WICHE
Western Interstate Commission for Higher Education

BEST PRACTICES AND RECOMMENDATIONS FOR

TELESUPERVISION OF DOCTORAL PRACTITIONERS PURSUING PSYCHOLOGY LICENSURE IN ALASKA

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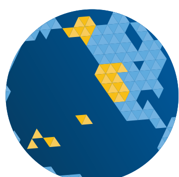

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I. Introduction

For decades, the United States has been challenged with significant behavioral health workforce shortages that have greatly impacted the accessibility of critical mental health services for communities, which is compounded in rural and remote geographic areas. The shortage is made worse by exponential growth in the number of mental health cases per year. The National Institute of Mental Health (2021) estimates that mental illness affects nearly 1 in 5 Americans adults, or 57.8 million, annually. Similarly, data indicates that children and adolescents are also struggling with their mental health, with the most common diagnoses for children aged 3-17 being Attention-deficit/hyperactivity disorder (ADHD), anxiety, behavior problems, and depression (American Psychological Association, 2022; Center for Disease Control and Prevention, 2023). However, new data following the COVID-19 pandemic suggests mental health was severely impacted worldwide as a result of the public health emergency. The World Health Organization (WHO, 2022) reported the COVID-19 pandemic triggered a 25% increase in the prevalence of anxiety and depression worldwide. Adults, teens, and children around the U.S. and beyond are suffering with mental health conditions, and in many regions, the limited availability of or access to behavioral health services inhibits them from getting the care they so desperately need.

Licensed professionals, such as doctoral-level psychologists, play a crucial role in the structure of the larger behavioral health workforce, as these providers are trained in areas that masters-levels therapists and other providers are not exposed to or ethically allowed to practice, such as comprehensive psychological assessments, involuntary psychiatric commitments, advanced therapeutic interventions, and in some states, psychotropic medication prescribing powers. Approaching the workforce shortage is a complex task, as all states and territories have different licensing standards and requirements for psychologists, which can create additional barriers to obtaining full licensure to allow for independent practice, particularly in rural and remote states with unique geographic, demographic, and economic challenges.

The shortage of licensed professional providers is most impactful in rural and remote communities as indicated by one recent study finding that counties outside of metropolitan areas had one-third the supply of psychiatrists and half the supply of psychologists compared to their urban counterparts (USA Facts, 2021; Andrilla et al., 2018). It is estimated that 122 million Americans, or 37% of the population, live in areas designated as “mental health professional shortage areas,” which would require an additional 6,400 mental health providers to fill the gaps for these communities in desperate need of services (USA Facts, 2021). Not only do these communities often lack adequate resources, but they also often struggle with stressors unique to their rural backgrounds and lifestyle which contribute to the astounding rates of suicidality in rural areas we have seen in recent years. Indeed, the suicide rate is nearly twice as great in most rural areas, creating a growing disparity in wellbeing between rural and urban communities (RHIhub, 2022). Alaska has one of the highest suicide death rates per capita, narrowly following behind two other rural states, Montana and Wyoming (CDC, 2023). In Alaska, the rate of suicide among Alaska Native men aged 15-24 was higher than any other demographic in the

country (Alaska Bureau of Vital Statistics, n.d.). Unfortunately, Alaska has the fewest number of active, licensed psychologists in the U.S., having only 170 psychologists to serve their population of over 733,000 residents (APA, 2020; U.S. Census Bureau, 2022). Currently, to be eligible for psychologist licensure in Alaska, applicants must have completed a doctoral degree program which includes the following supervised professional experience: a). a practicum or laboratory experience and b.) 2,000 hours in a pre-doctoral internship (Department of Commerce, Community, and Economic Development, n.d.). Licensure applicants must then complete an additional 1,500 hours of supervised post-doctoral experience within 10 to 24 months of earning their degree. Traditional clinical supervision models requiring in-person, face-to-face contact between the psychologist licensure candidate and the supervisor during the post-doctoral supervised experience phase, do not support growing the behavioral health workforce in a way that meets the needs of those residing and working in rural and remote regions across Alaska.

