

**BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
Thursday, February 8, 2018– 1:00 p.m.
Second Floor – Perimeter Center, Board Room 1**

1:00 p.m. Call to Order – Johnston Brendel, Ed.D, LPC, LMFT, Chairperson

Ordering of the Agenda

Approval of Minutes*

Public Comment

Old Business

- **Review Definitions of Required Courses – Educational Summit Discussion**
- **Foreign Degree Discussion – Educational Summit Discussion**
- **Bylaws**
- **Criminal Background Check Requirement Discussion**
 - **Review Guidance Document 115-2**
- **Discussion on Draft Joint Guidance Document on Assessment Titles and Signatures**

New Business

- **New Proposed Qualified Mental Health Professionals (QMHP) and Registered Peer Recovery Specialists (RPRS) Regulations**
 - **Public Comments**
 - **Staff Suggestions and Discussion**
- **Licensure Portability**
- **Art Therapist Licensure**
- **Guidance Document 115-1.9 – Consider Adding NBCC-MAC Certification as a National Certification Accepted by the Board**
- **Next Regulatory Meeting**

4:00 p.m. Adjourn

**Approval of Board of
Counseling Regulatory Board
Meeting Minutes
November 2, 2017**

**VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE
DRAFT MEETING MINUTES
November 2, 2017**

TIME AND PLACE: A meeting of the Regulatory Committee (Committee) of the Virginia Board of Counseling (Board) convened on Thursday, November 2, 2017, at the Department of Health Professions (DHP), 9960 Mayland Drive, 2nd Floor, Board Room 1, Richmond, Virginia.

PRESIDING OFFICER: Johnston Brendel, Ed.D., LPC, LMFT, Chairperson.

COMMITTEE MEMBERS PRESENT: Danielle Hunt, LPC
Vivian Sanchez-Jones, Citizen Member

COMMITTEE MEMBERS ABSENT: Kevin Doyle, Ed.D., LPC, LSATP
Holly Tracy, LPC, LMFT

STAFF PRESENT: Tracey Arrington-Edmonds, Licensing Specialist
Jaime Hoyle, J.D., Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Manager
Elaine Yeatts, DHP Senior Policy Analyst

OTHERS PRESENT: Debra Riggs, National Association of Social Workers, Virginia Chapter (NASW-VA)
Kelly Fitzgerald, NASW-VA
Jamie Sacksteder, Virginia Department of Behavioral Health and Developmental Disabilities (DBHDS)
Ashley Harrell, Virginia Department of Medical Assistance Services (DMAS)
Representatives from New Y-CAPP
Representatives from Lynchburg Comprehensive Treatment Center
Representative from Magellan Health
Representative from St. Joseph Villa
Katie Hellebush, Virginia Association of Clinical Counselors
Representative from Virginia Association of Medication Assisted Recovery Programs (VAMARP)
John Salay, Virginia Association of Community Based Providers

ORDERING OF THE AGENDA: Dr. Brendel requested that the public comments be heard before the approval of the minutes. A motion was made to approve the revised agenda. The motion was seconded and passed unanimously.

APPROVAL OF THE MINUTES:

A motion was made by Ms. Hunt to approve the minutes of the July 21, 2017 meeting. The motion was seconded by Ms. Sanchez-Jones and passed unanimously.

PUBLIC COMMENT:

Mr. Salay requested the Committee address the following issues regarding the emergency qualified mental health professional (QMHP) regulations:

- Provide clarification as to the type of services a QMHP-A and QMHP-C can provide, and what experience is required for a QMHP-C to become a QMHP-A.
- Consider DBHDS's list of acceptable human services and related fields degrees for QMHP's or provide a guidance document of acceptable human services related degrees for QMHP's.
- Allow QMHP's that were granted a variance years ago to register as a QMHP through the grandfathering period.

Genevieve King representing Virginia Association of Medication Assisted Recovery Programs (VAMARP) spoke about the shortage of CSACs in Virginia, the issues surrounding CSAS credentialing and requested clarification on the requirements for obtaining the CSAC credential especially through the endorsement process.

OLD BUSINESS:

Petition for Rulemaking – Doctoral Internship and Practicum Hours: Ms. Yeatts informed the committee that the Notice of Intended Regulatory Action (NOIRA) was approved by the Governor, and the public comment period ended. The Board received three comments in favor of the regulation. Now the Regulatory Board needs to recommend that the full Board adopt the proposed regulation:

18VAC115-20-52.B.7.

Supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a professional counselor.

A motion was made by Ms. Hunt to recommend the Board adopt the proposed regulations. The motion was seconded by Ms. Sanchez-Jones and passed unanimously.

Foreign degree discussion: The Committee Members agreed to discuss foreign degree requirements at the next scheduled meeting.

Review definition of required courses: The Committee agreed to discuss the required courses definitions at the next scheduled meeting.

NEW BUSINESS:

Discussion on QMHP

- **Degrees approved as human services and related fields:** The Committee reviewed DBHDS's list of acceptable human services related degrees for QMHP's to incorporate into a Guidance Document. A motion was made by Ms. Hunt to remove Pharmacy and Sociology from the list. The motion was seconded by Ms. Sanchez-Jones and passed unanimously.
- **Variations:** The Committee suggested the creation of a frequently asked questions (FAQs) document to address the DMAS September 1, 2010 QMHP variance requirements in regards to the current proposed QMHP regulations.

Discussion on draft joint guidance document on assessment titles and signatures: The Committee agreed to discuss the issue at the next scheduled meeting.

Affirmative criminal conviction reports: Currently applicants self-report criminal convictions, but it is not always reliable. The Committee discussed its grave concern and the need for requiring a Federal Criminal Background check and asked why the Board has not moved in that direction. Ms. Yeatts explained that additional staff, equipment and budget would be required in order to properly facilitate the duties of processing the criminal records reports. It would also require a Code change. Additionally, the Board would need to decide when to require the report. In the meantime, having staff request a state background check when an applicant self reports a criminal conviction, would be a step in the right direction. However, Board Counsel needs to be consulted and provide feedback before the Committee can make a decision. The Committee tabled this discussion to a future meeting.

CSAC endorsement requirements: Staff proposed that Guidance Document 115-1.9 be amended to specify that the credentials listed in the Guidance Document are only considered equivalent for endorsement purposes if they required an applicant to pass an exam.

A motion was made by Ms. Hunt to accept the proposed change(s) to the Guidance Document:

"For the purpose of meeting the requirement of Section 45, the Board has determined that the following national certifications are deemed substantially equivalent **with the verification of passing score on a national examination at the level for which the applicant holds certification.**"

The motion was seconded by Ms. Sanchez-Jones and passed unanimously.

CSAC-A supervisor requirements: Staff requested clarification on whether the Code of Virginia allows a CSAC to supervise a CSAC-A. The Committee Members agreed that the Code of Virginia allows LSATP, mental health professional licensed by the Department and CSAC to supervise CSAC-A experience toward certification. Individuals only holding a national certification would not qualify.

Supervisor requirements and standards of practice: The Committee agreed to discuss the topics at the next scheduled meeting when more member are in attendance.

Periodic review discussion: A Notice of Intended Periodic Review would need to be adopted before the Board begins a Periodic Review. The Committee can address this issue at a future meeting since the Board initiated its most recent periodic review in 2014. Periodic Reviews should occur every four years.

NEXT SCHEDULED MEETING: February 8, 2018 at 1:00 p.m.

ADJOURNMENT: The meeting adjourned at 2:40 p.m.

Johnston Brendel, Ed.D., LPC, LMFT
Chairperson

Date

Jaime Hoyle, JD
Executive Director

Date

Foreign Degrees

FOREIGN EDUCATION REQUIREMENTS FROM OTHER STATES FOR REVIEW

California:

§4980.76. DEGREE OBTAINED OUTSIDE THE UNITED STATES

An applicant for licensure or registration with a degree obtained from an educational institution outside the United States shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and shall provide any other documentation the board deems necessary.

§4999.40. DEGREE GRANTING PROGRAMS; NOTIFICATION OF QUALIFICATION TO STUDENTS; EQUIVALENT EDUCATION AND TRAINING GAINED OUTSIDE THE UNITED STATES

(a) Each educational institution preparing applicants to qualify for licensure shall notify each of its students by means of its public documents or otherwise in writing that its degree program is designed to meet the requirements of Section 4999.32 or 4999.33 and shall certify to the board that it has so notified its students.

