

Message from the IPA President

Kristina Pecora, PsyD, MPP

Happy Spring, IPA!



It's hard to believe, but Spring is finally here after what seemed like a never-ending winter.

IPA volunteers and leaders have been working hard for your benefit, no matter the season. So, I wanted to

highlight the new projects and continued efforts of some of our Taskforces and Committees. I cannot thank them enough for their work!

Current Taskforces

The taskforces below are working on specific projects and may engage members like you for input!

Bylaws Review Taskforce

Our bylaws haven't been reviewed since 2018, and a few bright stars on Council, led by Abby Brown, have volunteered to assess and propose updates. **Members will vote to approve these proposals, likely this Summer.**

Master's Level Clinician Taskforce

Sue Bae and colleagues are keeping us informed and

offering programming on APA proposed changes that will affect our state. **Stay tuned for updates; this taskforce will be active through the process of APA finalizing its Model Licensing Act, and then will continue if there is a proposed amendment to the Clinical Psychologist Licensing Act.**

Listserv Moderation Taskforce

Led by Pres-Elect Margo Jacquot, this taskforce is preparing a survey for all members to engage you on updates to our listserv, including potential moderation and updated rules. **They are currently accepting volunteers if you're interested! Email Margo at margojacquot@thejunipercenter.com.**

Active and Active-Again Committees

These Committees have been recently re-instated or have continued to work

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UPCOMING EVENTS

Go to <https://ipa.ce21.com>
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May 15-16	Spring Forward Virtual Conference
June 5	Risk Management Trust Webinar
October 22-23	IPA 90 th Annual Convention



For Questions
Dfreeman@illinoispsychology.org



Detailed Information
www.illinoispsychology.org

President's Message *Continued from page 1*

tirelessly behind the scenes to create an IPA environment that benefits us all.

PSYPACT Committee

Samantha Chiariello and colleagues are connecting with other State Provincial, and Territorial State Psychological Associations and the national PSYPACT Commission to create documents and guides that will help your practice. **Thanks for participating in their survey, and watch for updates to come. They are currently looking into presenting a cyber security workshop!**

Continuing Education Committee

This committee has been re-instated to help plan events in this period between Directors of Professional Affairs. Our recently-formed group is currently planning the Spring Forward Initiative to ensure we can obtain any missing CE requirements well before the September deadline. They are additionally working closely with the EDI Committee on their latest *Rooted in Respect* program on transgender issues. **Reach out to D'Anna Freeman (dfreeman@illinoispsychology.org), our associate Director of Professional Affairs, with questions, comments or suggestions for programming.**

EDI Committee

Blair Brown and Celia Zanayed lead a conscientious team who plan programming that we can enjoy AND learn a lot from. **Their latest *Rooted in Respect* program on Anti-Trans Hate is scheduled for April 24, 9a-12p. Watch for announcements to register!**

Elections Committee

A big thank you to Eric Currence who stepped into the Chair of the Elections Committee just this year. He and his team of representatives from Council have worked to ensure nominations and voting are moving smoothly. **Please remember to vote for your new leaders in May—it's the most important way to participate in IPA!**

New Member Committee

Amanda Ori leads a strong team with plenty of ideas on engaging new members. They have created a new member packet with essential information for making the most of your dues and have been holding monthly Virtual Member Orientations for new members. Their skills and knowledge are so appreciated as a way to roll out the red carpet for newbies. **If you'd like to be part of the good stuff the New**

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Illinois Psychological Association

The *Illinois Psychologist* is published four times a year and distributed to members of the Association. Single issues and library copies are \$5.00 per issue (price subject to change).

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President's Message *Continued from page 2*

Member Committee is doing, please reach out to Amanda at dramandaori@gmail.com.

Legislative Committee

Our always-active Legislative Committee is currently planning Advocacy Day 2026, and actively campaigning for several bills. They have already advocated to ensure that the Clinical Psychologist Licensing Act did not sunset this year—THANK YOU! Additionally, Co-Chair Sharon Khurana welcomes Derek Philips to fill in while Greg Sarlo is out for illness. Thanks, Derek, for stepping in at this special time. **Stay tuned for updates on Advocacy Day in Springfield and activity to support HB4448: Medicaid Coverage of Behavioral Health Urgent Care Centers.**

Healthcare Reimbursement Committee

Another always-active team is the Health Care Reimbursement Committee, currently led by Heidi Shikora. Recent advocacy from this committee involved reaching out to APA's Deputy Chief for Health Policy and Health Care Financing, Dr. Stephen Gillaspay, regarding a recent change to Aetna's coverage of E/M codes. This policy change affects Illinois Prescribing Psychologists' ability to provide full services. Collaboration with APA will continue as they research changes that could be made at the federal level and advise how HCRC can remain involved at our state level. **Heidi and the team publish an HCRC Tip of the Month to the listserv and maintain an archive of these helpful guidelines for your access.**

Milestones

Did you know that IPA turns 90 this year?!? We will celebrate this epic milestone at IPACON2026. But we have reached some other milestones along the way already this year!

Thanks to our **Social Media Group** Coordinators Julia Giacomini and Samen Nadeem, and Supervisors Celia Zanayed and Gabby Miniscalco have diligently posted to all our social media programs for one full year! A special thanks to you all for volunteering to continue the program into a second year. I'm so proud of our growing presence, and our commitment to putting out positive mental health information to the world.



As many of you know, our colleague **GREGORY SARLO** was diagnosed with late-stage cancer and has been in treatment for the past several weeks. He has had to step away from IPA and clinical duties to focus on his health, and he is greatly missed.

The IPA Council voted to honor Gregory by creating a new award. The *Enduring Contributions* award was established to honor individuals

whose sustained leadership, vision, and service have left a lasting imprint on the profession of psychology in Illinois. Few embody this spirit more fully than Gregory.

I visited Gregory and Danny in their home in February and presented him with this plaque. In response, he said what he has said many times regarding our association: "IPA leadership is the best thing I did for my career."

If you'd like to send Gregory a note, you may connect through [this website](#). He'd love to hear from you!

IPA's **Leadership Development Program's** Cohort 5 is halfway through its journey! I'm personally excited to see what they have created for their LDP project, which they will present in September. Past cohorts have given us a promo video, our social media program, an insightful survey into member engagement, and a curriculum for future LDP cohorts.

Additionally, our LDP was featured at APA's Practice & State Leaders Conference this past February! Kudos to Laura Faynor-Ciha for her role in spotlighting IPA and in helping other states start their own leadership development groups. **The program will start accepting applicants for Cohort 6 in July!**

Thanks again to all our volunteers who make these important processes happen at IPA. You make my time as President enjoyable and exciting. ■

Psychology Unbound: Advancing Science, Improving Practice, and Shaping Leaders

Margo M. Jacquot, PsyD, IPA President-Elect

In a time of rapid transformation across healthcare, education, technology, and society at large, the field of psychology stands at an inflection point. The Illinois Psychological Association's 2026 Annual Convention embraces this moment with a bold and aspirational theme: **Psychology Unbound**.