The Alaska Mental Health Trust Authority (Trust) engaged the Western Interstate Commission for Higher Education Behavioral Health Program (WICHE-BHP), to provide a comprehensive overview of remote supervision practices, also known as telesupervision, for psychologist candidates throughout the United States, particularly in states with similar rurality challenges as Alaska. In total, eleven states were selected and reviewed for their licensure requirements for supervised experience hours, supervision hours ratio, mode of supervision, and reference to telesupervision in relevant statutes, codes, and regulations. Findings from these states will be referenced throughout, as well as in easy-to-reference charts that can be found in the Appendices at the end of this report.

The goal of this report is to provide insights from various national and state regulatory authorities regarding the practices of remote supervision with post-doctoral psychologist candidates in different regions, as well as, to synthesize evidence-based research pertaining to best practices in the clinical supervision of license-eligible psychologist supervisees. Particular attention was given to innovative, technology-based modes of supervision to assist the Trust in developing supervisory standards that allow for flexibility in delivery to account for geographic challenges unique to the region, while not compromising the quality of client health outcomes, the training and oversight of the license-eligible supervisee, and the integrity of the profession of psychology.

II. Overview of Clinical Supervision Best Practices

Whether it occurs during graduate school or post-degree training, the primary purpose of clinical supervision remains the same: to protect the public and ensure the wellbeing of those receiving services by the supervisee. Protection of and accountability to the public are the main goals of any supervisory relationship, with the training and growth of the supervisee as secondary, yet still significant, goals (ASPPB, 2020). The Association of State and Provincial Psychology Boards (ASPPB, 2020) defines supervision as “a distinct, competency-based professional practice” which is “a collaborative relationship between supervisor and supervisee that is facilitative, evaluative, and extends over time”

(p. 5). In-person supervision occurs face-to-face with the supervisor and supervisee physically present in the same room during their meeting. The American Psychological Association (APA) outlines several benefits of in-person supervision, such as, opportunities for professional socialization, observation and evaluation of the supervisee's professional socialization skills, and recognition and processing of subtle, nonverbal, emotional, or affective cues and interactions (APA, 2023). These can be important aspects of professional development and ensuring the quality of services provided, especially if services are provided by the supervisee in-person and they are not meeting with their supervisor in-person.

While there are many contributing factors to the effectiveness of supervision, research indicates that the most influential factors include: a.) the competence of the supervisor, including their knowledge, skills, attitudes, and values; b.) the nature and quality of the relationship between supervisor and supervisee; c.) the readiness of the supervisee (ASPPB, 2020; Falender & Shafranske, 2007). It is crucial that these factors are prioritized during the practice of telesupervision to ensure supervisees are developing the necessary professional competencies to practice independently and help their clients achieve treatment goals.

III. Effective Use of Telesupervision in Rural Areas

Benefits of Telemental Health and Telesupervision

The delivery of mental health services through technology has become more common in recent years and has gained momentum in rural communities that may otherwise have difficulty accessing necessary services in-person. The COVID-19 pandemic also necessitated adjustments to traditional health service delivery methods, which resulted in a variety of temporary orders to loosen regulations related to telehealth service delivery and reimbursement. The Center for Medicare and Medicaid Services (CMS) did so by allowing telehealth format for common office visits, mental health counseling and preventative health screenings (APPIC, 2020). Similarly, the American Psychological Association (APA) and the Association of Psychology Postdoctoral and Internship Centers (APPIC) addressed telesupervision during at the beginning of the COVID-19 pandemic by relaxing a long-standing requirement of interns to only allow 50% of direct supervision hours during pre-doctoral internship to occur in remote supervision format. Though many state regulatory and licensing bodies have their own independent positions on telesupervision hours, the *Standards of Accreditations for Health Service Psychology* (SoA) set forth by the APA at the height of the COVID-19 pandemic still remain flexible in regard to the use of telesupervision as long as training sites have formal policies acknowledging the rationale for utilizing remote supervision practices (APA, 2023). Telemental Health is defined as "the use of telecommunications or videoconferencing technology to provide mental health services" (NIMH, n.d.). Research has indicated that when asked about their experiences with telehealth, rural populations tend to have positive outcomes and experiences, including acceptability and satisfaction. While there are unique challenges with the sole use of technology in rural mental health, which will be discussed in-depth in the following section, rural respondents tend to report increased benefits of these practices,

including more convenience, decreased direct costs (travel costs), decreased indirect costs (travel time), and improved access to care (Butzner & Cuffee, 2021).