(b) An applicant for registration or licensure shall submit to the board a certification by the applicant's educational institution that the institution's required curriculum for graduation and any associated coursework completed by the applicant does one of the following:

(1) Meets all of the requirements set forth in Section 4999.32.

(2) Meets all of the requirements set forth in Section 4999.33.

(c) An applicant trained at an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a qualifying degree that is equivalent to a degree earned from an institution of higher education that is accredited or approved. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services and shall provide any other documentation the board deems necessary.

Oregon:

833-030-0011

Educational Requirements for Licensure as a Professional Counselor

To qualify for licensure as a professional counselor under ORS 675.715(1)(b), an applicant must hold a graduate degree from one of the following:

(1) A counseling program approved by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) as of the date the degree was conferred;

(2) A counseling program approved by the Council on Rehabilitation Education (CORE) as of the date the degree was conferred;

(3) A program at an institution of higher learning that was accredited by a regional accrediting agency as of the date the degree was conferred; or

(4) A foreign program that has been evaluated by a credentialing body recognized by the Board. Submission of foreign degree evaluation and cost of the foreign degree qualification determination are the responsibility of the applicant.

(5) A graduate degree under sections (1) or (2) must have included at least two semester credit hours or three credit quarter hours of coursework in the diagnosis of mental disorders.

(6) A graduate degree under sections (3) or (4) must have included all of the following requirements:

(a) At least two years in duration, including at least:

(A) 48 semester credit hours or 72 quarter hours for graduate degrees granted before October 1, 2014; or

(B) 60 semester credit hours or 90 quarter credit hours for graduate degrees granted on or after October 1, 2014.

(b) At least two semester credit hours or three credit quarter hours in each of the following coursework:

(A) Counseling Theory;

(B) Human Growth and Development;

(C) Social and Cultural Foundations;

(D) The Helping Relationship;

(E) Group Dynamics Processing and Counseling;

(F) Lifestyle and Career Development;

(G) Diagnosis of mental disorders;

(H) Research and Evaluation; and

(I) Professional Orientation (Ethics).

(c) At least 16 semester hours or 24 quarter hours of supporting coursework for specialty areas; and

(d) A supervised clinical practicum or internship experience that:

(A) Included at least 600 total clock hours, including 240 direct client contact hours, for graduate degrees granted before October 1, 2014;

(B) Included at least 700 total clock hours, including 280 direct client contact hours, for graduate degrees granted on or after October 1, 2014;

(C) Had supervisory staff with a minimum of a master's degree in the program emphasis and with pertinent professional experience;

(D) Made provision for faculty monitoring of operations;

(E) Kept records of student-client contact hours including summary of student progress by the supervisor;

(F) Had a written agreement with the program and student specifying learning objectives; and

(G) Had a mechanism for program evaluation.

(e) Deficiencies in the credit hour requirements of sections (a), (b) or (c) may be remedied by completing graduate level coursework in the deficient area(s) at a regionally accredited institution.

(f) For reciprocity applicants only, five years or more of licensed clinical experience in another state may substitute for a maximum of 15 semester or 20 quarter credits of academic education required for licensure. Clinical experience may not substitute for diagnosis training.

(g) Deficiencies in the supervised experience requirement of section (d) may be remedied by completion of:

(A) At least 700 clock hours of supervised clinical experience, including 280 direct client contact hours; or

(B) At least five years of full-time post-degree clinical experience.

Florida:

491.005.4 Licensure by examination.—

2. If the course title which appears on the applicant's transcript does not clearly identify the content of the coursework, the applicant shall be required to provide additional documentation, including, but not limited to, a syllabus or catalog description published for the course.

Education and training in mental health counseling must have been received in an institution of higher education which at the time the applicant graduated was: fully accredited by a regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation; publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada; or an institution of higher education located outside the United States and Canada, which at the time the applicant was enrolled and at the time the applicant graduated maintained a standard of training substantially equivalent to the standards of training of those institutions in the United States which are accredited by a regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation. Such foreign education and training must have been received in an institution or program of higher education officially recognized by the government of the country in which it is located as an institution or program to train students to practice as mental health counselors. The burden of

establishing that the requirements of this provision have been met shall be upon the applicant, and the board shall require documentation, such as, but not limited to, an evaluation by a foreign equivalency determination service, as evidence that the applicant's graduate degree program and education were equivalent to an accredited program in this country.

Texas:

CHAPTER 681

PROFESSIONAL COUNSELORS

SUBCHAPTER E

ACADEMIC REQUIREMENTS FOR LICENSURE

RULE §681.81

General

- a) The board shall accept as meeting academic requirements, graduate work done at American universities which hold accreditation from accepted regional educational accrediting associations as reported by the American Association of Collegiate Registrars and Admissions Officers.
- (b) Degrees and course work received at foreign universities shall be acceptable only if such course work would be counted as transfer credit by accredited universities as reported by the American Association of Collegiate Registrars and Admissions Officers. Prior to submitting an application for licensure, the potential applicant shall provide the board with documents and evidence to establish that his/her formal education is equivalent to at least a master's degree as required by the License Professional Counselors Licensing Act and Rules and Regulations of the Board, granted by a United States university that is regionally accredited. Documentation must include:
- (1) an original or certified copy of a diploma or other certificate of graduation;
 - (2) a transcript or comparable document of all course work completed; and
 - (3) a certified translation of all documents submitted in a language other than English.
- (c) If degrees or course work cannot be documented because the foreign university refuses to issue a transcript or other evidence of the degrees or course work, the board may consider, on a case-by-case basis, accepting degrees or course work based on other evidence presented by the foreign graduate applicant.
- (d) The relevance to the licensing requirements of academic courses, the titles of which are not self-explanatory, must be substantiated through course descriptions in official school catalogs or bulletins or by other means such as course syllabi.
- (e) The board shall count no undergraduate level courses taken by an applicant as meeting any academic requirements unless the applicant's official transcript clearly shows that the course was awarded graduate credit by the school.
- (f) The board shall accept no course work which an applicant's transcript indicates was not completed with a passing grade or for credit.
- (g) In evaluating transcripts, the board shall consider a quarter hour of academic credit as two thirds of a semester hour.
- (h) A graduate degree and graduate coursework that was awarded or earned more than 10 years prior to the application date may not be used to fulfill the requirements for licensure unless the applicant has held a license issued by another state, has been counseling in Texas in an exempt setting for at least five years prior to the application date or the board waives this provision. If the board waives this provision, it may require the applicant to comply with additional conditions.

Arizona:

R4-6-216. Foreign Equivalency Determination

The Board shall accept as qualification for licensure a degree from an institution of higher education in a foreign country if the degree is substantially equivalent to the educational standards required in this Chapter for professional counseling, marriage and family therapy, and substance abuse counseling licensure. To enable the Board to determine whether a foreign degree is substantially equivalent to the educational standards required in this Chapter, the applicant shall, at the applicant's expense, have the foreign degree evaluated by an entity approved by the Board.

North Carolina:

21 NCAC 53 .0310 FOREIGN DEGREE APPLICANTS

(a) Applicants applying for licensure on the basis of a foreign degree shall provide documentation, in addition to all other

documents required for licensure, that establishes the following:

(1) the existence of the degree granting institution;

(2) the authenticity of the degree, transcripts, and any supporting documents;

(3) the equivalence of the degree in terms of level of training, content of curriculum, and course credits; and

(4) the equivalence of any post-graduate supervised experience obtained in the foreign country.

(b) Documentation shall be in the form of a course-by-course evaluation of credentials submitted directly to the Board from

an evaluation service that is a member of the National Association of Credentials Evaluation Services, Inc.

(www.naces.org).

(c) Except as described in Paragraph (b) of this Rule, only official documents shall be submitted in support of the application

and shall be received directly from the institution or individual involved.

(d) When an official document is not available directly from the institution or individual involved, an original document

possessed by the applicant may be reviewed and copied by a Board member or designee.

(e) Any document that is in a language other than English shall be accompanied by a translation with notarized verification of

the translation's accuracy and completeness. This translation shall be completed by an individual, other than the applicant,

and demonstrates no conflict of interest. The individual providing the translation may be college or university language

faculty, a translation service, or an American consul.

