Virginia Department of Health Professions
Board of Counseling

Agenda
Full Board Meeting

February 8, 2019
Board Room 1
10:00 a.m.

10:00 a.m Call to Order – Kevin Doyle, Board Chair

- Welcome and Introductions
- Emergency Egress Procedures
- Mission of the Board

10:05 a.m. Public Hearing

- Public Comment on the Regulations Governing the Registration of Peer Recovery Specialists
- Public Comment on the Regulations Governing the Registration of Qualified Mental Health Professionals

Approval of Minutes

- Board Meeting – November 2, 2018*
- QMHP Information Session – November 27, 2018*
- Regulatory Committee Meeting – January 4, 2019
- Regulatory Committee Meeting – November 1, 2018
- Ad-Hoc Committee Meeting on Tele-Assisted Counseling and Supervision – November 1, 2018

Ordering of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Report - David E. Brown, DC

Chair Report – Kevin Doyle

Legislation and Regulatory Actions – Elaine Yeatts

- Report on 2019 Legislative Actions
- Report on Regulatory Actions
    - Acceptance of Doctoral Practicum/Internship Hours towards Residencey Requirements
    - Credential Review for Foreign Graduates
    - Requirement for CACREP Accreditation for Educational Programs
    - Delegation to an Agency Subordinate
    - Regulations Governing the Registration of Peer Recovery Specialists

- Regulations Governing the Practice of Qualified Mental Health Professionals
- Discussion of Recommendations from the Regulatory Committee
  - Adoption of Final Amended Regulations Governing the Cetification of Substance Abuse Counselors and Substance Abuse Counseling Assistants*
  - Adoption of Notice of Intended Regulatory Action (NOIRA) for Regulations Governing the Practice of Professional Counseling (18VAC115-20-10 et. seq.) *
  - Adoption of NOIRA for Regulations Governing the Practice of Marriage and Family Therapy (18VAC115-50-10 et.seq.) *
  - Adoption of NOIRA for Regulations Governing the Practice Licensed Substance Abuse Practitioners (18VAC115-60-10 et.seq.) *
  - Petition for Rulemaking to amend regulations for residents in counseling to prohibit promoting or advertising their services independently to solicit business from the public*
  - Petition for Rulemaking to count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral program towards hours of residency.*

Unfinished Business

- Consideration of Policy Action on Conversion Therapy*
- Reciprocity Agreements
- Criminal Background Checks

Presentation

- Interstate Compact – David Kaplan, Ph.D., Chief Clinical Officer, American Counsleing Association

Staff Reports

- Executive Director's Report – Jaime Hoyle
- Discipline Report – Jennifer Lang, Deputy Executive Director
- Licensing Manager's Report – Charlotte Lenart, Licensing Manager

Board Counsel Report – James Rutkowski, Assistant Attorney General

Committee Reports

- Board of Health Professions Report – Kevin Doyle
- Legislative/Regulatory Committee – John Brendel
- Ad Hoc Committee on Tele-Assisted Counseling and Supervision – Terry Tinsley

New Business

- Goals for 2019

Next Meeting – May 31, 2019

Meeting Adjournment

*Indicates a Board Vote is required
This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section §2.2-3707(F).

Public Hearing

Public Comment on the Regulations Governing the Registration of Peer Recovery Specialists and Regulations Governing the Registration of Qualified Mental Health Professionals

Proposed Regulations (Comment period 2/4/19 to 4/5/19)

BOARD OF COUNSELING

Initial regulations for registration

CHAPTER 70

REGULATIONS GOVERNING THE REGISTRATION OF PEER RECOVERY SPECIALISTS

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 that 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:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-70-20; and

2. A current report from the National Practitioner Data Bank (NPDB).

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:

1. Current body of mental health/substance abuse knowledge;

2. Promoting services, supports, and strategies for the recovery process;

3. Crisis intervention;

4. Values for role of peer recovery specialist;

5. Basic principles related to health and wellness;

6. Stage appropriate pathways in recovery support;

7. Ethics and boundaries;

8. Cultural sensitivity and practice;

9. Trauma and impact on recovery;

10. Community resources; or

11. 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 and make appropriate consultations and referrals based on the best interest of clients.

6. Stay abreast of new developments, concepts, and practices that 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, that would impair the practitioner's objectivity and professional judgment, or that would 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 the client's 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 subdivision 7 of § 54.1-2400 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, attempting to procure, or maintaining a registration 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 or 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; and

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.

FORMS (18VAC115-70)

~~Registered Peer Recovery Specialists Application and Instructions (rev. 11/2017)~~

https://www.license.dhp.virginia.gov/apply/

Proposed Regulations (Comment period 2/4/19 to 4/6/19)

BOARD OF COUNSELING

Initial regulations for registration

CHAPTER 80

REGULATIONS GOVERNING THE REGISTRATION OF QUALIFIED MENTAL HEALTH PROFESSIONALS

Part I

General Provisions

18VAC115-80-10. Definitions.

"Accredited" means a school that is listed as accredited on the U.S. Department of Education College Accreditation database found on the U.S. Department of Education website. If education was obtained outside the United States, the board may accept a report from a credentialing service that deems the degree and coursework is equivalent to a course of study at an accredited school.

"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 Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite 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 that 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, the Department of Corrections, 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, the Department of Corrections, 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 up to the age of 22 who have a mental illness. A QMHP-C shall provide such services as an employee or independent contractor of the DBHDS, the Department of Corrections, 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 the 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 qualified mental health professional-adult.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20; and

2. A current report from the National Practitioner Data Bank (NPDB).

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

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. To be registered as a QMHP-A, an applicant who does not have a master's degree as set forth in subdivision 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 Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision obtained in another U. S. jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.

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 toward completion of the required hours of experience.

4. A person receiving supervised training to qualify as a QMHP-A may register with the board. A trainee registration shall expire five years from its date of issuance.

18VAC115-80-50. Requirements for registration as a qualified mental health professional-child.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20; and

2. A current report from the National Practitioner Data Bank (NPDB).

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

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. To be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subdivision 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 Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision

obtained in another U. S. jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.

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 toward completion of the required hours of experience.

4. A person receiving supervised training to qualify as a QMHP-C may register with the board. A trainee registration shall expire five years from its date of issuance.

18VAC115-80-60. Registration of qualified mental health professionals 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 registrations 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. Persons who hold registration both as a QMHP-A and QMHP-C shall only be required to complete eight contact hours. 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, licensed health facilities, or an agency licensed by DBDHS; 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, and 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 Chapters 35 (§ 54.1-3500 et seq.), 36 (§ 54.1-3600 et seq.), and 37 (§ 54.1-3700 et seq.) of the Code of Virginia.

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 that 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, that would impair the practitioner's objectivity and professional judgment, or that would 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 the client's 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 subdivision 7 of § 54.1-2400 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, attempting to procure, or maintaining a registration 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 or 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; and

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.

FORMS (18VAC115-80)

~~Qualified Mental Health Profession-Adult, Application and Instructions (rev. 11/2017)~~

https://www.license.dhp.virginia.gov/apply/

~~Qualified Mental Health Profession-Child, Application and Instructions (rev. 11/2017)~~

https://www.license.dhp.virginia.gov/apply/

~~Qualified Mental Health Profession-Adult, Grandfathering Application and Instructions (rev. 11/2017)~~

https://www.license.dhp.virginia.gov/apply/

~~Qualified Mental Health Profession-Child, Grandfathering Application and Instructions (rev. 11/2017)~~

https://www.license.dhp.virginia.gov/apply/

~~Supervised Trainee, Application and Instructions (rev. 11/2017)~~

https://www.license.dhp.virginia.gov/apply/

Approval of Counseling Quarterly Board Meeting Minutes

November 2, 2018

DRAFT

BOARD OF COUNSELING
QUARTERLY BOARD MEETING
Friday, November 2, 2018

TIME AND PLACE:	The meeting was called to order at 9:04 a.m. on Friday, November 2, 2018, in Board Room 2 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Kevin Doyle, Ed.D., LPC, LSATP, Chairperson
BOARD MEMBERS PRESENT:	Barry Alvarez, LMFT Johnston Brendel, Ed.D., LPC, LMFT Jane Engelken, LPC, LSATP Natalie Harris, LPC, LMFT Danielle Hunt, LPC Bev-Freda L. Jackson, Ph.D., Citizen Member Vivian Sanchez-Jones, Citizen Member Maria Stransky, LPC, CSAC, CSOTP Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC Holly Tracy, LPC, LMFT Tiffinee Yancey, Ph.D., LPC
STAFF PRESENT:	Tracey Arrington-Edmonds, Licensing Specialist Christy Evans, Discipline Case Specialist Jaime Hoyle, JD, Executive Director Charlotte Lenart, Licensing Manager
OTHERS PRESENT:	David E. Brown, D.C., DHP Director James Rutkowski, Assistant Attorney General Elaine Yeatts, DHP Senior Policy Analyst
WELCOME & INTRODUCTIONS:	Dr. Doyle welcomed the Board members, staff and public in attendance which consisted of Simone Lambert, LPC (President, American Counseling Association), Arnold Woodruff (VAMFT), Gerard Lawson (Professor, Virginia Tech), Denise Hall (Virginia Commonwealth University), and counseling students from Virginia Commonwealth University.
ADOPTION OF AGENDA:	The agenda was accepted as presented.
PUBLIC COMMENT:	Dr. Lambert, the President of the American Counseling Association (ACA), informed the Board that the ACA passed a motion supporting an interstate licensure compact. The compact would address making professional counselors licenses more portable and allow telehealth with neighboring states.
APPROVAL OF MINUTES:	Dr. Brendel moved to approve the Board meeting minutes of May 18, 2018. Ms. Engelken seconded the motion, and it passed unanimously. The Board was informed that the Regulatory Committee meeting minutes of May 17, 2018 had been approved. Upon a motion by Mr. Alvarez, which was properly seconded by Dr. Brendel, the September 7, 2018 Supervisor Summit minutes passed unanimously.

DHP DIRECTOR'S REPORT:

Dr. Brown informed the Board of:

- An upcoming meeting with the Communication Director and the Society of Professional Journalists on Virginia Commonwealth University campus that should provide information related to today's social media trends and Virginia's efforts in the opioid health crisis.
- The completion of the DHP probable cause video for Board Member training.
- DHP's work with Virginia State Police and the Henrico County Crime Prevention Environmental Divide Unit to establish best practice safety protocols.
- Change of the DHP yearly Board Member orientation. Board member training will now be initiated at the Board level. The Board staff will schedule the orientation sessions to train board members on changes relevant to the Board and the Agency.
- A Conversion Therapy workgroup that convened on October 5, 2018, to discuss the need to regulate conversion therapy for minors. The workgroup heard 90 minutes of public comment. The Director's office will summarize the information, then each of the Board's can discuss moving forward with the regulation during future meetings.

REGULATORY/LEGISLATIVE REPORT:

Ms. Yeatts provided a chart of current regulatory actions as of October 17, 2018 that listed:

- 8VAC 115-20 Regulations Governing the Practice of Professional Counseling – Credential review for foreign graduate (action 5089): This action provides a pathway for foreign-trained graduates in counseling to obtain licensure as a professional counselor in Virginia. The Notice of Intended Regulatory Action (NOIRA) register date was 9/17/18, and the public comment period closed on 10/17/18.

  Ms. Stransky moved to adopt the proposed regulations. Ms. Sanchez-Jones seconded the motion, and it passed unanimously.

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling - requirement for CACREP accreditation for educational programs (action 4259): This regulatory action would add a requirement for all counseling programs leading to a license as a professional counselor to be clinically-focused and accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or an approved affiliate, such as the Council on Rehabilitation Education (CORE). The proposed stage was withdrawn on 11/3/17 (state 8032).

  The Board addressed this issue under unfinished business.

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling - acceptance of doctoral practicum/internship hours towards residency requirements (action 4829): This regulatory action allows supervised practicum and internship hours in a doctoral program accredited by CACREP to meet a portion of the hours of supervised practice required for licensure. The proposed register date was 8/6/18 and the public comment period closed on 10/5/18.

Ms. Hunt moved to adopt the final regulations. Ms. Harris seconded the motion, and it passed unanimously.

- 18VAC 115-30 Regulations Governing the Certification of Substance Abuse Counselors updating and clarifying regulations (Action 4691); This regulatory action updates and clarifies the regulations. The proposed register date was 10/29/18, and the public comment period is 10/29/18 to 12/28/18. A public hearing was held on 11/1/18. The Board will address final approval of the regulatory changes at the next Board meeting.

- 18VAC115-70 Regulations Governing the Registration of Peer Recovery Specialists (under development) – Initial regulations for registration (action 4890): These regulations are promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly, which gave the Board of Counseling the authority to register peer recovery specialists. The proposed regulations are under review at the Governor's Office (stage 8296).

- 18VAC115-80 Regulations Governing the Registration Qualified Mental Health Professionals (under development) – Initial regulations for registration (action 4891): These regulations are promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly, which gave the Board of Counseling the authority to register qualified mental health professionals. The proposed regulations are under review at the Governor's Office (stage 8297).

- Charles R. McAdams, III filed a petition for rulemaking, requesting that the Board amend the requirements for licensure by endorsement to include the National Counselor Licensure for Endorsement Process (NCLEP) as a route for counselor licensure.

  Dr. Brendel moved not to initiate rulemaking, but consider the context during the scheduled periodic review. Ms. Sanchez-Jones seconded the motion, and it passed unanimously.

  Ms. Hunt moved that the Board take action during the periodic review to recognize Certified Clinical Mental Health Counselors (CCMHC) by National Board for Certified Counselors (NBCC) as a Board recognized entity. The motion was seconded and passed unanimously.

CHAIRMAN REPORT:

Dr. Doyle reported that he and Ms. Lenart attended the State Licensure Board meeting in September in Minneapolis sponsored by CCE and that discussions focused on licensure portability and compacts among other things. He stated that AASCB will not be having its annual meeting in January but will instead piggyback with the CCE meeting later in 2019.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle reported that the Board's operating budget report as of June 30, 2018 was provided in the agenda packet. She highlighted the surplus of funds due to the continued increase in applications. All applications are increasing, but the vast majority of applications are QMHPs. She thanked staff for processing the increased volume of ALL applications in accordance with agency performance standards.

Dr. Brown thanked Ms. Lenart and her team for all of their hard work. Upon a motion

by Dr. Doyle, that was properly secondly, the Board unanimously commended Ms. Lenart and her team.

DEPUTY EXECUTIVE DIRECTOR'S DISCIPLINE REPORT:

Ms. Hoyle reported on behalf of Ms. Lang that the reports provided in the agenda packet are also available on our website. The Board is seeing an increase in complaints related to QMHP's, and we anticipate this number to grow. She thanked the Board for working with the disciplinary staff in order to keep the cases up-to-date per agency requirements.

LICENSING MANAGER'S REPORT:

Ms. Lenart reported to date, this year the Board has issued the following licenses, certifications and residency approvals.

- 563 LPC licenses - total of 1,666 resident in counseling (575 initial and 1,091 add/change),
- 46 LMFTs total of 82 residents in marriage and family (41 initial and 41 add/change),
- 54 LSATPs with one resident in substance abuse
- 107 CSAC – 176 CSAC supervision applications
- 49 CSAC-As,
- 7 CRPs

Additionally, the Board has received 12,654 QMHP-A, QMHP-C and QMHP-Trainee applications and has approved 8,756 registrations. The Board has received 213 Peer Recovery Specialists applications, and approved 158. (There are almost 4,000 applications pending and the Board continues to receive 60 to 120 applications per day) she expects these number to continue to increase as it get closer to the December 31, 2018 deadline for QMHP applicants to apply by grandfather.

On September 7th, the Board held its 2nd supervisor summit, and had approximately 130 attendees. The feedback from the meeting has been positive. The QMHP session that was scheduled for October 11, 2019 was canceled due to inclement weather causing the closing of all Richmond area state offices. The QMHP session has been rescheduled for November 27, 2018 at 10:00am. Board members are encouraged to participate. DBHDS and DMAS will be present to help answer questions concerning the registration of QMHPs and Peers.

Ms. Lenart thanked Ms. Hoyle and Dr. Brown for allowing her the opportunity to attend the State Licensure Board Meeting and the Association of Marital and Family Therapy Regulatory Board Conference this fall. The knowledge and contacts that were made are invaluable.

Recently, Ms. Lenart presented at the Virginia Association of Community Based Providers conference in October in which she provided a regulatory update along with information on the proposed changes to the QMHP Regulations.

Ms. Lenart shared that the Board of Counseling customer satisfaction survey for the 4th quarter with over 70 responses received a 98.3% approval satisfaction score. The score is directly related to the staff's hard work and dedication. Staff have not only had a dramatic increase in applications, but the calls and emails have more than tripled. Staff continues to strive to provide excellent customer service and process applications within 30 days.

BOARD COUNSEL REPORT: No report.

BOARD OF HEALTH PROFESSIONS REPORT: Dr. Doyle informed the Board of key issues that he wants the Board to be aware of as they relate to the Board of Counseling:

- The Board will schedule the Board Member training sessions at Board meetings because DHP will no longer host the yearly Board Member training.
- Virginia Department for Aging and Rehabilitative Services reported on Recommendations for Improving Family Caregiver Support in Virginia 2018. This information impacts the counseling professions.
- Other boards are entering into licensure compacts. Is a compact obtainable or necessary for the Board of Counseling?
- Ms. Willinger presented on DHP's criminal background check process, and she will be presenting this information later on the agenda for the Board to decide whether background checks should be required for the Board of Counseling applicants.

REGULATORY COMMITTEE REPORT: Dr. Brendel thanked everyone that attended the Regulatory Committee meeting on November 1, 2018 and the public that attended. He announced the next scheduled Regulatory Committee meeting is February 7, 2019 and an additional meeting will be scheduled for January 2019 in order to complete the periodic review of the regulations.

Dr. Tinsley chaired the Ad-Hoc Committee on Technology Assisted Counseling. Dr. Tinsley asked staff to request Kathy Wibberly from the Mid-Atlantic Telehealth Resource Center speak to the full board at its February 8 meeting. The Ad-Hoc Committee will then meet again in February to develop a draft guidance document on Technology Assisted Counseling, and submit this draft guidance document to the Regulatory Committee at its May 30th meeting.

UNFINISHED BUSINESS: CACREP Regulations - 18VAC 115-20 Regulations Governing the Practice of Professional Counseling - requirement for CACREP accreditation for educational programs (action 4259): The proposed stage of this regulatory action was withdrawn on 11/3/17 (state 8032). The Board discussed next steps.

Ms. Engelken moved to reinstate the proposed regulatory action, and Ms. Sanchez-Jones seconded the motion. The motion passed with 8 in favor 4 in opposition.

NEW BUSINESS: Residency Status - Joan Normandy-Dolberg informed the Board, through a letter, of interest of issuing a temporary resident license to practice counseling to individuals approved to begin their residency towards licensure as a professional counselor. No action required at this time, but Dr. Normandy-Dolberg wanted the Board to know of the possibility of legislation, and have the opportunity to voice any concerns.

Healthcare Workforce Report - Dr. Carter, Director for the Healthcare Workforce Data Center informed the Board that the 2018 Virginia Licensed Professional Counselors Workforce surveys had been approved and are posted on the agency's website (www.dhp.virginia.gov/hwdc/). The report provides information on trends in Virginia and is the accomplishment of many agencies working together.

Criminal Background Presentation - Ms. Willinger, Deputy Executive Director for DHP Board of Nursing guided the Board through a PowerPoint presentation on their process for obtaining criminal background checks (CBC). The Board will discuss the issue more at the next scheduled meeting in 2019.

NEXT MEETING: Next scheduled Quarterly Board Meeting is February 8, 2019 at 10:00 a.m.

ADJOURN: The meeting adjourned at 1:31 p.m.

Kevin Doyle, Ed.D., LPC, LSATP
Chairperson

Jaime Hoyle, JD.
Executive Director

Approval of Counseling QMHP Information Session Minutes

November 27, 2018

DRAFT

BOARD OF COUNSELING
QMHP Information Session
Tuesday, November 27, 2018

TIME AND PLACE:	The meeting was called to order at 10:12 a.m. on Tuesday, November 27, 2018, in Board Room 2 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Kevin Doyle, EdD, LPC, LSATP, Chairperson
STAFF PRESENT:	Jaime Hoyle, J.D., Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager
PANEL MEMBERS PRESENT:	Jae Benz, DBHDS Emily Bowles, DBHDS Ke'Shawn Harper, DMAS Jamie Sacksteder, DBHDS Oketa Winn, DMAS
WELCOME & INTRODUCTIONS:	Dr. Doyle welcomed the QMHP Information Session attendees. Dr. Doyle, board staff, and panel members introduced themselves.
DISCUSSSION:	A presentation was provided on the requirements for QMHP registration. At the conclusion of the presentation, Dr. Doyle, staff, and panel members answered questions from the attendees relating to the registration of QMHPs.
ADJOURNMENT:	QMHP Information session adjourned at 12:00p.m.

Kevin Doyle, EdD.,LPC, LSATP
Chairperson

Jaime Hoyle, JD
Executive Director

Counseling Regulatory Committee Meeting Minutes

January 4, 2019

VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Friday, January 4, 2019

TIME AND PLACE:	The meeting was called to order at 10:03 a.m. on Friday, January 4, 2019, in Board Room 4 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Johnston Brendel, Ed.D., LPC, LMFT, Chairperson
COMMITTEE MEMBERS PRESENT:	Kevin Doyle, Ed.D., LPC, LSATP Danielle Hunt, LPC Holly Tracy, LPC, LMFT
ABSENT:	Vivian Sanchez-Jones, Citizen Member
OTHER BOARD MEMBERS PRESENT:	Maria Stransky, LPC, CSAC, CSOTP
STAFF PRESENT:	Christy Evans, Discipline Case Specialist Jaime Hoyle, J.D., Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager Brenda Maida, Licensing Specialist
OTHERS PRESENT:	Elaine Yeatts, DHP Senior Policy Analyst
PUBLIC IN ATTENDANCE:	Martin Brown, Civitas Health Services, Inc. Chris Ruble, Childhelp, Inc. Candace Roney, Virginia Association of Community Services Boards, Inc. Ashley Harrell, Department of Medical Assistance Services
ORDERING OF THE AGENDA:	It was recommended by staff to amend the agenda to allow for discussion on Certified Substance Abuse Counselor (CSAC) and Certified Substance Abuse Counselor-Assistant (CSAC-A) scope of practice prior to the period review discussion. .
APPROVAL OF MINUTES:	Ms. Hunt moved to approve the minutes of the November 1, 2018 meeting. Dr. Doyle seconded the motion, and it passed unanimously.
PUBLIC COMMENT:	Mr. Ruble, Executive Director of Childhelp, Inc. commented on the importance of timely review of applications. Mr. Brown, Chief Operating Offers for Civitas Health Services, Inc. asked the Board to provide clarification on the distinction between grandfather and initial applications for the registration of Qualified Mental Health Professionals (QMHPs). Ms. Roney, Council Chairperson for the Substance Use Disorders Service Council for the Virginia Association of Community Services Board, Inc. asked that

the board clarify the scope of practice in the Code of Virginia for Certified Substance Abuse Counselor (CSAC) and Certified Substance Abuse Counselor-Assistant (CSAC-A).

DISCUSSIONS:

I. Unfinished Business:

Periodic Review Discussion: The Committee discussed staff's recommendations to the Regulations Governing the Practice of Professional Counseling.

- Dr. Doyle moved to include sections of the National Counselor Licensure Endorsement Process (NCLEP) 2.0 version to allow for more portability. The motion passed with three in favor, one in opposition.

  The addition would allow endorsement for those who hold an active license at the highest level of counselor licensure for independent practice for at least 10 years prior to the date of application and for those who hold an active license at the highest level of counselor licensure for independent practice for at least three years prior to the date of application for licensure by endorsement and has one of the following:

  a. The National Certified Counselor (NCC) credential, in good standing, as issued by the National Board of Certified Counselors (NBCC); or
  b. A graduate-level degree from a program accredited in clinical mental health counseling by CACREP.

- Ms. Tracey moved, which was properly seconded, to allow for an interruption in residency for no more than three years. The motion passed unanimously.

- Staff will develop a working draft of changes discussed related to the Regulations Governing the Practice of Professional Counseling at the next regulatory meeting. Additionally, staff will provide a working draft of recommended changes and discussion items to be discussed at the next regulatory meeting for the Regulations Governing Marriage and Family Therapists and Regulations Governing Licensed Substance Abuse Treatment Practitioners.

II. New Business:

- CSAC Scope of Practice: The Board considered the comments from Ms. Roney, Council Chairperson for the Substance Use Disorders Service Council for the Virginia Association of Community Services Board, Inc and clarification from Ashley Harrell, Department of Medical Assistance Services, and agreed that a guidance document to provide clarification to the public should be initiated. Ms. Hoyle stated that she would craft a guidance document for review and discussion at the next regulatory meeting

NEXT SCHEDULED MEETING: Next scheduled Regulatory Committee Meeting is scheduled for February 7, 2019 at 10:00 a.m.

ADJOURNMENT: The meeting adjourned at 2:55 p.m.

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

Date

Jaime Hoyle, JD
Executive Director

Date

Counseling Regulatory Committee Meeting Minutes

November 1, 2018

VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Thursday, November 1, 2018

TIME AND PLACE:	The meeting was called to order at 10:05 a.m. on Thursday, November 1, 2018, in Board Room 2 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Johnston Brendel, Ed.D., LPC, LMFT, Chairperson
COMMITTEE MEMBERS PRESENT:	Kevin Doyle, Ed.D., LPC, LSATP Danielle Hunt, LPC Vivian Sanchez-Jones, Citizen Member
ABSENT:	Holly Tracy, LPC, LMFT
STAFF PRESENT:	Tracey Arrington-Edmonds, Licensing Specialist Jaime Hoyle, Esq., Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager
OTHERS PRESENT:	Elaine Yeatts, DHP Senior Policy Analyst
PUBLIC IN ATTENDANCE:	Chuck Wilcox of the Virginia Association of Addiction Professionals Becky Bowers-Lanier of Virginia Association of Treatment and Recovery Providers (VATARP)/Substance Abuse Addiction Recovery Alliance (SAARA).
PUBLIC HEARING:	The Committee held a public hearing to discuss amended regulations for certified substance abuse counselors (CSAC) and certified substance abuse counseling assistant (CSAC-A). Mr. Wilcox, of the Virginia Association of Addiction Professionals, suggested that the Board should consider listing the scope of practice and the supervisor responsibility for each substance abuse, regulated credential to be stated in the regulations. Mr. Wilcox also suggested the Board detail this information on the website.
ORDERING OF THE AGENDA:	The agenda was accepted as presented.
APPROVAL OF MINUTES:	Ms. Sanchez-Jones moved to approve the minutes of the May 17, 2018 meeting. Dr. Doyle seconded the motion, and it passed unanimously.
PUBLIC COMMENT:	There was no public comment.

DISCUSSIONS:

I. Unfinished Business:

- Foreign degree discussion: The Committee voted to recommend that the Board adopt Proposed Regulations for foreign degree graduates. The regulatory action would provide a pathway for foreign-trained graduates in counseling to obtain licensure as a professional counselor in Virginia if they can provide documentation from an acceptable credential evaluation services that allows the board to determine if the program meets the requirements set forth in regulation.

II. New Business:

- Petition for Rule-Making Discussion: Charles R. McAdams, III petitioned that the Board adopt proposed language of the National Counselor Licensure Endorsement Process (NCLEP) in section B, Chapter 18VAC115-20-45 Prerequisites for licensure by endorsement of the Regulations Governing the Practice of Professional Counselor (Title of Regulations 18 VAC 115-20-10) "PC". Dr. Doyle made a motion to reject the petitioner's request to initiate rulemaking but to consider the content during the scheduled periodic review. Ms. Hunt seconded the motion, and it passed unanimously. Ms. Hunt made a motion that the Committee take action during the periodic review to recognize Certified Clinical Mental Health Counselors (CCMHC) by the National Board for Certified Counselors (NBCC) as a Board recognized entity for purposes of endorsement. Dr. Doyle seconded the motion, and it passed unanimously.

- Residency Status Discussion: Joan Normandy-Dolberg informed Board staff that she was pursuing a legislator to sponsor legislation during the 2019 General Assembly to authorize the Board of Counseling to issue a temporary, resident license to individuals approved to begin their residency towards licensure as a professional counselor. No action required at this time, but Ms. Normandy-Dolberg wanted the Board to know of her plans in advance, and have the opportunity to voice any concerns.

- The Association for Addiction Professionals (NAADAC) National Certified Addiction Counselor, Level I (NCACI) Examination – Online Proctoring Discussion: Examination Trends –NAADAC does not prohibit anyone from taking the examination online under the observation of a proctor. The Committee requested staff to schedule a demonstration at the next meeting.

- Reciprocity Discussion: Dr. Doyle made a motion made for staff to compile a report of the contiguous states (Maryland, West Virginia, Tennessee, Kentucky and North Carolina) and the District of Columbia licensure requirements in order for the Committee to pursue reciprocity agreements. Dr. Brendel seconded the motion, and it passed unanimously.

- Periodic Review Discussion: The Committee began its periodic review discussion.

Chapter	Board of Counseling	Outcome of Discussion
18 VAC 115-15	Regulations Covering Delegation to an Agency Subordinate	Ms. Hunt made a motion that 18VAC115-15-20 Criteria for delegation, be updated as follows: "Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in regulations governing each profession registered, certified or licensed by the Board, except as may otherwise be determined by a single person (agency subordinate or determined by the Board) in

		consultation with the Board chair." It was seconded by Dr. Doyle and passed unanimously.
18 VAC 115-20	Regulations Governing the Practice of Professional Counseling	No action. To be discussed at an additional Regulatory Committee meeting in January 2019.
18 VAC 115-50	Regulations Governing Marriage and Family Therapists	No action. To be discussed at an additional Regulatory Committee meeting in January 2019.
18 VAC 115-60	Regulations Governing Licensed Substance Abuse Treatment Practitioners	No action. To be discussed at an additional Regulatory Committee meeting in January 2019.

NEXT SCHEDULED MEETING: Staff will work with the committee to schedule an additional meeting in January 2019. Then, the usual quarterly meeting is scheduled for February 7, 2019.

ADJOURNMENT: The meeting adjourned at 12:05 p.m.

