.D., ABPP; Robert Yufit, Ph.D., ABPP; & Christopher Ebbe, Ph.D., ABPP

**B**oard certification in psychology represents a significant effort on the part of the psychological profession to assess and certify the competence of individual psychologists to practice. Over the last 50 years, in its eagerness to expand as a profession and to ensure financial opportunities for practitioners, organized psychology focused more on licensure than on doing its own certification, but licensure has turned out to be much more a guarantor of safety to the public than it is a guarantor of actual competence. The American Board of Professional Psychology (ABPP) has been evaluating and certifying the competence of clinical psychologists since 1947 (well before the push for licensure), and it is now the parent organization for 13 separate boards of examination in various specialty areas of psychology, all conforming to the same high standards for evaluation and examination. These specialty areas are clinical, counseling, school, clinical health, group, psychoanalysis, forensic, clinical neuropsychology, couple & family, organizational & business consulting, clinical child & adolescent, cognitive & behavioral, and rehabilitation psychology. For example, the examining board for clinical psychology is the American Board of Clinical Psychology (ABCP), which has certified more than 3,600 clinical psychologists over the years.

Becoming board certified in clinical psychology is similar to board certification in medical specialties – it is a key marker of the psychologist's competence to practice in the specialty of clinical psychology. ABPP is not a part of the American Psychological Association but has close working ties with APA in terms of defining specialties in psychology. As an indication of ABPP's commitment to quality, ABPP board certification involves a comprehensive evaluation of both credentials and competence, with the highest standards and with a face-to-face examination on actual work samples, which forms a reasonable basis for attesting to the psychologist's actual competence in daily work. (There are other organizations offering board certification, but none of them have the continuity and professional acceptance that ABPP has, and only a few

evaluate work samples, most of them without face-to-face contact.) ABPP board certification seeks to guarantee high quality practice. This is a standard higher than state licensure but still within the reach of most psychologists.



Dr. Lisa Grossman



Dr. Robert Yufit



Dr. Christopher Ebbe

## Advantages of Board Certification in Clinical Psychology

There are many advantages to being board certified in clinical psychology, including among them:

- ♦ acknowledgement of the attainment of a rigorous, independent certification by one's profession of one's clinical competence;
- ♦ an advantage for job applicants that can provide an edge over those who are not board certified;
- ♦ recognition by federal employers, such as the U.S. Public Health Service and Department of Defense, including extra salary and benefits;
- ♦ recognition of board certification by 36 states as an aid to reciprocity of licensure;
- ♦ a 20% discount in annual premiums for professional liability insurance by a major malpractice carrier;
- ♦ recognition of competence by many universities, hospitals, health service system agencies, insurers, and by the informed public;
- ♦ enhanced credibility as an expert witness;
- ♦ greater credibility with staff when working in medical settings;
- ♦ preference for board certification by some provider panels;
- ♦ eligibility for fellow status in the American Academy of Clinical Psychology, including professional visibility through the academy's website directory.

Most board certified clinical psychologists are motivated to gain certification not just by the practical benefits but also by their belief in high standards for practice. Most report surprise and satisfaction with the collegial and learning

atmosphere surrounding the examination process in clinical, and most report that the examination (and preparing for it) was a significant learning experience.

## Requirements for Board Certification in Clinical Psychology

Requirements for certification include licensure and 3 years of clinical experience, one of which may be pre-doctoral. (A formal post-doctoral program can be counted as 2 years.) This experience must include 2 years supervised by a clinical psychologist. There is now an option for starting the application process while still in school and submitting work samples before licensure. After the applicant's credentials are approved, a statement of professional goals and orientation and videotaped work samples in two of four areas are submitted – assessment, intervention, consultation, and/or supervision/management. Once the work samples are found to be adequate, the professional statement and work samples form the basis of the 3-hour oral examination by a three-member panel, along with ethical and professional issues. Areas assessed are science base and application, assessment, intervention, consultation, supervision/teaching/management (if applicable), interpersonal interactions, individual and cultural diversity, ethical and legal foundations, and professional identification. All cogent theoretical orientations are acceptable, as long as candidates can articulate a rationale for their activities.

## Senior Option

ABPP also offers a "senior option" requiring the same credentials and at least 15 years of professional experience. Instead

*Continued on page 6*

## BOARD CERTIFICATION

*Continued from page 5*


of the usual videotaped work samples, senior candidates submit a record of (and examples of) their professional accomplishments in teaching, research, supervision, consultation, client care, management, etc., and these form the basis of the oral exam (along with ethical and professional issues).

### Learn More About Board Certification

You are invited to learn more about board certification via the websites of ABPP ([www.abpp.org](http://www.abpp.org)) and the Academy ([www.aacpsy.org](http://www.aacpsy.org)). Questions may be addressed to [contact@aacpsy.org](mailto:contact@aacpsy.org). The Academy can appoint a mentor to advise and help the applicant through the application and examination processes.