There has been considerably less research conducted on the benefits and outcomes of telesupervision conducted during the course of post-doctoral supervised experience. However, early research suggests that this mode is viewed as equal in quality to in-person (face-to-face) supervision (Jordan & Shearer, 2019; Garcia-Lavin, Fins & Arguelles-Borge, n.d.). Additional evidence suggests in some ways, telesupervision is more beneficial than in-person supervision as a number of crucial components to effective supervision can be replicated in technology-based interactions and telesupervision can remove several barriers to receiving effective training and entering into independent practice. A study conducted by researchers Garcia-Lavin, Fins, and Arguelles-Borge (n.d.) found that supervisees reported the most satisfaction with supervision delivered in a hybrid format, where supervision occurs through a combination of in-person and tele-supervision meetings, and the least preferred mode of supervision was all in-person, face-to-face meetings.

Components of Effective Telesupervision

When technology is involved in the delivery of clinical services or clinical supervision, it is imperative that the supervisor have competence in the use of the specific technology and the ethical practices of this mode of service delivery (APA, 2014). Supervisors must ensure there are appropriate safeguards in place for technology-related considerations, such as confidentiality, electronic and physical security, and privacy of records. It is also important for supervisors to be knowledgeable about laws specific to technology and clinical practice, as well as technology and supervision. There are several modes to deliver telesupervision, including telephone with audio only, and teleconferencing with video and audio interaction. The Telemental Health (TMH) Consultation/Supervision Model provides some insight into effective uses of technology within the supervisory relationship, particularly as the model is most commonly applied to low-resource settings.

Challenges in Telesupervision

There are an array of challenges that can present themselves throughout the course of telesupervision, particularly in rural and remote areas of Alaska. Researchers have identified four broad categories that help to summarize these challenges: cultural, technical, financial, and regulatory. Each of these broad categories will be discussed in further detail below.

Cultural

As discussed previously, the relationship between the supervisor and supervisee is a primary contributor to the overall effectiveness of the supervisory relationship. Core elements of relationship building may be more difficult to establish if the supervision takes place solely through technology. Research indicates

that communication issues can be a challenge in telesupervision, particularly lack of eye contact, difficulty understanding non-verbal communication, and difficulty in judging how supervisees are reacting to or processing feedback (Varela et al., 2021). These communication barriers can undermine the supervisor's ability to build a positive relationship and pick up on important cues to adjust their approach to meet the supervisee's needs. It is helpful for supervisors to have open conversations about the potential of these types of communication issues and to collaboratively brainstorm ways to minimize the likelihood (Martin et al., 2017). Similarly, telesupervision can create additional barriers related to understanding the supervisee's cultural beliefs and values, as distance supervision may interfere with building trust and respect. It is important that supervision sessions be a safe space for supervisees to explore their countertransference issues with patients and many times, that requires personal reflection and deep conversations with their supervisor. Supervisors that utilize telesupervision must be thoughtful and considerate of how they build supervisory relationships, communicate about diverse perspectives, and practice cultural responsiveness. While there is no way for the Board of Psychology or any oversight agencies to control for supervisor traits or the outcomes of supervisory relationships, it is important to recognize that the relationship between the supervisor and supervisee is the single most crucial component to a successful transition into independent psychology practice, and thus should be emphasized when considering guidelines around telesupervision practice.