Bylaws

VIRGINIA BOARD OF COUNSELING BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority

The Virginia Board of Counseling (“Board”) is established and operates pursuant to §§ 54.1-2400 and 54.1-3500, et seq., of the *Code of Virginia*. Regulations promulgated by the Virginia Board of Counseling may be found in 18VAC115-20-10 et seq., Regulations Governing the Practice of Professional Counseling; 18 VAC 115-30-10 et seq., “Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants”; 18VAC115-40-10 et seq., “Regulations Governing the Certification of Rehabilitation Providers”; 18VAC115-50-10 et seq., “Regulations Governing the Practice of Marriage and Family Therapy”; 18VAC115-60-10 et seq., “Regulations Governing the Practice of Substance Abuse Treatment Practitioners”, 18VAC115-80-10 et seq., “Emergency Regulations Governing the Practice of Qualified Mental Health Professionals (QMHP), and 18VAC115-70-10 et seq., “Emergency Regulations Governing the Practice of Registered Peer Recovery Specialists”.

B. Duties

The Virginia Board of Counseling is charged with promulgating and enforcing regulations governing the licensure and practice of professional counselors, marriage and family therapists, and substance abuse treatment practitioners, and the certification and practice of substance abuse counselors and rehabilitation providers in the Commonwealth of Virginia, and the registration of qualified mental health professionals and registered peer recovery specialists. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses, certificates, or registrations; setting standards of practice; and implementing a system of disciplinary action.

C. Mission

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

ARTICLE II: THE BOARD

A. Membership

1. The Board shall consist of twelve (12) members, appointed by the Governor as follows:
 - a. Ten (10) professionals licensed in Virginia, who shall represent the various specialties recognized in the profession. The licensed professionals shall be
 - i. Six (6) professional counselors
 - ii. Three (3) licensed marriage and family therapists who have passed the examination for licensure as a marriage and family therapist, and

3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

D. Election of Officers

1. All officers shall be elected for a term of two (2) years and may serve no more than two (2) consecutive terms.
2. The election of officers shall occur at the first scheduled Board meeting following July 1 of each odd year, and elected officers shall assume their duties at the end of the meeting.
 - a. Officers shall be elected at a meeting of the Board with a quorum present.
 - b. The Chairperson shall ask for nominations from the floor by office.
 - c. Voting shall be by voice unless otherwise decided by a vote of the members present. The results shall be recorded in the minutes.
 - d. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.
 - e. Special elections to fill an unexpired term shall be held in the event of a vacancy of an officer at the subsequent Board meeting following the occurrence of an office being vacated.
 - f. The election shall occur in the following order: Chairperson, Vice-Chairperson.

E. Meetings

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of Business at Meetings:
 - a. Adoption of Agenda
 - b. Period of Public Comment
 - c. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.
 - d. Reports of Officers and staff
 - e. Reports of Committees
 - f. Election of Officers (as needed)
 - g. Unfinished Business

- h. New Business
- 3. The order of business may be changed at any meeting by a majority vote.

ARTICLE III: COMMITTEES

A. Duties and Frequency of Meetings.

- 1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.
- 2. All standing committees shall meet as necessary to conduct the business of the Board.

B. Standing Committees

Standing committees of the Board shall consist of the following:

- Regulatory/Legislative Committee
- Special Conference Committee
- Credentials Committee
- Any other Standing Committees created by the Board.

1. Regulatory/Legislative Committee

- a. The Chairperson of the Committee shall be appointed by the Chairperson of the Board.
- b. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Committee
- c. The Committee shall consider all questions bearing upon state legislation and regulation governing the professions regulated by the Board.
- d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
- e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.

2. Special Conference Committee

- a. The Special Conference Committee shall:
 - i. consist of two (2) Board members.

3. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.
4. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) year for the completion of continuing education requirements upon written request from the licensee or certificate holder prior to the renewal date.
5. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.
6. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.
7. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.
8. The Board delegates to the Executive Director, who may consult with a Special Conference Committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
9. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a Board member.
10. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Special Conference Committee member to make a determination as to whether probable cause exists to proceed with possible disciplinary action.
11. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.
12. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

13. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.
14. The Board delegates to the Chairperson, the authority to represent the Board in instances where Board “consultation” or “review” may be requested where a vote of the Board is not required and a meeting is not feasible.
15. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.
16. The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

ARTICLE V: AMENDMENTS

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board’s legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

Adopted: June 3, 2005

Revised: November 5, 2013; January 27, 2017; November 3, 2017

Background Check Requirements

Guidance Document 115-2: Impact of Criminal Convictions, Impairment and Past History on Licensure or Certification

VIRGINIA BOARD OF COUNSELING

Impact of Criminal Convictions, Impairment, and Past History on Licensure or Certification by the Virginia Board of Counseling

INTRODUCTION

This document provides information for persons interested in becoming a licensed professional counselor, marriage and family therapist, licensed substance abuse treatment practitioner, certified substance abuse counselor, certified substance abuse counseling assistant or certified rehabilitation provider. It clarifies how convictions, impairment, and other past history may affect the application process and subsequent licensure or certification by the Board of Counseling.

Until an individual applies for licensure or certification, the Board of Counseling is unable to review, or consider for approval, an individual with a criminal conviction, history of action taken in another jurisdiction, or history of possible impairment. The Board has no jurisdiction until an application has been filed.

GUIDELINES FOR PROCESSING APPLICATIONS FOR LICENSURE OR CERTIFICATION: EXAMINATION, ENDORSEMENT, AND REINSTATEMENT

Applicants for licensure or certification by examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations may be issued a license or certificate pursuant to authority delegated to the Executive Director of the Board in accordance with the Board of Counseling Regulations.

An applicant whose license has been revoked or suspended in another jurisdiction is not eligible for licensure or certification in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it.

Affirmative responses to any questions on applications related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license or certificate or impose sanction shall be referred to the Executive Director to determine how to proceed. The Executive Director, or designee, may approve the application without referral to the Credentials Committee in the following cases:

1. The applicant presents a history of substance use disorder with evidence of continued abstinence and recovery. The Executive Director cannot approve applicants for reinstatement if the license or certificate was revoked or suspended by the Board or if it lapsed while an investigation was pending.
2. The applicant has a history of criminal conviction(s) which does not constitute grounds for denial or Board action or the applicant's criminal conviction history meets the following criteria:
 - The applicant's conviction history consists solely of misdemeanor convictions that are greater than 10 years old.

- The applicant's conviction history consists of one misdemeanor conviction greater than 5 years old and all court requirements have been met.
- The applicant's conviction history consists of one misdemeanor conviction less than 5 years old, the applicant is in full compliance or has met all court requirements, and the applicant has accepted a pre-hearing consent order to approve the application with a reprimand.
- The applicant's conviction history consists of one non-violent felony conviction greater than 10 years old and all court/probationary/parole requirements have been met.

BASIS FOR DENIAL OF LICENSURE OR CERTIFICATION

The Board of Counseling may refuse to admit a candidate to any examination or refuse to issue a license or certificate to any applicant with a conviction of a felony or a misdemeanor involving moral turpitude. The Board may also refuse licensure as a professional counselor, marriage and family therapist, and substance abuse treatment practitioner, and certification as a substance abuse counselor to an applicant unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or as the result of any mental or physical condition. Similarly, the Board may also refuse certification as a rehabilitation provider to an applicant who provides services without reasonable skill and safety to clients by virtue of physical or emotional illness or substance abuse.

Misdemeanor convictions involving moral turpitude mean convictions related to lying, cheating or stealing. Examples include, but are not limited to: reporting false information to the police, shoplifting or concealment of merchandise, petit larceny, welfare fraud, embezzlement, and writing worthless checks. While information must be gathered regarding all convictions, misdemeanor convictions other than those involving moral turpitude will not prevent an applicant from becoming licensed or certified. However, if the misdemeanor conviction information also suggests a possible impairment issue, such as DUI and illegal drug possession convictions, then there still may be a basis for denial during the application process.

Criminal convictions for ANY felony may cause an applicant to be denied licensure or certification. *Each applicant is considered on an individual basis. There are NO criminal convictions or impairments that are an absolute bar to licensure or certification by the Board of Counseling.*

ADDITIONAL INFORMATION NEEDED REGARDING CRIMINAL CONVICTIONS, PAST ACTIONS, OR POSSIBLE IMPAIRMENTS

Applications for licensure or certification include questions about the applicant's history, specifically:

1. Any and all criminal convictions ever received;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure or certification in another state or jurisdiction; and

3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant's ability to practice.

