



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
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IN REPLY REFER TO  
BUMEDINST 6400.3B  
BUMED-N3  
27 Mar 2023

BUMED INSTRUCTION 6400.3B

From: Chief, Bureau of Medicine and Surgery

Subj: USE AND SUPERVISION OF PSYCHOLOGICAL TESTING AND TEST MATERIALS

Ref: (a) BUMEDINST 6010.30  
(b) Standards for Educational and Psychological Testing (2014)  
(c) Ethical Principles of Psychologists and Code of Conduct (2017)  
(d) DoD Manual 6025.18, Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs, 13 March 2019  
(e) DoD Instruction 8580.02 of 12 August 2015

Encl: (1) Definitions  
(2) Qualification Guidelines of Occupational Specialties in Psychological Testing

1. Purpose. To identify a class of specialized psychological materials and provide policy in the use, security, and supervision of psychological testing procedures in medical and operational platforms.
2. Cancellation. BUMEDINST 6400.3A.
3. Scope and Applicability. This instruction applies to all budget submitting office 18 commands, units, personnel, and operational activities having medical personnel under the authority, direction, and control of Chief, Bureau of Medicine and Surgery (BUMED).
4. Background. Psychological tests and reports include sensitive and confidential information. The use of psychological tests requires specialized expertise to ensure reliable and valid information that enhances screening, detection, classification, diagnosis, and care recommendations for a broad range of psychological and neurocognitive symptoms and conditions. The process of obtaining, recording, and reporting this information can, in part, be accomplished with the use of technicians and computers. However, valid clinical application of test information to an individual case requires expert interpretation beyond the capabilities of technicians or computer programs. Without appropriate professional supervision or review, the uncritical acceptance of technician or computer-generated reports does not meet standards of quality patient care and psychological consultation. Test materials must be kept secure to preserve test integrity and in keeping with legal and contractual obligations.

## 5. Policy

a. The senior privileged clinical psychologists are normally responsible for directing the use, security, and quality control of psychological test instruments in patient care or psychological consultation. This task includes the responsibility to assess and make recommendations to the privileging authority regarding privileging in psychological testing.

b. Per reference (a), only doctoral level, licensed clinical psychologists are privileged as psychological test administrators as defined in enclosure (1) of this instruction as part of their core privileges.

c. Psychological tests are administered, scored, and interpreted only in situations having the professional supervision and accountability of privileged practitioners. Qualification guidelines for occupational specialties typically involved in psychological testing are in enclosure (2) of this instruction.

d. Healthcare practitioners, other than psychologists, who wish to become psychological test administrators, must demonstrate documented formal education, skill under supervision, and working knowledge of both test measurement principles and the literature relevant to the tests employed. Their credentials will be reviewed by the senior privileged clinical psychologist who will recommend whether or not to grant privileges for use of specific psychological tests to the privileging authority.

e. Psychological test administrators will adhere to the professional requirements set forth per reference (b), available at: <https://www.APA.org>, and reference (c), available at: <http://www.apa.org/ethics/code/index.aspx>. Demonstration of familiarity with these standards must be one of the criteria for privileging nonpsychologist healthcare practitioners as psychological test administrators.

f. Nonadherence to the policies and procedures of this instruction may jeopardize medical, legal, and administrative actions based on or supported by test results.

## 6. Procedures

a. Proper use and security of psychological tests (including those administered by computers), resulting data, and reports are ensured when test instruments, methodology, materials, and equipment are:

(1) Available only to persons with professional interests who safeguard their use and security.

(2) Secured under locked storage when not in use.

(3) Not described or displayed to others in ways that might invalidate test technique, content, or results.

(4) Disposed of when no longer usable, obsolete, or displaced by a newer version.

b. Acquired raw test data, test scores, and administrative aid documents (i.e., test answer sheets, record forms, profile sheets, score summaries, computer generated reports) are:

(1) Ordinarily released only to persons who are qualified to interpret and use them appropriately, and such release is closely supervised by a practitioner privileged in psychological testing.

(2) To be reported in official medical records or administrative or legal correspondence only with technical guidance, review, and approval of a practitioner privileged in psychological testing. Uses, disclosures, and appropriate security safeguards are subject to the guidance found in references (d) and (e).