Technical

Technical challenges associated with telesupervision include the supervisor and supervisee's familiarity of the selected technology platform, privacy and HIPAA compliance, internet connection speeds, and network capacities. Most video conferencing platforms require at least a 3Mbps connection speed for an uninterrupted online experience; however, this can be difficult to secure in some rural and remote areas in Alaska. To address challenges related to familiarity and navigation of the technology, it is imperative that prior to the first remote supervision meeting, the supervisor must familiarize the supervisee with the required technology to ensure they are able to utilize it properly during the upcoming supervisory session. It is also important to ensure the supervisee is aware of and in agreement with the expectations for behavior and professionalism during supervisory meetings. Common challenges of distraction, multitasking, and technology glitches have been reported by supervisors that utilize this modality, so it is crucial these threats--and ways to minimize them-- be discussed early and often throughout the course of the supervisory relationship (Martin et al., 2017).

Financial

While supervision hours do not have direct costs to the supervisee in terms of paying for their supervisor's time, it can have considerable indirect costs. Telesupervision requires certain technological equipment and functionality that can be expensive, especially for recent doctoral graduates that have spent the last several years pursuing their degrees, which includes coursework, practicum, dissertation, and internship. In addition to a computer or laptop to hold the supervision on, the supervisee also must

incur costs related to Internet connectivity, a headset or headphones for privacy, and any additional equipment that may be needed (e.g., webcam, microphone). The costs for Broadband are particularly relevant when discussing rural Alaska as the FCC estimates that costs for wired Internet, which often still functions in these areas below optimal speeds, is at least $60-100 per month (Robyne, 2023).

Regulatory

Regulations for licensing psychologists differ between every state, which means any changes to the requirements for licensure are dependent on input from the State's Board of Psychology and the written policies that comprise the legislative statues and administrative codes. Oftentimes, legislative processes are lengthy, and it can be difficult to get agreement from all necessary parties to finalize a proposed change.

IV. Lessons from Other Rural States

While technology has become more common in the delivery of medical and mental health care, states have been inconsistent in their adaptation to this new form of providing health services and training. Of the states we reviewed for telesupervision practices, some have embraced technology openly and incorporated it into their standard delivery of services, while others have been reluctant and have not updated their regulatory policies to address the role of technology at all. A comprehensive overview of each state's requirements for licensure, including supervised experience hours, amount of time in supervision, accepted modes of supervision, and relevant legislative language can be found in Table 1 in the Appendices of this report.

Mode of Supervision

Of the eleven states reviewed, four (Arizona, Montana, Oregon, Utah) had language included in their administrative codes or statues explicitly stating that face-to-face supervision and telesupervision with audio visual interaction capabilities are considered equivalent throughout the accrual post-doctoral supervised clinical experience. These states explicitly state that supervision conducted under those conditions would count towards the psychologist licensure requirements. Several other states (Nevada, New Mexico, North Dakota) included statements indicating that telesupervision was allowed, but they provided vague information about the specifications for telehealth or no definitions for the terms used to describe telesupervision, such as electronic supervision and distance communication. Three states (Idaho, Washington, Wyoming) do not address telesupervision at all in their statutes, regulations, or licensing materials. One state's regulations (Colorado) explicitly stated telesupervision is not an acceptable mode of supervision while accruing post-doctoral hours required for psychologist licensure.

Timing of Supervised Experience for Licensure

Of the eleven states reviewed, nearly all allowed license applicants to begin accruing a portion of their required supervised experience hours during their graduate training experiences. It should be noted that breakdown of hours varies significantly between states, including total number of hours for licensure, number of hours allowed or required from different levels of training (i.e., practicum, internship, post-doctoral degree), and ratio of supervision time to direct client experience time. For example, Arizona requires 3,000 hours of supervised experience for licensure; however, they allow up to 1,500 hours from pre-internship (practicum) experience to be counted along with requiring a minimum of 1,500 hours from internship to be applied. That means, if the student graduates their clinical psychology doctorate program with at least 3,000 hours, they will have already completed their supervised experience requirement for licensure and will not need to accumulate additional supervised hours during their post-doctoral time. Similarly, in New Mexico, post-degree supervised experience is only required if any portion of the required two years of experience necessary for licensure was not obtained during their graduate training. One major difference between Arizona and New Mexico is that New Mexico's regulations stipulate that 1,500 hours from internship may be counted only if the internship was APA-approved. If the internship was a non-APA approved site, then applicants are only able to count 750 hours from their internship.

