



**Handbook of the UToledo Health Clinical Psychology
Externship Program**

2025-2026

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I. Welcome

On behalf of the faculty of the UToledo Health Clinical Psychology Externship training program, I would like to welcome you to what I believe you will find a rich and rewarding training program that will become a valuable part of your preparation to becoming a practicing clinical psychologist. The purpose of this handbook is to introduce you to the program and to make your experience more enjoyable. I hope that you find the handbook to be useful and that if you have any questions or concerns that you will contact me or any of the faculty members in the program.

Kimberly Hunter, Ph.D.
Clinical Psychologist
Director, UToledo Health Clinical Psychology Externship

2. The UTMC Clinical Psychology Externship Program: An Introduction

Purposes and Goals

The basic purpose of the UTMC Clinical Psychology Externship program is to provide students enrolled in the graduate programs in Clinical Psychology to obtain practical experience in the provision of clinical services to patients under the supervision of faculty members in the UTMC - Department of Psychiatry. The primary goal is to give students enough clinical experience to be prepared to enter an APA approved clinical psychology internship. Specific goals include: a) Learning clinical and professional skills, b) Practicing clinical skills, c) Providing clinical services to patients in need of such services, and d) Professional development.

The UTMC Clinical Psychology Externship is registered as a psychology training program with the Ohio Board of Psychology and does qualify towards the supervised experience required for licensure in Ohio under the Ohio Administrative Code (OAC) Section 4732-9-01-C. See Appendix A for a copy of OAC 4732-9-01-C.

Qualifications for Entry into the Externship

Graduate students in the University of Toledo / Bowling Green State University Clinical Psychology programs are eligible to apply for an externship in the UTMC Department of Psychiatry through their department's Externship Coordinator.

Applying to the Program

Applicants who wish to apply to the program should first receive approval from their Faculty Advisor as well as the Externship Coordinator. All candidates will be asked to submit a current curriculum vitae and will be interviewed by one or more members of the UTMC Psychiatry Externship Training Committee which will retain the authority to accept successful candidates. Decisions on acceptance by the UTMC Psychiatry Training Committee will be considered final.

3. Who's Who in the Externship Program

Administration

Externship Director – Kimberly Hunter, Ph.D., Associate Professor of Psychiatry

Email: Kimberly.Hunter@utoledo.edu

Director of Clinical Training (Main Campus- Department of Psychology) – Sarah Francis, Ph.D., Professor, Psychology Email: sarah.francis@utoledo.edu

Program Faculty and Areas of Expertise

Jason C. Levine, Ph.D., Associate Professor, Psychiatry. Expertise – Behavioral medicine, cardiac behavioral medicine, anxiety and mood disorders, diabetes mellitus, therapy process and outcome.

Email: Jason.Levine2@utoledo.edu

Julie A. Brennan, Ph.D., R.D., L.D., Professor, Family Medicine and Psychiatry.

Expertise – Primary care behavioral health, wellness, obesity, health behavior change, depression and anxiety.

Email – Julie.Brennan@utoledo.edu

Morgan Dynes, Ph.D., Associate Professor, Psychiatry and Pediatrics

Expertise – Disruptive/aggressive behavior in youth, parenting and supporting parents, ADHD, adult psychotherapy, integration of primary care and behavioral health treatment.

Email – Morgan.Dynes@utoledo.edu

Kimberly Hunter, Ph.D., Associate Professor, Psychiatry

Expertise – ADHD, Autism Spectrum Disorder, ADOS-2, Behavioral Disorders, Parent Training, Parent-Child Interaction Therapy, Sleep Disturbances.

Email – Kimberly.Hunter@utoledo.edu

Michele Knox, Ph.D., Professor, Psychiatry

Expertise – Child abuse prevention, family and youth violence, child psychopathology.

Email – Michele.Knox@utoledo.edu

Robin A. Barry, Ph.D., Associate Professor, Family Medicine

Expertise – Acceptance and commitment therapy, family caregiving, and couple therapy.

Email – robin.barry@utoledo.edu

Robert Smith, M.D., Ph.D., Professor and Chair, Department of Neurosciences & Psychiatry.

Email – Robert.McCullumsmith@utoledo.edu

4. Primary Rotations and Summary of Available Experiences

Assignment of trainees is made based on service needs, trainee interests and available supervisors. Potential clinical treatment services in which students will receive supervised experience include a variety of clinical settings with a range of patient types and ages. The majority of the programs listed below are interdisciplinary in nature and give the student the opportunity to collaborate and consult with other mental health professionals including psychiatrists, social workers, counselors as well as psychologists. In addition, students have the opportunity to collaborate with trainees in other disciplines including medical students and psychiatric residents.

1. Child and Adolescent Outpatient Clinic.

- a. Supervisors – Morgan Dynes, Ph.D., Kimberly Hunter, Ph.D., and Michele Knox, Ph.D.
- b. Description – The Child and Adolescent Outpatient Clinic provides psychotherapy services to children and adolescents as well as their parents and families. Psychology Externs provide multiple types of psychological services including assessment, individual therapy, behavioral intervention, and parent training under supervision.

2. Adult outpatient psychiatry clinic.

- a. Supervisors – Jason Levine, Ph.D., Morgan Dynes, Ph.D., and Michele Knox, Ph.D.
- b. Description – The adult outpatient clinic provides mental health treatment services to adults in an outpatient setting. Students will provide psychological services including psychotherapy and diagnostic assessments under supervision.

3. Cardiac Behavioral Medicine Service – Cardiac Rehabilitation / Behavioral Medicine

- a. Supervisor – Jason Levine, Ph.D.
- b. Description – The Cardiac Behavioral Medicine Service provides outpatient psychological services to patients completing cardiac rehabilitation. Students will conduct brief intakes, develop treatment plans, consult with medical providers, and deliver brief empirically supported interventions within an integrated and co-located setting. The experience consists mostly of outpatient therapy, but medical inpatient consultations are possible. Treatments emphasize validated and novel behavioral interventions for depression/anxiety/adjustment difficulties and behavior therapies for various health behaviors (e.g., smoking cessation, medication compliance).

4. Transplant Psychology

- a. Primary Supervisor – Jason Levine, Ph.D.
- b. Description – The Transplant Psychology Service is integrated within UTMC's Kidney Transplant Program and the Department of Urology. The Service provides direct psychological services to potential organ donors and recipients, including presurgical transplant candidacy evaluations and empirically-based interventions. The Service also provides ongoing empirically-based interventions and support to pre and post transplant patients. Services include brief behavioral interventions for mental health problems (mood management, anxiety management, adjustment difficulties, etc.) and behavioral health interventions (treatment

adherence, smoking cessation, stress-coping). The overall goal of Transplant Psychology is to use a biopsychosocial approach to bolster the transplant teams' ability to optimize patient candidacy and outcomes. Psychology externs may engage in administration of presurgical transplant evaluations, pre and post-surgical interventions, attendance at transplant team meetings, and consultation.

5. Family Medicine

- a. Supervisors – Julie Brennan, Ph.D. and Robin A. Barry, Ph.D.
- b. Description – This rotation involves provision of psychological services including psychotherapy, behavioral change training and assessments in a psychological service unit that is integrated within a family practice center.

5. Time and Activity Requirements

Full-Time Placements

A full-time placement is considered to be a time commitment of 20 hours per week which should include on average 10 hours and up to a maximum of 14 hours per week of face-to face patient contact. The training experience is limited to 2-3 days per week.

The trainee will also receive an average of at least one hour of structured learning opportunities per week in the form of a lecture, case conference, or other format. Examples of such structured learning experiences in the Department of Psychiatry include resident journal clubs, Grand Rounds, case discussions and resident didactics.

The actual schedule of patient contacts, supervision and training experiences should be negotiated directly between the extern and the supervisee at the onset of the rotation. Supervision requirements are discussed in more detail below.

Part-Time Placements

A part-time placement is considered to a time commitment of 10 hours per week which should include on average 5 hours and up to a maximum of 7 hours per week of face-to face patient contact. The training experience is limited to 2-3 days per week.

The trainee will also receive an average of at least one hour of structured learning every two weeks in the form of a lecture, case conference, or other format. Examples of such structured learning experiences in the Department of Neurosciences & Psychiatry include resident journal clubs, Grand Rounds, case discussions and resident didactics.

The actual schedule of patient contacts, supervision and training experiences should be negotiated directly between the extern and the supervisee at the onset of the rotation.

Time away and “Make-up” Time

Trainees will be allowed 60 hours (30 hours for part time placement) of “away” (vacation/personal) time per year that does not require “making up.” “Make-up” time policies should be discussed between the extern and the supervisor at the onset of the placement.

6. Orientation

Please note: The externs may begin their clinical duties once they are cleared by the director or appointed staff in Volunteer Services.

Part 1: The following needs to be completed PRIOR to the student starting:

- A. HIPAA Training*
- B. Occupational Health clearance*
 - a. Immunizations
 - b. TB
 - c. Drug Screen
- C. Background check*
- D. Fingerprinting (for anyone working with minors—if needed, student will need to obtain independently)
- E. Paperwork (As required and provided by volunteer services) *

*These items are coordinated with in Volunteer Services.

Contact info: Sarah Jolliff; sarah.jolliff@utoledo.edu

A. Additional policies to be reviewed by student:

OP-Psychiatry Policies: <http://www.utoledo.edu/policies/utmc/psychiatry/>

Infection Prevention: http://www.utoledo.edu/policies/utmc/infection_control/

Ambulatory Policies: http://www.utoledo.edu/policies/utmc/ambulatory_services/general-policies/

Health and Safety: http://www.utoledo.edu/policies/administration/safety_health/

Neurosciences and Psychiatry Link: <https://www.utoledo.edu/med/depts/psych/> Department of

Service Excellence-Patient advocate/ How to file a grievance if complaint is not resolved at department level: <https://health.utoledo.edu/ut-medical-center/customercare/index.html>

Part 3: Onboarding and Getting Started

A. IDs and proxy cards



To receive access to the Psych suites in Ruppert, the externs will need to:

Go to their MyUT portal, log in, and click on the Employee tab.

Click on Request Door Access for HSC Proxy Card under Other Services. This will prompt the student to log in again.

They will have to upload a photo and submit request.

A badge is also needed; the link under the Door Access request will direct to the ID order form.

The externs will get an email when it's ready. When they head to security to pick it up, make sure they let the security clerk know that an email was already sent requesting access on student's behalf. Door access will be added to the card when it is picked it up.

B. Parking: The externs need to have a parking permit to park on the health sciences campus. They should check with parking and transportation services concerning which permits to buy and where to park at UTMC. Here is info on how to purchase

a permit:

<https://www.parkutoledo.com/wp-content/uploads/vPermit-User-Guide-Purchase-a-Permit.pdf>

Fall 2025 permits will be available for purchase starting August 5, 2025. Spring 2026 permits will be available for purchase starting December 8, 2025.

2025-26 Permit Pricing: Parking Types, Rates and Permit Lengths (processing fees not included).

Permit Type	Rate	Length of Permit
A	\$329.00	Year
A Semester	\$110.00	Semester
C, D, K	\$147.00	Semester
C, D, K Fall/Spring	\$294.00	Fall & Spring Semester
C Day	\$6.20	Day
C Month	\$62.50	Month
Medical Student Permit	\$437.00	July 1 - June 30
E	\$952.00	Year
G	\$495.00	Year

- C. Keys: if it is determined that keys are needed, the Externship Director will work with security to have key copy made.
- D. Department Orientation—organized by the Externship Director.
 - a. Overview of Externship
 - i. Activities and schedule
 - ii. Extern privileges, responsibilities, and expectations
 - b. Tour of facilities
 - c. Collection of paperwork if not yet received

7. Supervision

Supervision will be provided according to the requirements of the Ohio Board of Psychology and the UT Department of Psychology. Supervision in the UPMC qualifies as “Psychological Training supervision” under OAC 4732-13-03-A-2 and counts toward supervised experience requirements under OAC 4732-9-01-C (See Appendix A).

Types of supervisors and supervision requirements

There are two basic types of supervisors in the externship program: Designated Psychology Supervisors and Case-Related Supervisors. Designated Psychology Supervisors are licensed psychologists who are responsible for the overall supervision of an extern. Case-related Supervisors are other licensed mental-health professionals including psychiatrists and professional counselors. Each trainee will receive a minimum of two hours of face-to-face supervision per week by a supervisor of which at least one hour will be individual supervision and the second hour may be group supervision. One hour of supervision must be provided by a licensed psychologist who is the designated psychology supervisor. In addition, direct observation of clinical activities by the designated psychology supervisor will take place at least once per semester. Additional supervision may be provided by other Psychiatry faculty members who are case-related supervisors as appropriate to their expertise and professional licenses. However, all supervision will be under the umbrella of a licensed psychologist.

The student and an on-site supervisor will develop training goals and a method of assessing progress at the beginning of the placement. The goals and assessment methods will be included in a document to be signed by the student and the supervisor and submitted to the Director of Clinical Psychology Training in the Department of Psychology.

Direct and General Supervision. OAC 5160-8-B-5, concerning services provided under Ohio Medicaid, specifies two levels of supervision for trainees: Direct and General (See Appendix A). The level of supervision may affect the rate at which an extern’s services are reimbursed with directly supervised services being reimbursed at a higher level than generally supervised services.

"Direct supervision" is defined as the supervising practitioner’s being immediately available and interruptible to provide assistance as needed. In most cases this will be the level of supervision provided and requires that the supervisor be available physically, such as in a nearby office, and that the supervisor is able to break away from whatever he or she is doing to assist the supervisee. In the case of services provided by telepsychology the supervisor must be immediately available electronically.