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

Date

Jaime Hoyle, JD
Executive Director

Date

Approval of Counseling Ad-Hoc Committee Meeting on Tele-Assisted Counseling and Supervision Minutes

November 1, 2018

VIRGINIA BOARD OF COUNSELING
AD HOC COMMITTEE MEETING ON TELE-ASSISTED COUNSELING AND SUPERVISION
DRAFT MINUTES
Thursday, November 1, 2018

TIME AND PLACE:	The meeting was called to order at 1:01 p.m. on Thursday, November 1, 2018, in Board Room 2 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC, Chairperson
COMMITTEE MEMBERS PRESENT:	Barry Alvarez, LMFT Danielle Hunt, LPC Tiffinee Yancey, Ph.D., LPC
STAFF PRESENT:	Tracey Arrington-Edmonds, Licensing Specialist Jaime Hoyle, J.D., Executive Director Charlotte Lenart, Licensing Manager
OTHERS PRESENT:	Elaine Yeatts, DHP Senior Policy Analyst
ORDERING OF THE AGENDA:	The agenda was accepted as presented.
PUBLIC COMMENT:	None

NEW BUSINESS:
The Committee discussed the Tele-Counseling and Supervision Guidelines provided in the agenda package:

- Summary of Tele-therapy Guidelines
- Virginia Board of Counseling Guidance Document 115-1.4: Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision, revised November 13, 2015
- Virginia Board of Social Work Guidance Document 140-3 Guidance on Technology-Assisted Therapy and the Use of Social Media, reaffirmed September 21, 2018
- Association of Martial and Family Therapy Regulatory Boards Tele-therapy Guidelines
- National Frontier & Rural ATTC Technology-Based Clinical Supervision Guidelines
- Ohio Board of Counseling Telehealth Regulations

Dr. Tinsley asked each committee member to make edits to the draft document he created by January 15, 2019. In the meantime, Dr. Tinsley asked staff to request Kathy Wibberly from the Mid-Atlantic Telehealth Resource Center speak to the full board at its February 8 meeting. The Ad-Hoc Committee will then meet again in February to incorporate each person's edits, as well as anything learned from Kathy Wibberly's presentation. The Ad-Hoc Committee will submit a draft guidance document to the Regulatory Committee at its May 30th meeting.

NEXT SCHEDULED MEETING:	The next meeting is scheduled for February 7, 2019.
ADJOURNMENT:	The meeting adjourned at 2:36 p.m.

Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC
Chairperson

Date

Jaime Hoyle, JD
Executive Director

Date

Regulatory Actions

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**

Staff Note: Attached is a chart with the status of regulations for the Board as of January 28, 2019

Board of Counseling

Chapter		Action / Stage Information
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Requirement for CACREP accreditation for educational programs [Action 4259] Re-Proposed – *At Attorney General*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Credential review for foreign graduates [Action 5089] Proposed - *At Secretary's Office for 3 days*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Acceptance of doctoral practicum/internship hours towards residency requirements [Action 4829] Final - *At Secretary's Office for 7 days*
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	Updating and clarifying regulations [Action 4691] Proposed - *Register Date: 10/29/18* *Comment closed: 12/28/18* *Board to adopt final: 2/8/19*
[18 VAC 115 - 70]	Regulations Governing the Registration of Peer Recovery Specialists [under development]	Initial regulations for registration [Action 4890] Proposed - *Register Date: 2/4/19* *Comment period: 2/4/19 to 4/6/19*
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals [under development]	Initial regulations for registration [Action 4891] Proposed - *Register Date: 2/4/19* *Comment period: 2/4/19 to 4/6/19*

Adoption of Final Amendments for Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants

Agenda Item: Adoption of Final Amendments for CSAC Regulations

Included in the agenda package:

Copy of comment on Townhall
and comment at the Public hearing on November 1, 2018

A copy of the Proposed regulations

Action:

Adoption of proposed amendments to as final; or

Adoption of proposed amendments as revised by the Board.

VIRGINIA BOARD OF COUNSELING
PUBLIC HEARING
Thursday, November 1, 2018
DRAFT MINUTES

TIME AND PLACE:	The Public Hearing took place within the Board of Counseling's Regulatory Committee Meeting, which was called to order at 10:05 a.m. on Thursday, November 1, 2018, in Board Room 2 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Johnston Brendel, Ed.D, LPC, LMFT, Chairperson
COMMITTEE MEMBERS PRESENT:	Kevin Doyle, Ed.D, LPC, LSATP Danielle Hunt, LPC Vivian Sanchez-Jones, Citizen Member
ABSENT:	Holly Tracy, LPC, LMFT
STAFF PRESENT:	Tracey Arrington-Edmonds, Licensing Specialist Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager
OTHERS PRESENT:	Elaine Yeatts, DHP Senior Policy Analyst
PUBLIC IN ATTENDANCE:	Chuck Wilcox (Virginia Association of Addiction Professionals) Becky Bowers-Lanier (Virginia Association of Treatment and Recovery Providers (VATARP)/Substance Abuse Addiction Recovery Alliance (SAARA))
PUBLIC HEARING:	The Committee began the Regulatory Committee with a public hearing to discuss amended regulations for certified substance abuse counselors (CSAC) and certified substance abuse counseling assistants (CSAC-A). Mr. Wilcox, of the Virginia Association of Addiction Professionals, suggested that the Board consider listing the scope of practice and the supervisor responsibility for each

regulated, substance abuse credential in the regulations. Mr. Wilcox also suggested the Board detail this information on the Board website.

When Mr. Wilcox concluded his comments, the Committee returned to the Regulatory Committee meeting agenda.

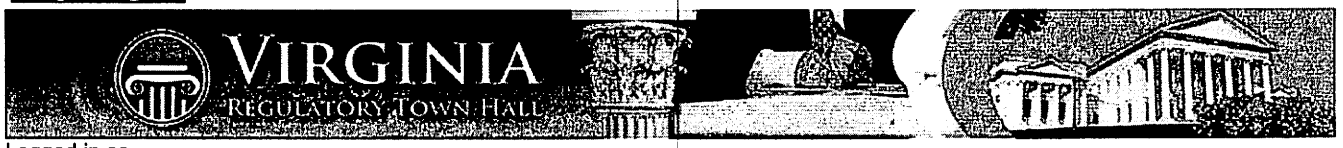
Johnston Brendel, Ed.D., LPC, LMFT
Chairperson

Date

Jaime Hoyle, JD
Executive Director

Date

Virginia.gov Agencies | Governor



Logged in as
Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Certification of Substance Abuse Counselors [18 VAC 115 - 30]**

Action	**Updating and clarifying regulations**
Stage	**Proposed**
Comment Period	Ends 12/28/2018

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Commenter: Jennifer Faison, Virginia Association of Community Services Boards 12/28/18 4:19 pm

VACSB Comments on Regulations Governing CSACs

While the VACSB does not have concerns with the proposed new language, some of the code citations referenced in the regulations would benefit from clarification as follows:

§ 54.1-3507.1. Scope of practice, supervision, and qualifications of certified substance abuse counselors.

Paragraph A, romanette i:

- replace the first occurrence of the word "of" with a colon
- in the second occurrence of the phrase "substance abuse treatment," replace the word "treatment" with "individual and group counseling."

§ 54.1-3507.2. Scope of practice, supervision, and qualifications of certified substance abuse counseling assistants.

Paragraph A:

- After the word "professionals" at the end of the first sentence, insert a new sentence reading "Certified Substance Abuse Counselor Assistants shall not independently engage in the administration of substance abuse assessment instruments or the development of substance abuse treatment plans."

BOARD OF COUNSELING

Updating and clarifying regulations

Part I

General Provisions

18VAC115-30-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Certified substance abuse counselor"

"Certified substance abuse counseling assistant"

"Licensed substance abuse treatment practitioner"

"Practice of substance abuse treatment"

"Substance abuse" and "substance dependence"

"Substance abuse treatment"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Applicant" means an individual who has submitted a completed application with documentation and the appropriate fees to be examined for certification as a substance abuse counselor or substance abuse counseling assistant.

"Candidate" means a person who has been approved to take the examinations for certification as a substance abuse counselor or substance abuse counseling assistant.

"Clinical supervision" means the ongoing process performed by a clinical supervisor who monitors the performance of the person supervised and provides regular, documented face-to-face consultation, guidance and education with respect to the clinical skills and competencies of the person supervised.

"Clinical supervisor" means one who provides case-related supervision, consultation, education and guidance for the applicant. The supervisor must be credentialed as defined in 18VAC115-30-60 C.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Contact hour" means the amount of credit awarded for 60 minutes of participation in and successful completion of a continuing education program.

"Didactic" means teaching-learning methods that impart facts and information, usually in the form of one-way communication (includes directed readings and lectures).

~~"Endorsement" means the waiver of the examination requirement for certification as a substance abuse counselor for persons currently certified or licensed in another jurisdiction.~~

"Group supervision" means the process of clinical supervision of no less than two nor more than six persons in a group setting provided by a ~~qualified~~ clinical supervisor.

"NAADAC" means the ~~National Association of Alcoholism and Drug Abuse Counselors~~ Association of Addiction Professionals.

"NCC AP" means the National Certification Commission for Addiction Professionals, an affiliate of NAADAC.

"Regionally accredited" means accredited by one of the regional accreditation agencies recognized by the U.S. Department of Education as responsible for accrediting senior postsecondary institutions.

"Substance abuse counseling" means applying a counseling process, treatment strategies and rehabilitative services to help an individual to:

1. Understand his substance use, abuse or dependency; and

2. Change his drug-taking behavior so that it does not interfere with effective physical, psychological, social or vocational functioning.

18VAC115-30-15. Maintenance of current name and address.

A. Certified substance abuse counselors or counseling assistants shall notify the board of any change of name, email address, or address of record within 60 days.

B. Failure to receive a renewal notice and application forms shall not excuse the certified substance abuse counselor or counseling assistant from the renewal requirement.

18VAC115-30-30. Fees required by the board.

A. The board has established the following fees applicable to the certification of substance abuse counselors and substance abuse counseling assistants:

Substance abuse counselor annual certification renewal	$65
Substance abuse counseling assistant annual certification renewal	$50
Substance abuse counselor initial certification by examination: Application processing and initial certification	$115
Substance abuse counseling assistant initial certification by examination: Application processing and initial certification	$115
Initial certification by endorsement of substance abuse counselors:	$115

Application processing and initial certification	
Registration of supervision	$65
Add or change ~~supervisor~~ to supervision	$30
Duplicate certificate	$10
Certificate verification	$25
Late renewal	$25
Reinstatement of a lapsed certificate	$125
Replacement of or additional wall certificate	$25
Returned check	$35
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

C. Examination fees shall be paid directly to the examination services according to its requirements.

Part II

Requirements for Certification

18VAC115-30-40. Prerequisites for certification by examination for substance abuse counselors.

A. ~~A candidate~~ Every applicant for certification as a substance abuse counselor ~~shall meet all the requirements of this section and~~ by examination shall pass ~~the~~ a written examination ~~prescribed in 18VAC115-30-90~~ approved by the board. The board shall determine the passing score on the examination.

1. If an applicant fails to achieve a passing score within two years of board approval to sit for the examination, the applicant shall reapply according to regulations in effect at that time.

2. An applicant who has applied twice and has not passed the examination shall not be approved to retake the examination, unless the applicant can provide evidence of extenuating circumstances for failure to pass the examination within the four-year period.

B. Every applicant for examination for certification by the board shall:

1. Meet the educational and experience requirements prescribed in 18VAC115-30-50 and 18VAC115-30-60;

2. Submit the following to the board:

a. A completed application form;

b. Official transcript documenting coursework and attainment of a bachelor's or post-baccalaureate degree;

c. Official transcripts or certificates verifying completion of the didactic training requirement set forth in subsection B of 18VAC115-30-50;

d. ~~Verification~~ Attestation of supervisor's education and experience as required under 18VAC115-30-60 if supervised experience was not previously approved by the board;

e. Verification of supervision forms documenting fulfillment of the experience requirements of 18VAC115-30-60;

f. ~~Documentation~~ Verification of any other health or mental health license or certificate ever held in Virginia or in another jurisdiction. In order to qualify for certification by examination, the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

g. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); ~~and~~

h. The application processing and initial certification fee; and

i. Attestation of having read and understood the laws and regulations governing the practice of substance abuse counseling in Virginia.

18VAC115-30-45. Prerequisites for certification by endorsement for substance abuse counselors.

Every applicant for certification by endorsement shall submit:

1. A completed application;

2. The application processing and initial certification fee;

3. Verification of all health or mental health licenses or certificates ever held in Virginia or in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis. The board will also determine whether any or all other professional licenses or certificates held in another jurisdiction are substantially equivalent to those sought in Virginia;

4. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB);

5. ~~Affidavit~~ Attestation of having read and understood the regulations and laws governing the practice of substance abuse counseling in Virginia; ~~and~~

6. Further documentation of one of the following:

a. ~~Licensure~~ Active, unrestricted licensure or certification as a substance abuse counselor in another jurisdiction ~~in good standing~~ obtained by standards substantially equivalent to the education and experience requirements set forth in this chapter as verified ~~by a certified copy of the original application submitted~~ directly from the out-

of-state licensing agency~~,~~ or a copy of the regulations in effect at the time of initial licensure or certification ~~and verification of a passing score on a licensure examination in the jurisdiction in which licensure or certification was obtained, and that is deemed substantially equivalent by the board~~; or

b. Verification of a current certification in good standing issued by ~~NAADAC~~ NCC AP 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; and

7. Verification of a passing score on an examination in the jurisdiction in which licensure or certification was obtained or on a board-approved national examination at the level for which the applicant is seeking certification in Virginia.

18VAC115-30-50. Educational requirements for substance abuse counselors.

A. An applicant for examination for certification as a substance abuse counselor shall:

1. Have a bachelor's or post-baccalaureate degree; and

2. Have completed ~~400~~ 240 clock hours of didactic training in substance abuse education from one of the following programs:

a. ~~An~~ A regionally accredited university or college; or

b. Seminars and workshops that meet the requirements of subsection B of this section and are offered or approved by one of the following:

(1) ~~The American Association of Marriage and Family Counselors and its state affiliates~~ Federal, state, or local governmental agencies; public school systems; or licensed health facilities.

(2) The American Association of Marriage and Family Therapists 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.

B. Substance abuse education.

1. ~~The education will include 220~~ Of the 240 hours ~~spent in receiving~~ of didactic training in substance abuse counseling, a minimum of 120 hours shall be completed prior to registration of supervision.

2. Each applicant shall have received a minimum of ~~10~~ 16 clock hours in each of the following ~~eight~~ 13 areas:

a. ~~Understanding the dynamics~~ Dynamics of human behavior;

b. Signs and symptoms of substance abuse;

c. ~~Treatment approaches~~ Counseling theories and techniques;

d. Continuum of care and case management skills;

e. Recovery process and relapse prevention methods;

f. ~~Ethics~~ Professional orientation and ethics;

g. ~~Professional identity in the provision of substance abuse services~~ Pharmacology of abused substances; ~~and~~

h. ~~Crisis~~ Trauma and crisis intervention.~~;~~

i. Co-occurring disorders;

j. Cultural competency;

~~In addition, each applicant shall have at least 20 hours in each of the following two areas:~~

~~(i)~~ k. Substance abuse counseling approaches and treatment planning ~~and substance abuse research~~; ~~and~~

~~(ii)~~ l. Group counseling; and

m. Prevention, screening, and assessment of substance use and abuse.

~~2. The education shall also consist of 180 hours of experience performing the following tasks with substance abuse clients:~~

~~a. Screening clients to determine eligibility and appropriateness for admission to a particular program;~~

~~b. Intake of clients by performing the administrative and initial assessment tasks necessary for admission to a program;~~

~~c. Orientation of new clients to program's rules, goals, procedures, services, costs and the rights of the client;~~

~~d. Assessment of client's strengths, weaknesses, problems, and needs for the development of a treatment plan;~~

~~e. Treatment planning with the client to identify and rank problems to be addressed, establish goals, and agree on treatment processes;~~

~~f. Counseling the client utilizing specialized skills in both individual and group approaches to achieve treatment goals and objectives;~~

~~g. Case management activities that bring services, agencies, people and resources together in a planned framework of action to achieve established goals;~~

~~h. Crisis intervention responses to clients' needs during acute mental, emotional or physical distress;~~

~~i. Education of clients by providing information about drug abuse and available services and resources;~~

~~j. Referral of clients in order to meet identified needs unable to be met by the counselor and assisting the client in effectively utilizing those resources;~~

~~k. Reporting and charting information about client's assessment, treatment plan, progress, discharge summaries and other client-related data; and~~

~~l. Consultation with other professionals to assure comprehensive quality care for the client.~~

~~Each of these tasks shall be performed for at least eight hours under supervision and shall be verified as a part of the application by the supervisor.~~

C. Groups and classes attended as a part of a therapy or treatment program will not be accepted as any part of the educational experience.

18VAC115-30-60. Experience requirements for substance abuse counselors.

A. Registration. Supervision in Virginia shall be registered and approved by the board prior to the beginning of supervised experience in order to be counted toward certification. Supervision ~~obtained without prior board approval~~ will not be accepted if it does not meet the requirements set forth in subsections B and C of this section. To register supervision for board approval prior to obtaining the supervised experience, an applicant shall submit in one package:

1. A supervisory contract;

2. ~~Verification~~ Attestation of the supervisor's education and experience as required under ~~subsection~~ subsections C and D of this section; ~~and~~

3. The registration fee;

4. An official transcript documenting attainment of a bachelor's or post-baccalaureate degree; and

5. Evidence of completion of at least 120 hours of didactic education as required by 18VAC115-30-50 B.

B. Experience requirements.

1. An applicant for certification as a substance abuse counselor shall have had 2,000 hours of supervised experience in the ~~delivery of clinical~~ practice of substance abuse counseling services.

2. The supervised experience shall include a minimum of one hour and a maximum of four hours per ~~week of supervision~~ 40 hours of work experience between the supervisor and the applicant to total 100 hours within the required experience. No more than half of these hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

3. ~~Applicants must document successful completion of their~~ The supervised experience ~~on the Verification of Supervision Form at the time of application~~ shall be completed in not less than 12 months and not more than 60 months.

a. Supervisees who began a supervised experience before (insert effective date of this regulation) shall complete the supervised experience by (insert 60 months after the effective date).

b. An individual who does not complete the supervised experience within 60 months may request an extension and shall submit evidence to the board demonstrating the extenuating circumstances that prevented completion of the supervised experience within the required timeframe.

4. Supervised experience obtained more than 10 years from (insert effective date of this regulation) shall not be accepted for certification by examination. The board may make an exception for an applicant who has been providing substance abuse counseling for a minimum of 2,000 hours within the past 60 months and who can submit evidence of such experience.

5. During the supervised experience, supervisees shall use their names and the title "supervisee" in all written communications. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and phone number.

6. The supervised experience shall consist of 160 hours of experience performing the following tasks with substance abuse clients. Each of the following tasks shall be performed for at least eight hours under supervision as verified by the supervisor on an application for certification:

a. Screening clients to determine eligibility and appropriateness for admission to a particular program;

b. Intake of clients by performing the administrative and initial assessment tasks necessary for admission to a program;

c. Orientation of new clients to program's rules, goals, procedures, services, costs, and the rights of the client;

d. Assessment of client's strengths, weaknesses, problems, and needs for the development of a treatment plan;

e. Treatment planning with the client to identify and rank problems to be addressed, establish goals, and agree on treatment processes;

f. Counseling the client utilizing specialized skills in both individual and group approaches to achieve treatment goals and objectives;

g. Case management activities that bring services, agencies, people, and resources together in a planned framework of action to achieve established goals;

h. Crisis intervention responses to a client's needs during acute mental, emotional, or physical distress;

i. Education of clients by providing information about drug abuse and available services and resources;

j. Referral of clients in order to meet identified needs unable to be met by the counselor and assisting the client in effectively utilizing those resources;

k. Reporting and charting information about a client's assessment, treatment plan, progress, discharge summaries, and other client-related data; and

l. Consultation with other professionals to assure comprehensive quality care for the client.

C. Supervisor qualifications. A board-approved clinical supervisor shall hold an active, unrestricted license or certification and shall be:

1. A licensed substance abuse treatment practitioner;

2. A licensed professional counselor, licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, medical doctor, or registered nurse~~, and possess either~~ who has either:

~~a~~ a. A board-recognized national certification in substance abuse counseling obtained by standards substantially equivalent to those set forth in this chapter~~,~~;

b. A certification as a substance abuse counselor issued by this board; or

~~a~~ c. A minimum of one year experience in substance abuse counseling and at least 100 hours of didactic training covering the areas outlined in 18VAC115-30-50 B ~~1~~ 2 a through ~~h~~ 2 m; or

3. A substance abuse counselor certified by the Virginia Board of Counseling who has~~: a. Board-recognized national certification in substance abuse counseling obtained by standards substantially equivalent to those set forth in this chapter; or b. Two~~ two years of experience as a Virginia board-certified substance abuse counselor.

D. Supervisor training. In order to be approved by the board after (insert 12 months after the effective date of this regulation), a clinical supervisor shall obtain professional training in supervision consisting of three credit hours or four quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-30-50.

E. Supervisory responsibilities.

1. Supervisors shall assume responsibility for the professional activities of the ~~prospective applicants~~ supervisee under their supervision.

2. Supervisors shall not provide supervision for activities for which ~~prospective applicants~~ supervisees have not had appropriate education.

3. Supervisors shall provide supervision only for those substance abuse counseling services that they are qualified to render.

4. At the time of ~~formal~~ the application for certification by examination, the board-approved supervisor shall document minimal competencies in the areas in 18VAC115-30-60 B 6, the ~~applicant's~~ total hours of supervision, ~~length of work experience, competence in substance abuse counseling~~ and any needs for additional supervision or training. The supervisor shall document successful completion of the applicant's supervised experience on the Verification of Supervision Form and shall maintain documentation for five years post supervision.

5. Supervision by any individual whose relationship to the supervisee compromises the objectivity of the supervisor is prohibited.

18VAC115-30-61. Prerequisites for certification by examination for substance abuse counseling assistant.

A. ~~A candidate~~ Every applicant for certification as a substance abuse counseling assistant shall ~~meet all the requirements of this section, including passing~~ pass a written examination approved by the board. The board shall determine the passing score on the examination ~~prescribed in 18VAC115-30-90~~.

1. If an applicant fails to achieve a passing score within two years of board approval to sit for the examination, the applicant shall reapply according to regulations in effect at that time.

2. An applicant who has applied twice and has not passed the examination shall not be approved to retake the examination, unless the applicant can provide evidence of extenuating circumstances for failure to pass the examination within the four-year period.

B. Every applicant for examination for certification by the board shall:

1. Meet the educational and experience requirements prescribed in 18VAC115-30-62 and 18VAC115-30-63; and

2. Submit the following to the board within the ~~time-frame~~ timeframe established by the board:

a. A completed application form;

b. Official transcript documenting attainment of a high school diploma ~~or~~, a general education development (GED) certificate, or a post-secondary degree; ~~and~~

c. The application processing and initial certification fee;

d. Verification of all health or mental health licenses or certificates ever held in Virginia or in any other jurisdiction. In order to qualify for certification, the applicant shall have no unresolved action against a license or certificate. The board will consider the history of disciplinary action on a case-by-case basis; and

e. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

18VAC115-30-62. Educational requirements for substance abuse counseling assistants.

A. An applicant for certification as a substance abuse counseling assistant shall:

1. Have ~~an official~~ obtained a high school diploma ~~or~~, a general educational development (GED) certificate, or a post-secondary degree; and

2. Have completed ~~300 clock hours of~~ substance abuse education from one of the following programs:

a. ~~An~~ A regionally accredited university or college; or

b. Seminars and workshops that meet the educational requirements specified in subsection B of this section and are offered or approved by one of the following:

(1) ~~The American Association of Marriage and Family Counselors and its state affiliates~~ Federal, state, or local governmental agencies; public school systems; or licensed health facilities.

(2) The American Association of Marriage and Family Therapists 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.

B. Substance abuse education. ~~1.~~ The education will include 120 hours spent in receiving didactic training in substance abuse counseling. Each applicant shall have received a minimum of ~~10~~ eight clock hours in each of the following ~~eight~~ 13 areas:

a. Understanding the dynamics of human behavior;

b. Signs and symptoms of substance abuse;

c. ~~Treatment approaches~~ Counseling theories and techniques;

d. Case management skills and continuum of care;

e. Recovery process and relapse prevention methods;

f. ~~Ethics~~ Professional orientation and ethics;

g. ~~Professional identity in the provision of substance abuse services~~ Cultural competency; ~~and~~

h. ~~Crisis~~ Trauma and crisis intervention;

i. Pharmacology of abused substances;

j. Co-occurring disorders;

k. Substance abuse counseling approaches and treatment planning;

l. Group counseling; and

m. Prevention, screening, and assessment of substance use and abuse.

~~2. The education shall include 180 hours of experience performing the following tasks with substance abuse clients while under supervision:~~

~~a. Screening clients and gathering information used in making the determination for the need for additional professional assistance;~~

b. Intake of clients by performing the administrative tasks necessary for admission to a program;

c. Orientation of new clients to program's rules, goals, procedures, services, costs and the rights of the client;

d. Assisting the client in identifying and ranking problems to be addressed, establish goals, and agree on treatment processes;

e. Implementation of a substance abuse treatment plan as directed by the supervisor;

f. Implementation of case management activities that bring services, agencies, people and resources together in a planned framework of action to achieve established goals;

g. Assistance in identifying appropriate crisis intervention responses to clients' needs during acute mental, emotional or physical distress;

h. Education of clients by providing information about drug abuse and available services and resources;

i. Facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical valuation or treatment planning;

j. Reporting and charting information about client's treatment, progress, and other client-related data; and

k. Consultation with other professionals to assure comprehensive quality care for the client.

Each of these tasks shall be performed for at least eight hours under supervision and shall be verified as a part of the application by the supervisor.

C. Groups and classes attended as a part of a therapy or treatment program shall not be accepted as any part of the educational experience.

18VAC115-30-63. Experience requirements for substance abuse counseling assistants.

A. In addition to the didactic training required in 18VAC115-30-62, the education shall include 180 hours of experience in a practicum or internship consistent with § 54.1-3507.2 C of the Code of Virginia performing the following tasks with substance abuse clients while under supervision:

1. Screening clients and gathering information used in making the determination for the need for additional professional assistance;

2. Intake of clients by performing the administrative tasks necessary for admission to a program;

3. Orientation of new clients to program's rules, goals, procedures, services, costs, and the rights of the client;

4. Assisting the client in identifying and ranking problems to be addressed, establishing goals, and agreeing on treatment processes;

5. Implementation of a substance abuse treatment plan as directed by the supervisor;

6. Implementation of case management activities that bring services, agencies, people, and resources together in a planned framework of action to achieve established goals;

7. Assistance in identifying appropriate crisis intervention responses to a client's needs during acute mental, emotional, or physical distress;

8. Education of clients by providing information about drug abuse and available services and resources;

9. Facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical valuation or treatment planning;

10. Reporting and charting information about the client's treatment, progress, and other client-related data; and

11. Consultation with other professionals to assure comprehensive quality care for the client.

B. Each of these tasks shall be performed for at least eight hours under supervision and shall be verified as a part of the application by the supervisor.

C. Groups and classes attended as a part of a therapy or treatment program shall not be accepted as any part of the educational experience.

~~Part III~~

~~Examinations~~

18VAC115-30-90. ~~General examination requirements for substance abuse counselors and substance abuse counseling assistants.~~ (Repealed.)

~~A. Every applicant for certification as a substance abuse counselor or substance abuse counseling assistant by examination shall pass a written examination approved by the board. The board shall determine the passing score on the examination.~~

~~B. Every applicant for certification by endorsement shall have passed an examination deemed by the board to be substantially equivalent to the Virginia examination.~~

Part ~~IV~~ III

Renewal and Reinstatement

18VAC115-30-110. Annual renewal of certificate.

A. Every certificate issued by the board shall expire on June 30 of each year.

B. Along with the renewal form, the certified substance abuse counselor or certified substance abuse counseling assistant shall submit the renewal fee prescribed in 18VAC115-30-30 and shall attest to completion of continuing education as required by 18VAC115-30-111.

~~C. Certified individuals shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice and application forms shall not excuse the certified substance abuse counselor from the renewal requirement.~~

18VAC115-30-111. Continuing education requirements.

A. Certified substance abuse counselors shall be required to have completed a minimum of 10 contact hours of continuing education in substance abuse and certified substance abuse counseling assistants shall be required to have completed a minimum of five contact hours of continuing education in substance abuse prior to renewal each year.

1. Continuing education hours shall be offered by an approved provider listed in 18VAC115-30-50 A or 18VAC115-30-62 A, and the course content shall be consistent with 18VAC115-30-50 B or 18VAC115-30-62 B.

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

B. 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 certificate holder prior to the renewal date. Such extension shall not relieve the certificate holder of the continuing education requirement.

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

D. All certificate holders are required to maintain original documentation, including official transcripts showing credit hours earned or certificates of participation, for a period of three years following renewal.

E. The board may conduct an audit of certificate holders to verify compliance with the requirement for a renewal period. Upon request, a certificate holder shall provide documentation of credit hours or participation.

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

18VAC115-30-120. Reinstatement.

A. A person whose certificate has expired may renew it within one year after its expiration date by paying the late renewal fee prescribed in 18VAC115-30-30 and the certification fee prescribed for the year the certificate was not renewed.

B. A person who fails to renew a certificate after one year or more shall ~~apply~~:

1. Apply for reinstatement~~, pay~~;

2. Pay the reinstatement fee for a lapsed certificate ~~and~~;

3. Submit verification of any other health or mental health license or certificate ever held in another jurisdiction;

4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and

~~submit~~ 5. Submit evidence of a minimum of 20 hours of substance abuse education that is consistent with course content specified in ~~subsection B of~~ 18VAC115-30-50 B for substance abuse counselors and in 18VAC115-30-62 for substance abuse counseling assistants to demonstrate the continued ability to perform the functions within the scope

of practice of the certificate. Courses shall be offered or approved by a provider listed in 18VAC115-30-50 A or 18VAC115-30-62 A.

Part V

Standards of Practice; Disciplinary Actions; Reinstatement

18VAC115-30-140. 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 certified 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. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes.

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 certified substance abuse counselors or certified substance abuse counseling assistants.

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 that are necessary to providing appropriate services.

7. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making arrangements for the continuation of treatment for clients when necessary, following termination of a counseling relationship.

8. 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.