Role of State Board of Psychology

The involvement of the Board of Psychology varies between states, as well. Many of the states reviewed required specific forms to be submitted to the Board prior to the beginning of the supervisory relationship, like a Supervision Plan outlining the mutually agreed upon goals and expectations between the supervisor and supervisee. However, some State Boards were more heavily involved in the Supervisor approval process, such as in Montana, Nevada, New Mexico, and Wyoming. In these states, supervisees must submit paperwork, such as a Supervision Proposal Form, to have the Board vet and approve their potential supervisor to ensure the supervisor has the desired qualifications and competencies to be considered a "Board Approved Supervisor." In these states, it was explicitly states that the supervisory relationship could not begin and supervised experience could not begin to be counted until the Board replied to the applicant's request and formally approved the supervisor. Additionally, several states (Montana, Nevada) require supervisors to submit quarterly progress reports to monitor the supervisees progress during duration of the post-doctoral supervisory relationship.

Stipulations for Post-Doctoral Employment Settings

Two states (Montana, Wyoming) had specific regulations for the employment setting of post-doctoral supervisees. For instance, in Montana, individual solo practice does not qualify as acceptable professional experience and they are not authorized to bill independently for services provided. The state also outlined the requirements for an acceptable postdoctoral training setting, including having at

least one other board-approved licensed mental health professional employed by the organization and have at least one other mental health professional on-site when the supervisor is not on site.

V. Summary and Recommendations

By utilizing technology in the delivery of clinical supervision, challenges related to place-based, in-person supervision can be minimized. Rural supervisors and supervisees have reported positive outcomes and experiences of telesupervision, including acceptability and satisfaction; decreased direct costs (travel expenses) and indirect costs (travel time), and improved access to supervision resources. This mode of supervision is viewed as equal in quality to in-person (face-to-face) supervision. Additional evidence suggests in some ways, telesupervision is more beneficial than in-person supervision as a number of crucial components to effective supervision can be replicated in technology-based interactions and telesupervision can remove several barriers to receiving effective training and entering into independent practice.

While the benefits are significant in rural and remote regions, there are several challenges that cannot be overlooked. In regards to developing a strong and responsive supervisory relationship, the telesupervision format may interfere with the supervisors ability for recognize important non-verbal cues in communication that may provide insights into how the supervisee is processing content within supervision. The environment in which telesupervision occurs, which in many cases is the supervisee's home, can create additional distractions and increase the likelihood of multitasking during sessions, unless expectations are properly set at the onset of supervision. Additionally, the minimum broadband connectivity needed for live telesupervision may not be aligned with the Internet capacity across certain remote regions of the State. If adequate broadband is available, it could be costly for the supervisor and supervisee. Regulatory changes at the State level can provide guidance and set the standard for successful implementation of telesupervision; however, the process to initiate regulatory changes can be lengthy and challenging. Several states have experienced challenges related to the workload by the Board to manually vet each proposed supervisor when Supervision proposals are submitted, which can significantly delay the timeline for supervisees to begin collecting their supervised hours and to become independent practitioners.

Recommendations

Of note, research as provided above displays that supervisees reported the most satisfaction with supervision delivered in a hybrid format, where supervision occurs through a combination of in-person and tele-supervision meetings, and the least preferred mode of supervision was all in-person, face-to-face meetings. Because there is a thin layer of supervisors in Alaska available to conduct the necessary post-degree supervision to increase the number of local, independent practitioners, it is important to construct telesupervision guidelines that account for the unique geographic nature of the region, as well as, to reduce ambiguity in how supervision is delivered to create expectations for supervisory

competency. Regulations should aim to protect the client consumers, uphold the integrity of the profession, and mitigate challenges, like distance, cost, and time, inherent with the unique layout of the state.