"General supervision" is defined as the supervising practitioner’s being available by phone to provide assistance as needed. The supervisor does not need to be immediately available. This is considered to be the default level of supervision by Ohio Medicaid and some other insurance plans. Given that services provided under general supervision are often reimbursed at a lower rate than direct supervision, the level of supervision should be documented in the medical record and the appropriate CPT modifier be incorporated in the billing code(s).

Supervision Agreements

All externs should negotiate a supervision agreement with his or her supervisor(s) using the form in Appendix B at the beginning of the Externship. The agreement should include the specific training goals and objectives for the extern. It should be signed by the extern and all supervisors as well as the UTMCI Externship Director and the UT Psychology Director of Clinical Training.

8. Evaluation of Student Progress

Two evaluative reports will be prepared for each trainee by the primary Psychology supervisor that will be shared with the trainee and provided to the Director of Clinical Psychology training. The first will be prepared mid-year at or around the end of the fall semester and the second or end-of year evaluation will be prepared at or around the end of the following spring semester. The format of the evaluation will be provided by the Department and is completed on-line. The content of the evaluation will include Foundational and Functional capacities of clinical psychology practice as outlined in the tables in Appendix C.

9. Procedures

Case Assignment and Selection Procedures

Patient assignments will be made in coordination with the extern's supervisor and the Adult and/or Child Intake Coordinators. Specific assignments will be based on the availability of patients, the training level and experience of the extern and the extern's specific interests. Externs will not be assigned a case unless they have the basic skills necessary to provide services under supervision to the patient requesting such services.

Informed Consent

Externs, in conjunction with their supervisors, will explain to patients that they are trainees working under the supervision of a licensed psychologist. In addition, they will explain the nature of the treatment they are providing. Specialized informed consent forms are available for use by externs in two situations: 1) When the extern has a designated psychology supervisor only and 2) when the extern has a case supervisor from another mental health profession in addition to a designated psychologist supervisor (See Appendix D)

Clinical Notation and Billing Procedures

Evaluations, Individual Service Plans, and case session notes are entered into the *Epic* Electronic Health Record (EHR) with the guidance of the extern's supervisor. Patients will be billed for services by the extern's supervisor using the appropriate modifiers applied to the CPT codes used to bill for a particular service or services.

After Hours Care, Special Concerns and Emergencies

Externs should inform patients of their hours of availability and that they will return any messages left for them within their work hours. Patients should be made aware that in case of emergencies, including thoughts of death, harm to self or others and hallucinations, they should call 911 or go to the closest

hospital emergency room. Finally, patients should be made aware that access to psychiatric care is immediately available during normal business hours (8:30 AM to 4:30 PM, M-F) through the UTMC Psychiatric Clinic by calling 419-383-5695 and asking to speak with the psychiatric resident on call. After normal hours and weekends psychiatric care is immediately available by calling the hospital operator at 419-383-4000 and asking for the psychiatric resident on call. See Appendix E for a sample information form that may be shared with patients.

End of Year Checklist

Please use the End of Year Checklist in Appendix F to complete the necessary tasks to complete your externship year.

10. Practice of Telepsychology¹

With the advent of Covid-19 in March of 2020 it became necessary to quickly adopt telepsychology methods to provide services to our patients. The following represents a general set of guidelines for providing telepsychology services. Please note that plan below will be individualized and implemented by your supervisor depending on your patients and service.

Step One: Contact your primary supervisor

Discuss the general parameters of how you will work together to implement telepsychology services and your supervision. Work out a plan as to a) where you will be providing services and b) how you will arrange for supervision using videoconferencing.

Step Two: Get trained

The APA Ethics Code and the Ohio Administrative Code (OAC) rules governing the Practice of Psychology require all psychologists to be competent in the provision of services they provide. Some of you may already have some experience with telepsychology which is great! Others of you may need more than just a brush up. However, at a minimum all of you should complete the following:

- Read the two memoranda from the Ohio State Board of Psychology on the use of telepsychology in Appendix G. These delve into the OAC rules relevant to the provision of telepsychology services.
- Complete all four modules of the APA Telepsychology 101 course which is free for the time being. The course can be found here: <https://apa.content.online/catalog/product.xhtml?eid=15132>
- Familiarize yourself with Cisco WebEx in Epic.
- Step Three: Get your Patients Ready
- Obtain informed consent regarding telehealth services if they wish to proceed this way. There are consent forms for you to complete with your patients. Also document verbal consent and understanding. Explain the rationale for your use of telepsychology methods. Discuss the general procedures that you will use as well as the limitations involved.
- Determine if your patient has the requisite equipment for video conferencing.

¹ I would like to thank Dr. Jason Levine for his willingness to share and let me use material from a similar plan he developed in use at the UT Psychology Training Clinic.

Step Four: Get ready for your first video appointment

- Determine where you will be conducting the session. It should be a private and secure space with no other people or distractions.
- Ensure that you, your supervisor and the patient are all physically in the State of Ohio. If not, see note below.
- Verify contact information for the patient and local emergency services.
- Sit in a location that is well lighted enough that your face is visible; avoid sitting in a location where there is a window or bright light behind you as this will make it difficult.
- Test your webcam and microphone to make sure you can be seen and heard.

Step Five: Conduct your First Telepsychology Session

- Set the time for your first appointment with your patient and ask the patient to be ready five minutes before so as to work out any connection difficulties.
- Dress professionally as you would for an in-person session
- If you cannot connect with the patient's computer via videoconferencing try calling the patient to work out a solution to the problem.
- If the patient is not available by videoconference and does not answer the phone try calling a few minutes later.
- If after fifteen minutes the patient does not connect by video conferencing and does not answer the telephone record the session as a "no show."
- If you are successful in connecting with the patient begin the session with WebEx if agreed upon in advance with your supervisor.
- Verify the physical location and address where the patient is calling from (in the event of a risk issue) and document in your note. You should do this at the beginning of each session.
- Inform the patient in general terms of your physical location. You need not provide a specific address.
- Inform the patient that if there are technical issues, you will call them back within 10 minutes. Let the patient know you'll conduct a phone session if for some reason the video is not working.
- Begin the session by obtaining informed consent to proceed with therapy using telepsychology and if appropriate that you will record the sessions for review by your supervisor. Repeat the information in Step Three and again offer the options noted above if the patient indicates reluctance to continue with therapy using telepsychology. Note that although WebEx is a secure technology it is new and there may be unknown privacy risks. If you are seeing a patient for the first-time incorporate information from the written informed consent forms. Record the patient's oral consent in your notes and if possible, record the patient giving consent using WebEx. If you record the session, obtain a separate consent for this.
- Discuss billing issues. Note that the sessions will be billed to their insurance.
- Assuming the patient agrees to proceed, conduct your session as usual.
- Check eye contact

- At the close of the session discuss the patient's opinion of the telepsychology format and deal with any concerns.
- Set your next appointment time.

Step Six: After the Session

- Record your clinical notes in Epic and bill for the session as instructed by your supervisor or provide the relevant information to your supervisor to do so as appropriate.
 - Document informed consent
 - Note that the session was conducted via telepsychology.
 - Record your location and the patient's location
- If you have the ability and requisite permission enter the patient's next appointment or have support staff do this.
- Meet with your supervisor to discuss the session.
- Please feel free to contact me with any questions or concerns.

Please confirm with your patient that you are both located in Ohio.

11. Professional Topics Seminar and other structured learning experiences

Structured learning experiences in Psychiatry. One of the features of the Externship is an average of at least one hour of structured learning per week in the form of a lecture, case conference, or other format. Examples of such structured learning experiences currently in the Department of Neurosciences & Psychiatry include resident journal clubs, Grand Rounds, case discussions and resident didactics. These are open to the externs. Externs should coordinate their work and supervision schedules to take advantage of these educational opportunities.

For more information about the current Psychiatry Resident learning opportunities, including didactics, journal clubs and case conferences, contact Victoria Kelly, M.D. at victoria.kelly2@utoledo.edu . For more information about Grand Rounds and other Continuing Medical Education (CME) programs in the Department of Neurosciences & Psychiatry contact Micheale Hands at Micheale.Hands@utoledo.edu.

12. Responsibilities and Rights

Student Responsibilities and Rights

Students are responsible for:

1. Meeting with patients at assigned times.
2. Completing clinical responsibilities as assigned by supervisors.
3. Completing clinical records including intake assessments, individual service plans (ISPs) and session notes promptly as per UT Department of Psychiatry policies. Notes need to be completed and signed off within 3 days. ISPs need to be completed by the 5th appointment.
4. Keeping track of hours of supervised experience and informing supervisors if there is any shortfall.
5. Contacting their supervisors if they are ill or need to alter their usual schedule.
6. Contacting their supervisors if they encounter an emergency or otherwise require assistance when providing clinical services.

Student Rights include:

1. Access to supervisors as needed for completion of their clinical duties.
2. Clear instructions from supervisors.
3. Assignment of cases that are within their capabilities to provide services.
4. Regularly scheduled supervision sessions.
5. Space that is properly configured and sound proofed to allow them to complete their clinical responsibilities.
6. Access to educational opportunities including Grand Rounds lectures and seminars at no cost.

Faculty Responsibilities and Rights

Faculty Responsibilities include:

1. Meeting with the externs for supervision at agreed upon times.
2. Being immediately available and interruptible during an extern's clinical sessions.
3. Providing technical guidance to externs.
4. Assigning cases that are within an extern's capabilities
5. Assisting externs obtain sufficient cases and hours of supervised experience to complete their requirements for licensure.
6. Providing clear and constructive feedback to externs concerning their performance in the completion of their clinical responsibilities.
7. Completing mid-year and end-of-year evaluations promptly and sharing with externs.
8. Attending and participating in monthly training committee meetings.

Faculty Rights include:

1. Recognition for teaching effort in compensation, annual reports, promotion and tenure.
2. Billing and collection for services provided by externs under supervision as allowed by regulations.
3. The opportunity to participate in decision making in the design and operation of the externship program.
4. Access personally or via telephone and/or email to the Externship Director as needed for information and/or feedback.
5. The privilege of providing frank feedback and directions to supervised externs in order to assist their learning and professional growth.
6. The freedom to provide suggestions to and disagree with the externship director in order to improve the externship program.

13. Resolving Disagreements and Due Process²

Resolving disagreements or dispute between Externs

Step 1: Informal Resolution. If you find yourself in a disagreement or dispute with another extern you should first attempt to resolve the dispute of disagreement with the other extern informally. In most cases this should be sufficient. Note that an in-person meeting is usually more effective and leads to more complete communication than using e-mail. Try to adopt a problem-solving orientation and consider strategies for solution rather than blame, i.e., what can we do about this?

Step 2: Meet with your supervisor(s). If you are unable to resolve your conflict with another extern you and the other extern should request a joint meeting with your supervisor or supervisors who will assist you in the mediation of the dispute. The same problem-solving orientation as in step 1 should be employed.

Step: 3 Meet with the Externship Director. While it is highly unlikely that a dispute cannot be resolved in the first two steps you do have the option of meeting with the Director of the Externship along with the other extern and your supervisor in extraordinary cases. The Director will discuss the dispute with all persons present and then arbitrate a solution which will usually be final but may be appealed through due process (see below)

Resolving disputes or matters of concern involving an Extern and a Supervisor

Step 1: Informal Resolution. As above most disputes or other matters of concern can be resolved informally using an in-person meeting with your supervisor using a problem-solving approach.

Step 2 Meet with the Externship Director. In those rare cases in which an extern and a supervisor cannot resolve a disagreement or matter of concern informally the extern and the supervisor should schedule a meeting with the Externship Director who will arbitrate a solution that will usually be final but may be appealed through due process (see below).

Due Process

If an extern believes that he or she has been treated unfairly the extern may request a hearing before a panel composed of the UTM C Externship Director, the UT Psychology Department Externship Coordinator and an Externship faculty member chosen by the extern. The extern may bring a colleague with him or her to the hearing to assist in the presentation of his or her case. The panel's decision regarding the extern's complaint shall be final.

² You may seek advice at any point concerning dispute resolution from your supervisor, the UTM C Externship Director or the UT Psychology Externship Coordinator.

14. Professionalism and Ethics

Introduction

Externs will be functioning as clinical professionals and will be expected to behave accordingly. When seeing patients externs should dress in a professional manner such as they would expect from any medical, legal or financial professional. Any questions as to what constitutes appropriate dress may be discussed with your supervisor.

Externs should arrive on time for appointments and complete record keeping promptly. Patients, supervisors, other clinicians and support staff members should be treated with courtesy. In addition, talking in the clinic space should be done at a normal volume. The general atmosphere of the outpatient clinics should be one of quiet dignity.

If an extern must miss an appointment due to illness or emergency the extern should contact his or her supervisor and arrange to have the patient contacted as soon as possible.

Externs should recognize that they have a fiduciary relationship with their patients. A fiduciary relationship is one of trust in which the clinician behaves with the best interests of the patient in mind. This relationship implies that the extern is competent to provide the services given their patients and will avoid any self-dealing or multiple relationships. Related concepts from the ethical literature that are important to consider include beneficence and autonomy. Clinicians should act in a way that is beneficial to patients. Thus, clinicians should provide the best service, skills and advice that they can to help patients reach their goals and to improve their functioning in general. At the same time, clinicians recognize that competent adults set the goals for the therapy and other services they provide. Clinicians may assist the patient in formulating those goals but in the end the patients decide what the goals are.