This year's convention is designed not simply as a gathering, but as a catalyst—one that invites psychologists across Illinois and beyond to expand the boundaries of our discipline, deepen our impact, and step more fully into leadership roles that shape the future of mental health care.

Advancing Science

At its core, psychology is a science. Yet the translation of research into real-world impact has never been more urgent—or more complex. Programs for IPA's 2026 convention will highlight developments across clinical science, neuroscience, behavioral health integration, and emerging technologies such as artificial intelligence.

Attendees will engage with researchers and innovators who are not only advancing knowledge, but actively redefining how science informs practice, policy, and population health. From translational research to implementation science, we will explore how psychologists can lead in bridging the gap between discovery and delivery.

Improving Practice

As the landscape of care evolves, so too must our approaches to clinical work. Psychologists today are navigating shifting reimbursement models, increasing demand for services, workforce challenges, and new modalities of care delivery.

The convention will offer robust programming focused on the **business and practice of psychology**, including sustainable practice models, payer navigation, quality documentation,



and strategies for expanding access while maintaining clinical excellence. Advanced clinical training sessions will provide depth in evidence-based and emerging interventions, equipping psychologists to meet the increasingly complex needs of the populations we serve.

Importantly, this year's programming also reflects the broader professional ecosystem, including the growing presence of master's level clinicians. Rather than viewing this as a threat, the convention will position

psychologists as uniquely trained leaders—distinguished by our depth of scientific training, diagnostic expertise, and capacity to operate at the intersection of clinical care, systems design, policy and leadership.

Shaping Leaders

Perhaps most importantly, **Psychology Unbound** is a call to leadership.

Psychologists are needed not only in therapy rooms and research labs, but in boardrooms, healthcare systems, schools, corporations, and government. Our training equips us to think critically, act ethically, and lead with both data and humanity—skills that are urgently needed in today's world.

The 2026 convention will feature a dedicated leadership track focused on developing psychologists as **system-level thinkers and change agents**. Sessions will address advocacy, organizational leadership, interdisciplinary collaboration, and public voice. We will also invest in the next generation—offering tailored programming for students and early career psychologists to cultivate confidence, connection, and vision.

Choose Your Path

You will have the opportunity to select a track of your choice: Academic, Practice, and Leadership. These tracks will allow you to immerse yourself in learning and sharing new

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Report from the Legislative Liaison

Terrence Koller, PhD, ABPP

Although 9,909 bills have been introduced to the Illinois General Assembly, the session is not over until May 31st so we have to remain vigilant. We will continue to read any new bills that are introduced and follow those we have identified as important. At this time, we are following 129 bills.

This has been a very good legislative session for psychologists and the people we serve. Here is a summary of some of those bills.

SB3895. This is a bill that is often referred to as the Sunset Act. This bill changes the repeal date of our license from January 1, 2027 to January 1, 2032 ensuring that our license to practice is protected for another 5 years.

There were some amended changes to the text such as changing the wording around pronouns such as “when he or she” to “when the person holds himself or herself.” It requires licensees to have their addresses and email addresses on record with the Department and to notify the Department of any changes. The Act now states that a person licensed in another jurisdiction is authorized to render clinical psychological services in this State for up to 10 calendar days per year consecutively or in aggregate if the individual is licensed in good standing

to practice psychology independently and at the doctoral level in another state, province or territory. This removes the requirement of applying for a temporary permit. This removes the burden of people wanting to practice temporarily in Illinois from trying to find the Temporary Application form and figuring out where to send it.

At this point the bill has passed unanimously out of the Senate Licensed Activities Committee and is on the floor of the Senate. It will then have to be voted off the Senate floor, sent to a House Committee for approval and then to the floor of the House for a vote. If approved at all these steps, it will be sent to the Governor. We anticipate that this bill will be passed but will watch it closely and keep you informed of any action.

HB3373 now Public Act 104-0301. This bill changes when a person can take the exam to qualify for licensing as a Clinical Psychologist. The change reads that the required examination may be taken upon graduation and before completion of a postdoctoral supervised experience in clinical, school, or counseling psychology. This is good news for new

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Psychology Unbound *Continued from page 6*

ideas and skills. And no, you will not be locked into a track. Register for whatever you like!

An Invitation to Expand

“Unbound” is more than a theme— it is an invitation.

An invitation to move beyond traditional silos.

To reimagine what it means to be a psychologist.

To lead with courage in uncertain times.

As a long-time member of IPA, I believe deeply that the future of our field depends on our willingness to evolve while staying grounded in our core values: scientific rigor, ethical integrity, and a commitment to human wellbeing.

The 2026 IPA Convention will bring together a vibrant community of psychologists who are ready to do just that.

I invite you to join us—to learn, to connect, and to help shape what comes next! ■

ALL ASSOCIATION MEETING

IPA's Annual All Association Meeting will be held during the 2026 IPA Annual Convention. Time and date to be determined.

Legislative Liaison *Continued from page 6*

graduates because they can take the licensing exam immediately following graduation rather than either going to another state to take it or waiting until completion of their post-graduate supervision hours. The law takes effect January 1, 2027.

HB1085 now Public Act 104-0446. This bill ensures that provisions of the federal Mental Health Parity and Addiction Equity Act of 2008 are met. We worked hard as a member of the Health Minds Coalition to pass this bill. It is a huge victory. Although I've written about this before, here is what the law does.

1. Sets a minimum reimbursement rate for mental health and substance use disorders. Services will be set by administrative rule and must have the effect of being between the average and 75th percentile of reimbursement for all medical/surgical services as outlined in Appendix C-13 of the Research Triangle Institute Report (RTI). This equates to a rate being set between 125% of the Medicare rate and 168% of the Medicare rate for the mental health and substance use disorder services.
2. The rate floor must also be above the average reimbursement rate paid by the PPOs of the largest health insurer in Illinois for mental health and substance use disorder service. This is several percentage points above the average in the RTI report.
3. The rate will be set by the Department of Human Services (DHS) and enforced by the Department of Insurance. It will be put in Administrative Rule by both Departments.
4. If DHS uses a federal healthcare program (i.e., Medicare) as the rate benchmark and there is a decrease in federal reimbursement, mental health and substance use disorder rates will remain the same as the previous year (i.e., rates will not decrease).
5. The bill applies to all state-regulated plans except for the state employee health plan and all HMOs. It will apply to school, municipal and county plans.
6. The amendment also **requires coverage of same-day Behavioral Health services, requires coverage of 60-minute therapy without onerous auditing requirements, allows for supervision billing under a fully licensed provider and streamlines the timeline for in network contracting.**

Of course we will follow the effects of this law to ensure that its provisions are followed by insurers.