Lisa Grossman, J.D., Ph.D., ABPP, is a clinical and forensic psychologist in private practice in Chicago, Illinois. She is currently on the Board of the American Academy of Clinical Psychology.

Robert Yufit, Ph.D., ABPP, is in independent practice in Chicago and is also associate professor in Northwestern University Medical School's Division of Psychology.

Christopher Ebbe, Ph.D., ABPP, spent 7 years in the Air Force as a psychologist, and had a 30-year career in public mental health treating clients and training future psychologists. He is currently president of the American Academy of Clinical Psychology. 



### Member News

**Dr. Samuel Knapp**, PPA's director of professional affairs, recently earned board certification from the American Board of Professional Psychology. He was able to use the senior option as described in the article above and based his application on his teaching experience. Congratulations to Dr. Knapp! 


## APA Assists State, Provincial, and Territorial Psychological Associations

The American Psychological Association has close relationships with state, provincial, and territorial psychological associations (SPTAs). For example, every SPTA has an executive director who belongs to the Council of Executives of State and Provincial Psychological Associations (CESPPA). CESPPA members meet at least twice a year as guests of APA's Practice Organization to discuss issues surrounding the management of associations. Topics can go from the detailed (e.g., how to write good fundraising letters) to the broader (e.g., writing and implementing a strategic plan). Fifteen of the executives are psychologists; however, most are non-psychologist association executives and may belong to the American Society of Association Executives (ASAE) and/or their state Society of Association Executives. Several association executives have long-standing tenure of 20 years or more, although the median tenure is about 5 years. Some psychological associations in smaller states are managed by association management firms. The executives from larger state associations also meet separately to discuss issues unique to the big states. Thomas DeWall has been the executive director of PPA since 1987, is a past chair of CESPPA, and holds the credential of Certified Association Executive (CAE) from ASAE. Only six of the other executive directors have earned this credential.

Also, every state and territory has a "federal advocacy coordinator" (FAC) who is responsible for organizing and mobilizing grassroots efforts in their state in response to alerts from the APA Practice Organization. The FACs meet at least once a year as guests of APA for training on effective ways to mobilize grassroots efforts, and on details of the APA legislative advocacy agenda. In most states a volunteer psychologist handles this position. However, to ensure better coordination, PPA has embedded this position within its staff. Rachael Baturin has been the FAC in Pennsylvania for 11 years. She received an award in 2008 for her work in promoting mental health parity. Pennsylvania has consistently been one of the top states in terms of activating its grassroots network.

Currently 16 state psychological associations have paid directors of professional affairs (DPAs): California, Connecticut, Florida, Illinois, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, North Carolina, New Jersey, Ohio, Pennsylvania, Tennessee, Utah, and Washington. Most DPAs have been in their positions for more than 10 years, several more are approaching 20 years of service, and one has served for more than 20 years. Four states have full-time DPAs (California, Massachusetts, Michigan, and Pennsylvania), although the DPAs in Massachusetts and Michigan are also the executive directors. DPAs meet at least twice a year in Washington, DC, in March and at the APA convention to share information among themselves, receive information from APA staff, and give information to APA staff concerning trends in their states. Dr. Samuel Knapp has been the director of professional affairs in Pennsylvania since 1987.

Every state has the option of identifying coordinators for public education, who assist in "making psychology a household word" and for business and psychology, who promote "psychologically healthy workplace awards," among other activities. These coordinators meet at the State Leadership Conference every year and have other regular contacts with APA throughout the year. Pennsylvania has received a grant from APA for its public education programming at the PPA convention. Dr. David Palmiter and staffer Marti Evans both serve as public education coordinators for Pennsylvania, while Dr. Rex Gatto serves as the business representative.

The Committee for the Advancement of Professional Practice (CAPP) within APA has a program to offer grants to SPTAs for special projects, association building, or special legislative initiatives. Pennsylvania has received several such grants in the past, including grants for its Practice-Research Network and for several legislative efforts. 



# Understanding How to Bill Testing Codes Under Medicare

Rachael L. Baturin, MPH, J.D.

Recently, questions have been raised regarding reimbursement for testing codes 96102 (psychological testing administered by a technician), 96103 (psychological testing administered by a computer), 96118 (neuropsychological testing administered per hour by a psychologist), 96119 (neuropsychological testing administered by a technician), and 96120 (neuropsychological testing administered by a computer) under Medicare. In order to understand how to bill under these codes, PPA consulted with Medicare to find out the appropriate billing procedures for these codes. Here are the answers that the local Medicare Carrier gave in response to the questions posed by PPA:

## ■ What type of supervision needs to be provided when testing (96102/96119) is conducted by a technician?

The psychologist does not need to be physically present when the test is being conducted. However, the psychologist is ultimately responsible for the services being rendered. As such, the psychologist should co-sign the notes.