The APA Ethics Code

All externs are expected to read and be familiar with the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* (Appendix H).

Appendix A

Ohio Admin. Code Sections 4732-09-01, 4732-13 and 5160-8-B-5

This document is current through the Ohio Register for the week of March 15, 2019

Ohio Administrative Code > 4732 State Board of Psychology > Chapter 4732-9 Requirements for Admission to Examination

4732-9-01. Requirements for admission to the examination for a psychologist license.

The requirements for admission to the examination for a psychologist license, which are generally set forth under division (B) of [section 4732.10 of the Revised Code](#), include that the applicant be at least twenty-one years of age and of good moral character. In addition, he/she shall have received from an accredited (see paragraphs (E) and (F) of rule [4732-3-01 of the Administrative Code](#)) educational institution an earned doctoral degree in psychology or school psychology. In addition, all applicants shall have had at least two years (thirty-six hundred hours total) of supervised professional experience in psychological work of a type satisfactory to the board. Applicants seeking admission to examination under division (B)(3)(a) of [section 4732.10 of the Revised Code](#) shall provide evidence of an earned doctoral degree from a program holding accreditation or designation from an entity listed in divisions (B)(3)(a)(i) to (B)(3)(a)(iv) of [section 4732.10 of the Revised Code](#), and one of the two years of supervised experience shall be a pre-doctoral internship. Applicants with a doctoral degree in a non-applied branch of psychology from a regionally accredited institution who subsequently earn a certificate of specialty retraining from a clinical, counseling, or school psychology program holding program accreditation from the American psychological association, office of program consultation and accreditation, or the Canadian psychological association office of accreditation at the time the certificate is earned shall also be deemed in possession of a qualifying academic degree under this rule. For applicants seeking admission to examination under division (B)(3)(b) or (B)(3)(c) of [section 4732.10 of the Revised Code](#), at least one year of the two years of supervised experience shall be post-doctoral. In addition, graduates of doctoral programs accredited by one of the entities listed in divisions (B)(3)(a)(i) to (B)(3)(a)(iv) of [section 4732.10 of the Revised Code](#) within two years of when the applicant was awarded the doctoral degree shall be considered graduates of an accredited or designated program. With regard to such requirements, the board hereby further prescribes that:

(A) For persons seeking admission to examination under division (B)(3)(b) or division (B)(3)(c) of [section 4732.10 of the Revised Code](#), the two years of supervised professional experience in psychological work of a type satisfactory to the board, at least one year of which shall be subsequent to attainment of the doctoral degree required by this rule, shall comply with all of the following requirements if the training experience began prior to the effective date of this rule:

(1) Psychological training supervision shall provide a sequence of experiences to enhance professional attitudes, responsibility, communication skills, critical judgment and technical skills. These training experiences shall follow appropriate educational preparation, including both didactic and practica coursework.

(2) The training experience for the required two years (each to include at least eighteen hundred hours of work in psychology) may occur in more than one setting but must include each year a minimum of fifteen hundred hours in the trainee's applied area(s). In order to qualify for this requirement, the training experience shall follow adequate didactic and practicum preparation.

(3) Work in the applied area(s) must include at least three hundred seventy-five hours of the trainee's time in direct client contact for each of the required two years.

(4) The professional experience shall come under the supervision of a supervisor who is either:

(a) A psychologist or a school psychologist licensed by this board; or

(b) A psychologist or a school psychologist licensed by another state, territory, the District of Columbia, or Canada when the supervised experience took/takes place in that other jurisdiction or the psychologist or the school psychologist is/was practicing legally in Ohio; or

(c) A person eligible for licensure as a psychologist or a school psychologist:

(i) If the person has filed an official application for licensure with the state board of psychology, the application has been approved by the board examiner, passing the oral examination is the only remaining requirement, and the person is under umbrella supervision of an Ohio psychologist or school psychologist;

(ii) When the supervisee is/was (during the supervised period):

(a) Working in a state with no licensing requirements; or

(b) An employee of the federal government and, therefore, exempt from licensing requirements.

(5) The individual face-to-face supervision of such professional training experience shall be no less than five per cent of the weekly client contact time and shall meet all the supervision requirements described in rules [4732-13-01](#), [4732-13-02](#), [4732-13-03](#), and [4732-13-04 of the Administrative Code](#). Telepsychology, as that term is defined in paragraph (S) of rule [4732-3-01 of the Administrative Code](#), may be only used in the provision of psychological training supervision as a supplement to the supervision requirements set forth in this rule, and may not replace individual face-to-face supervision requirements. When using telepsychology for supplemental supervision, supervisors shall comply with the requirements set forth in paragraph (B)(29) of rule [4732-13-04 of the Administrative Code](#).

(6) The supervised professional experience shall be such that it occurs in the applied branch of one of the recognized areas of psychology. Teaching and research involving the professional practice of psychology in which client welfare is directly affected shall be acceptable under this rule.

(a) The teaching of graduate courses and research components at the graduate level should relate to courses or investigations concerning the professional practice of psychology or school psychology. Credit for teaching any one course shall be limited to three terms.

(b) The teaching and research components shall not exceed thirty per cent of the required eighteen hundred hours each year.

(c) The teaching and research shall not count as a substitute for the direct client contact hours as described in paragraph (A)(3) of this rule.

(B) For persons seeking admission to examination under division (B)(3)(b) or division (B)(3)(c) of [section 4732.10 of the Revised Code](#), the two years of supervised professional experience in psychological work of a type satisfactory to the board, at least one year of which shall be subsequent to attainment of the doctoral degree required by this rule, shall comply with all of the following requirements if the training experience began on or after the effective date of this rule:

(1) Psychological training supervision shall provide a sequence of experiences to enhance professional attitudes, responsibility, communication skills, critical judgment and technical skills. These training experiences shall follow appropriate educational preparation, including both didactic and practica coursework. Training is a planned, structured, and programmed sequence of professionally supervised experiences following the completion of all doctoral program coursework during which: the primary training method is experiential (supervised psychological service delivery); the training includes socialization into the profession; and, the training is augmented by modalities such as mentoring, didactic exposure, role-modeling, and observational learning;

(2) The training occurs in a practice, agency, institution, or other setting which has among its functions the provision of psychological or school psychological services;

(3) A clearly designated licensed psychologist or school psychologist at the placement site is directly responsible for the integrity and quality of the training experience, and specifies training objectives in terms of the competencies expected of those completing a training placement;

(4) The training site has at least one licensed psychologist or school psychologist licensed by a state or provincial board of psychology who serves as the primary supervisor of the trainee, with an obvious presence in the agency, clear availability to the trainee's clients/patients, and responsibility for the cases being supervised;

(5) On average, no less than twenty five per cent of the weekly placement time shall be scheduled as face-to-face patient/client contact;

(6) On average, weekly in-person individual face-to-face supervision devoted to the trainee's cases shall be provided at a ratio of no less than one hour per twenty hours on site;

(7) A minimum of seventy-five per cent of the supervision shall be provided by a supervisor who is either: a psychologist or school psychologist licensed by this board; or, a psychologist or school psychologist licensed by another state, territory, the District of Columbia, or Canadian province when the supervised experience took/takes place in that other jurisdiction or the psychologist or school psychologist is/was practicing legally in Ohio; no more than twenty five per cent of the individual supervision may be provided by licensed allied mental health professionals, such as but not limited to psychiatrists, professional clinical counselors, or clinical social workers; or, a post-doctoral trainee eligible for licensure as a psychologist and conducting supervision of the trainee under an

umbrella supervision arrangement with a licensed psychologist or licensed school psychologist;

(8) There shall be on average at least one additional hour per week in learning activities such as: additional face-to-face individual supervision; supervision conducted via telepsychology; group supervision; case conferences or grand rounds; didactic consultations with psychologists, school psychologists, or other appropriate mental health professionals; guided professional readings; seminars; or, co-therapy with a licensed psychologist or school psychologist, or other appropriate professional;

(9) For psychological trainees employed as faculty members and others in settings in which research is conducted, graduate-level teaching and research involving the professional practice of psychology in which client welfare is directly affected shall be acceptable under this rule if specified as part of a written training plan administered by a licensed psychologist or board licensed school psychologist supervisor and if in compliance with the following:

(a) Research projects and the teaching of graduate courses shall relate to courses or investigations concerning the professional practice of psychology or school psychology;

(b) The teaching and research shall be part of a planned and organized post-internship training experience under the supervision of a licensed psychologist or school psychologist;

(c) The teaching and research shall not count as a substitute for the required direct client contact hours;

(d) The teaching and research components shall not exceed thirty per cent of the total training time for any given training experience.

(C) Persons making application for licensure as a psychologist under division (B)(3)(a) of [*section 4732.10 of the Revised Code*](#) shall complete a minimum of two years (a total of thirty six hundred hours) of supervised psychological experience of a type satisfactory to the board. Psychological training supervision shall provide sequential and increasingly complex and independent experiences to assure an organized and planned development of: attitudes and identity as a professional psychologist; professional, ethical, and legal responsibilities; communication skills; critical judgment; and, competencies in the broad areas of interpersonal skills, psychological assessment, psychological interventions, and ethical decision making. Training experiences shall follow developmentally appropriate academic and technical preparation. In addition, persons making application for licensure under division (B)(3)(a) of [*section 4732.10 of the Revised Code*](#) shall comply with the following requirements:

(1) Pre-doctoral internship. The experience required herein shall be a pre-doctoral internship deemed satisfactory by the board as evidenced by:

(a) Successful completion of an internship program holding accreditation from the American psychological association (APA) commission on accreditation or a program holding membership in the association of psychology postdoctoral and internship centers (APPIC), or accredited by the Canadian psychological association, as evidenced by documentation in a manner prescribed by the board; or,

(b) Successful completion of an internship similar in structure and substance to an internship described in paragraph (B)(1)(a) of this rule, which shall be pre-approved by the doctoral program director of training or designee, documented in a manner prescribed by the board, and judged by the board to satisfy the following requirements:

(i) The internship shall be a minimum of fifteen hundred hours and a maximum of two thousand hours completed in no less than twelve months (or nine months for school psychology internships) and no more than twenty four months;

(ii) The internship experience provides a planned, structured, and programmed sequence of professionally supervised experiences that are characterized by greater depth, breadth, and intensity than pre-internship graduate program-based training;

(iii) The internship has a clearly designated doctoral level psychologist, or a school psychologist, licensed by the psychology board in the jurisdiction in which the internship exists who is responsible for the integrity and quality of the internship and who has an obvious presence in one (or more) of the training site(s);

(iv) No less than twenty-five per cent of the intern's time shall be documented as face-to-face psychological services to patients/clients;

(v) Regularly scheduled individual weekly face-to-face supervision is provided at a ratio of no less than one hour for every twenty internship hours; no less than seventy-five per cent of the supervision required in this paragraph shall be provided by a supervisor who is either: a licensed psychologist or school psychologist licensed by this board; or, a psychologist or school psychologist licensed by the psychology licensing board in another state, territory, the District of Columbia, or Canadian province when the supervised experience took/takes place in that other jurisdiction or the psychologist or school psychologist is/was practicing legally in Ohio; no more than twenty-five per cent of the individual supervision required in this paragraph may be provided by licensed allied mental health professionals as deemed appropriate by the psychologist specified in paragraph (B)(1)(b)(iii) of this rule, such as but not limited to psychiatrists, professional clinical counselors, or clinical social workers; or, a post-doctoral trainee eligible for licensure as a psychologist and conducting supervision of the intern under an umbrella supervision arrangement with a licensed psychologist or licensed school psychologist;

(vi) Supplemental individual or group supervision in excess of the minimum ratio required is encouraged, and may be provided by a psychologist, licensed school psychologist, other appropriate licensed mental health professional, or a psychology trainee under an umbrella supervision arrangement. Supplemental supervision under this paragraph is not subject to the percentage requirements, and may not replace the individual face-to-face supervision requirements, in paragraph (B)(1)(b)(v) of this rule;

(vii) Telepsychology, as that term is defined in paragraph (S) of rule [4732-3-01 of the Administrative Code](#), may be only used in the provision of psychological training supervision as a supplement to the supervision requirements set forth in paragraph (B)(1)(b)(v) of this rule, and may not replace individual face-to-face supervision requirements. When using telepsychology for supplemental

supervision, supervisors shall comply with the requirements set forth in paragraph (B)(29) of rule [*4732-13-04 of the Administrative Code*](#);

(viii) The internship provides an average minimum of two hours per week in didactic activities such as case presentations, seminars, in-service training, guided readings in professional psychology, or additional individual or group supervision in excess of the minimum ratio described in paragraph (B)(1)(b)(v) of this rule;

(ix) In internship settings at which there is only one intern, the psychologist or school psychologist specified in paragraph (B)(1)(b)(iii) of this rule is responsible for ensuring that the intern has a sufficient breadth of experiences and role models through scheduled and planned professional interactions with other psychological trainees, psychologists, school psychologists, and/or allied mental health professionals; these experiences may include, but shall not necessarily be limited to, participation in grand rounds or other didactic experiences in local health care settings, structured interactions with peer groups in local internships, and case consultations.

(x) Graduate-level teaching and research involving the professional practice of psychology in which client welfare is directly affected shall be acceptable under this rule if specified as part of a written training plan administered as part of the internship if in compliance with the following:

(a) Research projects and the teaching of graduate courses shall relate to courses or investigations concerning the professional practice of psychology or school psychology;

(b) The teaching and research shall be part of a planned and organized training experience under the supervision of a licensed psychologist or school psychologist;

(c) The teaching and research shall not count as a substitute for the required direct client contact hours;

(d) The teaching and research components shall not exceed thirty per cent of the total internship training time.