Indicating "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Counseling has the ultimate authority to approve an applicant for testing and subsequent licensure or certification, or to deny approval.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

The following information will be requested from the applicant with past disciplinary action or licensure/certification denial in another state:

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (Counseling-related preferred) since action.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and
- Letters from employers concerning work performance (specifically from counseling-related employers, if possible).

NOTE: Some applicants may be eligible for the Health Practitioner's Monitoring Program (HPMP), which is a monitoring program for persons with impairments due to chemical dependency, mental illness, or physical disabilities. Willingness to participate in the HPMP is information the Board of Counseling will consider during the review process for applicants with a history of impairment or a criminal conviction history related to impairment. Information about the Virginia HPMP may be obtained directly from the DHP homepage at www.dhp.virginia.gov.

Once the Board of Counseling has received the necessary and relevant additional information, the application will be considered. Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board of Counseling members for an informal fact finding conference to consider the application. After the informal fact-finding conference, the application may be: i) approved, ii) approved with conditions or terms, or iii) denied.

NOTE: Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for licensure or certification is grounds for disciplinary action by the Board of Counseling, even after the license or certification has been issued. It is considered to be “procurement of license by fraud or misrepresentation,” and a basis for disciplinary action that is separate from the underlying conviction, past action, or impairment issue once discovered. Possible disciplinary actions that may be taken range from reprimand to revocation of a license or certificate.

FOLLOWING LICENSURE OR CERTIFICATION

Criminal convictions and other actions can also affect an individual already licensed or certified by the Board of Counseling. Any felony conviction, court adjudication of incompetence, or suspension or revocation of a license or certificate held in another state will result in a “mandatory suspension” of the individual’s license or certificate to practice in Virginia. This is a nondiscretionary action taken by the Director of DHP, rather than the Board of Counseling, according to § 54.1-2409 of the Code of Virginia. The mandatory suspension remains in effect until the individual applies for reinstatement and appears at a formal hearing before the Board of Counseling and demonstrates sufficient evidence that he or she is safe and competent to return to practice. At the formal hearing, three fourths of the Board members present must agree to reinstate the individual's license or certificate to practice in order for it to be restored.

GETTING A CRIMINAL RECORD EXPUNGED

Having been granted a pardon, clemency, or having civil rights restored following a felony conviction does not change the fact that a person has a criminal conviction. That conviction remains on the individual’s licensure or certification record. Therefore, any criminal conviction *must* be revealed on any application for licensure or certification, unless it has been expunged.

Chapter 23.1 of Title 19.2 of the Code of Virginia describes the process for expunging criminal records. If a person wants a conviction to be removed from their record, the individual must seek expungment pursuant to §19.2-392.2 of the Code of Virginia. Individuals should seek legal counsel to pursue this course, which involves specific petitions to the court, State Police procedures, and hearings in court.

**Board of Psychology
Draft Joint Guidance
Document on Assessment
Titles and Signatures**

Draft Joint Guidance Document on Assessment Titles and Signatures Draft

Commonwealth of Virginia

Boards of Psychology, Counseling, and Social Work

Conducting client evaluations or assessments pertaining to diagnosis and psychosocial or mental health functioning is within the scope of practice of several licensed mental health professionals. Although some jurisdictions have attempted to define by regulation or statute what types of assessments may be done by what specific mental health professionals, Virginia has not taken that approach. In Virginia, each profession is regulated by its own regulatory body, and each takes its own approach to training and standards of practice.

Just as different healthcare specialists may rely on similar but not identical assessment procedures, different behavioral health professionals may approach assessment practice with both shared and distinctive skills and tools. Historically, protection of the public has relied upon each profession's Board oversight to hold its own members to a customary discipline-wide standard of practice, with the additional expectation that each practitioner limit his or her domain of practice to professional areas of personal competence.

In the case of shared or overlapping services across professional licenses, however, a further public safeguard includes this joint agreement among behavioral health professions to encourage members within each licensure category to represent themselves and their work unambiguously by clearly documenting their professional alliances and qualifying licensure title. This unambiguous representation of each behavioral professional's basis for assessment work involves careful attention to specific labeling and self-presentation in the following ways:

- **Clear and Unambiguous Work Product Heading:** Because labels given to assessment work products may confuse healthcare service recipients, headings placed on an assessment product or report should clearly communicate the examiner's licensed profession.
 - Avoid the use of labels that suggest an assessment might have been conducted by a professional with a different license than the one(s) the examiner holds.
 - Suggested Work Product headings are included in the Table below.

- **Clear and Unambiguous Examiner Titles:** The title in a signature block or other relevant self-designation on a document summarizing an assessment work product should clearly convey the examiner's professional identity and field(s) of licensure.
 - Titles such as "psychological examiner" or "clinical examiner" have the potential to confuse service recipients by failing to convey the examiner's profession.
 - In contrast, such terms as "Clinical Psychologist" or "Licensed Clinical Psychologist," "School Psychologist" or "Licensed School Psychologist," "Applied Psychologist" or "Licensed Applied Psychologist," "Licensed Professional Counselor," or "Licensed Clinical Social Worker" point clearly to the licensee's legal title in Virginia and help service recipients identify the examiner's oversight Board.
 - Listing the Examiner's specific License number is optional.
 - Suggested Signature Titles are included in the Table below.

Virginia License	Suggested Report Heading	Suggested Signature Title
Clinical Psychologists School Psychologists Applied Psychologists	“Psychological Assessment” “Psychological Evaluation” “Psychological Report” Note: Additional, more specific, terms may be added, depending on the focus of the report and the Psychologist’s area(s) of further post-doctoral training and competence (e.g., Forensic, Geriatric, Pediatric, Medical, Neuropsychological).	“Clinical Psychologist” or “Licensed Clinical Psychologist” “School Psychologist” or “Licensed School Psychologist” “Applied Psychologist” or “Licensed Applied Psychologist” Note: Board Certification or other credentials may be added underneath the Psychologist’s licensure category (e.g., “Board Certified in Neuropsychology”) and associated initials may be added after the Psychologist’s degree (e.g., John Smith, Ph.D., ABPP), especially if relevant given to the heading and focus of the document. However, terms such as “neuropsychologist,” “forensic psychologist,” and others hold no legal standing in Virginia. Therefore, reports still should carry the appropriate signature title listed above in order to indicate to the public the licensure category and associated state Board regulating this practice.
Licensed Professional Counselors	“Counseling Assessment” “Counseling Evaluation” “Counseling Report”	“Licensed Professional Counselor”
Licensed Clinical Social Workers	“Social Work Assessment” “Social Work Evaluation” “Social Work Report”	“Licensed Clinical Social Worker”

Clarify conflict with required labels: When a mental health professional’s employer, work setting, or legal work context requires a particular label be used for assessment reports and the required label conflicts with the above suggestions and therefore might introduce confusion about the professional identity of the examiner, the licensed professional should clarify his or her professional identity to the client at the outset of the evaluation and make this explicit within the report and in the signature block (e.g., “Psychological Evaluation” by XXXXXXX, Clinical Psychologist [or Licensed Clinical Psychologist]).

In offering this collective guidance to its licensees, Virginia's Behavioral Science Licensure Boards are adding no formal regulatory restrictions to the use of various professional terms, beyond the protected titles that already reside in their respective regulations. Rather, these Boards are jointly recommending best practice guidelines for regulated members of their respective professions to minimize public confusion and clearly communicate to clients which Board governs the practice of each licensed examiner. The Boards believe this guidance will best represent their members to the public and best direct service recipients to each examiner's specific standards of competence.

EMERGENCY REGULATIONS

GOVERNING THE REGISTRATION OF QUALIFIED MENTAL HEALTH PROFESSIONALS

Commonwealth of Virginia



Emergency REGULATIONS

GOVERNING THE REGISTRATION OF QUALIFIED MENTAL HEALTH PROFESSIONALS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-80-10 et seq.

**Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1
of the *Code of Virginia***

Effective Date: December 18, 2017

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Part I. General Provisions.

18VAC115-80-10. Definitions.

"Accredited" means a school that is listed as accredited on the United States Department of Education College Accreditation database found on the United States Department of Education website.

"Applicant" means a person applying for registration as a qualified mental health professional.