Of the states reviewed for the purposes of this report, Montana is one state that is similar in rurality and may provide a viable framework to consider in Alaska. Having said that, with the unique needs of the rural and remote communities in Alaska, here are suggestions as to how to create a better system of supervision across the State.

1. **Develop clear definitions and concise guidelines for each component of supervision practice, including:**

    a. ***Mode and Frequency of Supervision Allowed*** - Montana provides an excellent model of a clear definition for mode of supervision allowed, as well as what technical components are necessary to be considered an acceptable mode of telesupervision.
        - "…A minimum of one hour of face-to-face (personal) supervision per week."
        - "Teleconferencing which is two-way, interactive, real time, simultaneous, continuous, and provides for both audio and visual interaction may substitute for face-to-face supervision."
        - "Teleconferencing allowing only oral communication via technology may be allowed upon written request and prior board approval, when unusual circumstances so require."
        - Audio-only may not exceed 25% of the total supervision hours.

    b. ***Supervision Plan and Supervisor Approval Process*** – Montana and Wyoming have similar model processes related to the vetting of supervisors and the requirement of a Supervision Plan to be submitted and approved by the Board prior to the start of the supervisory relationship. Alternatively, the Board could compile a list of already vetted and approved Supervisors and make it publicly available for supervisees, thus removing the manual vetting process of each supervisor proposed by supervisees; however, it is still recommended that the Board require a Supervision Plan be submitted to outline the mutually agreed upon goals and expectations for the duration of the supervisory relationship.

    c. ***Supervision Progress Updates*** – Montana and Nevada have similar model processes related to communications to the Board about the progress of the supervisee throughout the supervisory relationship.
        - Supervisors are required to submit quarterly progress reports to the Board of Psychology to monitor the supervisees progress toward supervision goals,

report any challenges encountered, and document any requests for changes or accommodations to the original Supervision Plan (e.g., providing a rationale for the use of audio-only supervision for several weeks when the weather was bad and Internet connectivity was unreliable).

d. ***Approved Work Settings*** – Montana outlined specific regulations for the employment setting of post-doctoral supervisees and their supervisors, which is an important component of creating clear expectations for all supervisory relationships.
   - Supervisees are not allowed to engage in independent private practice and bill for independent services while receiving post-doctoral supervision.
   - Supervisees should ideally be supervised by a qualified psychologist supervisor within their employer organization, or at least by a qualified supervisor who has adequate experience and competence in the supervisees' primary area of practice (e.g., if supervisees are providing services to individuals with serious mental illness (SMI), their supervisor should be competent in working with that population; if supervisees are providing psychological assessments to identify neurocognitive disorders, the supervisors should be adequately trained in psychological assessments and working with neurocognitive conditions).

2. **Consider implementing a supervisor/supervisee ratio cap to evenly distribute the supervisory resources the State has.**

3. **Continue to review best supervisory practices in remote communities as an opportunity to build workforce, competency, and adherence to supervisory requirements within the State.**

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Appendices

Table 1: *Experience and Supervision Requirements to Obtain Licensure as a Licensed Psychologist (LP) by State.*

State	Supervised Experience Hours for Licensure			Supervision Ratio	Supervision Format	References to Mode of Supervision
AZ	Total Experience 3,000 hrs	Pre-doctoral Experience 1,500 hrs (minimum) **must* be earned during internship* 1,500 hrs (maximum) **pre-internship (practicum) experience can be counted towards total required licensure hours*	Post-degree Experience 1,500 hrs (maximum) **hours accrual must take place in 36 consecutive months* ***supervisee must be providing at least 40% direct clinical services*	1 hr for every 20 hrs of professional experience	Face-to-face or Audio Visual Interaction	"The supervisor shall ensure that the telepractice supervision is conducted using secure, confidential real-time visual telecommunication technology." (ARS 32-2071)
CO	Total Experience 1,500 hrs (1 yr)	Pre-doctoral Experience N/A	Post-degree Experience 1,500 hrs (minimum) **hours must accrue in no fewer than 12 months*	75 hours over 12 months (minimum)	Face-to-face **50 hours must be face-to-face, individual supervision*	"No other modes of supervision will be accepted." (C.R.S. 12-43-304)