(2) In addition to the required pre-doctoral internship, a second sequence of supervised training experience(s) to complete the required thirty six hundred hour sequence shall be met through: full-time or part-time post-internship (including post-doctoral) training; a combination of qualifying doctoral program training placements; or, a combination of doctoral program placements and post-internship experiences, as evidenced by compliance with the following:

(a) Successful completion of a postdoctoral psychology training program accredited by the APA commission on accreditation or holding membership in APPIC, as evidenced by documentation in a manner prescribed by the board; and/or,

(b) Successful completion of a training experience subsequent to the internship, and consistent with the internship criteria listed in paragraphs (B)(1)(b)(i) to (B)(1)(b)(x) of this rule; this experience may occur at the same site as the qualifying internship or at a different site; and/or,

(c) Successful completion of a sequence of doctoral program training placements which shall comply with the following:

(i) Doctoral program training placements that will serve in partial fulfillment of a minimum sixteen hundred hour training sequence shall:

(a) Follow academic coursework of a minimum of forty eight semester hours or seventy two quarter hours taken for academic credit with an evaluation of satisfactory or better; students having credit from a master's or doctoral program in applied psychology or school psychology and evidenced on graduate program transcript(s) may have said credit count toward the minimum coursework required in this paragraph, so that the pre-internship training sequence may commence, if approved by the director of training or designee; and,

(b) Follow introductory practicum experience(s) in applied professional psychology of a minimum duration of four hundred hours to be evidenced on graduate transcript(s), approved by the director of training or designee, and documented in a manner prescribed by the board; said practicum hours may include, but are not necessarily limited to intervention, assessment, supervision, didactic and support hours; doctoral students having graduate degree credits from a master's or other doctoral program in applied professional psychology or school psychology, and evidenced on graduate transcript(s) may have said practicum experience serve in full or partial fulfillment of the four hundred hours required in this paragraph, so that the pre-licensure training sequence may commence; and,

(ii) Doctoral program training placements that will serve in partial fulfillment of a minimum sixteen hundred hour training sequence are planned, structured, and programmed experiences, which occur outside of the classroom setting and involve the trainee's direct delivery of supervised psychological services in a practice, agency, institution, counseling center, graduate training clinic, or other setting approved by the director of training or designee;

(iii) Training placements are made and/or approved in advance by the doctoral program director of training or designee;

(iv) A clearly designated licensed psychologist or board-licensed school psychologist is directly responsible for the integrity and quality of the training experience, and specifies training objectives in terms of the competencies expected of the trainee;

(v) There is a clearly identifiable licensed psychologist or board-licensed school psychologist who serves as the primary supervisor of the trainee, with clear availability to the trainee's clients/patients, and responsibility for the cases being supervised;

(vi) To ensure adequate intensity and continuity of training experiences, doctoral training placements generally reflect a defined placement of no less than thirty weeks with a weekly on site presence of no less than fifteen hours; training placements or assignments of shorter or longer duration, including but not limited to psychotherapy cases and time-limited assessments or consultations, under the direction of the director of training or designee, can serve as components of a planned, sequenced training program;

- (vii) On average, no less than twenty five per cent of the weekly training placement time shall be face-to-face patient/client contact;
- (viii) On average, weekly face-to-face supervision devoted to the trainee's cases shall be provided at a ratio of no less than one hour per ten hours on site; no less than one hour per week, and no less than fifty per cent of the supervision required in this paragraph, shall be individual supervision provided by a supervisor who is either: a psychologist or school psychologist licensed by this board; or, a psychologist or school psychologist licensed by the psychology licensing board in another state, territory, the District of Columbia, or Canadian province when the supervised experience took/takes place in that other jurisdiction or the psychologist is/was practicing legally in Ohio; the remaining face-to-face supervision required in this paragraph may be individual or group supervision provided by a psychologist or school psychologist as defined above, or provided by licensed allied mental health professionals as deemed appropriate by the psychologist or school psychologist specified in paragraph (B)(2)(c)(iii) of this rule, such as but not limited to psychiatrists, professional clinical counselors, or clinical social workers; or, individual supervision provided by a pre-doctoral intern or post-doctoral trainee eligible for licensure as a psychologist and conducting supervision of the trainee under an umbrella supervision arrangement with a licensed psychologist or licensed school psychologist.
- (ix) Supplemental individual or group supervision in excess of the minimum ratio required is encouraged, and may be provided by a psychologist, licensed school psychologist, other appropriate mental health professional, or a psychology trainee under an umbrella supervision arrangement. Supplemental supervision under this paragraph is not subject to the per cent requirements, and may not replace the face-to-face supervision requirements, in paragraph (B)(2)(c)(viii) of this rule;
- (x) Telepsychology, as that term is defined in paragraph (S) of rule [*4732-3-01 of the Administrative Code*](#), may be only used in the provision of psychological training supervision as a supplement to the supervision requirements set forth in paragraph (B)(1)(b)(v) of this rule, and may not replace individual face-to-face supervision requirements. When using telepsychology for supplemental supervision, supervisors shall comply with the requirements set forth in paragraph (B)(29) of rule [*4732-13-04 of the Administrative Code*](#);
- (xi) There shall be on average at least one additional hour per week in learning activities such as: additional face-to-face individual supervision; group supervision; case conferences or grand rounds; didactic consultations with psychologists or other appropriate licensed mental health professionals; guided professional readings; seminars; or, co-therapy with a licensed psychologist or other appropriate professional;
- (xii) Training placements include regularly scheduled and documented interaction concerning the trainee's progress between primary psychologist or licensed school psychologist supervisor and the director of training at the graduate program or designee; or,

(d) Persons completing the internship but not completing the remainder of the thirty six hundred hour requirement by complying with paragraph (B)(1)(a), (B)(1)(b), or (B)(1)(c) of this rule shall complete one or more post-internship (including but not limited to post-doctoral) training experience(s), which shall comply with the following:

- (i)** A post-internship (including post-doctoral) training experience of an abbreviated duration when prescribed, planned, and administered by a licensed psychologist or school psychologist licensed by the psychology board in the jurisdiction where the experience occurs, is an allowable component of a license-preparatory sequence of part-time experiences;
- (ii)** The post-internship training occurs in a practice, agency, institution, or other setting which has among its functions the provision of psychological or school psychological services;
- (iii)** The post-internship training is a planned, structured, and programmed sequence of professionally supervised experiences during which: the primary training method is experiential (supervised psychological service delivery); the training includes socialization into the profession; and, the training is augmented by modalities such as mentoring, didactic exposure, role-modeling, and observational learning;
- (iv)** A clearly designated licensed psychologist or school psychologist at the placement site is directly responsible for the integrity and quality of the training experience, and specifies training objectives in terms of the competencies expected of those completing a training placement;
- (v)** The training site has at least one licensed psychologist or school psychologist who serves as the primary supervisor of the trainee, with an obvious presence in the agency, clear availability to the trainee's clients/patients, and responsibility for the cases being supervised;
- (vi)** On average, no less than twenty five per cent of the weekly placement time shall be scheduled as face-to-face patient/client contact;
- (vii)** On average, weekly individual face-to-face supervision devoted to the trainee's cases shall be provided at a ratio of no less than one hour per twenty hours on site.
- (viii)** Telepsychology, as that term is defined in paragraph (S) of rule [4732-3-01 of the Administrative Code](#), may be only used in the provision of psychological training supervision as a supplement to the supervision requirements set forth in paragraph (B)(2)(c) of this rule, and may not replace individual face-to-face supervision requirements. When using telepsychology for supplemental supervision, supervisors shall comply with the requirements set forth in paragraph (B)(29) of rule [4732-13-04 of the Administrative Code](#).
- (ix)** A minimum of seventy-five per cent of the supervision shall be provided by a supervisor who is either: a psychologist or school psychologist licensed by this board; or, a psychologist or school psychologist licensed by another state, territory, the District of Columbia, or Canadian province when the supervised experience took/takes place in that other jurisdiction or the psychologist or school psychologist

is/was practicing legally in Ohio; no more than twenty five per cent of the individual supervision may be provided by licensed allied mental health professionals, such as but not limited to psychiatrists, professional clinical counselors, or clinical social workers; or, a post-doctoral trainee eligible for licensure as a psychologist and conducting supervision of the trainee under an umbrella supervision arrangement with a licensed psychologist or licensed school psychologist;

(x) There shall be on average at least one additional hour per week in learning activities such as: additional face-to-face individual supervision; group supervision; case conferences or grand rounds; didactic consultations with psychologists, school psychologists, or other appropriate mental health professionals; guided professional readings; seminars; or, co-therapy with a licensed psychologist or school psychologist, or other appropriate professional;

(xi) For psychological trainees employed as faculty members and others in settings in which research is conducted, graduate-level teaching and research involving the professional practice of psychology in which client welfare is directly affected shall be acceptable under this rule if specified as part of a written training plan administered by a licensed psychologist or board licensed school psychologist supervisor and if in compliance with the following:

(a) Research projects and the teaching of graduate courses shall 4732-9-01 18 relate to courses or investigations concerning the professional practice of psychology or school psychology;

(b) The teaching and research shall be part of a planned and organized post-internship training experience under the supervision of a licensed psychologist or school psychologist;

(c) The teaching and research shall not count as a substitute for the required direct client contact hours.

(d) The teaching and research components shall not exceed thirty per cent of the total training time for any given training experience.

(xii) The responsible provision of supervision via telepsychology is allowable as a supplemental training and consultation aid and for supervision in excess of the minimum ratio required, although it may not replace the minimum weekly face-to-face individual supervision requirement in paragraph (B)(2)(b)(viii) of this rule;

(D) Senior psychologists. Persons making application for licensure under division (B)(3)(d) of [*section 4732.10 of the Revised Code*](#) shall, in order to be exempt from supervised experience rules of the board and requirements to evidence a passing score on the examination for professional practice in psychology, shall demonstrate to the satisfaction of the board:

(1) Evidence of active, current, unrestricted independent licensure as a psychologist from a United States or Canadian psychologist licensing board and evidence of unrestricted psychologist licensure for a minimum total of ten years prior to the application being filed with the board;

(2) Receipt of an earned doctoral degree in psychology or school psychology from an academic institution recognized by national or regional accrediting agencies as maintaining

satisfactory academic standards, which served as the academic degree on which a current, active psychologist license was issued by a U.S. or Canadian psychology licensing board; or,

(3) Receipt of an earned masters degree in psychology from an academic institution recognized by national or regional accrediting agencies as maintaining satisfactory academic standards, which served as the academic degree on which a current, active psychologist license was issued by a United States or Canadian psychology licensing board under a "grandfather" statute, which is generally in force during the first several years of the issuing board's being granted legislative authority to regulate the profession of psychology;

(4) Evidence, in a manner prescribed by the board, that there has been no disciplinary action taken by any state or provincial psychology board limiting, suspending or revoking the right to practice psychology, or evidence of license surrender in lieu of disciplinary proceedings or action;

(5) No fewer than three written professional letters of reference, at the discretion of the board, from licensed psychologists or other mental health professionals deemed appropriate by the board, attesting to and documenting the applicant's work as a psychologist, spanning a minimum of ten years, and the applicant's areas of expertise, interest, and/or professional psychological competence;

(6) Once the candidate is deemed to meet these requirements by the entrance examiner, the candidate shall earn a passing score on the examination required pursuant to paragraph (E) of rule [*4732-11-01 of the Administrative Code*](#) before a license will be issued.

Statutory Authority

Promulgated Under:

119.03.

Statutory Authority:

4732.06.

Rule Amplifies:

4732.06, 4732.10.

History

History:

Effective: 8/27/2018.

Five Year Review (FYR) Dates: 9/18/2019.

Prior Effective Dates:

12/03/1977, 09/01/1981, 10/01/1990, 07/15/2000, 11/29/2004, 05/01/2007, 01/08/2010, 12/06/2010, 11/07/2011, 06/08/2015, 01/16/2017.

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Ohio Administrative Code > 4732 State Board of Psychology > Chapter 4732-13 Supervision

4732-13-01. Psychologist and school psychologist scope of supervision.

This chapter applies to supervision of:

- (A) Unlicensed persons who are working toward licensure as psychologists or school psychologists according to rules [4732-9-01](#) and [4732-9-02 of the Administrative Code](#); and/or
- (B) Other persons, not licensed in psychology or school psychology, providing psychological or school psychological services under the professional supervision of a licensed psychologist or a licensed school psychologist, as identified in division (A)(3) of [section 4732.22 of the Revised Code](#); and/or
- (C) Licensed psychologists or licensed school psychologists who are functioning as supervisors; and/or
- (D) Mental health workers delivering services under Chapter 1739. or 3923. of the Revised Code, or under other similarly legally established arrangements, as provided in and limited to the provisions of paragraph (C) of rule 4732-13-03 and paragraph (A) of rule [4732-13-04 of the Administrative Code](#).

Statutory Authority

Promulgated Under:

119.03.

Statutory Authority:

4732.06.

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4732.06, 4732.10, 4732.22.

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Ohio Administrative Code > 4732 State Board of Psychology > Chapter 4732-13 Supervision

4732-13-02. Purposes of supervision.

