

RxP Application Checklist

CONDITIONAL PRESCRIPTIVE CERTIFICATE

Following is a Checklist to make application for the Two-Year Conditional Prescription Certificate for psychologists prepared by the New Mexico Board of Psychologist Examiners (BoPE). The Checklist is a tool to assist the applicant in understanding the process and organizing and collating requirements. It is the responsibility of the applicant to review the New Mexico Statutes and Rules pertaining to application processes and procedures. To assist in this review, the New Mexico Board of Psychologist Examiners has created this dedicated site. You will find, attached, the New Mexico *Statutes* and *Rules* specific to application requirements for the Two-Year Conditional Prescription Certificate. Applicants should familiarize themselves with these Statutes and Rules and follow them to ensure all requirements are met. Only fully completed applications will be accepted for review by the BoPE RxP Application Committee (a committee appointed by the BoPE to review applications and make recommendations back to the Board). The applicant bears full responsibility for ensuring that the application is complete and in full compliance with all statutory and regulatory requirements.

CHECKLIST

- Doctorate in Psychology acceptable per New Mexico BoPE Statutes and Rules
- Current unrestricted and active New Mexico License to practice as a psychologist
- Degree/certificate/certification of completion of an organized psychopharmacology program acceptable per New Mexico BoPE Statutes and Rules (ie didactic instruction of no fewer than 450 classroom hours)
- Certified completion of the 80-hour practicum in clinical assessment and pathophysiology acceptable per New Mexico BoPE Statutes and Rules
- Certified completion of the 400 hour/100 patient practicum treating patients with mental disorders acceptable per New Mexico BoPE Statutes and Rules; Required: 1 hour of supervision for every 8 hours of clinical work.
- Evidence of passing national certification examination such as the Psychopharmacology Examination for Psychologists (PEP) acceptable per New Mexico BoPE Statutes and Rules
- Proof of completion of a 3-hour ethics training course located on the SPA website or the NMPA. SPA training can be found here. <https://www.spanewmexico.org/>
- Proof of RxP malpractice insurance with declaration page
- Select supervising clinicians per acceptable per New Mexico BoPE Statutes and Rules
- Note that all education and training pertinent to RxP must be completed with 5 years of application (see NMSA 61-9-17.1 A, 5-6).

- Re-applicants must meet all current requirements including the "5-year" rule noted above.
- Comply with all fee schedules

Link to form for "Verification by Supervisor of 80-Hour Practicum" <https://www.rld.nm.gov/wp-content/uploads/2023/10/RXP-Psychologist-Verification-by-Supervisor-of-80-Hour-Practicum-in-Primary-Health-Care-Updated.pdf>

Link to "Verification by Supervisor of 400-Hour Practicum Treating a Minimum of 100 Patient's"

<https://www.rld.nm.gov/wp-content/uploads/2023/10/RXP-Psychologist-Verification-by-Supervisor-of-400-Hour-Practicum-Treating-a-Minimum-of-400-Patients-with-Pharmacotherapy-Updated.pdf>

Link to "Conditional Prescribing Psychologist Proposed Supervisory Plan"

<https://www.rld.nm.gov/wp-content/uploads/2023/10/RXP-Psychologist-Conditional-Prescribing-Psychologist-Proposed-Supervisory-Plan-Updated.pdf>

New Mexico STATUTES pertaining to conditional prescribing psychologists

61-9-3. Definitions. (Repealed effective July 1, 2028.)

B. "conditional prescription certificate" means a document issued by the board to a licensed psychologist that permits the holder to prescribe psychotropic medication under the supervision of a supervising clinician pursuant to the Professional Psychologist Act;

C. "independently licensed prescribing clinician" means a licensed physician, osteopathic physician, prescribing psychologist who has at least four years of independent experience in prescribing psychotropic medication to treat behavioral and emotional conditions and mental illness, nurse practitioner, psychiatric nurse practitioner or clinical nurse specialist;

61-9-17. Drugs; medicines. (Repealed effective July 1, 2028.)

B. A licensed psychologist holding a conditional prescription certificate may prescribe psychotropic medication under the supervision of a supervising clinician pursuant to the Professional Psychologist Act.

61-9-17.1. Conditional prescription certificate; prescription certificate; application; requirements; rulemaking by board; issuance, denial, renewal and revocation of certification. (Repealed effective July 1, 2028.)

A. A psychologist may apply to the board for a conditional prescription certificate. The application shall be made on a form approved by the board and be accompanied by evidence satisfactory to the board that the applicant:

(1) has completed a doctoral program in psychology from an accredited institution of higher education or professional school, or, if the program was not accredited at the time of the applicant's graduation, that the program meets professional standards determined acceptable by the board;

(2) holds a current license to practice psychology in New Mexico;

(3) has successfully completed pharmacological training from an institution of higher education approved by the board and the New Mexico medical board or from a provider of continuing education approved by the board and the New Mexico medical board;

(4) has passed a national certification examination approved by the board and the New Mexico medical board that tests the applicant's knowledge of pharmacology in the diagnosis, care and treatment of mental disorders;

(5) within the five years immediately preceding the date of application, has successfully completed an organized program of education approved by the board and the New Mexico medical board and consisting of didactic instruction of no less than four hundred fifty classroom hours in at least the following core areas of instruction:

(a) neuroscience;

(b) pharmacology;

(c) psychopharmacology;

(d) physiology;

(e) pathophysiology;

(f) appropriate and relevant physical and laboratory assessment; and

(g) clinical pharmacotherapeutics;

(6) within the five years immediately preceding the date of application, has been certified by each of the applicant's supervising independently licensed prescribing clinicians as having successfully completed a supervised and relevant clinical experience, approved by the board and the New Mexico medical board, of:

(a) no less than an eighty-hour practicum in clinical assessment and pathophysiology under the supervision of an independently licensed prescribing clinician; and

(b) an additional supervised practicum of at least four hundred hours treating no fewer than one hundred patients with mental disorders, the practica to have been supervised by any one or a combination of a psychiatrist or other appropriately trained independently licensed prescribing clinician and determined by the board and the New Mexico medical board to be sufficient to competently train the applicant in the treatment of a diverse patient population. One-to-one supervision shall be provided either face-to-face, telephonically or by video conference;

(7) has malpractice insurance in place, sufficient to satisfy the rules adopted by the board and the New Mexico medical board, that will cover the applicant during the period the conditional prescription certificate is in effect; and

(8) meets all other requirements, as determined by rule of the board, for obtaining a conditional prescription certificate.