## ■ Is there a need for a physician referral?

Psychologists classified by Medicare as “clinical psychologists” (those with a doctoral degree) do not need a physician’s referral for testing.

## ■ Can more than one CPT code for psychological or neuropsychological testing be billed together on the same date of service for the same patient if all of the testing is administered by a technician and/or a computer?

The technician-administered code (96102/96119) is billed based on the number of hours that the technician spends face-to-face with the patient. The computer-administered testing code (96103/96120) is billed once regardless of the time spent completing the tests.

## ■ Can psychologists bill for the time they spend interpreting and writing up the report based on the testing conducted by a technician or a computer?

When testing is administered by a technician or a computer, the time that the physician/psychologist spends interpreting and reporting the results of each individual test is already included in each of these codes. Therefore, psychologists are not permitted to bill for interpretation or reporting under 96118.

## ■ Can psychologists bill Medicare for feedback sessions?

No. Feedback is not a separately billable service by psychologists under Medicare, nor does Medicare allow psychologists to bill Medicare patients separately for any feedback sessions. ❖

## In Memoriam

**Lynn Rehm, Ph.D.**, of Houston, Texas, died in September. Dr. Rehm had been very active in APA as chair of the Board of Educational Affairs, and as president of the Division of Clinical Psychology and the International Society of Clinical Psychology. Early in his career he lived in Pennsylvania and had been active in PPA, serving as chair of the Communications Board in 1978-79, in addition to other roles. A scientist-practitioner at the University of Houston for many years, he served as president of both the Texas and Houston Psychological Associations. ❖

## Classifieds

### POSITION

Wesley Spectrum Services is seeking a **PA LICENSED PSYCHOLOGIST** with experience in completing assessments for children and adolescents with an Autism Spectrum Diagnosis. Position will be an Independent Contractor within our BHRS program for locations in Allegheny County – Gibsonia, Penn Hills, and Canonsburg (can do one location or all). Prefer afternoon, evening, and weekend availability. Send resume, cover letter, and salary requirement to Amanda Wiler at awiler@wesleyspectrum.org or fax 724-443-4889. EOE.

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# The Pennsylvania Psychologist


January 2011 • UPDATE

Editor Andrea L. Nelken, Psy.D.  
 PPA President Mark A. Hogue, Psy.D.  
 PPF President Richard F. Small, Ph.D.  
 Executive Director Thomas H. DeWall, CAE

The *Pennsylvania Psychologist* Update is published jointly by the Pennsylvania Psychological Association (PPA) and the Pennsylvania Psychological Foundation in January, February, April, May, July/August, October and November. The *Pennsylvania Psychologist* Quarterly is published in March, June, September and December. Information and publishing deadlines are available from Marti Evans at (717) 232-3817. Articles in the *Pennsylvania Psychologist* represent the opinions of the writers and do not necessarily represent the opinion or consensus of opinion of the governance, members, or staff of PPA. Acceptance of advertising does not imply endorsement.

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## PPA Website Upgraded

At press time the staff was putting the final touches on our newly upgraded website. The URL will still be [www.PaPsy.org](http://www.PaPsy.org). It will feature pull-down tabs labeled "psychologists," "members-only," "member benefits/join," "public," and "about PPA." The Psychologist Locator will be easy to find on the first page, and a search window will be prominent. There will no longer be just one username and password for all members; instead, the username will be the member number (*listed on the address label at right*) and the password will be the member's last name. We will be providing more information about the website by e-mail and in the February *Pennsylvania Psychologist*. 

## 2011 CE Calendar

The following programs are being offered either through co-sponsorship or solely by PPA.

**March 31 – April 1, 2011**  
*Spring Continuing Education and Ethics Conference*  
 Harrisburg, PA  
 Marti Evans (717) 232-3817

**April 11, 2011**  
*Advocacy Day*  
 Harrisburg, PA  
 Rachael Baturin, MPH, JD  
 (717) 232-3817

**June 15 – 18, 2011**  
*Annual Convention*  
 Harrisburg, PA  
 Marti Evans (717) 232-3817

**November 3 – 4, 2011**  
*Fall Continuing Education and Ethics Conference*  
 Exton, PA  
 Marti Evans (717) 232-3817

For CE programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit <http://www.PaPsy.org/resources/regional.html>.

Registration materials and further conference information will be mailed to all members.

If you have additional questions, please contact Marti Evans at the PPA office.

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### *Ethics and Boundaries\**

3 CE Credits

### *Readings in Multiculturalism*

4 CE Credits

### *Pennsylvania's Psychology Licensing Law, Regulations and Ethics\**

6 CE Credits

\*This program qualifies for three contact hours for the ethics requirement as mandated by the Pennsylvania State Board of Psychology.

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