ID	Total Experience 2,000 hrs (2 yrs) **1 year is defined as 1,000 hours* ***1 year of experience must be accrued in no less than 12 months and no more than 36 months*	Pre-doctoral Experience 1,000 hrs (1 yr)	Post-degree Experience 1,000 hrs (1 yr)	1 hour for every 40 hours of qualified experience (minimum)	Face-to-face **must be individual supervision format*	No reference to remote supervision or teleconferencing found for this State. Supervisory requirements were recently changed – in 2022, the supervision rate was 1 hour per week per 20 hours of experience (IAC 24.12.01.550); as of March 2023, the required rate is 1 hour per 40 hours of experience (IAC 24.12.01)
MT	Total Experience 3,200 hrs (2 yrs)	Pre-doctoral Experience 1,600 hrs (1 yr)	Post-degree Experience 1,600 hrs (1 yr) **hours accrual must not exceed 2 years* ***supervisee must be providing at least 25% direct clinical services*	1 hour per week for duration of supervisory relationship (minimum)	Face-to-face or Audio Visual Interaction **Audio-only may not exceed 25% of the total supervision hours*	"...a minimum of one hour of face-to-face (personal) supervision per week.." (ARM 24.189.607) "Teleconferencing which is two-way, interactive, real time, simultaneous, continuous, and provides for both audio and visual interaction may substitute for face-to-face supervision." (ARM 24.189.607) "Teleconferencing allowing only oral communication via technology may be allowed upon written request and prior board approval, when unusual circumstances so require." (ARM 24.189.607)

NV	Total Experience 3,750 hrs (2 yrs)	Pre-doctoral Experience 2,000 hrs	Post-degree Experience 1,750 hrs	4 hours per month	Face-to-face rr Electronic Supervision **must be individual supervision format* ***A State definition for electronic supervision could not be located*	"Authorizing the remote supervision, including, without limitation, electronic supervision, of persons obtaining supervised experience that is required for licensure by the Board who are working at remote sites" (NRS 641.100)
NM	Total Experience 3,000 hrs (2 yrs) minimum	Pre-doctoral Experience 1,500 hrs (1 yr, maximum) **may be obtained via experience in an APA approved internship* 750 hrs (6 mo, maximum) **may be obtained via experience in a non-APA approved internship* 1,500 hrs (1 yr, maximum) **may be obtained during pre-internship (practicum) experience*	Post-degree Experience If necessary **any portion of the 2 years of experience not satisfied during graduate training shall be obtained in postdoctoral psychological work*	1 hour per week (minimum) **must total at least 46 supervision hours per year*	Face-to-face Telesupervision **must be one-on-one supervision format* ***A State definition for telesupervision could not be located*	"Telesupervision is equivalent to face to face supervision." (NMAC 16.22.6.9)

ND	<u>Total Experience</u> 3,000 hrs (2 yrs)	<u>Pre-doctoral Experience</u> 1,500 hrs (maximum) *must be obtained via pre-doctoral internship experience 1,500 hrs (maximum) *may be obtained via pre-internship (practicum) experience during second practicum rotation **must have necessary supervision ratio to count hours during pre-internship experience	<u>Post-degree Experience</u> 1,500 hrs (maximum) *may be obtained via post-doctoral experience **must be accredited by APA or CPA or submit evidence of equivalency to Board for site approval	1 hour weekly, totalling 100 hours during post-doctoral supervisory relationship (minimum)	Face-to-faceor Distance Communication *at least 50 hours must be individual supervision format and occurring with the primary supervisor **A State definition for distance communications could not be located*	"…direct supervision, either face-to-face or through distance communications…" (NDCC 43-32-20.1)
OR	<u>Total Experience</u> 3,300 (2.5+ yrs)	<u>Pre-doctoral Experience</u> 1,500 hrs (1 yr) *must be obtained during pre-doctoral internship experience 300 hrs (2 semesters, minimum) *must be	<u>Post-degree Experience</u> 1,500 hrs (1 yr) **1 year is defined as 12 months, which must include at least 50 weeks of qualified experience* ***must be completed within 12 months, unless*	1 hour per week, if working 20 hours or less *must be individual, one-on-one supervision format 2 hours per week, if working more than 20 hour *must include one hour of	Face-to-face or Audio Visual Interaction	"Individual and group supervision must be conducted: (i) In-person in a professional setting; or (ii) Through live, synchronous confidential electronic communications." (Rules 858-010-0036)