(3) Maintained and disposed of following appropriate medical record instructions when utilized for treatment purposes. This does not apply to psychological assessments used for personnel assessment and selection purposes.

c. Computerized psychological test administration, scoring, and reporting require the documented review and approval of a practitioner privileged in psychological testing.

d. Local procedures may be established to promote general familiarity and appreciation of psychological test usage in clinical and consultative services, medical education and training, and clinical investigation. These procedures are subject to approval by the senior clinical psychologist at the facility.

e. Further guidance regarding instances not included in this instruction should be obtained from the Specialty Leader for Clinical Psychology.

## 7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

8. Review and Effective Date. Per OPNAVINST 5215.17A, Operations (BUMED-N3) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

9. Information Management Control. Reports required in paragraphs 4, and subparagraphs 6b(2) and 6c of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.



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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at, <https://www.med.navy.mil/Directives/>

DEFINITIONS

1. Psychological Test. Any standardized and published assessment, procedure, or instrument, administered under standardized conditions, which is designed and used for the assessment of psychological and cognitive functioning. Its purpose is to enhance understanding of behavior, emotions, personality, cognitive abilities and performance, aptitude, and a broad range of clinical conditions. Its application includes screening, detection, diagnosis, treatment, case formulation, classification, and prediction in clinical, operational, and administrative contexts.

a. These tests include those focusing on the following psychological functions: cognitive and intellectual abilities, emotions, personality traits and dynamics, neuropsychological functioning, academic abilities, and educational achievement.

b. The added criteria listed in subparagraphs 1b(1) through 1b(5) are given to aid in identifying a procedure as being a psychological test within the scope of this instruction. The test has been:

(1) Involved in appellate decisions of the courts of the United States, or in decisions of their administrative agencies, both Federal and State, which defines the admissibility of psychologists' test results.

(2) Developed by psychologists applying principles and procedures of the science of psychology in test construction.

(3) Routinely evaluated in publications authored by psychologists in recognized clinical, counseling, or consulting psychology or medical literature.

(4) Listed or reviewed in authoritative references either of psychological testing and evaluation or of mental measurements.

(5) Obtained from vendors making known that the scale is made in adherence to the ethical standards of the American Psychological Association.

c. Some specific examples of the type of tests covered are: Minnesota Multiphasic Personality Inventory, the various Wechsler Intelligence Scales, Wechsler Memory Scale, Personality Assessment Inventory, Repeatable Battery for the Assessment of Neuropsychological Status, Rorschach, etc.

d. The types of procedures listed in subparagraphs 1d(1) through 1d(5) are excluded from the scope and intent of the "psychological test" definition of this instruction:

(1) Surveys and questionnaire formats used in measuring group attitudes and interests.

(2) Survey and questionnaire formats administered for purposes of assessing an individual patient's social relationship (e.g., marital, family) or pediatric developmental milestones and schedules.

(3) Any test, rating index, checklist, or scale routinely used by medical practitioners in the evaluation of clinical state and mental examination such as: Glasgow Coma Scale, Michigan Alcoholism Screening test, Mini-Mental Status Examination, Beck Depression Inventory, Reitan-Indiana Aphasia Screening Test, and Post Traumatic Stress Disorder Checklist.

(4) Questionnaires, inventories, or checklists used to elicit general historical information from a patient.

(5) Any instrument specifically developed for use by medical practitioners in medical research.

2. Standardized Test. A test in which the procedure, apparatus, and scoring have been fixed so that precisely the same testing procedures can be followed at different times and places. Standardization implies uniformity of procedure in administering and scoring the test. Detailed directions are given which include exact materials employed, time limits, oral instructions, and other details in the testing situation. Standardized tests also have norms without which scores cannot be interpreted.

3. Test Administration. Orally, manually, or electronically giving a test, or portion thereof, to individuals following standard or altered method and instruction.

4. Test Administrator. Individual who chooses, administers, or interprets tests. A competent administrator has a combination of knowledge of psychometric principles and knowledge of the problem situation in which the testing is to be done.

