

Licensure Requirements: Have We Raised the Bar Too Far?

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How do the requirements for entering the profession of psychology compare with those for other professions? Differences in licensure and board certification requirements were examined across 13 professions. Median earnings and the amount of time to complete requirements were compared. Findings indicate that practicing psychologists have a protracted period of preparation coupled with incomes that are not commensurate with training. In order to thrive, the field of psychology must reexamine and redefine credentialing requirements, reengineer curricula for doctoral programs, standardize licensure requirements across states, and broaden career options beyond academia and mental health.

Licensure laws were established to protect consumers by limiting the practice of psychology to qualified individuals only (Bickman, 1999; Danish & Smyer, 1981; Hess, 1977; Reaves, 1995). Although specific requirements vary, all states require education, examinations, as well as supervised predoctoral and postdoctoral experience. The literature yields discussion of various milestones, such as World War II, the Boulder Conference, and the creation of systems for financing health care, that have influenced the direction of professional practice. These milestones have also contributed to the evolution of professional training and education for psychologists.

The decade of the 1940s was arguably the most important era in the development of professional psychology. World War II provided the unprecedented momentum that launched psychology as a recognized practice profession within a relatively short time. Recognizing the immediate mental health needs of returned veterans and the shortage of mental health providers, the United States Public Health Service (USPHS) and the Veteran's Administration (VA) partnered with the American Psychological Association (APA) to assist in detailing how more psychologists could be trained (Baker & Benjamin, 2000). With strong government

support, leaders in psychology developed a more defined program of doctoral training as well as accredited doctoral internships. The need to prepare psychologists for professional practice resulted in the need for standards; accreditation was the outcome (Wolf, 1992).

Following the war, the USPHS expressed concern over widely disparate variation in theory and practice and again partnered with APA to further structure a framework for training clinical psychologists (Baker & Benjamin, 2000). With government support, the Boulder Conference on Graduate Education in Clinical Psychology was held in 1949 on the campus of the University of Colorado at Boulder. Participants delineated the standards for doctoral training and education in clinical psychology and outlined the Boulder scientist-practitioner model, which defined the philosophical underpinnings of the profession and set the course for future directions. In spite of changes that have occurred over the past 50 years, the Boulder model continues to be the blueprint and philosophical foundation upon which most education and training programs are based.

The time required to complete current education and training requirements has increased substantially since the Boulder model was established. Belar (1998) reported that the number of years to complete graduate education in clinical psychology has increased from 4 years to an average of nearly 7 years. Johnson (2001) stated that doctoral students now average 6.32 years to graduation. In addition, graduates must now complete supervised postdoctoral experience to become licensed psychologists.

The advent of a third-party-payer system of health insurance in the 1940s and mental health coverage in the 1950s (Cooper & Gottlieb, 2000) also represented milestones that shaped professional psychology. As government support waned in the years following the war, the third-party-payer system became an indirect partner in the success of professional psychology. Agencies and institutions sought reimbursement for psychological services and, when clients were covered by insurance, solo practitioners were reimbursed as well. Cummings (1995) characterized this period as a golden era when clinicians saw a steady stream of clients on a fee-for-service basis in comfortable offices while third-party payers accepted the decisions of the clinician, generally without intrusion. Meanwhile, third-party payers struggled with the cost of

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mental health services, which was as much as 25% of the total cost for health care (Cooper & Gottlieb, 2000). Moreover, the number of insured individuals using benefits increased, as did the cost of services. Insurance companies began to search for ways to control spiraling costs. Managed care was one such approach that focused on cost-containment strategies, resulting in a cultural change that merged business with psychology.

Clearly, World War II, the Boulder Conference, and third-party-payer systems are milestones that have contributed substantially to the evolution and direction of professional psychology. Current licensing requirements reflect these landmark events.

Current Licensure Requirements

Education

According to the Association of State and Provincial Psychology Boards (ASPPB; 2000b), all but four states require a doctoral degree to practice psychology. Jurisdictions recognize the degrees of doctor of philosophy (PhD), doctor of psychology (PsyD), and doctor of education (EdD) for licensure. Alaska, Oregon, Vermont, and West Virginia license master's-level clinicians to practice independently. Whereas most jurisdictions specifically require a doctoral degree in psychology, some allow degrees that are substantially equivalent or are "primarily psychological in nature" (p. 3). All jurisdictions require that degrees be earned from schools that are regionally accredited except California and Pennsylvania, which accept degrees recognized by state law. Mississippi and Oklahoma require that applicants graduate from programs that are APA accredited. All other states generally permit degrees from programs that are accredited, designated, or comparable.