HB2387 now PA 104-0217. This bill amended the Mental Health and Developmental Disabilities Code. It changes the requirement for involuntary admission on an outpatient basis stating that the admission must now be accompanied by **one certificate (rather than 2 certificates)** of a physician, qualified examiner, psychiatrist, advanced practice psychiatric nurse or **clinical psychologist**, which certifies that the respondent is subject to involuntary admission on an outpatient basis.

HB5003. This bill is currently assigned to the House AI Subcommittee. We have been asked by the American Psychological Association to work with the sponsor of this bill, Representative Bob Morgan to amend Public Act 104-0054

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Legislative Liaison *Continued from page 7*

(HB1806), an Act about Artificial Intelligence. Here is a summary of the proposed changes that were given to us by APA.

The Act's definition of "therapy or psychotherapy services" includes not only services that diagnose and treat, but any services that "improve an individual's mental health or behavioral health." We have concern that the inclusion of "improve" is overly broad and captures a wide range of resources, products, or services that are not currently provided by licensed professionals and that might improve an individual's mental health. Indeed, the relevant mental health professional associations do not define therapy or psychotherapy, or the requisite scope of

practice, so broadly. Given that the Act contains significant requirements and prohibitions about "therapy or psychotherapy services," we believe it is important that this definition is narrowly tailored.

The proposed change would read, therapy or psychotherapy services" means services provided to diagnose or treat an individual's mental health or behavioral health. "Therapy or psychotherapy services" does not include religious counseling or peer support.

Another concern is that the current Act does not take into account FDA-cleared products, treating all products the same, which we believe is harmful to patient care. FDA-regulated digital therapeutics and AI tools are held to rigorous standards, including quality management systems, cybersecurity requirements and mandatory adverse event reporting, ensuring both safety and efficacy. The FDA cleared its first prescription digital therapeutic in 2017 and has since approved more than 20 through this rigorous review process under both the Biden and Trump administrations. These products undergo clinical validation, are

subject to pre- and post-market oversight and involve regulated healthcare practitioners as gatekeepers, protecting patients throughout the care process. In contrast, unregulated mobile health apps operate without these safeguards, rely only on general consumer protections, and may compromise patient data while making unproven health claims. Maintaining the distinction between regulated and unregulated products is essential to protect patients while allowing safe, evidence-based digital interventions to thrive.

The solution to this may be stating that the Act does not apply to "an artificial intelligence tool or system that has been approved, authorized, certified or cleared by the Federal Food and Drug Administration." Representative Morgan does not believe that a full FDA-cleared carve-out is achievable.

The APA has suggested the following two other options.

1. An individual, corporation, or entity may not provide, advertise, or otherwise offer therapy or psychotherapy services, including through the use of Internet-based artificial intelligence, to the public in this State unless the therapy or psychotherapy services are conducted, ordered or prescribed by an individual who is a licensed professional or
2. A licensed professional may not allow artificial intelligence to do any of the following:
 - (1) make independent therapeutic decisions;
 - (2) directly interact with clients in any form of therapeutic communication, unless they are using a product that is

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IPA Meeting Schedule

IPA Executive Committee Meetings will be held at 3 PM on Fridays: April 24, May 15, and June 19, 2026.

IPA Council Meetings will be held at 9 AM on Saturdays: April 25 and June 20, 2026.

IPA Legislative Committee Meetings will be held at 2 PM on Fridays: April 24, May 15, and June 19, 2026.

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Legislative Liaison *Continued from page 8*

cleared by the United States Food and Drug Administration and is compliant with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191);

- (3) generate therapeutic recommendations or treatment plans without review and approval by the licensed professional; or
- (4) detect emotions or mental states.

This language is similar to that recently introduced in California. We will work with Representative Morgan to see if it is possible to make these changes.

HB4448, which has been assigned to the House Appropriations-Health Services Committee. We have been asked and have agreed to support this bill. It seeks federal approval for Medicaid coverage of Behavioral Health Urgent Care Centers (BHUCC). These centers will be accessible 24/7 to adults and/or children in a mental health crisis and to adults 19 and older in substance use crisis.

BHUCCs offer a safe, compassionate environment where adults and children can go

to support: (1) acute crisis de-escalation, (2) connection to the appropriate level of care, and (3) connection to follow-up treatment. They may contain Living Rooms, which are *not* staffed to provide the full range of services offered by a BHUCC providers. BHUCCs offer

- **Resiliency-Focused Therapeutic Crisis Services:** Crisis assessment, triage and stabilization services, and medication prescribing/monitoring.
- **Safe Space for a Substance Use Crisis:** Safe sobering and withdraw management services may be provided but are not required.
- **Linkage to Follow-Up Care:** Immediate connection to needed follow-up care.
- **Reimbursed at a Per Diem Rate:** Following the New York & Virginia models, reimbursement would utilize two per diem rates (a four-hour and full-day rate) to enable sustainability.

All of this legislation can be found at www.ilga.gov. Stay tuned for updates and thank you to all who have responded to our requests for advocacy. ■



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Celebrating Leadership in Action: Dr. Kristina Pecora Receives the APA State Leadership Award

*Margo Jacquot, PsyD, CSADC, BCETS
President-Elect, Illinois Psychological Association*

Every so often, our profession pauses to recognize individuals whose leadership quietly strengthens the foundation of psychology. This year, the Illinois Psychological Association has the honor of celebrating one of our own. I am delighted to share that **Dr. Kristina Pecora has received the American Psychological Association's State Leadership Award**, a national recognition that highlights extraordinary leadership within state psychological associations.

For those who have had the privilege of working with Dr. Pecora, this recognition will come as no surprise.

Leadership within psychology is often invisible to those outside our professional circles. It happens in committee meetings after long clinical days, in thoughtful policy discussions, in mentorship conversations with early-career psychologists, and in the persistent work of advocating for our profession and the

communities we serve. Dr. Pecora exemplifies this kind of leadership—steady, thoughtful, collaborative, and deeply committed to the future of psychology.

Throughout her work with the Illinois Psychological Association, Dr. Pecora has demonstrated a remarkable ability to bring people together around shared goals. She understands that strong professional organizations do not simply happen they are built through dedication, strategic thinking, and the willingness to invest time and energy in service of something larger than oneself.

Her contributions have helped strengthen IPA's ability to advocate for psychologists, support professional development, and ensure that the voice of psychology remains influential in conversations about health care, public policy, and community wellbeing. In a time when the mental health needs of our communities

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Celebrating Leadership in Action *Continued from page 12*

continue to grow, this kind of leadership matters more than ever.

The **APA State Leadership Award** recognizes psychologists across the country who have made significant contributions to their state associations and who embody the values of service, collaboration, and professional stewardship. Dr. Pecora's work reflects these ideals beautifully. Her leadership has not only benefited IPA members but has also helped ensure that psychology continues to play a vital role in shaping accessible, ethical, and effective mental health care.