B. The board shall issue a conditional prescription certificate if it finds that the applicant has met the requirements of Subsection A of this section. The certificate shall be valid for a period of two years, at the end of which the holder may again apply pursuant to the provisions of Subsection A of this section. A psychologist with a conditional prescription certificate may prescribe psychotropic medication under the supervision of a supervising clinician subject to the following conditions:

(1) the psychologist shall continue to hold a current license to practice psychology in New Mexico and continue to maintain malpractice insurance;

(2) the psychologist shall notify the board of the name of the psychologist's supervising clinician; and

(3) a supervising clinician shall notify the supervising clinician's own licensing board of the name of each psychologist under the supervising clinician's supervision.

C. A supervising clinician shall not be liable for the acts of a psychologist under the supervising clinician's supervision unless the injury or loss arises from those acts under the direction and control of the supervising clinician.

61-9-17.2. Prescribing practices. (Repealed effective July 1, 2028.)

A. A prescribing psychologist or a psychologist with a conditional prescription certificate may administer and prescribe psychotropic medication within the recognized scope of the profession, including the ordering and review of laboratory tests in conjunction with the prescription, for the treatment of mental disorders.

B. When prescribing psychotropic medication for a patient, the prescribing psychologist or the psychologist with a conditional prescription certificate shall maintain an ongoing collaborative relationship with the health care practitioner who oversees the patient's general medical care to ensure that necessary medical examinations are conducted, the psychotropic medication is appropriate for the patient's medical condition and significant changes in the patient's medical or psychological condition are discussed.

C. The ongoing collaborative relationship shall be maintained pursuant to guidelines developed by the board and the New Mexico medical board, which shall optimize patient care.

D. The guidelines shall ensure that the prescribing psychologist or the psychologist with a conditional prescription certificate and the health care practitioner coordinate, and collaborate on, the care of the patient to provide optimal care. Nothing in this subsection shall require a prescribing psychologist or psychologist with a conditional prescription certificate to give prior notice to or obtain prior approval from a health care practitioner to prescribe psychotropic medication to a patient with whom the prescribing psychologist has established a psychologist-patient relationship; provided that the psychologist provides written notice of the prescription to the health care practitioner within twenty-four hours of its issuance to such patient.

E. If a prescribing psychologist or psychologist with a conditional prescription certificate deems it necessary to prescribe drugs for the management of or protection from side effects that are a direct result of psychotropic medication, the prescribing psychologist or psychologist with a conditional prescription certificate shall notify and discuss with the health care practitioner who oversees the patient's general medical care within twenty business days of issuance of the prescription.

F. A psychologist with a conditional prescription certificate may prescribe and administer psychotropic medication injections under the supervision of a supervising clinician and upon completion of board-approved training.

G. A prescribing psychologist may prescribe and administer psychotropic medication injections upon completion of board-approved training.

H. A committee composed of two prescribing psychologist members of the board or their designees and two members of the New Mexico medical board or their designees shall be established and, pursuant to the guidelines, shall evaluate licensing complaints against prescribing psychologists and report its findings and recommendations to each board for appropriate action. The committee shall develop education requirements for expanded practice and present these requirements to each board for approval. The committee shall conduct quarterly reviews of and provide a quarterly report to the respective boards regarding the prescribing psychologist scope of practice expansion that permits prescribing authority to manage or protect from side effects that are a direct result of psychotropic medication.

I. A prescription written by a prescribing psychologist or a psychologist with a conditional prescription certificate shall:

- (1) comply with applicable state and federal laws;
- (2) be identified as issued by the psychologist as "psychologist certified to prescribe"; and
- (3) include the psychologist's board-assigned identification number.

J. A prescribing psychologist or a psychologist with a conditional prescription certificate shall not delegate prescriptive authority to any other person. Records of all prescriptions shall be maintained in patient records.

K. When authorized to prescribe controlled substances, a prescribing psychologist or a psychologist with a conditional prescription certificate shall file with the board in a timely manner all individual federal drug enforcement administration registrations and numbers. The board and the New Mexico medical board shall maintain current records on every psychologist, including federal registrations and numbers.

L. The board shall provide to the board of pharmacy and the New Mexico medical board an annual list of prescribing psychologists and psychologists with conditional prescription certificates that contains the information agreed upon among the board, the New Mexico medical board and the board of pharmacy. The board shall promptly notify the board of pharmacy of psychologists who are added to or deleted from the list.

M. For the purpose of this section:

- (1) "collaborative relationship" means a cooperative working relationship between a prescribing psychologist or a psychologist with a conditional prescription certificate and a health care practitioner in the provision of patient care, including diagnosis and cooperation in the management and delivery of physical and mental health care; and
- (2) "health care practitioner" means a physician, osteopathic physician, nurse practitioner, physician assistant or clinical nurse specialist.

New Mexico RULES related to conditional prescribing psychologists

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING CHAPTER 22
PSYCHOLOGISTS AND PSYCHOLOGIST ASSOCIATES

16.22.1.7 DEFINITIONS:

N. "Conditional prescribing psychologist" means a licensed psychologist who holds a valid conditional prescription certificate.

GGG. "Prescribing applicant" means a licensed psychologist who has made application to the board for a conditional prescribing or prescribing certificate.