Supervision by a licensed psychologist or a licensed school psychologist of an unlicensed or licensed person as described in rule [4732-13-01 of the Administrative Code](#) shall have the following purposes:

- (A) To protect the welfare of clients receiving psychological services from a supervisee of a licensed psychologist or a licensed school psychologist;
- (B) To protect the welfare of persons who serve as training subjects for students learning psychological procedures, or as psychology subjects for classroom demonstrations or research;
- (C) To structure the activities of the supervisee so that competent services of a psychological nature by an unlicensed person can safely be made available to clients;
- (D) To assure that the unlicensed person functions within the limits of his/her competence;
- (E) To assure that training of an unlicensed person who intends to apply to the board for licensure occurs in a variety of activities relevant to the profession and to his/her academic background;
- (F) To assure that the training of a licensed person who seeks supervised experience will:
 - (1) Expand competence in a recognized subspecialty for which the licensed person has inadequate training but does have the appropriate academic background; or
 - (2) Satisfy retraining requirements according to recognized standards of the "American Psychological Association";
- (G) To assure that supervisees have non-exploitative employment or training experiences; and,
- (H) To make available the general administrative, supervisory, and mental health expertise of licensed psychologists providing mental health worker supervision, as that term is defined in paragraph (C) of rule [4732-13-03 of the Administrative Code](#).

Statutory Authority

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119.03.

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OAC Ann. 4732-13-03

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Ohio Administrative Code > 4732 State Board of Psychology > Chapter 4732-13 Supervision

4732-13-03. Supervision definitions.

(A) Professional supervision in psychology:

(1) "Psychological work supervision" means the professional oversight of persons who work under the licensing authority of the licensed psychologist. The psychological work shall be consistent with previous academic and professional training, both didactic and practica, of the supervisor and the supervisee. Telepsychology, as that term is defined in paragraph (S) of rule [4732-3-01 of the Administrative Code](#), may be used in the provision of psychological work supervision if conducted in accord with requirements set forth in paragraph (B)(29) of rule [4732-13-04 of the Administrative Code](#).

(2) "Psychological training supervision" means the formal provision by licensed psychologists or licensed school psychologists of systematic education and training that is primarily case-focused and evaluative. Telepsychology, as that term is defined in paragraph (S) of rule [4732-3-01 of the Administrative Code](#), may be used in the provision of psychological training supervision only as a supplement to the supervision requirements set forth in paragraph (A), paragraph (B) and paragraph (C) of rule [4732-9-01 of the Administrative Code](#) and may not replace individual face-to-face supervision requirements. The supervisory relationship supports and directs the work and professional development of graduate students (including predoctoral interns), postdoctoral trainees or other qualified individuals to help them gain experience for the purposes of licensure as psychologists.

(3) "Psychological umbrella supervision" means the supervision of a candidate for licensure to help him/her develop supervisory skills. It exists when a psychological training supervisee supervises other psychological training supervisees in hazardous practices as defined in rule [4732-5-01 of the Administrative Code](#) under the umbrella authority of a psychologist. Supervision under umbrella supervision may be performed only by psychological training supervisees at the pre-doctoral and post-doctoral levels deemed prepared by the supervisor to enter into an umbrella supervisory relationship.

(B) Professional supervision in school psychology:

(1) "School psychological work supervision" means the supervision of persons who work under the licensing authority of a licensed psychologist or a licensed school psychologist. Any work done under the authority of a licensed school psychologist shall not exceed the scope of practice described in division (E) of [section 4732.01 of the Revised Code](#) and shall be consistent with the previous academic and professional training of the supervisor and the supervisee. Telepsychology, as that term is defined in paragraph (S) of rule [4732-3-01 of the](#)

Administrative Code, may be used in the provision of school psychological work supervision if conducted in accord with requirements set forth in paragraph (B)(29) of rule 4732-13-04 of the Administrative Code.

(2) "School psychological training supervision" means the formal provision by licensed psychologists or licensed school psychologists of systematic education and training that is primarily case-focused and evaluative Telepsychology, as that term is defined in paragraph (S) of rule 4732-3-01 of the Administrative Code, may be used in the provision of school psychological training supervision only as a supplement to the supervision requirements set forth in paragraph (H) and paragraph (I) of rule 4732-9-01 of the Administrative Code and may not replace individual face-to-face supervision requirements. The supervisory relationship supports and directs the work and professional development of graduate students (including pre-doctoral interns), postdoctoral trainees or other qualified individuals to help them gain experience for purposes of licensure as a school psychologist or as a psychologist.

(C) "Mental health worker supervision" means the professional oversight of another licensed, certified, or registered mental health professional delivering services under Chapter 1739. or 3923. of the Revised Code, or other similarly legally established arrangements, in which the psychologist provides "clinical supervision" as that term is used in Chapter 1739. or 3923. of the Revised Code.

(D) "Administrative supervision" means responsibility for office or agency organizational procedures, practices or policies, and does not involve professional supervision. The administrative supervisor may or may not be qualified to provide professional supervision as described in paragraph (A) or (B) of this rule.

(E) "Psychology Intern," "Psychology Doctoral Intern," Psychology Predoctoral Intern," "Psychology Fellow," "Psychology Resident," "Psychology Postdoctoral Intern," "Psychology Postdoctoral Fellow," "Psychology Postdoctoral Resident," "Psychology Trainee," or "Psychology Postdoctoral Trainee" mean persons under appropriate supervision, working toward licensure in psychology.

(F) "School Psychology Intern," "School Psychology Assistant," or "School Psychology Trainee" mean persons doing school psychological work under appropriate supervision, while they may or may not be working toward licensure in school psychology or psychology.

(G) "Psychology Assistant" means a person with a master's degree in psychology who may or may not be working toward licensure in psychology.

(H) "Assistant" means a person with a master's degree in a field other than psychology, working under "psychological work supervision."

(I) "Psychology Aide" means a person with a bachelor's degree in psychology, working under "psychological work supervision."

(J) "Aide" means a person with a bachelor's degree in a field other than psychology or two or more years of college course work, such as a mental health technology degree, working under "psychological work supervision."

(K) "Telepsychology," as used herein, has the same meaning as that term is defined in paragraph (S) of rule 4732-3-01 of the Administrative Code.

Statutory Authority

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End of Document

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Ohio Administrative Code > 4732 State Board of Psychology > Chapter 4732-13 Supervision

4732-13-04. Requirements pertaining to supervision.

(A) Requirements for mental health worker supervision.

- (1) Work done under mental health worker supervision shall not be represented to any party or included in any report or official form as the practice of psychology.
- (2) A treatment plan shall be prepared for each recipient of services as part of the initial evaluation and shall be signed by the mental health worker delivering the services and the recipient or his/her legal guardian.
- (3) Within a reasonable time period thereafter, the supervising licensed psychologist shall review the plan and shall either:
 - (a) Sign it as submitted;
 - (b) Require modifications prior to signing it; or
 - (c) Refuse to sign it if in his/her professional judgment in conformance with the standards of the profession of psychology it is unsatisfactory or unnecessary.
- (4) A licensed psychologist shall exercise reasonable professional judgment, consistent with the standards of the profession of psychology, when providing mental health worker supervision.

(B) Requirements for psychological work supervision and psychological training supervision.

- (1) A supervisee is subject to all relevant statutes and rules of the board.
- (2) A supervisor is responsible for the psychological diagnosis, psychological prescription, and psychological client supervision of all clients; these functions may be delegated to a psychological work supervisee or psychological training supervisee in accord with paragraph (B)(7) and paragraph (B)(8) of this rule.
- (3) A supervisor has responsibility for the school psychological diagnosis, school psychological prescription, and school psychological client supervision of all clients; these functions may be delegated to a school psychological work supervisee or school psychological training supervisee in accord with paragraph (B)(7) and paragraph (B)(8) of this rule.
- (4) A supervisee shall carry out his/her psychological or school psychological activities in a suitable professional setting over which the supervisor has organizational responsibility

for assignment and management of the supervisee's professional activities. All psychological activities of the supervisee shall be performed pursuant to the licensed supervisor's directives. Reasonable efforts shall be taken to ensure that the supervisee provides services in compliance with the provisions of Chapter 4732. of the Revised Code and associated administrative rules.

(5) A supervisor shall document the type of psychological supervision being provided, and select and assign an appropriate title to the supervisee from the titles found in paragraphs (E), (F), (G), or (H), (I), and (J) in rule [4732-13-03 of the Administrative Code](#), and shall so inform the supervisee and, when applicable, the work setting administrator.

(6) A supervisor shall register with the board, in a manner prescribed by the board, all supervisees who will perform psychological or school psychological work under his/her authority, that is restricted under rule [4732-5-01 of the Administrative Code](#), including a license holder of this board who is:

- (a) Completely retraining for a general specialty of psychology pursuant to paragraph (F) of rule 4372-13-02 of the Administrative Code; or
- (b) Being trained for the purpose of earning a different license pursuant to paragraph (F) of rule [4732-13-02 of the Administrative Code](#).

(7) A supervisor shall deactivate supervisory relationships, in a manner prescribed by the board, upon termination of psychological or school psychological work under his/her authority

(8) A supervisor shall keep records of supervision. These records shall include any training supervision plans and co-supervision agreements, dates of supervision meetings, and notes regarding supervision, including specific clients/cases reviewed. For persons under psychological training supervision, these records shall also provide evidence of training activities. These records shall be maintained for a period of five years following the termination of supervision and shall be available for inspection by the board.

(9) A supervisor has responsibility to make reasonable efforts to ensure that the work of the supervisee is conducted only for clients for whom the supervisee is competent to provide services and that such services are performed in compliance with the provisions of Chapter 4732. of the Revised Code and associated administrative rules.

(10) A supervisor shall base the intensity of the supervision on his/her professional judgment of the supervisee's credentials, years of experience, and the complexity of the cases under supervision and shall have direct knowledge of all clients served by his/her supervisee. This knowledge may be acquired through direct client contact or through other appropriate means such as audio or video recordings, test protocols, or other client-generated material.

(11) A supervisor shall make reasonable efforts to plan for continuity of client care in the event that his/her supervision is interrupted by factors such as illness, vacation, or other unavailability as listed in paragraph (C)(11) of rule [4732-17-01 of the Administrative Code](#).

When a supervisor arranges such backup supervision for a period of more than thirty working days, he/she shall notify the board in advance.

(12) A supervisor has responsibility to assure that each client is clearly informed of the relationship between the supervisor and the supervisee, and their respective legal and professional responsibilities for the services rendered to or received by the client. All clients shall be informed of the supervised nature of the work of the supervisee, and of the ultimate professional responsibility of the supervisor. In the case of adult, legally competent clients receiving psychotherapy and other psychological interventions as described in rule [4732-5-01 of the Administrative Code](#), this information shall be provided in the form of a written statement explained and given to each client at the initial professional contact. In the case of other clients, this information may be provided in the form of a statement given to the guardian of the client. In terms of clients receiving services for psychological evaluations as described in rule [4732-5-01 of the Administrative Code](#) and/or from individuals working in agencies and/or hospitals, such a statement may be modified or integrated into organizational informed consent documents to meet the circumstances unique to the facility and the client. The statement shall include, but not be limited to, the following:

- (a)** Brief description of services to be provided, schedule of charges, and an indication that billing will come from the supervisor, agency, or institution under the supervisor's name;
- (b)** Name, license number, and professional address and telephone number of the supervisor;
- (c)** Statement on the limits of confidentiality, including the possible need to report certain information according to law, and the supervisor's review of the client's progress;
- (d)** Statement about the parameters of the professional relationship involving the supervisor, the supervisee, and the client;
- (e)** Statement about the availability of the supervisor to meet with the client, on request;
- (f)** Signatures of the supervisor, the supervisee, and the client(s) or guardian, with one copy being maintained by the supervisor.

(13) Supervisee evaluative reports and letters dealing with client welfare shall be cosigned by the supervisor.

(14) Supervisors who shares ongoing supervisory responsibility for the psychological or school psychological work of a supervisee with another license holder, including but not limited to those in academic and other training settings, shall prepare a written supervision plan, available to the board, that is agreed upon and signed by each supervisor and the supervisee.

(15) License holders of this board who are receiving supervision/consultation to add a subspecialty skill pursuant to paragraph (F)(1) of rule [4732-13-02 of the Administrative Code](#) need not be registered with the board, although the supervisor/consultant shall

maintain a record of the supervision/consultation relationship. These records shall be maintained for a period of five years following the termination of supervision/consultation and shall be available for inspection by the board.

(16) Supervisors in private practice settings may charge for individual supervision only, and shall limit their fee for an individual face-to-face supervision hour that does not exceed the supervisor's reasonable and standard hourly fee for professional services to clients. If the supervisor charges per individual face-to-face hour of supervision, the supervisee shall receive all fees from reimbursements, minus reasonable overhead expenses, for clients served by the supervisee.

(17) A supervisor shall require the supervisee to have consultation with relevant professionals other than the supervisor when counseling or intervention is indicated concerning personal problems.

(18) Supervisors are aware that the amount of supervision required for training supervisees is specified in rule [4732-9-01 of the Administrative Code](#).

(19) A supervisor providing psychological training supervision to assist the supervisee toward licensure in psychology or school psychology shall comply with the following:

(a) A supervisor shall accept for psychological training supervision only persons who have completed appropriate academic or professional preparation for that area or are at an appropriate level of progress toward such completion.

(b) A supervisor and supervisee shall have a co-signed, written agreement describing the goals and content of the training experience, including clearly stated expectations for:

(i) The nature of the experiences offered through supervision;

(ii) The expected working arrangements, quantity, and quality of the trainee's work; and

(iii) The financial arrangements between the supervisee and his/her employer.