C. In regard to client records, persons certified by the board shall:

~~6.~~ 1. Disclose counseling records to others only in accordance with ~~the requirements of state and federal statutes and regulations, including, but not limited to §§ 32.1-127.1:03 (Patient Health Records Privacy Act), 2.2-3704 (Virginia Freedom of Information Act), and 54.1-2400.1 (Mental Health Service Providers; Duty to Protect Third Parties; Immunity) of the Code of Virginia; 42 USC § 290dd-2 (Confidentiality of Drug and Alcohol Treatment Records); and 42 CFR Part 2 (Alcohol and Drug Abuse Patient Records and Regulations)~~ applicable law.

2. 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.

3. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include counseling dates and identifying information to substantiate the substance abuse counseling plan, client progress, and termination.

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years);

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client or the client's legally authorized representative.

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

~~7.~~ 1. Not engage in dual relationships with clients, former clients, supervisees, and supervisors that are harmful to the client's or supervisee's ~~well-being,~~ well-being or ~~which~~ that would impair the substance abuse counselor's, substance abuse counseling assistant's, or supervisor's objectivity and professional judgment~~,~~ or increase the risk of client or supervisee exploitation. This prohibition includes~~, but is not limited to,~~ such activities as counseling close friends, former sexual partners, employees, or relatives~~;~~ or engaging in business relationships with clients.

~~Engaging~~ 2. Not engage in sexual intimacies or romantic relationships with current clients or supervisees ~~is strictly prohibited~~. For at least five years after cessation or termination of professional services, certified substance abuse counselors and certified substance abuse counseling assistants shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. ~~Since~~

Because sexual or romantic relationships are potentially exploitative, certified substance abuse counselors and certified substance abuse counseling assistants 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 certified substance abuse counselor or certified substance abuse counseling assistants does not change the nature of the conduct nor lift the regulatory prohibition.

~~8.~~ 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 provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons certified 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.

18VAC115-30-150. Grounds for ~~revocation, suspension, restriction or denial of certificate; petition for rehearing~~ disciplinary action, denial of initial certification, or denial of renewal of certification.

In accordance with subdivision 7 of § ~~54.1-2400(7)~~ 54.1-2400 and § 54.1-2401 of the Code of Virginia, the board may revoke, suspend, restrict, impose a monetary penalty, or decline to issue or renew a certificate 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 substance abuse counseling, or any provision of this chapter;

2. Procuring a certificate, including submission of an application or supervisory 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 substance abuse counseling 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. ~~Negligence in professional conduct or nonconformance with the standards of practice outlined in 18VAC115-30-140 or~~ Violating or abetting another person in the violation of any provision of any statute applicable to the practice of substance abuse counseling or any regulation in this chapter;

5. Performance of functions outside the board-certified area of competency in accordance with regulations set forth in this chapter and §§ 54.1-3507.1 and 54.1-3507.2 of the Code of Virginia;

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. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation;

9. 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; or

10. Action taken against a health or mental health license, certification, registration, or application in Virginia or another jurisdiction.

Petition for Rule-Making

To amend regulations for residents in counseling to prohibit promoting or advertising their services independently to solicit business from the public.

Agenda Item: Response to Petition for Rulemaking

Included in your agenda package are:

A copy of the petition received from Williard Vaughn

A copy of comments on the petition

A copy of regulation 18VAC115-20-52

Board action:

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action; or

To initiate rulemaking by adoption of a proposed regulation by a fast-track action; or
To reject the petitioner's request.

COMMONWEALTH OF VIRGINIA
Board of Counseling

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4610 (Tel)
(804) 527-4435(Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,) VAUGHN, WILLARD A		
Street Address 250 N FOURTH STREET	**Area Code and Telephone Number** 757-597-5103	
City HAMPTON	**State** VA	**Zip Code** 23664
Email Address (optional) WILLARD@THEMILIEU.NET	**Fax (optional)**	

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

   18VAC115-20-52: RESIDENCY REQUIREMENTS

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

   SEE ATTACHED

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

   § 54.1-3505. Specific powers and duties of the Board.
   § 54.1-3506. License required

Signature: WAVh **Date:** 10/25/2018

COMMONWEALTH OF VIRGINIA
Before the BOARD OF COUNSELING

Petition for Rule Making

I. Recitals

1. WHEREAS Virginia Code § 54.1-3505 states that the Board of Counseling is granted the power to establish guidelines for the licensure for Professional Counseling within the Commonwealth of Virginia.
2. WHEREAS the Board of Counseling looks out for the interests of the citizens of the Commonwealth in ensuring that those who practice counseling meet minimum standards for education and residency.
3. WHEREAS the Commonwealth of Virginia does not currently grant provisional licenses, and requires non-licensed residents to provide registration of their supervisor and document their supervision hours.
4. WHEREAS Virginia Code § 54.1-3506 requires anyone who desires to practice independently as a Licensed Professional Counselor to satisfy the requirements of the board, and have the board grant them a license.

II. Proposal

Bearing the aforementioned recitals in mind, this petition seeks to amend 18VAC115-20-52(9) which reads:

> *Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.*

Currently within the Commonwealth of Virginia it is becoming standard practice for those that are in supervision to advertise themselves as providers of counseling services within private non-exempt agencies. While most adhere to the board's rule as indicated above, it is confusing to the public when such claims are made. Further, it creates unnecessary competition for actual licensed and experienced providers who have adhered to the Board's rules and are able to practice independently.

Therefore, I now petition the board to amend the above to prohibit those that are considered "Residents in Counseling" from promoting or advertising their services independently in any manner to solicit business from the general public. I believe this to be in the best interest of the public at large, as well as the integrity of the counseling profession as practiced under the Board's regulations.

Respectfully Submitted

Willard A. Vaughn, LPC
Managing Clinician
The Milieu Therapeutic Services, PLLC
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Hampton, VA 23664
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VIRGINIA REGULATORY TOWN HALL

Logged in as
Elaine J. Yeatts

Secretariat **Health and Human Resources**

Agency **Department of Health Professions**

Board **Board of Counseling**

Edit Petition

Petition 285

Petition Information	
Petition Title	Restriction on advertising by residents in counseling
Date Filed	10/26/2018 **[Transmittal Sheet]**
Petitioner	Willard Vaughn
Petitioner's Request	To amend regulations for residents in counseling to prohibit promoting or advertising their services independently to solicit business from the public.
Agency's Plan	In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on November 26, 2018 with comment requested until December 21, 2018. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically. At its first meeting following the close of comment, scheduled for February 9, 2019, the Board will consider the request to amend regulations and all comment received in support or opposition. The petitioner will be informed of the board's response and any action it approves.
Comment Period	Ended 12/21/2018 **31 comments**
Agency Decision	Pending

Contact Information	
Name / Title:	Jaime Hoyle / *Executive Director*
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
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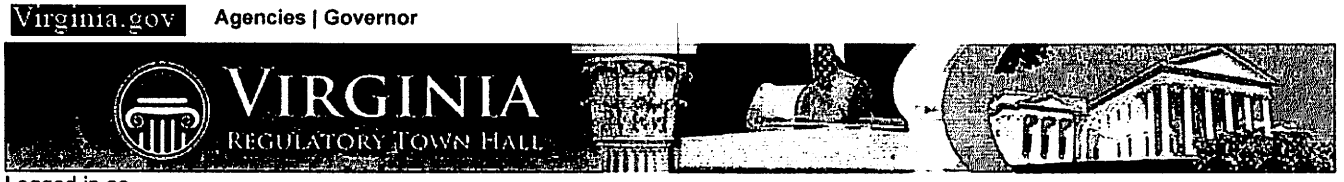
Virginia.gov Agencies | Governor



Logged in as
Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]**

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Rebecca K Hogg, LPC 11/29/18 7:13 pm

Unneeded Restriction

Residents in Counseling should continue to be allowed to advertise services with the caveat that they are required to list their supervisor's name and contact information on any advertisement. Residents are trained and need clients in order to become licensed eventually. Limiting all advertisement is an unnecessary burden on our residents in counseling.

Commenter: Willard Vaughn 11/29/18 9:56 pm

Rationale

I was the one that created this rule petition, and wanted to explain why I think it is necessary.

Hypothetically, let us say you have a private practice with three licenesed clinicians and three "residents" or "pre-licensed" people. Ethically speaking only the three licensed clinicians should be able to advertise, but since there is this loophole in the board's wording, that is not the case. So now instead of three clinicians listed on a particular website (i.e. Psychology Today), you now have six. What this does is create backlinks to your website and those backlinks is one of the determining factors for what order your website appears in search engines. So in other words, the more mentions you get, the higher your return when someone Googles something such as "counselors in...". This creates an unfair advantage in advertising.

Secondly, if I see an ad for someone and I call them to schedule an appointment, I'm going to assume that that person can provide the service I want. An average person is not going to know or care what a "resident" is, and what that means. So when you advertise yourself even with the designation, it is, in my opinion, misrepresenting what you are to the general public and creating harm.

Commenter: LaTrease Nwosu, 11/30/18 1:00 pm

Clarification

For clarification purposes is this a marketing concern or an ethical? The purpose of having supervision during residency is to ensure that new counselors are guided properly in the field, yet in order to grow one must obtain clients. If the board already requires that the resident informs the

public that they are a resident then there is no ethical issue. Especially since notification of residency is documented in the consent to services forms and disclosure statements. In order for residents to gain experience and become licensed is by gaining clientele, Psychology Today and other internet marketing spaces provides a space for residents to meet such requirements. Putting the onus of marketing on the supervisor could increase the supervisor's responsibility which may decrease the amount of interested supervisors. This could be a disadvantage for residents and interns. If residents are initially informing clients and throughout the entire counseling process then there is no harm to the public.

Commenter: Heather Kafka, MA, CSOTP, Resident in Counseling 11/30/18 10:13 pm

Marketing issue versus regulatory issue

I do not think this is an appropriate petition for the board at this time. As residents, we agree to abide by the regulations which instruct us to always identify ourselves as residents and provide our supervisor's information to our clients. Additionally, supervisors are responsible for ensuring their supervisees are following those regulations. It is difficult enough for residents to obtain positions where they can accrue their supervision hours. If this petition were to be passed into the regulations, it may make it even more difficult for residents to complete those hours and does not appear as if it would directly benefit our clients in a significant way. I think the issue at hand is more of a marketing issue for certain advertising platforms versus a regulation issue.

Commenter: Torre Boyd 12/1/18 2:02 pm

Unneeded and unfounded restriction

In my opinion this petition is a waste of the boards time and resources. The board has already implemented how Residents of Counseling should and can market themself. The petition writter claryifed that part of the reason is that Residents may be listed in a search engine before him. That statement is a personal grievence, and not one that should effect the whole state of Virginia. Residents of Counseling have been trained and have a Masters agree to attest to the fact that they are knowledgable. Mental Health Providers also educate clients and consumers on the differences, and it's clearly stated when working as well as advertising. Petitioner also stated that if calling he would expect the person to be able to help him. On the other side of this there are indepedently licensed professionals that have to refer out due to not having the training in certain areas. That is why we have a network and make referrals so that the client can have their needs met. In this country we talk about how there is a shortage of mental health professionals and how there is a need. There will be more of a need if Residents of Counseling are not able to be visable in this day and age where you need to market yourself as well as have an online presence.

Commenter: Alice Conner, LPC Pearl Wellness Services, Inc. 12/1/18 4:38 pm

Residents deserve clients too

I worked in a private practice under supervision as a resident in a completely ethical manner and I had to do all of my own advertising and networking to obtain clients. It was hard and in no way do I believe I impeded on licensed clincians' ability to obtain clients. Many people needed to use insurance and I referred more clients than I kept for that reason. I worked hard and learned the business side of private practice which was invaluable to me as a licensed clinician now. It is

already very challenging to obtain an LPC in Va. so I do not believe we should make it any harder for residents. Please vote no.

Commenter: Kimberly Nichols, M.A., Resident in Counseling 12/1/18 5:51 pm

Strongly Opposed: Unnecessary Restriction

This petition appears to more of a personal grievance with market share of clientele vs. resident's promoting and advertising and/or independently soliciting business from the public, per the petitioner's comments regarding his rationale (see comment section for public comment on 11/29/18 9:56 p.m.) for the petition.

Per ***18VAC115-20-52*. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.**

***18VAC115-20-52.* The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.**

Limiting advertisement is an unnecessary burden that may limit access to residency training in private practice for Residents in Counseling in the Commonwealth of Virginia. I would like the thank the Board of Counseling and the petitioner for offering the opportunity to voice my strong opposition to the proposed petition.

Respectfully,

Kimberly J. Nichols, M.A., Resident in Counseling

Commenter: Dawn Peterson-Lewis, M.S, Resident in Counseling 12/1/18 9:39 pm

Oppose the petition

I strongly oppose the above petition as it puts even more restrictions on residents in counseling. I believe the as long as an individual who is practicing under the title of a resident in counseling abides by the regulations set in place by the Board of Counseling, there should be no further limitations restricting the possibility of work. As a current resident in counseling I can attest to the level of difficulty in finding a secure worksite who is comfortable hiring a resident in counseling, so with this petition it can make this journey even harder for us to gain the hands on experience which is the main purpose of the residency period. From reading the petition it appears that the concern is marketing not regulations.

D. Peterson-Lewis, M.S, Resident in Counseling

Commenter: Willard Vaughn 12/2/18 5:40 pm

Further comment

The Commonwealth of Virginia is satisfied that I have met the requirements to bestow upon me the title of Licensed Professional Counselor, so that gives me the green light to market myself anyway I want (within ethical guidelines) since I can practice independently, own my own practice, bill

insurance, and have my own overly priced liability insurance. This license also grants me the clinical judgement to make the best decision for how to treat my client and I am accountable to that decision by my license and the insurance that I have to carry.

An intern, resident, or "pre-licensed" individual legally cannot practice independently, have their own practice, bill insurance (in some cases), or have overly priced insurance (though it does exist). They are not accountable for their decisions as I am by a license or provisional license, and so if harm comes to a client or a bad decision is made, it falls to the supervisor. A good supervisor is looking over their shoulder to make sure this doesn't happen, but rarely are regulations put in place as a result of a good decision being made.

No one (well, I"m not) saying that interns are incapable of being providers, but the law says that they cannot present themselves as practicing independently until they have satisfied the requirements of the board. If they cannot practice independently, then they should not be able to advertise themselves independently because that makes the public believe that they have the same accountability to them that I have, which is not the case. You can argue informed consent all you want, but if I want to talk to a counselor, and I get to my appointment and find that I'm only getting an intern when I wanted a counselor, then I have been mislead. Many have said it is a personal issue and to a certain extent that is true because I have been that person, and its mildly frustrating.

Commenter: Emily 12/3/18 9:57 pm

Limiting development

Residents are already having difficulty in finding appropriate reasidency sites to fulfill requirements set forth by the board. This would be another way to complicate the course of experience that residents will need to become fully rounded and ready LPCs. I see it as another way of stifling a vital growth process that should really be the opposite of our focus in developing competent clinicians in the field.

Commenter: Melody Staton, MA, NCC, Resident in Counseling 12/6/18 12:50 pm

Trivial and silly petition...

Like many others, I believe this is a marketing issue, not an ethical one. Residents (and their supervisors) are aware of the limitations surrounding how they gain new clients and being listed on an agency's website does not violate those regulations. Residents have a challenging time getting clients as it is and restricting where they may be advertised creates even more challenge. Overall, it seems unfair to penalize residents simply because they work for an agency and that somehow disadvantages other agencies in search listings.

Commenter: Joanne M.Moore LPC,BCETS, CCH 12/6/18 3:45 pm

Meeting Board Residency Reuirements

I am a Licensed Professional Counselor with approximately 20 years of private practice experience. Over much of this time, I have supervised multiple Residents and celebrated with them as they achieved their licensure goals. Over the years, I have learned that to be a competent supervisor, one must have an excellent working knowledge of the rules, regulations, and laws governing counseling and to know how to apply them effectively in work with Residents. The

Board of counseling requires that Residents receive a full spectrum Residency experience to include patients from all walks of life. They must have the opportunity and experience of conducting comprehensive assessments, making accurate diagnoses, planning appropriate and effective treatment, implementing treatment plans, then repeatedly assessing progress until termination. The Resident must repeatedly accomplish each of these requirements in their work with a broad variety of DSM 5 disorders and syndromes using multiple treatment modalities and orientations. This can be a daunting task. If this proposal is adopted, Residents will continue to be required to recur it their own patients. But, they will have no tools to do so. Looking at all this as a whole clearly demonstrates the significant adversity this proposal would add to the already heavy (and necessary) burdens of Residency.

In the past, Residents sought out Residencies at sites that rarely met all of these requirements. So, Residents are now required to find other options to ensure their experience met Board requirements. This means finding sites that support the provision of this full spectrum experience. The most likely sites for this are in Private practice settings.

Supervisors take on considerable responsibility and risk for low pay to help Residents earn their chops. We provide significant assistance with all aspects of this experience. However, we simply cannot provide the kind of client load necessary to provide the experience required by the Board. For that reason, it is absolutely necessary for Residents to have the ability to advertise their services to recruit patients. In doing so, they must not only identify themselves as a Resident to their patients, they must do so on all documentation, business cards, websites, etc. They can in no way represent themselves as independent clinicians. So, finding patients to build a caseload is a critical component to establishing and completing Residency in accord with the regulations.

This kind of advertisement has little impact on other clinicians. There are always enough hurting people available to fill our offices. Likewise, Residents provide services at a discounted price to meet the needs of their patients, including some who would not be able to seek services otherwise. Since they are unable to accept payments from insurers, they in no way will compete with licensed clinicians who do. And because all of their patients must pay out of pocket and pay at reduced rate below what most licensed clinicians would accept, they are not true competition for licensed clinicians whose patients pay put of pocket. As for clicks per website, my Residents create their own sites. I do not receive any benefit from their "clicks."

In closing, I can see no benefit from this restriction, But, I can see many pitfalls if it is enacted. Residents already face challenges in their efforts to meet the critically needed Board requirements that currently exist. This proposal would hobble most Residents and prevent them from achieving their goals. That seems a significantly onerous consequence to inflict upon new clinicians when the benefit is likely negligible. Therefore, I am opposed to this proposed change.

Commenter: Nic 12/12/18 12:06 pm

Opposed to Petition

To speak directly to the rationale stated for this petition;

1) Unfair advantage in advertising- **This is not an ethical issue.**

2) Counselor's designation as Resident in Counseling/Pre-Licensed Therapist being a misrepresentation of status and creating harm- **You know what they say about "assume".**

If someone calls me, the first thing I iterate is that I am a resident, meaning unlicensed and completing hours to earn said license under the supervision of two credentialed therapists. I draw the comparison to a doctor completing rotations to "practice" prior to earning their M.D.. for understanding. Most potential clients do not have issues with that (the primary reason a client chooses to work with someone else, from MY experience only, is because

they want to use their insurance). Upon starting sessions, they clearly see in my paperwork "Resident in Counseling, supervised by" SEVERAL TIMES; complying with regulation *18VAC115-20-52,* and it doesn't't stop there. As I facilitate sessions, if I come across issues that I do not feel I can address adequately, I TELL MY CLIENTS DIRECTLY that I am going to consult my supervisors, as I want them to receive quality care and I am not an expert. I have not had clients terminate due to this, partly because they were aware from the beginning that I'm still in the learning process.

Mr. Vaughn, I'm sure you were once a Resident in Counseling/Pre-Licensed Therapist. I would hope you felt competent enough to work with clients in a private practice setting and self-aware enough to know when to seek counsel (outside of regular supervision meetings). I am confident my fellow Residents in Counseling are astute when providing services, as ethics are at the core of our profession. It appears to me that your supplication is based on personal objections, therefore, I firmly oppose the proposed petition.

Regards,

Nicole J. Low, M.Ed, NCC, PPS, Resident in Counseling, QMHP-C

Commenter: Megan MacCutcheon, LPC 12/12/18 3:48 pm

Experience for residents, not website SEO

I am strongly opposed to this amendment and don't think restricting the ability to advertise serves any benefit for anyone in our profession. Restricting a resident's ability to advertise hinders their ability to gain clients and, thus, the experience they need to work toward licensure. As the regulations currently read and are commonly interpreted, Residents are expected to identify themselves as such, using the title Resident in Counseling, and state that they are under the supervision of a licensed professional.

Most residents I know (and supervise) provide the supervisor's contact and licensing information on their websites and in their policies documents, making it very clear that they are not practicing independently. The ability to advertise services clearly stated as being part of a residency/under supervision does not seem to be an ethical issue, so I don't follow the rational that only licensed practitioners can have Psychology Today profiles, nor do I understand how being a resident equates to being unable to "provide the service [the person seeking counseling] wants" (per Mr. Vaugh's comment and rationale). True, the general population may not understand the differences between "Licensed" and "Resident;" however, difference in title and years of experience does not necessarily equate to ability to effectively provide counseling.

Misrepresenting yourself/false advertising is a separate ethical issue that anyone, licensed or not, can violate...i.e. advertising and/or practicing services outside of your scope of practice or area of expertise. Simply advertising your services and having online profiles does not, in and of itself, cross in to this area.

Rather than focus on creating more restrictions for residents, time would be better spent ensuring that residents are getting the training, supervision, direction, and practice necessary to become successful and ethical practitioners so they are ready to take on the role of practicing independently upon becoming licensed. Part of being a successful practitioner (and thus representing our profession in the best possible light) involves knowing your target audience and effectively making resources available to them, and I feel this is worth exploring during residency, while under supervision and guidance of somebody with years of experience.

I'm not really sure that competing with residents for backlinks for website search engine optimization is a logical factor in this petition. It seems like the solution to that is to invest more in your own advertising and SEO rather than look to change regulations that ultimately create unnecessary restrictions.

Commenter: Anne Beverly Chow, EdS, MA, NCC 12/13/18 12:40 am

Opposed to the Petition

I am serving my community as a resident counselor and go out of my way to make sure my clients know that I am not licensed and am receiving supervision. All of my marketing materials clearly state my resident status and I provide all clients with my supervisors' contact info in case they have any issue. This petition seems like a continued attempt at making it impossible for pre-licensed clinicians to go into private practice. There are already significant barriers to entry when it comes to working out a system for payment through a supervisor rather than taking payment ourselves. Beyond these issues, how on Earth would this petition be implemented? The staff it would take to scour the internet looking for all the residents who advertise and having to create standards for what it means to be independent...seems like an impossible task. Let's not waste our time and resources on an issue that is causing no harm.

Commenter: Sharon Watson, LPC, LMFT, LSATP, NCC, ACS 12/13/18 1:20 am

Strongly opposed to this petition

It is my opinion that restricting residents from advertising is unnecessary, prohibitive, and detrimental to the needs of the public.

It is already extremely difficult for graduates to find jobs that provide a living wage. Often the jobs they do find don't have supervision because their superiors are unlicensed or they have no need for licensed counselors and don't support the licensure process. They may also not want the employee to have an outside supervisor. And even if supervision is provided, the employee may be required to stay for one to two years and if they leave sooner, must reimburse the company for the supervision. And if the graduate can't find a job at all, they are left with the only alternative, private practice.

There are two "kinds" of private practice. One, is working in an established practice and the other is opening their own practice. It's easier to do the first because the office is already established, a supervisor may be available on-site, and although the resident may get clients through the practice's advertising, they likely are required to bring in their own clients as well. But there are not unlimited practices to join just as there are not unlimited job opportunities. So, if a graduate is unable to find a practice to join, the only alternative is to open their own practice which takes time, so some residents must work a second job to make ends meet. Volunteering is an option but also not easy to find, and may not include work in all the core areas required in a residency.

So, if the only opportunity for some to earn a living is to open a private practice, how would that resident find clients without the ability to advertise? When a resident advertises, they must state they are a "Resident in Counseling," under supervision, and by whom. If a resident doesn't advertise themselves correctly, that can be reported to the Board of Counseling and the resident and supervisor corrected by the Board. That should not be a reason that all other residents who are advertising correctly be denied that opportunity.

It seems that the petition is based on limiting competition, meaning that residents should not be competing with licensed clinicians. But, I believe that residents-in-counseling meet a public need. Residents typically charge less than licensed clinicians which means they provide an opportunity for counseling for those who have limited income or no insurance coverage. Bottom line, shouldn't it be the client's choice who they see if given the options, including a resident under supervision?

There also seems to be an implication that residents may not be as skilled as those who are licensed. This seems to discount the fact that residents are under supervision. It cannot be

overstated that there is diversity in skill levels between residents, between supervisors, but also as well between licensed clinicians (just look at the disciplinary proceedings on the Board website). I believe making a case that a resident under supervision may not do as good of a job undermines the process of licensure.

I would also like to correct a few items from previous comments: interns are not included in this process as they have not yet graduated; "pre-licensed" is no longer a term used by the Board; residents in counseling are allowed to have a private practice; there is a responsible party – the supervisor; and in my case I require a resident in private practice to carry their own malpractice insurance.

Thank you to the Board of Counseling for allowing the opportunity to express my concerns and opinions about this petition.

Commenter: Mr. Dan Towery, MA ThM LPC CSOTP, Resident Supervisor, Riverside Counseling | 12/13/18 7:31 am

One Practice's Methodology

I will not likely add anything new to this discussion but simply mention that I supervise residents. In the group practice where I do this (besides seeing my own clients) the PRACTICE "advertises" the residents by letting the front desk weave into the first conversation with potential clients who call requesting help - information about who is available to address their needs. That would INCLUDE the residents who are available working in the practice.

The potential clients who call are informed about the difference between residents and licensed counselors; the financial costs the potential client must bear to do the counseling is distinguished from the costs of the licensed counselors, and other issues that are relevant.

Then the potential clients makes their own choices.

In essence the group PRACTICE does the work of advertising its services, puts its own web site on the web with the residents listed, and the supervision which the residents work under is clearly stated.

There is more I could say, but generally, this is what happens.

Depending on whether the residents wish to "specialize" in certain issues, or age groups, etc. - this can make a difference in the choices the potential clients will make.

Hope this helps clarify some pieces of how this can be useful.

Dan Towery MA ThM LPC CSOTP, Supervisor for Residents in Counseling

Riverside Counseling Center

703-724-0200

Commenter: Robin Norris, PhD, LMFT Windward Optimal Health, Old Dominion U. Adj. Prof | 12/13/18 12:08 pm

Unnecessary restriction - please vote no

I agree with a prior comment, "Residents in Counseling should continue to be allowed to advertise services with the caveat that they are required to list their supervisor's name and contact information on any advertisement." This does not appear to be an ethical issue, but a business/marketing one. The public is not harmed nor mis-informed if the above is followed and appropriately explained. As one of the states with the largest amount of required hours to

complete residency, if this were to be passed, it would be yet another hardship on those entering in the field as well as those clients that are faced with offices with no immediate openings from licensed clinicians.

Commenter: Danijela Nardelli, MA, NCC, Resident in Counseling 12/13/18 10:23 pm

No ethical merit to this petition – strongly opposed

In order to become licensed professional counselor a resident in counseling in the state of Virginia must complete total of 3,400 hours, 2,000 of those direct hours with clients, and 200 supervision hours. That is only after one completes 60 semester hours of graduate school which must include 13 core content areas, one of which is "professional counseling identity, function, and ethics" and 600 or more hours of internship (Virginia Board of Counseling). Therefore it is inaccurate to equate the level of experience of "interns", "pre-licensed counselors", and "residents" as all one group. Additionally, some residents in counseling have obtained National Certified Counselor certification by having "voluntarily met high national standards for the practice of counseling" (NBCC). As ethically competent residents in counseling, we are obliged to accurately describe our status as residents and provide our supervisor's information to any prospective clients. Forbidding advertising to residents in counseling would narrow down the choices available to the public seeking help and place yet another significant burden on the residents to complete the required hours and gain needed experience towards the license. Please vote "no" on this petition. Thank you for your time and consideration.

Commenter: Michelle Cantrell, LPC 12/18/18 5:39 pm

Strongly Opposed

The Residency process is an important transition period prior to becoming a Licensed Professional Counselor. During my own residency, I sometimes found it difficult to get clients because of the limitations, mostly in the form of insurance, placed on Residents. While it is critical for Residents to operate under supervision, I see no reason to impose a barrier to growing their case load by prohibiting advertising. A Resident advertising their services can clearly state their position as a Resident, and include information about their supervisor, as well as expanding on the limitations of working with a Resident anything else relevant in the informed consent. Allowing Residents to adverrtise their services can result in greater access to those seeking care and unable to pay the higher fees typically associated with an LPC. Allowing Residents to advertise is a win-win.

Commenter: Amy Clay, LPC 12/18/18 5:48 pm

Against Petition prohibiting Residents in Counseling from advertising

I am against the petition filed with the Virginia Board of Counseling prohibiting Residents in Counseling from advertising on placed like psychologytoday or other online, social media platforms.

http://www.townhall.virginia.gov/l/Comments.cfm?petitionid=285

I fully support Residents in Counseling ability to advertise and promote their services as long as Residents in Counseling CLEARLY indicate their residency status, supervisors name and company they work for on all marketing / promotional materials (including social media).

Commenter: Brynnan Reddy, LPC 12/18/18 7:04 pm

Opposed

I am against the petition filed with the Virginia Board of Counseling prohibiting Residents in Counseling from advertising on placed like psychologytoday or other online, social media platforms.

http://www.townhall.virginia.gov/l/Comments.cfm?petitionid=285

As a supervisor, I fully support Residents in Counseling and their ability to advertise and promote their services as long as Residents in Counseling indicate their residency status, supervisors name and company they work for on all marketing / promotional materials, as currently outlined in the licensure regulations.

Implementing this filed petition would make it nearly impossible for Residents to meet the residency requirements to get hours to work toward licensure, and ultimately harm the growth of the profession.

Commenter: Carol Jarboe, LPC, NCC 12/19/18 1:07 am

Petition re: Residents in Counseling

No. Residents deserve to be able to make a living while they work toward licensure. Advertising and marketing are necessary to get clients. This process is hard enough. Let's support them, not make it more difficult for them.

Commenter: Joan Normandy-Dolberg, 12/19/18 6:23 am

Residents should be allowed to advertise

I am in favor of allowing appropriate advertising by residents, providing the ads are clear about their status and includes the name and contact information of their supervisor.
Residents frequently struggle to see enough clients to meet the required 3400+ hours, especially because clients often prefer to see a licensed clinician for the cost of a small copay while residents in Virginia do not yet have a temporary license number needed to be credentialed by managed care. It frequently requires 2-3 years to see enough clients to accumulate the required hours and residents deserve the ability to make a living during this time. Respectfully submitted, Joan Normandy-Dolberg, Licensed Professional Counselor and resident supervisor

Commenter: Audrey Lipps, LPC 12/19/18 8:31 am

Let residents advertise

I am an LPC in private practice in Northern Virginia. I strongly oppose the petition to restrict the ability of residents to advertise their services. Residents already face a significant barrier by not being able to accept insurance payments. Further limits on their efforts to secure clients is counter-productive to our profession's goal of expanding the number of clinicians in the field.