16.22.9.8 A. REQUIRED HOURS:

Purpose. The purpose of continuing professional education (CPE) requirements for psychologists is to ensure that licensees update and advance their skills such that the public shall benefit from the most current and effective standards of professional practice. To further the goal of public benefit, all psychologists are required to fulfill a portion of their CPE in the areas of ethics and cultural diversity as related to the profession of psychology. B. Required hours. The board requires 40 hours of CPE for licensed psychologists and psychologist associates during every two years. **For conditional prescribing and unrestricted prescribing psychologists, the board requires 60 hours of CPE every two years.** C. Program types. CPE credits are divided into two categories depending on the design and approval process for the experience and on the monitoring of the psychologist. Psychologists must obtain at least 15 of their 40 hours every two years in category I, which is the most stringent in terms of presentation standards and monitoring. Any additional hours to complete the 40 hour requirement may be from category I or category II. (1) Cultural Diversity: a minimum of two hours every two years from either category must be in the area of cultural diversity or health disparities as described in 16.22.9.9 NMAC. (2) Equity and inclusion: a minimum of four hours every two years from either category I or II must be on the topic of race, ethnicity, systemic racism, structural inequality, poverty or the intersection of variables that impact marginalized communities as described in 16.22.9.9 NMAC. (3) Ethics: a minimum of four hours every two years from either category must be in the area of ethics as described in 16.22.9.9 NMAC. **(4) Psychopharmacology or psychopharmacotherapy: for conditional prescribing or unrestricted prescribing psychologists, 40 hours every two years out of the 60 hour CPE requirement must be in the area of psychopharmacology or psychopharmacotherapy.** D. Criteria. The board accepts the criteria of the national professional organizations listed in 16.22.9.9 NMAC in accrediting continuing education hours. The following criteria adapted from Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists (American Psychological Association, 2009) shall apply to New Mexico accrediting organizations when approving continuing education requests.

16.22.13.8 FEE SCHEDULE:

A. All fees payable to the board are non-refundable. The fees for the (EPPP), and the (PEP) are in addition to the fees described below, and determined by the professional examination service offering the examination on behalf of the board. Background fees shall be the amount established by the department of public safety for the processing of criminal history background checks. B. Application fees. (psychologists, psychologist associates, conditional prescribing and prescribing psychologists): (1) initial application fee- (initial application fee expires 24 months from the date application is received in the board office) \$125. (2) jurisprudence examination: \$75. (3) re-examination fee for jurisprudence exam: \$75. (4) initial conditional prescription certificate: \$150. (5) 60 day extension of conditional prescription: \$100. (6) prescription certificate: \$75. (7)

temporary license fee: \$300. C. Biennial/annual renewal fees psychologists, psychologist associates, conditional prescribing and prescribing psychologists: (1) one-time annual renewal by psychologists and psychologist associates meeting first-year New Mexico licensure requirements: \$250. (2) biennial renewal active status psychologists and psychologist associates: \$500. (3) biennial renewal active status (prescribing psychologists): \$125. (4) annual renewal inactive status psychologists, psychologist associates and prescription certificate: \$50. (5) late fee (received after July 1 and within 1 year of suspension): active status (psychologists, psychologist associates, prescribing psychologist): \$100. (6) reinstatement fee from inactive to active status psychologists and psychologist associates:

(7) reinstatement fee from inactive to active status prescription certificate: \$100. D. Other miscellaneous charges (1) (2) (3) (4) (5) duplicate/replacement wall certificate: \$25. licensee lists: \$100. licensee labels: \$150. per page copy fee for public information request: \$.25 cents. license verification fee: \$15.

16.22.20.8 CONDITIONAL PRESCRIPTION CERTIFICATE OR PRESCRIPTION CERTIFICATE HEALTH CARE PRACTITIONER COLLABORATION GUIDELINES:

A. A conditional prescribing or prescribing psychologist shall obtain a release of information from the patient or the patient's legal guardian authorizing the psychologist to contact the patient's primary treating health care practitioner, as required by law. B. If a patient or the patient's legal guardian refuses to sign a release of information for the patient's primary treating health care practitioner, the conditional prescribing or prescribing psychologist shall inform the patient or the patient's legal guardian that the psychologist cannot treat the patient pharmacologically without an ongoing collaborative relationship with the primary treating health care practitioner. The psychologist shall refer the patient to another mental health care provider who is not required to maintain an ongoing collaborative relationship with a health care practitioner. C. A conditional prescribing or prescribing psychologist must provide written notice to the primary treating health care practitioner within 24 hours of issuance of a prescription to the patient. If a conditional prescribing psychologist or prescribing psychologist is working in a declared emergency/disaster area, the on-site medical staff can serve as the evaluating primary care physician. D. If a patient does not have a primary treating health care practitioner, the conditional prescribing or prescribing psychologist shall refer the patient to a health care practitioner prior to psychopharmacological treatment. The psychologist must receive the results of the health care practitioner's assessment and shall contact the health care practitioner as required herein prior to prescribing. E. Once the collaborative relationship is established with the primary treating health care practitioner, the conditional prescribing or prescribing psychologist shall maintain and document the collaborative relationship to ensure that relevant information is exchanged accurately and in a timely manner. The ongoing collaborative relationship shall be maintained pursuant to the following guidelines. (1) A conditional prescribing or prescribing

psychologist shall notify the primary treating health care practitioner if and when the patient experiences adverse effects from medications prescribed by the psychologist that may be related to the patient's medical condition for which he or she is being treated by a health care practitioner. 1 16.22.20 NMAC (2) A conditional prescribing or prescribing psychologist shall notify the primary treating health care practitioner regarding results of laboratory tests related to the medical care of the patient that have been ordered by the psychologist in conjunction with psychopharmacological treatment. (3) A conditional prescribing or prescribing psychologist shall notify a treating health care practitioner as soon as possible of any change in the patient's psychological condition that may affect the medical treatment being provided by the health care practitioner. [16.22.20.8 NMAC - Rp, 16.22.20.8 NMAC, 11/15/2006; A, 02/10/2022]

16.22.21.8 A. LIMITS OF PRACTICE:

A conditional prescribing or prescribing psychologist shall limit practice and supervision to the areas of competence in which proficiency has been gained through education, training or experience. B. A conditional prescribing or prescribing psychologist shall only prescribe drugs and treatments that are consistent with the standards of practice of clinical psychopharmacology. C. D. Prescriptions transmitted electronically shall comply with state and federal regulation. A conditional prescribing or prescribing psychologist may order and review laboratory tests, including imaging, that are consistent with the standards of practice of clinical psychopharmacology. E. Unless in a rural area where an alternative prescriber is not available, a conditional prescribing or prescribing psychologist shall not prescribe medication to any person who is a member of the psychologist's family or household, or with whom the psychologist has an undue conflict of interest, including a prohibited dual relationship, as defined in 16.22.1 NMAC, of these regulations and the code of conduct adopted by the board. The conditional prescribing or prescribing psychologist will transition such a patient to another provider without a prohibited dual relationship as soon as is feasible. F. A conditional prescribing or prescribing psychologist is subject to provisions of the Professional Psychologist Act and board regulations. A psychologist who violates the Professional Psychologist Act or board regulations is subject to disciplinary action by the board, which may include denial, suspension, or revocation of a conditional prescription certificate or prescription certificate or suspension or revocation of a license to practice psychology. G. A conditional prescribing or prescribing psychologist must comply with all other state and federal laws regulating the administering and prescribing of controlled substances. H. Pursuant to Subsection E of Section 61-9-17.2 NMSA 1978, a conditional prescribing or prescribing psychologist deeming it necessary to prescribe drugs for the management of or protection from side effects that are the result of psychotropic treatment shall have 20 business days from the implementation of treatment for the management of side effects to notify and discuss the management of side effects with the health care practitioner who is overseeing the patient's general medical care. If after 20 business days the conditional prescribing or prescribing psychologist had been unable to reach the health care provider for the

