

**BOARD OF COUNSELING  
QUARTERLY BOARD MEETING  
Friday, August 18, 2017**

- TIME AND PLACE:** The meeting was called to order at 11:58 a.m. on Friday, August 18, 2017, in Board Room 2 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.
- PRESIDING:** Kevin Doyle, Ed.D., LPC, LSATP
- 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  
Tiffinee Yancey, Ph.D., LPC
- BOARD MEMBERS ABSENT:** Holly Tracy, LPC, LMFT
- STAFF PRESENT:** Tracey Arrington-Edmonds, Licensing Specialist  
David E. Brown, D.C., DHP Director  
Christy Evans, Discipline Case Specialist  
Lisa Hahn, DHP Chief Deputy Director  
Jaime Hoyle, Esq., Executive Director  
Jennifer Lang, Deputy Executive Director  
Charlotte Lenart, Licensing Manager  
James Rutkowski, Assistant Attorney General  
Elaine Yeatts, DHP Senior Policy Analyst
- WELCOME & INTRODUCTIONS:** Dr. Doyle welcomed the Board members, staff, and the general-public in attendance which consisted of Gerard Lawson, John Salay, Mike Carlin, Rick Gressard, Arnold Woodruff, Belle Childress, Cinda Caiella, Mira Signer, Katie Hellebush, and Becky Bowers-Lanier. He acknowledged and thanked the former Board members in attendance, Rick Gressard and Cinda Caiella, for their service to the Board.
- ADOPTION OF AGENDA:** Recommendation to revise the agenda and move item C of the new business to after the approval of the minutes was adopted as requested.
- PUBLIC COMMENT:** Mr. Salay supported the draft regulations for Qualified Mental Health Professionals (QMHPs) but suggested that the word "may" be changed to "must" in the QMHP experience requirements.
- Mr. Woodruff would like to know the status of his proposal to provide the MFT applicant with the approval to sit for the exam prior to applying for licensure.

- APPROVAL OF MINUTES:** A motion was made by Dr. Brendel and seconded by Ms. Sanchez-Jones to approve the minutes of the May 19, 2017 Board meeting. The motion passed unanimously to approve the minutes.
- DHP DIRECTOR'S REPORT:** Ms. Hahn requested that the Board consider a request from Delegate Kathleen Murphy to add two hours of continuing education in suicide prevention.
- CHAIRMAN REPORT:** No report but would like to thank the staff and would welcome any counseling related information or assistance that can be provided to Charlottesville, VA area residents. Staff will research if any information or links can be added to the Board of Counseling web page.
- EXECUTIVE DIRECTOR'S REPORT:** Executive Director, Ms. Hoyle, welcomed the new Board members, thanked the chair and organizers of the Board Development Day, staff, DMAS and DBHDS for working together on the development of the proposed emergency regulations for QMHPs and Peer Recovery Specialists. Ms. Hoyle informed the Board of recent board outreach and upcoming schedule for presentations. The Board's operating budget report as of June 30, 2017 was provided in the agenda packet.
- DEPUTY EXECUTIVE DIRECTOR'S DISCIPLINE REPORT:** Ms. Lang reported that the current disciplinary process would be used for Peer Recovery Specialists and QMHP. The current received, open and closed report as of June 30, 2017 was provided in the agenda packet.
- LICENSING MANAGER'S REPORT:** Mrs. Lenart reported as of the end of fiscal year 2017 the Board of Counseling regulated 7,808 licensees. The current status of each credential as of June 30, 2017 was provided in the agenda packet.
- BOARD COUNSEL REPORT:** No report but would like for the Board to adopt an expert witness standard using either the Virginia medical malpractice standard or the traditional Virginia standard. After discussion of the different standards, Dr. Brendel made a motion to accept the traditional Virginia standard. The motion was seconded by Ms. Engelken and passed unanimously.
- BOARD OF HEALTH PROFESSIONS REPORT:** No report but would like for the regulatory committee to discussed the Joint Guidance Document on Assessment Titles and Signatures at their next scheduled meeting.
- REGULATORY COMMITTEE REPORT:** Dr. Brendel would like to thank everyone that was involved in the development of the proposed Peer Recovery Specialist and QMHP emergency regulations. The latest drafts were provided in the agenda packet with the regulatory committee draft minutes of July 21, 2017.

The next Regulatory Committee meeting is scheduled for November 2, 2017 at 1:00 p.m.