Commenter: Angela P. Callahan, LPC, NCC 12/19/18 4:48 pm

Oppose the proposed regulation

Upon learning of this proposed regulation change, I was perplexed at best, and dumbfounded at worst. The proposal appears short-sighted, and ignoring already enforced regulations in place that allow Residents to only advertise their services as being unlicensed individuals, under supervision from an approved supervisor, and only practicing with clients that they have a level of competence in treating, as guided by their supervisor. Prohibiting Residents from advertising their services, either on a paid site like Psychology Today (with all appropriate and required references to their clinical supervisor) or within an organization's web page is only a means to make it harder for Residents to become Licensed Clinicians. This appears to be an attack on Residents from a person worried about their own ability to earn an income through their chosen route of service delivery, and not one that is aiming to "alert" the public about Residents being unlicensed counselors. If my own small private practice can attest, we have more than enough folks who are seeking out counseling services, and many who continue to remain without insurance, or who choose to not utilize insurance for mental health services, and Residents can still provide needed services under supervision in a way that enables the potential client to not experience an undue financial burden in seeking treatment.

While we may all differ in our theoretical orientation, methods of service delivery, niche populations, and levels of experience, we need to continue to support Residents on their taxing journey of becoming well-rounded, competent clinicians. If we don't provide them with the skills and knowledge to market their individual qualities in a private practice setting, they will not know how to do so, and would potentially lead to less clinicians practicing to meet the enormous needs of folks today. The proposed regulation only aims to diminish the confidence and practice ability of Residents, which is the antithesis of our profession, and hurts all of us. Please do not change any regulations for Residents to remove their ability to advertise appropriately.

Commenter: Caitrin Allingham, NCC, Resident in Counseling 12/19/18 4:49 pm

Adamantly Opposed to this Petition

I am adamantly opposed to this petition. Although I am not adding anything new to what has already been said, I want to reiterate that this proposal is unnecessary and an undue burden. It is solely a marketing and competition issue and I believe the petitioner is simply trying to reduce competition for himself. Residents in counseling have been well trained and are supervised by Board approved clinicians who have had been trained to supervise. In addition, residents are required by Virginia law/statute, the regulations, and professional ethics to state their un-licensed status, explain what resident in counseling means, and give their supervisor's information to the client. I personally have had potential clients who have contacted me and expressed frustration because they were unable to find a clinician who was taking new clients or finding that the clinicians they had contacted never returned their calls or emails. I also have had potential clients not chose me as their counselor because I am still working toward my LPC. Lastly, advertising by a resident does not harm clients. Clients will decide who is right for them, irrespective of advertisement. In my view, prohibiting residents in counseling from "promoting or advertising their services independently to solicit business from the public" is unnecessary because residents actually provide a needed option to the public.

Commenter: Tracy G Bushkoff, Ed.D., LPC, NCC, ACS 12/19/18 7:29 pm

Oppose regulation limiting residents

I have provided group and individual supervision to Residents in Counseling in Virginia for twenty

years. Many hours have been spent with supervisees insuring that all the rules are adhered to, ethics met and paperwork appropriately completed. Completing the required hours is a strenuous, yet valuable process and I know supervisees learn and develop. Regulating a supervisees opportunity to market and solicit business seems to hinder growth, and serves little purpose, especially in this time of mental health need. Since it is a requirement that a supervisor's information is on all literature and marketing material, it is clear that there is not "independent" practice. Rather, the opportunity to solicit and market one's training and clinical skills, serves a purpose for the public and the Resident. Thank you.

Commenter: Adrian Counseling Center, LLC, Renae C. Smith, LPC 12/20/18 12:17 pm

Opposed to the petition

It is already difficult for Residents to keep up with living expenses. Please don't take away their ability to honestly advertise their services.

Commenter: Crystal Hamling, M.A., NCC, CCMHC, Resident in Counseling 12/21/18 6:18 pm

Against the implementation of this unnecessary restriction

I am against the implementation of this unnecessary restriction, as it does not seem to provide more protection to the public nor further the counseling profession in any way. So long as residents in counseling are following all Board regulations, including using the title Resident in Counseling, not calling themselves professional counselors, and advising all clients in writing (and verbally) that they are supervised by licensed professionals and are thus not practicing independently, I see no reason why advertising the availability of their counseling services would result in harm to the public. Residents in counseling need clients so that they can become licensed professionals. They are trained counseling clinicians with a master's degree, working toward licensure through the process of gaining clinical hours with clients and passing a licensure exam.

Commenter: Jessica Harrington, Resident in Counseling 12/21/18 11:02 pm

Opposed to Restriction

I am opposed to this petition. I feel that the original poster has petitioned for this change based on marketing issues in his own practice and not because of an ethical issue in regards to residents advertising.

As I am building my clientele, I work multiple jobs. It is a slow process. It is difficult to build clients when insurance cannot bevaccepted. I have a Psychology Today page, where I state that I am a resident in counseling and list my office location, supervisor, and supervisor's license number. When clients contact me, I explain my status as a resident. When clients come into the practice, I reiterate my status as resident and what that means and have them complete an informed consent stating the same. I am competent enough to know when I am unqualified to work with someone. I also receive regular supervision, where my clients are discussed and any concerns are addressed.

I also provide a service to people who cannot afford a licensed clinician, due to income or or insurance issues. I provide a low cost solution to people who have limited options. There are plenty of people who choose to use insurance, and plenty of people who can and will pay more and want a licensed clinician.

For the clients I do see, I see change and progress. I have rapport and a solid relationship. These

clients would not have found me without advertising.

Don't take this away from the residents in Virginia. We are learning, we are competent, and we know our limitations. Advertising and seeing clients allows us to develop our counseling identity.

18VAC115-20-52. Residency Requirements.

A. Registration. Applicants who render counseling services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; and

3. Pay the registration fee.

B. Residency requirements.

1. The applicant for licensure shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.

6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours towards the requirements of a residency.

7. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.

9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.

10. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

11. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;

2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and

3. Shall hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.

5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements which were in effect at the time the supervision was rendered.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 16, Issue 13, eff. April 12, 2000; amended, Virginia Register Volume 24, Issue 24, eff. September 3, 2008; Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016.

Petition for Rule-Making

To count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral program towards hours of residency.

Agenda Item: Response to Petition for Rulemaking

Included in your agenda package are:

A copy of the petition received from Jamie West

A copy of comments on the petition

A copy of regulation 18VAC115-50-60 (with draft amendments if the Board decides to accept the petitioner's request

Board action:

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action; or

To initiate rulemaking by adoption of a proposed regulation by a fast-track action; or
To reject the petitioner's request.

COMMONWEALTH OF VIRGINIA
Board of Counseling

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4610 (Tel)
(804) 527-4435(Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,) **West, Jamie, M.**		
Street Address **8 Kennedy St.**	**Area Code and Telephone Number** **970-556-4088**	
City **Alexandria**	**State** **Virginia**	**Zip Code** **22305**
Email Address (optional) **jamie.m.west@hotmail.com**	**Fax (optional)**	

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

I am including the 2010 Regulations, because these were the Regulations when I was approved for Residency.

18VAC115-50-60. Residency

Section B: Residency Requirements

Subsections:

5. A graduate-level internship completed in a program that meets the requirements set forth in 18VAC115-50-50 may count for no more than 600 of the required 4,000 hours of experience. The internship shall include 20 hours of individual on-site supervision, and 20 hours of individual off-site supervision. Internship hours shall not begin until completion of 30 semester hours toward the graduate degree.

6. A graduate-level degree internship completed in a COAMFTE-approved program or a CACREP approved program in marriage and family counseling/therapy may count for no more than 900 of the required 4,000 hours of experience.

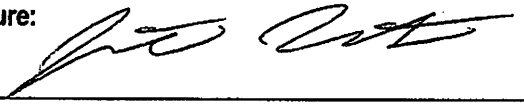
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

On May 19, 2017, the Board voted to initiate rulemaking in response to a petition filed by Dominique Adkins requesting acceptance of supervised practicum and internship hours in a doctoral program accredited by CACREP. One November 2, 2018, the Board voted to adopt the final doctoral practicum/internship hours to count towards residency regulations. Although this petition was meant for Licensed Professional Counselor's, I would like to submit this petition to recognize hours acquired in accredited doctoral programs as meeting a portion of the hours of supervised practice required for Licensed Marriage and Family Therapists.

In Virginia, it is not required that master's students get their internship hours approved prior to beginning residency but are able to use them to count towards the required hours to complete residency. I am asking that the hours accrued during my PhD program at Virginia Tech, a COAMFTE-approved program, be exempt from the requirement to have prior approval.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

The Board has legal authority to make a decision about my hours according to the regulation referred to in the above section.

Signature: 

Date: 11/8/18

Virginia.gov Agencies | Governor

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Elaine J. Yeatts

Secretariat **Health and Human Resources**

Agency **Department of Health Professions**

Board **Board of Counseling**

Edit Petition

Petition 286

Petition Information	
Petition Title	Acceptance of supervised hours in MFT doctoral program toward residency hours
Date Filed	11/9/2018 [Transmittal Sheet]
Petitioner	Jamie West
Petitioner's Request	To count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral program towards hours of residency.
Agency's Plan	In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on December 10, 2018 with comment requested until January 9, 2019. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically. At its first meeting following the close of comment, scheduled for February 8, 2019, the Board will consider the request to amend regulations and all comment received in support or opposition. The Board will inform the petitioner of its response and any action it approves.
Comment Period	Ended 1/9/2019 **10 comments**
Agency Decision	Pending

Contact Information	
Name / Title:	Jaime Hoyle / *Executive Director*
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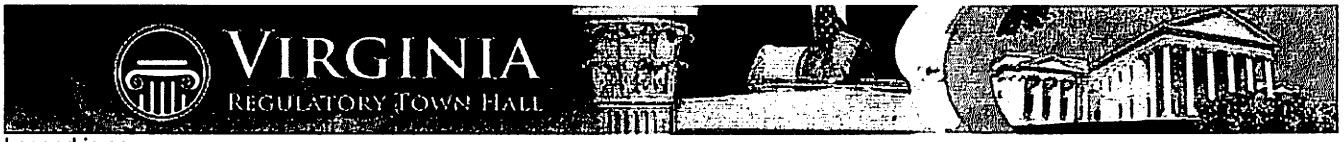

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Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Practice of Marriage and Family Therapy [18 VAC 115 - 50]**

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Dr. Jody Russon, Virginia Tech Marriage and Family Therapy Doctoral Program — 1/2/19 10:37 am

In support of count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral program

As a faculty member in the Marriage and Family Therapy doctoral program at Virginia Tech, I support this petition to count 600 hours of supervised experience toward residency. Counting supervised hours, accumulated in doctoral study, toward residency will facilitate training and licensure. I would like to reference another petition as a possible model for those pursuing licensure in VA as an LMFT from a COAMFTE doctoral program:

Summary:

Purpose: The proposed regulatory action will allow persons who have obtained a doctoral degree in counseling to become licensed with a smaller number of postgraduate hours in a supervised residency. It will accelerate the licensure process for those candidates and will allow them to provide counseling services in independent practice more quickly. Since the practicum or internship hours are within a Council for Accreditation of Counseling and Related Educational Programs (CACREP) program and under the supervision of credentialed faculty, the board is assured of appropriate oversight to protect the health, safety, and welfare of the public.

Substance: The proposed amendments, requested per a petition for rulemaking, provide that supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 direct or indirect hours and up to 100 supervision hours if the professor or supervisor has an active professional counselor license.

Commenter: Dr. Jenene Case Pease, LMFT, Virginia Tech MFT doctoral program — 1/4/19 5:11 pm

In support of count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral progra

As a faculty member in the Marriage and Family Therapy doctoral program at Virginia Tech, I support expansion of this petition to count hours of supervised experience toward residency.

Counting supervised hours, accumulated in doctoral study, toward residency will facilitate training and licensure. I would like to reference another petition for comparision (Petition 254, filed 3/10/2017, Hours of residency in counseling), and request that the board consider approval of up to 900 direct or indirect hours and up to 100 supervision hours for those pursuing licensure in VA as an LMFT from a doctoral program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

Petition 254 Summary:

Purpose: The proposed regulatory action will allow persons who have obtained a doctoral degree in counseling to become licensed with a smaller number of postgraduate hours in a supervised residency. It will accelerate the licensure process for those candidates and will allow them to provide counseling services in independent practice more quickly. Since the practicum or internship hours are within a Council for Accreditation of Counseling and Related Educational Programs (CACREP) program and under the supervision of credentialed faculty, the board is assured of appropriate oversight to protect the health, safety, and welfare of the public.

Substance: The proposed amendments, requested per a petition for rulemaking, provide that supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 direct or indirect hours and up to 100 supervision hours if the professor or supervisor has an active professional counselor license.

Commenter: Dr. Megan Dolbin-MacNab, LMFT, Virginia Tech MFT Doctoral Program 1/7/19 1:05 pm

Support for Petition

As the current Director and former Clinical Training Director of the Marriage and Family Therapy doctoral program at Virginia Tech, which is the only Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)-accredited doctoral program in Virginia, I am in full support of this petition and any related efforts to allow clinical and supervision hours accumulated in a COAMFTE-accredited doctoral practicum and internship to count toward Virginia LMFT residency requirements. Our doctoral students, all of whom are post-master's clinicians, receive significant amounts of close supervision from qualified and credentialed supervisors during their doctoral practicum and internship. Allowing these clinical and supervision hours to count toward residency will facilitate the licensure process for our students, many of whom go on to become licensed marraige and family therapists, state and American Association for Marriage and Family Therapy (AAMFT) Approved Supervisors, and trainers in COAMFTE master's programs.

I am aware of a similar petition (Petition 254; http://register.dls.virginia.gov/details.aspx?id=7007) related to counting up to 900 hours direct or indirect hours and up to 100 supervision hours accumulated in a CACREP-accredited doctoral program toward licensure/residency requirements. I suggest that the Board consider using this petition as a model for those seeking licensure as an LMFT from a COAMFTE-accredited doctoral program.

Commenter: Jeffrey B. Jackson, Virginia Tech 1/7/19 1:40 pm

In support of counting up to 600 hours of supervised experience in COAMFTE/CACREP doctoral programs

As a faculty memeber in the Virginia Tech Marriage and Family Therapy (MFT) masters program, I support this pettition as it will help doctoral students in the state of Virginia as well as unlicensed faculty who come to Viriginia to count clinical and supervision hours accumulated in docotral programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) toward Virginia LMFT residency requirements. Typically, doctoral students in MFT programs have already have completed a masters degree in MFT or a related mental health degree and the supervision provided in academic settings tends to be of high quality. This change would make staying in Virginia more enticing to MFT doctoral students and would also make moving to Virginia to practice as an MFT more enticing to clinicians who recently graduated from an MFT doctoral program in another state. I do not see a downside from this proposed change.

Commenter: Megan Dolbin-MacNab, on behalf of the Virginia Tech MFT Doctoral Program 1/7/19 2:08 pm

Virginia Tech MFT - Support for Petition

The faculty of the marriage and family therapy doctoral program at Virginia Tech are in strong support of this petition or similar regulations (e.g., Petition 254; http://register.dls.virginia.gov/details.aspx?id=7007) that would allow clinical and supervision hours accumulated in a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)-accredited doctoral practicum and internship to count toward Virginia's LMFT residency requirements. Allowing these hours to count toward residency will facilitate the licensure process for our doctoral students, all of whom come to Virginia with master's degrees in marriage and family therapy or a closely related field and are interested in seeking licensure as LMFTs. It would also help the Virginia Tech's master's and doctoral marriage and family therapy programs attract the best faculty candidates, which is critical to the future training of marriage and family therapists working and providing supervision in Virginia.

In considering this petition, we would note that students in COAMFTE-accredited doctoral programs are pursuing advanced clinical training and, as part of the accreditation requirements, receive significant supervision and oversight of their clinical work, from credentialed supervisors. As such, as a faculty, we see no concerns related to the quality of the training and supervision doctoral students would be receiving as part of their practicum and internships.

We urge the Board to give this petition or similar regulations that allow clinical and supervision hours accumulated in a COAMFTE-accredited doctoral practicum and internship to count toward Virginia's LMFT residency requirements its highest consideration.

Commenter: Lauren Smithee, Virginia Tech PhD Student 1/7/19 8:58 pm

Support of count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral program

As a resident of Virginia and second-year student in the Virginia Tech HDFS (Marriage and Family Therapy) PhD program, I wholeheartedly support this petition. This petition would make it much more enticing for many recent graduates to continue clinical practice in Virginia post-graduation as opposed to moving to another state. I know that we receive high-quality clinical supervision during our program at Virginia Tech, and the passing of this petition would greatly facilitate the licensure process for new professionals. The passing of this petition would greatly benefit us MFT, PhD students. Thank you for your consideration.

Commenter: Bradford Stucki, Virginia Tech PhD Student 1/7/19 9:11 pm

Support of count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral programs

I am a current student in the Virginia Tech Marriage and Family doctoral program. I strongly support the petition to count 600 hours of supervised experience from this doctoral program toward residency in Virginia. The Marriage and Family Therapy doctoral program at Virginia Tech is an asset to the New River Valley and surrounding areas. This program has an off-campus clinic that provides individual, couple, and families from the New River Valley, students and faculty from the university, and other Virginian residents, some of which who have traveled up to two hours to receive therapy services. In addition, the program requires students to acquire 18 consecutive months of clinical work and provides regular supervision from established faculty members. During these 18 months, therapists can acquire valuable experience for working with individuals from rural communities, some of whom are coming to therapy for the first time.

This program attracts therapists and clinicians from across the United States and the world to provide varying skill sets, certifications (i.e., EMDR, trauma-informed care, TFCBT, Theraplay) and training to Virginian residents and marginalized rural populations. Unfortunately, when students graduate from the program, many choose to leave the state to pursue licensure in other states given more attractive licensure options, such as doctoral hours counting towards that state's licensure. If this petition were to be accepted, I believe that more students would stay in Virginia for both short- and long-term periods and contribute their knowledge and expertise to residents. In a recent meeting of LMFT therapists across Virginia, one of the major concerns was the lack of LMFT providers and supervisors in the state. The MFT doctoral program at Virginia Tech both provides training in clinical work and initiates the supervisor training for its students. Choosing to accept this petition would be a step forward in addressing this concern. Further, the Board would be taking an additional step in supporting marginalized and isolated populations by providing more accessible services.

As a current student, I have chosen to pursue licensure in Virginia, as I currently plan to stay for a few years. Yet, the path is daunting, as none of my clinical hours at the program clinic currently count towards my licensure. I can understand why former students would move away--as the incentive to move to another state that will accept the hundreds of individual and relational hours done through the Virginia Tech clinic is very attractive and more affordable (i.e., supervision costs).

I strongly encourage the Board to consider approving the motion to permit doctoral students to count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral program towards hours of residency." I also strongly encourage the Board to consider extending Petition 254 to COAMFTE or CACREP accredited programs (please see below), making the supervised hours counted as 900, rather than proposed 600.

Purpose: The proposed regulatory action will allow persons who have obtained a doctoral degree in counseling to become licensed with a smaller number of postgraduate hours in a supervised residency. It will accelerate the licensure process for those candidates and will allow them to provide counseling services in independent practice more quickly. Since the practicum or internship hours are within a Council for Accreditation of Counseling and Related Educational Programs (CACREP) program and under the supervision of credentialed faculty, the board is assured of appropriate oversight to protect the health, safety, and welfare of the public.

Substance: The proposed amendments, requested per a petition for rulemaking, provide that supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 direct or indirect hours and up to 100 supervision hours if the professor or supervisor has an active professional counselor license.

Thank you for your time and consideration.

Commenter: Manasi Shankar Virginia Tech Human Development and Family Science 1/7/19 10:52 pm

Support of count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral programs

As a current student in the Marriage and Family Therapy doctoral program at Virginia Tech, I support this petition to count 600 hours of supervised experience toward residency. Counting supervised hours accumulated in the doctoral study, toward residency will be heavily influential in accelerating the licensure process for doctoral students so that they may begin to serve the community in effective ways. The state of Virginia is in need of licensed professionals as demand increases. 33.3% of older adults in the state of Virginia have a reported disability (Disability Statistics Report, 2017).
As a student hoping to work with individuals with a disability(s), the movement of this petition will allow me to serve the populations with high needs. Below is another petition that could be used as a guidance

Summary:
Purpose: The proposed regulatory action will allow persons who have obtained a doctoral degree in counseling to become licensed with a smaller number of postgraduate hours in a supervised residency. It will accelerate the licensure process for those candidates and will allow them to provide counseling services in independent practice more quickly. Since the practicum or internship hours are within a Council for Accreditation of Counseling and Related Educational Programs (CACREP) program and under the supervision of credentialed faculty, the board is assured of appropriate oversight to protect the health, safety, and welfare of the public.

Substance: The proposed amendments, requested per a petition for rulemaking, provide that supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 direct or indirect hours and up to 100 supervision hours if the professor or supervisor has an active professional counselor license.

Commenter: Melece Meservy, Virginia Tech 1/8/19 12:33 pm

In Support

Commenter: Ellie Cunanan-Petty Virginia Tech MFT Masters Program 1/9/19 3:52 pm

In support of petition to count hrs earned during COAMFTE accredited PhD program toward residency

I am writing to support the petition for doctoral students/graduates to count the clinical hours earned during their PhD program toward Virginia residency. I am a faculty member for the Virginia Tech MFT program, provide clinical supervision to students in that role, and provide residency supervision to individuals working toward LMFT licensure in Virginia. For COAMFTE accredited programs, the level of therapy services that students provide to fulfill the clinical requirement and the extent of supervision that students receive as they earn hours toward completion of their degrees is as rigorous as supervision received during residency.

Project 5816 - none

BOARD OF COUNSELING

Acceptance of doctoral internship hours in MFT

18VAC115-50-60. Residency requirements.

A. Registration. Applicants who render marriage and family therapy services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-50-50 to include completion of the coursework and internship requirement specified in 18VAC115-50-55; and

3. Pay the registration fee.

B. Residency requirements.

1. The applicant shall have completed no fewer than 3,400 hours of supervised residency in the role of a marriage and family therapist, to include 200 hours of in-person supervision with the supervisor in the consultation and review of marriage and family services provided by the resident. For the purpose of meeting the 200 hours of supervision required for a residency, in-person may also include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.

a. Residents shall receive a minimum of one hour and a maximum of four hours of supervision for every 40 hours of supervised work experience.

b. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

c. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed marriage and family therapist or a licensed professional counselor.

2. The residency shall include documentation of at least 2,000 hours in clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.

3. The residency shall consist of practice in the core areas set forth in 18VAC115-50-55.

4. The residency shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18VAC115-50-50.

5. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-50-50, may count for up to an additional 300 hours towards the requirements of a residency.

6.Supervised practicum and internship hours in a COAMFTE-accredited or a CACREP-accredited doctoral program in marriage and family therapy or counseling 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 marriage and family therapist or professional counselor.

~~6.~~7. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability which limits the resident's access to qualified supervision.

~~7.~~8. Residents shall not call themselves marriage and family therapists, directly bill for services rendered, or in any way represent themselves as marriage and family therapists. During the residency, they may use their names, the initials of their degree and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing of the resident's status, along with the name, address and telephone number of the resident's supervisor.

~~8.~~9. Residents shall not engage in practice under supervision in any areas for which they do not have appropriate education.

~~9.~~10. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

~~10.~~11. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in marriage and family therapy shall:

1. Hold an active, unrestricted license as a marriage and family therapist or professional counselor in the jurisdiction where the supervision is being provided;

2. Document two years post-licensure marriage and family therapy experience; and

3. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-50-96. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist. Supervisors who are clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall report the total hours of residency and evaluate the applicant's competency to the board.

2. Supervision by an individual whose relationship to the resident is deemed by the board to compromise the objectivity of the supervisor is prohibited.

3. The supervisor shall provide supervision as defined in 18VAC115-50-10 and shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract, for the duration of the residency.

Conversion Therapy

DHP Conversion Therapy Workgroup

Friday, October 5, 2018
Perimeter Center, 2nd Floor Conference Center, Board Room 2
Henrico, Virginia

MEETING MINUTES

In Attendance:

Workgroup Convener

David E. Brown, DC
Director, Department of Health Professions

Workgroup Members

Jamie Clancey, LCSW
Member, Board of Social Work

Jay Douglas, MSM, RN, CSAC, FRE
Executive Director, Board of Nursing

Kevin Doyle, EdD, LPC, LSATP
Chairperson, Board of Counseling

William Harp, MD
Executive Director, Board of Medicine

Patrick A. Hope
Delegate, Virginia General Assembly

Jaime Hoyle
Executive Director, Boards of Counseling, Psychology and Social Work

Trula Minton
Member, Board of Nursing

Jennifer Morgan, PsyD

Kevin O'Connor, MD
President, Board of Medicine

Jennifer Phelps, BS, LPN, QMHPA
First Vice President, Board of Nursing

Jane Probst, LCSW

Herb Stewart, PhD
Chairperson, Board of Psychology

Terry Tinsley, PhD, LPC, LMFT, NCC, CSOTP
Member, Board of Counseling

Elaine Yeatts
Senior Policy Analyst, Department of Health Professions

Staff

Laura Z. Rothrock
Executive Assistant to Director David E. Brown, DC, Department of Health Professions

Opening Remarks and Approval of Agenda:

At 10:00am, prior to calling the meeting to order, Dr. Brown asked the workgroup members to take some time to review the documents that were not sent to them previously:

- Letter dated October 4, 2018 from Senator Scott Surovell re: Adding Conversion Therapy to the Standards of Practice; Unprofessional Conduct
- American Counseling Association (ACA) Resolution on Reparative Therapy/Conversion Therapy/Sexual Orientation Change Efforts (SOCE) as a Significant and Serious Violation of the ACA Code of Ethics.
- Letter dated October 4, 2018 from Alliance Defending Freedom re: Proposed Regulation to Limit Counseling and Therapeutic Freedom

NOTE: Prior to the meeting, the workgroup had been provided with a letter dated October 1, 2018 from the National Task Force for Therapy Equality.

Dr. Brown called the meeting to order at 10:07am. He welcomed everyone, provided emergency egress information, and asked the workgroup members to introduce themselves. He also provided background of events leading to formation of the workgroup and what he hopes to accomplish during the meeting.

During the 2018 General Assembly session, Delegate Hope introduced HB 363 which would prohibit a person licensed by a health regulatory board from engaging in sexual orientation change efforts with a person under 18 years of age. During discussion before a subcommittee of the House, the question arose as to why licensing boards had not addressed this issue in regulation. Subsequently, Dr. Herb Stewart, President of the Board of Psychology, made the recommendation to Dr. Brown to convene a workgroup to discuss the issue. The workgroup will discuss the big picture and will not have authority to do anything but make a recommendation to the boards (i.e., Counseling, Medicine, Nursing, Psychology, and Social Work). Each board would have to make the decision whether to promulgate regulation. The process would take approximately 1½ to 2 years to go through all of the regulatory process steps, and there will be more than one opportunity for public comment during the process. Dr. Brown emphasized that this meeting is an initial step in the process.

Call for Public Comment:

Dr. Brown indicated that he will try to enforce a three minute time limit per speaker. Twenty-eight (28) people (24 signed-up plus and an additional 4 people) provided comment, including Senator Amanda Chase. Senator Chase spoke to the events during the 2018 General Assembly session where both the House and Senate (SB 245 - Surovell) bills were passed by indefinitely, indicated that regulations should conform to the actions of the General Assembly, and told the attendees that it was important to have a constructive and respectful conversion.

The comments from the public included personal experiences of how conversion therapy either helped the individual or did more harm (e.g., feelings of helplessness, fear and low-self-esteem) that took years of healing to overcome. One individual told the workgroup that no one should have to go through therapy because of therapy. One individual noted that as far back as 1973 the APA (American Psychiatric Association) indicated that homosexuality was not to be classified as a mental disorder.

Some comments expressed concerns about potential regulations in areas such as “fluidity,” freedom of speech of counselors, access to treatment, parental rights, minors’ rights to treatment, religious freedom rights, suicide/suicidal thoughts among LGBTQ youths. Other comments noted issues such as science versus morals, conversion therapy is not evidence-based treatment, and need for regulations to protect a vulnerable population.

Dr. Brown thanked Senator Chase for setting a respectful tone and thanked all of the speakers for coming forward with their comments. He indicated that some comments were outside the scope of the workgroup (e.g., legislative intent, constitutionality) and the boards would have legal counsel to advise them before moving forward. He also indicated that the need to regulate would not be determined by vote in the meeting but by consensus, if there was one.

Dr. Brown announced a 10 minute break before continuing. The meeting resumed at 11:49am.

Discussion of Public Comment and Agenda Packet Materials:

Dr. Brown asked the workgroup members to provide their thoughts on what they had heard from the public.

Delegate Hope thanked Dr. Brown for convening the workgroup and indicated he wanted to clarify three items: 1) In regards to the General Assembly, the committee votes do not represent the whole General Assembly because of the makeup of the committees. 2) He has brought a bill forward in each of the past 4 years. 3) The scope of the legislation is limited to children under 18 years of age and only deals with licensed professionals. He feels the government's role is to protect children and asked the workgroup to give the following questions thought: Do these therapies work? Do they cause harm? What does science/evidence suggest?

The workgroup members found the public comment to be compelling and emotional on both sides and indicated that youths and adults need therapies that are not harmful. Dr. Stewart put together the chart of policy and position statements in the agenda packet (pages 103 – 105) and asked for regulations to be considered. Dr. O'Connor felt that it is important to separate science from emotion. Dr. Doyle asked if the regulations currently offer adequate protection.

Several of the board representatives concurred with the need to regulate, as the mission of the boards is to protect the public; and they also reported that they do not recall receiving any complaints related to conversion therapy. Ms. Clancey felt that the public may need to be educated about filing complaints and suggested reevaluating accessibility to the public possibly through use of social media. Ms. Yeatts stated the expectation of getting complaints from a child/youth is unrealistic.