purpose of 16.22.21 NMAC discussion of the side effect treatment, the conditional prescribing or prescribing psychologist shall discontinue the side effect treatment by tapering in a fashion consistent with the standard of care. [16.22.21.8 NMAC - Rp, 16.22.21.8 NMAC, 10/08/2024]
HISTORY OF 16.22.21 NMAC:

16.22.22.8 A. PSYCHOPHARMACOLOGY (RxP) APPLICATION COMMITTEE:

F. The RxP application committee shall provide the board a recommendation to accept or reject an application for a conditional prescription or prescription certificate. A recommendation to reject an application shall state the reasons for the recommendation. [16.22.22.8 NMAC - Rp, 16.22.22.8 NMAC, 11/15/2006; A, 10/08/2024]

16.22.23.8 QUALIFICATIONS AND EDUCATION REQUIREMENTS FOR CONDITIONAL PRESCRIPTIVE CERTIFICATE:

A. Qualifications of applicant. The board shall issue a conditional prescription certificate pursuant to 16.22.24.8 NMAC, of these regulations to each applicant who submits evidence satisfactory to the board that the applicant: (1) has completed a doctoral program in psychology from an accredited institution of higher education or professional school or, if the program was not accredited at the time of the applicant graduation, that the program meets professional standards determined acceptable by the board; (2) holds an active unrestricted license to practice psychology in New Mexico; (3) has successfully completed psychopharmacological training that meets the standards set forth in Subsection B below from either: (a) an institution of higher education that has a postdoctoral program of psychopharmacology education for psychologists and that is accredited by a regional body recognized by the U.S. department of education or the council for higher education accreditation; or (b) a continuing education provider approved by the American psychological association that offers a program of psychopharmacology education for psychologists; or (c) a continuing education program of professional development in psychopharmacology for psychologists that is administered in collaboration with a school and that is a formal and organized program of study leading to a credential in psychopharmacology from that school; or (d) a continuing education program of professional development in psychopharmacology for psychologists that is administered in collaboration with a school if the applicant successfully completed the 450 classroom hours of didactic study referred to in 16.22.23.8 NMAC, of these regulations below prior to January 1, 2004. B. RxP training program. The psychopharmacology training program referred in Subparagraph (c) above, shall meet the following criteria. (1) The program shall be an integrated and organized program of study. 16.22.23 NMAC 2 (2) The program shall have an identifiable body of students at different levels of matriculation. (3) The program shall be clearly identified and labeled as a psychopharmacology program and shall specify in pertinent institutional catalogues and brochures its intent to educate and train psychologists to prescribe psychotropic medication. (4)

The program shall have a formally designated training director who is a psychiatrist or a doctoral psychologist, trained in the area of psychopharmacology, and licensed to practice in the jurisdiction in which the program resides. (5) The training director shall be primarily responsible for directing the training program and shall have administrative authority commensurate with those responsibilities. (6) The training director's credentials and expertise shall be consistent with the program's mission and goals to train psychologists to prescribe psychotropic medication. (7) The program shall provide information regarding the minimal level of achievement required for postdoctoral trainees to satisfactorily progress through and complete the psychopharmacological training program, as well as evidence that it adheres to the minimum levels of achievement. (8) The program shall have formally designated instructors and supervisors in sufficient number to accomplish the program's education and training. (9) Supervisors shall hold an active, unrestricted license in their field of practice in the jurisdiction in which the program resides or where the supervision is being provided. (10) The program instructors and supervisors shall have sufficient expertise, competence, and credentials in the areas in which they teach or supervise. (11) The program instructors and supervisors shall participate actively in the program's planning, implementation and evaluation. (12) The program, with appropriate involvement from its training supervisors, instructors, and trainees, shall engage in a self-study process that addresses: (a) expectations for the quality and quantity of the trainees' preparation and performance in the program; (b) training goals and objectives for the trainees and the trainees' views regarding the quality of the training experiences and the program; (c) procedures to maintain current achievements or to make changes as necessary; and (d) goals, objectives, and outcomes in relation to local, regional, and national changes in the knowledge base of psychopharmacology training. (13) The program shall follow the guidelines for psychopharmacology training of post doctoral psychologists established by the American psychological association. (14) As part of the admission and training process, the training program shall evaluate and assure that every student completes necessary prerequisite training in basic science (e.g. physiology, chemistry, and biochemistry), the biological bases of behavior, and psychopharmacology. (15) When students are not in residence, the program provides on-line access to a library of sufficient diversity and level to support the advanced study of the psychopharmacological treatment of mental disorders from wherever the student resides. This access shall remain available throughout all didactic and clinical phases of the training program. Frequent face-to-face evaluation and discussions shall be included in the didactic training. (16) The program provides formal, written measurement of the mastery of course content. (17) The program demonstrates in its written materials or course syllabi that it integrates into the training the following areas; socio-cultural issues in psychopharmacological treatment, ethno-pharmacology, use of translators, the cultural context of compliance and noncompliance with prescribed medication, creating a culturally appropriate environment to meet patient care treatment and language needs, and working collaboratively with traditional healers. C. Didactic instruction. (1) Within the five years immediately preceding the date of application for a conditional prescription certificate, the applicant shall have successfully completed didactic

