

International Association of Eating Disorders Professionals Foundation
Certification Manual ©
Mental Health
Certified Eating Disorders Specialist (CEDs)

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I. INTRODUCTION

Purpose of This Manual

The primary purpose of this manual is to present the requirements for and process of attaining certification in eating disorders by practicing members of health care professions, and formal recognition of other attainments. As stated in the Statement of Purpose, the reason for offering certification is to support the provision of quality health care services to persons suffering from eating disorders.

This manual also contains a description of the categories of membership in the Association and a statement of ethical principles for eating disorders professionals.

Category of Certification

1. CEDS

The Association offers a category of certification, which is identified by the designation Certified Eating Disorders Specialist (CEDS). This designation is offered only to health care professionals as defined in Section IV.A, who meet the additional requirements listed in this Manual.

Applicability of This Manual

As of November 2004, this Certification Manual supersedes and replaces any previous Certification Manual published by the International Association of Eating Disorders Professionals (**iaedp™**). All previously published definitions, guidelines, requirements, and designations regarding certification are now completely null and void.

Disclosure

This manual should be viewed and interpreted in conjunction with the following disclosures made by the International Association of Eating Disorders Professionals. (**iaedp™**):

1. Certification does not confer any government license.
2. Membership alone does not constitute certification by **iaedp™**, rather a separate application and proof of certain qualifications are required for certification.
3. **iaedp™** has been granted a nonprofit mutual benefit organization status by both the United States Government and the states of California and Florida.

II. STATEMENT OF PURPOSE/MISSION

The purposes for which the International Association of Eating Disorders Professionals, (**iaedp™**) is formed are:

- To establish and promote a uniform curriculum to serve as the minimum recommended knowledge base to enable a health care professional to provide competent, appropriate, and effective services to persons suffering from eating disorders;
- To promote high standards of conduct on the parts of health care professionals involved in the care of persons suffering from eating disorders through the adoption and promotion of a uniform set of ethical principles;

- To support the provision of quality health care services to persons suffering from eating disorders by establishing and operating a system of certification of professionals involved in providing such care;
- To provide health care professionals certified by the Association with a designation recognizable by the general public: Certified Eating Disorders Specialist, or CEDS.
- To promote and support educational programs and training efforts that expand the knowledge and skills of health care professionals involved in the care of persons suffering from eating disorders; to encourage professionals to stay abreast of current developments in the field through continuing education; and to encourage the advancement and development of persons who are in the various stages of pursuing careers in health care profession in which they may eventually make useful contributions to quality care for persons suffering from eating disorders;
- To provide information and education to the general public, government, health care community, legal community, business and industry, schools, churches, and other groups or agencies, in order to enhance awareness of eating disorders, aid in prevention efforts, promote effective and compassionate delivery of health care and other services to persons suffering from eating disorders, and to acquaint the public with the mission and functions of the Association and its members; and
- To do all things necessary and proper to carry out and promote the enumerated purposes of this Association, consistent with any rules, regulations or statutes imposed by the laws of the United States of America and/or the laws of the countries of citizenship of members of the Association not residing in the United States.

In interpreting and construing this Statement of Purpose, it is intended that such be interpreted and construed so as to preserve the ethical and professional standards adopted by **iaedp**[™] and in accordance with laws of the United States of America (or of the countries of citizenship of members of the Association not residing in the United States) in effect at that time.

III. MEMBERSHIP

Categories of Membership

The association offers five categories of membership: Full Member, Associate Member, Student Member, Fellow, and Retired.

A. Full Member

To qualify for *Full Membership*, an applicant must be a health care professional as defined in Section IV.A of this Manual. Such a professional becomes a *Full Member* upon approval of his or her completed Membership Application, which must include proof of professional status and payment of membership dues. Membership does not connote certification.

B. Associate Member

Associate Members are persons interested in eating disorders, and/or the activities of the Association, who are not health care professionals (as defined in Section IV.A). There are no formal requirements for *Association Membership*, aside from completion of a Membership Application and payment of membership dues.

C. Student Member

Undergraduate students enrolled for nine (9) semester hours or graduate students enrolled for six (6) semester hours are eligible for *Student Membership*. Proof of enrollment, completion of a Membership Application, and payment of dues are the only requirements.

D. Fellow

A *Fellow* is a distinguished member of the Association. The Board of Directors of **iaedp**[™] elects a member in good standing of **iaedp**[™] to *Fellowship* status. Election to Fellowship status is based on the quality and significance of a candidate's contribution to the furtherance of the goals listed in **iaedp's**[™] Statement of Purpose. *Fellowship* status is designed to recognize distinguished health care professionals, or *Full Members*, providing their contributions to the overall eating disorders treatment field are of sufficient weight and merit to justify doing so.

E. Retired Member

Retired members are those persons, previously members of **iaedp**[™], who worked as a health care professional and/or have an interest in eating disorders and/or the activities of the Association. *Retired members* are those people who have officially retired from their professional positions.

Membership Rights & Privileges

With the exception of voting privileges as detailed in the bylaws of this Association, which are granted only to *Full Members*, all categories of members share equal rights and privileges. These rights and privileges include receipt of Association mailings, newsletters, discounts at Symposia and other Association functions, and any other rights and privileges as may from time to time be extended.

IV. DEFINITIONS

A. Health Care Professional

A health care professional is a duly licensed, registered, or otherwise credentialed member in good standing of a recognized health care profession who provides or participates in providing care to persons suffering from eating disorders and who possesses at least a bachelors degree from a regionally accredited college or university in his or her field or a closely related subject. Examples of such professionals include (but are not necessarily limited to) licensed physicians; licensed psychologists; child counselors; licensed clinical social workers; registered nurses; licensed professional counselor; marriage and family therapist; registered dietitians; registered or certified occupational therapists; registered or certified art therapists; registered or certified recreational, activities, music, movement, or dance therapists; registered or certified exercise physiologists; and members of other recognized health care professions concerned with the care of persons suffering from eating disorders.

Members of some health care professions can become licensed, registered or credentialed in their professions with less than a bachelors degree. In order to apply for CEDS, such professionals, who may include registered nurses and certified or licensed addictions counselors (among others), must also complete a masters degree in their field or a closely related subject, such as Nursing (for registered nurses) or Psychology (for addictions counselors).

B. Eating Disorders

A person is deemed to have an eating disorder if he or she has been diagnosed by a qualified health care professional as having, or has been strongly suspected by such a professional of having, one or more of the eating disorders listed in the Diagnostic and Statistical Manual, Fourth Edition, Revised of the American Psychiatric Association (DSM-IV-R) or the International Classification of Diseases, 9th Revision, Clinical Modification, published by the Commission on Professional and Hospital Activities (ICD-9-CM). These diagnoses include Anorexia Nervosa (307.10), Bulimia Nervosa (307.51), Pica (307.10), Rumination Disorder of Infancy (307.53), an Eating Disorder Not Otherwise Specified (307.50) and such other eating disorders that may be included in the Diagnostic and Statistical Manual.

C. Eating Disorders – Related Health Care Services

These services are defined here to facilitate the determination of amount and quality of an applicant's work experience, which can be applied toward meeting the requirements for certification.

Qualifying experience includes services which a health care professional provides, within the scope of his or her profession, as allowed by law, which are directly relevant to the overall, primary effort of assisting a patient's or client's health in other closely related areas and can be appropriately and beneficially delivered only if significant attention and sensitivity are given to the patient's or client's eating disorder.

Examples of qualifying experience include but are not necessarily limited to the following services: psycho-diagnostic procedures, such as diagnostic interviews, mental status examinations, psychological assessments, and psycho-social evaluations of persons with or strongly suspected of having eating disorders; individual, group, or family psychotherapy provided to persons with eating disorders; providing adjunctive therapies in support of primary treatment of eating disorders; medical treatment provided to persons with eating disorders; providing nursing services to persons with eating disorders; providing treatment planning, discharge planning, and other social services to persons with eating disorders; identifying persons with eating disorders and referring them to appropriate treatment and other services; making entries in and maintaining medical or clinical records of persons with eating disorders; meal planning, nutritional counseling, and other dietary interventions with persons with eating disorders; developing exercise plans and leading exercise groups for persons with eating disorders; and providing medical, dental, mental health, or other health services to persons with eating disorders, which, while focusing primarily on a different problem or diagnosis, nevertheless require awareness of and sensitivity and responsiveness to the eating disorder if they are to be given effectively and productively.

D. Certified Eating Disorders Specialist

A health care professional who has earned the designation Certified Eating Disorders Specialist, or CEDS, has met rigorous educational requirements; has accumulated a minimum number of hours of qualifying work experience; has successfully passed a Written Examination covering the eating disorders field; has made a commitment to stay abreast of current developments in the field through Continuing Education; and has agreed to comply with the Association's Ethical Principles.

Formal requirements for CEDS are described in detail in Section V, below.

E. Approved Supervisor

An approved supervisor is defined as: a professional who is not one's primary personal therapist;

has a minimum of five (5) years experience treating persons with eating disorders; holds an accredited master's degree or higher in the health or behavioral science fields; is licensed by his or her state licensing board; holds a CEDS or has equivalent training and experience. A supervisor must sign a statement attesting to the forgoing.

Statutory Limitations

The designation Certified Eating Disorders Specialist (CEDS) is by itself not to be construed as a license to practice or as authorization to charge or collect fees for services rendered. In fact, these designations are unrelated to licensure and are not intended to have any bearing on statutes or regulations governing any of the health care professions. **iaedp**[™] recommends that applicants or certified members contact their state professional regulatory agency for proper clarification.

Continuing Education in Eating Disorders or Related Topics

Persons awarded the CEDS designation are required, in order to renew these designations upon their expiration, to show evidence that they have continued to obtain formal educational experience on an ongoing basis to keep them abreast of current developments in the field. Continuing education requirements for renewal of the CEDS designation is listed in section XI. Education experiences that may be applied toward renewal of certification include: symposia and other programs offered by **iaedp**[™], courses or programs that have been granted continuing education credit by other recognized professional associations or governmental agencies that can be convincingly shown to enhance the knowledge and skill of a professional involved in the care of persons suffering from eating disorders in ways that directly benefit those persons. Examples of subject matter that is considered related to eating disorders include, but are not necessarily limited to: psychotherapy techniques that can be applied to persons suffering from eating disorders; psychological disorders common in persons with eating disorders, such as the sequelae of child sexual abuse, depression, obsessive compulsive disorder, substance dependence, etc.; physical problems commonly seen in persons with eating disorders, including obesity, malnutrition, dental problems, medical problems present in persons with eating disorders, etc.; and similar topics.

V. REQUIREMENTS FOR CERTIFICATION

A. Certified Eating Disorders Specialist (CEDS)

Requirements and Qualifications:

1. An applicant will have completed a master's or doctoral degree in a health or behavioral science field or doctor of medicine degree with a minimum of forty-eight (48) graduate level credits or approved equivalents in behavioral science. These courses must include:

Behavioral Component: Will include a minimum of:

1. Three (3) semester credits in human sexuality.
2. Three (3) semester credits in addictions.
3. Three (3) semester credits in abnormal psychology.