Awards like this also remind us of something important about our profession: psychology advances not only through research and clinical innovation, but also through leadership. Strong associations create the infrastructure that allows psychologists to thrive, advocating for our profession, protecting our scope of practice, supporting training and education, and fostering a community of colleagues committed to excellence.

Dr. Pecora's recognition is therefore more than a personal honor. It is a reflection of the strength of our Illinois psychology community and the dedication of those who step forward to lead.

On behalf of the Illinois Psychological Association, I want to extend our warmest congratulations and deepest gratitude to



Dr. Pecora accepting the APA State Leadership Award

Dr. Pecora. Her leadership, generosity, and commitment to our profession inspire all of us who care about the future of psychology.

Please join me in celebrating **Dr. Kristina Pecora**, recipient of the **American Psychological Association State Leadership Award** and in thanking her for the leadership she continues to bring to our field and to the psychologists of Illinois.

I am proud to call her a colleague and friend.

Congratulations, Dr. Pecora. ■



IPA's Attendees at the State Leadership Conference from left. Drs. D'Anna Freeman, Erin Alexander, Kristina Pecora, IPA Executive Director Jessica Thomas, Drs. Sharon Khurana and Margo Jacquot



State Leadership Award



Upcoming IPA Educational Programs

D'Anna Freeman, PsyD, IPA Interim Director of Professional Affairs

PLEASE MARK YOUR CALENDARS FOR SEVERAL UPCOMING LEARNING OPPORTUNITIES:

May 15-16
2026

Spring Forward Virtual Conference

This two-day virtual conference is designed to help members efficiently meet their renewal requirements. Participants will have the opportunity to earn all 24 of the required CE credits during the conference, including sessions that address several mandated training areas.

Jun 5
2026

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Management in the
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Oct 22-23
2026

IPA 90th Annual Convention

Psychology Unbound: Thinking freely. Acting boldly. Building a Just Future.

This milestone convention will bring together psychologists from across Illinois for thought-provoking presentations, professional connection, and discussions about the future of our field.

If you are unable to attend any of the programs listed above, please rest assured that additional CE opportunities will be offered before the September 30, 2026 renewal deadline to support members in meeting their licensure requirements.

Registration details and additional program information for all events can be found at <https://ipa.ce21.com>.

Thank you for your continued commitment to professional development and to advancing psychological practice across Illinois.

A Licensed Clinical Psychologist (LCP) is required to complete 24 hours of continuing education each license cycle (except for the first license cycle, when no CE is required.) The CE must be completed during the 24 months before the expiration date printed on the license.

The CE must include the following topics/categories:

- 3 hours Ethical Practice of Psychology
- 3 hours related to Diversity
- 1 hour Sexual Harassment Prevention training
- 1 hour Implicit Bias Awareness training
- 1 hour Alzheimer's Disease and Other Dementias training (once every 3 renewal periods)
- 1 hour Cultural Competency training (Beginning January 1, 2025)

Prescribing Psychologists must complete an additional 20 hours of continuing education in the subject of pharmacology.

HEALTH CARE REIMBURSEMENT COMMITTEE (HCRC)

FAQs for Risk Adjustment Audits

Heidi Shikora, PsyD, Chair; Lynda Behrendt, PsyD, RN; Abby Brown, PsyD, PMH-C; Margo Jacquot, PsyD, CSADC, BCETS; Susan O'Grady, PsyD; and Theresa M. Schultz PhD, MBA

Hello everyone! Our Spring 2026 Newsletter includes lots of information (including FAQs) about Risk Adjustment Audits that we hope will be helpful to you.

Following is the information we have gathered to-date about Risk Adjustment Audits, in response to recent queries and requests for additional information on our IPA ListServ. We have created a FAQ list here for you, based on what we have learned thus far. We will, of course, keep you updated with any additional information that we learn.

1. What is "Risk Adjustment?"

Risk Adjustment is defined as "a statistical process that takes into account the underlying health status and health spending of the enrollees in an insurance plan when looking at their health care outcomes or health care costs" (www.healthcare.gov). As such, Risk Adjustment is intended to ensure that payers receive sufficient compensation to cover medical and mental/behavioral health care costs for their enrollees. While the *Balanced Budget Act of 1997* required Risk Adjustments for certain Medicare plans (www.hhs.gov), Risk Adjustments became

the norm following the 2011 *Affordable Care Act* (ACA). Prior to the ACA, CMS and private health insurance plans routinely denied coverage to those with designated "pre-existing conditions," resulting in no, limited, or otherwise insufficient access to medical/mental health care for many individuals, especially those with more serious and/or chronic health conditions.

Risk Adjustments do indeed help payers (i.e., the Centers for Medicare and Medicaid Services or CMS, private insurers, and some state Medicaid programs) manage risk and health care costs. Yet, Risk Adjustments also can yield benefit for individuals in need of medical and mental/behavioral health care.

How? Risk Adjustments can serve to incentivize payers to both take on more high risk patients and to support more options for patient healthcare needs (e.g., various benefits packages with different premiums), including offerings focused on prevention and wellness. Risk Adjustment Programs are designed to prevent discrimination against individuals with significant medical and/or mental health needs via mitigating the payers' costs of covering both "low-risk" and "high-risk" enrollees (by providing financial assistance to insurers, such as Medicaid managed care programs, for assuming higher healthcare costs for some enrollees). "Without risk adjustment, premiums set via community rating may be too high or too low for the population a particular insurer enrolls. Risk adjustment also deters insurers from taking steps to discourage sick patients from enrolling; insurers are compensated more from risk adjustment for sicker patients." (See www.changehealthcare.com for more information).

2. What is a Risk Adjustment Audit?

Insurers (or an authorized representative/contracted vendor; see #6 below) may contact you (as the contracted provider) with a formal request for review of a particular patient's records. Such a request (i.e., a Risk Adjustment Audit) is intended to assist the insurer in their process of evaluating health care services for an individual member. The primary purpose of the audits is to check whether patients' health

Ethics Consultations Available for IPA Members

While the IPA Ethics Committee has discontinued any adjudication function, the Committee will continue to offer individual telephone consultation to IPA members on ethical issues. Members can access this service by contacting the IPA office at 312/372-7610 x201. Other educational functions provided by the Committee include ethics presentations, workshops, and seminars for psychologists, agencies, and academic programs. Contact the IPA if you are interested in arranging such programs.

Continued on page 16

Health Care Reimbursement Committee *Continued from page 15*



Meeting with Stephen Gillespie, APA Deputy Chief for Health Policy and Healthcare Financing with Members of the Healthcare Reimbursement Committee to talk about E&M codes for psychologist prescribers, Attendees included Drs. Lynda Behrendt, Abby Brown, Heidi Shkora, Susan O'Grady, Stephen Gillespie, and Theresa Schultz by Phone.

status and diagnoses have been accurately reported in order to ensure that risk adjustment dollars are based on accurately reported patient data. If payments based on diagnoses are not supported by the results of risk adjustment audits, the program agency (e.g., CMS) will recoup overpayments from the health plan, not the provider.