(c) A supervisor shall ensure that the training provides adequate breadth of experience to enhance: the supervisee's professional attitudes and identity as a professional psychologist or school psychologist; professional, ethical, and legal responsibility; communication skills; critical judgment; and technical skills and competencies in the broad areas of psychological and/or school psychological assessment, psychological and/or school psychological interventions, and ethical decision making. Training experiences shall not take place until the supervisee has initiated or completed appropriate educational preparation, including both didactic course work and practica.

(d) When appropriate to meet the training needs of the supervisee, the supervisor shall arrange for consultation with other appropriate professionals.

(20) In accord with paragraphs (A)(1), (A)(2), (B)(1) and (B)(2) of rule [4732-13-03 of the Administrative Code](#), licensees may conduct psychological supervision or school psychological supervision via telepsychology as follows:

(a) Supervisors recognize that the use of telepsychology is not appropriate for all cases and supervisees, and decisions regarding the appropriate use of telepsychology are made on a case-by-case basis. Licensees providing supervision via telepsychology are aware of additional risks incurred when providing supervision through the use of distance communication technologies and take special care to conduct their supervision in a manner that protects the welfare of the client and ensures that the client's welfare is paramount.

(b) Supervisors establish and maintain current competence in the conduct of psychological supervision via telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge. Licensees establish and maintain competence in the appropriate use of the information technologies utilized in the rendering of psychological supervision.

(c) Supervisors providing supervision via telepsychology shall:

(i) Consider and document findings specific to:

(a) Whether a given client's presenting problems and apparent condition are consistent with the use of telepsychology in the supervisory process to the client's benefit; and

(b) Whether the supervisee has sufficient knowledge and skills in the use of the technology involved in rendering the supervision.

(ii) Not provide supervision via telepsychology services to any supervisee when the outcome of the analysis required in paragraphs (B)(29) (c)(i)(a) and (B)(29)(c)(i)(b) of this rule is inconsistent with the delivery of supervision via telepsychology, whether related to issues involving a given case or issues involving the technological knowledge and skills of the supervisee.

(iii) Upon initial and subsequent contacts with the supervisee, make reasonable efforts to verify the identity of the supervisee;

(iv) Obtain alternative means of contacting the supervisee;

(v) Provide to the supervisee alternative means of contacting the supervisor;

(vi) Supervisors, whenever feasible, use secure communications with supervisees, such as encrypted text messages via email or secure websites or secure real-time video;

(vii) Prior to providing supervision via telepsychology services, the supervisor and supervisee shall enter into a written agreement, in plain language consistent with accepted professional and legal requirements, relative to:

- (a) Potential risks of sudden and unpredictable disruption of supervision dependent on telepsychology services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;
- (b) When and how the supervisor will respond to routine electronic messages from the supervisee;
- (c) Under what circumstances the supervisor and supervisee will use alternative means of communications under emergency circumstances;
- (viii) Ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons when the licensee disposes of electronic equipment and data.

(C) Prohibitions for psychological work supervision and psychological training supervision.

- (1) A supervisor shall not provide supervision of psychological work to a person who has administrative or funding authority over him/her.
- (2) A supervisor shall not provide work or training supervision to a person with whom he/she is associated in any business relationship except one where the psychologist or the school psychologist is an employer of the supervisee for the practice of psychology or school psychology.
- (3) A supervisor shall not assume supervisory responsibility for psychological work that he/she is not personally competent to perform.
- (4) A supervisor shall not supervise any person whom he/she knows is illegally providing psychological services to the public either within or outside of the supervisory relationship.
- (5) Pursuant to paragraph (E) of rule [*4732-17-01 of the Administrative Code*](#):
 - (a) There shall be no direct family relationship between a supervisor and a supervisee.
 - (b) A supervisor shall not engage in sexual intercourse or other sexual intimacies with any supervisee.
 - (c) A supervisor shall not engage in sexual harassment or any verbal or nonverbal conduct that is sexual in nature with any supervisee.
 - (d) A supervisor shall not enter into a supervisory relationship for psychological work as an employee of a supervisee.
 - (e) A supervisor shall not exploit the supervisee for financial gain or with excessive work demands.
- (6) A supervisor, emergency situations excepted, shall ensure that there are no more than two hundred forty work hours scheduled among all supervisees on a weekly basis, inclusive of both direct client contact hours and other non-clinical activities. This limitation on supervision does not apply to mental health worker supervision as described in paragraph (A) of this rule.

- (7) A supervisor shall not allow exploitation of a supervisee by an agency with which the supervisor and the supervisee are affiliated.
- (8) A supervisor shall not charge a supervisee for group supervision.
- (9) A supervisee shall not use the title "Psychologist"; a supervisee shall not use the title "School Psychologist," except when the supervisee holds an active certificate or license granted by the Ohio department of education (ODE) to render school psychological services under the authority of the ODE.
- (10) A supervisee shall not solicit clients or generate his/her own case load and shall not represent himself/herself as having independent choice of clients.
- (11) A supervisee shall not collect fees for psychological work in his/her own name.
- (12) A supervisee shall not independently advertise; use a business card or other listing that identifies any procedure or technique performed; announce the establishment of a practice; have his/her name included on business letterhead stationery, office building directory, office suite entrance door; or in any electronic or other directory under a title incorporating "Psychologist" or "Psychology"; or, otherwise hold himself/herself out to the public as being authorized to provide independent psychological services. Notwithstanding these prohibitions, the following shall be allowed:
- (a) A supervisee's degrees earned from accredited universities, credentials granted by the state of Ohio, and appropriate job titles may be published or posted so long as they do not confuse the client's understanding that the work is psychological in nature and that the supervising psychologist or school psychologist is professionally responsible for the work.
 - (b) A supervisee may use a printed business card on which the supervisee's name, appropriate title, supervisor's name and license number, and supervisory relationship are stated.
- (13) In accordance with [*section 4732.17 of the Revised Code*](#), the board may refuse to issue a license to any supervisee who violates any provision of Chapter 4732. of the Revised Code or any rules adopted by the board.

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[OAC Ann. 5160-8-05](#)

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Ohio Administrative Code > 5160 Medicaid Services > Chapter 5160-8 Limited Practitioner Services

5160-8-05. Behavioral health services-other licensed professionals.

(A) Scope. This rule sets forth provisions governing payment for behavioral health services provided by certain licensed professionals in non-institutional settings.

- (1) A behavioral health service performed in an inpatient or outpatient hospital setting is treated as a hospital service, rules for which are set forth in [Chapter 5160-2 of the Administrative Code](#).
- (2) Provisions governing payment for behavioral health services as the following service types are set forth in the indicated part of the Administrative Code:
 - (a) Cost-based clinic services, Chapter 5160-28; and
 - (b) Medicaid school program services, Chapter 5160-35.
- (3) For services provided in a nursing facility, the cost for behavioral health services are paid directly to the provider of services and not through the nursing facility per diem rate.

(B) Definitions for the purposes of this rule.

- (1) "Behavioral health service" is a service or procedure that is performed for the diagnosis and treatment of mental, behavioral, substance use, or emotional disorders by a licensed professional or under the supervision of a licensed professional. As it is used in this rule, the term includes neither psychiatry nor medication management.
- (2) "Licensed psychologist" has the same meaning as in [section 4732.01 of the Revised Code](#).
- (3) "Independent practitioner" is a collective term used in this rule to designate the following persons who hold a valid license to practice in accordance with the indicated portion of the Revised Code:
 - (a) Licensed professional clinical counselor, section 4757.22;
 - (b) Licensed independent social worker, section 4757.27;
 - (c) Licensed independent marriage and family therapist, section 4757.30;
 - (d) Licensed independent chemical dependency counselor, rule [4758-4-01 of the Administrative Code](#); and
 - (e) School psychologist licensed by the state board of psychology has the same meaning as in rule [4732-3-01 of the Administrative Code](#) and who is engaged in the

"practice of school psychology" as that term is defined in [section 4732.01 of the Revised Code](#).

(4) "Supervised practitioner" is a collective term used in this rule to designate the following persons who hold a valid license to practice under general supervision in accordance with the indicated portion of the Revised Code:

- (a) Licensed professional counselor, section 4757.23;
- (b) Licensed social worker, section 4757.28;
- (c) Licensed marriage and family therapist, section 4757.30;
- (d) Licensed chemical dependency counselor II, rule [4758-4-01 of the Administrative Code](#); and
- (e) Licensed chemical dependency counselor III, rule [4758-4-01 of the Administrative Code](#).

(5) "Supervised trainee" is a collective term used in this rule to designate the following individuals who can operate under the general or direct supervision of a licensed practitioner:

- (a) Registered counselor trainee, defined in rule [4757-13-09 of the Administrative Code](#);
- (b) Registered social work trainee, defined in rule [4757-19-05 of the Administrative Code](#);
- (c) Marriage and family therapist trainee, defined in rule [4757-25-08 of the Administrative Code](#);
- (d) Chemical dependency counselor assistant, defined in rule [4758-4-01 of the Administrative Code](#); and

(e) Any individual registered with the Ohio board of psychology in compliance with requirements in rule [4732-13-04 of the Administrative Code](#), working under the supervision of a licensed psychologist, and assigned by the supervising psychologist a title appearing in rule [4732-13-03 of the Administrative Code](#), such as "assistant," "psychology assistant," "psychology intern," "psychology fellow," or "psychology resident."

(6) "General supervision" is defined as the supervising practitioner being available by phone to provide assistance as needed.

(7) "Direct supervision" is defined as the supervising practitioner being immediately available and interruptible to provide assistance as needed.

(8) "Independent practice" is a business arrangement in which a professional is not subject to the administrative and professional control of an employer such as an institution, physician, or agency. In particular, a professional working from an office that is located

within an entity is considered to be in independent practice when both of the following conditions are met:

- (a) The part of the entity constituting the office of the professional is used solely for that purpose and is separately identifiable from the rest of the facility; and
- (b) The professional maintains a private practice (i.e., offers services to the general public as well as to the customers, residents, or patients of the entity), and the practice is not owned, either in part or in total, by the entity.

(C) Provider requirements.

(1) A licensed psychologist or licensed independent practitioner must be enrolled in the medicaid program as an eligible provider, even if services are rendered under the supervision of another eligible provider.

(2) A licensed psychologist in independent practice or independent practitioner in independent practice who can participate in the medicare program either must do so or, if the practice is limited to pediatric treatment, must meet all requirements for medicare participation other than serving medicare beneficiaries.

(D) Coverage. (1) Payment may be made for the following behavioral health services:

- (a) Psychiatric diagnostic evaluation;
- (b) Psychological and neuropsychological testing;
- (c) Assessment and behavior change intervention:
 - (i) Alcohol or substance (other than tobacco) abuse, structured assessment and brief intervention, fifteen to thirty minutes;
 - (ii) Alcohol or substance (other than tobacco) abuse, structured assessment and intervention, greater than thirty minutes;
- (d) Therapeutic services:
 - (i) Individual psychotherapy:
 - (a) Psychotherapy, thirty minutes with patient and/or family member;
 - (b) Psychotherapy, forty-five minutes with patient and/or family member;
 - (c) Psychotherapy, sixty minutes with patient and/or family member;
 - (d) Psychotherapy for crisis, first sixty minutes;
 - (e) Psychotherapy for crisis, each additional thirty minutes; and
 - (f) Interactive complexity (reported separately in addition to the primary procedure); and
 - (ii) Family psychotherapy for which the primary purpose is the treatment of the patient and not family members:
 - (a) Family psychotherapy without patient present; and

- (b) Family psychotherapy with patient present;
- (iii) Group psychotherapy:
 - (a) Group psychotherapy; and
 - (b) Multiple-family group psychotherapy;
- (iv) Interactive complexity
- (v) Prolonged service
- (2) Payment may be made to the following eligible providers for a behavioral health service rendered as indicated:
 - (a) To a physician, group practice, clinic, or a community behavioral health center that meets the requirements found in rule [5160-27-01 of the Administrative Code](#), for a behavioral health service rendered by a licensed psychologist, or independent practitioner, employed by or under contract with the physician group practice, clinic or community behavioral health center;
 - (b) To a physician group practice, clinic, a community behavioral health center that meets the requirements found in rule [5160-27-01 of the Administrative Code](#), physician, advanced practice registered nurse, physician assistant, licensed psychologist in independent practice or independent practitioner in independent practice for a behavioral health service rendered by a supervised practitioner or supervised trainee under general supervision of the supervising practitioner who was, at a minimum, available by phone to provide assistance as needed.
 - (c) To a physician group practice, clinic, a community behavioral health center that meets the requirements found in rule [5160-27-01 of the Administrative Code](#), physician, advanced practice registered nurse, physician assistant, licensed psychologist in independent practice or independent practitioner in independent practice for a behavioral health service rendered by a supervised trainee under direct supervision if the following conditions are met:
 - (i) The professional responsible for the patient's care has in person, face-to-face contact with the patient during the initial visit and face to face contact not less often than once per quarter (or during each visit if visits are scheduled more than three months apart)
 - (ii) The professional responsible for the patient's care reviews and updates the patient's medical record at least once after each treatment visit.
 - (d) To a physician, advanced practice registered nurse, physician assistant, licensed psychologist in independent practice, or independent practitioner in independent practice for a behavioral health service personally rendered by that health care professional;

(3) The following coverage limits, which may be exceeded only with prior authorization from the ODM designated entity, are established for behavioral health services provided to a medicaid recipient.