5. Neuropsychological Assessment

a. Performed by a clinical neuropsychologist, a neuropsychological assessment involves the application of psychological testing techniques and analysis of available data to address questions regarding an individual's neuropsychological status and functioning. The evaluative techniques usually involve the administration of a battery of psychological tests that cover a broad range of neurocognitive domains and psychological functioning:

(1) Attention

(2) Concentration

(3) Language functioning

- (4) Visiospatial ability
- (5) Psychomotor speed
- (6) Verbal learning and memory
- (7) Visual memory
- (8) Executive functioning
- (9) Intellectual functioning
- (10) Achievement
- (11) Motivation and effort
- (12) Behavioral/emotional functioning
- (13) Interpersonal functioning
- (14) Personality functioning

b. Tests and measures included in a neuropsychological battery meet standards of psychometric adequacy (i.e., acceptable levels of reliability), demonstrate adequate validity, are current (not employing obsolete measures or versions of tests) and possess appropriate normative data that permit meaningful interpretation of patient performance along these tests and measures. Tests and measures are administered and scored in the manner in which they were developed (consistent with standardization procedures).

c. The neuropsychologist interprets this data, in combination with other behavioral and clinical data, and draws upon a scientific knowledge base that informs issues of validity, reliability, and psychological dynamics to arrive at a clinical and diagnostic formulation, profile of strengths and weaknesses, disposition, and intervention planning.

## 6. Clinical Neuropsychologist

a. A clinical neuropsychologist is an independent practitioner (healthcare provider) of clinical neuropsychology and clinical psychology with a special expertise in the applied science of brain-behavior relationships. Clinical neuropsychologists use this knowledge in the assessment, diagnosis, treatment, and rehabilitation of patients across the lifespan with neurological, medical, neurodevelopmental, and psychiatric conditions, as well as other cognitive and learning disorders.

b. A clinical neuropsychologist is required, consistent with reference (d), is available at: <http://nanonline.org/NAN/Files/PAIC/PDFs/NANPositionDefNeuro.pdf>.

- (1) A doctoral degree in psychology from an accredited university training program.
- (2) An internship in a clinically relevant area of professional psychology.
- (3) A license (in good standing) to practice clinical psychology or clinical neuropsychology independently.
- (4) A 2-year post-doctoral fellowship in clinical neuropsychology; or 2 years of specialized training in the study and practice of clinical neuropsychology (one of which must be post-doctoral) and supervised by a clinical neuropsychologist.
- (5) Credentials and privileges to practice clinical psychology, with supplemental privileges in neuropsychology at the local medical setting, per reference (a).



QUALIFICATION GUIDELINES OF OCCUPATIONAL SPECIALTIES IN  
PSYCHOLOGICAL TESTING

1. Military and Department of the Navy civilian psychologists who are eligible candidates for full clinical privileges in psychological testing include:

a. Military officer personnel possessing the subspecialty code of clinical psychologist (Navy Officer Billet Classification 0851).

b. Department of the Navy doctoral level, licensed civilian personnel who function in, and have been appraised as qualifying to perform psychological evaluations in, the positions of:

(1) Clinical psychologist (series 180).

(2) Counseling psychologist (series 180).

2. Per references (a) and (d), military and Department of the Navy civilian psychologists who employ psychological, neurological, cognitive, behavioral, and physiological principles, techniques, and tests to evaluate patients' neuropsychological functioning and its relationship to normal and abnormal functioning; and use this information to identify or diagnose neurobehavioral or neurocognitive disorders, or plan and implement intervention strategies essentially function as neuropsychologists, and are required to have a supplemental privilege in neuropsychology. This does not include neurocognitive screening to rule out gross neurocognitive impairment or leading to a referral to a neuropsychologist or neurologist for more comprehensive and in-depth evaluation.

3. Other military and Department of the Navy civilian healthcare practitioners, not psychologists, who have successfully completed appropriate training and have demonstrated technical competence in a specific application of psychological testing and have been granted privileges to use specific psychological tests may use those tests.

4. Department of the Navy civilian personnel who function in psychologist positions (series 180) may be involved in the testing activities listed in subparagraphs 4a through 4c only in consultation with a practitioner privileged in psychological testing. These personnel may, consistent with their training and demonstrated competencies:

a. Administer and score psychological tests.

b. Make preliminary interpretations of the test data validity.

c. Evaluate patterns revealed by psychological tests.

5. After an appropriate period of training and demonstration of competency, the following personnel may be used for psychological test administration and scoring performed under the supervision of a practitioner privileged in psychological testing. These individuals are not permitted to make test interpretations.

a. Military enlisted personnel with the military occupational specialty of psychiatric technician (Navy Enlisted Classification 8485).

b. Department of the Navy personnel who qualify to function in psychology aide positions (series 181) or psychology technician positions (series 181).