instruction of no fewer than 450 classroom hours in at least the following core areas of instruction: (a) neuroscience; (b) pharmacology; (c) psychopharmacology; 16.22.23 NMAC 3 (d) physiology; (e) pathophysiology; (f) appropriate and relevant physical and laboratory assessment; (g) clinical pharmaco-therapeutics; and (h) cultural competence. (2) At least three-fourths of the 450 classroom hours of didactic instruction shall be awarded by one certification or degree-granting institution or continuing education program. D. Eighty hour practicum in clinical assessment and pathophysiology. (1) The 80 hour practicum shall be part of the psychopharmacology training program from which the applicant obtains the certification or degree. (2) The 80 hour practicum shall provide the opportunity for the applicant to observe and demonstrate competence in physical and health assessment techniques within a medical setting under the supervision of a physician. (3) The 80 hour practicum shall be completed in a timeframe of full-time over two weeks to 30 weeks. (4) If the applicant cannot complete the 80 hour practicum within the time frame designated in Paragraph (3) of Subsection D of 16.22.20.8 NMAC, because of illness or other extenuating circumstances, the applicant may request an extension from the board explaining in writing the extenuating circumstances and the additional time requested. (5) The supervising physician and the training director of the psychopharmacology training program shall certify in writing that the applicant: (a) assessed a diverse and significantly medically ill patient population; (b) observed the progression of illness and continuity of care of individual patients; (c) adequately assessed vital signs; (d) demonstrated competent laboratory assessment; and (e) successfully completed the 80-hour practicum. E. Four-hundred hour practicum. Requirements for the general 400 hour practicum treating a minimum of 100 patients with mental disorders include: (1) The 400 hour practicum shall be part of the psychopharmacology training program from which the applicant obtains the certification, degree or certification of completion. (2) One-hundred patients shall mean 100 separate patients. (3) The four-hundred hours shall refer to 400 face-to-face hours. The 400 face-to-face hours shall include only time spent with patients to provide evaluation and treatment for medical psychopharmacotherapy of patients and time spent in collaboration with the patient's treating health care practitioner(s). (4) The applicant must have supervised experience in the evaluation and treatment of 100 patients, representing as diverse a patient population as possible, including diversity in the patients: (a) gender; (b) different ages throughout the life cycle, including adults, children/adolescents, and geriatrics; as possible and appropriate; (c) range of disorders listed in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association and acute and chronic disorders; (d) ethnicity; (e) socio-cultural background; and (f) economic background. (5) The applicant and the training program shall maintain a log on patient seen, which shall include: a coded identification number for the patient, patient's age, gender, diagnosis, date and time seen, amount of time seen for psychopharmacotherapy. The log shall be available to the RxP application committee or the board upon request. The log shall contain the name and signature of the supervisor. (6) The applicant and the training program shall keep records of the time spent during this practicum. The records shall be available to the psychopharmacology application committee or the board

upon request. The records shall not contain patient identifying information. (7) A psychiatrist or other appropriately trained physician, licensed in good standing in the jurisdiction in which the psychiatrist or other physician rendered supervision shall be the primary supervising physician of the practicum. The primary supervising physician shall be responsible for the overall supervision of the applicant; however, training may be assigned to other licensed physicians, i.e., secondary supervisors, as designated by the primary supervising physician and the training director of the program. 16.22.23 NMAC 4 (8) One to one supervision will be provided either face to face or by video conference. The applicant shall consult with the primary or secondary supervising physician, before a decision is made regarding the psychopharmacological treatment of the patient. (9) The primary or secondary supervising physician shall review the charts and records of any patient seen by the applicant during the practicum while under the supervision of the primary or secondary supervising physician. (10) The practicum shall be completed in a period of time of not less than six months and not more than three years. (11) If the applicant cannot complete the 400 hour practicum within the timeframe designated in Subsection E of 16.22.23.8 because of illness or other extenuating circumstances, the applicant may request an extension from the board explaining in writing the extenuating circumstances and the additional time requested. The applicant shall receive a minimum of one hour of supervision for every eight hours of patient time. The applicant is responsible to keep a log of the dates and time of supervision. The supervisor may meet with the applicant for additional education at his or her discretion. (12) The practicum shall be completed within the five years immediately preceding the date of application for a conditional prescription certificate. (13) Upon request of the RxP application committee or the board, the primary supervising physician shall provide an affidavit stating that: (a) the supervisor does not have conflict of interest and is not a member of the applicant's family or household as defined in 16.22.26 NMAC, of these regulations; (b) the supervisor or a designated secondary supervisor reviewed and discussed with the applicant the charts and records of patients seen by the applicant during the practicum; (c) the practicum included a diverse group of patients, as defined in these regulations; and (d) the applicant did not write any prescriptions without the primary or secondary supervisor's supervision and signature or authorization. (14) The primary supervising physician shall conduct a formal, written evaluation on at least two occasions, at the midpoint and at the end of the practicum. The evaluation shall assess the applicant's progress and competencies and shall describe any deficiencies or areas where competency has not been achieved. The primary supervisor shall submit copies of the evaluations to the applicant and the training director. (15) In the event of documented deficiencies the training director of the psychopharmacology program shall specify in writing: (a) the areas in need of remediation; (b) the process and procedures by which these areas are to be re-mediated; and (c) the method by which the training director and supervisor shall determine that the applicant has achieved the competencies necessary to successfully complete the practicum. (16) The psychologist in practicum training or the conditional prescribing psychologist is responsible for informing the patient or the patient's legal guardian, when appropriate, or explain to the patient through the recommendation system at an institution

if the institution itself generally handles such informed consent. The name and role of the supervisor and sufficient information of the expectation and requirements of the practicum shall be provided to the patient or the patient's legal guardian at the initial contact necessary to obtain informed consent and appropriate releases. The applicant shall provide additional information requested by the patient or the patient's legal guardian concerning the applicant's education, training and experience. (17) The primary supervising physician and the training director of the psychopharmacology program from which the applicant obtained a certification of successful completion or a degree in psychopharmacology shall certify to the board in writing that the applicant has successfully completed the practicum. F. National examination. To qualify for a conditional prescription or prescription certificate, the applicant must demonstrate competency by passing a national examination. (1) Applicant must pass the Psychopharmacology Examination for Psychologists (PEP), administered and maintained by the Association of State and Provincial Psychology Boards (ASPPB). (2) Applicant must be eligible to take the PEP after the applicant successfully completes the didactic portion of the postdoctoral program of education in psychopharmacology. (3) The passing score shall be the passing score recommended by the association of state and provincial psychology boards (ASPPB). (4) If the applicant fails the examination, the applicant may take the examination a second time after a mandatory 90-day waiting period. (5) If the applicant fails the examination on the second attempt, the applicant will be required to wait one year before repeating the examination. (6) If the applicant fails the examination on the third attempt, the applicant is required to take the remedial didactic program recommended by the psychopharmacology application committee and approved by the board before the applicant is allowed to repeat the examination. G. An applicant who has successfully completed a psychopharmacology educational program, an 80 hour practicum in clinical assessment and pathophysiology, a 400 hour/100 patient practicum treating patients with mental disorders or the national certification examination prior to the effective date of these regulations may include the completed portion(s) of the training in the application for a conditional prescription certificate. The applicant who has completed the 400 hour practicum shall include certification in writing from the primary supervising physician that the applicant has successfully completed the practicum and is trained to competently treat a diverse patient population as defined in these regulations. The board shall approve the prior training program(s) that satisfy the requirements as listed in 16.22.23 NMAC, of these regulations. [16.22.23.8 NMAC - Rp, 16.22.23.8 NMAC, 11/15/2006; A, 3/21/2009; A, 02/10/2022] HISTORY OF 16.22.23 NMAC:

16.22.24.8 APPLICATION PROCEDURES AND PRESCRIBING PRACTICES FOR CONDITIONAL PRESCRIPTION CERTIFICATE; TWO-YEAR SUPERVISED PRACTICE:

A. An applicant for a conditional prescription certificate shall submit a completed application on the form provided by the board. The applicant is responsible to ensure that the application is

complete and that all application fees are paid. B. Application procedure, the applicant shall submit the following: (1) a copy of the degree, certificate or certification of completion of a post-doctoral psychopharmacology training program; (2) certification by the supervising clinician and program training director of successful completion of the 80 hour practicum in clinical assessment and pathophysiology; (3) certification by the supervising clinician and the program-training director of successful completion of the general 400 hour practicum treating a minimum of 100 patients with mental disorders; (4) evidence of passing the psychopharmacology examination for psychologists (PEP); (5) a proposed supervisory plan; on a form provided by the board that is signed by the applicant and the supervising clinician; (6) evidence of proof of insurance or insurance binder as described in 16.22.24.9 NMAC, of these regulations; and (7) a non-refundable application fee.; (8) evidence of completion of a three-hour training in New Mexico rules and laws applicable to prescribing psychologists, as offered by the State Psychologist Association of New Mexico (SPA), or the New Mexico Psychological Association (NMPA). C. Only a complete application will be considered. The board may request additional information from the applicant to verify or confirm the information contained in the application. D. The applicant will be notified in writing within 60 days whether the application, including the supervisory plan, is accepted or rejected. If the application is rejected, the notice shall state the reason for rejection. [16.22.24.8 NMAC - Rp, 16.22.24.8 NMAC, 10/08/2024] 16.22.24.9

CONDITIONS OF PRACTICE; MALPRACTICE INSURANCE: A. The conditional prescribing psychologist shall maintain malpractice insurance covering claims for personal injury arising out of the psychologist's performance of professional services and claims arising out of the psychologist's act, errors or omissions in providing professional services, including prescribing psychotropic medication. Such malpractice insurance coverage shall be no less than one million dollars per occurrence with an aggregate limit of three million dollars. B. The conditional prescribing psychologist shall submit to the board the declaration page of the psychologist's malpractice insurance policy, when instituted, and thereafter on the policy renewal date, as proof of this required insurance upon making application for the conditional prescription certificate, and proof that the policy covers the prescribing of psychotropic drugs. [16.22.24.9 NMAC - Rp, 16.22.24.9 NMAC, 10/08/2024] 16.22.24.10 A. TWO YEAR SUPERVISED PRACTICE: The conditional prescribing psychologist shall be supervised by a supervising clinician knowledgeable of the administration of psychotropic medication. If more than one supervisor is selected, one supervisor shall be designated the primary supervising clinician. B. The board shall approve the supervisory plan before the conditional prescription certificate is issued. The proposed supervisory plan shall include the information contained in 16.22.24 NMAC, and shall be signed by the primary supervising clinician. C. After the board approves the supervisory plan, the conditional prescribing psychologist shall within 30 days submit to the New Mexico medical board the name, address and phone number of the conditional prescribing psychologist and the name(s), address(s) and phone number(s) of the primary supervising clinician and secondary supervising clinician, if any. During the period of supervised practice, the conditional prescribing psychologist shall provide to the New Mexico medical board the

name(s), address(s) and phone number(s) of any supervising clinician serving as a substitute or replacement for primary or secondary supervisor(s). D. Each supervisor shall have clinical expertise or training with the patient population that the psychologist with a conditional prescription certificate is evaluating and treating. E. During the initial contact between the patient or the patient's legal guardian, if any, and the conditional prescribing psychologist, the patient or the patient's legal guardian shall be informed that the conditional prescribing psychologist has received specialized training in the prescription of psychotropic medication, that the conditional prescribing psychologist is transitioning to independent psychopharmacological practice, and that the conditional prescribing psychologist is practicing under supervision with respect to the prescribing of psychotropic medication. The name and role of the supervisor shall be provided to the patient or the patient's legal guardian and informed consent and appropriate releases shall be obtained. The conditional prescribing psychologist shall provide additional information requested by the patient or the patient's legal guardian concerning the psychologist's education, training, and experience. F. Supervision by the primary supervising clinician shall be provided on a one-to-one basis for at least four hours a month and should total at least 46 hours of one-to-one supervision per year, unless altered, in accordance with Subsection K of 16.22.24.10 NMAC of these regulations. G. Each supervising clinician is responsible to review only the cases the clinician is supervising. The supervising clinician at all times shall have access to and shall review records relating to the treatment of patients under the clinician's supervision. The supervising clinician may require face-to-face consultation(s) with the conditional prescribing psychologist. H. If there is more than one supervisor, each supervisor shall inform the other supervisors of any concerns about a conditional prescribing psychologist whom the supervisor is supervising. I. The primary supervising clinician shall contact any secondary supervisor(s) at least every six months to obtain written or verbal progress reports concerning how the conditional prescribing psychologist is performing. J. communication. K. One-to-one supervision must be provided either face-to-face, telephonically, or by tele-video live. At any time during the two-year conditional prescribing period the supervising clinician, after consultation with the conditional prescribing psychologist, may amend the supervisory plan, to increase or decrease the hours of supervision. The board shall approve amendments to the supervisory plan set forth in Subsection M below. L. At any time during the two-year conditional prescribing period a primary supervising clinician shall not supervise more than three conditional prescribing psychologists. 16.22.24 NMAC 2 16.22.24 NMAC 3 M. The supervisory plan described in Paragraph (5) of Subsection B of 16.22.24.8 NMAC shall include the following information and shall be signed by the primary supervising clinician: (1) name of the applicant; (2) name, address, license number, and area of specialization of the primary supervising clinician and the secondary supervisor(s), if any; (3) beginning and ending dates of the two-year supervised practice covered by the plan; (4) number of one-on-one supervisory hours per month and by whom; (5) setting(s) where supervision will occur and with whom; (6) duties and clinical responsibilities of the conditional prescribing psychologist; (7) location(s) where supervision will occur and with whom; (8) areas in which the primary and secondary supervisor(s), if any, have

specialized skills to render competent supervision; (9) number of psychologists with conditional prescription certificates that the primary supervising clinician will supervise during this time period; (10) the manner in which the conditional prescribing psychologist will be represented to the public including, all written communications and public announcements; (11) any direct or indirect financial agreements between or among the conditional prescribing psychologist and the primary and secondary supervisor(s), if any; (12) other information necessary to clarify the nature and scope of supervision; and (13) a statement specifying the manner in which supervision and clinical and professional responsibility will be provided during the supervisor's absence (during vacations or unexpected events that require the supervisor to be absent for any period of time), N. The board or its designee shall notify the applicant in writing within 60 days of application date, whether the application and the proposed supervisory plan are accepted or rejected. The board or its designee shall notify a conditional prescribing psychologist within 30 days whether a proposed amendment to an approved supervisory plan is accepted or rejected. If rejected, the notice shall state the reasons for rejection. O. Each supervising clinician shall attest to the contents of a supervision log maintained by the conditional prescribing psychologist. P. The primary supervising clinician shall also maintain a log of the contacts with the secondary supervisor(s) that includes the dates of contact, and a brief description of the outcome of this contact, including a statement stating whether the conditional prescribing psychologist is progressing satisfactorily. Q. The supervisor shall review the results of laboratory tests as appropriate and shall be skilled and experienced in such interpretation. R. The supervising clinician(s) shall hold an active unrestricted license in good standing and appropriate drug enforcement administration certificate and shall be experienced and skilled in the prescription of psychopharmacological drugs. S. The conditional prescribing psychologist shall see a minimum of 50 separate patients within the two-year period who are seen for the purpose of evaluation and treatment with psychotropic medication. The duration of the two-year supervisory period shall not be accelerated or reduced. T. At the end of the two-year period, the primary supervising clinician shall provide an affidavit on a form provided by the board certifying that: (1) the supervising clinician has not received any financial payments from the applicant except appropriate fees for supervisory services, the supervising clinician is not a member of the applicant's family or household, the supervising clinician is not in a prohibited dual relationship with the applicant and that the supervising clinician has not had an interest that conflicts with the supervising clinician's duties as supervisor; (2) each supervising clinician discussed with the psychologist the charts and records of patients seen by the psychologist under that supervising clinician's supervision during the two-year period or any extension; and (3) the conditional prescribing psychologist has successfully completed two years of evaluating for or prescribing psychotropic medication to at least 50 unique patients. U. The primary supervising clinician in consultation with any secondary supervisor shall evaluate and describe any deficiencies at the end of the two-year period. In the event of documented deficiencies, the primary supervising clinician(s) shall specify in writing the areas in need of remediation and the process and procedures by which these areas are to be remediated. V. The supervisory period and the

conditional prescriptive certificate may be extended with approval of the board if the conditional prescribing psychologist does not successfully complete the two-year conditional period of supervision. A supervisory plan shall be submitted to the board for the proposed extended period of practice under supervision. The conditional prescribing psychologist shall continue to maintain malpractice insurance. W. At the end of the extended two-year period, the primary supervising clinician shall provide to the board an affidavit on a form provided by the board certifying: the method by which the supervisor(s) determined that the conditional prescribing psychologist obtained the competencies necessary to prescribe psychotropic medication, supported by a written evaluation addressing areas of remediation. [16.22.24.10 NMAC - Rp, 16.22.24.10 NMAC, 10/08/2024] 16.22.24.11 A. EXPIRED PRACTICE OR CERTIFICATE: The conditional prescribing psychologist shall notify the board in writing if the primary supervising clinician fails to meet any of the supervisory requirements as set forth in this section and the supervisory plan approved by the board. The notification shall include a clear and detailed description of the supervisor's failure(s) to perform. B. The conditional prescribing psychologist shall notify the board within 14 days of discovery of any event or circumstance that requires the psychologist to interrupt or cease prescribing practices for any period of time that exceeds 60 days. In no event shall the conditional prescribing psychologist continue prescribing psychotropic medications without an active, responsible primary supervising clinician and valid malpractice insurance. C. The conditional prescribing certificate shall expire two years after issuance, unless extended in writing as provided in 16.22.24.8 NMAC. A psychologist shall not administer or prescribe drugs or medicines unless the psychologist holds a valid conditional prescription certificate or prescription certificate issued by the board. The board may extend the conditional prescribing certificate up to 60 days pending peer review if the board has received at the board office a complete application for a prescription certificate no later than 10 days before the expiration of the conditional prescription certificate. D. The psychologist shall not administer or prescribe drugs or medicines after the expiration of the conditional prescription certificate. The psychologist shall notify the board in writing if the psychologist decides not to immediately apply for a prescription certificate upon expiration of the conditional prescription certificate. A psychologist who successfully completes all of the requirements of conditional prescription certificate may apply for a prescription certificate after the expiration of the conditional prescription certificate, so long as the psychologist satisfies all the education, training, and supervision criteria within the time limits established by Section 61-9-17.1 NMSA 1978 and 16.22.23.8 NMAC, of these regulations. The psychologist is solely responsible to obtain patient records for peer review and all other evidence of satisfactory completion of practice under supervision, including the primary supervising clinician affidavit(s). [16.22.24.11 NMAC - Rp, 16.22.24.11 NMAC, 10/08/2024] HISTORY OF 16.22.24 NMAC: History of Repealed Material: 16.22.24 NMAC, Application Procedures: Two-Year Supervised Practice, filed 11/15/2006 was Repealed and Replaced by 16.22.24 NMAC, Application Procedures: Two-Year Supervised Practice, effective 10/08/2024. 4

16.22.27.8 A. FORMULARY:

Conditional prescribing or prescribing psychologists shall exercise prescriptive authority using psychotropic medications, as defined in Section 61-9-3 NMSA 1978, within the recognized scope of practice of clinical psychopharmacology including the management of side effects and for which the psychologist has been properly educated and trained. B. As provided by Section 61-9-3 NMSA 1978, of the Act when prescribing psychotropic medication for a patient, a conditional prescribing or prescribing psychologist shall maintain an ongoing collaborative relationship with a health care practitioner who oversees the patient's general medical care to ensure that necessary medical examinations are conducted and significant changes in the patient's medical or psychological condition are communicated. C. A conditional prescribing or prescribing psychologist shall not treat: (1) pain disorders, including Somatic Symptom Disorder With Predominant Pain, with opioid narcotics with the exception of buprenorphine; (2) D. orthopedic and gynecological illness or disorders; A conditional prescribing or prescribing psychologist shall treat psychopharmacologically only behavioral or mental disorders listed in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American Psychiatric Association or most recent version of the International Classification of Diseases (ICD). [16.22.27.8 NMAC - Rp, 16.22.27.8 NMAC, 10/08/2024]

16.22.29.9 A. CERTIFICATE RENEWAL:

Concurrent renewal of certificate and license. The prescription certificate shall be renewed concurrently with the active unrestricted psychologist license. The prescribing psychologist shall submit the certificate renewal application on forms approved by the board. The prescribing psychologist shall provide evidence of malpractice insurance and additional CPE required by the board, and shall pay a certificate renewal fee established by the board. (1) The prescription certificate shall be suspended for failure to renew if the prescribing psychologist fails to renew the prescription certificate by July 1 of the appropriate year. A prescribing psychologist who chooses to permanently retire from practice may inform the board in writing previous to the expiration date of the prescription certificate and will be considered retired. (2) A prescription certificate suspended for failure to renew may be renewed within a period of one year after the suspension upon payment of the renewal fee plus a late fee and evidence of malpractice insurance and additional CPE required by the board. (3) The prescription certificate shall be revoked if the prescribing psychologist has not renewed within one year of the suspension for failure to renew. Any licensee whose license is revoked for failure to renew shall be required to make a new application and shall satisfy all requirements for prescription certificate in effect at the time the application is filed. B. Concurrent inactive status certificate and license. The prescription certificate may be renewed concurrently to inactive status with the inactive psychologist license in accordance with the provisions of 16.22.10 NMAC. C. certificate. Voluntary surrender. A licensee in good standing may voluntarily surrender a prescription [16.22.29.9 NMAC - Rp, 16.22.29.8 NMAC, 11/15/2006; A, 02/10/2022]

16.22.30.8 DEFINITIONS: [RESERVED] PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS:

A. Any conditional prescribing or prescribing psychologist who holds a federal drug enforcement administration registration and a New Mexico controlled substance registration shall become a participant in the state's prescription monitoring program. Such participation requires registering with the board of pharmacy. B. A conditional prescribing or prescribing psychologist may authorize non-licensed individuals under the psychologist's supervision to access the prescription monitoring report consistent with board of pharmacy regulation 16.19.29 NMAC. Individuals so authorized may obtain a report from the state's prescription monitoring program, with the requirement that the conditional prescribing or prescribing psychologist is solely responsible for reviewing the prescription monitoring report, and for documenting the receipt and review of such report in the patient's medical record. C. A conditional prescribing or prescribing psychologist shall obtain a prescription monitoring report, before prescribing a controlled substance for the first time or when the patient has been prescribed an opiate by the patient's physician. If there is a gap in prescribing the controlled substance for 30 days or more, the conditional prescribing or prescribing psychologist shall review a prescription monitoring report for the patient for the preceding 12 months. When made available, the conditional prescribing or prescribing psychologist shall review similar reports from other states. The conditional prescribing or prescribing psychologist shall document the receipt and review of such reports in the patient's medical record. D. A prescription monitoring report shall be reviewed a minimum of once every three months during a patient's continuous use of a controlled substance. The conditional prescribing or prescribing psychologist shall document the review of these reports in the patient's medical record. Nothing in this section shall be construed as preventing a conditional prescribing or prescribing psychologist from reviewing prescription monitoring reports with greater frequency than that required by this section. E. A conditional prescribing or prescribing psychologist does not have to obtain and review a prescription monitoring report before prescribing, (1) (2) (3) (4) for a patient in a nursing facility; for a patient in hospice care; for a patient in a licensed treatment facility; or for a patient under 14 years of age. 1 16.22.30 NMAC F. Upon review of a prescription monitoring report for a patient, the conditional prescribing or prescribing psychologist shall identify, document, and attempt to remain current with regard to all prescriptions for any a patient known to be: (1) (2) (3) (4) (5) as: G. receiving opioids from multiple prescribers; receiving opioids and benzodiazepines concurrently; receiving more than one controlled substance analgesic; receiving opioids totaling more than 90 morphine milligram equivalents per day; or exhibiting potential for abuse or misuse of opioids and other controlled substances, such (a) (b) (c) (d) (e) over-utilization; requests to fill early; requests for specific opioids; requests to pay cash when insurance is available; or receives opioids from multiple pharmacies. Upon recognizing any of the above conditions described in Subsection F, the conditional prescribing or prescribing psychologist, using professional judgment based on prevailing standards of practice, shall take action as appropriate to prevent, mitigate, or resolve

any potential problems or risks that may result in opioid misuse, abuse, or overdose. These steps may involve consultation with the primary prescribing physician, and utilization of the prescription monitoring program. The conditional prescribing or prescribing psychologist shall document actions taken to prevent, mitigate, or resolve the potential problems or risks. H. The board will review over-prescription of schedule drugs by licensees, through review of the PMP, reference to currently accepted standards of care, and using the standard of patient protection. [16.22.30.8 NMAC - N, 7/1/2018; A, 02/10/2022] History of 16.22.30 NMAC: [RESERVED]