Dr. Tinsley brought up concern with the title "conversion" which could bring up issues and deflect from options parents have in seeking treatment. Other common terms were discussed by the workgroup: reparative therapy and Sexual Orientation Change Efforts (SOCE). Ms. Yeatts indicated that the legislation defines what conversion therapy is and is not and that the workgroup should look at the total definition.

Dr. Stewart discussed a recent Williams Institute Study based on a national survey which showed that more than 20,000 LGBT youths will receive conversion therapy from a licensed health care professional in 41 states that don't ban the practice. He asked that this information be included with the meeting materials.

Ms. Phelps spoke to the freedom of speech issue and indicated that conversion therapy is only one side of freedom of speech. Ethics practices say to put religious beliefs aside in professional practice. Other workgroup members indicated that conversion therapy may be done by non-licensed therapists.

Prior to breaking for lunch, Dr. Brown invited Senator Chase to make further comments. Senator Chase indicated the Senate committee did not advance the legislation, and no floor vote was taken. The workgroup heard from the public as to where conversion therapy went wrong, and she agrees that the general public needs a reporting mechanism for complaints. She indicated there could be unintended consequences to a regulatory ban on conversion therapy in that parents may not take their children to professionals for help. She feels that more options need to be allowed for children.

The workgroup broke for lunch at 12:38pm and resumed at 1:11pm.

Dr. Brown asked for any further comments from the workgroup on the need to regulate and the ability of conversion therapy to occur under current regulations. Discussion took place as to the fact that minors would not report complaints for themselves and concerning treatment plans, consent and a child's right to confidentiality.

There was not a complete consensus among the workgroup members. Most saw the need to regulate in regards to conversion therapy, but existing regulations may be adequate; and some felt there may be some negative connotations as to the term "conversion therapy."

Review of Potential Regulatory Language:

Dr. Brown asked Ms. Yeatts to review the regulatory language that she drafted (page 107 of the agenda packet). Ms. Yeatts indicated that the draft is identical to what is in the legislation on pages 1 and 3. She referred to lines 17 – 20 in both HB 363 and SB 245. Different terms were used (HB 363 used "sexual orientation change efforts," and SB 245 used "conversion therapy"), but the rest of the language is the same.

It was noted that licensees sometimes read things differently than intended, so whatever language is used should be clearly stated.

The draft language on page 107 has three parts: 1) the first sentence related to the practitioners specified in the regulation; 2) the definition of conversion therapy; and 3) what conversion therapy does not include.

Some felt that the term used (i.e., conversion therapy) is not important, but rather describe the behavior because practitioners could call it by a different name. The wording "this practice" or something similar could be used. Others felt that a label was needed, and it was pointed out that the media uses "conversion therapy."

Another item of discussion in the draft was the word "seeks" on the third line. Patients have a right to explore, and the draft indicates in the third part that conversion therapy does not include identity exploration. Ms. Yeatts suggested using "that is aimed at changing" instead of "seeks to change."

Dr. Brown indicated that Ms. Yeatts will work on the language that will be presented to the boards.

Closing Comments:

Dr. Brown discussed the next steps. There will be a report to the boards and interested stakeholders concerning the workgroup's discussions with alternate proposed regulatory language. The boards can elect to promulgate regulations or not.

Delegate Hope thanked Dr. Brown for allowing him to be part of the process. He expressed his appreciation for everyone's diligence and indicated there was discussion that was missing from previous discussions on the topic.

Dr. Brown informed the public that the boards will post agendas for upcoming meetings on their websites.

Adjourn:

With no further business to discuss, Dr. Brown adjourned the meeting at 2:09pm.

Virginia Board of Psychology

Guidance Document on the Practice of Conversion Therapy

For the purposes of this guidance "conversion therapy" or "sexual orientation change efforts" is defined as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any[i] gender. "Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity in any direction.

In 18VAC125-20-150 of the Regulations Governing the Practice of Psychology, the Board has stated that 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. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences.

One of the standards of practice established in regulation is that persons licensed or registered by the board shall:

"*Avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable.*"

Many national behavioral health and medical associations have issued position and policy statements regarding conversion therapy/sexual orientation change efforts, especially with minors. Such statements have typically noted that conversion therapy has not been shown to be effective or safe.

Consistent with established positions by the American Psychological Association, National Association of School Psychologists, and Virginia Academy of Clinical Psychologists (see below), the Virginia Board of Psychology considers “conversion therapy” or “sexual orientation change efforts” (as defined above) to be services that have the potential to harm patients or clients, especially minors. Thus, existing regulations governing applied, clinical, and school psychologists and others licensed or registered by the Board of Psychology provide a basis by which practicing conversion therapy/sexual orientation change efforts with minors could result in a finding of misconduct and disciplinary action against the licensee or registrant.

The Virginia Academy of Clinical Psychologists (2018) stated:

> It is the stance of [the Virginia Academy of Clinical Psychologists] that “Conversion therapy” should be considered as a violation of standards [of] practice in that rendering

such services is considered to have real potential of jeopardizing the health and well being of patient.

The American Psychological Association has issued several statements related to this subject, including:

> "Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts" 2010 [https://www.apa.org/about/policy/sexual-orientation.pdf] :
>
> > … On the basis of the Task Force's findings, the APA encourages mental health professionals to provide assistance to those who seek sexual orientation change by utilizing affirmative multiculturally competent and client-centered approaches that recognize the negative impact of social stigma on sexual minorities and balance ethical principles of beneficence and nonmaleficence, justice, and respect for people's rights and dignity. [note: internal footnotes and references deleted for readability]
> >
> > … Be it further resolved that the [American Psychological Association] concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;
> >
> > …Be it further resolved that the [American Psychological Association] advises patients, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and social support, and reduce rejection of sexual minority youth….

The National Association of School Psychologists (2017) stated, in its Position Statement on "Safe and Supportive Schools for LGBTQ+ Youth", that:

> The National Association of School Psychologists (NASP) believes school psychologists are ethically obligated to ensure all youth with diverse sexual orientations, gender identities, and/or gender expressions, are able to develop and express their personal identities in a school climate that is safe, accepting, and respectful of all persons and free from discrimination, harassment, violence, and abuse. Specifically, NASP's ethical guidelines require school psychologists to promote fairness and justice, help to cultivate safe and welcoming school climates, and work to identify and reform both social and system-level patterns of injustice (NASP, 2010, pp. 11–12). NASP further asserts all youth are entitled to equal opportunities to participate in and benefit from affirming and supportive educational and mental health services within schools. <u>As such, any efforts to change one's sexual orientation or gender identity are unethical, are illegal in some states, and have the potential to do irreparable damage to youth development</u> (Just the Facts Coalition, 2008). The acronym LGBTQ+ is intended to be inclusive of students of diverse sexual orientations, gender identities, and/or gender expressions, and the term youth is inclusive of all children, adolescents, and young adults.

[i] Because of the evolving nature of terminology in this area, both the American Psychological Association and National Association of School Psychologists (2017) have included definitions in their documents related to sexual orientation and gender expression. Of special note, these definitions have made it clear that adhering to a binary construction of gender (male OR female) is inconsistent with evolving

descriptions of self and others. For example, in its “Guidelines for Psychological Practice with Transgender and Gender Nonconforming People,” the American Psychological Association stated that “Guideline 1. Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person’s gender identity may not align with sex assigned at birth” (p. 3) [https://www.apa.org/practice/guidelines/transgender.pdf]. Thus, the definition above refers to “any” gender and “in any direction” instead of referring specifically to “same” gender attraction.

Virginia Board of Counseling

Guidance Document on the Practice of Conversion Therapy

For the purposes of this guidance "conversion therapy" or "sexual orientation change efforts" is defined as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. "Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity.

In 18VAC115-20-130 of the Regulations Governing the Practice of Counseling, the Board has stated that: *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. Regardless of the delivery method, whether in person, by phone, or electronically, these standards shall apply to the practice of counseling.*

One of the standards of practice established in regulation is that persons licensed or registered by the board shall:

"*Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare*"

[Regulations for Marriage and Family Therapy (18VAC115-50-110) have identical language for marriage and family therapy as 18VAC115-20-130 has for counseling.]

Many national behavioral health and medical associations have issued position and policy statements regarding conversion therapy/sexual orientation change efforts, especially with minors. The American Counseling Association opposes conversion therapy because "it does not work, can cause harm, and violates our Code of Ethics. ACA will continue to support state legislation that bans this discredited practice."

The ACA Ethics Committee considered many factors and derived a consensus opinion that addresses several sections of the ACA Code of Ethics and moral principles of practice present in such a scenario. They started with the basic goal of reparative/conversion therapy, which is to change an individual's sexual orientation from homosexual to heterosexual. Counselors who conduct this type of therapy view same-sex attractions and behaviors as abnormal and unnatural and, therefore, in need of "curing." The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including ACA.

In addition, regulations for counseling and marriage and family therapy (18VAC115-20-130 and 18VAC115-50-110) require that licensees and registrants:

"Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training, and experience accurately to clients;"

The regulatory standard of practice is consistent with the ACA Code of Ethics, and ACA concludes that "any professional engaging in conversion therapy must have received appropriate training in such a treatment modality with the requisite supervision. There is, however, no professional training condoned by ACA or other prominent mental health associations that would prepare counselors to provide conversion therapy."

Therefore, existing regulations governing persons licensed or registered by the Board of Counseling provide a basis by which practicing conversion therapy/sexual orientation change efforts with minors could result in a finding of misconduct and disciplinary action against the licensee or registrant.

Periodic Reviews

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF PROFESSIONAL COUNSELING

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-20-10 et seq.

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

Revised Date: December 28, 2017

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TABLE OF CONTENTS

Part I. General Provisions.

18VAC115-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Counseling"

"Professional counselor"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a professional counselor.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical counseling services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"CORE" means Council on Rehabilitation Education.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of counseling according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical counseling services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited college or university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Jurisdiction" means a state, territory, district, province, or country that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of counseling as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience registered with the board.

"Resident" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in professional counseling under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group

consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

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

A. The board has established the following fees applicable to licensure as a professional counselor:

Active annual license renewal	$130
Inactive annual license renewal	$65
Initial licensure by examination: Application processing and initial licensure	$175
Initial licensure by endorsement: Application processing and initial licensure	$175
Registration of supervision	$65
Add or change supervisor	$30
Duplicate license	$10
Verification of licensure to another jurisdiction	$30
Late renewal	$45
Reinstatement of a lapsed license	$200
Replacement of or additional wall certificate	$25
Returned check	$35
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-20-30. (Repealed.)

18VAC115-20-35. Sex offender treatment provider certification.

Anyone licensed by the board who is seeking certification as a sex offender treatment provider shall adhere to the Regulations Governing the Certification of Sex Offender Treatment Providers, 18VAC125-30-10 et seq.

Part II. Requirements for Licensure.

18VAC115-20-40. Prerequisites for licensure by examination.

Every applicant for licensure examination by the board shall:

1. Meet the degree program requirements prescribed in 18VAC115-20-49, the course work requirements prescribed in 18VAC115-20-51, and the experience requirements prescribed in 18VAC115-20-52; and

2. Pass the licensure examination specified by the board;

3. Submit the following to the board:

a. A completed application;

b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-20-49 and 18VAC115-20-51. Transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of Supervision forms documenting fulfillment of the residency requirements of 18VAC115-20-52 and copies of all required evaluation forms, including verification of current licensure of the supervisor if any portion of the residency occurred in another jurisdiction;

d. Verification of any other mental health or health professional license or certificate ever held in another jurisdiction;

e. The application processing and initial licensure fee as prescribed in 18VAC115-20-20.; and

f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-20-45. Prerequisites for licensure by endorsement.

A. Every applicant for licensure by endorsement shall hold or have held a professional counselor license in another U. S. jurisdiction and shall submit the following:

1. A completed application;

2. The application processing fee and initial licensure fee as prescribed in 18VAC115-20-20;

3. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. Documentation of having completed education and experience requirements as specified in subsection B of this section;

5. Verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained;

6. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

7. An affidavit of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.

B. Every applicant for licensure by endorsement shall meet one of the following:

1. Educational requirements consistent with those specified in 18VAC115-20-49 and 18VAC115-20-51 and experience requirements consistent with those specified in 18VAC115-20-52;

2. If an applicant does not have educational and experience credentials consistent with those required by this chapter, he shall provide:

a. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and

b. Evidence of post-licensure clinical practice in counseling, as defined in § 54.1-3500 of the Code of Virginia, for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical counseling services or clinical supervision of counseling services; or

3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board-recognized entity.

18VAC115-20-49. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice counseling, as defined in §54.1-3500 of the Code of Virginia, which is offered by a

college or university accredited by a regional accrediting agency and which meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;

2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP or CORE are recognized as meeting the requirements of subsection A of this section.

18VAC115-20-50. (Expired.)

18VAC115-20-51. Coursework requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study in the following core coursework with a minimum of three semester hours or 4.0 quarter hours in each of subdivisions 1 through 12 of this subsection:

1. Professional counseling identity, function and ethics;

2. Theories of counseling and psychotherapy;

3. Counseling and psychotherapy techniques;

4. Human growth and development;

5. Group counseling and psychotherapy, theories and techniques;

6. Career counseling and development theories and techniques;

7. Appraisal, evaluation and diagnostic procedures;

8. Abnormal behavior and psychopathology;

9. Multicultural counseling, theories and techniques;

10. Research;

11. Diagnosis and treatment of addictive disorders;

12. Marriage and family systems theory; and

13. Supervised internship of at least 600 hours to include 240 hours of face-to-face client contact. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours.

B. If 60 graduate hours in counseling were completed prior to April 12, 2000, the board may accept those hours if they meet the regulations in effect at the time the 60 hours were completed.

18VAC115-20-52. Residency requirements.

A. Registration. Applicants who render counseling services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; and

3. Pay the registration fee.

B. Residency requirements.

1. The applicant for licensure shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems and theoretical approaches in the following areas:

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.

6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49 may count for up to an additional 300 hours towards the requirements of a residency.

7. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.

9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.

10. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

11. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;

2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and

3. Shall hold an active, unrestricted license as a professional counselor~~,~~ or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance

abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.

5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

18VAC115-20-60. (Repealed.)

Part III. Examinations.

18VAC115-20-70. General examination requirements; schedules; time limits.

A. Every applicant for initial licensure by examination by the board as a professional counselor shall pass a written examination as prescribed by the board.

B. Every applicant for licensure by endorsement shall have passed a licensure examination in the jurisdiction in which licensure was obtained.

C. A candidate approved to sit for the examination shall pass the examination within two years from the date of such initial approval. If the candidate has not passed the examination by the end of the two-year period here prescribed:

1. The initial approval to sit for the examination shall then become invalid; and

2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.

D. The board shall establish a passing score on the written examination.

E. A candidate for examination or an applicant shall not provide clinical counseling services unless he is under supervision approved by the board.

18VAC115-20-80. (Repealed.)

18VAC115-20-90. (Repealed.)

Part IV. Licensure Renewal; Reinstatement.

18VAC115-20-100. Annual renewal of licensure.

A. All licensees shall renew licenses on or before June 30 of each year.

B. Every license holder who intends to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-20-20.

C. A licensee who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-20-20. No person shall practice counseling in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in18VAC115-20-110.C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. Practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-20-105. Continued competency requirements for renewal of a license.

A. Licensed professional counselors shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours shall be in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia.

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

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section, subsection A of 18VAC115-50-95 in the Regulations Governing the Practice of Marriage and Family Therapy, or subsection A of 18VAC115-60-115 in the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

E. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of counseling services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

F. A professional counselor who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

18VAC115-20-106. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;
4. Social and cultural foundations;
5. The helping relationship;
6. Group dynamics, processing and counseling;
7. Lifestyle and career development;
8. Appraisal of individuals;
9. Research and evaluation;
10. Professional orientation;
11. Clinical supervision;
12. Marriage and family therapy; or
13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved mental health related activities:

a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state or local governmental agencies or licensed health facilities and licensed hospitals.

d. Workshops, seminars conferences or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

(1) The International Association of Marriage and Family Counselors and its state affiliates.
(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.
(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) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. Publication/presentation/new program development

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development. Activity will count for a maximum of eight hours.)New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of 10 hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision provided to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officer of state or national counseling organization; editor and/or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; or other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include: language courses, software training, and medical topics, etc.

18 VAC 115-20-107. Documenting compliance with continuing competency requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities the licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

d. Letters from educational institutions or agencies approving continuing education programs;

e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

f. Documentation of attendance at formal staffing by a signed affidavit on a form provided by the board.

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

18VAC115-20-110. Late renewal; reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-20-20 as well as the license renewal fee prescribed for

the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

Part V. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.

18VAC115-20-130. 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. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of counseling.

B. Persons licensed or 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 boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education training and experience accurately to clients;

3. Stay abreast of new counseling information, concepts, applications and practices which are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, the limitations of confidentiality, and other pertinent information when counseling is initiated, and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U. S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; and

13. Advertise professional services fairly and accurately in a manner which is not false, misleading or deceptive.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records which are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with the clients' expressed written consent or that of the client's legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations; and

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or ten years following termination, which ever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client or his legally authorized representative.

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

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients.) Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Counselors shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Counselors who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a counselor does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationship or sexual intimacy or establish a counseling or psychotherapeutic relationship with a supervisee or student. Counselors shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of professional counseling.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a

mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-20-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of license.

A. Action by the board to revoke, suspend, deny issuance or renewal of a license, or take disciplinary action may be taken in accordance with the following:

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 professional counseling, or any provision of this chapter;

2. Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner 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 counseling with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;

4. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

5. Performance of functions outside the demonstrable areas of competency;

6. Failure to comply with continued competency requirements set forth in this chapter; or

7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of counseling, or any part or portion of this chapter; or

8. Performance of an act likely to deceive, defraud, or harm the public.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

18 VAC115-20-150. Reinstatement following disciplinary action.

A. Any person whose license 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 licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF MARRIAGE AND FAMILY THERAPY

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-50-10 et seq.

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

Revised Date: December 28, 2017

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TABLE OF CONTENTS

18VAC115-50-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in §54.1-3500 of the Code of Virginia: (i) "board," (ii) "marriage and family therapy," (iii) "marriage and family therapist," and (iv) "practice of marriage and family therapy."

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"CACREP" means the Council for Accreditation of Counseling and Related Education Programs.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Clinical marriage and family services" means activities such as assessment, diagnosis, and treatment planning and treatment implementation for couples and families.

"Face-to-face" means the in-person delivery of clinical marriage and family services for a client.

"Internship" means a formal academic course from a regionally accredited university in which supervised practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Internship" means a supervised, planned, practical, advanced experience obtained in the clinical setting observing and applying the principles, methods and techniques learned in training or educational settings.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U. S. Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Residency" means a postgraduate, supervised clinical experience registered with the board.

"Resident" means an individual who has submitted a supervisory contract to the board and has received board approval to provide clinical services in marriage and family therapy under supervision.

"Supervision" means an ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented, individual or group consultation, guidance and instruction with respect to the clinical skills and competencies of the person or persons being supervised.

18VAC115-50-20. Fees.

A. The board has established fees for the following:

Registration of supervision	$65
Add or change supervisor	$30

Initial licensure by examination: Processing and initial licensure	$175
Initial licensure by endorsement: Processing and initial licensure	$175
Active annual license renewal	$130
Inactive annual license renewal	$65
Penalty for late renewal	$45
Reinstatement of a lapsed license	$200
Verification of license to another jurisdiction	$30
Additional or replacement licenses	$10
Additional or replacement wall certificates	$25
Returned check	$35
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-50-25. Sex offender treatment provider certification.

Anyone licensed by the board as a marriage and family therapist who is seeking certification as a sex offender treatment provider shall obtain certification from the Virginia Board of Psychology and adhere to the Regulations Governing the Certification of Sex Offender Treatment Providers, 18VAC125-30-10 et seq.

18VAC115-50-30. Application for licensure by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the education and experience requirements prescribed in 18VAC115-50-50, 18VAC115-50-55 and 18VAC115-50-60;

2. Meet the examination requirements prescribed in 18VAC115-50-70;

3. Submit to the board office the following items:

a. A completed application;

b. The application processing and initial licensure fee prescribed in 18VAC115-50-20;

c. Documentation, on the appropriate forms, of the successful completion of the residency requirements of 18VAC115-50-60 along with documentation of the supervisor's out-of-state license where applicable;

d. Official transcript or transcripts submitted from the appropriate institutions of higher education, verifying satisfactory completion of the education requirements set forth in 18VAC115-50-50 and 18VAC115-50-55. Previously submitted transcripts for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;

e. Verification on a board-approved form of any mental health or health out-of-state license, certification, or registration ever held in another jurisdiction; and

f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-50-40. Application for licensure by endorsement.

A. Every applicant for licensure by endorsement shall hold or have held a marriage and family license in another jurisdiction in the United States and shall submit:

1. A completed application;

2. The application processing and initial licensure fee prescribed in 18VAC115-50-20;

3. Documentation of licensure as follows:

a. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis; and

b. Documentation of a marriage and family therapy license obtained by standards specified in subsection B.

4. Verification of a passing score on a marriage and family therapy licensure examination in the jurisdiction in which licensure was obtained;

5. An affidavit of having read and understood the regulations and laws governing the practice of marriage and family therapy in Virginia; and

6. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

B. Every applicant for licensure by endorsement shall meet one of the following:

1. Educational requirements consistent with those specified in 18VAC115-50-50 and 18VAC115-50-55 and experience requirements consistent with those specified in 18VAC115-50-60;

2. If an applicant does not have educational and experience credentials consistent with those required by this chapter, he shall provide:

a. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and

b. Evidence of clinical practice as a marriage and family therapist for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical services in marriage and family therapy or clinical supervision of marriage and family services; or

3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board-recognized entity.

18VAC115-50-50. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice marriage and family therapy as defined in §54.1-3500 of the Code of Virginia from a college or university which is accredited by a regional accrediting agency and which meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare students to practice marriage and family therapy as documented by the institution;

2. There must be an identifiable marriage and family therapy training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP as programs in marriage and family counseling/therapy or by COAMFTE are recognized as meeting the requirements of subsection A of this section.

18VAC115-50-55. Coursework requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate coursework with a minimum of six semester hours or nine quarter hours completed in each of the core areas identified in subdivisions 1 and 2 of this subsection, and three semester hours or 4.0 quarter hours in each of the core areas identified in subdivisions 3 through 9 of this subsection:

1. Marriage and family studies (marital and family development; family systems theory);

2. Marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches);

3. Human growth and development across the lifespan;

4. Abnormal behaviors;

5. Diagnosis and treatment of addictive behaviors;

6. Multicultural counseling;

7. Professional identity and ethics;

8. Research (research methods; quantitative methods; statistics);

9. Assessment and treatment (appraisal, assessment and diagnostic procedures); and

10. Supervised internship of at least 600 hours to include 240 hours of direct client contact, of which 200 hours shall be with couples and families. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours..

B. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including a minimum of six semester hours or nine quarter hours completed in marriage and family studies (marital and family development; family systems theory) and six semester hours or nine quarter hours completed in marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches).

18VAC115-50-60. Residency requirements.

A. Registration. Applicants who render marriage and family therapy services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-50-50 to include completion of the coursework and internship requirement specified in 18VAC115-50-55; and

3. Pay the registration fee.

B. Residency requirements.

1. The applicant shall have completed no fewer than 3,400 hours of supervised residency in the role of a marriage and family therapist, to include 200 hours of in-person supervision with the supervisor in the consultation and review of marriage and family services provided by the resident. For the purpose of meeting the 200 hours of supervision required for a residency, in-person may also include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.

a. Residents shall receive a minimum of one hour and a maximum of four hours of supervision for every 40 hours of supervised work experience.

b. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

c. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed marriage and family therapist or a licensed professional counselor.

2. The residency shall include documentation of at least 2,000 hours of clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.

3. The residency shall consist of practice in the core areas set forth in 18VAC115-50-55.

4. The residency shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18VAC115-50-50.

5. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-50-50, may count for up to an additional 300 hours towards the requirements of a residency.

6. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability which limits the resident's access to qualified supervision.

7. Residents shall not call themselves marriage and family therapists, directly bill for services rendered, or in any way represent themselves as marriage and family therapists. During the residency, they may use their names, the initials of their degree and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing of the

resident's status, along with the name, address and telephone number of the resident's supervisor.

8. Residents shall not engage in practice under supervision in any areas for which they do not have appropriate education.

9. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

10. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in marriage and family therapy shall:

1. Hold an active, unrestricted license as a marriage and family therapist~~,~~ or professional counselor in the jurisdiction where the supervision is being provided;

2. Document two years of post-licensure marriage and family therapy experience; and

3. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-50-96. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist. Supervisors who are clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall report the total hours of residency and evaluate the applicant's competency to the board.

2. Supervision by an individual whose relationship to the resident is deemed by the board to compromise the objectivity of the supervisor is prohibited.

3. The supervisor shall provide supervision as defined in 18VAC115-50-10 and shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract, for the duration of the residency.

18VAC115-50-70. General examination requirements.

A. All applicants for initial licensure shall pass an examination, with a passing score as determined by the board. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

B. The examination shall concentrate on the core areas of marriage and family therapy set forth in subsection A of 18VAC115-50-55.

C. A candidate approved to sit for the examination shall pass the examination within two years from the initial notification date of approval. If the candidate has not passed the examination within two years from the date of initial approval:

1. The initial approval to sit for the examination shall then become invalid; and

2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the candidate shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.

D. Applicants or candidates for examination shall not provide marriage and family services unless they are under supervision approved by the board.

18VAC115-50-80. (Repealed.)

18VAC115-50-90. Annual renewal of license.

A. All licensees shall renew licenses on or before June 30 of each year.

B. All licensees who intend to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-50-20.

C. A licensee who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-50-20. No person shall practice marriage and family therapy in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-50-100 C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-50-95. Continued competency requirements for renewal of a license.

A. Marriage and family therapists shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours

shall be in courses that emphasize the ethics, standards of practice or laws governing behavioral science professions in Virginia.

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

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section or subsection A of 18VAC115-20-105 in the Regulations Governing the Practice of Professional Counseling, or subsection A of 18VAC115-60-115 in the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

E. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of counseling services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

F. A marriage and family therapist who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

18VAC115-50-96. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;

2. Counseling theory;

3. Human growth and development;

4. Social and cultural foundations;

5. The helping relationship;

6. Group dynamics, processing and counseling;

7 Lifestyle and career development;

8. Appraisal of individuals;

9. Research and evaluation;

10. Professional orientation;

11. Clinical supervision;

12. Marriage and family therapy; or

13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:

a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.

d. Workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(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) Commission on Rehabilitation Education.

(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.

(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) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. Publication/presentation/new program development.

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of 10 hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officers of state or national counseling organization; editor or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include language courses, software training, medical topics, etc.

18VAC115-50-97. Documenting compliance with continuing competency requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities, licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

d. Letters from educational institutions or agencies approving continuing education programs;

e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

f. Documentation of attendance at formal staffing shall be by signed affidavit on a form provided by the board.

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

18VAC115-50-100. Late renewal, reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-50-20 as well as the license fee prescribed for the period the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person seeking reinstatement of a license one year or more after its expiration date must:

1. Apply for reinstatement, and pay the reinstatement fee;

2. Submit documentation of any mental health license he holds or has held in another jurisdiction, if applicable;

3. Submit evidence regarding the continued ability to perform the functions within the scope of practice of the license~~,~~ if required by the board to demonstrate competency; and

4. Provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal and (ii) documentation of continued competency hours equal to the number of years the license has been inactive, not to exceed a maximum of 80 hours, obtained within the four years immediately preceding application for reinstatement. The board may require additional evidence regarding the person's continued ability to perform the functions within the scope of practice of the license.

18VAC115-50-110. Standards of practice.

A. The protection of the public's 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. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of marriage and family therapy.

B. Persons licensed or 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 boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training and experience accurately to clients;

3. Stay abreast of new marriage and family therapy information, concepts, applications and practices which are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform client of the risks and benefits of any such treatment. Ensure that the welfare of the client is not compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, the limitations of confidentiality, and other pertinent information when counseling is initiated, and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U. S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; and

13. Advertise professional services fairly and accurately in a manner which is not false, misleading or deceptive.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records which are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release client records to others only with client's expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (a) videotaping, (b) audio recording, (c) permitting third party observation, or (d) using identifiable client records and clinical materials in teaching, writing, or public presentations; and

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, which ever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have transferred to another mental health service provider or given to the client or his legally authorized representative.

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

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Marriage and family therapists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and also not counsel persons with whom they have had a sexual intimacy or romantic relationship. Marriage and family therapists shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Marriage and family therapists who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a marriage and family therapist does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationships or sexual relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Marriage and family therapists shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of marriage and family therapy.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-50-120. Disciplinary action.

A. Action by the board to revoke, suspend, deny issuance or removal of a license, or take other disciplinary action may be taken in accordance with the following:

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 marriage and family therapy, or any provision of this chapter;

2. Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or the general public or if one is unable to practice marriage and family therapy with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;

4. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

5. Performance of functions outside the demonstrable areas of competency;

6. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of marriage and family therapy, or any part or portion of this chapter;

7. Failure to comply with the continued competency requirements set forth in this chapter; or

8. Performance of an act likely to deceive, defraud, or harm the public.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

18VAC115-50-130. Reinstatement following disciplinary action.

A. Any person whose license 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 licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF LICENSED SUBSTANCE ABUSE TREATMENT PRACTITIONERS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-60-10 et seq.

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

Revised Date: December 28, 2017

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TABLE OF CONTENTS

Part I. General Provisions.

18VAC115-60-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a substance abuse treatment practitioner.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical substance abuse treatment services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of substance abuse treatment according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical substance abuse treatment services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods and techniques.

"Jurisdiction" means a state, territory, district, province or country which has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting which does not meet the conditions of exemption from the requirements of licensure to engage in the practice of substance abuse treatment as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience registered with the board.

"Resident" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in substance abuse treatment under supervision.

18VAC115-60-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a substance abuse treatment practitioner:

Registration of supervision (initial)	$65
Add/change supervisor	$30
Initial licensure by examination: Processing and initial licensure	$175
Initial licensure by endorsement: Processing and initial licensure	$175
Active annual license renewal	$130
Inactive annual license renewal	$65
Duplicate license	$10
Verification of license to another jurisdiction	$30
Late renewal	$45
Reinstatement of a lapsed license	$200

Replacement of or additional wall certificate	$25
Returned check	$35
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-60-30. Sex offender treatment provider certification.

Anyone licensed by the board who is seeking certification as a sex offender treatment provider shall adhere to the Regulations Governing the Certification of Sex Offender Treatment Providers, 18VAC125-30-10 et seq.

Part II. Requirements for Licensure.

18VAC115-60-40. Application for licensure by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the degree program, coursework, and experience requirements prescribed in 18VAC115-60-60, 18VAC115-60-70, and 18VAC115-60-80;

2. Pass the examination required for initial licensure as prescribed in 18VAC115-60-90;

3. Submit the following items to the board:

a. A completed application;

b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70. Transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-60-80 and copies of all required evaluation forms, including verification of current licensure of the supervisor of any portion of the residency occurred in another jurisdiction;

d. Documentation of any other mental health or health professional license or certificate ever held in another jurisdiction;

e. The application processing and initial licensure fee~~.~~ as prescribed in 18VAC115-60-20; and

f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-60-50. Prerequisites for licensure by endorsement.

Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing and initial licensure fee as prescribed in 18VAC115-60-20;

3. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved disciplinary action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. Further documentation of one of the following:

a. A current substance abuse treatment license in good standing in another jurisdiction obtained by meeting requirements substantially equivalent to those set forth in this chapter;

b. A mental health license in good standing in a category acceptable to the board that required completion of a master's degree in mental health to include 60 graduate semester hours in mental health as documented by an official transcript; and

(1) Board-recognized national certification in substance abuse treatment;

(2) If the master's degree was in substance abuse treatment, two years of post-licensure experience in providing substance abuse treatment;

(3) If the master's degree was not in substance abuse treatment, five years of post-licensure experience in substance abuse treatment plus 12 credit hours of didactic training in the substance abuse treatment competencies set forth in 18VAC115-60-70 C as documented by an official transcript; or

(4) Current substance abuse counselor certification in Virginia in good standing or a Virginia substance abuse treatment specialty licensure designation with two years of post-licensure or certification substance abuse treatment experience; or

c. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials and evidence of post-licensure clinical practice for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical substance abuse treatment services or clinical supervision of such services;

5. Verification of a passing score on a substance abuse licensure examination as established by the jurisdiction in which licensure was obtained. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia;

6. An affidavit of having read and understood the regulations and laws governing the practice of substance abuse treatment in Virginia; and

7. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

18VAC115-60-55. (Repealed.)

18VAC115-60-60. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice substance abuse treatment or a related counseling discipline as defined in §54.1-3500 of the Code of Virginia from a college or university accredited by a regional accrediting agency that meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;

2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP as programs in addictions counseling are recognized as meeting the requirements of subsection A of this section.

18VAC115-60-70. Coursework requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study.

B. The applicant shall have completed a general core curriculum containing a minimum of three semester hours or 4.0 quarter hours in each of the areas identified in this section:

1. Professional identity, function and ethics;

2. Theories of counseling and psychotherapy;

3. Counseling and psychotherapy techniques;

4. Group counseling and psychotherapy, theories and techniques;

5. Appraisal, evaluation and diagnostic procedures;

6. Abnormal behavior and psychopathology;

7. Multicultural counseling, theories and techniques;

8. Research; and

9. Marriage and family systems theory.

C. The applicant shall also have completed 12 graduate semester credit hours or 18 graduate quarter hours in the following substance abuse treatment competencies.

1. Assessment, appraisal, evaluation and diagnosis specific to substance abuse;

2. Treatment planning models, client case management, interventions and treatments to include relapse prevention, referral process, step models and documentation process;

3. Understanding addictions: The biochemical, sociocultural and psychological factors of substance use and abuse;

4. Addictions and special populations including, but not limited to, adolescents, women, ethnic groups and the elderly; and

5. Client and community education.

D. The applicant shall have completed a supervised internship of 600 hours to include 240 hours of direct client contact, of which 200 hours shall be in treating substance abuse-specific treatment problems. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours.

E. One course may satisfy study in more than one content area set forth in subsections B and C of this section.

F. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including the hours specified in subsection C of this section.

18VAC115-60-80. Residency requirements.

A. Registration. Applicants who render substance abuse treatment services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-60-60 to include completion of the internship requirement specified in 18VAC115-60-70; and

3. Pay the registration fee.

B. Applicants who are beginning their residencies in exempt settings shall register supervision with the board to assure acceptability at the time of application.

C. Residency requirements.

1. The applicant for licensure shall have completed no fewer than 3,400 hours in a supervised residency in substance abuse treatment with various populations, clinical problems and theoretical approaches in the following areas:

a. Clinical evaluation;

b. Treatment planning, documentation and implementation;

c. Referral and service coordination;

d. Individual and group counseling and case management;

e. Client family and community education; and

f. Professional and ethical responsibility.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident occurring at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency.

a. No more than half of these hours may be satisfied with group supervision.

b. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

c. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

d. For the purpose of meeting the 200-hour supervision requirement, in-person supervision may include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.

e. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical substance abuse treatment services with individuals, families, or groups of individuals suffering from the effects of substance abuse or dependence. The remaining hours may be spent in the performance of ancillary services.

4. A graduate level degree internship in excess of 600 hours, which is completed in a program that meets the requirements set forth in 18VAC115-60-70, may count for up to an additional 300 hours towards the requirements of a residency.

5. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

6. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability which limits the resident's access to qualified supervision.

7. Residents may not call themselves substance abuse treatment practitioners, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or substance abuse treatment practitioners. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Substance Abuse Treatment" in all written communications. Clients shall be informed in writing of the resident's status, the supervisor's name, professional address, and telephone number.

8. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

9. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

D. Supervisory qualifications.

1. A person who provides supervision for a resident in substance abuse treatment shall hold an active, unrestricted license as a professional counselor or substance abuse treatment practitioner in the jurisdiction where the supervision is being provided. Supervisors who are marriage and family therapists, school psychologists, clinical psychologists, clinical social workers, clinical nurse specialists, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

2. All supervisors shall document two years post-licensure substance abuse treatment experience~~,~~ and at least 100 hours of didactic instruction in substance abuse treatment. Supervisors must document a three-credit-hour course in supervision, a 4.0-quarter-hour course in supervision, or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-60-116.

E. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision C 1 of this section.

F. Documentation of supervision. Applicants shall document successful completion of their residency on the Verification of Supervision form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet.

Part III. Examinations.

18VAC115-60-90. General examination requirements; schedules; time limits.

A. Every applicant for initial licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board.

B. Every applicant for licensure as a substance abuse treatment practitioner by endorsement shall have passed an examination deemed by the board to be substantially equivalent to the Virginia examination.

C. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

D. A candidate approved by the board to sit for the examination shall pass the examination within two years from the date of such initial board approval. If the candidate has not passed the examination within two years from the date of initial approval:

1. The initial board approval to sit for the examination shall then become invalid; and

2. The applicant shall file a complete new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.

E. The board shall establish a passing score on the written examination.

F. A candidate for examination or an applicant shall not provide clinical services unless he is under supervision approved by the board.

18VAC115-60-100. (Repealed.)

Part IV. Licensure Renewal; Reinstatement.

18VAC115-60-110. Renewal of licensure.

A. All licensees shall renew licenses on or before June 30 of each year.

B. Every license holder who intends to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-60-20.

C. A licensee who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-60-20. No person shall practice substance abuse treatment in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-60-120.C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-60-115. Continued competency requirements for renewal of a license.

A. Licensed substance abuse treatment practitioners shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours shall be in courses that emphasize the ethics, standards of practice or laws governing behavioral science professions in Virginia.

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

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section or subsection A of 18 VAC 115-50-95 in the Regulations Governing the Practice of Marriage and Family Therapy, or subsection A of 18 VAC 115-20-105 in the Regulations Governing the Practice of Professional Counseling.

E. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of counseling services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

F. A substance abuse professional who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

18VAC115-60-116. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;
4. Social and cultural foundations;
5. The helping relationship;
6. Group dynamics, processing and counseling;
7. Lifestyle and career development;
8. Appraisal of individuals;
9. Research and evaluation;
10. Professional orientation;
11. Clinical supervision;
12. Marriage and family therapy; or
13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved mental health related activities:

a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.

d. Workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(2) The American Association ~~of~~ 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.

(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.

2. Individual professional activities.

a. Publication/presentation/new program development

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development. Activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of ten hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: Officers of state or national counseling organization; editor or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include: language courses, software training, medical topics, etc.

18VAC115-60-117. Documenting compliance with continuing competency requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities the licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

d. Letters from educational institutions or agencies approving continuing education programs;

e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

f. Documentation of attendance at formal staffing by a signed affidavit on a form provided by the board.

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

18VAC115-60-120. Late renewal; reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late renewal fee prescribed in 18VAC115-60-20, as well as the license fee prescribed for

the year the license was not renewed, and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reactivation; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

Part V. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.

18VAC115-60-130. 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. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of substance abuse treatment.

B. Persons licensed or 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 boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training and experience accurately to clients;

3. Stay abreast of new substance abuse treatment information, concepts, application and practices which are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, the limitations of confidentiality, and other pertinent information when counseling is initiated, and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one' practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U. S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; and

13. Advertise professional services fairly and accurately in a manner which is not false, misleading or deceptive.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records which are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with client's expressed written consent or that of his legally authorized representative in accordance with §32.1-127.1:03 of the Code of Virginia;

4. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the substance abuse treatment relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or ten years following termination, which ever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time;
or

c. Records that have been transferred to another mental health service provider or given to the client; and

5. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (a) videotaping, (b) audio recording, (c) permitting third party observation, or (d) using identifiable client records and clinical materials in teaching, writing or public presentations.

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

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients.) Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Licensed substance abuse treatment practitioners shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Licensed substance abuse treatment practitioners who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a licensed substance abuse treatment practitioner does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any sexual intimacy or romantic relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Licensed substance abuse treatment practitioners shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of substance abuse treatment.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-60-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license.

A. Action by the board to revoke, suspend, deny issuance or renewal of a license, or take other disciplinary action may be taken in accord with the following:

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 substance abuse treatment, or any provision of this chapter;

2. Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner 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 substance abuse treatment with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition.;

4. Intentional or negligent conduct that causes or is likely to cause injury to a client;

5. Performance of functions outside the demonstrable areas of competency;

6. Failure to comply with the continued competency requirements set forth in this chapter; or

7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of licensed substance abuse therapy, or any part or portion of this chapter; or

8. Performance of an act likely to deceive, defraud, or harm the public.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

18VAC115-60-150. Reinstatement following disciplinary action.

A. Any person whose license has been suspended or who has been denied reinstatement by board order, having met the terms of the order, submit a new application and fee to the board for reinstatement of licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE CERTIFICATION OF REHABILITATION PROVIDERS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-40-10 et seq.

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

Revised Date: February 8, 2017

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Part I. General Provisions.

18VAC115-40-10. Definitions.

A. The terms "board," "certified rehabilitation provider," and " professional judgment," when used in this chapter, shall have the meanings ascribed to them in §§54.1-3500 and 54.1-3510 of the Code of Virginia.

B. The following words and terms, when used in this chapter, shall have the following meanings unless the context indicates otherwise:

"Competency area" means an area in which a person possesses knowledge and skills and the ability to apply them in the rehabilitation setting.

"Experience" means on-the-job experience under appropriate supervision as set forth in this chapter.

"Internship" means a supervised field experience as part of a degree requirement obtained from a regionally accredited university as set forth in 18VAC115-40-22.

"Regionally accredited" means an institution accredited by one of the regional accreditation agencies recognized by the United States Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Rehabilitation client" means an individual receiving rehabilitation services whose benefits are regulated by the Virginia Workers' Compensation Commission.

"Supervisee" means any individual who has met the education requirements and is under appropriate supervision and working towards certification according to the requirements of this chapter. Services provided by the supervisee shall not involve the exercise of professional judgment as defined in §54.1-3510 of the Code of Virginia.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented, personal instruction, guidance, and education with respect to the skills and competencies of the person supervised.

"Supervisor" means one who provides case-related supervision, consultation, education, and guidance for the applicant. The supervisor must be credentialed as defined in 18VAC115-40-27.

"Training" means the educational component of on-the-job experience.

18VAC115-40-20. Fees required by the board.

A. The board has established the following fees applicable to the certification of rehabilitation providers:

Initial certification by examination: Processing and initial $115

certification	
Initial certification by endorsement: Processing and initial certification	$115
Certification renewal	$65
Duplicate certificate	$10
Late renewal	$25
Reinstatement of a lapsed certificate	$125
Replacement of or additional wall certificate	$25
Returned check	$35
Reinstatement following revocation or suspension	$600

B. Fees shall be paid to the board. All fees are nonrefundable.

Part II. Requirements for Certification.

18VAC115-40-22. Criteria for eligibility.

A. Education and experience requirements for certification are as follows:

1. Any baccalaureate degree from a regionally accredited college or university or a current registered nurse license in good standing in Virginia; and

2. Documentation of 2,000 hours of supervised experience in performing those services that will be offered to a workers' compensation claimant under § 65.2-603 of the Code of Virginia. Experience may be acquired through supervised training or experience or both. A supervised internship in rehabilitation services may count toward part of the required 2,000 hours. Any individual who does not meet the experience requirement for certification must practice under the supervision of an individual who meets the requirements of 18VAC115-40-27. Individuals shall not practice in an internship or supervisee capacity for more than five years.

B. A passing score on a board-approved examination shall be required.

C. The board may grant certification without examination to applicants certified as rehabilitation providers in other states or by nationally recognized certifying agencies, boards, associations and commissions by standards substantially equivalent to those set forth in the board's current regulation.

18VAC115-40-23 to 18VAC115-40-24. (Reserved.)

18VAC115-40-25. Application process.

The applicant shall submit to the board:

1. A completed application form;

2. The official transcript or transcripts submitted from the appropriate institutions of higher education;

3. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirement of 18VAC115-40-26. Documentation of supervision obtained outside of Virginia must include verification of the supervisor's out-of-state license or certificate; and

4. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. Documentation of the applicant's national or out-of-state license or certificate in good standing where applicable.

18VAC115-40-26. Supervised experience requirement.

The following shall apply to the supervised experience requirement for certification:

1. On average, the supervisor and the supervisee shall consult for two hours per week in group or personal instruction. The total hours of personal instruction shall not be less than 100 hours within the 2,000 hours of experience. Group instruction shall not exceed six members in a group.

2. Half of the personal instruction contained in the total supervised experience shall be face-to-face between the supervisor and supervisee. A portion of the face-to-face instruction shall include direct observation of the supervisee-rehabilitation client interaction.

18VAC115-40-27. Supervisor requirements.

A. A supervisor shall:

1. Be a licensed professional counselor, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed substance abuse treatment practitioner, licensed physician or licensed registered nurse with a minimum of one year of experience in rehabilitation service provision;

2. Be a rehabilitation provider certified by the board who has national certification in rehabilitation service provision as outlined in subsection C of 18VAC115-40-22; or

3. Have two years experience as a board certified rehabilitation provider.

B. The supervisor shall assume responsibility for the professional activities of the supervisee.

C. At the time of application for certification by examination, the supervisor shall document for the board: (i) credentials to provide supervision in accordance with this section, (ii) the applicant's total

hours of supervision, (iii) length of work experience, (iv) competence in rehabilitation service provision, and (v) any needs for additional supervision or training.

D. Supervision by any individual whose relationship to the supervisee compromises the objectivity of the supervisor is prohibited. This includes but is not limited to immediate family members (spouses, parents, siblings, children and in-laws).

Part III. Examinations.

18VAC115-40-28. General examination requirements.

Every applicant for certification as a rehabilitation provider shall take a written examination approved by the board and achieve a passing score as determined by the board.

18VAC115-40-29. (Reserved.)

Part IV. Renewal and Reinstatement.

18VAC115-40-30. Annual renewal of certificate.

Every certificate issued by the board shall expire on January 31 of each year.

1. To renew certification, the certified rehabilitation provider shall submit a renewal form and fee as prescribed in 18VAC115-40-20.

2. Failure to receive a renewal notice and form shall not excuse the certified rehabilitation provider from the renewal requirement.

18VAC115-40-35. Reinstatement.

A. A person whose certificate has expired may renew it within one year after its expiration date by paying the renewal fee and the late renewal fee prescribed in 18VAC115-40-20.

B. A person who fails to renew a certificate for one year or more shall apply for reinstatement, pay the reinstatement fee and submit evidence regarding the continued ability to perform the functions within the scope of practice of the certification.

18VAC115-40-36 to 18VAC115-40-37. (Reserved.)

18VAC115-40-38. Change of address.

A certified rehabilitation provider whose address of record or public address, if different from the address of record, has changed shall submit the new address in writing to the board within 30 days of such change.

18VAC115-40-39. (Reserved.)

Part V. Standards of Practice; Disciplinary Actions; Reinstatement.

18VAC115-40-40. 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. Each person certified by the board shall:

1. Provide services in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.

2. Provide services only within the competency areas for which one is qualified by training or experience.

3. Not provide services under a false or assumed name, or impersonate another practitioner of a like, similar or different name.

4. Be aware of the areas of competence of related professions and make full use of professional, technical and administrative resources to secure for rehabilitation clients the most appropriate services.

5. Not commit any act which is a felony under the laws of this Commonwealth, other states, the District of Columbia or the United States, or any act which is a misdemeanor under such laws and involves moral turpitude.

6. Stay abreast of new developments, concepts and practices which are important to providing appropriate services.

7. State a rationale in the form of an identified objective or purpose for the provision of services to be rendered to the rehabilitation client.

8. Not engage in offering services to a rehabilitation client who is receiving services from another rehabilitation provider without attempting to inform such other providers in order to avoid confusion and conflict for the rehabilitation client.

9. Represent accurately one's competence, education, training and experience.

10. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

11. Not engage in improper direct solicitation of rehabilitation clients and shall announce services fairly and accurately in a manner which will aid the public in forming their own informed judgments, opinions and choices and which avoids fraud and misrepresentation through sensationalism, exaggeration or superficiality.

12. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

13. Report to the board known or suspected violations of the laws and regulations governing the practice of rehabilitation providers.

14. Report to the board any unethical or incompetent practices by other rehabilitation providers that jeopardize public safety or cause a risk of harm to rehabilitation clients.

15. Provide rehabilitation clients with accurate information of what to expect in the way of tests, evaluations, billing, rehabilitation plans and schedules before rendering services.

16. Provide services and submission of reports in a timely fashion and ensure that services and reports respond to the purpose of the referral and include recommendations, if appropriate. All reports shall reflect an objective, independent opinion based on factual determinations within the provider's area of expertise and discipline. The reports of services and findings shall be distributed to appropriate parties and shall comply with all applicable legal regulations.

17. Specify, for the referral source and the rehabilitation client, at the time of initial referral, what services are to be provided and what practices are to be conducted. This shall include the identification, as well as the clarification, of services that are available by that member.

18. Assure that the rehabilitation client is aware, from the outset, if the delivery of service is being observed by a third party. Professional files, reports and records shall be maintained for three years beyond the termination of services.

19. Never engage in nonprofessional relationships with rehabilitation clients that compromise the rehabilitation client's well-being, impair the rehabilitation provider's objectivity and judgment or increase the risk of rehabilitation client exploitation.

20. Never engage in sexual intimacy with rehabilitation clients or former rehabilitation clients, as such intimacy is unethical and prohibited.

18VAC115-40-50. Grounds for revocation, suspension, probation, reprimand, censure, denial of renewal of certificate; petition for rehearing.

Action by the board to revoke, suspend, decline to issue or renew a certificate, to place such a certificate holder on probation or to censure, reprimand or fine a certified rehabilitation provider may be taken in accord with the following:

1. Procuring a license, certificate or registration by fraud or misrepresentation.

2. Violation of, or aid to another in violating, any regulation or statute applicable to the provision of rehabilitation services.

3. The denial, revocation, suspension or restriction of a registration, license or certificate to practice in another state, or a United States possession or territory or the surrender of any such registration, license or certificate while an active administrative investigation is pending.

4. Conviction of any felony, or of a misdemeanor involving moral turpitude.

5. Providing rehabilitation services without reasonable skill and safety to clients by virtue of physical or emotional illness or substance abuse.

18VAC115-40-60. [Repealed]

18VAC115-40-61. Reinstatement following disciplinary action.

A. Any person whose certificate has been revoked, suspended or denied renewal by the board under the provisions of 18VAC115-40-50 must submit a new application for reinstatement of certification.

B. The board in its discretion may, after a hearing, grant the reinstatement sought in subsection A of this section.

C. The applicant for such reinstatement, if approved, shall be certified upon payment of the appropriate fee applicable at the time of reinstatement.

Executive Director’s Report

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	July	August	September	October	November	December	Total
4002400	Fee Revenue							
4002401	Application Fee	75,625.00	94,435.00	97,820.00	108,195.00	102,985.00	152,820.00	631,880.00
4002406	License & Renewal Fee	48,665.00	3,710.00	1,210.00	1,720.00	2,795.00	3,460.00	61,560.00
4002407	Dup. License Certificate Fee	150.00	285.00	155.00	250.00	130.00	245.00	1,215.00
4002409	Board Endorsement - Out	480.00	270.00	490.00	525.00	425.00	330.00	2,520.00
4002421	Monetary Penalty & Late Fees	6,845.00	1,335.00	355.00	450.00	245.00	45.00	9,275.00
4002430	Board Changes Fee	1,980.00	2,880.00	2,430.00	2,940.00	2,550.00	1,890.00	14,670.00
4002432	Misc. Fee (Bad Check Fee)	35.00	70.00	35.00	-	-	-	140.00
	Total Fee Revenue	133,780.00	102,985.00	102,495.00	114,080.00	109,130.00	158,790.00	721,260.00
4003000	Sales of Prop. & Commodities							
4003020	Misc. Sales-Dishonored Payments	175.00	290.00	175.00	-	-	175.00	815.00
	Total Sales of Prop. & Commodities	175.00	290.00	175.00	-	-	175.00	815.00
	Total Revenue	133,955.00	103,275.00	102,670.00	114,080.00	109,130.00	158,965.00	722,075.00
5011000	Personal Services							
5011100	Employee Benefits							
5011110	Employer Retirement Contrib.	1,714.37	1,143.98	1,143.98	1,143.98	1,143.98	980.57	7,270.86
5011120	Fed Old-Age Ins- Sal St Emp	1,529.50	1,041.64	1,027.05	1,130.58	1,044.87	936.95	6,710.59
5011140	Group Insurance	210.06	140.04	140.04	140.04	140.04	118.68	888.90
5011150	Medical/Hospitalization Ins.	1,010.50	687.00	687.00	687.00	687.00	687.00	4,445.50
5011160	Retiree Medical/Hospitalizatn	188.15	125.08	125.08	125.08	125.08	106.00	794.47
5011170	Long term Disability Ins	101.56	66.28	66.28	66.28	66.28	56.17	422.85
	Total Employee Benefits	4,754.14	3,204.02	3,189.43	3,292.96	3,207.25	2,885.37	20,533.17
5011200	Salaries							
5011230	Salaries, Classified	16,035.75	10,690.50	10,690.50	10,690.50	10,690.50	9,341.97	68,139.72
5011250	Salaries, Overtime	4,138.66	3,038.28	2,847.47	4,200.96	3,080.36	3,300.76	20,606.49
	Total Salaries	20,174.41	13,728.78	13,537.97	14,891.46	13,770.86	12,642.73	88,746.21
5011340	Specified Per Diem Payment	250.00	50.00	150.00	50.00	650.00	150.00	1,300.00

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	July	August	September	October	November	December	Total
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	40.00	40.00	40.00	260.00
	Total Special Payments	310.00	90.00	190.00	90.00	690.00	190.00	1,560.00
5011600	Terminatn Personal Svce Costs							
5011660	Defined Contribution Match - Hy	452.04	301.36	301.36	301.36	301.36	244.28	1,901.76
	Total Terminatn Personal Svce Costs	452.04	301.36	301.36	301.36	301.36	244.28	1,901.76
	Total Personal Services	25,690.59	17,324.16	17,218.76	18,575.78	17,969.47	15,962.38	112,741.14
5012000	Contractual Svs							-
5012100	Communication Services							-
5012130	Messenger Services	-	-	8.67	-	-	-	8.67
5012140	Postal Services	1,536.28	2,861.48	1,331.91	1,028.68	904.98	1,592.55	9,255.88
5012150	Printing Services	-	-	103.68	-	-	-	103.68
5012160	Telecommunications Svcs (VITA)	35.32	70.64	35.32	36.68	59.10	78.33	315.39
	Total Communication Services	1,571.60	2,932.12	1,479.58	1,065.36	964.08	1,670.88	9,683.62
5012200	Employee Development Services							
5012210	Organization Memberships	900.00	-	-	-	-	-	900.00
5012260	Personnel Develpmnt Services	1,650.00	-	-	-	-	-	1,650.00
	Total Employee Development Services	2,550.00	-	-	-	-	-	2,550.00
5012400	Mgmnt and Informational Svcs							
5012420	Fiscal Services	16,200.83	-	473.17	372.61	240.00	27.37	17,313.98
5012440	Management Services	-	44.12	-	31.78	-	30.11	106.01
5012460	Public Infrmtnl & Relatn Svcs	12.00	12.00	20.00	12.00	12.00	4.00	72.00
5012470	Legal Services	-	195.00	-	-	-	-	195.00
	Total Mgmnt and Informational Svcs	16,212.83	251.12	493.17	416.39	252.00	61.48	17,686.99
5012500	Repair and Maintenance Svcs							
5012530	Equipment Repair & Maint Srvc	-	-	-	-	993.43	(166.26)	827.17
	Total Repair and Maintenance Svcs	-	-	-	-	993.43	(166.26)	827.17
5012600	Support Services							
5012630	Clerical Services	14,759.00	17,033.40	10,857.60	6,234.00	21,553.60	13,687.40	84,125.00

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	July	August	September	October	November	December	Total
5012640	Food & Dietary Services	199.60	109.25	978.65	-	599.95	207.37	2,094.82
5012660	Manual Labor Services	-	6.11	102.19	21.34	7.79	45.29	182.72
5012670	Production Services	-	113.35	444.65	110.45	50.85	252.05	971.35
5012680	Skilled Services	1,399.52	892.36	648.61	911.11	1,240.97	450.00	5,542.57
	Total Support Services	16,358.12	18,154.47	13,031.70	7,276.90	23,453.16	14,642.11	92,916.46
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	756.47	93.74	609.86	153.15	1,260.05	398.95	3,272.22
5012830	Travel, Public Carriers	-	688.40	-	38.32	78.00	-	804.72
5012850	Travel, Subsistence & Lodging	651.38	-	228.74	-	1,194.22	338.37	2,412.71
5012880	Trvl, Meal Reimb- Not Rprtble	244.50	-	96.25	-	411.75	142.00	894.50
	Total Transportation Services	1,652.35	782.14	934.85	191.47	2,944.02	879.32	7,384.15
	Total Contractual Svs	38,344.90	22,119.85	15,939.30	8,950.12	28,606.69	17,087.53	131,048.39
5013000	Supplies And Materials							
5013100	Administrative Supplies							-
5013120	Office Supplies	68.02	122.24	138.05	69.08	150.59	243.23	791.21
	Total Administrative Supplies	68.02	122.24	138.05	69.08	150.59	243.23	791.21
5013200	Energy Supplies							
5013230	Gasoline	-	-	-	33.83	-	-	33.83
	Total Energy Supplies	-	-	-	33.83	-	-	33.83
	Total Supplies And Materials	68.02	122.24	138.05	102.91	150.59	243.23	825.04
5015000	Continuous Charges							
5015100	Insurance-Fixed Assets							-
5015160	Property Insurance	54.87	-	-	-	-	-	54.87
	Total Insurance-Fixed Assets	54.87	-	-	-	-	-	54.87
5015300	Operating Lease Payments							

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	July	August	September	October	November	December	Total
5015340	Equipment Rentals	43.73	42.19	41.87	43.73	41.87	41.87	255.26
5015350	Building Rentals	-	22.80	-	-	22.80	-	45.60
5015390	Building Rentals - Non State	901.10	1,044.51	900.94	900.94	980.69	909.98	5,638.16
	Total Operating Lease Payments	944.83	1,109.50	942.81	944.67	1,045.36	951.85	5,939.02
5015500	Insurance-Operations							
5015510	General Liability Insurance	196.94	-	-	-	-	-	196.94
5015540	Surety Bonds	11.62	-	-	-	-	-	11.62
	Total Insurance-Operations	208.56	-	-	-	-	-	208.56
	Total Continuous Charges	1,208.26	1,109.50	942.81	944.67	1,045.36	951.85	6,202.45
5022000	Equipment							
5022170	Other Computer Equipment	-	431.00	-	-	-	-	431.00
	Total Computer Hrdware & Sftware	-	431.00	-	-	-	-	431.00
	Total Equipment	-	431.00	-	-	-	-	431.00
	Total Expenditures	65,311.77	41,106.75	34,238.92	28,573.48	47,772.11	34,244.99	251,248.02
	Allocated Expenditures							
20100	Behavioral Science Exec	24,083.07	16,509.35	15,948.94	15,968.69	16,384.29	16,419.90	105,314.22
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-
30100	Data Center	36,939.81	22,604.31	22,671.33	33,652.58	9,823.21	25,671.24	151,362.48
30200	Human Resources	1,635.17	190.47	212.23	7,233.91	1,144.95	161.90	10,578.62
30300	Finance	9,716.19	7,911.82	7,708.93	7,658.35	8,869.67	8,494.67	50,359.62
30400	Director's Office	5,191.75	3,505.06	3,632.08	3,669.28	3,852.58	3,925.98	23,776.74
30500	Enforcement	22,855.76	17,393.62	18,205.76	18,573.58	18,337.22	18,861.53	114,227.47
30600	Administrative Proceedings	11,882.18	681.67	7,125.41	1,506.32	8,804.80	10,199.77	40,200.16

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	July	August	September	October	November	December	Total
30700	Impaired Practitioners	-	-	-	-	-	-	-
30800	Attorney General	-	-	2,049.34	2,049.34	-	-	4,098.67
30900	Board of Health Professions	3,271.76	3,051.65	2,685.17	3,093.40	3,009.81	2,010.86	17,122.64
31000	SRTA	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-
31300	Emp. Recognition Program	4.38	-	-	19.26	5.42	50.62	79.69
31400	Conference Center	13.23	44.46	21.83	13.36	32.07	8.77	133.71
31500	Pgm Devlpmnt & Implmentn	3,766.40	2,284.84	2,731.04	2,114.85	2,837.65	2,043.42	15,778.20
98700	Cash Transfers	-	-	-	-	-	-	-
	Total Allocated Expenditures	119,359.68	74,177.24	82,992.05	95,552.93	73,101.67	87,848.67	533,032.24
	Net Revenue in Excess (Shortfall) of Expenditures	$ (50,716.45)	$ (12,008.99)	$ (14,560.97)	$ (10,046.41)	$ (11,743.78)	$ 36,871.34	$ (62,205.26)

	109 Counseling
Board Cash Balance as June 30, 2018	$ 1,094,175
YTD FY19 Revenue	722,075
Less: YTD FY19 Direct and Allocated Expenditures	784,280
Board Cash Balance as December 31, 2018	$ 1,031,970

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	631,880.00	294,600.00	(337,280.00)	214.49%
4002406	License & Renewal Fee	61,560.00	1,182,950.00	1,121,390.00	5.20%
4002407	Dup. License Certificate Fee	1,215.00	825.00	(390.00)	147.27%
4002409	Board Endorsement - Out	2,520.00	1,740.00	(780.00)	144.83%
4002421	Monetary Penalty & Late Fees	9,275.00	13,960.00	4,685.00	66.44%
4002430	Board Changes Fee	14,670.00	-	(14,670.00)	0.00%
4002432	Misc. Fee (Bad Check Fee)	140.00	140.00	-	100.00%
	Total Fee Revenue	721,260.00	1,494,215.00	772,955.00	48.27%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	815.00	-	(815.00)	0.00%
	Total Sales of Prop. & Commodities	815.00	-	(815.00)	0.00%
	Total Revenue	722,075.00	1,494,215.00	772,140.00	48.32%
5011110	Employer Retirement Contrib.	7,270.86	17,345.00	10,074.14	41.92%
5011120	Fed Old-Age Ins- Sal St Emp	6,710.59	9,814.00	3,103.41	68.38%
5011140	Group Insurance	888.90	1,681.00	792.10	52.88%
5011150	Medical/Hospitalization Ins.	4,445.50	8,244.00	3,798.50	53.92%
5011160	Retiree Medical/Hospitalizatn	794.47	1,501.00	706.53	52.93%
5011170	Long term Disability Ins	422.85	796.00	373.15	53.12%
	Total Employee Benefits	20,533.17	39,381.00	18,847.83	52.14%
5011200	Salaries				
5011230	Salaries, Classified	68,139.72	128,286.00	60,146.28	53.12%
5011250	Salaries, Overtime	20,606.49	-	(20,606.49)	0.00%
	Total Salaries	88,746.21	128,286.00	39,539.79	69.18%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,300.00	3,000.00	1,700.00	43.33%
5011380	Deferred Compnstn Match Pmts	260.00	1,440.00	1,180.00	18.06%
	Total Special Payments	1,560.00	4,440.00	2,880.00	35.14%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	1,901.76	-	(1,901.76)	0.00%
	Total Terminatn Personal Svce Costs	1,901.76	-	(1,901.76)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	112,741.14	172,107.00	59,365.86	65.51%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	295.00	295.00	0.00%
5012130	Messenger Services	8.67	-	(8.67)	0.00%
5012140	Postal Services	9,255.88	8,232.00	(1,023.88)	112.44%
5012150	Printing Services	103.68	120.00	16.32	86.40%
5012160	Telecommunications Svcs (VITA)	315.39	900.00	584.61	35.04%
	Total Communication Services	9,683.62	9,547.00	(136.62)	101.43%
5012200	Employee Development Services				
5012210	Organization Memberships	900.00	500.00	(400.00)	180.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012260	Personnel Develpmnt Services	1,650.00	-	(1,650.00)	0.00%
	Total Employee Development Services	2,550.00	500.00	(2,050.00)	510.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	140.00	140.00	0.00%
	Total Health Services	-	140.00	140.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	17,313.98	9,280.00	(8,033.98)	186.57%
5012440	Management Services	106.01	134.00	27.99	79.11%
5012460	Public Infrmtnl & Relatn Svcs	72.00	5.00	(67.00)	1440.00%
5012470	Legal Services	195.00	475.00	280.00	41.05%
	Total Mgmnt and Informational Svcs	17,686.99	9,894.00	(7,792.99)	178.76%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	827.17	-	(827.17)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	34.00	34.00	0.00%
	Total Repair and Maintenance Svcs	827.17	34.00	(793.17)	2432.85%
5012600	Support Services				
5012630	Clerical Services	84,125.00	110,551.00	26,426.00	76.10%
5012640	Food & Dietary Services	2,094.82	1,075.00	(1,019.82)	194.87%
5012660	Manual Labor Services	182.72	1,170.00	987.28	15.62%
5012670	Production Services	971.35	5,380.00	4,408.65	18.05%
5012680	Skilled Services	5,542.57	16,764.00	11,221.43	33.06%
	Total Support Services	92,916.46	134,940.00	42,023.54	68.86%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	3,272.22	4,979.00	1,706.78	65.72%
5012830	Travel, Public Carriers	804.72	-	(804.72)	0.00%
5012850	Travel, Subsistence & Lodging	2,412.71	1,950.00	(462.71)	123.73%
5012880	Trvl, Meal Reimb- Not Rprtble	894.50	988.00	93.50	90.54%
	Total Transportation Services	7,384.15	7,917.00	532.85	93.27%
	Total Contractual Svs	131,048.39	162,972.00	31,923.61	80.41%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	791.21	597.00	(194.21)	132.53%
	Total Administrative Supplies	791.21	597.00	(194.21)	132.53%
5013200	Energy Supplies				
5013230	Gasoline	33.83	-	(33.83)	0.00%
	Total Energy Supplies	33.83	-	(33.83)	0.00%
5013600	Residential Supplies				
5013630	Food Service Supplies	-	183.00	183.00	0.00%
	Total Residential Supplies	-	183.00	183.00	0.00%
	Total Supplies And Materials	825.04	780.00	(45.04)	105.77%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	54.87	46.00	(8.87)	119.28%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

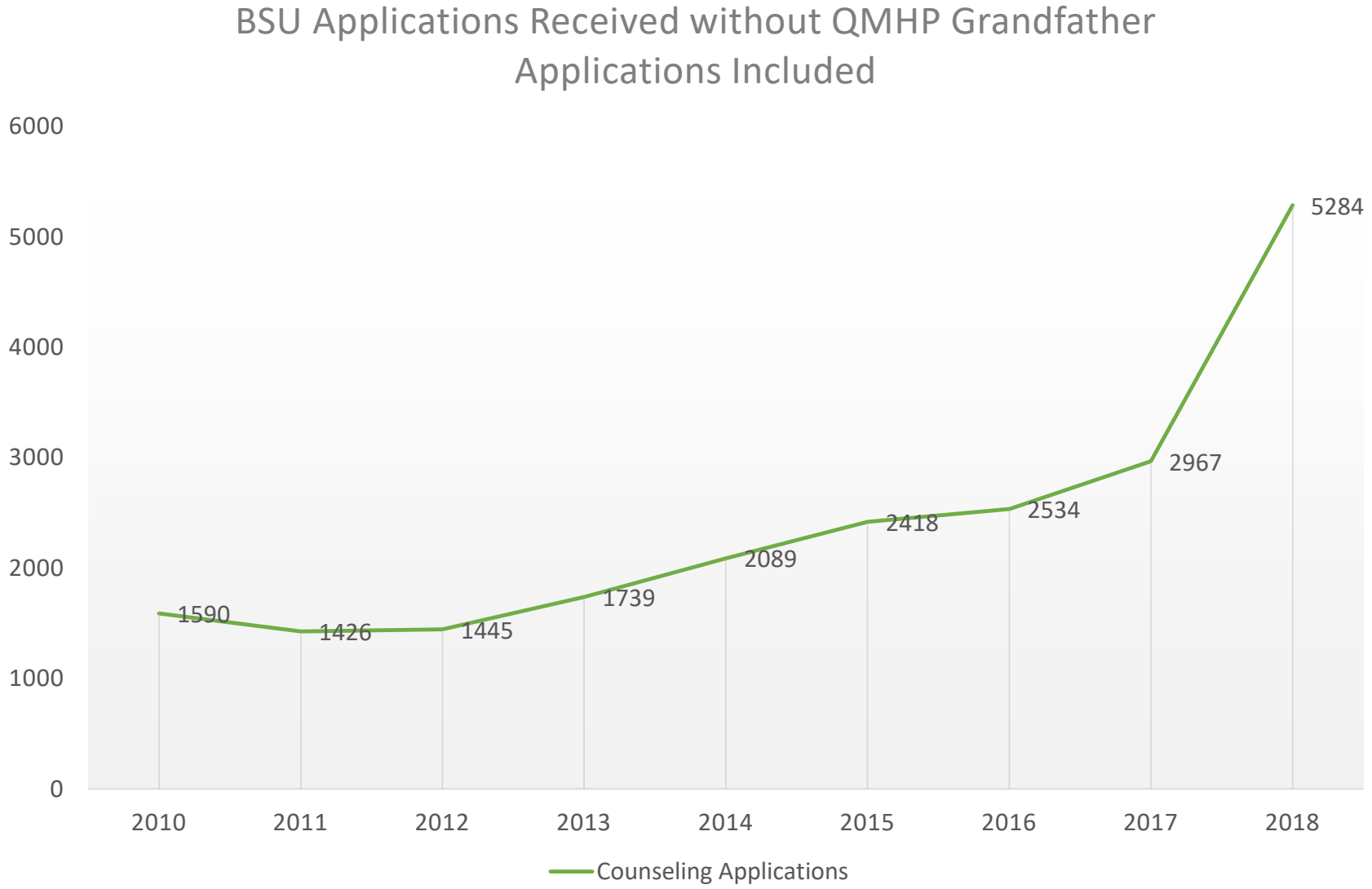
For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Insurance-Fixed Assets	54.87	46.00	(8.87)	119.28%
5015300	**Operating Lease Payments**				
5015340	**Equipment Rentals**	255.26	540.00	284.74	47.27%
5015350	**Building Rentals**	45.60	-	(45.60)	0.00%
5015360	**Land Rentals**	-	60.00	60.00	0.00%
5015390	**Building Rentals - Non State**	5,638.16	11,168.00	5,529.84	50.48%
	Total Operating Lease Payments	5,939.02	11,768.00	5,828.98	50.47%
5015500	**Insurance-Operations**				
5015510	**General Liability Insurance**	196.94	170.00	(26.94)	115.85%
5015540	**Surety Bonds**	11.62	11.00	(0.62)	105.64%
	Total Insurance-Operations	208.56	181.00	(27.56)	115.23%
	Total Continuous Charges	6,202.45	11,995.00	5,792.55	51.71%
5022000	**Equipment**				
5022100	**Computer Hrdware & Sftware**				
5022170	**Other Computer Equipment**	431.00	-	(431.00)	0.00%
	Total Computer Hrdware & Sftware	431.00	-	(431.00)	0.00%
5022200	**Educational & Cultural Equip**				
5022240	**Reference Equipment**	-	77.00	77.00	0.00%
	Total Educational & Cultural Equip	-	77.00	77.00	0.00%
5022600	**Office Equipment**				
5022610	**Office Appurtenances**	-	42.00	42.00	0.00%
	Total Office Equipment	-	42.00	42.00	0.00%
	Total Equipment	431.00	119.00	(312.00)	362.18%
	Total Expenditures	251,248.02	347,973.00	96,724.98	72.20%
	Allocated Expenditures				
20100	**Behavioral Science Exec**	105,314.22	212,290.00	106,975.79	49.61%
30100	**Data Center**	151,362.48	274,985.34	123,622.85	55.04%
30200	**Human Resources**	10,578.62	18,210.02	7,631.40	58.09%
30300	**Finance**	50,359.62	98,705.65	48,346.02	51.02%
30400	**Director's Office**	23,776.74	37,887.80	14,111.06	62.76%
30500	**Enforcement**	114,227.47	183,575.94	69,348.47	62.22%
30600	**Administrative Proceedings**	40,200.16	53,276.14	13,075.97	75.46%
30700	**Impaired Practitioners**	-	336.22	336.22	0.00%
30800	**Attorney General**	4,098.67	9,991.56	5,892.89	41.02%
30900	**Board of Health Professions**	17,122.64	31,508.45	14,385.81	54.34%
31100	**Maintenance and Repairs**	-	4,390.85	4,390.85	0.00%
31300	**Emp. Recognition Program**	79.69	404.02	324.33	19.72%
31400	**Conference Center**	133.71	384.16	250.45	34.81%
31500	**Pgm Devlpmnt & Implmentn**	15,778.20	22,875.36	7,097.15	68.97%
	Total Allocated Expenditures	533,032.24	948,821.50	415,789.26	56.18%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (62,205.26)	$ 197,420.50	$ 259,625.76	31.51%

Board of Counseling

2018 Year End Stats


Counseling Applications Received
25000
20000
15000
10000
5000
0
1590
1426
1445
1739
2089
2418
2534
2967
20639
2010
2011
2012
2013
2014
2015
2016
2017
2018
Counseling Applications

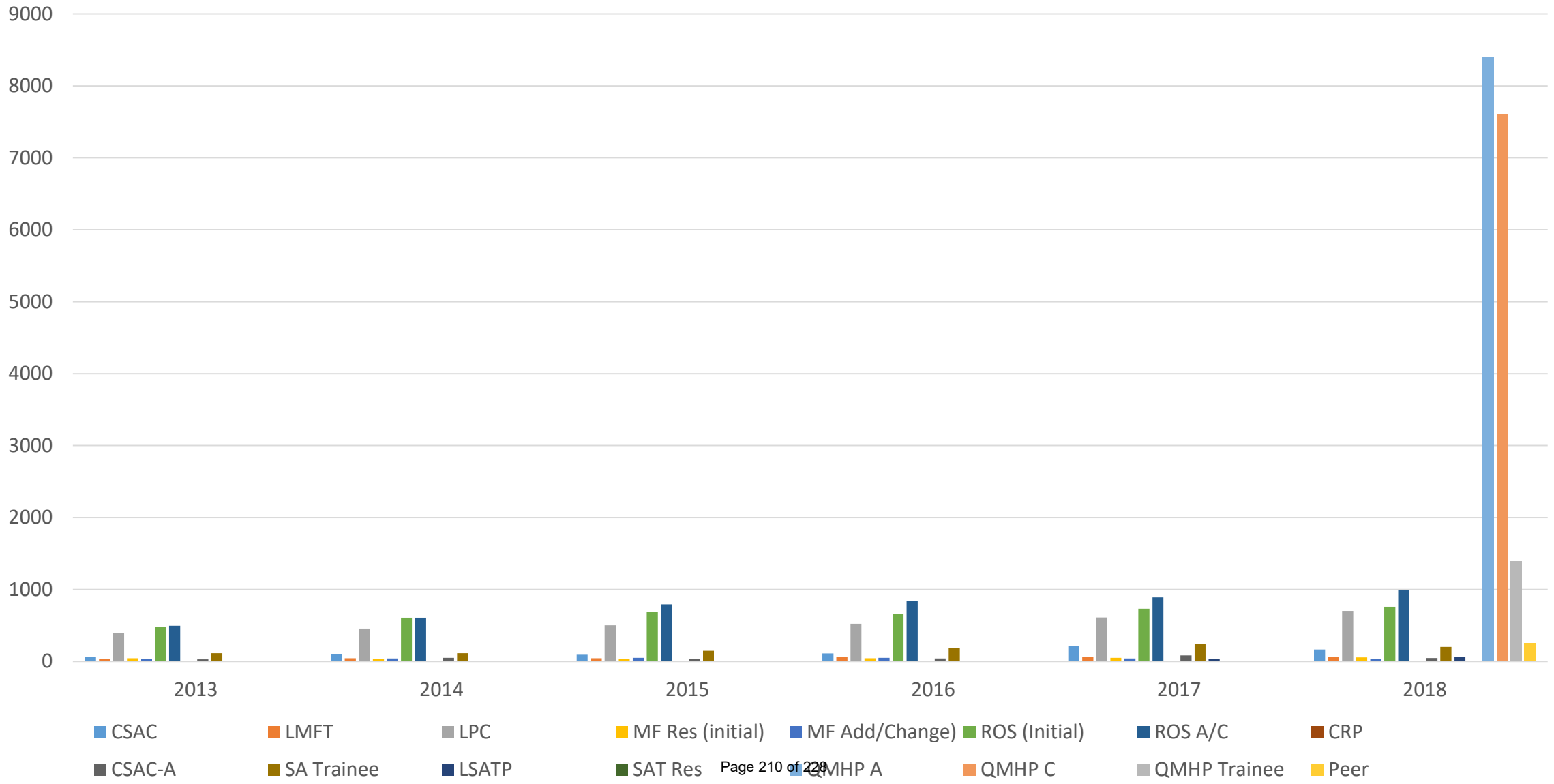

BSU Applications Received without QMHP Grandfather Applications Included
6000
5000
4000
3000
2000
1000
0
1590
1426
1445
1739
2089
2418
2534
2967
5284
2010
2011
2012
2013
2014
2015
2016
2017
2018
Counseling Applications

Virginia Department of Health Professions

Board of Counseling Applications Received By Year

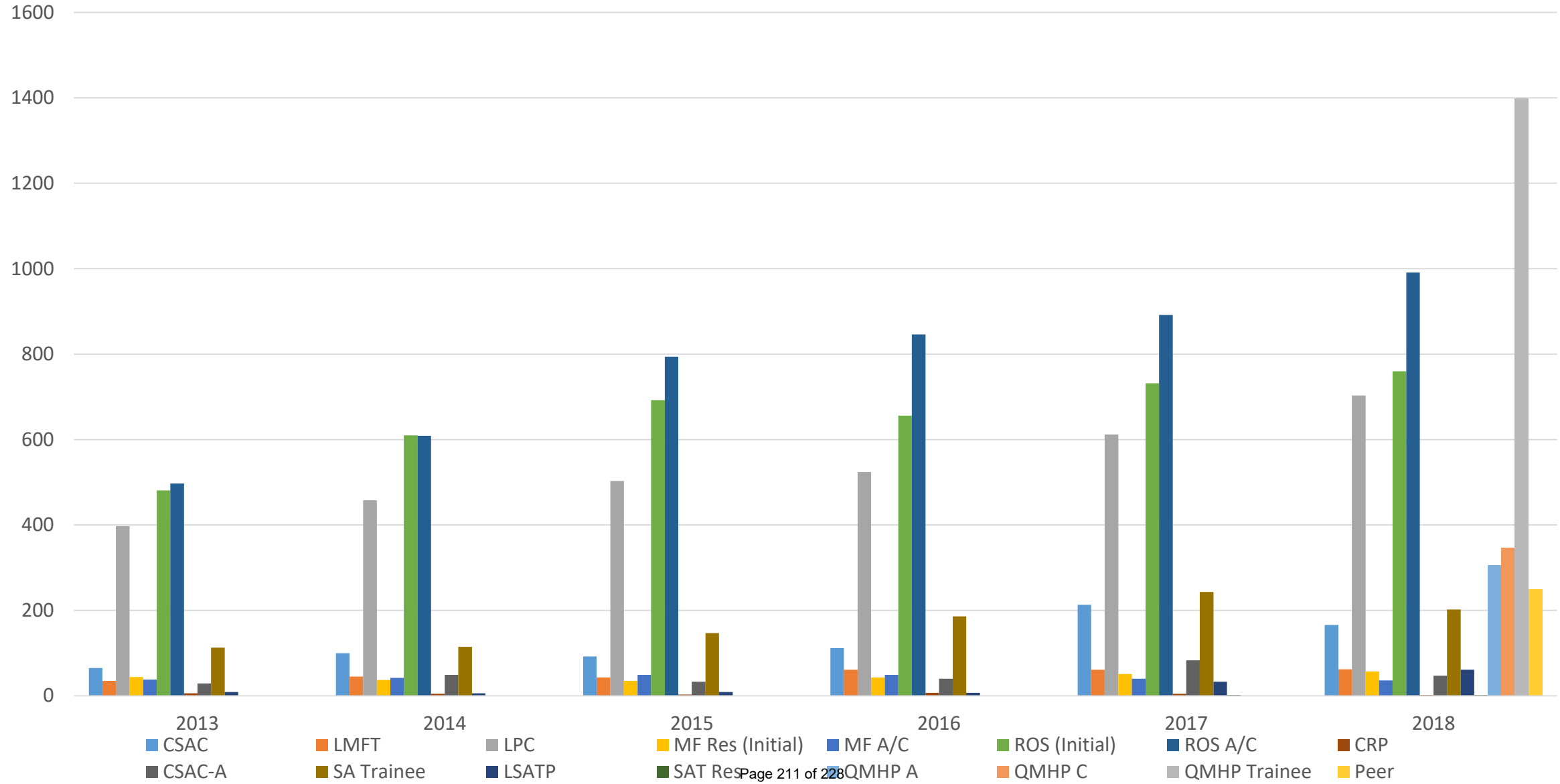
	2018	2018	2017	2016	2015	2014	2013	
	Applications Received (Remove Grandfathering)	Applications Received	Applications Received	Applications Received	Applications Received	Applications Received	Applications Received	Total Applications Received
CSAC	166	166	213	112	92	100	65	748
LMFT	62	62	61	61	43	45	35	307
LPC	703	703	612	522	503	458	397	3195
MF Resident								0
Initial	57	57	51	43	35	37	44	267
Add/Change	36	36	40	49	49	42	38	254
Subtotal	**93**	**93**	**91**	**92**	**84**	**79**	**82**	521
ROS								0
Initial	760	760	732	656	692	610	481	3931
Add/Change	991	991	892	846	794	609	497	4629
Subtotal	**1751**	**1751**	**1624**	**1502**	**1486**	**1219**	**978**	8560
QMHP-A	306	8398						8398
QMHP-C	347	7606						7606
Peer	250	250						250
CRP	2	2	5	7	3	5	6	28
CSAC-A	47	47	83	40	33	49	29	281
SA Trainee	176	176	216	142	126	111	111	882
LSATP	61	61	33	7	9	6	9	125
SAT Res	2	2	2	5	2	0	0	11
QMHP-Trainee	1398	1398						1398
Total	**5364**	**20715**	**2940**	**2490**	**2381**	**2072**	**1712**	**32310**

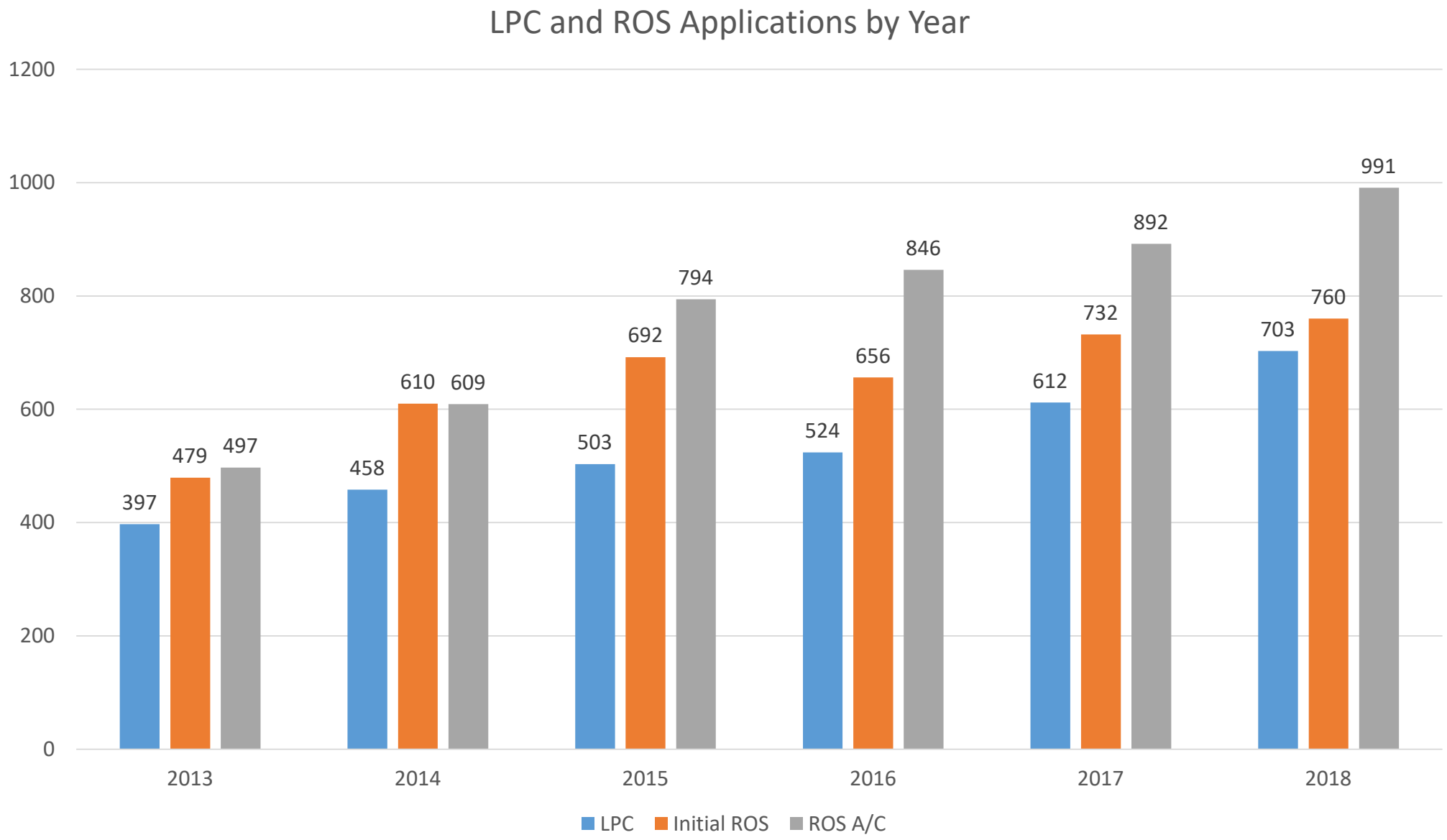
Board of Counseling Applications Per Year with QMHP Grandfather Applications Included

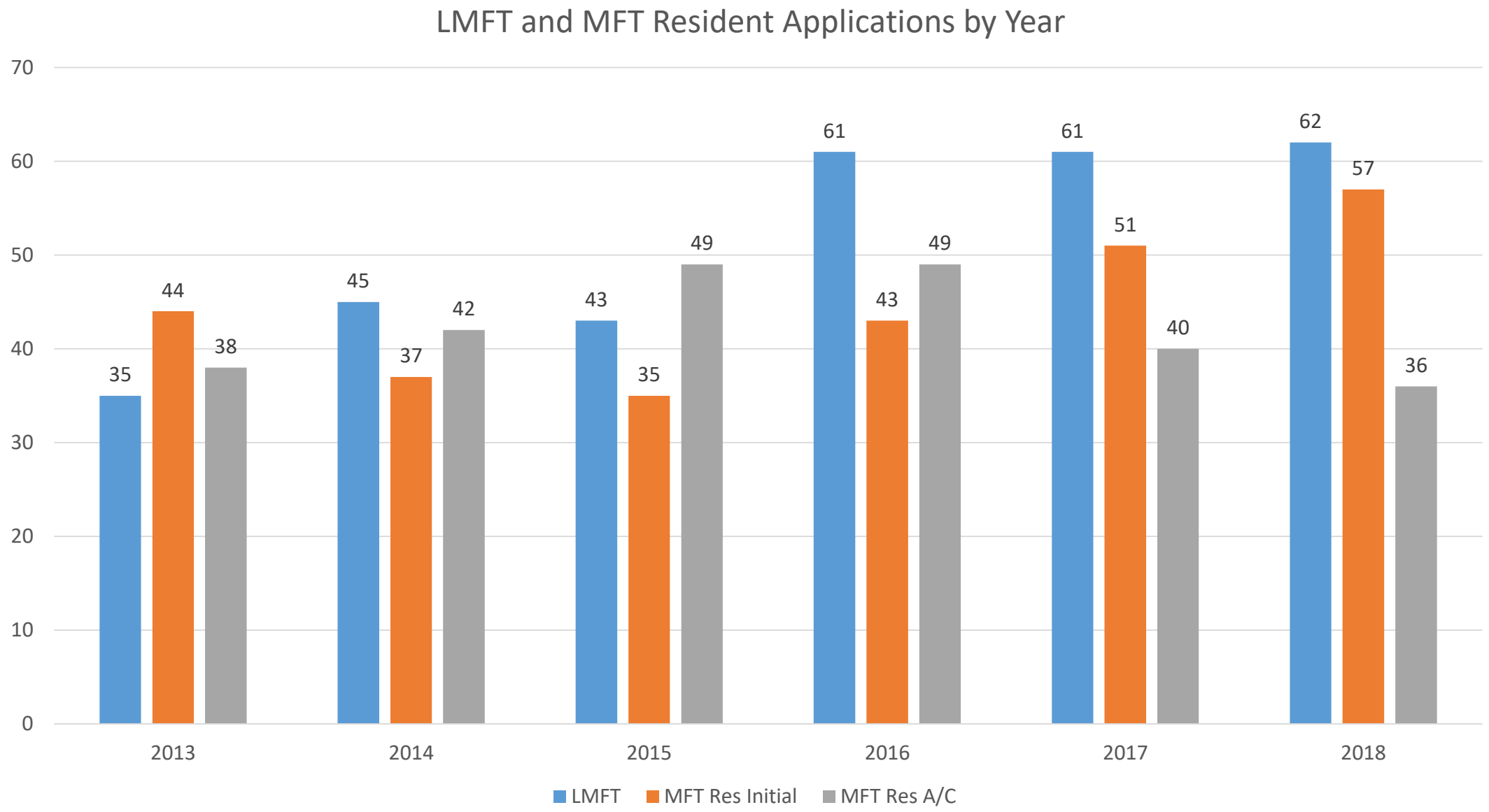


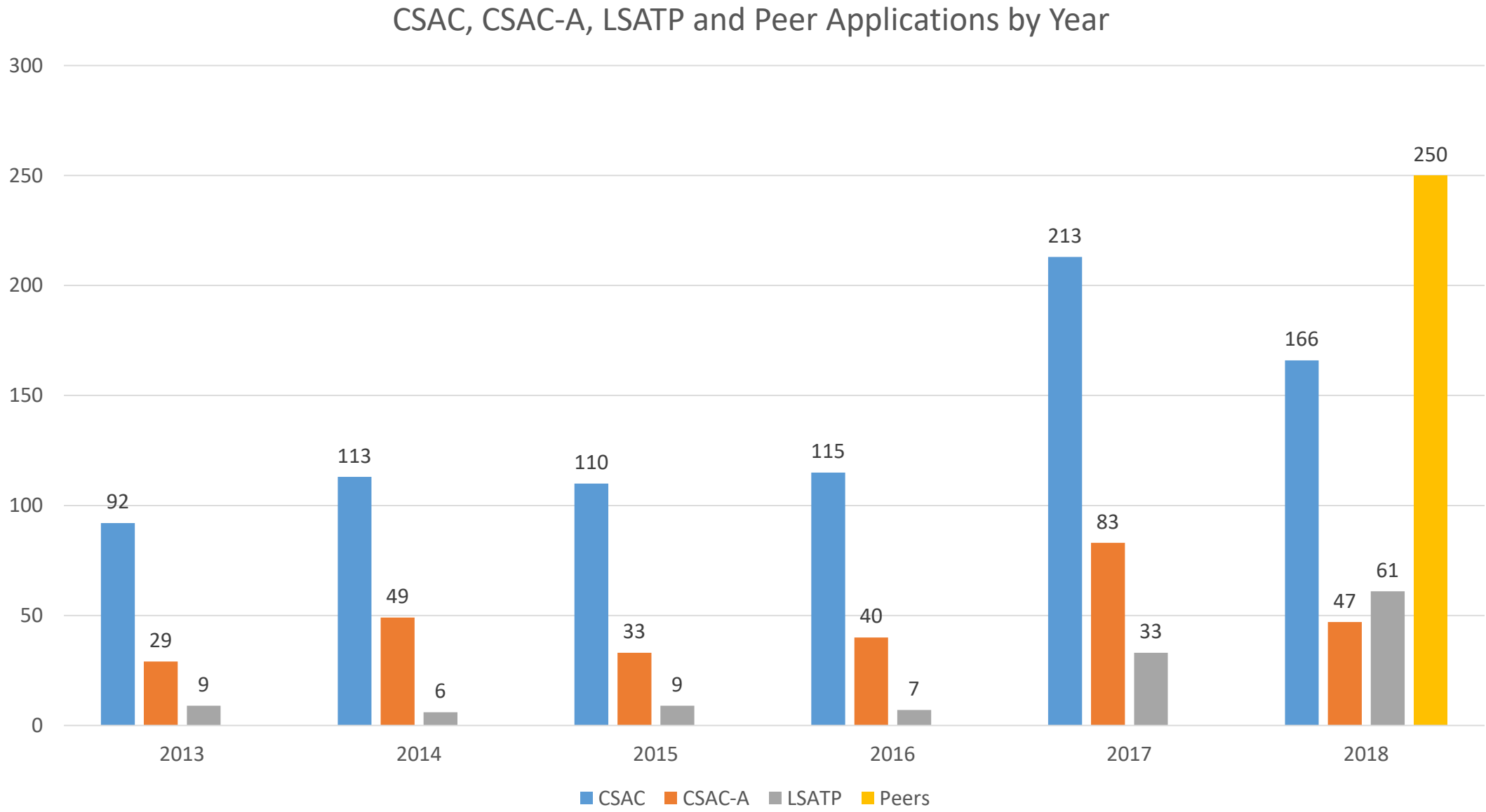
Virginia Department of Health Professions

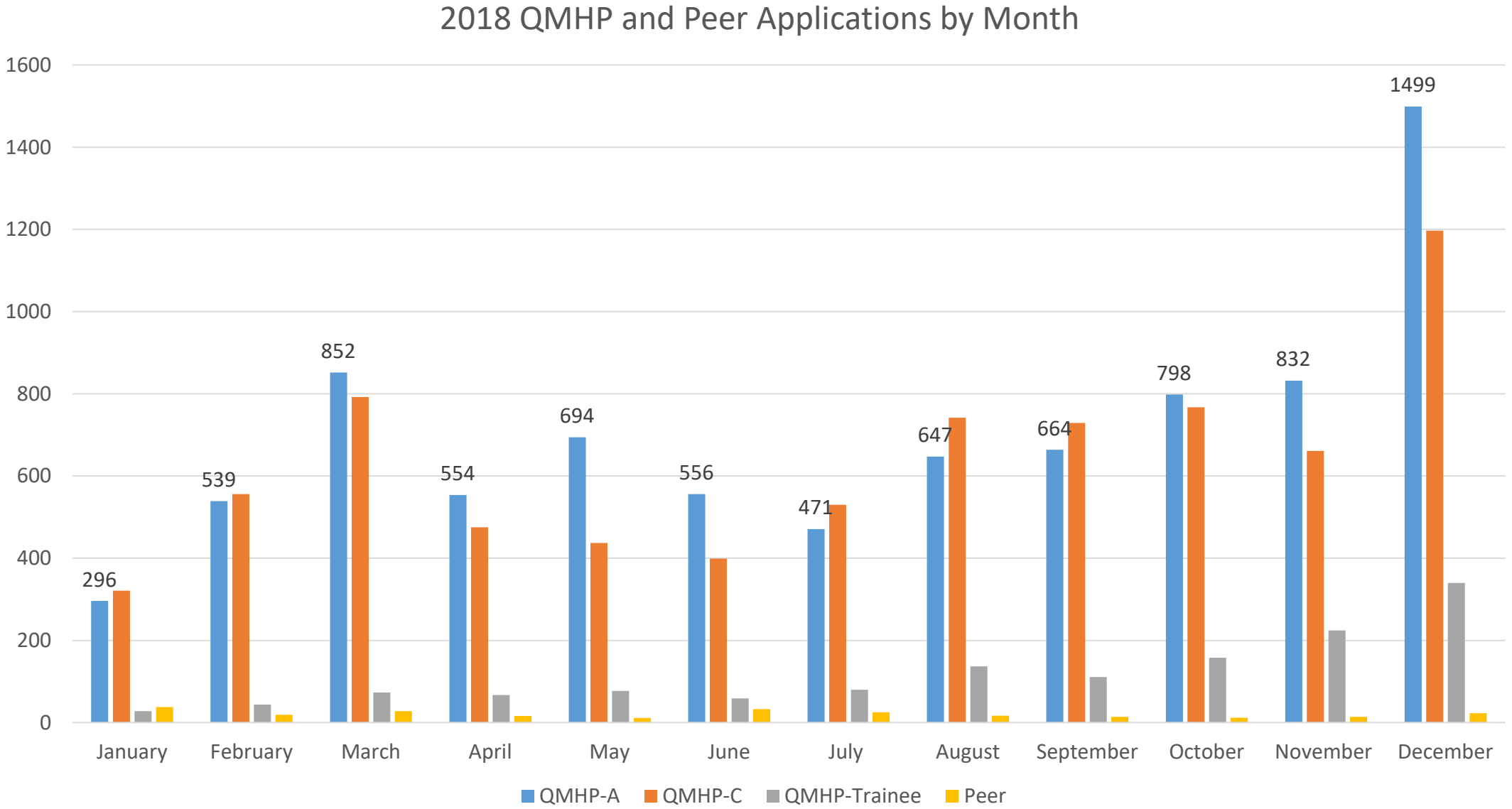
Board of Counseling Applications Per Year with QMHP Grandfather Removed




LPC and ROS Applications by Year
1200
1000
800
600
400
200
0
397
479
497
458
610
609
503
692
794
524
656
846
612
732
892
703
760
991
2013
2014
2015
2016
2017
2018
LPC
Initial ROS
ROS A/C


LMFT and MFT Resident Applications by Year
70
60
50
40
30
20
10
0
35
44
38
45
37
42
43
35
49
61
43
49
61
51
40
62
57
36
2013
2014
2015
2016
2017
2018
LMFT
MFT Res Initial
MFT Res A/C


CSAC, CSAC-A, LSATP and Peer Applications by Year
300
250
200
150
100
50
0
92
29
9
113
49
6
110
33
9
115
40
7
213
83
33
166
47
61
250
2013
2014
2015
2016
2017
2018
CSAC
CSAC-A
LSATP
Peers


2018 QMHP and Peer Applications by Month
1600
1400
1200
1000
800
600
400
200
0
296
539
852
554
694
556
471
647
664
798
832
1499
January
February
March
April
May
June
July
August
September
October
November
December
QMHP-A
QMHP-C
QMHP-Trainee
Peer

Virginia Department of Health Professions

2018 Applications by Month

	January	February	March	April	May	June	July	August	September	October	November	December	
	Applications Received	Applications Received	Applications Received	Applications Received	Applications Received	Applications Received	Applications Received	Applications Received	Applications Received	Applications Received	Applications Received	Applications Received	Total Applications Received
CSAC	13	19	21	14	18	10	8	7	16	16	9	15	166
LMFT	3	4	6	5	6	7	8	5	5	6	4	3	62
LPC	65	58	59	58	71	67	58	66	53	56	46	46	228
MF Resident													0
Initial	5	3	7	2	4	10	3	4	3	10	3	3	57
Add/Change	7	2	2	2	2	2	3	4	2	5	2	3	85
Subtotal	**12**	**5**	**9**	**4**	**6**	**12**	**6**	**8**	**5**	**15**	**5**	**6**	**142**
ROS													
Initial	50	78	63	43	62	67	63	64	65	84	71	52	762
Add/Change	101	74	108	79	94	69	62	94	82	86	72	70	991
Subtotal	**151**	**152**	**171**	**122**	**156**	**136**	**125**	**158**	**147**	**170**	**143**	**122**	**1753**
QMHP-A	296	539	852	554	694	556	471	647	664	798	832	1499	8402
QMHP-C	321	556	792	475	437	399	530	742	729	767	661	1197	7606
Peer	38	19	28	16	11	33	25	17	14	12	14	23	250
CRP	0	0	0	0	1	0	0	0	1	0	0	0	2
CSAC-A	4	3	4	6	4	3	7	6	2	3	2	3	47
SA Trainee	14	11	13	20	24	27	13	19	9	11	20	21	202
LSATP	5	6	6	5	6	1	3	4	9	8	2	6	61
SAT Res	0	0	0	0	1	0	1	0	0	0	0	0	2
QMHP-Trainee	28	44	73	67	77	59	80	137	111	158	224	340	1398
Total	**950**	**1416**	**2034**	**1346**	**1512**	**1310**	**1335**	**1816**	**1765**	**2020**	**1962**	**3281**	**20321**

Virginia Department of Health Professions

2018 Licenses, Certifications, Registrations Issued By Month

	January	February	March	April	May	June	July	August	September	October	November	December	
	Issued	Issued	Issued	Issued	Issued	Issued	Issued	Issued	Issued	Issued	Issued	Issued	Total Issued
CSAC	12	10	9	13	9	17	10	6	12	9	17	3	127
LMFT	3	6	2	6	2	2	6	4	7	8	2	11	59
LPC	55	54	43	45	49	79	54	70	61	53	48	67	678
MF Resident													
Initial	5	1	6	4	3	2	5	3	5	10	4	5	53
Add/Change	3	5	3	1	5	3	5	4	1	8	9	2	49
Subtotal	**8**	**6**	**9**	**5**	**8**	**5**	**10**	**7**	**6**	**18**	**13**	**7**	**102**
ROS													
Initial	44	51	59	79	44	45	51	45	46	111	50	73	698
Add/Change	99	107	109	106	109	109	88	105	105	114	93	85	1229
Subtotal	**143**	**158**	**168**	**185**	**153**	**154**	**139**	**150**	**151**	**225**	**143**	**158**	**1927**
QMHP-A													
Application	6	3	7	13	13	19	30	23	22	55	39	75	305
Grandfather	44	227	389	473	582	444	493	374	364	756	700	776	5622
Subtotal	**50**	**230**	**396**	**486**	**595**	**463**	**523**	**397**	**386**	**811**	**739**	**851**	**5927**
QMHP-C													
Application	6	9	10	10	14	20	20	27	21	68	46	96	347
Grandfather	67	211	367	430	459	294	331	356	362	768	599	691	4935
Subtotal	**73**	**220**	**377**	**440**	**473**	**314**	**351**	**383**	**383**	**836**	**645**	**787**	**5282**
Peer	16	23	18	7	8	14	27	16	10	15	14	11	**179**
CRP	0	2	0	0	1	1	1	0	0	2	0	0	**7**
CSAC-A	4	0	6	7	8	3	6	6	6	3	2	1	**52**
SA Trainee	20	12	16	22	22	24	15	14	11	13	24	14	**207**
LSATP	11	7	5	5	2	7	1	2	6	8	3	4	**61**
SAT Res	0	0	0	0	1	0	0	0	0	0	0	0	**1**
QMHP-Trainee	10	13	22	40	49	51	55	78	73	131	120	204	**846**
Total	**405**	**741**	**1071**	**1261**	**1380**	**1134**	**1198**	**1133**	**1112**	**2132**	**1770**	**2118**	**15455**

Discipline Report

Virginia Department of Health Professions

AGENCY REPORTS

CASES RECEIVED, OPEN, & CLOSED REPORT
SUMMARY BY BOARD
FISCAL YEAR 2019, QUARTER ENDING SEPTEMBER 30

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

COUNSELING	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Number of Cases Received	21	32	26	27	17	40	35	28	37	31	45	56
Number of Cases Open	108	117	116	98	69	58	56	61	72	84	102	124
Number of Cases Closed	11	25	27	44	43	60	42	26	29	23	33	29

PSYCHOLOGY	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Number of Cases Received	18	19	14	18	26	13	22	23	23	28	26	20
Number of Cases Open	84	74	68	76	87	49	34	46	44	52	57	64
Number of Cases Closed	12	32	20	9	17	52	38	16	24	19	24	13

SOCIAL WORK	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Number of Cases Received	31	19	15	19	12	28	21	14	27	15	34	35
Number of Cases Open	126	120	127	78	70	54	39	39	48	52	71	93
Number of Cases Closed	8	27	8	62	17	46	39	15	19	11	18	13

Virginia Department of Health Professions

AGENCY REPORTS

AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER QUARTER

FISCAL YEAR 2019, QUARTER ENDING SEPTEMBER 30

*The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

BOARD	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Counseling	193.5	415.6	323.7	375.5	292.8	247.9	106.1	251.5	128.2	153.7	185.0	164.2
Psychology	287.0	437.0	287.3	380.0	291.7	357.7	252.7	119.5	183.3	118.8	175.2	170.4
Social Work	132.5	342.0	226.0	469.7	407.6	366.2	228.8	292.7	123.6	277.5	237.2	113.8
Agency Totals	190.8	201.6	188.5	202.7	207.7	222.8	194.1	255.7	186.5	196.4	201.1	173.8

PERCENTAGE OF CASES OF ALL TYPES CLOSED WITHIN 365 CALENDAR DAYS*

FISCAL YEAR 2019, QUARTER ENDING SEPTEMBER 30

*The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, the percent of cases that were closed in less than one year.

BOARD	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
Counseling	72.7%	36.0%	55.6%	45.5%	78.6%	84.7%	97.5%	76.9%	97.0%	91.3%	84.8%	89.7%
Psychology	50.0%	37.5%	50.0%	44.4%	50.0%	44.2%	81.6%	92.9%	85.2%	100.0 %	90.5%	92.3%
Social Work	87.5%	46.2%	75.0%	30.7%	62.5%	41.3%	92.3%	73.3%	100.0 %	81.8%	66.7%	84.2%
Agency Totals	85.8%	84.8%	85.6%	82.0%	85.1%	81.7%	86.7%	82.2%	86.7%	87.6%	80.6%	85.5%

Virginia Department of Health Professions
Board of Counseling

Discipline Reports

10/05/2018 - 01/10/2019

OPEN CASES AT BOARD LEVEL (as of 01/10/2019)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	82	38	57	***177***
Scheduled for Informal Conferences	3	1	0	***4***
Scheduled for Formal Hearings	1	1	0	***2***
Consent Orders (offered and pending)	4	1	0	***5***
Cases with APD for processing (IFC, FH, Consent Order)	13	7	4	***24***
TOTAL OPEN CASES	103	48	61	***212***

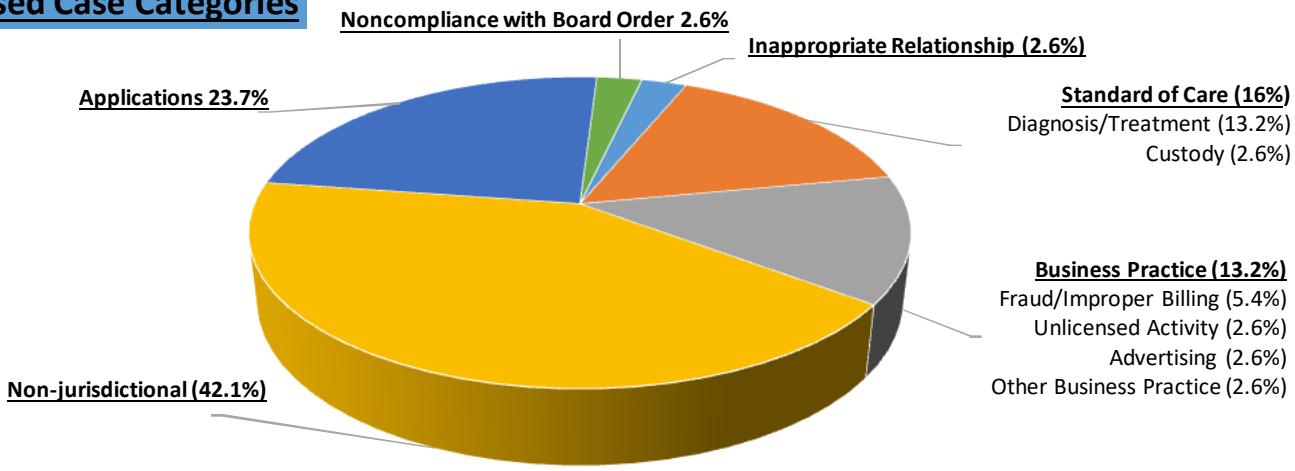
NEW CASES RECEIVED AND ACTIVE INVESTIGATIONS				
	Counseling	Psychology	Social Work	BSU Total
Cases **Received** for Board review	50	19	19	***88***
Open **Investigations** in Enforcement	72	38	34	***144***

UPCOMING CONFERENCES AND HEARINGS			
	Counseling	Psychology	Social Work
Informal Conferences	03/01/2019 05/03/2019 07/19/2019 09/13/2019 11/11/2019	04/16/2019	04/05/2019 05/17/2019 08/09/2019 10/25/2019 11/15/2019
Formal Hearings	Following scheduled board meetings, as necessary		

Virginia Department of Health Professions
Board of Counseling

CASES CLOSED (10/05/2018 - 01/10/2019)	
Closed – no violation	21
Closed – undetermined	9
Closed – violation	0
Credentials/Reinstatement – Denied	4
Credentials/Reinstatement – Approved	4
TOTAL CASES CLOSED	38

Closed Case Categories



AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	160
Avg. time in Enforcement (investigations)	67.4
Avg. time in APD (IFC/FH preparation)	75.3
Avg. time in Board (includes hearings, reviews, etc).	95.0
Avg. time with board member (probable cause review)	9.0

Licensing Manager’s Report

Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 1 - Fiscal Year 2019

*Current licenses by board and occupation as of the last day of the quarter

Quarter Date Ranges	
Quarter 1	July 01 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	CURRENT Q1 2019
Audiology/Speech Pathology	4,992	4,720	4,802	4,951	5,056	4,855	4,971	5,142	4,770	4,991	5,085	5,272
Counseling	7,490	7,597	7,808	13,237	13,603	13,922	15,791	16,175	16,948	17,654	22,731	25,584
Dentistry	14,186	14,319	14,184	14,382	14,522	14,657	14,338	14,601	14,665	14,835	14,544	14,885
Funeral Directing	2,573	2,618	2,497	2,526	2,561	2,609	2,513	2,554	2,579	2,620	2,532	2,564
Long Term Care Administrators	2,165	2,206	2,087	2,141	2,188	2,235	2,065	2,138	2,198	2,258	2,114	2,192
Medicine	65,922	66,177	67,447	66,941	66,773	67,320	69,206	69,092	69,230	69,628	70,959	69,687
Nurse Aide	54,402	54,374	54,477	54,044	53,681	53,434	53,066	52,653	52,160	52,888	53,276	52,466
Nursing	163,594	163,637	164,199	166,107	166,039	166,796	167,953	170,125	169,465	171,385	171,964	172,989
Optometry	1,963	1,874	1,914	1,936	1,955	1,867	1,921	1,949	1,805	1,859	1,913	1,933
Pharmacy	37,218	34,741	35,972	37,125	37,844	35,289	36,441	37,608	34,789	35,995	36,967	38,002
Physical Therapy	11,075	11,240	11,702	12,682	11,751	11,652	12,078	12,556	12,735	12,939	13,341	13,797
Psychology	4,141	4,253	4,360	4,994	5,128	5,227	5,335	5,368	5,470	5,582	5,690	5,497
Social Work	6,690	6,828	7,057	8,900	9,144	9,340	9,559	9,089	9,326	9,468	9,671	9,350
Veterinary Medicine	7,370	7,112	7,376	7,489	7,565	7,320	7,587	7,703	7,105	7,448	7,767	7,994
AGENCY TOTAL	383,781	381,696	385,882	397,455	397,810	396,523	402,824	406,753	403,245	409,550	418,554	422,212

Virginia Department of

Health Professions

Current Count of Licenses

Quarterly Breakdown

Quarter 1 - Fiscal Year 2019

*Current licenses by board and occupation as of the last day of the quarter

** New Occupation

*** Veterinary Establishments are now grouped together, as the board works on designating existing establishments as "Ambulatory" or "Stationary", instead of "Full Service" or "Restricted Service".

Quarter Date Ranges	
Quarter 1	July 01 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

Board	Occupation	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	CURRENT Q1 2019
Audiology & Speech Pathology	Audiologist	519	497	507	517	523	494	503	524	475	504	512	525
	Continuing Education Provider	14	14	15	15	15	15	15	15	15	15	15	12
	School Speech Pathologist	513	475	484	507	514	475	479	493	423	432	436	450
	Speech Pathologist	3,946	3,734	3,796	3,912	4,004	3,871	3,974	4,110	3,857	4,040	4,122	4,285
	Total	4,992	4,720	4,802	4,951	5,056	4,855	4,971	5,142	4,770	4,991	5,085	5,272
Counseling	Certified Substance Abuse Counselor	1,679	1,691	1,734	1,662	1,712	1,745	1,784	1,776	1,837	1,870	1,911	1,836
	Licensed Marriage and Family Therapist	845	856	870	836	856	872	885	854	864	876	889	874
	Licensed Professional Counselor	4,333	4,435	4,567	4,512	4,653	4,803	4,932	4,915	5,062	5,218	5,394	5,417
	Marriage & Family Therapist Resident	-	-	-	131	131	140	148	166	205	225	239	252
	Qualified Mental Health Prof - Adult**	-	-	-	-	-	-	-	-	-	-	2,220	3,501
	Qualified Mental Health Prof - Child**	-	-	-	-	-	-	-	-	-	-	1,897	3,012
	Registration of Supervision	-	-	37,125	5,491	5,632	5,747	5,831	6,220	6,660	7,095	7,445	7,706
	Registered Peer Recovery Specialist**	-	-	-	-	-	-	-	-	-	-	86	139
	Rehabilitation Provider	288	259	266	270	273	250	252	258	260	235	237	239
	Substance Abuse Counseling Assistant	169	179	192	164	174	188	218	203	217	232	252	231
	Substance Abuse Trainee	-	-	-	-	-	-	1,563	1,609	1,654	1,691	1,748	1,765
	Substance Abuse Treatment Practitioner	176	177	179	170	171	176	177	171	185	208	223	216
	Substance Abuse Treatment Residents	-	-	-	1	1	1	1	3	4	4	5	5
	Trainee for Qualified Mental Health Prof**	-	-	-	-	-	-	-	-	-	-	185	391
	Total	7,490	7,597	7,808	13,237	13,603	13,922	15,791	16,175	16,948	17,654	22,731	25,584

Virginia Department of
Health Professions

New License Count

Quarterly Summary

Quarter 1 - Fiscal Year 2019

Licenses issued by board and occupation during the quarter

Quarter Date Ranges	
Quarter 1	July 01 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	CURRENT Q1 2019
Audiology/Speech Pathology	42	71	150	156	69	62	159	165	61	86	181	177
Counseling	200	123	175	254	427	443	384	734	434	2,256	3,798	3,447
Dentistry	190	138	364	237	138	145	401	268	103	130	335	400
Funeral Directing	35	41	37	40	33	37	41	52	25	42	43	51
Long Term Care Administrator	74	61	85	79	69	66	99	80	78	78	91	107
Medicine	1,139	1,184	2,406	1,719	897	1,237	2,335	1,656	939	1,391	2,495	1,630
Nurse Aide	1,327	1,099	2,016	1,625	1,273	1,111	1,576	1,520	1,689	1,656	2,560	2,060
Nursing	2,281	2,610	2,842	4,344	2,586	3,293	3,350	4,369	2,353	3,152	3,146	4,532
Optometry	28	17	34	26	15	16	51	25	17	20	53	23
Pharmacy	878	847	1,135	1,357	742	1,207	1,060	1,367	841	1,045	923	1,316
Physical Therapy	146	154	444	431	182	176	406	459	164	196	392	457
Psychology	80	93	95	107	112	99	88	245	105	118	109	100
Social Work	125	131	207	277	353	352	343	388	335	360	360	399
Veterinary Medicine	61	77	246	106	62	79	244	95	76	92	328	222
AGENCY TOTAL	6,606	6,646	10,236	10,758	6,958	8,323	10,537	11,423	7,220	10,622	14,814	14,921

Virginia Department of
Health Professions

New License Count

Quarterly Breakdown

Quarter 1 - Fiscal Year 2019

Licenses issued by board and occupation during the quarter

Quarter Date Ranges	
Quarter 1	July 01 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

Board	Occupation	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	CURRENT Q1 2019
Audiology & Speech Pathology	Audiologist	0	10	11	7	6	7	10	21	4	8	10	10
	Continuing Education Provider	0	0	1	0	0	0	0	0	0	0	0	0
	Provisional Speech-Language Pathologist	0	0	0	0	0	0	0	1	2	18	120	59
	School Speech Pathologist	6	7	8	23	5	4	3	12	4	2	2	12
	Speech Pathologist	36	54	130	126	58	51	146	131	51	58	49	96
	Total	42	71	150	156	69	62	159	165	61	86	181	177
Counseling	Certified Substance Abuse Counselor	43	0	30	7	33	24	32	57	48	31	39	28
	Licensed Marriage and Family Therapist	16	10	10	11	17	15	10	15	10	11	10	17
	Licensed Professional Counselor	131	103	124	113	128	142	112	119	137	152	173	185
	Marriage and Family Therapist Resident	-	-	-	3	5	10	10	22	10	23	18	23
	Qualified Mental Health Prof - Adult	-	-	-	-	-	-	-	-	-	676	1,544	1,306
	Qualified Mental Health Prof - Child	-	-	-	-	-	-	-	-	-	671	1,227	1,117
	Registered Peer Recovery Specialist	-	-	-	-	-	-	-	-	-	57	29	53
	Registration of Supervision	-	-	-	91	182	189	131	440	154	503	510	444
	Rehabilitation Provider	1	1	1	2	1	0	0	2	0	2	2	1
	Substance Abuse Counseling Assistant	4	8	10	12	10	11	28	14	12	10	18	18
	Substance Abuse Trainee	-	-	-	-	-	-	61	63	48	52	73	40
	Substance Abuse Treatment Practitioner	5	1	0	12	0	48	0	1	14	23	14	9
	Substance Abuse Trreatment Resident	-	-	-	3	51	4	0	1	1	45	1	0
	Trainee for Qualified Mental Health Prof											140	206
	Total	200	123	175	254	427	443	384	734	434	2,256	3,798	3,447

Virginia Department of

Health Professions

Applicant Satisfaction Survey

Quarterly Summary

Quarter 1 - Fiscal Year 2019

Applicant Satisfaction Surveys are sent to all applicants, and includes seven categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of disatisfaction. This report calculates the percentage of total responses falling into the approval range. "N/A" indicates that no response was received for that board during the specified timeframe.

Quarter Date Ranges	
Quarter 1	July 01 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

Board	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	CURRENT Q1 2019
Audiology/Speech Pathology	100.0%	N/A	100.0%	100.0%	83.3%	33.3%	97.8%	100.0%	90.0%	28.6%	57.1%	92.9%
Counseling	83.3%	100.0%	77.3%	100.0%	81.7%	88.7%	94.0%	92.0%	85.9%	87.7%	98.3%	92.7%
Dentistry	83.3%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	97.4%	72.2%	93.2%	81.8%
Funeral Directing	100.0%	N/A	N/A	100.0%	100.0%	88.9%	100.0%	100.0%	N/A	N/A	100.0%	100.0%
Long Term Care Administrator	100.0%	N/A	100.0%	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Medicine	80.6%	89.2%	84.8%	86.2%	85.2%	86.3%	88.3%	88.4%	88.2%	89.4%	83.4%	90.5%
Nurse Aide	98.2%	100.0%	92.9%	90.5%	100.0%	96.8%	88.9%	100.0%	89.5%	88.2%	98.3%	98.3%
Nursing	86.7%	82.5%	73.3%	71.5%	74.3%	76.6%	86.7%	83.2%	89.1%	91.0%	87.3%	86.4%
Optometry	N/A	N/A	N/A	100.0%	100.0%	N/A	100.0%	100.0%	N/A	100.0%	100.0%	100.0%
Pharmacy	98.9%	N/A	99.1%	98.2%	100.0%	97.7%	98.4%	97.2%	93.2%	100.0%	99.5%	93.0%
Physical Therapy	89.7%	N/A	100.0%	97.5%	100.0%	100.0%	98.9%	97.3%	100.0%	86.8%	100.0%	97.2%
Psychology	93.2%	100.0%	100.0%	64.3%	91.7%	94.7%	94.9%	98.1%	91.2%	92.0%	89.6%	87.8%
Social Work	94.4%	N/A	100.0%	97.2%	100.0%	91.2%	91.7%	91.1%	92.7%	93.1%	81.7%	82.3%
Veterinary Medicine	N/A	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	87.3%	100.0%	100.0%	84.6%	84.8%
AGENCY	88.1%	85.0%	84.6%	80.4%	86.0%	85.2%	90.1%	89.3%	90.0%	90.9%	91.2%	89.4%