3. Is compliance with Risk Adjustment Audits mandatory or can I opt out of doing them?

Our (the HCRC's) current understanding, based on multiple communications and direct conversations with various providers (e.g., CMS and private insurers such as BC/BS) is that, per the 2011 ACA requirements, *health plans* (both private insurers, specific Medicare plans, and Medicaid) are required to conduct independent Risk Adjustment Audits *and providers* for these plans are required to comply with a request for these audits. **Thus, if you are a contracted provider, you may not opt out** of a Risk Adjustment Audit when one is requested of you.

Private Insurance: The current guidance is that if the health plan for which you are a contracted provider requires a Risk Adjustment Audit, then you must provide clinical documentation for that audit if/when requested by that payer. All provider agreements and/or provider manuals

for contracted providers should contain language outlining a provider's responsibilities with regard to allowing access to medical records and/or regarding the requirement to provide copies of pertinent sections of medical records upon request by the insurance company.

Medicare Advantage: Providers who are contracted with Medicare Advantage organizations are required to comply with Risk Adjustment Audits requested by those organizations and **cannot** opt out of doing them. Only non-contracted providers have the right to opt out of complying with these audits.

Under subparagraph (d)(4) of federal regulation 42 CFR 422.310, Medicare Advantage organizations' contracts with providers, suppliers, physicians, and other practitioners must require the submission of risk adjustment data as required by CMS. The Medicare Advantage organizations may apply financial penalties if these parties fail to submit complete data. Healthcare professionals contracted with a Medicare Advantage plan will have to meet these requirements when asked for risk adjustment data.

Medicaid: As of 2020, the State of Illinois requires Risk Adjustment Audits for Medicaid. (See <https://www2.illinois.gov> for further information).

4. Do I need my client's authorization before submitting records as part of a Risk Adjustment Audit?

No, you do not need your client's authorization. Providers who are contracted with an insurance company are obligated to abide by *Section 164.506(c)(4) of the HIPAA Privacy Rule*, which permits providers to disclose patient medical information without a signed authorization from the member when this information is requested (e.g., for a Risk Adjustment Audit) by the insurer or its authorized representative (i.e., a contracted vendor; see #6 below).

5. In responding to a Risk Adjustment Audit records request, do I have to send all of the progress notes for the specified time period, or can I just send a treatment summary?

We have not seen anything officially documented which states that sending a treatment summary in lieu of progress notes is acceptable. However, we are aware that some providers have stated that they were informed by the record retrieval company (see #6 below) that submitting a treatment summary is acceptable.

Continued on page 18

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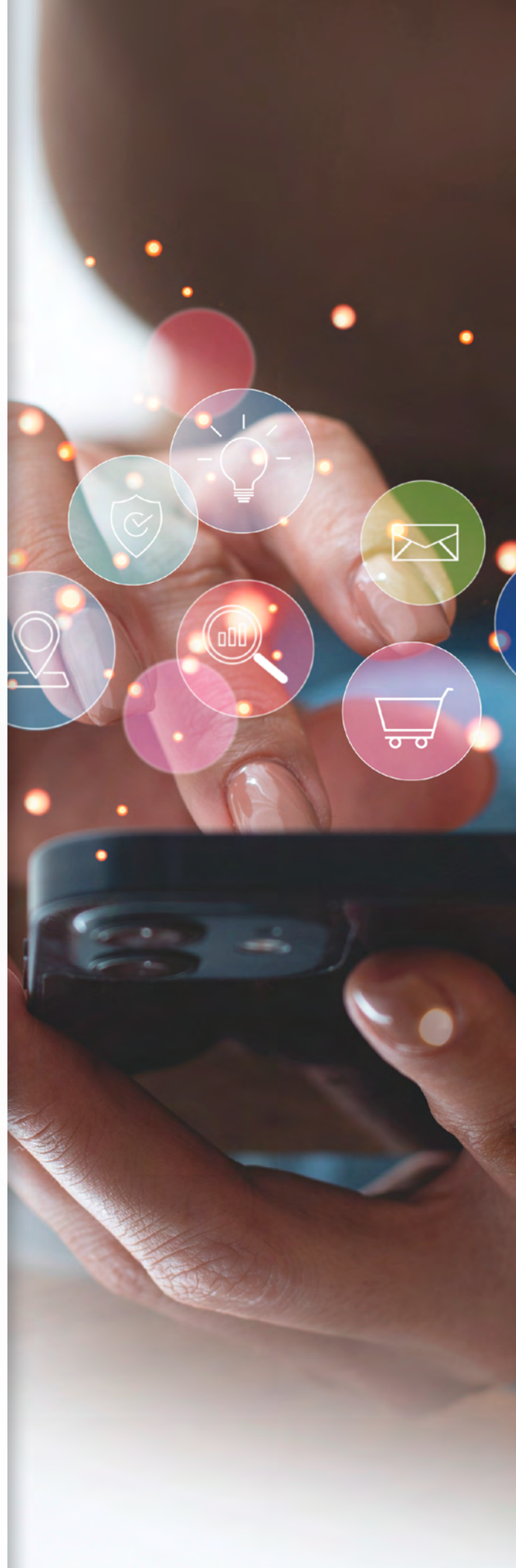
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Health Care Reimbursement Committee *Continued from page 16*

Remember that a primary purpose of the Risk Adjustment Audit is to get sufficient diagnostic and treatment information to support information submitted on claims. Further, if you are told by the record retrieval company that you can send a treatment summary and opt to do so, please consider documenting in your submission who you spoke with, the date you spoke to them, and what was stated in the conversation.

Likewise, one of our very best ways to prepare for a Risk Adjustment Audit (or any other request for clinical information), is via our well-documented work on behalf of any patient. Documentation that clearly and fully reflects the clinical care that you provide positions you to respond more readily to any Risk Adjustment Audit. Here, we are reminded again of the critical importance of timely, accurate, and comprehensive documentation.

6. What are some of the authorized representatives/contracted vendors that might contact me requesting medical records for a Risk Adjustment Audit?

Change Healthcare, Ciox, Inovalon, and Virtix Health are examples of record retrieval companies contracted to request medical records from providers for the purpose of Risk Adjustment Audits. (There are likely others with whom we are not familiar). We have learned that using 3rd party representatives/vendors for Risk

Adjustment Audits is a fairly common practice. You can confirm the legitimacy of a company via a quick online search, and also, of course, by confirming with your insurer that the company is being utilized for Risk Adjustment Audits.