Examinations

The American Association of State Psychology Boards, now known as the ASPPB, was created in 1961 to serve the needs of state psychology boards, including establishment of a uniform written exam to test applicants seeking certification or licensure as professional practitioners in psychology (Hess, 1977). All jurisdictions within the United States require the standardized written Examination for Professional Practice in Psychology (EPPP) (ASPPB, 2000a). The EPPP was developed by ASPPB and is used to evaluate an applicant's knowledge of the foundations of the field of psychology. In addition to the EPPP, 25 states currently require some form of oral examination or interview, which may focus on areas such as competence to practice, jurisprudence, ethics, and area of practice. Effective in 2002, California dropped its oral examination, which had been the model for several other states. Twenty-three jurisdictions in the United States require other exams, such as written jurisprudence and ethics examinations. Although oral and other examinations have been developed by individual jurisdictions, the EPPP remains the only uniform exam administered across all states.

Experience

ASPPB (2000b) reported that 2 years of supervised experience is typically required by most jurisdictions to practice psychology independently. One of those years is generally completed following receipt of the doctoral degree. Whereas all jurisdictions require

supervised experience, there is variation in the number of hours and the sequence in which the experience is obtained. For example, the number of supervised postdoctoral hours ranged from 1,500 to 2,000 in most states; however, Delaware required 3,000, and Michigan and Washington, DC, required 4,000 postdoctoral hours (ASPPB, 2000a).

It is important to note that in addition to completing predoctoral and postdoctoral experiences, doctoral students must complete a substantial number of hours in supervised practicum training. In a 1997 survey of clinical psychology program directors conducted by the Council of University Directors of Clinical Psychology, nearly 60% reported that their students completed at least 2 years of supervised externship prior to predoctoral internship (Belar, 1998). In 1996, the Council of University Directors of Clinical Psychology reported that students generally acquire 1,500 hr of clinical experience prior to internship (Belar, 2000). Graduates completing the current minimum requirements for licensure generally have a minimum of 4,500 hr of supervised experience based on practicum, predoctoral internship, and postdoctoral experience.

Current Issues in Predoctoral and Postdoctoral Experience

The literature reflects myriad issues and concerns about all areas required for licensure; however, recent attention has focused on predoctoral and postdoctoral experiential requirements. Bartle and Rodolfa (1999) found that the number of hours reported by predoctoral internships to licensing boards varied from 1,550 to 2,496, with no clear standards for reporting hours such as vacations and holidays. They recommended a national standard of 1,800 hr to reflect only actual hours worked. The sequence and number of years of experience necessary at the predoctoral and postdoctoral levels has also been debated. Expanding the average time to complete doctoral training and requiring additional postdoctoral experience for licensure has considerably increased the number of years required to become a licensed psychologist.

The issue of supply and demand of predoctoral internship and postdoctoral residency positions is an area of concern to the profession. Using data collected from the Association of Psychology Postdoctoral and Internship Centers (APPIC), Keilin, Thorn, Rodolfa, Constantine, and Kaslow (2000) reported that the number of first-time internship applicants and predoctoral internship slots was nearly balanced for the 1999–2000 training year. A review of the 2002–2003 match statistics from APPIC (2002) revealed that 610 internship sites offered 2,752 full- and part-time positions. A total of 2,842 applicants participated in the match, with 432 of those applicants not matched on match day. According to APPIC, this represents a decrease of 88 unmatched applicants and an increase of 6 unfilled positions when compared with the 2001–2002 training year. The number of unmatched applicants will likely decrease as applicants use the APPIC Clearinghouse process as well as other methods of obtaining placements. Keilin and his team, for example, reported that 510 applicants did not initially match; however, in the final analysis, that number decreased to nearly half, with an estimated 263 applicants not placed for the 1999–2000 training year. It is interesting to note, according to Keilin and his colleagues, that the VA medical centers recently converted some predoctoral internship positions to postdoctoral positions. It is unclear what impact this may have on the future supply of predoctoral internship positions.

Other researchers and clinicians have reported a scarcity of sites in some states. Hogg (2000) explored the dynamics behind the lack of predoctoral and postdoctoral sites in Arizona and reported that the managed-care environment has dramatically decreased the demand for psychologists in agencies and has rigidly controlled reimbursement. In addition, liability issues faced by private practitioners who might otherwise be interested in supervision have become barriers to accepting graduates for supervision. Although internship sites and applicants are becoming more balanced, a different picture emerges when assessing postdoctoral training. There are limited formal postdoctoral training experiences available.

The lack of opportunities for supervised experience has created hardships for postdoctoral graduates seeking licensure. Issues such as purpose, availability of slots, standards and variations in requirements, as well as timing have all received attention. The cover story of the May 2000 issue of the *APA Monitor* entitled "The Postdoc Trap" presented a number of concerns facing postdoctoral graduates, including a shortage of available sites, low rates of reimbursement, and student debt of up to \$100,000 (Clay, 2000). A study reported by the National Science Foundation indicated that 26% of students with a PhD in clinical psychology from traditional universities graduated with student debt in excess of \$30,000 from 1993 to 1996 (Rapoport, Kohout, & Wicherski, 2000). The study further indicated that the same magnitude of debt was reported during the same time period for 64% of PhD graduates from professional schools and 59% of graduates of PsyD programs from both professional schools and traditional universities.

Mobility and Reciprocity

Entry into the field of psychology is affected by other regulatory and marketplace forces as well. The ASPPB has developed the Agreement of Reciprocity, in which one jurisdiction essentially accepts the license of another, and the Certificate of Professional Qualification in Psychology (CPQ), a standard for mobility between jurisdictions (Counts, 2000). Thirty-seven jurisdictions across the United States and Canada have accepted the CPQ or are strongly considering acceptance in the near future. If psychologists are to remain competitive in the new global economy, the ability to practice in other jurisdictions will be critical to broaden the spectrum of practice opportunities. The mobility efforts of ASPPB are bringing about better standardization of licensing requirements—a goal many other professions have already achieved.

Commission on Education and Training of Psychologists Leading to Licensure

Recognizing the difficulties faced by postdoctoral trainees seeking required experience for licensure, the Council of Representatives of the APA approved the establishment of a Commission on Education and Training Leading to Licensure in Psychology in February 2000. The commission was charged with developing recommendations for modifying training, education, examination, and supervision requirements for licensure. The report recently issued by the commission stated "that two years of organized, sequential, supervised, professional training experience (in addition to completion of the doctorate) is necessary and sufficient for

entry-level professional practice" (APA, 2001, p. 2). The Commission affirmed that 1 year of predoctoral internship is necessary; however, according to the report, the second year of experience could be obtained through preinternship practicum or by postdoctoral experience. Thus, the Commission did not recommend reducing the current 2-year requirement for experience; rather, flexibility in the timing and sequencing of experience would be increased. According to the report, current training requirements, including the doctoral degree and 2 years of professional experience, are sufficient for psychologists to be considered competent as entry-level practitioners. Other recommendations included defining the competencies expected of doctoral graduates, developing guidelines for practicum training, and reexamining the timing of the national examination for licensure (EPPP) to assure timeliness in the sequence of education and training.

Comparison With Other Professions

The prerequisites to become a licensed psychologist are extensive, but how does psychology compare as a profession with others such as medicine, law, and dentistry? Like psychology, all of these fields provide professional services that affect people's lives. Like psychologists, these professionals face ethical issues every day. They also have the potential for doing harm. There appears to be a dearth of research or literature comparing licensing requirements, length of time to licensure, or earnings across professions. Creating a benchmark for licensing requirements across various disciplines provides a contextual basis by which to evaluate requirements for psychologists. It also provides a means of reality testing that gives perspective on how other professions see themselves and what they believe they need to be competent.

In this study, we examined differences in licensure and board certification requirements—specifically, education, examinations, and experience—across 13 professions. We hypothesized that requirements for licensing psychologists are disproportionate relative to other occupations. Consequently, there is a higher ratio of cost to benefit for the profession of psychology than there is for other professions.

The Licensure Requirements Study

We collected archival data that are available to the public, including information from the U.S. Department of Labor; various professional associations and boards at local and national levels; curricula from colleges, universities, and professional schools; and selected state statutes and administrative rules. Professionals in various fields were also consulted.

The time it takes to complete licensure requirements was calculated for 12 professions. Because specific data on the number of years to licensure for any profession is generally unavailable from a single source, we based calculations on the number of years necessary to complete education, examinations, and experience beyond high school. For the purpose of empirical analysis, we estimated that approximately 11 years beyond high school are necessary to complete all of the requirements to become a licensed psychologist. This was considered to be a conservative estimate that included 4 years to earn an undergraduate degree; 5 years of doctoral work, including one year of predoctoral internship; and 2 years to complete postdoctoral experience, the EPPP, and other

required examinations. In addition, time to board certification was calculated and compared between clinical psychologists, who are certified by the American Board of Professional Psychology, and three other board-certified professions. Although board certification for psychologists is available in various specialties, for the purposes of this study the clinical specialty was selected for comparison.

Median earnings for each profession were compiled and reported by the U.S. Department of Labor (2000) based on salary surveys conducted across the country. Median earnings for physicians (all MDs), general/family physicians, and psychiatrists were obtained by the U.S. Department of Labor from the American Medical Association based on 1997 data.

Using nonparametric statistics (chi-square), we made inferences to identify significant differences between earnings, time to licensure, and time to board certification for psychologists and other professions. In order to enhance the statistical power of the chi-square test, we calculated the time to complete licensure and board certification requirements on the basis of years and converted to months to completion by multiplying the number of years by 12 months.

Chi-square analyses indicated that median earnings for psychologists were significantly less than earnings for veterinarians, physical therapists, optometrists, attorneys, podiatrists, dentists, psychiatrists, general/family physicians, and physicians (all MDs) ($p < .01$; see Table 1). Median earnings of psychologists were significantly higher than for social workers, dental hygienists, and physician assistants ($p < .01$; see Table 1). There was no significant difference noted between the median earnings of psychologists and occupational therapists.

We also found that the number of months to complete licensure requirements beyond high school was significantly higher for psychologists than for dental hygienists, occupational therapists, physical therapists, physician assistants, and master's-level social workers ($p < .01$; see Table 2) as well as attorneys, dentists, optometrists, veterinarians, and physicians (all MDs) ($p < .05$; see Table 2).

Table 1
Professions Compared With Psychologists: Median Earnings

Profession	Median earnings (\$) 1998	$\chi^2(1)$
Social workers (all)	30,590	3,876.55**
Dental hygienists	45,885	24.95**
Physician assistants	47,090	9.69**
Psychologists	48,050	
Occupational therapists	48,230	0.37
Veterinarians	50,950	84.95**
Physical therapists	56,600	698.54**
Optometrists	68,500	3,588.18**
Attorneys	78,170	7,184.56**
Podiatrists	79,530	7,767.60**
Dentists	110,160	24,383.11**
Psychiatrists	130,000	37,718.63**
Physician (general/family)	132,000	39,142.47**
Physicians (all MDs)	164,000	63,402.94**

Note. From U.S. Department of Labor (2000).
** $p < .01$.

Table 2
Professions Compared With Psychologists: Time to Licensure

Profession	Months to licensure beyond high school	$\chi^2(1)$
Dental hygienists	48	39.2**
Occupational therapists	48	39.2**
Physical therapists	48	39.2**
Physician assistants	72	17.65**
Social workers (MSW)	72	17.65**
Attorneys	84	10.67**
Dentists	96	4.91*
Optometrists	96	4.91*
Podiatrists	96	4.91*
Veterinarians	96	4.91*
Physicians (all MDs)	96	4.91*
Psychologists	132	

* $p < .05$. ** $p < .01$.

Similarly, the number of months to complete board certification requirements beyond high school was significantly higher for board-certified clinical psychologists than for board-certified general/family physicians and podiatrists ($p < .05$; see Table 3). There was no significant difference noted in months to completion between board-certified clinical psychologists and board-certified psychiatrists.

Education and training requirements for licensure have been debated and examined by members of the psychological community for decades. This research study examined licensing and board certification from a unique perspective by comparing time to completion and median earnings across professions. Findings indicated that, relative to other professionals, practicing psychologists have a protracted period of preparation coupled with earnings that are not commensurate with training. Psychologists are far afield in terms of cost (time) versus benefit (earnings) when compared with other professionals.

The field of psychology asks a great deal from its professionals-in-training but offers little prospect of financial return. Although income is certainly not the only factor influencing long-term career decisions, it has a strong impact on the desirability of entry into any profession. The financial investment in education and training is of particular concern to doctoral students, who acquire some of the highest student debt of any profession. Prospective students are in a position to find training in other occupations that offer better prospects for future employment with satisfying attributes and better pay. Although the subject of psychology remains an area of

Table 3
Board-Certified Professionals Compared With Board-Certified Clinical Psychologists: Time to Board Certification

Profession	Months to completion beyond high school	$\chi^2(1)$
General/family physicians	132	4.32*
Podiatrists	132	4.32*
Psychiatrists	144	1.85
Psychologists	168	

* $p < .05$.

great interest to students, it is likely that professional psychology has already lost ground in attracting the best and brightest into the field, because it appears to have lost its economic competitiveness with other occupations. In Table 4, credentialing requirements for education, examinations, and experience are compared across 13 professions. If requirements to become a practicing psychologist

continue to be disproportionate to those of other professions, and if earnings for psychologists continue to decline, the demographics of students seeking admission into graduate programs of psychology are likely to mirror admissions into lower wage helping professions such as social work or master's-level counseling programs.

Table 4
Licensure/Certification Requirements by Profession

Profession	Licensure requirements		
	Education	Examinations	Experience
Attorney ^{a,b}	Undergraduate degree or less; law school	Multistate Bar Exam; Multistate Professional Responsibility Exam; some states require other exams	No pregraduate or postgraduate experience required
Dental hygienist ^{b,c}	Dental hygiene school (2- or 4-year programs available)	National, regional, and state exams; both written and clinical	Clinical experience
Dentist ^{a,b,c}	Undergraduate degree or less; dental school	National exam taken at Years 2 and 4 of school; regional and state exams	Clinical experience; no postdoctoral residency unless specializing
General/family physician ^{a,c,d,e}	Undergraduate degree or less; medical school; 3 years postdoctoral training	National or state written exams; board-certification exam	Clinical experience; 3-year postdoctoral training with residency required for board certification
Occupational therapist ^{a,c}	Undergraduate degree in occupational therapy	National certification exam	Supervised fieldwork
Optometrist ^{a,b,c}	Undergraduate degree or less; doctor of optometry	National or state written exam; state clinical exam	Clinical training; no postdoctoral residency unless specializing
Physical therapist ^{b,c}	Undergraduate degree in physical therapy	National exam; states may require other exams	Supervised clinical experience
Physician assistant ^{a,b,c}	Undergraduate degree or less; 2-year training program	National exam	Supervised clinical experience; no postgraduate experience unless specializing
Podiatrists ^{a,b,c,e}	Undergraduate degree or less; doctor of podiatric medicine	National board exam taken during Years 2 and 4 of podiatry school	Clinical rotations during Years 3 and 4 of medical school; most states require 1-year residency; 3-year postdoctoral residency for board certification
Psychiatrist ^{a,c,d,e}	Undergraduate degree or less; medical school; 4 years postdoctoral training/residency in psychiatry	National or state written exam; board-certification exam	Clinical experience; 4-year postdoctoral training with residency required for board certification
Psychologist ^e	Undergraduate degree; doctoral degree (PhD, PsyD, or EdD)	EPPP written exam after postdoctoral experience; some states require oral, ethics and/or jurisprudence exams	Practicum and predoctoral internship prior to graduation; postdoctoral experience; 3-year postdoctoral experience required for board certification
Social Worker (master's level) ^{a,c}	Undergraduate degree; master of social work degree	National written exam	Internship during graduate studies
Veterinarian ^{a,b,c}	Undergraduate degree or less; doctor of veterinary medicine	North American Veterinary Licensing Exam; state jurisprudence exams; some states require tests of clinical competency	Clinical experience

Note. EPPP = Examination for Professional Practice in Psychology.

^a Exams given during and/or following graduation, depending upon profession. ^b Programs may accept students without an undergraduate degree. ^c Clinical, supervised, or field experience included in program curriculum and completed prior to graduation. ^d Some medical schools offer a 6-year combination degree that satisfies undergraduate and medical school requirements. ^e These professions offer board certification beyond licensure; requirements are established by national boards in each field.

Overall, psychology is likely to continue to play a successful role in research and academia because of its scientific contributions. In professional practice, however, the industrialization of the mental health arena by managed care has created a fiercely competitive marketplace between clinicians at all levels—master's and doctoral. Psychologists with independent practices have struggled to adapt. Some have maintained their practices, and others have assumed alternate roles such as consultants, supervisors, or contractors. Professional practice appears to be in danger of losing its market niche. The field can no longer afford to continue to embrace the status quo and survive as it has in the past within the current environment. Professional psychology may have priced itself out of the market.

Quantum change is continuing to occur at every level of society with the advent of the New Economy. Globalization and technological advances create countless career opportunities for individuals who are skilled and knowledgeable in human behavior. No profession is better equipped to forge new opportunities in this arena than psychology. The current environment is already facilitating creativity. Some new professionals are seizing this opportunity to transfer their abilities into other areas requiring knowledge and skills in human behavior, such as marketing, criminology, product development, and even political strategy. From a big-picture perspective, psychology needs to develop a stronger base by broadening its paradigm to focus on a whole range of occupations for its professionals.

Implications

Psychology is a profession in transition. How the field chooses to respond will determine the immediate and long-range future of the field. If professional practice is to thrive, not just survive, the field needs to reexamine credentialing requirements. There should be no "sacred cows." The following eight recommendations suggest areas for reexamination and future research:

1. Because educational requirements for doctoral degrees in psychology have grown from an average of 4 years to over 6 years, curricula for doctoral degree programs (PhD, PsyD, and EdD) should be thoroughly examined and reengineered to better match existing, as well as anticipated, needs of professionals-in-training.

2. Sequence the EPPP to be taken at an appropriate point in the curricula, prior to predoctoral internship, or immediately following graduation to better measure knowledge gained through the educational process.

3. Because professionals-in-training generally spend over 1,000 hr in practicum as part of their degree programs, the field should formally recognize this experience as applicable to licensure requirements. The report issued by APA's Commission on Education and Training Leading to Licensure recommended recognizing practicum experience as meeting licensure requirements as long as training is organized, sequential, and well supervised. In order to do this, the profession must define standards to ensure consistency of supervision for this professional experience.

4. The field of psychology would better serve new professionals by formally assisting graduates in locating sites for postdoctoral training if it continues to be required for licensure. Although most professions offer organized training programs at the national level for their postdoctoral residents, doctoral graduates in psychology generally must find their own placements. Postdoctoral graduates

have difficulty finding available sites and, when they do, are often underpaid. Many agencies and private practitioners do not provide placements for postdoctoral residents because of liability issues and the lack of reimbursement for services performed by unlicensed professionals. There are limited formal postdoctoral sites that are APPIC members, and there are few formal postdoctoral training opportunities that appear in the *APA Monitor*. The profession should continue to take steps to develop new postdoctoral training sites.

5. Better standardization of licensure requirements across states could help stabilize the profession and begin to put the field back in proportion to other occupations.

6. If psychologists are to be competitive in the technological era, reciprocal licensing agreements between states are necessary.

7. Establishing multiple credentials in psychology may better serve the public, the field, and its professionals. Licensure in professional practice may be only one of many credentials the field could offer. Additional credentials or recognition of various specializations beyond professional practice, such as criminology, marketing, and other contemporary areas, could make professionals seeking alternative careers more marketable, visible, and highly desirable for potential employment partners.

8. Finally, future research could focus on measuring the effectiveness of current licensing requirements. No literature was found indicating whether additional requirements measurably improve the performance of psychologists, ensure competence, or better protect the public. Moreover, the number of years of experience necessary to permit a psychologist to safely enter independent practice has yet to be established. Data could be collected from state psychology boards, for example, to examine the type of training received by psychologists who have had complaints that resulted in board actions, such as license revocation, suspension, or other sanctions. Although postdoctoral experience is a relatively new requirement in some states, a short-term analysis of its effectiveness could be conducted by assessing the number of substantiated complaints against professionals with postdoctoral experience versus those without postdoctoral experience within the first 5 years following licensure. Longitudinal studies could assess data at 5- and 10-year intervals. In addition, the rate of ethical violations could be compared across professions (including medicine, master's-level counseling, and social work). This rate could be studied in relation to credentialing requirements by those professions to better examine the training and experience necessary to practice safely.

Conclusion

When compared with other professions, professional psychologists are clearly the top-of-the-line in terms of requirements for licensure. It is also apparent that psychologists lie near the bottom-of-the-heap in terms of earnings. Professional psychology finds itself at a critical juncture in the continuing evolution of the field. To begin reestablishing itself in the marketplace, psychology needs to achieve greater equity with other professional occupations. The current environment is in a state of change, which presents an ideal opportunity for psychology to assess its identity as a profession and reinvent itself for the 21st century.

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