- (a)** For diagnostic evaluation, one encounter, per code, per billing provider, per recipient, per calendar year, not on the same date of service as a therapeutic visit;
- (b)** For psychological testing a maximum of twelve hours per recipient, per calendar year; and
- (c)** For neuropsychological testing, a maximum of eight hours per recipient, per calendar year;
- (d)** For screening, brief intervention and referral to treatment for substance use disorder, one of each code, per billing provider, per recipient, per calendar year.

(E) Constraints.

(1) Every behavioral health service reported on a claim must be within the scope of practice of the licensed professional, with appropriate certification and/or training for the service, who renders or supervises it and must be performed in accordance with any supervision requirements established in law, regulation, statute, or rule.

(2) No payment will be made under this rule for the following activities:

- (a)** Services that are rendered by an unlicensed individual other than a supervised trainee;
- (b)** Activities, testing, or diagnosis conducted for purposes specifically related to education;
- (c)** Services that are unrelated to the treatment of a specific behavioral health diagnosis but serve primarily to enhance skills or to provide general information, examples of which are given in the following non-exhaustive list:
 - (i)** Encounter groups, workshops, marathon sessions, or retreats;
 - (ii)** Sensitivity training;
 - (iii)** Sexual competency training;
 - (iv)** Recreational therapy (e.g., art, play, dance, music);
 - (v)** Services intended primarily for social interaction, diversion, or sensory stimulation; and
 - (vi)** The teaching or monitoring of activities of daily living (such as grooming and personal hygiene);
- (d)** Psychotherapy services if the patient cannot establish a relationship with the provider because of a cognitive deficit;

- (e) Family therapy for the purpose of training family members or caregivers in the management of the patient; and
- (f) Self-administered or self-scored tests of cognitive function.

(F) Documentation of services. (1) The patient's medical record must substantiate the medical necessity of services performed, and each record is expected to bear the signature and indicate the discipline of the professional who recorded it.

- (a) All relevant diagnoses pertaining to medical or physical conditions as well as to behavioral health;
- (b) A treatment plan which must be completed within five sessions or one month of admission, whichever is longer and must specify mutually agreed upon treatment goals, track responses to ongoing treatment, and present a prognosis that documents that the plan has been reviewed with the patient and, as appropriate, with family members, parents, legal guardians or custodians or significant others;
- (c) The inability or refusal of the patient to participate in treatment planning or services must be documented and the reason given.
- (d) Test results, if applicable, with interpretation;
- (e) Evidence that the patient has sufficient cognitive capacity to benefit from treatment; and
- (f) Discharge summaries which include date of admission, date of last service, outcome of the service and recommendations and referrals made to the patient.

(2) The following items must be included as progress note documentation and shall be completed at a minimum on a per provision basis, or on a daily or weekly basis:

- (a) The type, description, date, time of day, duration, location and, if documenting weekly services, the frequency of treatment, with dates of service;
- (b) A description of the patient's current symptoms and changes in functional impairment;
- (c) Changes in medications taken by or prescribed for the patient when applicable;
- (d) The amount of time spent by the provider face-to-face with the patient;
- (e) The amount of time spent by the provider in interpreting and reporting on procedures represented by "Central Nervous System Testing" codes, when applicable;
- (f) Progress notes shall include assessment of the patient's progress or lack of progress and a brief description of the progress made, if any, significant changes in symptoms, functioning, or events in the life of the patient and recommendation for modifications to the treatment plan, if applicable; and
- (g) Evidence of clinical supervision, as required,

(G) Claim payment. The payment amount for a behavioral health service is the lesser of the provider's submitted charge or the applicable percentage of the amount specified in the appendix to rule [5160-27-03 of the Administrative Code](#):

- (1) For testing, one hundred per cent;
- (2) For a behavioral health service other than testing, the percentage differs according to the provider who rendered it:
 - (a) For a service rendered by a physician, an advanced practice registered nurse, a physician assistant, or a licensed psychologist, it is one hundred per cent; and
 - (b) For a service rendered by a licensed practitioner or a supervised practitioner, it is eighty-five per cent.
 - (c) For a service rendered by a supervised trainee/assistant under direct supervision, the rate of their supervising practitioner.
 - (d) For a service rendered by a supervised trainee/assistant under general supervision, it is eighty-five per cent of the rate of their supervising practitioner.

Statutory Authority

Promulgated Under:

119.03.

Statutory Authority:

5164.02.

Rule Amplifies:

5164.02, 5164.03.

History

History:

Effective: 5/3/2018.

Five Year Review (FYR) Dates: 4/30/2023.

Prior Effective Dates:

02/17/1991, 11/01/2001, 07/01/2002, 08/17/2003, 10/01/2003, 01/01/2004, 12/30/2005 (Emer.), 03/27/2006, 01/01/2008, 12/31/2012 (Emer.), 03/28/2013, 01/01/2014, 02/01/2016, 06/30/2016 (Emer.), 10/29/2016, 01/01/2018, 01/02/2018 (Emer.).

OHIO ADMINISTRATIVE CODE

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End of Document

Appendix B

Supervision Agreement Form

UToledo Health Clinical Psychology Externship Program Supervision Agreement

Academic Year 2025-2026

The Ohio Administrative Code (OAC) requires that a supervision agreement be executed and signed by psychology trainees and supervisors. Although a licensed clinician such as a psychiatrist or a counselor may provide up to 50% of the supervision all psychology trainees must have a supervisor who is a licensed psychologist and who is ultimately responsible for the trainee's supervision. This psychologist is referred to as the Responsible Psychologist Supervisor. This document should be returned to the Director of the UToledo Health Externship no later than one month after initial placement. Copies should be retained by the Extern and supervisors.

Extern Name (Print): _____

Year in Program: _____

Rotation: _____

Hours/Week: _____

By my signature I am affirming that I am a graduate student enrolled in the Clinical Psychology training program at the University of Toledo / Bowling Green State University and agree to be supervised and evaluated at regular intervals by the supervisors listed below. I understand that the evaluations will be shared with the Clinical Training Committee in the Department of Psychology. Furthermore, I agree to follow all rules, policies and regulations of the University of Toledo (UT) / Bowling Green State University Clinical Psychology Programs, UToledo Health, the Departments of Neurosciences & Psychiatry and/or Family Medicine (depending on my placement) and the Ohio Administrative Code with respect to my service as a psychology trainee. In addition, I will cooperate with my supervisors in meeting the objectives for my externship as listed in Appendix One of this document.

Signature of Extern

Date

Responsible Psychologist Supervisor (Print) _____ License # _____

By my signature I am affirming I am a licensed psychologist in the State of Ohio and that my license is in good standing. I agree to supervise the psychology trainee designated above and to provide evaluations of the trainee's performance to the Directors of Clinical Training in the UT / BGSU Departments of Psychology at regular intervals (typically once per semester) as specified by their respective programs. Furthermore, I agree that I am responsible for the supervision I provide to this trainee and to monitor the supervision provided by other supervisors, if any. I agree to follow the rules for psychological supervision in the Ohio Administrative Code and the UT / BGSU Clinical Psychology Training Programs. These rules are summarized in Appendix Two of this document. In addition, I will work with the trainee to help the trainee meet the objectives listed in Appendix One of this document.

Psychologist Signature

Date

Additional Clinical Supervisors (As appropriate)³

Name (Print) _____ Profession _____

License # _____

By my signature I am affirming I am a licensed clinician in the State of Ohio and that my license is in good standing. I agree to collaborate with the Responsible Psychologist Supervisor in supervising the psychology trainee designated above and in providing evaluations of the trainee's performance to the Directors of Clinical Training in the UT / BGSU Departments of Psychology at regular intervals (typically once per semester) as specified by their respective programs. Furthermore, I agree that I am responsible for the supervision provide to this trainee and I agree to follow the rules for psychological supervision in the Ohio Administrative Code and the UT / BGSU Clinical Psychology Training Programs. These rules are summarized in Appendix Two of this document. In addition, I will collaborate with the Responsible Psychologist to assist the trainee in meeting the objectives listed in Appendix One of this document.

Supervisor Signature

Date

Name (Print) _____ Profession _____

License # _____

By my signature I am affirming I am a licensed clinician in the State of Ohio and that my license is in good standing. I agree to collaborate with the Responsible Psychologist Supervisor in supervising the psychology trainee designated above and in providing evaluations of the trainee's performance to the Directors of Clinical Training in the UT / BGSU Departments of Psychology at regular intervals (typically once per semester) as specified by their respective programs. Furthermore, I agree that I am responsible for the supervision provide to this trainee and I agree to follow the rules for psychological supervision in the Ohio Administrative Code and the UT / BGSU Clinical Psychology Training Programs. These rules are summarized in Appendix Two of this document. In addition, I will collaborate with the Responsible Psychologist to assist the trainee in meeting the objectives listed in Appendix One of this document.

Supervisor Signature

Date

³ Additional clinical supervisors may be psychologists or other licensed clinical professionals.

General Goals and Objectives for trainee:

The Trainee and supervisors should develop training goals and a method for evaluating progress toward goals and should submit this document outlining the goals and methods of assessment to the Externship Director.

Students/ psychology trainee's professional development will be supported by having opportunities in community-based training settings where they can:

- 1) learn valuable clinical and professional skills,
- 2) practice their clinical skills while providing valuable clinical services to the community,
- 3) be supported in their ongoing professional development, and
- 4) be protected from over work, insufficient support, or insufficient learning.

Appendix One – Training Objectives

Supervisor and Student Training Plan

Specific Goals and Objectives for Trainee (Use additional sheets of paper as necessary):

UToledo Health Psychology Externship Director

Date

Director of Clinical Psychology Training

Date

Appendix Two: Summary of Supervision Requirements⁴

1. On average, weekly face-to-face supervision devoted to the trainee's cases shall be provided at a ratio of no less than one hour per ten hours on site; no less than one hour per week, and no less than fifty percent of the supervision required in this paragraph, shall be individual supervision provided by a supervisor who is a licensed psychologist.
2. The remaining face-to-face supervision required in the above paragraph may be individual or group supervision provided by a psychologist or provided by licensed allied mental health professionals as deemed appropriate by the psychologist such as but not limited to psychiatrists, professional clinical counselors, or clinical social workers.
3. Supplemental individual or group supervision in excess of the minimum ratio required is encouraged, and may be provided by a psychologist or other appropriate mental health professional. Supplemental supervision under this paragraph is not subject to the per cent requirements, and may not replace the face-to-face supervision requirements.
4. The responsible psychologist supervisor will provide direct observation of clinical activities conducted by the trainee at least once per semester. This can occur by the supervisor being in the same room as the student and client, observation via one-way mirror, live video streaming, or video recording.
5. Other Requirements
 - Training experience shall be limited to 2-3 days/week at site.
 - Trainees shall receive (on average) 10 hours of face to face contact per week with clients/patients. Other hours to be dedicated to paperwork, case conceptualization, supervision, structured learning, preparation for sessions, scoring and interpretation of psychological tests, report writing.
 - Client/Patient scheduling shall be limited to no more than 14 hours/week if there is a high no show rate
 - Trainee time-away/vacation and "make-up" days should be discussed at the outset of the placement and agreed upon by the supervisor and trainee, and incorporated into the training expectations. Trainees shall be allowed at least 60 hours of away time (e.g., vacation) per year without an expectation to "make-up" the time

⁴ Paragraphs 1-3 are excerpted from OAC 4732-9-01

Appendix C

End of Year Checklist

End of Year Checklist – UTM Clinical Psychology Externship

Dear Extern: Please use the checklist below as a guide to completing the necessary steps as applicable to site at the end of the academic year. Once complete, both extern and supervisor will sign off.

1. _____ Complete and close all clinical notes in Epic.
2. _____ Complete case-closing/case summary notes for cases you terminate.
3. _____ Complete transfer summaries for cases you are transferring to a new therapist.
4. _____ Review all recently completed clinical documentation with your supervisor.
5. _____ Return your key card and any keys to your supervisor (unless you are returning for a second year). Supervisors you can then leave them in my mailbox.
6. _____ Return any supplies/books/materials that you have borrowed over the past year.
7. _____ Empty out your mailbox.

Thank you!

Extern Sign Off: _____

Supervisor Sign Off: _____

Appendix D

Supervision Rules for Externship

Supervision will be provided according to the requirements of the Ohio Board of Psychology and the UT Department of Psychology. Supervision in the UToledo Health qualifies as “Psychological Training supervision” under OAC 4732-13-03-A-2 and counts toward supervised experience requirements under OAC 4732-9-01-C (See Appendix A).

Types of supervisors and supervision requirements

There are two basic types of supervisors in the externship program:

- Designated Psychology Supervisors are licensed psychologists who are responsible for the overall supervision of an extern.
- Case-related Supervisors are other licensed mental-health professionals including psychiatrists and professional counselors
- Each trainee will receive a minimum of two hours of face-to-face supervision per week by a supervisor of which at least one hour will be individual supervision and the second hour may be group supervision.
- One hour of supervision must be provided by a licensed psychologist who is the designated psychology supervisor.
- In addition, direct observation of clinical activities by the designated psychology supervisor will take place at least once per semester.
- Additional supervision may be provided by other Psychiatry faculty members who are case-related supervisors as appropriate to their expertise and professional licenses.
- all supervision will be under the umbrella of a licensed psychologist.

"**Direct supervision**" is defined as the supervising practitioner's being immediately available and interruptible to provide assistance as needed. In most cases this will be the level of supervision provided and requires that the supervisor be available physically, such as in a nearby office, and that the supervisor is able to break away from whatever he or she is doing to assist the supervisee. In the case of services provided by telepsychology the supervisor must be immediately available electronically.