Additional Resources

Risk Adjustment | Blue Cross and Blue Shield of Illinois

<https://www.bcbsil.com/provider/standards/standard-requirements/aca-risk-adjustment>

Medicare Risk Adjustment Data Validation Program - CMS

<https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-risk-adjustment-data-validation-program/overview>

State of Illinois

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/HealthChoiceIllinoisContractAmendment5.pdf>

We look forward to continuing our good work together in 2026, on behalf of health care reimbursement challenges and needs. Please don't hesitate to reach out directly to us at HCRC@illinoispsychology.org. We are here to be of help to you! ■

Your HCRC

Heidi, Lynda, Abby, Margo, Sue, and Theresa



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Rooted in Respect: Continuing the Work

Celia Zanayed and Blair Brown, EDI Co-Chairs, IPA EDI Committee

The Illinois Psychological Association's Equity, Diversity, and Inclusion (EDI) Task Force remains committed to supporting psychologists in delivering culturally responsive, clinically excellent care. Last year, we launched **Rooted in Respect**, a continuing education series designed to explore timely, complex topics impacting both our patients and our profession. These sessions aim not only to meet licensure requirements, but to deepen understanding of identity, bias, and lived experience.

Our first two sessions addressed:

- **Antisemitism and Jewish Identity**, exploring antisemitism as a systemic, enduring form of bias and its psychological impact on Jewish individuals and communities, as well as how contemporary discourse can affect feelings of safety and inclusion.
- **Islamophobia and Culturally Responsive Care with Muslim Patients**, focusing on the diversity within Muslim communities, the clinical impact of Islamophobia, and practical strategies for creating affirming, culturally responsive care environments.

We are deeply grateful to those who attended and contributed to these thoughtful, meaningful conversations!

Additionally, we are excited to continue the series with Part III:

Strength-Based Approaches for Working with Transgender and Nonbinary (TNB) Individuals in Clinical Practice

Friday, April 24th, 2026
9:00am-12pm CST

This upcoming session will provide a research-informed, strengths-based framework for supporting TNB individuals, addressing both the impact of stigma and the resilience, identity development, and protective factors that support well-being. Participants will leave with practical, affirming strategies to enhance clinical care. **This program meets both the diversity (3-hour) CE**

requirement for our license and the cultural competence (1-hour) training requirement of the State of Illinois. Please note that only 3 hours of CE counts toward our 24 hours of CE required for our license. Register online through IPA's CE21 website.

This series is meant to reflect the needs of our members. We welcome your ideas for future topics and speaker recommendations. If you have already attended a past CE, thank you. If you haven't yet, we hope you'll join us for this next session. And if this work resonates, we invite you to consider joining the EDI Task Force. Your voice and perspective matter as we continue building a profession rooted in respect, humility, and inclusion! ■

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APA Council Representative's Report

Laura Faynor-Ciha, PhD, IPA Representative to the APA Council of Representatives

Prior to the February APA Council of Representatives meeting in Washington, DC, Council Representatives and Chairs of APA Boards and Committees were invited to participate in visits to Capitol Hill. In all, over 180 psychologists went to the Hill on February 19, 2026. Of those, 7 were Illinois psychologists including IPA members Drs. Erin Alexander, Laura Faynor-Ciha, Jessica Punzo and Theresa Schultz. There were also three psychologists in the Illinois contingent who are not members of IPA, Drs. Mary Louise Cashel, Joe Comaty and Catherine Haden, who we hope will soon become IPA members. The entire group visited the offices of our Illinois senators Duckworth and Durbin and then split up to visit their local representatives. There were two requests brought to Congress' attention in these meetings as proposed by

APA: support for appropriations for NIH and NSF funding to advance human-centered AI, with a recommendation to take psychological factors into account, and co-sponsorship for the Accelerating the Development of Advanced Psychology Trainees (ADAPT) Act which would establish Medicare coverage of behavioral health trainee's services provided by advance psychology trainees under the supervision of a licensed psychologist.

Following the Hill visit, Council Representatives met for two days. Also included here is a summary report of Council's accomplishments during the meeting, provided by APA.

The next APA Council of Representatives meeting is scheduled for August 4-5, 2026, prior to the APA Convention, August 6 to 8, 2026, all in Washington, DC.



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APA Council Representative's Report *Continued from page 20*

FEBRUARY 2026 COUNCIL MEETING HIGHLIGHTS

The American Psychological Association's Council of Representatives held a hybrid meeting Feb. 20-21, with in-person council members convening in Washington, D.C.

The Council of Representatives (Council) is the legislative body of APA and is the ultimate policymaking body for the association.

Council policies and APA's Council-approved Strategic Plan guide the work of the Association. See highlights from the past year: [When Psychology Leads, the World Benefits.](#)

Highlights of the actions of Council at this meeting follow.

ANTISEMITISM AND HUMAN RIGHTS

APA President Dr. Wendi Williams: "This weekend, the APA Council of Representatives took actions to address antisemitism directly, while safeguarding academic freedom across our discipline. These actions are part of our ongoing efforts to ensure that the field of psychology is inclusive and welcoming to all. Our membership is diverse and we are stronger as an association because of it. We pledge to continue listening and learning about the experiences of our Jewish members and their allies, and we will not desist from pursuing inclusion of all voices.

To be clear, APA has no tolerance for antisemitism or hate against individuals or groups in any form, and we stand resolute in our commitment to preserving a psychology and an environment that upholds the inherent dignity of all people. As a field, as a community, and as individuals committed to the work, we will always stand for the right of all people to live free of being targeted for who they are."

2026 Resolution on Antisemitism

By a vote of 127-37 with five abstentions, Council adopted as policy a [2026 Resolution on Antisemitism](#). The resolution updates the 2007 APA Resolution on Anti-Semitic and Anti-Jewish Prejudice, strengthening APA's policy framework to reflect developments since 2007. The new policy includes a robust set of action items to materially enhance APA's response and education efforts to address the dramatic rise and evolving forms

of antisemitism. It incorporates contemporary scholarship, addresses current manifestations of antisemitism, and affirms APA's resolve to ensure that Jewish members can participate fully and safely in the profession.

Proposed APA Ethnic Psychological Association Affiliation with the Association of Jewish Psychologists

Council voted 137-17 to defer to Council's next meeting in August 2026 a decision on APA affiliation with the Association of Jewish Psychologists as a recognized ethnic psychological association.

"The deferral gives council members time for robust discussion and critical deliberation about how best to ensure that all voices are heard and represented and that any action taken would be as effective as possible to address antisemitism," said Dr. Williams.

Reaffirming APA's Commitment to Human Rights and Freedom of Expression

Council voted 146-5 (with three abstentions) to adopt a [policy reaffirming APA's commitment to human rights and freedom of expression](#). The resolution condemns bigotry in all its forms and opposes efforts aimed at silencing or punishing non-violent advocacy directed toward safeguarding human life and upholding human dignity and human rights.

ACCREDITATION AND CONTINUING EDUCATION

Standards of Accreditation for Programs in Health Service Psychology

Council voted 156-4 (with two abstentions) to adopt as APA policy the revised *Standards of Accreditation for Programs in Health Service Psychology*. The revisions went through three public comment periods to allow input by APA members and other psychologists, as well as the public. In updating its standards, the Commission on Accreditation continues to serve as a leading resource for standards and evidence-informed guidelines in the field of graduate-level psychology education.