Skills Component: Will include a minimum of:

1. Three (3) semester credits each in individual, group, and family psychotherapy

2. Six (6) clock hours in body image, weight and food issues.
3. Three (3) semester credits in professional practice standards and ethics.

2. Typed case study not to exceed 1500 words identifying presenting problems, DSM-IV diagnoses, course of treatment implemented, modalities of treatment, principal obstacles encountered, outcome, and follow-up.

3. The completion of IAEDP established curriculum courses I-IV. These are:

- a. Introduction to Eating Disorders
- b. Treatment Modalities of Eating Disorders
- c. Medical/Physiological Aspects of Eating Disorders
- d. Nutrition and Weight Control

4. Passing grade on the **Certified Eating Disorders Exam (CEDE)**. The **CEDE** is based upon the provided *Required Reading List* (Appendix F-1). The exam score is valid for no more than five (5) years. If an applicant fails to pass the examination, he/she may apply to retest. A test may be taken a maximum of three (3) times. Retakes must be completed within ninety (90) days of each testing failure.

5. Complete a minimum of 2000 direct patient/client treatment hours under qualified supervision. If supervisor is not an **iaedp™ Approved Supervisor**, the supervisor's CV/resume must be submitted for approval.

Note:

1. **iaedp™** requires a minimum of one (1) hour of individual supervision or one and one half (1.5) hours of group supervision (in a group not to exceed 5 persons) for each 15 patient contact hours.

2. NOTE CAREFULLY THE DEFINITION OF A QUALIFIED SUPERVISOR. An approved supervisor is defined as: a professional who is not one's primary personal therapist; has a minimum of five (5) years experience treating persons with eating disorders; holds an accredited master's degree or higher in the health or behavioral science fields; is licensed by his or her state licensing board; holds a CEDS or has equivalent training and experience. A supervisor must sign a statement attesting to the forgoing.

6. Applicant will submit a typed statement (not to exceed 250 words) explaining why he or she would like certification i.e., how it is relevant to his or her professional goals.

7. Applicant will sign a statement of ethical practice principles.

8. Applicant will attend one (1) **iaedp™** Symposium, including no fewer than twenty (20) hours of attendance at workshops, seminars, keynote presentations, Professional Development Institutes (PDI's), within twenty-four (24) months prior to testing date. If unable to attend **iaedp™** Symposium, applicant may request authorization to utilize attendance at other eating disorder conferences to meet the requirements. Applicant should submit his or her request to the **iaedp™ Certification Committee** for review and the request should be received by **iaedp™** no fewer than 45 days prior to the Symposium.

9. Applicant must attend no fewer than one (1) **iaedp™** Symposium every four (4) years for purpose of maintaining continuing certification and earning a minimum of twenty (20) continuing education units (CEU's) at the Symposium.

10. Every two (2) years, certification must be renewed upon completion of 20 CEU's. These must be directly related to the field of eating disorders. Any questions regarding CEU's (for example, to approve credits earned at another eating disorders conference) need to be directed to the **iaedp™ Certification Committee** for approval and received by **iaedp™** no fewer than 45 days prior to the Symposium.

11. The **iaedp™ Certification Committee** MUST approve any changes in requirements. All requests MUST be submitted in writing.

12. An applicant who has been approved by the **iaedp™ Certification Committee** for this level of certification, and remains current with all requirements, may use the letters CEDS after his or her name. E.g. Jane Doe, MSW, CEDS

Order/Timing for Meeting Certification Requirements

- 1.** The Core Curriculum must be completed before the applicant may sit for the Certified Eating Disorders Examination (CEDE).
- 2.** The work experience may be accumulated at any time, before, during, or after completion of the Core Curriculum and Reading List.
- 3.** If more than five years elapse between the time that an applicant passes the Written Examination and completes the remainder of the requirements (including becoming a health care professional), the applicant must take and pass the examination again.

Special Circumstances

iaedp™ desires to ensure that this Manual has not inadvertently omitted or overlooked valuable experiences and other qualifications that should rightfully qualify an applicant for certification, and that the requirements herein do not deny certification to an otherwise worthy applicant because of a minor technicality. Therefore, **iaedp™** retains the option of recognizing such unspecified qualifications, or of causing exceptions to be made in these requirements when special circumstances justify doing so.

Certification awarded under **Special Circumstances** must be justified in writing by the Association, complete with dissenting minority opinions, if any, and the written justification must be made available for review upon request by any member of **iaedp™**.

Compliance with Ethical Principles

Every applicant for certification who is a health care professional (as defined in Section IV.A) shall sign a statement declaring that she or he has read and understood her or his own profession's ethical standards and that she or he agrees to conform to these ethical standards. Every applicant who is not a health care professional shall sign a statement declaring that he or she has read and understood the Ethical Principles of Psychologists and Code of Conduct, published by the American Psychological Association, 750 First Street NE, Washington, DC 20002, and that he or she agrees to conform to these principles and this code. The Ethical Principles of Psychologists and Code of Conduct has been included with this Manual.

Membership

Applicants for certification are required to be Members of the Association. Membership in **iaedp™** must remain current in order to maintain current certification.

VI. iaedp™ APPROVED ACADEMIC PROGRAMS

Overview

iaedp™ approves **Eating Disorders Certificate Programs**, which are offered only by regionally accredited colleges or universities. To be approved, a Certificate Program must cover certain basic knowledge and skills areas. Basic areas are as follows:

- 1. Core Curriculum - 12 Semester Credits***
- 2. Behavioral Component - 6 Semester Credits***
- 3. Skills Component- 6 Semester Credits***

Total: 24 Semester Credits*

*or equivalent

Typical courses that satisfy the above requirements, together with brief course descriptions, are listed below.

CORE CURRICULUM

Eating Disorders: Introduction & Overview (3 Credits)

The history, dynamics, prevalence, and treatment approaches to the eating disorders anorexia nervosa and bulimia (including obesity); the history and background of attitudes toward these disorders will be surveyed; biological; psychoanalytic, behavioral, and other theoretical perspectives will be examined.

Treatment Modalities for Eating Disorders (3 Credits)

An in-depth study of the dynamics of eating disorders will be presented, followed by a survey of the dominant approaches to treating these disorders; will include diagnosis, psychological assessment, the various forms of psychotherapeutic and other interventions employed, and clinical issues encountered in treatment.

Medical & Physiological Aspects of Eating Disorders (3 Credits)

An analysis of the physiology of obesity, anorexia nervosa, and bulimia will be presented, focusing on physiological predisposition, differential diagnosis, exercise, physical consequences of obesity, purging, and starvation, and medical, nursing, nutritional, and dental treatment approaches employed in conjunction with psychological and other forms of treatment.

Nutrition & Weight Control (3 Semester Credits)

Presents a topical approach to nutrition and related health conditions, with an emphasis on evaluation of weight control methods; includes investigation of food fads and fallacies, basic nutritional needs, vegetarian diets, nutrition for athletics, and how the professional nutritionist applies nutritional information.

BEHAVIORAL COMPONENT

Introduction to Psychology (3 Semester Credits)

The basic psychological concepts underlying human and animal behavior in such areas as learning, motivation, perception, growth and development, personality, and social behavior, with emphasis on developing an understanding of scientific approaches to analyzing, measuring, and predicting behavior.

Introduction to Sociology (3 Semester Credits)

Introduction to sociological perspective of human behavior, institutions, patterns for human interaction, origin and nature of culture, the socialization process, and the natural forces and consequences of sociological change.

Abnormal Psychology (3 Semester Credits)

An introduction to descriptive and explanatory studies, diagnostic schema, and prevalence of nervous and mental disorders and abnormal behavior patterns.

Human Growth & Development (3 Semester Credits)

Analysis of the developmental behaviors associated with each stage in human development and the way the social environment influences this development; focuses on disruptive influences of human development and ways human services occupations develop systems and services to minimize these disruptive influences.

Introduction to Human Services (3 Semester Credits)

History, philosophy, and development of thought in social work; a content area designed to identify and analyze the primary helping services in urban and rural America; observation and reporting techniques will be emphasized; this course will identify new programs and careers in the emerging Human Services field.

SKILLS COMPONENT

Individual Counseling Skills (3 Semester Credits)

Introduction to individual counseling skills; emphasis on interviewing skills, history-taking, nonjudgmental care giving, listening skills, and constructive approaches to confrontation and making interventions and interpretations.

Group Dynamics & Group Facilitating Skills (3 Semester Credits)

Introduction to patterns and dynamics of small group interactions, with focus on group communication styles, establishment of group norms, impact of group processes on the behavior of individuals, curative factors of group therapy, and effective approaches to facilitating groups; may include firsthand experiences as the classroom group studies itself under supervision.

Family Dynamics & Family Counseling Skills (3 Semester Credits)

Introduction to family interaction patterns, with focus on family roles in dysfunctional families, family systems theory, viewing the family instead of the individual as the focus of treatment, modalities of family therapy, and practical approaches to intervention in a dysfunctional family system.

Intervention and Referral Skills (3 Semester Credits)

Emphasis on disease and recovery processes of addictive or compulsive disorders, including eating disorders and chemical dependency as a minimum, with emphasis on the concept of continuum of care, and acquaintance with sources of public information and referral for treatment, treatment modalities, residential support, self-help groups, insurance and third party payments, etc.

Substitution of Credit

Persons who have met all of the requirements for either the Core Curriculum or the entire Certificate Program via prior training may demonstrate that they have satisfied the requirements by submitting transcripts, course outlines, or other evidence demonstrating that these requirements have been met. Persons who have met some but not all of the requirements may satisfy the remaining requirements in two ways:

- a. They may enroll in an *Eating Disorders Certificate program*, seek substitute credit for prior training that meets basic area requirements, and take courses as part of the certificate program to complete remaining academic requirements.
- b. They may take courses separately (outside a *Certificate Program*, but from a regionally accredited educational institution or other source approved by the **iaedp**[™]) until all requirements are met, then send transcripts and supporting documentation to the Association. Applicants who choose this option are advised to seek prior approval from **iaedp**[™] to ensure that academic experience will be approved.

iaedp[™] **Approved Academic Programs**

A listing of academic programs pre-approved by **iaedp**[™] is contained in Appendix B.

Institutes

Many applicants live in geographic areas that are remote from **iaedp**[™] approved academic programs. To help meet their training needs, a number of educational institutions have developed Institutes. These Institutes are intensive programs that allow students to complete the Core Curriculum while having to attend classes for as little as two weeks. College and universities that offer Institutes are listed in Appendix C.

VII. CERTIFIED EATING DISORDERS EXAMINATION (CEDE)

The Certified Eating Disorders Examination (CEDE) is a multiple-choice test. All items are drawn from books contained in the Required Reading List (Appendix F1).

Numerous versions of the CEDE are possible, since the items comprising each version will be drawn from a pool of questions that is updated and revised periodically. The Required Reading List is also updated and revised periodically.

Information about administration times and places is given in Section IX.F.

VIII. DESCRIPTION OF THE APPLICATION PROCESS

The process of application for Certified Eating Disorders Specialist status will take place as outlined below:

A. The applicant should read and study this Certification Manual, and determine to what extent he or she meets the minimum requirements. Then,

1. If the applicant believes that he or she meets the requirements, he or she should follow the remaining steps.
2. If the applicant does not meet the minimum requirements, he or she should take steps to meet them, and, when they are met, follow the remaining steps.

B. Next, the applicant must become a paid member of the Association, if not already a *Member* in good standing, by completing the Application for Membership Form (Appendix C) and submitting the required fee. The Application for Membership must be submitted at the same time as the Certification Application if not before.

C. The applicant then submits an *Application Packet*, which consists of all of the following materials:

1. A completed Application Form.
2. An Application Fee for processing costs. Applicants are required to be IAEDP Members.
3. Two passport size photographs of the applicant.
4. Completed Approved Supervisor Documentation Forms documenting supervised work experience. Forms must be completed and signed by the supervisors. (Appendix D)
5. Three letters of recommendation written by persons familiar with the applicant's work and/or persons who can attest to the applicant's character (must be persons other than approved supervisors who complete forms above, and must not be present or past patients or clients).
6. Photocopies of all relevant licenses, registration, and credentials; all qualifications claimed on the application form must be documented.
7. Authorized copies of relevant College Transcripts (may be sent separately by schools).
8. Letters, job descriptions, and other evidence documenting any experience claimed on the Application Form and not documents by any of the methods listed above.

D. Upon receipt of a complete application packet, **iaedp™** will notify the applicant by mail that all the materials have arrived, and that the application is being processed. If the packet is incomplete, **iaedp™** will notify the applicant by mail and specify what remaining materials are needed.

E. **iaedp™** will review all materials submitted and determine whether the applicant is qualified for certification as CEDS (if the applicant has already passed the Written Examination),

or whether the applicant is qualified to sit for the Written Examination. The applicant will be notified by mail of **iaedp's™** determination.

F. The Certified Eating Disorders Examination (CEDE) will be offered at times and in places to be determined by **iaedp™**. Efforts will be made to include the CEDE as part of the **iaedp™** approved academic programs, so that applicants may sit for the CEDE upon completion of the Core Curriculum or the Certificate Program. Efforts will also be made to offer the examination in locations near the residences of applicants, if there are enough applicants from a given region to justify doing so. Regional associations will also be asked to assist in administering the CEDE. It is planned that examinations will be offered every six months after there are sufficient numbers of applicants to justify doing so. A completed application accompanied by fee must be received at least 30 days prior to sitting for the CEDE.

G. The applicant will receive notification from **iaedp™** about whether or not he or she has passed the CEDE. The notification will be by mail and will take place within sixty days after administration of the test.

H. Upon satisfactory completion of all the above requirements, the applicant is awarded the designation of CEDS. The designation awarded is good for two years from date of issue and must be renewed prior to expiration.

I. All materials included with applications mailed to **iaedp™** offices become property of the Association, and may not be returned to the applicant.

IX. UPGRADING FROM CEDA

Note the CEDA designation was no longer offered after July 1, 2004; however, all CEDA/CEDAN designees were grandfathered in.

A person who holds the designation CEDA may upgrade his or her certification status to CEDS upon documenting completion of requirements for CEDS. The application for upgrading of certification status is contained in Appendix G.

X. REQUIREMENTS FOR RENEWAL OF CERTIFICATION

Conditions of Renewal of Certification

The initial designations are granted for a period of two years. Thereafter, those who wish to continue to officially carry these designations must apply for and be granted renewals.

The designation will be recalled if three months has elapsed since expiration and the Applicant for Renewal of Certification (Appendix E) has not been submitted. The certificate holder may request that the certification be inactive for a period not to exceed one year.

Applicants for renewal should apply at least three months prior to the expiration of their current designation, in order to continue to carry the designation continuously, without interruption. Those who apply later than the date of the expiration of their current designation are subject to a late fee, added to the renewal fee. If more than one year has elapsed since expiration the applicant will be subject to reinstatement fee in addition to renewal fee.

Persons previously designated CEDS or CEDA may apply for renewal at any time from three months prior to expiration of current designation up to two months following expiration (a two

month grace period). If more than one year has elapsed since expiration, the applicant must submit a complete application as if applying for the first time. In some cases, exceptions may be made because of hardship, but persons with CEDS or CEDA designation must notify the Association of the hardship at the time it occurs, rather than waiting until the grace period has elapsed.

Requirements

- 1.** Satisfactory functioning as a CEDS or CEDA, free of departures from violations of their profession's or of the American Psychological Association ethics code (depending upon which code applies), criminal convictions, or just cause for termination of the certification/designation.
- 2.** Submission of a completed Application Form for Renewal of Certification (Appendix E), along with the Application fee and supporting documentation.
- 3.** Satisfactory completion of 20 hours of Continuing Education in Eating Disorders or closely related topics (as defined in Section IV.F), approved by the Association, during the previous period of certification/designation.

Description of the Renewal of Certification Application Process

Renewal of certification at the end of the two year period is accomplished by the applicant's submitting an Application for Renewal form, an application fee, and documentation of having completed at least 20 hours of approved Continuing Education in Eating Disorders or closely related subjects.



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Appendix A: Application for Certification
(Must be typed)

Applying For:

CEDS

CEDA

I. IDENTIFYING INFORMATION

Female

Male

 Name
 (Print or type name as you would like it to appear on your certificate)

Home Address

Telephone

Fax

Degrees/Licenses

Email

Work Address

Telephone

Fax

Employer Name:

Job Title

II. EDUCATION

List highest education degree held, major subjects, where received, and dates highest or most recent listed first:

Grade/Degree

Major

Institution

Date Awarded

Grade/Degree	Major	Institution	Date Awarded

SUBMIT IN QUADRUPPLICATE
MUST BE TYPED



List licenses or certificates held, where held or awarded, dates awarded (note: a certificate indicates certification of competence or expertise, not merely the awarding of a paper certificate upon completion of a workshop):

License/Certificate	Where Held or Awarded	Date

If presently enrolled in school, list school, address, and present status (i.e. units completed and time to graduation or completion):

List courses completed as part of an eating disorders certificate program approved by IAEDP, or their equivalents, where completed, when completed, and number of semester or quarter units:

Course Completed	Where Completed	Date	Units

Check only those items below that apply to you:

- I have completed an Approved Eating Disorders Certificate Program.
- I have completed an Associate (2 year) Degree or College Certificate Program in a Related Area (Alcoholism Certificate: Associate Degree in Psychology, Human Services, etc):
Specify: _____
- I am a Certified Alcoholism/Drug Abuse Counselor:
Specify date certified and where awarded: _____



- I have completed a Bachelors (4 year) Degree in a Related Area: Specify: _____
- I am a Certified Activities Therapist (Art, Music, Recreation, etc.)
- I am a Licensed Practical or Vocational Nurse.
- I am a Registered Nurse.
- I am a Registered Dietician.
- I am a Registered Occupational Therapist.
- I am a Certified Clinical Mental Health Counselor (Certified by the National Academy of Certified by the National Academy of Certified Clinical Mental Health Counselors).
- I have completed a Masters Degree in a Related Area: Specify: _____
- I have an active Masters Level License in a Related Area (Marriage & Family Therapist, Licensed Clinical Social Worker, Mental Health Counselor, Nurse Practitioner, etc.):
Specify: _____
- I am a National Certified Counselor (Certified by the National Board of Certified Counselors).
- I have completed a Doctoral Degree in a Related Area (Clinical or Counseling Psychology, Medicine, Counseling, Social Work, etc.):
Specify: _____
- I have an active Doctoral Level License in a Related Area (Physician, Psychologist, etc.):
Specify: _____
- I have attained Postdoctoral Specialization or Diplomate Status (Board Certified Psychiatrist, Psychologist, etc.):
Specify: _____

List any honors or awards received (including places and dates of honors or awards), and publications (including full reference citations):

(Use extra sheets as necessary and attach to application).

XI. SIGNATURE REQUIRED EITHER A OR B

A. ETHICS STATEMENT TO HEALTH CARE PROFESSIONALS (as defined on page 6 IV.A)

I have read and understand my profession's Code of Ethics and I agree to conform to these.

 Signature: _____ Date: _____

OR


B. ETHICS STATEMENT TO NON-HEALTH CARE PROFESSIONALS (as defined on page 7 IV.C)

I have read and understand the Ethical Principles of Psychologists and Code of Conduct (see appendix I) published by the American Psychological Association and I agree to conform to this code.

 Signature: _____ Date: _____

XII. SIGNATURE REQUIRED

In affixing my signature to this application, I certify that under penalty of perjury that all statements made herein are true to the best of my knowledge. I also certify that I have read, and agree to abide by, all stipulations of the eating disorders certification contained within the certification manual. In addition, I understand that certification as a CEDA or CEDS is not to be construed as a license to practice as a health care professional, nor authorization to collect fees for services.

 Signature: _____ Date: _____

International Association of Eating Disorders Professionals
PO Box 1295 / Pekin, IL 61555-1295
Tel. (309) 346-3341 / (800) 800-8126 / Fax (309) 346-2874
Email: iaedpmembers@earthlink.net Website: www.iaedp.com

Appendix B: List of Approved Academic Programs
Updated Jan 2005

AUSTIN COMMUNITY COLLEGE

Human Resources Development
1212 Rio Grande Street
Austin, TX 78701
Phone #512-223-7000
www.austincc.edu

****SADDLEBACK COLLEGE**

Human Services Department
2800 Marguerite Parkway
Mission Viejo, CA 92692
Phone #949-582-4731
www.saddleback.edu

COLLEGE OF DUPAGE

425 Fawell Blvd.
Glen Ellyn, IL 60137
Phone #630-942-2070
www.cod.edu

SAN BERNADINO COLLEGE

Human Services Department
701 South Mount Vernon Avenue
San Bernadino, CA 92401
Phone #909-384-4400
www.csusb.edu

NATIONAL-LOUIS UNIVERSITY

Counselor Training Program
2840 Sheridan Road
Evanston, IL 60201
Phone #847-256-5156
www.3.nl.edu

****THE UNION INSTITUTE**

Center for Distance Learning
440 E. McMillan Street
Cincinnati, OH 45206
Phone #800-486-3116 Ext. 1222
www.TUI.edu

PIMA COMMUNITY COLLEGE

2202 West Anklam Road
Tucson, AZ 85709
Phone #520-206-4500
www.pima.edu

PLYMOUTH STATE UNIVERSITY

17 High Street MSC 11
Plymouth, NH 03264
Phone #603-535-3116
www.plymouth.edu

LEWIS & CLARK COLLEGE

Center for Continuing and Professional Studies
06115 SW Palatine Hill Rd MSC 85
Portland, OR 97219-7899
Phone #503-768-6040
www.education.lclark.edu/dept/ccps

METROPOLITAN STATE COLLEGE OF DENVER

Department of Health Professions
South 226/Campus Box 33
1201 5th Street
Denver, CO 80204

EATING DISORDER INSTITUTES

COLLEGE OF DUPAGE

425 Fawell Blvd.
Glen Ellyn, IL 60137
Phone #630-942-2070
www.cod.edu

SADDLEBACK COLLEGE

Human Services Department
2800 Marguerite Parkway
Mission Viejo, CA 92692
Phone #949-582-4731
www.saddleback.edu

ROLLINS COLLEGE

1000 Holt Avenue-2726
Winter Park, FL 32789-4499
Phone #407-646-1568
www.rollins.edu

***CLASSES AVAILABLE VIA CORRESPONDENCE AND/OR ON-LINE*

providing education and certification
promoting effective treatment

iaedp

the international association of eating disorders professionals foundation

Please Print

(Office Use Only) Membership #

Name: (include licenses/degrees)

Home Street Address

City, State, Zip

()

Home Phone including area code

Email Address

Employer

Occupation

Work Street Address

City, State, Zip

()

Ext.

()

Work Phone

Work Fax

Work Email Address

Have there ever been any ethical, legal, or professional proceedings, ethical hearings, malpractice, etc brought against you?

Yes No
(You must check one)

If yes, please explain:

By signing below, I do attest that the information provided on this application is true and correct to the best of my knowledge. I am aware that IAEDP does have the right to request additional information from me should it be needed and IAEDP also reserves the right to refuse any application for membership.

Signature

Date

Annual Membership Dues

Individual Membership \$195

Organizational Membership
\$1500

Full Time Student Member
\$75*

Certification Manual \$25

**Must have official
documentation of semester*

*Detach, complete, and return
by fax or mail:*

IAEDP

PO Box 1295

Pekin, IL 61555-1295

Fax: (309-346-2874)

Please Print All Information

Type of Credit Card: VISA MasterCard American Express
Discover

Account Number:

Expires ____/____

Name as it appears on card:

Billing Address: (include street, city, state and zip)

Calculate and Insert Total Here:

\$ _____

Signature

Date

International Association of Eating Disorders Professionals
P.O. Box 1295 / Pekin, IL 61555-1295
Tel. (309) 346-3341 / (800) 800-800-8126 / (309) 346-2874
Email: info@iaedp.com Website: www.iaedp.com

APPENDIX D1: Application Form for Approved Supervisor

NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (____) _____ FAX: (____) _____

E MAIL ADDRESS:

QUALIFICATIONS (Please check all that apply):

I believe that I am qualified for designation of CEDA, CEDS, CEDAN, CEDSN supervisor by virtue of the following:

- I am a health care professional with a minimum of 5 years of behavioral healthcare experience and hold the appropriate state licensure, certification, or equivalent qualifications.
- I have had no fewer than 6,000 hours of approved work experience in the diagnosis and treatment of eating disorders.
- I am a current member of the International Association of Eating Disorders Professionals / Year of member inception: _____.
- I have attended an IAEDP Symposium(s). Year(s) of attendance: _____.

PLEASE EXPLAIN THE 6,000 HRS+ OF EATING DISORDERS EXPERIENCE (Please include names and addresses of supervisors, years at location, etc.)

PLEASE LIST ALL WORK EXPERIENCE DURING THE LAST TEN YEARS:

PLEASE LIST YOUR ACADEMIC TRAINING:

PLEASE LIST ALL LICENSES AND/OR CERTIFICATION HELD:

D1-2

PLEASE EXPLAIN THE AREA OF YOUR EXPERTISE (eg. Individual, group, family, etc.):

PLEASE EXPLAIN YOUR THEORETICAL ORIENTATION (Cognitive behavioral, Psychodynamic, Family systems, etc.):

Has there ever been any ethical, legal, or professional, ethical hearing, malpractice, etc. brought against you? (must check one): ? Yes ? No

If yes, please explain (use additional pages if necessary):

**** PLEASE NOTE: NUTRITIONISTS MAY ONLY SUPERVISE NUTRITIONISTS, UNLESS APPLICANT HOLDS A MASTER'S DEGREE OR HIGHER IN COUNSELING (OR RELATED**

FIELD, MSW, MS, PH.D., ETC.)

DOCUMENTATION:

- Yes. I have enclosed copies of my transcripts (unless they are already on file at the IAEDP office.
- Yes. I have enclosed a current copy of my C/V.
- Yes. I have enclosed copies of my recent licenses.
- Yes. I have enclosed a copy of my current malpractice insurance policy .
- Yes. I have enclosed two letters of reference from professional colleagues.
- Yes. I have enclosed one letter of reference verifying 5 years of clinical experience.

SIGNATURE:

I do attest that the information provided on this application is true and correct to the best of my knowledge. I will abide by the requirements of IAEDP as related to applicant certification and generally accepted principles of supervision, professionalism, ethics, and practice standards.

 Signature: _____ Date: _____

SIGNATURE:

I have checked with my local licensing board and/or malpractice insurance carrier and I may provide consultations and supervision to IAEDP members.

 Signature: _____ Date: _____

PLEASE TYPE or Print Neatly

International Association of Eating Disorders Professionals
PO Box 1295 / Pekin, IL 61555-1295
Tel. (309) 346-3341 / (800) 800-8126 / Fax (309) 346-2874
Email: info@iaedp.com / Website: www.iaedp.com

APPENDIX D2: Approved Supervisor's Documentation Form

I. SUPERVISOR INFORMATION

Name

Address

Telephone

Fax

II. APPLICANT INFORMATION

Name

Address

III. INSTRUCTIONS

Dear Supervisor: The above named applicant has named you as someone who can document his/her supervised internship or work experience, as partial fulfillment of the requirements for certification as an Eating Disorders Specialist, Associate or Intern. Please complete the form as accurately and completely as possible, and mail it to the Association, or give it to the applicant for forwarding to the Association (if you wish the applicant to have access to it).

IV. CONFIDENTIALITY STATEMENT

The information contained in this document is confidential. It may be released upon request by the individual to whom it pertains; however, it will not be released to the general public. Supervisors are urged to be candid and forthright in their evaluations of the applicant inasmuch as supervised professional experience must be completed in a manner satisfactory to the Association.

V. VERIFICATION OF EXPERIENCE

A. List the place or places where the experience under supervision occurred:

SUBMIT IN QUADRUPPLICATE

B. List titles, degrees, licenses and certificates you held during the supervision of the applicant:

C. What were the applicant's title and professional identity while under your supervision?

D. If the applicant was in a training program while under supervision, describe the program and give Dates (from when to when):

E. Describe the nature of your relationship with the applicant (employer, teacher, supervising as part of your prescribed job duties, etc. state whether applicant paid for the supervision);

F. Describe the duties the applicant performed under your supervision, including specific duties and Percentage of supervised work spent in each activity:

Duty or Function	Describe	Percentage of Time Spent in that Duty
<hr/>		
<hr/>		
<hr/>		
Total (should equal 100%)		<hr/>

G. List the total numbers of hours worked under your supervision, specifically in eating disorders (as distinct from chemical dependency, general mental health, etc.):

FROM (month/day/year) _____ TO(month/day/year)_____

hours per week _____ # of weeks _____ Total # Hours _____

H. Breakdown of types and amounts of supervision:

Types of Supervision	Supervisor Responsible	Hours Per Week
Individual	_____	_____
Group (# of persons in groups)	_____	_____
Other (specify)	_____	_____

VI. RATING OF APPLICANT'S PERFORMANCE

A. Overall Rating:

- Superior
- Acceptable
- Unacceptable

B. List strengths and weaknesses:

Strengths: _____

C. Remarks: (Is applicant's work in your judgment of sufficient quality to justify certification As an Eating Disorders Specialist, Associate or Intern? List any reasons why applicant Should not be certified; etc.):

VII. AUTHORIZING SIGNATURE

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date

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Appendix E: Application for Renewal of Certification

*All professionals certified through IAEDP **MUST** maintain their IAEDP membership. A lapse and/or delinquency in said membership can and will result in a suspension of certification until the account has recovered from its delinquent status.

I. Identifying Information

Name: _____ Degree(s): _____
Type name as you would like it to appear on the certificate License(s): _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Country: _____

Job Title: _____

Employer Name: _____

Work Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Country: _____

E Mail Address: _____ Fax: () _____

II. Academic Information

List any academic degrees earned since being granted certification or since last renewal: **Submit Copy**

List any licenses or certificates awarded since being granted certification or since last renewal, where held or awarded, dates awarded: **Submit Copy**

License/Certificate	Where Held or Awarded	Date
---------------------	-----------------------	------

III. Any ethical, legal, or professional proceedings, ethical hearing, malpractice, etc. since being granted certification or since last renewal? Yes _____ No _____

If yes, please explain: _____

IV. Honors, Awards, Publication

List any honors or awards received since being granted certification or since last renewal including Places and dates of honors or awards, and publications (including reference citations).

V. Memberships and Affiliations

List current memberships in professional associations, committees, societies, boards, etc. including Types of membership (i.e., member or associate), status (i.e., active or inactive) and dates of memberships:

Association/Society	Types of Membership	Status	Dates

VI. Continuing Education – 20 Approved CEU’s/Hours Required

Satisfactory completion of 20 hours of continuing education in eating disorders or closely related topics approved by the association, during the previous period of certification. Examples of the subject matter that is related to Eating Disorders include, but are not necessarily limited to: psychotherapy techniques that can be applied to those suffering from eating disorders; psychological disorders common in persons with eating disorders, such as child sexual abuse, depression, obsessive compulsive disorder, substance dependence, etc; physical problems commonly seen in persons with eating disorders, including obesity, malnutrition, dental problems, medical problems present with persons with eating disorders, etc. and similar topics. **A COPY OF THE ACTUAL CEU CERTIFICATE IS REQUIRED FOR EACH SEMINAR SUBMITTED.**

VII. Additional Required Documentation

- _____ A. Enclose non-refundable application fee to cover cost of processing (see appendix H-1: Fee Structure).
- _____ B. Enclose copies of Certification of Completion for all continuing education courses or workshops listed on the application (20 approved CEU/contact hours).
- _____ C. Enclose copies of all current licenses and certifications. Licenses and certifications submitted for **IAEDP** certification and/or recertification **MUST BE MAINTAINED**.

VIII. Signature required Either A or B

- A. ETHICS STATEMENT TO **HEALTH CARE PROFESSIONALS** (as defined on page 6IV.A)

I have read and understood my profession's Code of Ethics and I agree to conform to these.

Signature _____ Date: _____

OR

- B. ETHICS STATEMENT TO **NON HEALTH CARE PROFESSIONALS** (as defined on Page 7IV C.)

I have read and understood the Ethical Principals of Psychologists and Code of Conduct Published by the American Association and I agree to conform to this code.

Signature _____ Date: _____

IX. Signature Required

In affixing my signature to this application, I certify that all statements made herein are true to Best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Member No. _____

CEDS _____ CEDA _____

Expires: _____

Date Processed: _____

Recorded in Database _____ / Recorded in Manual _____

International Association of Eating Disorders Professionals
P.O. Box 35882/Phoenix, AZ 85069-5882
Tel. (602)943-3024 / (800) 800-8126 / Fax (775) 239-1597
Email: info@iaedp.com Website: www.iaedp.com

Appendix F1: Recommended Reading List

The certification examination will be based on twelve (12) books from this list. Prior to taking the exam, please contact the Certification Committee for the list of the twelve (12)

American Psychiatric Association (1997) *Diagnostic and statistical manual of mental disorders (IV)*. Washington, DC: Author.

American Psychological Association (1992) *Ethical principles of psychologists and code of conduct*. Washington, DC: Author.

Andersen, A. and Mehler, P. (2000) *Eating disorders: A guide to medical care and complications*. Baltimore: Johns Hopkins Press.

Fairburn, C.G. (1995) *Overcoming binge eating*. NY: Guilford Press.

Brownell, K.D. and Fairburn, C. (Eds.) (1995) *Eating disorders and obesity*. NY: Guilford Press.

Brumberg, J.J. (1988) *Fasting girls: The emergence of anorexia nervosa as a modern disease*. Cambridge, MA: Harvard University Press.

Garner, D.M. and Garfinkel, P. E. (Eds.) (1997). *Handbook of treatment for eating disorders*. NY: Guilford Press.

Hornyak, L.M. and Baker, E.K. (Eds.) (1989) *Experiential therapies for eating disorders*. New York: Guilford.

Hutchinson, M.G. (1985) *Transforming body image: Learning to love the body you have*. Freedom, CA: Crossing Press.

Johnson, C. (1991) *Psychodynamic treatment of anorexia nervosa and bulimia*. NY: Guilford Press.

Lask, B. and Bryant-Waugh, R. (2000) *Anorexia nervosa and related eating disorders in childhood and adolescence*. (2nd ed.). Philadelphia: Taylor & Francis

Maine, M. (1991) *Father hunger*. Carlsbad, CA: Gurze.

Nasser, M. (1997) *Culture and weight consciousness*. New York: Routledge Press.

Schwartz, M. and Cohn, L. (1996) *Sexual abuse and eating disorders*. Philadelphia: Taylor & Francis.

Thompson, J.K. (Ed). (1996). *Body image, eating disorders and obesity: An integrative guide for assessment and treatment*. Washington, DC: American Psychological Association.

Whitney, E.N. (1999) *Understanding nutrition*. Belmont, CA: Wadsworth.

Zerbe, K.J. (1993). *The body betrayed: Women, eating disorders, and treatment*. Washington, DC: American Psychiatric Press.

International Association of Eating Disorders Professionals
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Email: iaedpmember@earthlink.net / Website: www.iaedp.com

Appendix F2: Certification Exam Application

\$75.00 FEE REQUIRED

APPLICANT INFORMATION

FIRST NAME: _____ LAST NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
WORK PHONE: __ (____) _____ HOME PHONE: __ (____) _____
FAX NUMBER: (____) _____ E-MAIL ADDRESS _____

EXAM SITE

____ I WOULD LIKE TO REGISTER FOR THE IAEDP EXAM _____
(city/state) (date)
____ FEE ENCLOSED (\$75)

ACADEMIC/PROFESSIONAL TRAINING (Check all that apply)

____ I HAVE AT LEAST A MASTER'S DEGREE FROM A REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY IN A HEALTH CARE PROFESSION:

DEGREE _____ MAJOR: _____
DEGREE _____ MAJOR: _____
DEGREE _____ MAJOR: _____

____ I HAVE COMPLETED AN IAEDP APPROVED EATING DISORDERS CERTIFICATION PROGRAM.
COLLEGE _____ DATE COMPLETED: _____

____ I HAVE COMPLETED THE CORE CURRICULUM PORTION ONLY OF AN IAEDP APPROVED CERTIFICATION PROGRAM.
COLLEGE _____ DATE COMPLETED: _____

____ I AM A LICENSED PROFESSIONAL (LIST): _____

WORK EXPERIENCE (Check one)

____ I HAVE A MINIMUM OF 3,000 HOURS OF EATING DISORDER WORK EXPERIENCE
____ I HAVE A MINIMUM OF 1,500 HOURS OF EATING DISORDER WORK EXPERIENCE
____ I HAVE LESS THAN 1,500 HOURS OF EATING DISORDER WORK EXPERIENCE

CONDITIONAL STATEMENTS (Initials Required)

____ I HEREBY ATTEST THAT I HAVE READ THE READING LIST AS REQUIRED BY IAEDP, AS A PREREQUISITE FOR SITTING FOR THE WRITTEN EXAM TOWARDS CERTIFICATION.

____ I UNDERSTAND THAT IAEDP IS OFFERING THE WRITTEN EXAMINATION TOWARDS CERTIFICATION EVEN THOUGH IT MAY NOT BE ASCERTAINED THAT I HAVE COMPLETED ALL THE ACADEMIC REQUIREMENTS. MY TEST SCORE WILL BE VALID ON THE CONDITION THAT I COMPLETE ALL ACADEMIC REQUIREMENTS.

SIGNATURE: _____ **DATE:** _____

International Association of Eating Disorders Professionals
PO Box 1295 / Pekin, IL 61555-1295
Tel. (309) 346-3341 / (800) 800-8126 / Fax (309) 346-2874
Email: info@iaedp.com / Website: www.iaedp.com

Appendix G: Request for Upgrade of Certification

**I am already certified as a _____ and am applying to
Upgrade to a _____ certification.**

Member No: _____ Certificate No. _____

Applicant's Name: _____

I hereby request that the designation of _____ for which I have already
qualified and which I hold in good standing be changed to _____
_____.

QUALIFICATIONS

I believe that I am qualified for this designation by virtue of the following:

- I am a health care professional with a completed masters' or doctoral degree (as defined in Section IV.A of the revised Certification Manual eff. 2/99).
- I have 3000 direct patient/client treatment hours under qualified supervision.
- I have submitted a typed case study not to exceed 1500 words.
- I have completed all the requirements for the upgraded certification.

List all additional work experience:

List all additional academic training:

List any additional licenses or certifications:

List any relevant professional conference(s) attended and/or where you were a Presenter:

Has there ever been any ethical, legal, or professional proceedings, ethical hearing, malpractice, etc. brought against you? (must check one): ___Yes ___No

If yes, please explain (use additional pages if necessary):

Documentation:

- Yes. I have enclosed documentation in support of the above, or arranged for colleges/ universities, or others to forward necessary documentation (including as necessary: photo copies of diplomas, official transcripts and licenses, etc.)

Fee:

- Yes. I have enclosed \$25.00 (non-refundable) to cover the cost of processing and handling.

Signature:

By affixing my signature to this document, I hereby affirm that I understand that IAEDP Certification is not to be construed as a license as a health care professional, nor authorization to Collect fees for services. In addition, I do attest that the information provided on this application is True and correct to the best of my knowledge.

Signature

Date

Address

International Association of Eating Disorders Professionals
PO Box 1295 / Pekin, IL 61555-1295
Tel. (309) 346-3341 / (800) 800-8126 / Fax (309) 346-2874
Email: iaedpmember@earthlink.net / website: www.iaedp.com

Appendix H: Fee Structure
(US Currency Only)

Individual Membership \$195.00 per year

Student Membership* * \$75.00 per year

Retired Membership \$75.00 per year

Certification Application \$150.00

Certification Examination Fee \$75.00

Re-certification \$150.00
(Valid for (2) two years from date of processing)

Certification Reinstatement Fee \$100.00
(If expired more than 12 months)

Application to Become an Approved Supervisor \$125
(Includes first 2 year term fee)

Approved Supervisor Renewal \$125 (2 yr term)

Organizational Member \$1500 per year

** Student must show verification of semester hours.

The *International Association of Eating Disorder Professionals (IAEDP)* established the certification process to promote standards of excellence within the field of eating disorders. Professionals who demonstrate clinical expertise through education, experience and a rigorous examination are eligible for certification. Certification may enhance your marketability to managed care, the consumer and all other referral sources. Certification is not intended to be construed as a license to practice or as authorization to charge or collect fees for services rendered. This designation is unrelated to licensure and has no bearing on statutes or rules governing any of the mental health or health care professions. *All professionals certified through IAEDP must maintain their IAEDP membership. A lapse and/or delinquency in said membership can and will result in a suspension of certification until the account has recovered from its delinquent status.

Ethics Standards

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ETHICAL STANDARDS

1. GENERAL STANDARDS

1.01 Applicability of the Ethics Code 1.02 Relationship of Ethics and Law 1.03 Professional and Scientific Relationship 1.04 Boundaries of Competence 1.05 Maintaining Expertise 1.06 Basis for Scientific and Professional Judgments 1.07 Describing the Nature and Results of Psychological Services 1.08 Human Differences 1.09 Respecting Others 1.10 Nondiscrimination 1.11 Sexual Harassment 1.12 Other Harassment 1.13 Personal Problems and Conflicts 1.14 Avoiding Harm 1.15 Misuse of Psychologists' Influence 1.16 Misuse of Psychologists' Work 1.17 Multiple Relationships 1.18 Barter (With Patients or Clients) 1.19 Exploitative Relationships 1.20 Consultations and Referrals 1.21 Third-Party Requests for Services 1.22 Delegation to and Supervision of Subordinates 1.23 Documentation of Professional and Scientific Work 1.24 Records and Data 1.25 Fees and Financial Arrangements 1.26 Accuracy in Reports to Payors and Funding Sources 1.27 Referrals and Fees

2. EVALUATION, ASSESSMENT, OR INTERVENTION

2.01 Evaluation, Diagnosis, and Interventions in Professional Context 2.02 Competence and Appropriate Use of Assessments and Interventions 2.03 Test Construction 2.04 Use of Assessment in General and With Special Populations 2.05 Interpreting Assessment Results 2.06 Unqualified Persons 2.07 Obsolete Tests and Outdated Test Results

Ethical Principles of Psychologists and Code of Conduct December 1992/American Psychological Association, Inc. 1

2.08 Test Scoring and Interpretation Services 2.09 Explaining Assessment Results 2.10 Maintaining Test Security

3. ADVERTISING AND OTHER PUBLIC STATEMENTS

3.01 Definition of Public Statements 3.02 Statements by Others 3.03 Avoidance of False or Deceptive Statements 3.04 Media Presentations 3.05 Testimonials 3.06 In-Person Solicitation

4. THERAPY

4.01 Structuring the Relationship 4.02 Informed Consent to Therapy 4.03 Couple and Family Relationships 4.04 Providing Mental Health Services to Those Served by Others 4.05 Sexual Intimacies With Current Patients or Clients 4.06 Therapy With Former Sexual Partners 4.07 Sexual Intimacies With Former Therapy Patients 4.08 Interruption of Services 4.09 Terminating the Professional Relationship

5. PRIVACY AND CONFIDENTIALITY

5.01 Discussing the Limits of Confidentiality 5.02 Maintaining Confidentiality 5.03 Minimizing Intrusions on Privacy 5.04 Maintenance of Records 5.05 Disclosures 5.06 Consultations 5.07 Confidential Information in Databases 5.08 Use of Confidential Information for Didactic or Other Purposes 5.09 Preserving Records and Data 5.10 Ownership of Records and Data 5.11 Withholding Records for Nonpayment

6. TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING

6.01 Design of Education and Training Programs 6.02 Descriptions of Education and

- Training Programs 6.03 Accuracy and Objectivity in Teaching 6.04 Limitation on Teaching 6.05 Assessing Student and Supervisee Performance 6.06 Planning Research 6.07 Responsibility 6.08 Compliance With Law and Standards 6.09 Institutional Approval 6.10 Research Responsibilities 6.11 Informed Consent to Research 6.12 Dispensing With Informed Consent 6.13 Informed Consent in Research Filming or Recording 6.14 Offering Inducements for Research Participants 6.15 Deception in Research 6.16 Sharing and Utilizing Data 6.17 Minimizing Invasiveness 6.18 Providing Participants With Information About the Study 6.19 Honoring Commitments 6.20 Care and Use of Animals in Research 6.21 Reporting of Results 6.22 Plagiarism 6.23 Publication Credit
- Ethical Principles of Psychologists and Code of Conduct December 1992/American Psychological Association, Inc. 2
 - 6.24 Duplicate Publication of Data 6.25 Sharing Data 6.26 Professional Reviewers
- 7. FORENSIC ACTIVITIES
 - 7.01 Professionalism 7.02 Forensic Assessments 7.03 Clarification of Role 7.04 Truthfulness and Candor 7.05 Prior Relationships 7.06 Compliance With Law and Rules
- 8. RESOLVING ETHICAL ISSUES
 - 8.01 Familiarity With Ethics Code 8.02 Confronting Ethical Issues 8.03 Conflicts Between Ethics and Organizational Demands 8.04 Informal Resolution of Ethical Violations 8.05 Reporting Ethical Violations 8.06 Cooperating With Ethics Committees 8.07 Improper Complaints

INTRODUCTION

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, six General Principles (A - F), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are *aspirational* goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action and may be considered by ethics bodies in interpreting the Ethical Standards. The Ethical Standards set forth *enforceable* rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical.

Membership in the APA commits members to adhere to the APA Ethics Code and to the rules and procedures used to implement it. Psychologists and students, whether or not they are APA members, should be aware that the Ethics Code may be applied to them by state psychology boards, courts, or other public bodies.

This Ethics Code applies only to psychologists' work-related activities, that is, activities that are part of the psychologists' scientific and professional functions or that are psychological in nature. It includes the clinical or counseling practice of psychology, research, teaching, supervision of trainees, development of assessment instruments, conducting assessments, educational counseling, organizational consulting, social intervention, administration, and other activities as well. These work-related activities can be distinguished from the purely private conduct of a psychologist, which ordinarily is not within the purview of the Ethics Code.

The Ethics Code is intended to provide standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether he or she is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur. These

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results are based on legal rather than ethical rules. However, compliance with or violation of the Ethics Code may be admissible as evidence in some legal proceedings, depending on the circumstances.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code, in addition to applicable laws and psychology board regulations. If the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If the Ethics Code standard appears to conflict with the requirements of law, then psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If neither law nor the Ethics Code resolves an issue, psychologists should consider other professional materials Footnote 1 and the dictates of their own conscience, as well as seek consultation with others within the field when this is practical.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. The actions that APA may take for violations of the Ethics Code include actions such as reprimand, censure, termination of APA membership, and referral of the matter to other bodies. Complainants who seek remedies such as monetary damages in alleging ethical violations by a psychologist must resort to private negotiation, administrative bodies, or the courts. Actions that violate the Ethics Code may lead to the imposition of sanctions on a psychologist by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition to actions for violation of the Ethics Code, the APA Bylaws provide that APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.

PREAMBLE

Psychologists work to develop a valid and reliable body of scientific knowledge based on research. They may apply that knowledge to human behavior in a variety of contexts. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. Their goal is to broaden knowledge of behavior and, where appropriate, to apply it pragmatically to improve the condition of both the individual and society. Psychologists respect the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.

This Code is intended to provide both the general principles and the decision rules to cover most situations encountered by psychologists. It has as its primary goal the welfare and protection of the individuals and groups with whom psychologists work. It is the individual responsibility of each psychologist to aspire to the highest possible standards of conduct. Psychologists respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices.

The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues, as appropriate; and to consult with others, as needed, concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.

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GENERAL PRINCIPLES

PRINCIPLE A: COMPETENCE

Psychologists strive to maintain high standards of competence in their work. They recognize the boundaries of their particular competencies and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education, training, or experience. Psychologists are cognizant of the fact that the competencies required in serving, teaching, and/or studying groups of people vary with the distinctive characteristics of those groups. In those areas in which recognized professional standards do not yet exist, psychologists exercise careful judgment and take appropriate precautions to protect the welfare of those with whom they work. They maintain knowledge of relevant scientific and professional information related to the services they render, and they recognize the need for ongoing education. Psychologists make appropriate use of scientific, professional, technical, and administrative resources.

PRINCIPLE B: INTEGRITY

Psychologists seek to promote integrity in the science, teaching, and practice of psychology. In these activities psychologists are honest, fair, and respectful of others. In describing or reporting their qualifications, services, products, fees, research, or teaching, they do not make statements that are false, misleading, or deceptive. Psychologists strive to be aware of their own belief systems, values, needs, and limitations and the effect of these on their work. To the extent feasible, they attempt to clarify for relevant parties the roles they are performing and to function appropriately in accordance with those roles. Psychologists avoid improper and potentially harmful dual relationships.

PRINCIPLE C: PROFESSIONAL AND SCIENTIFIC RESPONSIBILITY

Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and adapt their methods to the needs of different populations. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of their patients, clients, or other recipients of their services. Psychologists' moral standards and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists. Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct. When appropriate, they consult with colleagues in order to prevent or avoid unethical conduct.

PRINCIPLE D: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights. Psychologists are aware of cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone unfair discriminatory practices.

PRINCIPLE E: CONCERN FOR OTHERS' WELFARE

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Psychologists seek to contribute to the welfare of those with whom they interact professionally. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible

fashion that avoids or minimizes harm. Psychologists are sensitive to real and ascribed differences in power between themselves and others, and they do not exploit or mislead other people during or after professional relationships.

PRINCIPLE F: SOCIAL RESPONSIBILITY

Psychologists are aware of their professional and scientific responsibilities to the community and the society in which they work and live. They apply and make public their knowledge of psychology in order to contribute to human welfare. Psychologists are concerned about and work to mitigate the causes of human suffering. When undertaking research, they strive to advance human welfare and the science of psychology. Psychologists try to avoid misuse of their work. Psychologists comply with the law and encourage the development of law and social policy that serve the interests of their patients and clients and the public. They are encouraged to contribute a portion of their professional time for little or no personal advantage.

ETHICAL STANDARDS

1. GENERAL STANDARDS

These General Standards are potentially applicable to the professional and scientific activities of all psychologists.

1.01 Applicability of the Ethics Code.

The activity of a psychologist subject to the Ethics Code may be reviewed under these Ethical Standards only if the activity is part of his or her work-related functions or the activity is psychological in nature. Personal activities having no connection to or effect on psychological roles are not subject to the Ethics Code.

1.02 Relationship of Ethics and Law.

If psychologists' ethical responsibilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.

1.03 Professional and Scientific Relationship.

Psychologists provide diagnostic, therapeutic, teaching, research, supervisory, consultative, or other psychological services only in the context of a defined professional or scientific relationship or role. (See also Standards 2.01, Evaluation, Diagnosis, and Interventions in Professional Context, and 7.02, Forensic Assessments.)

1.04 Boundaries of Competence.

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(a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their education, training, supervised experience, or appropriate professional experience.

(b) Psychologists provide services, teach, or conduct research in new areas or involving new techniques only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.

(c) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm.

1.05 Maintaining Expertise.

Psychologists who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities maintain a reasonable level of awareness of

current scientific and professional information in their fields of activity, and undertake ongoing efforts to maintain competence in the skills they use.

1.06 Basis for Scientific and Professional Judgments.

Psychologists rely on scientifically and professionally derived knowledge when making scientific or professional judgments or when engaging in scholarly or professional endeavors.

1.07 Describing the Nature and Results of Psychological Services.

(a) When psychologists provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions. (See also Standard 2.09, Explaining Assessment Results.)

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

1.08 Human Differences.

Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals.

1.09 Respecting Others.

In their work-related activities, psychologists respect the rights of others to hold values, attitudes, and opinions that differ from their own.

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1.10 Nondiscrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socio-economic status, or any basis proscribed by law.

1.11 Sexual Harassment.

(a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

(b) Psychologists accord sexual-harassment complainants and respondents dignity and respect. Psychologists do not participate in denying a person academic admittance or advancement, employment, tenure, or promotion, based solely upon their having made, or their being the subject of, sexual harassment charges. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.

1.12 Other Harassment.

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons'

age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

1.13 Personal Problems and Conflicts.

(a) Psychologists recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.

(b) In addition, psychologists have an obligation to be alert to signs of, and to obtain assistance for, their personal problems at an early stage, in order to prevent significantly impaired performance.

(c) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.

1.14 Avoiding Harm.

Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

1.15 Misuse of Psychologists' Influence.

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Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.

1.16 Misuse of Psychologists' Work.

(a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused by others, unless corrective mechanisms are available. (See also Standard 7.04, Truthfulness and Candor.)

(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.17 Multiple Relationships.

(a) In many communities and situations, it may not be feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party.

(b) Likewise, whenever feasible, a psychologist refrains from taking on professional or scientific obligations when pre-existing relationships would create a risk of such harm.

(c) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

1.18 Barter (With Patients or Clients).

Psychologists ordinarily refrain from accepting goods, services, or other nonmonetary remuneration from patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologist may participate in bartering only if (1) it is not clinically contraindicated, and (2) the relationship is not exploitative. (See also Standards 1.17, Multiple Relationships, and 1.25, Fees and Financial Arrangements.)

1.19 Exploitative Relationships.

(a) Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients or patients. (See also Standards 4.05 - 4.07 regarding sexual involvement with clients or patients.)

(b) Psychologists do not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority, because such relationships are so likely to impair judgment or be exploitative.

1.20 Consultations and Referrals.

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(a) Psychologists arrange for appropriate consultations and referrals based principally on the best interests of their patients or clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations. (See also Standards 5.01, Discussing the Limits of Confidentiality, and 5.06, Consultations.)

(b) When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their patients or clients effectively and appropriately.

(c) Psychologists' referral practices are consistent with law.

1.21 Third-Party Requests for Services.

(a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this Ethics Code.

1.22 Delegation to and Supervision of Subordinates.

(a) Psychologists delegate to their employees, supervisees, and research assistants only those responsibilities that such persons can reasonably be expected to perform competently, on the basis of their education, training, or experience, either independently or with the level of supervision being provided.

(b) Psychologists provide proper training and supervision to their employees or supervisees and take reasonable steps to see that such persons perform services responsibly, competently, and ethically.

(c) If institutional policies, procedures, or practices prevent fulfillment of this obligation, psychologists attempt to modify their role or to correct the situation to the extent

feasible.

1.23 Documentation of Professional and Scientific Work.

(a) Psychologists appropriately document their professional and scientific work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of institutions or the law.

(b) When psychologists have reason to believe that records of their professional services will be used in legal proceedings involving recipients of or participants in their work, they have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with reasonable scrutiny in an adjudicative forum. (See also Standard 7.01, Professionalism, under Forensic Activities.)

1.24 Records and Data.

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Psychologists create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 5.04, Maintenance of Records.)

1.25 Fees and Financial Arrangements.

(a) As early as is feasible in a professional or scientific relationship, the psychologist and the patient, client, or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.

(b) Psychologists do not exploit recipients of services or payors with respect to fees.

(c) Psychologists' fee practices are consistent with law.

(d) Psychologists do not misrepresent their fees.

(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as early as is feasible. (See also Standard 4.08, Interruption of Services.)

(f) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standard 5.11, Withholding Records for Nonpayment.)

1.26 Accuracy in Reports to Payors and Funding Sources.

In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the research or service provided, the fees or charges, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standard 5.05, Disclosures.)

1.27 Referrals and Fees.

When a psychologist pays, receives payment from, or divides fees with another professional other than in an employer - employee relationship, the payment to each is based on the services (clinical, consultative, administrative, or other) provided and is not based on the referral itself.

2. EVALUATION, ASSESSMENT, OR INTERVENTION

2.01 Evaluation, Diagnosis, and Interventions in Professional Context.

(a) Psychologists perform evaluations, diagnostic services, or interventions only within

the context of a defined professional relationship. (See also Standards 1.03, Professional and Scientific Relationship.)

(b) Psychologists' assessments, recommendations, reports, and psychological diagnostic or evaluative statements are based on information and techniques (including personal interviews of the individual when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standard 7.02, Forensic Assessments.)

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2.02 Competence and Appropriate Use of Assessments and Interventions.

(a) Psychologists who develop, administer, score, interpret, or use psychological assessment techniques, interviews, tests, or instruments do so in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists refrain from misuse of assessment techniques, interventions, results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing raw test results or raw data to persons, other than to patients or clients as appropriate, who are not qualified to use such information. (See also Standards 1.02, Relationship of Ethics and Law, and 1.04, Boundaries of Competence.)

2.03 Test Construction.

Psychologists who develop and conduct research with tests and other assessment techniques use scientific procedures and current professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

2.04 Use of Assessment in General and With Special Populations.

(a) Psychologists who perform interventions or administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper applications and uses of, the techniques they use.

(b) Psychologists recognize limits to the certainty with which diagnoses, judgments, or predictions can be made about individuals.

(c) Psychologists attempt to identify situations in which particular interventions or assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as individuals' gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

2.05 Interpreting Assessment Results.

When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors and characteristics of the person being assessed that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations.

2.06 Unqualified Persons.

Psychologists do not promote the use of psychological assessment techniques by unqualified persons. (See also Standard 1.22, Delegation to and Supervision of Subordinates.)

2.07 Obsolete Tests and Outdated Test Results.

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- (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
- (b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

2.08 Test Scoring and Interpretation Services.

- (a) Psychologists who offer assessment or scoring procedures to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.
- (b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations.
- (c) Psychologists retain appropriate responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

2.09 Explaining Assessment Results.

Unless the nature of the relationship is clearly explained to the person being assessed in advance and precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), psychologists ensure that an explanation of the results is provided using language that is reasonably understandable to the person assessed or to another legally authorized person on behalf of the client. Regardless of whether the scoring and interpretation are done by the psychologist, by assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given.

2.10 Maintaining Test Security.

Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 1.02, Relationship of Ethics and Law.)

3. ADVERTISING AND OTHER PUBLIC STATEMENTS

3.01 Definition of Public Statements.

Psychologists comply with this Ethics Code in public statements relating to their professional services, products, or publications or to the field of psychology. Public statements include but are not limited to paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public oral presentations, and published materials.

3.02 Statements by Others.

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- (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.
- (b) In addition, psychologists make reasonable efforts to prevent others whom they do

not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.

(c) If psychologists learn of deceptive statements about their work made by others, psychologists make reasonable efforts to correct such statements.

(d) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.

(e) A paid advertisement relating to the psychologist's activities must be identified as such, unless it is already apparent from the context.

3.03 Avoidance of False or Deceptive Statements.

(a) Psychologists do not make public statements that are false, deceptive, misleading, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. As examples (and not in limitation) of this standard, psychologists do not make false or deceptive statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings. (See also Standards 6.15, Deception in Research, and 6.18, Providing Participants With Information About the Study.)

(b) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

3.04 Media Presentations.

When psychologists provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally.

3.05 Testimonials.

Psychologists do not solicit testimonials from current psychotherapy clients or patients or other persons who because of their particular circumstances are vulnerable to undue influence.

3.06 In-Person Solicitation.

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Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this does not preclude attempting to implement appropriate collateral contacts with significant others for the purpose of benefiting an already engaged therapy patient.

4. THERAPY

4.01 Structuring the Relationship.

(a) Psychologists discuss with clients or patients as early as is feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy,

fees, and confidentiality. (See also Standards 1.25, Fees and Financial Arrangements, and 5.01, Discussing the Limits of Confidentiality.)

(b) When the psychologist's work with clients or patients will be supervised, the above discussion includes that fact, and the name of the supervisor, when the supervisor has legal responsibility for the case.

(c) When the therapist is a student intern, the client or patient is informed of that fact.

(d) Psychologists make reasonable efforts to answer patients' questions and to avoid apparent misunderstandings about therapy. Whenever possible, psychologists provide oral and/or written information, using language that is reasonably understandable to the patient or client.

4.02 Informed Consent to Therapy.

(a) Psychologists obtain appropriate informed consent to therapy or related procedures, using language that is reasonably understandable to participants. The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented.

(b) When persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person, if such substitute consent is permitted by law.

(c) In addition, psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed interventions in a manner commensurate with the persons' psychological capacities, (2) seek their assent to those interventions, and (3) consider such persons' preferences and best interests.

4.03 Couple and Family Relationships.

(a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are patients or clients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 5.01, Discussing the Limits of Confidentiality.)

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(b) As soon as it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 7.03, Clarification of Role, under Forensic Activities.)

4.04 Providing Mental Health Services to Those Served by Others.

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential patient's or client's welfare. The psychologist discusses these issues with the patient or client, or another legally authorized person on behalf of the client, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.

4.05 Sexual Intimacies With Current Patients or Clients.

Psychologists do not engage in sexual intimacies with current patients or clients.

4.06 Therapy With Former Sexual Partners.

Psychologists do not accept as therapy patients or clients persons with whom they have engaged in sexual intimacies.

4.07 Sexual Intimacies With Former Therapy Patients.

(a) Psychologists do not engage in sexual intimacies with a former therapy patient or client for at least two years after cessation or termination of professional services.

(b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients and clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature and duration of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client and others, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client. (See also Standard 1.17, Multiple Relationships.)

4.08 Interruption of Services.

(a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's relocation or financial limitations. (See also Standard 5.09, Preserving Records and Data.)

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(b) When entering into employment or contractual relationships, psychologists provide for orderly and appropriate resolution of responsibility for patient or client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the patient or client.

4.09 Terminating the Professional Relationship.

(a) Psychologists do not abandon patients or clients. (See also Standard 1.25e, under Fees and Financial Arrangements.)

(b) Psychologists terminate a professional relationship when it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting, or is being harmed by continued service.

(c) Prior to termination for whatever reason, except where precluded by the patient's or client's conduct, the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately.

5. PRIVACY AND CONFIDENTIALITY

These Standards are potentially applicable to the professional and scientific activities of all psychologists.

5.01 Discussing the Limits of Confidentiality.

(a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services.

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Permission for electronic recording of interviews is secured from clients and patients.

5.02 Maintaining Confidentiality.

Psychologists have a primary obligation and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 6.26, Professional Reviewers.)

5.03 Minimizing Intrusions on Privacy.

(a) In order to minimize intrusions on privacy, psychologists include in written and oral reports, consultations, and the like, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients,

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students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

5.04 Maintenance of Records.

Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Psychologists maintain and dispose of records in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code.

5.05 Disclosures.

(a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or client or others from harm, or (4) to obtain payment for services, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

(b) Psychologists also may disclose confidential information with the appropriate consent of the patient or the individual or organizational client (or of another legally authorized person on behalf of the patient or client), unless prohibited by law.

5.06 Consultations.

When consulting with colleagues, (1) psychologists do not share confidential information that reasonably could lead to the identification of a patient, client, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure

cannot be avoided, and (2) they share information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 5.02, Maintaining Confidentiality.)

5.07 Confidential Information in Databases.

(a) If confidential information concerning recipients of psychological services is to be entered into databases or systems of records available to persons whose access has not been consented to by the recipient, then psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(b) If a research protocol approved by an institutional review board or similar body requires the inclusion of personal identifiers, such identifiers are deleted before the information is made accessible to persons other than those of whom the subject was advised.

(c) If such deletion is not feasible, then before psychologists transfer such data to others or review such data collected by others, they take reasonable steps to determine that appropriate consent of personally identifiable individuals has been obtained.

5.08 Use of Confidential Information for Didactic or Other Purposes.

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(a) Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.

(b) Ordinarily, in such scientific and professional presentations, psychologists disguise confidential information concerning such persons or organizations so that they are not individually identifiable to others and so that discussions do not cause harm to subjects who might identify themselves.

5.09 Preserving Records and Data.

A psychologist makes plans in advance so that confidentiality of records and data is protected in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.

5.10 Ownership of Records and Data.

Recognizing that ownership of records and data is governed by legal principles, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.

5.11 Withholding Records for Nonpayment.

Psychologists may not withhold records under their control that are requested and imminently needed for a patient's or client's treatment solely because payment has not been received, except as otherwise provided by law.

6. TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING

6.01 Design of Education and Training Programs.

Psychologists who are responsible for education and training programs seek to ensure that the programs are competently designed, provide the proper experiences, and meet the requirements for licensure, certification, or other goals for which claims are made by the program.

6.02 Descriptions of Education and Training Programs.

(a) Psychologists responsible for education and training programs seek to ensure that there is a current and accurate description of the program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

(b) Psychologists seek to ensure that statements concerning their course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 3.03, Avoidance of False or Deceptive Statements.)

(c) To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops,

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seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

6.03 Accuracy and Objectivity in Teaching.

(a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity.

(b) When engaged in teaching or training, psychologists recognize the power they hold over students or supervisees and therefore make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (See also Standards 1.09, Respecting Others, and 1.12, Other Harassment.)

6.04 Limitation on Teaching.

Psychologists do not teach the use of techniques or procedures that require specialized training, licensure, or expertise, including but not limited to hypnosis, biofeedback, and projective techniques, to individuals who lack the prerequisite training, legal scope of practice, or expertise.

6.05 Assessing Student and Supervisee Performance.

(a) In academic and supervisory relationships, psychologists establish an appropriate process for providing feedback to students and supervisees.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

6.06 Planning Research.

(a) Psychologists design, conduct, and report research in accordance with recognized standards of scientific competence and ethical research.

(b) Psychologists plan their research so as to minimize the possibility that results will be misleading.

(c) In planning research, psychologists consider its ethical acceptability under the Ethics Code. If an ethical issue is unclear, psychologists seek to resolve the issue through consultation with institutional review boards, animal care and use committees, peer consultations, or other proper mechanisms.

(d) Psychologists take reasonable steps to implement appropriate protections for the rights and welfare of human participants, other persons affected by the research, and the welfare of animal subjects.

6.07 Responsibility.

(a) Psychologists conduct research competently and with due concern for the dignity and welfare of the participants.

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(b) Psychologists are responsible for the ethical conduct of research conducted by them or by others under their supervision or control.

(c) Researchers and assistants are permitted to perform only those tasks for which they are appropriately trained and prepared.

(d) As part of the process of development and implementation of research projects, psychologists consult those with expertise concerning any special population under investigation or most likely to be affected.

6.08 Compliance With Law and Standards.

Psychologists plan and conduct research in a manner consistent with federal and state law and regulations, as well as professional standards governing the conduct of research, and particularly those standards governing research with human participants and animal subjects.

6.09 Institutional Approval.

Psychologists obtain from host institutions or organizations appropriate approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.

6.10 Research Responsibilities.

Prior to conducting research (except research involving only anonymous surveys, naturalistic observations, or similar research), psychologists enter into an agreement with participants that clarifies the nature of the research and the responsibilities of each party.

6.11 Informed Consent to Research.

(a) Psychologists use language that is reasonably understandable to research participants in obtaining their appropriate informed consent (except as provided in Standard 6.12, Dispensing with Informed Consent). Such informed consent is appropriately documented.

(b) Using language that is reasonably understandable to participants, psychologists inform participants of the nature of the research; they inform participants that they are free to participate or to decline to participate or to withdraw from the research; they explain the foreseeable consequences of declining or withdrawing; they inform participants of significant factors that may be expected to influence their willingness to participate (such as risks, discomfort, adverse effects, or limitations on confidentiality, except as provided in Standard 6.15, Deception in Research); and they explain other aspects about which the prospective participants inquire.

(c) When psychologists conduct research with individuals such as students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(d) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

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(e) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) obtain the participant's assent,

and (3) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted by law.

6.12 Dispensing With Informed Consent.

Before determining that planned research (such as research involving only anonymous questionnaires, naturalistic observations, or certain kinds of archival research) does not require the informed consent of research participants, psychologists consider applicable regulations and institutional review board requirements, and they consult with colleagues as appropriate.

6.13 Informed Consent in Research Filming or Recording.

Psychologists obtain informed consent from research participants prior to filming or recording them in any form, unless the research involves simply naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm.

6.14 Offering Inducements for Research Participants.

(a) In offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 1.18, Barter [With Patients or Clients].)

(b) Psychologists do not offer excessive or inappropriate financial or other inducements to obtain research participants, particularly when it might tend to coerce participation.

6.15 Deception in Research.

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's prospective scientific, educational, or applied value and that equally effective alternative procedures that do not use deception are not feasible.

(b) Psychologists never deceive research participants about significant aspects that would affect their willingness to participate, such as physical risks, discomfort, or unpleasant emotional experiences.

(c) Any other deception that is an integral feature of the design and conduct of an experiment must be explained to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 6.18, Providing Participants With Information About the Study.)

6.16 Sharing and Utilizing Data.

Psychologists inform research participants of their anticipated sharing or further use of personally identifiable research data and of the possibility of unanticipated future uses.

6.17 Minimizing Invasiveness.

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In conducting research, psychologists interfere with the participants or milieu from which data are collected only in a manner that is warranted by an appropriate research design and that is consistent with psychologists' roles as scientific investigators.

6.18 Providing Participants With Information About the Study.

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists attempt to correct any misconceptions that participants may have.

(b) If scientific or humane values justify delaying or withholding this information,

psychologists take reasonable measures to reduce the risk of harm.

6.19 Honoring Commitments.

Psychologists take reasonable measures to honor all commitments they have made to research participants.

6.20 Care and Use of Animals in Research.

- (a) Psychologists who conduct research involving animals treat them humanely.
- (b) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
- (c) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
- (d) Psychologists ensure that all individuals using animals under their supervision have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role.
- (e) Responsibilities and activities of individuals assisting in a research project are consistent with their respective competencies. (f) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
- (g) A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
- (h) Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection and minimize pain are followed during and after surgery.
- (i) When it is appropriate that the animal's life be terminated, it is done rapidly, with an effort to minimize pain, and in accordance with accepted procedures.

6.21 Reporting of Results.

- (a) Psychologists do not fabricate data or falsify results in their publications.

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- (b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

6.22 Plagiarism.

Psychologists do not present substantial portions or elements of another's work or data as their own, even if the other work or data source is cited occasionally.

6.23 Publication Credit.

- (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.
- (b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as Department Chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as in footnotes or in an introductory statement.
- (c) A student is usually listed as principal author on any multiple-authored article that is

substantially based on the student's dissertation or thesis.

6.24 Duplicate Publication of Data.

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

6.25 Sharing Data.

After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release.

6.26 Professional Reviewers. Psychologists who review material submitted for publication, grant, or other research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

7. FORENSIC ACTIVITIES

7.01 Professionalism.

Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities. In addition, psychologists base their forensic work on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations. (See also Standards 1.06, Basis for Scientific and Professional Judgments; 1.08, Human

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Differences; 1.15, Misuse of Psychologists' Influence; and 1.23, Documentation of Professional and Scientific Work.)

7.02 Forensic Assessments.

(a) Psychologists' forensic assessments, recommendations, and reports are based on information and techniques (including personal interviews of the individual, when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standards 1.03, Professional and Scientific Relationship; 1.23, Documentation of Professional and Scientific Work; 2.01, Evaluation, Diagnosis, and Interventions in Professional Context; and 2.05, Interpreting Assessment Results.)

(b) Except as noted in (c), below, psychologists provide written or oral forensic reports or testimony of the psychological characteristics of an individual only after they have conducted an examination of the individual adequate to support their statements or conclusions.

(c) When, despite reasonable efforts, such an examination is not feasible, psychologists clarify the impact of their limited information on the reliability and validity of their reports and testimony, and they appropriately limit the nature and extent of their conclusions or recommendations.

7.03 Clarification of Role.

In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding - for example, as consultant or expert for one party or for the court and as a fact witness - they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in

order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role.

7.04 Truthfulness and Candor. (a) In forensic testimony and reports, psychologists testify truthfully, honestly, and candidly and, consistent with applicable legal procedures, describe fairly the bases for their testimony and conclusions. (b) Whenever necessary to avoid misleading, psychologists acknowledge the limits of their data or conclusions.

7.05 Prior Relationships.

A prior professional relationship with a party does not preclude psychologists from testifying as fact witnesses or from testifying to their services to the extent permitted by applicable law. Psychologists appropriately take into account ways in which the prior relationship might affect their professional objectivity or opinions and disclose the potential conflict to the relevant parties.

7.06 Compliance With Law and Rules.

In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles. Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. (See also Standard 1.02, Relationship of Ethics and Law.)

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8. RESOLVING ETHICAL ISSUES

8.01 Familiarity With Ethics Code.

Psychologists have an obligation to be familiar with this Ethics Code, other applicable ethics codes, and their application to psychologists' work. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.

8.02 Confronting Ethical Issues.

When a psychologist is uncertain whether a particular situation or course of action would violate this Ethics Code, the psychologist ordinarily consults with other psychologists knowledgeable about ethical issues, with state or national psychology ethics committees, or with other appropriate authorities in order to choose a proper response.

8.03 Conflicts Between Ethics and Organizational Demands.

If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.

8.04 Informal Resolution of Ethical Violations.

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

8.05 Reporting Ethical Violations.

If an apparent ethical violation is not appropriate for informal resolution under Standard 8.04 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in

ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics or to state licensing boards.

8.06 Cooperating With Ethics Committees.

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.

8.07 Improper Complaints.

Psychologists do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than to protect the public.

History and Effective Date

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This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 13 and 16, 1992, and is effective beginning December 1, 1992. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242.

This Code will be used to adjudicate complaints brought concerning alleged conduct occurring after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Code may be sent to the above address.

The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1958). Standards of ethical behavior for psychologists. *American Psychologist*, 13, 268-271. American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60. American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361. American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23. American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638. American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

Footnote 1:

Professional materials that are most helpful in this regard are guidelines and standards that have been adopted or endorsed by professional psychological organizations. Such guidelines and standards, whether adopted by the American Psychological Association (APA) or its Divisions, are not enforceable as such by this Ethics Code, but are of educative value to psychologists, courts, and professional bodies. Such materials include, but are not limited to, the APA's General Guidelines for Providers of Psychological Services (1987), Specialty Guidelines for the Delivery of Services by Clinical Psychologists, Counseling Psychologists, Industrial/Organizational Psychologists, and School Psychologists (1981), Guidelines for Computer Based Tests and Interpretations (1987), Standards for Educational and Psychological Testing (1985), Ethical Principles in the Conduct of Research With Human Participants (1982), Guidelines for Ethical

Conduct in the Care and Use of Animals (1986), Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990), and Publication Manual of the American Psychological Association (3rd ed., 1983). Materials not adopted by APA as a whole include the APA Division 41 (Forensic Psychology)/American Psychology-Law Society's Specialty Guidelines for Forensic Psychologists (1991).

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