"Board" means the Virginia Board of Counseling.

"Collaborative mental health services" means those rehabilitative supportive services that are provided by a qualified mental health professional, as set forth in a service plan under the direction of and in collaboration with either a mental health professional licensed in Virginia or a person under supervision, that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.

"DBHDS" means the Virginia Department of Behavioral Health and Developmental Services.

"Face-to-face" means the physical presence of the individuals involved in the supervisory relationship or the use of technology that provides real-time, visual and audio contact among the individuals involved.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and development.

"Qualified mental health professional or QMHP" means a person who by education and experience is professionally qualified and registered by the board to provide collaborative mental health services for adults or children. A QMHP shall not engage in independent or autonomous practice. A QMHP shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

"Qualified Mental Health Professional-Adult or QMHP-A" means a registered QMHP who is trained and experienced in providing mental health services to adults who have a mental illness. A QMHP-A shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

"Qualified Mental Health Professional-Child or QMHP-C" means a registered QMHP who is trained and experienced in providing mental health services to children or adolescents who have a mental illness. A QMHP-C shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

"Registrant" means a QMHP registered with the board.

18VAC115-80-20. Fees required by the board.

A. The board has established the following fees applicable to registration of qualified mental health professionals:

Registration	\$50
Renewal of registration	\$30
Late renewal	\$20
Reinstatement of a lapsed registration	\$75
Duplicate certificate of registration	\$10
Returned check	\$35
Reinstatement following revocation or suspension	\$500

B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC115-80-30. Current name and address.

Each registrant shall furnish the board his current name and address of record. Any change of name or address of record or public address, if different from the address of record, shall be furnished to the board within 60 days of such change. It shall be the duty and responsibility of each registrant to inform the board of his current address.

Part II. Requirements for Registration.

18VAC115-80-40. Requirements for registration as a QMHP-A.

A. An applicant for registration shall submit a completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20.

B. An applicant for registration as a QMHP-A shall provide evidence of either:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;
2. A master's or bachelor's degree in human services or a related field from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;
3. A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field and with no less than 3,000 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

4. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. In order to be registered as a QMHP-A, an applicant who does not have a master's degree as set forth in subsection B 1 of this section shall provide documentation of experience in providing direct services to individuals as part of a population of adults with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-A and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.

2. Supervision shall consist of face-to-face training in the services of a QMHP-A until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted towards completion of the required hours of experience.

4. A person receiving supervised training in order to qualify as a QMHP-A may register with the board.

18VAC115-80-50. Requirements for registration as a QMHP-C.

A. An applicant for registration shall submit a completed application for forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20.

B. An applicant for registration as a QMHP-C shall provide evidence of either:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in a human services field or in special education from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

4. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. In order to be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subsection B 1 of this section shall provide documentation of 1,500 hours of experience in providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-C and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Boards of Counseling, Psychology, or Social Work as a pre-requisite for licensure.

2. Supervision shall consist of face-to-face training in the services of a QMHP-C until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted towards completion of the required hours of experience.

4. A person receiving supervised training in order to qualify as a QMHP-C may register with the board.

18VAC115-80-60. Registration of QMHPs with prior experience.

Until December 31, 2018, persons who have been employed as QMHPs prior to December 31, 2017, may be registered with the board by submission of a completed application, payment of the application fee, and submission of an attestation from an employer that they met the qualifications for a QMHP-A or a QMHP-C during the time of employment. Such persons may continue to renew their registration without meeting current requirements for registration provided they do not allow their registration to lapse or have board action to revoke or suspend, in which case they shall meet the requirements for reinstatement.

Part III. Renewal of registration.

18VAC115-80-70. Annual renewal of registration.

All registrants shall renew their registration on or before June 30 of each year. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in 18VAC115-80-20.

18VAC115-80-80. Continued competency requirements for renewal of registration.

A. Qualified mental health professionals shall be required to have completed a minimum of eight contact hours of continuing education for each annual registration renewal. A minimum of one of these hours shall be in a course that emphasizes ethics.

B. Qualified mental health professionals shall complete continuing competency activities that focus on increasing knowledge or skills in areas directly related to the services provided by a QMHP.

C. The following organizations, associations, or institutions are approved by the board to provide continuing education provided the hours are directly related to the provision of mental health services:

1. Federal, state, or local governmental agencies, public school systems, or licensed health facilities; and
2. Entities approved for continuing education by a health regulatory board within the Department of Health Professions.

D. Attestation of completion of continuing education is not required for the first renewal following initial registration in Virginia.

E. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the registrant prior to the renewal date. Such extension shall not relieve the registrant of the continuing education requirement.

F. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the registrant such as temporary disability, mandatory military service, or officially declared disasters upon written request from the registrant prior to the renewal date.

G. All registrants shall maintain original documentation of official transcripts showing credit hours earned or certificates of participation for a period of three years following renewal.

H. The board may conduct an audit of registrants to verify compliance with the requirement for a renewal period. Upon request, a registrant shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or
2. Certificates of participation.

I. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

Part IV. Standards of practice; disciplinary action; reinstatement.

18VAC115-80-90. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Persons registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.
2. Practice only within the competency area for which they are qualified by training or experience and shall not provide clinical mental health services for which a license is required pursuant to Code of Virginia, Title 54.1, Chapters 35, 36, and 37.
3. Report to the board known or suspected violations of the laws and regulations governing the practice of qualified mental health professionals.
4. Neither accept nor give commissions, rebates, or other forms of remuneration for the referral of clients for professional services and make appropriate consultations and referrals based on the interest of patients or clients.
5. Stay abreast of new developments, concepts, and practices which are necessary to providing appropriate services.

C. In regard to confidentiality and client records, persons registered by the board shall:

1. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.
2. Disclose client records to others only in accordance with applicable law.
3. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.
4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

D. In regard to dual relationships, persons registered by the board shall:

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, or which would impair the practitioner's objectivity and professional judgment, or increase the risk of client exploitation. This prohibition includes such activities as providing services to close friends, former sexual partners, employees, or relatives; or engaging in business relationships with clients.
2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of or participation in sexual behavior or

involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

3. Recognize conflicts of interest and inform all parties of obligations, responsibilities, and loyalties to third parties.

E. Upon learning of evidence that indicates a reasonable probability that another mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons registered by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC115-80-100. Grounds for revocation, suspension, restriction, or denial of registration.

In accordance with § 54.1-2400(7) of the Code of Virginia, the board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of qualified mental health professionals, or any provision of this chapter;
2. Procuring or maintaining a registration, including submission of an application or applicable board forms, by fraud or misrepresentation;
3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public; or if one is unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition;
4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of qualified mental health professionals, or any regulation in this chapter;
5. Performance of functions outside the board-registered area of competency;
6. Performance of an act likely to deceive, defraud, or harm the public;
7. Intentional or negligent conduct that causes or is likely to cause injury to a client;
8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;
9. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

10. Failure to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia.

18VAC115-80-110. Late renewal and reinstatement.

A. A person whose registration has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-80-20 for the year in which the registration was not renewed and by providing documentation of completion of continuing education as prescribed in 18VAC115-80-80.

B. A person who fails to renew registration after one year or more shall:

1. Apply for reinstatement;
2. Pay the reinstatement fee for a lapsed registration;
3. Submit evidence of completion of 20 hours of continuing education consistent with requirements of 18VAC115-80-80.

C. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration as prescribed in [18VAC115-80-20](#). The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

Guidance Document 115-8
Approved Degrees in Human
Services and Related Fields for
QMHP

Board of Counseling

Approved Degrees in Human Services and Related Fields for QMHP Registration

Regulations for the Virginia Board of Counseling provide in 18VAC115-80-40 that a person may qualify as a QMHP-A with a “master’s or bachelor’s degree in human services or a related field from an accredited college.” Section 18VAC115-80-50 provides that “a person may qualify as a QMHP-C with a “master’s or bachelor’s degree in human services or in special education from an accredited college.”

The Board recognizes the following degrees as “human services or related fields:”

- Art Therapy
- Behavioral Sciences
- Child Development
- Child and Family Studies/Services
- Cognitive Sciences
- Community Mental Health
- Counseling (Mental health, Vocational, Pastoral, etc.)
- Counselor Education
- Early Childhood Development
- Education (with a focus in psychology and/or special education)
- Educational Psychology
- Family Development/Relations
- Gerontology
- Health and Human Services
- Human Development
- Human Services
- Marriage and Family Therapy
- Music Therapy
- Nursing
- Psychiatric Rehabilitation
- Psychology
- Rehabilitation Counseling
- School Counseling
- Social Work
- Special Education
- Therapeutic Recreation
- Vocational Rehabilitation

The Board may consider other degrees in human services or in fields related to the provision of mental health services.

EMERGENCY REGULATIONS

GOVERNING THE REGISTRATION OF PEER RECOVERY SPECIALISTS

Commonwealth of Virginia



EMERGENCY REGULATIONS

GOVERNING THE REGISTRATION OF PEER RECOVERY SPECIALISTS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-70-10 et seq.

**Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1
of the *Code of Virginia***

Effective Date: December 18, 2017

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Part I General Provisions

18VAC115-70-10. Definitions.

"Applicant" means a person applying for registration as a peer recovery specialist.

"Board" means the Virginia Board of Counseling.

"DBHDS" means the Virginia Department of Behavioral Health and Developmental Services.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and development.

"Peer recovery specialist" means a person who by education and experience is professionally qualified in accordance with 12VAC35-250 to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both.

"Registered peer recovery specialist" or "registrant" means a person who by education and experience is professionally qualified in accordance with 12VAC35-250 and registered by the board to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of DBHDS, a provider licensed by the DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

18VAC115-70-20. Fees required by the board.

A. The board has established the following fees applicable to the registration of peer recovery specialists:

Registration	\$30
Renewal of registration	\$30
Late renewal	\$20
Reinstatement of a lapsed registration	\$60
Duplicate certificate of registration	\$10
Returned check	\$35
Reinstatement following revocation or suspension	\$500

B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC115-70-30. Current name and address.

Each registrant shall furnish the board his current name and address of record. Any change of name or address of record or public address, if different from the address of record, shall be

furnished to the board within 60 days of such change. It shall be the duty and responsibility of each registrant to inform the board of his current address.

Part II

Requirements for registration and renewal

18VAC115-70-40. Requirements for registration as a peer recovery specialist.

A. An applicant for registration shall submit a completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-70-20.

B. An applicant for registration as a peer recovery specialist shall provide evidence of meeting all requirements for peer recovery specialists set by DBHDS in 12VAC35-250-30.

18VAC115-70-50. Annual renewal of registration.

All registrants shall renew their registration on or before June 30 of each year. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in 18VAC115-70-20.

18VAC115-70-60. Continued competency requirements for renewal of peer recovery specialist registration.

A. Registered peer recovery specialists shall be required to have completed a minimum of eight contact hours of continuing education for each annual registration renewal. A minimum of one of these hours shall be in courses that emphasize ethics.

Registered peer recovery specialists shall complete continuing competency activities that focus on increasing knowledge or skills in one or more of the following areas:

- a. Current body of mental health/substance abuse knowledge;
- b. Promoting services, supports, and strategies for the recovery process;
- c. Crisis intervention;
- d. Values for role of peer recovery specialist;
- e. Basic principles related to health and wellness;
- f. Stage appropriate pathways in recovery support;
- g. Ethics and boundaries;
- h. Cultural sensitivity and practice;
- i. Trauma and impact on recovery;
- j. Community resources; or

k. Delivering peer services within agencies and organizations.

B. The following organizations, associations, or institutions are approved by the board to provide continuing education:

1. Federal, state, or local governmental agencies, public school systems, or licensed health facilities.
2. The American Association for Marriage and Family Therapy and its state affiliates.
3. The American Association of State Counseling Boards.
4. The American Counseling Association and its state and local affiliates.
5. The American Psychological Association and its state affiliates.
6. The Commission on Rehabilitation Counselor Certification.
7. NAADAC, the Association for Addiction Professionals and its state and local affiliates.
8. National Association of Social Workers.
9. National Board for Certified Counselors.
10. A national behavioral health organization or certification body recognized by the board.
11. Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.
12. An agency or organization approved by DBHDS.

C. Attestation of completion of continuing education is not required for the first renewal following initial registration in Virginia.

D. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the registrant prior to the renewal date. Such extension shall not relieve the registrant of the continuing education requirement.

E. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the registrant such as temporary disability, mandatory military service, or officially declared disasters upon written request from the registrant prior to the renewal date.

F. All registrants shall maintain original documentation of official transcripts showing credit hours earned or certificates of participation for a period of three years following renewal.

G. The board may conduct an audit of registrants to verify compliance with the requirement for a renewal period. Upon request, a registrant shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or
2. Certificates of participation.

H. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

Part III

Standards of Practice; Disciplinary Actions; Reinstatement

18VAC115-70-70. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Persons registered by the board shall:

1. Practice in a manner that is the best interest of the public and does not endanger the public health, safety, or welfare.
2. Be able to justify all services rendered to clients as necessary.
3. Practice only within the competency area for which they are qualified by training or experience.
4. Report to the board known or suspected violations of the laws and regulations governing the practice of registered peer recovery specialists.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals based on the best interest of clients.
6. Stay abreast of new developments, concepts, and practices which are necessary to providing appropriate services.
7. Document the need for and steps taken to terminate services when it becomes clear that the client is not benefiting from the relationship.

C. In regard to confidentiality and client records, persons registered by the board shall:

1. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

2. Disclose client records to others only in accordance with applicable law.
3. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.
4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

D. In regard to dual relationships, persons registered by the board shall:

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, or which would impair the practitioner's objectivity and professional judgment, or increase the risk of client exploitation. This prohibition includes such activities as providing services to close friends, former sexual partners, employees, or relatives; or engaging in business relationships with clients.
2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five (5) years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.
3. Recognize conflicts of interest and inform all parties of obligations, responsibilities, and loyalties to third parties.

E. Upon learning of evidence that indicates a reasonable probability that another mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons registered by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC115-70-80. Grounds for revocation, suspension, restriction, or denial of registration.

In accordance with § 54.1-2400(7) of the Code of Virginia, the board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of registered peer recovery specialists or any provision of this chapter;
2. Procuring or maintaining a registration, including submission of an application or applicable board forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public; or if one is unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition;
4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of peer recovery specialists or qualified mental health professionals, or any regulation in this chapter;
5. Performance of functions outside the board-registered area of competency;
6. Performance of an act likely to deceive, defraud, or harm the public;
7. Intentional or negligent conduct that causes or is likely to cause injury to a client;
8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;
9. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or
10. Failure to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia.

18VAC115-70-90. Late renewal and reinstatement.

A. A person whose registration has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-70-20 for the year in which the registration was not renewed and by providing documentation of completion of continuing education as prescribed in 18VAC115-70-60.

B. A person who fails to renew registration after one year or more shall:

1. Apply for reinstatement;
2. Pay the reinstatement fee for a lapsed registration;
3. Submit evidence of current certification as a peer recovery specialist as prescribed by DBHDS in 12VAC35-250-30.

C. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-70-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-70-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

Licensure Portability



December 13, 2017

M. Jaime Hoyle
Virginia Boards of Counseling, Department of
Health Professions
Perimeter Center, 9960 Mayland Drive
Suite 300
Richmond, VA 23233

RECEIVED

DEC 20 2017

Board of Counseling

Dear M. Hoyle:

Licensure portability is at the forefront of counseling licensure board issues in many states.

Licensure portability has become a critical public health issue, due to the serious shortage of professional counselors in rural areas in most states. Currently, 60% of the rural areas in the U.S. are designated mental health professional shortage areas by the federal government. The Department of Health and Human Services estimates that there are more than 4,600 mental health professional shortage areas in the U.S., with a total population of more than 100 million people. This means that nearly one in three Americans live in an area with a shortage of mental health professionals.

With licensure portability, professional counselors would be able to more easily move to, and work in, locations in need of counseling support. A resulting increase in the availability of counseling professionals where they are needed the most—particularly in underserved areas—would help every state licensing board to meet its charge of serving the public.

The American Counseling Association (ACA), with more than 54,000 members, is the largest organized body of professional counselors in the world. Organized in 1952, ACA has 20 specialty divisions, publishes 10 professional journals, and sets the standards for the profession through the ACA Code of Ethics.

At the American Counseling Association, we know from experience that transferring a professional counseling license from one state to another is often exceedingly difficult, despite the fact that licensure portability is in the best interest of the public. Every week, ACA receives calls from professional counselors—often with many years of experience—who move, or want to move, to another state, only to experience licensure reciprocity roadblocks.

As the counseling profession moves toward increased standardization, the potential for true licensure portability is within reach. Many state licensing boards now require 60 hours of coursework at the graduate level and 3,000 hours of supervision in the workplace. The American Counseling Association has promulgated a portability model that takes advantage of this increasing standardization:

The American Counseling Association Licensure Portability Model

A counselor who is licensed at the independent practice level in their home state and who has no disciplinary record shall be eligible for licensure at the independent practice level in any state or U.S. jurisdiction in which they are seeking residence. The state to which the licensed counselor is moving may require a jurisprudence examination based on the rules and procedures of that state.

The American Counseling Association model promotes portability by removing virtually all of the barriers that could impede professional counselors in transferring their license to another state. At the same time, the model recognizes that each state may want to require a jurisprudence exam to verify that professional counselors are knowledgeable about mandated reporting requirements and pertinent laws in a particular state.

The ACA model is simple for licensure boards to implement; it minimizes the process of checking credentials and supervisory hours. In combined boards, the ACA model can be implemented for counseling alone or for multiple professions.

As the president of the American Counseling Association, I hope to continue the dialogue on licensure portability. Please let me know your thoughts about the best way forward—and how you think that the American Counseling Association and the ACA licensure portability model might play a role. My e-mail is glawson@vt.edu.

For more information from ACA, you can contact Scott MacConomy at smaconomy@counseling.org.

Sincerely,



Gerard Lawson, PhD, LPC, NCC, ACS
President
American Counseling Association

RECEIVED

DEC 20 2017

Board of Counseling



ACA Licensure Portability Model

“A counselor who is licensed at the independent practice level in their home state and who has no disciplinary record shall be eligible for licensure at the independent practice level in any state or U.S. jurisdiction in which they are seeking residence. The state to which the licensed counselor is moving may require a jurisprudence examination based on the rules and procedures of that state.”

—Approved by the ACA Governing Council, June 2016

Licensure portability—the ability to transfer a professional counseling license when a practitioner moves to a different state—is one of the foremost concerns of professional counselors. Counselor licensure titles and requirements, which can vary widely from state to state, can force even the most experienced of counselors to obtain additional supervision hours or meet other requirements before they can secure a new license after a move across state lines. In some cases, counselors with decades of experience are told that they cannot transfer their license to their new home state under any condition.

The Road to a Licensure Portability Model

Counselor licensure requirements were set up individually by each state over a period of decades—beginning with Virginia in 1976 and ending with California in 2009—as the profession matured and pushed to establish itself. In the process, significant disparities arose among counselor licenses across the United States, creating many of the ongoing obstacles in licensure portability.

Today:

- More than 45 titles are used by state counseling boards.
- No two scopes of practice are the same.
- The number of required graduate credits can range from an unstated amount to 42, 48, or 60 credits.
- The number of required post-graduate supervision hours can range from 500 to 4,500 hours.

The ACA Licensure Portability Model

The American Counseling Association Governing Council approved the ACA Licensure Portability Model in June 2016.

The ACA Licensure Portability Model calls for counselors who are licensed in one state and have no disciplinary record to become eligible for license “in any state or U.S. jurisdiction in which they are seeking residence.” The

model recognizes that a state may require these counselors to take a jurisprudence examination to verify that they are knowledgeable about mandated reporting and other pertinent laws in that particular state. The model focuses on the issuance of a state counseling license as the key to portability.

The ACA Licensure Portability Model takes into account the increasing standardization of training and post-graduation supervision requirements, is inclusive of all independently licensed professional counselors, and is respectful of the training that counselors undergo.

Why Licensure Portability Benefits the Public

The ACA Licensure Portability Model was designed with the intention of protecting the public. The model clearly stipulates that portability is contingent upon a violation-free practice.

Licensure portability for professional counselors can help the public by:

- Encouraging counselors to consider relocating to the areas where more than 100 million Americans live with an officially recognized shortage of mental-health-care professionals. Rural areas, in particular, face a documented and dire shortage of counselors.
- Standardizing professional counseling for the 7.6 million people who move to a different state each year.
- Helping licensing boards to better meet the needs of underserved populations such as senior citizens, people of color, and the poor.

FAQs

What is licensure portability?

Licensure portability refers to the ability of a professional counselor licensed at the independent practice level to transfer a license to another state or U.S. jurisdiction when the counselor changes residence to that state or jurisdiction.

I sometimes hear the word “reciprocity.” What is the difference between portability and reciprocity?

In terms of licensure, portability and reciprocity mean the same thing; they are equivalent and interchangeable terms.

Is licensure portability problematic?

It is. Transferring a professional counseling license from one state or U.S. jurisdiction to another is often exceedingly difficult and has become a crisis. *Counseling Today* Online published seven articles on this issue in recent years and the American Counseling Association presented a keynote address on the lack of portability to licensing boards at the American Association of State Counseling Boards conference. ACA receives calls every week from licensed counselors—often with many years of experience—who move to another state and experience licensure reciprocity roadblocks. As a result, licensed counselors can feel that they are prisoners in their own state.

What caused this crisis?

The crisis in licensure portability occurred because state licensing boards developed their rules and regulations independently of each other. This resulted in, as one article in *Counseling Today* put it, “little consistency from state to state regarding licensure titles, counselor scope of practice, and education requirements to become a counselor.” There are currently over 45 counselor licensure titles, no two scopes of practice are the same, minimum graduate credit hours vary from none stated to 60, and supervision requirements vary from 500 to 4,500 hours. State counseling boards recognize that licensure portability is in crisis, as characterized by one licensing board chair who stated in a *Counseling Today* article that, “I see this [licensure portability] as the most important discussion point in the regulatory process for our profession.”

What is ACA doing to promote licensure portability?

ACA developed a Licensure Portability Model to promote with state counseling boards.

Why did ACA word the model the way that it did?

We wanted to propose the least restrictive approach possible. ACA believes that counselors licensed at the independent practice level without any disciplinary record should be able to move freely throughout the United States and be granted a reciprocal license in their new home state. Since laws that impact counselors (e.g., mandated reporting statutes) vary from state to state, the model recognizes that jurisdictions may require a state jurisprudence exam.

The ACA policy focuses on counselors licensed at the independent practice level. What about counselors who hold a license at other levels?

The ACA Licensure Portability Model focuses on counselors who have achieved the highest level of license—the level that permits a private (independent) practice. Other levels of license are either too idiosyncratic (e.g., the first tier of a two-tier state) or do not demonstrate enough experience (e.g., provisional or associate licenses that are issued while a candidate is completing supervision requirements) to be accepted by licensing boards across the country.

Does the ACA portability model impact school counselors working in schools or rehabilitation counselors working in offices of vocational rehabilitation?

No. Certification and licensing that permit school counselors to work in public schools are issued by state education departments. The Certified Rehabilitation Counselor (CRC) credential, which is required for many rehabilitation counseling positions, is a private certification issued by the Commission on Rehabilitation Counselor Certification. Portability for school counselors working in a school setting and rehabilitation counselors working in an Office of Vocational Rehabilitation (OVR) is much less problematic.

What is ACA doing to promote the Licensure Portability Model?

ACA presented the Licensure Portability Model to state licensing boards during a presentation at the American Association of State Counseling Boards annual conference. Follow-up is ongoing.

How does the portability model affect the 20/20 licensure title and scope of practice?

The ACA-endorsed licensure title (Licensed Professional Counselor) and licensure scope of practice promulgated by 20/20: A Vision for the Future of Counseling complements the ACA Licensure Portability Model. The ability to seamlessly transfer a license to another state increases when both jurisdictions use the same license title and scope of practice. As such, ACA is continuing to promote the 20/20 licensure title and scope of practice with licensing boards.

Still have questions?

Contact portability@counseling.org or call 800-347-6647 x397

National Counselor Licensure Endorsement Process
Recommended Revision – 1/12/18
Submitted by Tennessee

Any counselor licensed at the highest level of licensure for independent practice available in his or her state may obtain licensure in any other state or territory of the United States if all of the following criteria are met.

1. Licensees may be endorsed for licensure in another state if:
 - a. The individual has been licensed at their state's (or states') highest level of licensure for ten (10) years or more;
 - b. Their license has been active for the past 3 of 5 years ; and
 - c. Their license is in good standing with no prior disciplinary issues

OR...

2. The licensee meets all academic, exam and postgraduate supervised experience standards as adopted by the state counseling licensure board for which they are applying.

If NOT, then...

3. The licensee has engaged in ethical practice with no prior disciplinary actions within the previous 5 years.
4. The licensee successfully passes a criminal background check.
5. The licensee has possessed the highest level of counselor licensure for independent practice for at least the last 3 of 5 years from the date of application for licensure endorsement.
6. The licensee has completed a jurisprudence or equivalent exam if required by the state regulatory body; AND
7. The licensee complies with ONE of the following:
 - a. Has passed the National Clinical Mental Health Counselor Exam (NCMHCE); OR
 - b. Holds the National Certified Counselor (NCC) credential, in good standing, as issued by the National Board for Certified Counselors (NBCC); OR
 - c. Holds a graduate-level degree from a program clinical counseling program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP).



National Counselor Licensure Endorsement Process (NCLEP): Portability Panel

Panelists:

Dave Bergman, NBCC and Affiliates

Joel Miller, AMHCA

Angela McDonald, AASCB

Heather Trepal, ACES

Portability, Endorsement, Reciprocity, Interstate Compacts

- Portability: the quality of being portable
- Endorsement: A process whereby a state issues an unrestricted license to practice to an individual who holds a valid and unrestricted license in another jurisdiction based on certain criteria.
- Reciprocity: A process of granting a license to practice an occupation based on a formal agreement between at least two states to mutually recognize the licensure process as being equivalent.
- Interstate Compacts: Legal agreements between states regarding licensure.
- Barriers to portability: variation in definitions, variation in training and examination, delays in application processing, retroactive requirements

The Portability Task Force agreed upon five (5) key tenets:

A uniform licensure endorsement process *must*:

- I. Significantly increase public access to qualified care;
- II. Establish minimum standards for safe practice;
- III. Reduce administrative burdens for both state regulatory boards and licensees;
- IV. Create consistency in licensure standards across state lines;
and
- V. Ensure the continued development of the profession and protection of the public.



National Counselor Licensure Endorsement Process

Any counselor licensed at the highest level of licensure for independent practice available in his or her state may obtain licensure in any other state or territory of the United States if all of the following criteria are met:

- 1) The licensee has engaged in ethical practice, with no disciplinary sanctions, for at least 5 years from the date of application for licensure endorsement.
- 2) The licensee has possessed the highest level of counselor licensure for independent practice for **at least 3 years** from the date of application for licensure endorsement
- 3) The licensee has completed a jurisprudence or equivalent exam if required by the state regulatory body.
- 4) The licensee complies with **ONE** of the following:
 - a) Meets all academic, exam, and post-graduate supervised experience standards as adopted by the state counseling licensure board.
 - b) Holds the National Certified Counselor (NCC) credential, in good standing, as issued by the National Board for Certified Counselors
 - c) Holds a graduate level degree from a program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP)

COLLABORATING WITH OTHER LICENSING BOARD MEMBERS: SHARED PERSPECTIVES

*Kathy Ybañez-Llorente, PhD, LPC-S
Texas State University*

*AASCB 2018 Conference
San Antonio, Texas*

Differences in titles across the nation

LPC	Alabama	Connecticut	Mississippi	Oklahoma	Texas	Wyoming
	Alaska	DC	Missouri	Oregon	Utah	
	Arizona	Georgia	Nebraska	Pennsylvania	Virginia	
	Arkansas	Louisiana	New Jersey	Puerto Rico	West Virginia	
	Colorado	Michigan	North Carolina	South Carolina	Wisconsin	
LPCC	California	Kentucky	Minnesota	New Mexico	North Dakota	Ohio
LPC/MHSP	Tennessee					
LPCMH	Delaware	South Dakota				
LCPC	Idaho	Kansas	Maryland	Nevada		
	Illinois	Maine	Montana			
LMHC	Florida	Indiana	Massachusetts	Washington		
	Hawaii	Iowa	New York			
LCMHC	New Hampshire		Rhode Island	Vermont		

- Recent efforts to define aspects of the counseling profession have resulted in greater consensus regarding counselor professional identity

(Kaplan, Tardydas, & Gladding, 2014)

- A review of state licensing boards across the nation reveals not only differences in licensure requirements (ACA, 2016), but also in areas such as board composition, responsibilities of board members, contact with licensees, and cooperative relationships with professional associations.
-

- Despite these differences, licensing board members and board administrators/executive directors are at the forefront of the profession, faced with the important task of oversight of the profession.

- How is this accomplished?

- Scant research exists on regulatory boards

(Kress, et al, 2015)

Examination of impact

- Scope of practice issues

(Kassirer, et al, 2013)

- CACREP accreditation as a solution to portability

(Mascari & Webber, 2013)

What are the perceptions of state licensing board members across the nation who work to regulate the counseling profession?



Subjects

- State licensing board members:
 - Executive Director/Administrator/Board Manager/Examiner
 - Professional Member
 - Public/Citizen/Consumer Member

(Eligible participants: current members and those completing board service within the last 2 years)

Respondents

- Represent 41 states (Invited all 50 states, DC & Puerto Rico)
- Executive Directors, Professional Members, and Public Members
 - Professional members (76.15%)
 - Executive Directors (18.36%)
 - Public Member (5.5%)
- Gender: Female (58.5%) Male (39.6%) Not listed (1.8%)
- Caucasian (62%) Asian (7.3%) Hispanic/Latina/o (9.3%) Native Hawaiian/Pacific Islander (6%) Black/African American (6%) American Indian/Alaska Native (4.6%) Other (4.6%)



BARRIERS TO:

- *APPLICATION PROCESSING*
 - *POST-GRADUATE SUPERVISION*
 - *PORTABILITY*
 - *RECIPROCITY AGREEMENTS*
-

STAKEHOLDER PARTNERSHIPS WITH LICENSING BOARDS





*Current
Legislative
Concerns*

*Trends in
state
licensure
regulation*



How can awareness of shared perspectives across licensing board members lead to a reduction in barriers to licensure, including portability?



American Counseling Association. (2016). Licensure requirements for professional counselors: A state-by-state report. Alexandria, VA: Author.

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Thank
you!



Kathy Ybañez-Llorente,
PhD, LPC-S

kybanez@txstate.edu

**National Board of Certification
Counselor (NBCC) – Master
Addictions Counselor (MAC)
certification consideration**

**Board to consider amending Guidance Document –
115-1.9 to add National Board of Certified Counselors
(NBCC) – Master Addictions Counselor (MAC)
Certification to the list of national certifications
deemed equivalent.**

**National Board of Certified Counselors (NBCC) –
Master Addictions Counselor Certification**

According to Allison Sanders, Certification Service Team Leader for NBCC, below are the requirements for the NBCC MAC certification.

1. Applicants must hold the NCC credential at the time of application.
2. Applicants must have 12 semester hours (or 18 quarter hours) of graduate-level addictions coursework. This may include one three-semester-hour course in group counseling and one three-semester-hour course in marriage and family counseling. Five hundred hours of continuing education coursework in addictions-specific topics may be substituted for the 12 semester hours.
3. Applicants must verify 36 months of addictions counseling work experience and supervision.
4. Applicants must have a passing score on the Examination for Master Addictions Counselors (EMAC).
5. Applicants must obtain colleague and supervisor endorsements.

Virginia Board of Counseling

National Certifications approved by the Board for Certification as a Substance Abuse Counselor by endorsement

In Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants, Section 18VAC115-30-45 states that: “Every application for certification by endorsement shall submit verification of a current certification in good standing issued by NAADAC or other board-recognized national certification in substance abuse counseling obtained by educational and experience standards substantially equivalent to those set forth in this chapter.”

For the purpose of meeting the requirement of Section 45, the Board has determined that the following national certifications are deemed substantially equivalent:

- The National Certified Addiction Counselor Level II (NCAC II) accreditation from the National Certification Commission for Addiction Professionals (NCC AP)/NAADAC, the Association of Addiction Professionals;
- The Master Addiction Counselor (MAC) accreditation from the National Certification Commission for Addiction Professionals (NCC AP)/NAADAC, the Association of Addiction Professionals; or
- The Advanced Alcohol & Drug Counselor (AADC) accreditation from the International Certification & Reciprocity Consortium (IC&RC)