Continued on page 23



THANK ★ YOU ★

Ascend Practice Management would like to extend our heartfelt thanks to the Illinois Psychological Association and all of its dedicated members for seven wonderful years of collaboration.

It has been a true privilege to support and consult with so many talented and compassionate psychologists across Illinois. We deeply value the relationships we've built and the opportunity to contribute to your practices and your mission.

We look forward to many more years of partnership, growth, and shared success!

**With gratitude,
The Ascend Practice Management Team**



APA Council Representative's Report *Continued from page 21*

Policies for APA Approval of Sponsors of Continuing Education for Psychologists

Council unanimously approved a revision of the *Policies and Procedures Manual for APA Approval of Sponsors of Continuing Education for Psychologists*. The revised manual improves the audit process for annual reports for APA-approved sponsors, eliminates the term "co-sponsorship" but allows for continued collaborations, discontinues draft application reviews, and introduces the "Sponsors with Distinction" designation to recognize sponsors committed to continuous learning. The revised manual will reduce administrative burdens for the sponsors and support the development of high-quality continuing education.

SUPPORT FOR UNDERREPRESENTED COMMUNITIES

Integrating Psychological Science into Natural Disaster Response

Council voted to receive a report by an APA presidential task force seated by 2025 APA President Dr. Debra Kawahara on disaster preparedness, response, and recovery that emphasizes the psychological and physical risk natural disasters pose to communities and the role of psychological science in strengthening national disaster resilience.

Based on the findings in the report, Council also adopted (by a vote of 146-1) a policy that calls for a national effort to increase research and partnerships among emergency management agencies, mental health organizations, and community health providers to improve coordination of disaster response efforts.

Expanding Access to Mental Healthcare in Rural Communities

By a vote of 166-0, with one abstention, Council approved a policy to acknowledge the unique challenges faced by rural communities and increase support for policies and adequate funding for programs to increase access to mental health care in rural communities. The new policy also advocates for expanding services to increase safe housing, food access, support for youth in juvenile justice and child protective systems, resources on domestic and intimate partner violence, maternal mental health care, elder abuse prevention and response, and suicide prevention, to help rural communities contend with unique structural and economic disadvantages.

Global Perspectives in Psychology

Recognizing the importance of diverse, global perspectives for a comprehensive understanding of psychology, Council via unanimous consent adopted an updated *2026 Resolution on Promoting Global Perspectives in U.S. Psychology*. The policy calls on psychologists to examine psychological concepts based on U.S. research that are assumed to be universal; encourage assessment, intervention, and education that respects local communities; and promote international partnerships and initiatives to ensure global knowledge sharing.

HEALTH EDUCATION

Promoting Comprehensive Sexual Health Education

Council voted 145-3 (with two abstentions) to update a resolution on sexual health education to promote developmentally appropriate, comprehensive, and inclusive sexual health education. Acknowledging significant changes in technology and an increased understanding of sexuality and gender diversity, the resolution aims to ensure youth have access to accurate and appropriate sexual health information and to promote inclusion and equity for sexual and gender diverse communities.

Revised Resolution on Palliative Care

Council (via unanimous consent) approved an updated resolution on palliative care and end-of-life issues intended to emphasize the often underutilized but vital role of psychologists in palliative care systems. The *2026 Resolution on Palliative Care and End-of-Life Issues* outlines a framework for implementation that includes developing practice guidelines for palliative and end-of-life care, increasing research and education that supports mental health in palliative and end-of-life care, and endorsing public policies that provide behavioral health services for patients and their caregivers across the lifespan.

ADDITIONAL ACTIONS

Update on Executive Leadership

Council voted 129-15 (with two abstentions) to receive a report by March 1, 2026, to assist Council in advising on the executive leadership direction of the association.

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APA Council Representative's Report *Continued from page 23*

Presidential Citations

APA President Wendi Williams, PhD, presented a presidential citation to members of the APA Rural Health Caucus, the Committee on Rural Health, the Division 31 Rural Health Section, and all psychologists leading in advocacy for rural communities, for strengthening rural behavioral health systems by addressing the challenges created by workforce shortages, geographic isolation, and limited infrastructure.

Dr. Williams also presented a presidential citation to members of Division 22 (Rehabilitation Psychology), 25 (Behavior Analysis), and 33 (Intellectual and Developmental Disabilities/

Autism Spectrum Disorder), and other psychologists serving patients with autism, their families, and their caregivers. The citation recognizes their profound work to shape our understanding of autism spectrum disorders (ASD) and strengthen the support available to autistic individuals, their families, and their communities.

Policies are in the process of being copy-edited before being posted online in the [Council Policy Manual](#). Links to the policies not yet posted will be added to this summary when available. ■

5:30 pm, February 24, 2026

Message from the Metropolitan Region Representatives

Gabriela Miniscalco, PsyD; Cliff Saper PhD; and Jessica Punzo, PsyD

Your Metro Representatives continue to lead the IPA Book Club, with the next three selections scheduled:

March 30, 2026:
Mother Hunger by Kelly McDaniel

April 27, 2026:
Wired for Love by Stan Tatkin

May 18, 2026:
Mattering by Jennifer Breheny Wallace

The Book Club meets on the last Monday of each month from 12-1pm. All IPA members (including students) are invited to attend, even if you haven't read the book. This space offers an opportunity to engage in thoughtful discussion, critically reflect on the material, and connect it to clinical practice.

Metro Representatives are also teaming up with the Clinical Practice Section, Membership Committee, and Early Career Psychologist Section for a Sip & Paint—more information coming soon! ■

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* A *Legislative Advocate* is trained to meet his or her legislator. After a relationship is established, the psychologist contacts the legislator when issues relevant to psychology arise.

Report from the Social Responsibility Section

Holly O. Houston, PhD, Chair and Connie Natvig, PhD, Co-Chair

Driven by a deep concern for the immigrant experience, the Social Responsibility Section has shifted its focus toward the psychological experience of immigration. In alignment with today's socio-political climate, we are dedicated to understanding the true complexity of these journeys. To bridge the gap between policy and personal impact, we sought to highlight the lived experiences of those within our own professional community. We are honored to share videotaped interviews with three Illinois psychologists who generously opened up about their personal histories as immigrants. These conversations offer a rare, intimate look at the intersection of professional practice and personal resilience. Through their stories, we hope to foster a deeper sense of empathy and insight across our entire association.

Our first interview was with Kin Kong, Ph.D., a licensed clinical psychologist who is an Associate Professor at The Chicago School. Dr. Kong emigrated from China to the United States when she was 15 years old. She did not speak English when she first arrived and avoided using the English language by studying chemistry, despite a strong interest in the humanities. Eventually, she mastered English well enough to obtain a doctorate in clinical psychology from DePaul University with a focus on children and adolescents. Dr. Kong has worked with and developed programs for homeless Asian teens, provided mental health services for immigrant and refugee youth, adults and families, and served as a committee member for youth mental health and cultural competency organizations. Currently, Dr. Kong works full-time as a faculty member at The Chicago School and has a private practice. She shared that if she stayed in China, this career

path would have been impossible. As a villager of limited means living in rural China, getting a high enough score on the academic acceptance test (higher than what her well-resourced urban peers were required to get) was out of reach. If she stayed in China, Dr. Kong would have been mandated to work life-long in a factory.

We will interview two other licensed clinical psychologists who will share their immigration stories with us. Dr. Gloria Balague emigrated from Spain, worked as a clinical assistant professor at the University of Illinois at Chicago and as a consultant for US Track and Field, USA gymnastics, USA Field Hockey, and the Chicago Bears. Dr. Orson Morrison is the Associate Director for Clinical Services at DePaul University's Counseling and Psychological Services and has a private practice. He grew up in Toronto, Canada to immigrant parents from South Africa and Guyana. We are anxious to hear their stories, which we will share with the IPA membership on our social media platforms.

Additionally, eight students from Midwestern University—Abigail Cheek, Jillian Johnson, Rachel Moreno, Jenna Padro, Nell Pawlowski, Suhani Ravani, Maha Rizvi, and Caden Stalnaker—under the guidance of faculty advisor Dr. Connie Natvig, invite the Association to an advocacy event on April 27th. This training is designed to equip health professionals with the tools to protect immigrant patients and their families by understanding their specific rights and responsibilities. Participants will gain practical guidance on sensitive scenarios, such as managing ICE visits within medical settings. To ensure this critical information reaches our entire community, the session will be recorded and distributed to the association. ■

Membership Committee

Amanda Ori, PsyD, Chair

The Membership Committee continues to welcome new members with calls and emails. We held the first IPA new member orientation, where we explained all the amazing benefits to

members. We continue to explore creative ways to increase membership, and we are dedicated to helping members access all resources that the IPA has to offer. ■

Message from the Clinical Practice Section

Samantha Chiariello, PsyD, Chair and Monika Sharma, PsyD, Associate Chair

Thank you to those who filled out the CPS Interest & Availability Survey. Your responses are helping us create resources and plan events. Topics of interest include professional wills, cyber security insurance, employer guidance for mental health practices, mental health laws, and addressing burnout. The CPS will continue to use blind email to communicate with members, add a shared drive with a CPS referral list, and encourage use of the IPA listserv for referral communication and general posts.

We are looking for more members who would like to volunteer for the positions listed below. The Officer Committee Meetings will take place monthly, on the 2nd Tuesday of the month, from 9:00AM to 10:00AM CST. Please email drchiariello@gmail.com if you are interested. We would love more members to be active on our committee!

Communications Officer (1-2 Positions):

- The Communications Officer(s) will design, draft, and release the quarterly CPS newsletter to members via the CPS listserv.

- Attend scheduled meetings to work in collaboration with appointed officers who serve on the CPS Officer Committee.

Event Coordinator (1-2 Positions):

- The Event Coordinator(s) will assist with the logistics of planning both in-person and remote CPS events.
- Collaborate with other sections and IPA to host in-person and remote events.
- Attend scheduled meetings to work in collaboration with appointed officers who serve on the CPS Officer Committee.

Psychological Testing Coordinator

(1-2 Positions):

- Attend scheduled meetings to work in collaboration with appointed officers who serve on the CPS Officer Committee to ensure that the needs of testing psychologists are also being met by the CPS section.

Report from the PSYPACT Committee

Samantha Chiariello, PsyD, Chair; Lori Bolnick, PsyD; Carroll Cradock, PhD; Eric Currence, PsyD; Hayley Van Serke, PsyD; and Bruce Frumkin, PhD, ABPP

Our primary focus is to identify significant nuances among the practice guidelines in PSYPACT states and create a list of links to the varying mental health laws. We will continue to collaborate with PSYPACT and other state psychological associations on how we can achieve this goal. We are also collaborating with our state PSYPACT commissioner and IPA's

legislative committee for current information related to PSYPACT.

If you are licensed in other states, we can use your help to gather information about state specific practices. If you are willing to help provide guidance or connect us with other state psychological associations, please contact me at drchiariello@gmail.com. ■



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Criteria for Fellow status are:

1. Full Voting Member of IPA for at least seven years
2. Made outstanding contributions in the field of psychology
3. Nominated for Fellow status by two members of IPA who have submitted written endorsements
4. Elected to Fellow status by a majority vote of the IPA Council of Representatives

Application for Nomination as a Fellow in the IPA Attach Additional Sheets for Supporting Information

Name: _____

Mailing Address: _____

Email Address: _____

Phone(s): _____

IPA Membership Status: _____

Number of Years as an IPA Member: _____

Sections in which Membership is Held: _____

Educational History (include undergraduate, graduate and postdoctoral institutions:

A high level of competence or steady and continuing contributions are not sufficient to warrant Fellow status. Fellow status requires that a person's work have had impact in the field of psychology on the local, state, regional or national level. A detailed statement demonstrating this impact must accompany the Fellow application. **PLEASE NOTE THAT SUBMISSION OF A VITA ALONE WILL NOT BE CONSIDERED A SUFFICIENT RESPONSE.**

For your statement, please describe in detail your outstanding contributions in any of the following ways (this list is not intended to be exhaustive).

Public Service: Describe exact nature of services performed, dates, names of community organizations

Service to the Profession: List offices and/or committee memberships held, dates, names of professional organizations, explanation of specific services performed.

Scholarly Contributions to the Profession: List publications in accordance with APA editorial style for reference lists.

Each application should be accompanied by an application fee of \$100.

Checks should be made out to **Illinois Psychological Association** and mailed to:

Fellow Application
Illinois Psychological Association
67 East Madison Street, Suite 1904
Chicago, Illinois 60603

A certificate of recognition of Fellow status will be awarded to successful applicants.

Welcome New IPA Members

Licensed Members

Michelle Cutler, PhD
 Lisa Konick, PhD
 Sam Lookatch, PhD
 Charlene Pierce, PsyD

Kerry Schultz, PsyD
 David Smith, PhD
 Cindy Templer, PsyD

Non-Licensed Doctoral Members

Tara Lindstrom, PsyD
 Emily Shearer, PhD

Student Members

Candyce Bell
 Taylor Bond
 Matthew Broussard
 Chad Evans
 Katharina Lippert

Abigail Miller
 Jagroop Singh
 Lara Trevisan Van Waes
 Jason Woodford

Out of State Members

William Donnelly, PhD
 Shelley Alonso-Marsden, PhD

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Change to IPA's Late Dues Grace Period

Effective July 1, 2018, IPA members must pay their dues within 90 days of the due date in order to maintain their membership and access membership benefits such as the listserv.

Steven E. Rothke, PhD
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IPA Web Site
www.illinoispsychology.org

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