(Billing: Supervisor must drop into DA and then once per quarter if doing direct supervision and add appropriate attestation - direct or general supervision for session).

"**General supervision**" is defined as the supervising practitioner's being available by phone to provide assistance as needed. The supervisor does not need to be immediately available. This is considered to be the default level of supervision by Ohio Medicaid and some other insurance plans. Given that services provided under general supervision are often reimbursed at a lower rate than direct supervision, the level of supervision should be documented in the medical record and the appropriate CPT modifier be incorporated in the billing code(s).

Appendix E

SUPERVISOR EVALUATION FORM

Supervisee Name: _____
Supervisor Name: _____
Supervision Period: _____ to _____
Date of Evaluation: _____

Purpose: To provide the supervisor with feedback regarding job performance in relation to the supervisee. Evaluation forms will go to the externship director and will not be shown/given to the supervisors.

****Supervisors will not have access to data until after your externship is complete. Supervisors will be given a summary of their feedback once enough aggregate data is collected and no names will be attached. A summary email will be sent to all supervisors with general feedback in the form of a group email.**

Performance Level Rating Scale: Based on current assessment and progress of supervision and expectations of supervisee:

- 5 – Excellent
- 4 – Above Average
- 3 – Good
- 2 – Poor
- 1 – N/A

Directions: Utilizing the Rating Scale above, place the appropriate number on the line provided at the end of each item.

Evaluation Items

Supervisor:

1. Responsive to your needs: _____
2. Establishes an atmosphere of acceptance and positivity: _____
3. Provides constructive feedback: _____
4. Availability of supervisor/meets obligations: _____
5. Approachability/Encouragement of interactions: _____
6. Engages in ethical practices: _____
7. Provides helpful interventions to be used with patients: _____
8. Encourages personal growth/independence: _____

Additional feedback for supervisor:

Appendix F

Example of Departure Letter for Outgoing Externs:

Month DD, 2020

PATIENT NAME

ADDRESS

CITY, STATE ZIP

DOB

Dear FIRST NAME,

The University of Toledo Medical Center is grateful that you have chosen the Department of Psychiatry to provide care for your mental health needs.

This letter is to inform you that my {discipline} externship rotation has ended. As we have discussed during the course of treatment if services continue to be necessary, arrangements can be made for your continued care with one of our clinical providers. If continued care is not necessary at this time, I will be placing your file on inactive status and if in the future you find yourself in need of services you are welcome to call our intake department to see about re-establishing care.

If you prefer to establish psychiatric care elsewhere, you might consider:

Unison Behavioral Health Group	(419) 693-0631
Zepf Community Mental Health Center	(419) 841-7701
Harbor Behavioral Healthcare	(419) 475-4449
For emergencies, Zepf Crisis Care line	(419) 904-2273
National Suicide Hotline	988

Should you choose to establish care elsewhere, your records can be transferred to a new provider with your signed authorization to do so.

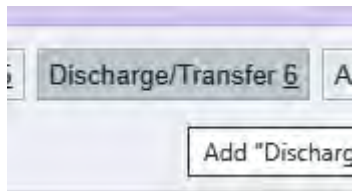
I wish you good health and the very best life has to offer. If you have any questions, please feel free to contact me at 419-383-5695.

Warm Regards,

Clinician

Supervisor

In Epic: When you document an encounter you can choose "Discharge/Transfer 6" as your template in your note:



Discharge/Transfer Note

Type of discharge: Type of Discharge ▾

Date of admission: No linked episodes

Date of last service: 3/31/2025

Results of service: Results of Service ▾

Reason for transfer/discharge: PSY AMB Reason for Discharge/Transfer ▾

{There were no encounter diagnoses. (Refresh or delete this SmartLink)}

Summary of relevant biopsychosocial status at transfer or discharge: PSY AMB Biopsychosocial Status ▾

Summary of care and progress made toward goals: PSY AMB Summary of Care and Progress ▾

There are no recently modified care plans to display for this patient.

Evidence that the individual was involved in the decision (if applicable): ***

Evidence individual was told in a timely manner: ***

Information on available community resources to meet their needs: YES/NO ▾

Appendix G

How to Send Your Notes in Epic to Supervisor

How to Add a Cosigner and Forward Notes to Your Supervisor in Epic

1. After completing the note and adding billing charges (if applicable), go to the top of the “My Note” window and check the “Cosign Required?” box:

The screenshot displays the Epic EMR interface. On the left, the 'Rooming' section shows 'Visit Information' with a 'Reason for Visit' table. The table lists various conditions such as AD (Adjustment ...), ADD, Addition Problem, ADHD, Anorexia, Anxiety, Autism, Bipolar, Bulimia, Dementia, Depression, Hallucinations, Headache, Manic Behavior, MDD (Major Depr...), Med Management, Medication Problem, Memory Loss, OCD (Obsessive-...), Pain, Panic Attack, Psychiatric Evalu..., PTSD (Post-Trau...), Schizoaffective D..., Schizophrenia, Sleeping Problem, Suicidal, and Therapy. The 'PTSD (Post-Traumatic Stress Disorder)' is selected at the bottom.

On the right, the 'My Note' window is open. It shows 'Note Details' with 'Service: Psychiatry'. The checkbox 'Cosign Required?' is highlighted with a red circle. Below this, there is a yellow banner that reads 'Psychotherapy Notes, Do Not Release'. The note content area shows the header 'THE UNIVERSITY OF TOLEDO MEDICAL CENTER' and 'Department of Psychiatry Psychotherapy Progress Note'. It also includes 'Time In: 8:42am', 'Time Out: 9:23am', and 'Present At Visit: Patient'. At the bottom of the note window, there are buttons for 'Sign on Accept', 'Accept', and 'Cancel'.

2. Once you've checked the "Cosign Required" box an option called "Cosigner:" should appear with a search box:

The screenshot shows the EHR interface with the 'Cosign Required' checkbox checked. The 'Cosigner:' field is highlighted with a red circle, indicating where to click the magnifying glass icon to search for a supervisor.

Rooming

Visit Info | BestPractice | Episodes | BH Providers | Problem List | Vital Signs | Allergies

Strengths/Problems | Verify Rx Benefits | Medication Review | Review PT QNs | History

Gender Identity/Sexuality | Score History | SHORTSDOH

Visit Information

Reason for Visit

Add a new reason + Add

AD (Adjustment ...	ADD
Addiction Problem	ADHD
Anorexia	Anxiety
Autism	Bipolar
Bulimia	Dementia
Depression	Hallucinations
Headache	Manic Behavior
MDD (Major Depr...	Med Management
Medication Problem	Memory Loss
OCD (Obsessive-...	Pain
Panic Attack	Psychiatric Evalu...
PTSD (Post-Trau...	Schizoaffective D...
Schizophrenia	Sleeping Problem
Suicidal	Therapy

PTSD (Post-Traumatic Stress Disorder)

My Note

Note Details

Service: Psychiatry

☒ Cosign Required? Cosigner: [Search Icon]

Psychotherapy Notes, Do Not Release

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Department of Psychiatry
Psychotherapy Progress Note

Time In: 8:42am
Time Out: 9:23am

Present At Visit: Patient

SmartLinks | Sign on Accept | Accept | Cancel

3. Click on the magnifying glass icon to search for the supervisor you would like to cosign the note:

The screenshot shows the EHR interface with the 'Cosign Required' checkbox checked. The 'Cosigner:' field is highlighted with a red circle, and a list of supervisors is displayed below it, also highlighted with a red circle.

Rooming

Visit Info | BestPractice | Episodes | BH Providers | Problem List | Vital Signs | Allergies

Strengths/Problems | Verify Rx Benefits | Medication Review | Review PT QNs | History

Gender Identity/Sexuality | Score History | SHORTSDOH

Visit Information

Reason for Visit

Add a new reason + Add

AD (Adjustment ...	ADD
Addiction Problem	ADHD
Anorexia	Anxiety
Autism	Bipolar
Bulimia	Dementia
Depression	Hallucinations
Headache	Manic Behavior
MDD (Major Depr...	Med Management
Medication Problem	Memory Loss
OCD (Obsessive-...	Pain
Panic Attack	Psychiatric Evalu...
PTSD (Post-Trau...	Schizoaffective D...
Schizophrenia	Sleeping Problem
Suicidal	Therapy

PTSD (Post-Traumatic Stress Disorder)

My Note

Note Details

Service: Psychiatry

☒ Cosign Required? Cosigner: [Search Icon]

Name	ID	Status	System Login	Specialty
DYNES, MORGAN	1175	Active...	MDYNES	Psychiatry [37]
LEVINE, JASON	9049	Active...	JLEVINE6	Psychiatry [37]
HUNTER, KIMBERLY	9854	Active...	KHUNTER	Psychology [38]
ROACH, THOMAS	10151	Active...	TROACH3	Psychiatry [37]
AAGESEN, MATTHEW	11024	Active [1]	MAAGESE	Radiology [40]
AARON, TOYA	15819	Active [1]	TAARON2	Respiratory Therapy [...]
ABBAS, JIHAD	10735	Active [1]	JABBAS	Wound Care [153]
ABBOTT, BETHANY	11487	Active [1]	BABBOTT6	Pediatrics [32]
ABBOTT, VALERIE	9421	Active [1]	VWHEELER	
ABD-ALAHAD, ZENA	7927	Active [1]	ZABDALA	Family Medicine [9]
ABDAWANI, NARJIS	12091	Active [1]	NABDAWA	Respiratory Therapy [...]

LEVEL OF SERVICE | PRINT AVS | SIGN ENCOUNTER

Rooming

Visit Info | BestPractice | Episodes | BH Providers | Problem List | Vital Signs | Allergies

Strengths/Problems | Verify Rx Benefits | Medication Review | Review Pt QNs | History

Gender Identity/Sexuality | Score History | SHORTSDOH

Visit Information

Reason for Visit

Add a new reason + Add

AD (Adjustment ...	ADD
Addiction Problem	ADHD
Anorexia	Anxiety
Autism	Bipolar
Bulimia	Dementia
Depression	Hallucinations
Headache	Manic Behavior
MDD (Major Depr...	Med Management
Medication Problem	Memory Loss
OCD (Obsessive-...	Pain
Panic Attack	Psychiatric Evalu...
PTSD (Post-Trau...	Schizoaffective D...
Schizophrenia	Sleeping Problem
Suicidal	Therapy

PTSD (Post-Traumatic Stress Disorder)

My Note

Note Details

Service: Psychiatry

☒ Cosign Required? Cosigner: [Empty]

Psychotherapy Notes, Do Not Release

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Department of Psychiatry
Psychotherapy Progress Note

Time In: 8:42am
Time Out: 9:23am

Present At Visit: Patient

SmartLinks | Sign on Accept | Accept | Cancel

LEVEL OF SERVICE | PRINT AVS | SIGN ENCOUNTER

4. Select your supervisor to forward the note to and their name should appear in the search box next to “Cosigner:”

Rooming

Visit Info | BestPractice | Episodes | BH Providers | Problem List | Vital Signs | Allergies

Strengths/Problems | Verify Rx Benefits | Medication Review | Review Pt QNs | History

Gender Identity/Sexuality | Score History | SHORTSDOH

Visit Information

Reason for Visit

Add a new reason + Add

AD (Adjustment ...	ADD
Addiction Problem	ADHD
Anorexia	Anxiety
Autism	Bipolar
Bulimia	Dementia
Depression	Hallucinations
Headache	Manic Behavior
MDD (Major Depr...	Med Management
Medication Problem	Memory Loss
OCD (Obsessive-...	Pain
Panic Attack	Psychiatric Evalu...
PTSD (Post-Trau...	Schizoaffective D...
Schizophrenia	Sleeping Problem
Suicidal	Therapy

PTSD (Post-Traumatic Stress Disorder)

My Note

Note Details

Service: Psychiatry

☒ Cosign Required? Cosigner: LEVINE, JASON

Psychotherapy Notes, Do Not Release

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Department of Psychiatry
Psychotherapy Progress Note

Time In: 8:42am
Time Out: 9:23am

Present At Visit: Patient

SmartLinks | Sign on Accept | Accept | Cancel

LEVEL OF SERVICE | PRINT AVS | SIGN ENCOUNTER

5. When you're ready to send the note over to your supervisor, search and select the "Sign on Accept" option at the bottom of the note:

The screenshot shows the EHR interface with the 'Notes' tab selected. The 'My Note' section displays the note details, including the service (Psychiatry), cosigner (LEVINE, JAS...), and the note title (Department of Psychiatry Psychotherapy Progress Note). The 'Present At Visit' field is set to 'Patient'. At the bottom of the note, there is a search bar with 'Sign on Accept' entered, and the 'Sign on Accept' option is highlighted in a red circle. Other options visible include 'Accept' and 'Cancel'.

6. Once you've selected "Sign on Accept" click on the "Accept" button with the green checkmark:

The screenshot shows the EHR interface with the 'Notes' tab selected. The 'My Note' section displays the note details, including the service (Psychiatry), cosigner (LEVINE, JAS...), and the note title (Department of Psychiatry Psychotherapy Progress Note). The 'Present At Visit' field is set to 'Patient'. At the bottom of the note, there is a search bar with 'Sign on Accept' entered, and the 'Accept' button, which has a green checkmark, is highlighted in a red circle. Other options visible include 'Sign on Accept' and 'Cancel'.

IMPORTANT: DO NOT CLICK "SIGN ENCOUNTER" unless your supervisor has

cosigned and added their addendum to the note.

Once you've successfully sent the note to your supervisor for cosigning, the "Cosign Needed" message should appear: