

**STEPS FOR A CONDITIONAL PRESCRIBING PSYCHOLOGIST TO APPLY
FOR AN UNRESTRICTED LICENSE WITH APPROPRIATE NM STATUTES AND REGULATIONS ASSOCIATED WITH
EACH STEP**

Prescribing Psychologist (RxP) Application Checklist

Following is a Checklist to assist applicants in preparing an application for a Prescription Certificate, as administered by the New Mexico Board of Psychologist Examiners (BoPE). This Checklist is intended as a practical tool to help applicants understand the application process and to organize and compile all required materials. It remains the responsibility of the applicant to review and comply with all applicable New Mexico Statutes and Administrative Rules governing Prescription Certificates. To support this review, the New Mexico Board of Psychologist Examiners has developed this dedicated site, where you will find the New Mexico Statutes and Rules specific to Prescription Certificate requirements. Applicants are strongly encouraged to familiarize themselves with these Statutes and Rules and to adhere to them to ensure that all requirements are satisfied. Only fully completed applications will be accepted for review by the BoPE Licensure Application Committee, which is appointed by the Board to review applications and make recommendations to the full Board. The applicant bears full responsibility for ensuring that the application is complete and in full compliance with all statutory and regulatory requirements.

CHECKLIST

- **Must have completed 2 years as a Conditional Prescribing Psychologist in New Mexico.**
- **Submit an Application Form no sooner than 60 days and no later than 10 days prior to expiration of the conditional prescription certificate (Use the Verification by Supervisor of Two-Year Supervision of Conditional Prescribing Psychologist).**

- **Submit a Log of 50 Patients which shall include: a coded identification number for the patient, patient's age, gender, diagnosis, whether or not pharmacological intervention was considered or implemented, date of service, and amount of time seen for psychopharmacotherapy or management of care. The log shall contain the name and signature of the supervising clinician.**
- **Submit a Log of Supervision which shall include date of supervision, time spent in supervision, topics covered, and the name of the primary or secondary supervising clinician who provided supervision. The log shall be signed by the primary supervising clinician.**
- **The primary supervising clinician shall provide an affidavit on a form provided by the board (Verification by Supervisor of Two-Year Supervision of Conditional Prescribing Psychologist).**
- **When Rules regarding injectable medications are completed and approved, include Documentation of Training to Perform Injectables.**
- **After the Board has accepted your application, you will be asked to submit 10 randomly selected files to the Peer Review Committee. Your files should include:**

(a) a full medical history and family history;

(b) a mental status examination and complete differential diagnosis of the patient by the conditional prescribing psychologist;

(c) risk factors for the diagnostic condition were identified, including absence of drug, alcohol, suicide and homicide;

(d) drug and food allergies;

(e) patient medications;

(f) patient education on prescription, including evidence of informed consent to treatment;

(g) appropriate laboratory tests ordered and reviewed;

(h) the patient's diagnosis;

(i) adequate dosing requirements for prescription;

(j) treatment, including psychopharmacotherapy and psychotherapy, adverse effects from prescriptions, documentation

- of outcome measures for prescriptions;*
(k) progress notes;
(l) a follow-up plan, including a discharge plan, and
the
(m) documentation of collaboration with the patient's treating health care practitioner as required pursuant to 16.22.20 NMAC, of these regulations.

Link to form for “Verification by Supervisor of Two-Year Supervision of Conditional Prescribing Psychologist”

<https://www.rld.nm.gov/wp-content/uploads/2023/10/RXP-Psychologist-Verification-By-Supervisor-of-Two-Year-Supervision-of-Cond.-Prescribing-Psychologist-Form-Updated.pdf>

New Mexico STATUTES pertaining to Prescriptive Certificate

16.22.25.8 APPLICATION FOR PRESCRIPTION CERTIFICATE:

- A.** An applicant for a prescription certificate shall submit a complete application on a form approved by the board. The applicant is responsible to ensure that the application is complete and timely and that all application fees are paid.
- B.** The application procedure shall commence no sooner than 60 days and no later than 10 days prior to expiration of the conditional prescription certificate, whereby the applicant shall submit a non-refundable fee (see fee schedule at 16.22.13.8 of these regulations) established by the board and shall submit evidence satisfactory to the board that the applicant:
- (1)** has been issued a conditional prescription certificate and has successfully completed or anticipates successfully completing two years of prescribing psychotropic medication, as certified by the

- primary supervising clinician pursuant to 16.22.24 NMAC of these regulations;
- (2) holds an active and unrestricted license to practice psychology in New Mexico;
 - (3) has malpractice insurance as required in 16.22.24 NMAC, of these regulations; the psychologist shall submit to the board a copy of the declaration page of his malpractice insurance policy with the application.
- C. The application shall also include the following:
- (1) a log of patients seen, which shall include: a coded identification number for the patient, patient's age, gender, diagnosis, whether or not pharmacological intervention was considered or implemented, date of service, and amount of time seen for psychopharmacotherapy or management of care. The log shall contain the name and signature of the supervising clinician.
 - (2) a log of supervision, which shall include date of supervision, time spent in supervision, topics covered, and the name of the primary or secondary supervising clinician who provided supervision. The log shall be signed by the primary supervising clinician.
- D. Only a complete application will be considered. The board may request additional information from the applicant to verify or confirm the information in the application.
- [16.22.25.8 NMAC - Rp, 16.22.25.8 NMAC, 11/15/2006; A, 02/10/2022; A, 10/08/2024]

16.22.25.9 PEER REVIEW:

- A. Panel membership. The applicant for a prescription certificate shall successfully complete a process of independent peer review that meets the requirements set forth below before the board shall issue a prescription certificate.
- B. Review process.

(1) A panel shall examine at least 10 randomly selected charts of patients treated by the conditional prescribing psychologist during the two-year supervised period and any approved extensions. The applicant shall be solely responsible for obtaining the patient charts for peer review. The charts shall be reviewed to determine whether the following information is timely, accurately, and properly recorded:

- (a) a full medical history and family history;**
- (b) a mental status examination and complete differential diagnosis of the patient by the conditional prescribing psychologist;**
- (c) risk factors for the diagnostic condition were identified, including absence of drug, alcohol, suicide and homicide;**
- (d) drug and food allergies;**
- (e) patient medications;**
- (f) patient education on prescription, including evidence of informed consent to treatment;**
- (g) appropriate laboratory tests ordered and reviewed;**
- (h) the patient's diagnosis;**
- (i) adequate dosing requirements for prescription;**
- (j) treatment, including psychopharmacotherapy and psychotherapy, adverse effects from prescriptions, documentation of outcome measures for prescriptions;**
- (k) progress notes;**
- (l) a follow-up plan, including a discharge plan, and**
- (m) documentation of collaboration with the patient's treating health care practitioner as required pursuant to 16.22.20 NMAC, of these regulations**

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.

1. Submit an Application Form

The applicant shall submit an application no sooner than 60 days and no later than 10 days prior to expiration of the conditional prescription certificate

16.22.25.8

The application procedure shall commence no sooner than 60 days and no later than 10 days prior to expiration of the conditional prescription certificate, whereby the applicant shall submit a non-refundable fee (see fee schedule at 16.22.13.8 of these regulations) established by the board and shall submit evidence satisfactory to the board that the applicant:

Application for a Full Prescribing Certificate by Conditional Prescribing Psychologist

Applicant Name: _____

Address: _____ Telephone: _____

Email: _____

Supervisor Name: _____

Address: _____ Telephone: _____

Email: _____

Secondary Supervisor Name: _____

Address: _____ Telephone: _____

Email: _____

Date Conditional License was issued: _____

Do you intend to use injectables? Yes No

Checklist: Have you included with this application the following material on forms provided by the Board?

____ Log of 50 patients

____ Conditional Psychologist Log of Supervisor(s)'s hours signed by Supervisor(s)

____ Completed Attestation Form by primary Supervisor

If you are applying for authorization to use injectables, include a copy of:

____ Didactic Completion of Training

____ Completion of Supervisor form of CTICG with injectables

2. Submit a Log of 50 Patients

The applicant shall submit a log of 50 patients.

16.22.25.8C(1)

(1) a log of patients seen, which shall include: a coded identification number for the patient, patient's age, gender, diagnosis, whether or not pharmacological intervention was considered or implemented, date of service, and amount of time seen for psychopharmacotherapy or management of care. The log shall contain the name and signature of the supervising clinician;

1. Submit a Log of Supervision

The applicant shall submit a log of supervision

16.22.25.8C(2)

(2) a log of supervision, which shall include date of supervision, time spent in supervision, topics covered, and the name of the primary or secondary supervising clinician who provided supervision. The log shall be signed by the primary supervising clinician.

2. Obtain Attestation Form by Primary Supervisor

The primary supervising clinician shall provide an affidavit on a form provided by the board.

16.22.24.10 (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.



NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

**VERIFICATION BY SUPERVISOR OF TWO-YEAR SUPERVISION OF
CONDITIONAL PRESCRIBING PSYCHOLOGIST**

UNRESTRICTED PRESCRIBING PSYCHOLOGIST APPLICANT INFORMATION				
LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS				
CITY		STATE	ZIP CODE	
PERSONAL PHONE		BUSINESS PHONE		
EMAIL		<input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS		
DATE OF BIRTH				
SUPERVISOR INFORMATION				
NAME OF PRIMARY SUPERVISOR				
LICENSE PROFESSION	LICENSE NUMBER	STATE OR JURISDICTION OF LICENSURE		
NAME OF SECONDARY SUPERVISOR				
LICENSE PROFESSION	LICENSE NUMBER	STATE OR JURISDICTION OF LICENSURE		
NAME OF SECONDARY SUPERVISOR				
LICENSE PROFESSION	LICENSE NUMBER	STATE OR JURISDICTION OF LICENSURE		
NAME OF SECONDARY SUPERVISOR				
LICENSE PROFESSION	LICENSE NUMBER	STATE OR JURISDICTION OF LICENSURE		
QUESTIONS FOR PRIMARY SUPERVISOR				
1.	Did you keep a log of the hours of supervision?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.	Was the conditional prescribing psychologist under your supervision for two years?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.	Was the conditional prescribing psychologist under your supervision for two years?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.	Did the conditional prescribing psychologist obtain a minimum of ninety-two hours of supervision over two years (unless less hours were specified in a modified plan)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.	Did you confer with any and all secondary supervisors at least twice annually, including at the termination of the two-year supervisory period?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.	Is it your professional opinion that the conditional prescribing psychologist possesses adequate skills to practice psychopharmacotherapy competently and safely in consultation with patients' primary care physicians?		<input type="checkbox"/> YES <input type="checkbox"/> NO	



QUESTIONS FOR PRIMARY SUPERVISOR

If you answered yes to any of the questions, the Board would appreciate any details that would help in evaluating the applicant. You may attached additional pages if necessary.

If, in your professional opinion, this conditional prescribing psychologist needs further supervision to be a competent and safe psychopharmacologist, please describe what remediation you would recommend. You may attached additional pages if necessary.

PRIMARY SUPERVISOR CERTIFICATION

I _____, primary supervisor of the conditional prescribing psychologist for two-years, I certify that all of the statements made in this document are true, complete, and correct to the best of my knowledge.

Primary Supervisor Signature _____ Date _____

***Please e-mail to the Board Office at psychologist.examiners@state.nm.us**

3. When Rules are Set Include Documentation of Training to Perform Injectables

4. After the Board has accepted your application, you will be asked to submit 10 Randomly selected Files to the Peer Review Committee

A. 16.22.25.9A

PEER REVIEW: A. Panel membership. The applicant for a prescription certificate shall successfully complete a process of independent peer review that meets the requirements set forth below before the board shall issue a prescription certificate.

The Charts should include:

16.22.25.9B

(1) A panel shall examine at least 10 randomly selected charts of patients treated by the conditional prescribing psychologist during the two-year supervised period and any approved extensions. The applicant shall be solely responsible for obtaining the patient charts for peer review. The charts shall be reviewed to determine whether the following information is timely, accurately, and properly recorded:

- (a) a full medical history and family history;*
- (b) a mental status examination and complete differential diagnosis of the patient by the conditional prescribing psychologist;*
- (c) risk factors for the diagnostic condition were identified, including absence of drug, alcohol, suicide and homicide;*
- (d) drug and food allergies;*
- (e) patient medications;*
- (f) patient education on prescription, including evidence of informed consent to treatment;*
- (g) appropriate laboratory tests ordered and reviewed;*
- (h) the patient's diagnosis;*
- (i) adequate dosing requirements for prescription;*
- (j) treatment, including psychopharmacotherapy and psychotherapy, adverse effects from prescriptions, documentation of outcome measures for prescriptions; (k) progress notes;*
- (k) progress notes*
- (l) a follow-up plan, including a discharge plan, and the*
- (m) documentation of collaboration with the patient's treating health care practitioner as required pursuant to 16.22.20 NMAC, of these*

SUPERVISOR REQUIREMENTS

SUPERVISOR REQUIREMENTS

The New Mexico statutes and regulations spell out what records a supervising clinician (supervisor) must keep for a conditional prescribing psychologist.

1. 16.22.24.10 F- L

Supervision by the primary supervising clinician shall be provided on a one-to-one basis for at least 4 hours a month and should total at least 46 hours of 121 supervision per year, unless altered, in accordance with subsection K of 16.22.24.10 NMAC of these regulation

- 2. 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.*
- 3. 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.*
- 4. 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.*
- 5. One-to-one supervision must be provided either face-to-face, telephonically, or by tele-video live communication.*
- 6. 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.*
- 7. At any time during the two-year conditional prescribing period a primary supervising clinician shall not supervise more than three conditional prescribing psychologists.*

8. 16.22.24.10 O-R

Each supervising clinician shall attest to the contents of a supervision log maintained by the conditional prescribing psychologist. _

- 9. 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.*
- 10. The supervisor shall review the results of laboratory tests as appropriate and shall be skilled and experienced in such interpretation.*
- 11. 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.*

PEER REVIEW

16.22.25.9 — PEER REVIEW

A. Panel membership.

1. One or more peer review panel(s) are appointed by the chair of the board. Peer review panels shall consist of three (3) members drawn from at least two of these professions / categories:
 - a) conditional prescribing psychologists, prescribing psychologists, or licensed psychologists with specialized training and experience in psychopharmacology;
 - b) licensed, board-certified psychiatrists, other physicians, nurse practitioners or physician assistants with specialized training & experience in psychopharmacology;
 - c) doctoral-level licensed pharmacists or pharmacist clinicians with specialized training & experience in psychopharmacology.
2. Restrictions on panel membership: a panel member must not be any of the following: a member of the applicant's family or household; in a prohibited dual relationship with the applicant or family/household; someone who has supervised the applicant; or someone having a conflict of interest (as defined elsewhere in 16.22.1 NMAC).
3. No panel member may be a psychologist enrolled in a psychopharmacology training program.