		obtained via pre-internship (practicum) experience	*applicant submits extension request for "good cause" and receives Board approval*	individual one-on-one supervision format; one hour can be group supervision format		
UT	Total Experience 4,000 hrs *must be completed within 4 years of earning doctoral degree, unless granted an extension by the Board	Pre-doctoral Experience *State does not specify what proportion of hours can be obtained during pre-doctoral internship **For pre-doctoral hours to count towards licensure, supervision must be at least 1 hour for every 20 hours of experience	Post-degree Experience *State does not specify what proportion of hours can be obtained during post-degree supervised experience	1 hour for every 40 hours of experience at the post-doctoral level	Face-to-face or Audio Visual Interaction	"Direct supervision" of a supervisee in training…means: (a) a supervisor meeting with the supervisee when both are physically present in the same room at the same time; or (b) a supervisor meeting with the supervisee remotely via real-time electronic methods that allow for visual and audio interaction between the supervisor and supervisee…" (R156-61-102)
WA	Total Experience 3,000 hrs *if 3,000 hrs are earned during pre-doctoral then no need for post-degree supervised experience*	Pre-doctoral Experience 1,500 hrs (minimum)	Post-degree Experience 1,500 hrs (maximum)	1 hour for every 20 hours worked (minimum)	Face-to-face	No reference to remote supervision or teleconferencing found for this State. "The preferred mode of supervision is face-to-face discussion between the supervisor and the supervise" (WAC 246-924-059)

WY	Total Experience 3,000 hrs (2 yrs)	Pre-doctoral Experience 1,500 hrs	Post-degree Experience 1,500 hrs	1 hour per week if supervisee has never been licensed as psychologist (minimum) *reduced frequency can be requested to Board if geographic or physical hardship are encountered; cannot be less than 1 hr per week for 20 hrs of client contact*	Face-to-face	No reference to remote supervision or teleconferencing found for this State.

Table 2: *References and Links to Administrative Rules, Statues, and Other Relevant Resources, by State*

State	Citations - Administrative Rules and Statutes
Alaska	Statutes and Regulations; Psychologists & Psychological Associates
Arizona	A.R.S. 32-2071; Qualifications for applicants
Colorado	C.R.S. 12-43-304; Post-Graduate Experience Requirements Mental Health Credential Chart
Idaho	Rules of the Board of Psychologist Examiners
Montana	A.R.M. 24.189.607; Required Supervised Experience M.C.M. 37-17-302; Qualifications

Nevada	N.R.S. Chapter 641; Psychologists Clinical Supervision Guidelines Licensure FAQ's
New Mexico	Statutes 61-9-11; Licensure SRCA Chapter 22; 16.22.6 NMAC; Psychologist: Predoctoral and Postdoctoral Supervised Experience
North Dakota	NDCC 43-32; Psychologists NDCC 43-32-20.1; Postdoctoral supervised psychological employment NDAC Title 66 Article 66-02; Psychologist Licensure NDAC Article 66-02-01; Licensure and Examining Applications
Oregon	Residency Overview and Required Forms Procedural Rules 858-010-0036; Post-Doctoral Supervised Work Experience Post-Doctoral Supervised Work Experience Policy
Utah	USL 58-61-304; Qualifications for licensure by examination or endorsement R156-61-102; Psychologist Licensing Act Rule, Definitions
Washington	Administrative Code 246-924-05; Postdoctoral supervised experience
Wyoming	Administrative Rules, Chapter 14; Supervision State Code 068-5; Experience Requirement