**LEGISLATIVE REPORT:**

Ms. Yeatts provided a chart of current regulatory actions as of August 18, 2017 that listed:

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling acceptance of doctoral practicum/internship hours towards residency requirements (action 4829) -NOIRA Register date 9/4/17 and the comment period ends 10/4/17
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling requirement for CACREP accreditation for educational programs (action 4259) -proposed Register date 5/15/17 and the comment period ended 7/14/17
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling exemption from CE requirement for new licensees (action 4856) –fast-track DPB review in progress [stage 7979]
- 18VAC 115-30 Regulations Governing the Certification of Substance Abuse Counselors updating and clarifying regulations (Action 4691) –proposed –at Attorney General's Office [stage 8021].

**ELECTION OF OFFICERS**

Dr. Brendel moved that Dr. Doyle be re-elected as Chairperson. The motion was seconded by Dr. Tinsley and passed unanimously. There were two nominations for vice chairman, Jane Engelken and Danielle Hunt. The Board voted to unanimously elect Ms. Engelken as vice chairman.

**UNFINISHED BUSINESS:**

None.

**NEW BUSINESS:**

The 2017 session of the Virginia Assembly passed legislation authorizing the Board of Counseling to register peer recovery specialists and qualified mental health professionals. This legislation also required the Board of Counseling to promulgate regulations to implement the provisions of this legislation within 280 days. To accomplish this task, DHP and Board of Counseling staff coordinated throughout the year with staff from the Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services to develop the draft emergency regulations.

Adoption of Emergency Regulations for the Registration of Peer Recovery Specialist as required by House Bill 2095 (2017)

A motion was made by Ms. Hunt to accept the emergency regulations (see attachment A) and move forward with the Notice on Intended Regulatory Action (NOIRA) to replace the emergency regulations. Dr. Brendel seconded the motion and it passed unanimously.

Adoption of Emergency Regulations for the Registration of Qualified Mental Health Professionals (QMHP) as required by House Bill 2095 (2017).

Minor changes were made to the draft regulations. Dr. Brendel made a motion to approve the regulations that would include revised definitions of 'collaborative mental health services' & 'Qualified mental health professional or QMHP' as written in section 18VAC115-80-10 (see attachment B). Ms.

Engelken seconded the motion to accept the change and it passed unanimously.

Dr. Brendel moved that the supervised experience to be obtained in the registration requirements should be changed to within a five-year period immediately preceding application for registration and as specified in subsection C of section (18VAC115-80-40). Dr. Tinsley seconded this motion to accept the change and it passed unanimously.

Dr. Brendel moved that the supervised experience to be obtained in the registration requirements should be changed to within a five-year period immediately preceding application for registration and as specified in subsection C of section (18VAC115-80-50). Ms. Engelken seconded the motion to accept the change and it passed unanimously.

Ms. Engelken made a motion to change the wording in the grandfathering section of the Regulations to state the employer would attest that the person met the qualifications for a QMHP-A or a QMHP-C during the time of employment instead of at the time of employment. Dr. Brendel seconded the motion and it passed unanimously.

Ms. Hunt made a motion to accept all of the revised changes to the draft emergency regulations. Dr. Brendel seconded the motion and it passed unanimously.

Ms. Hunt made a motion to adopt the revised draft changes to the emergency regulations and to move forward with the NOIRA. Dr. Jackson seconded the motion and it passed unanimously.

Adoption of Final Regulations requiring CACREP accreditation for Licensed Professional Counselors (LPC)

Dr. Brendel made a motion to accept the revised changes to section 18VAC115-20-49 of the LPC regulations degree program requirements (see attachment C). Dr. Tinsley seconded the motion and it passed unanimously.

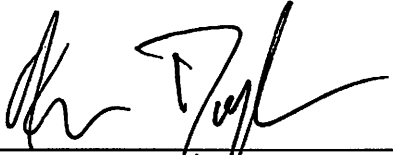
Mr. Alvarez made a motion to publish the revised draft for thirty days of public comment. Dr. Tinsley seconded the motion and it passed with 10 in favor. Dr. Brendel voted against.

**NEXT MEETING:**

The next Quarterly Board Meeting is scheduled for November 3, 2017 at 10:00 a.m.

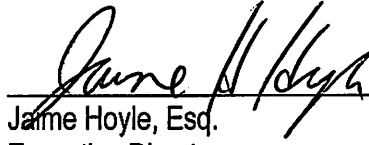
**ADJOURN:**

The meeting adjourned at 3:27 p.m.



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



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Jaime Hoyle, Esq.  
Executive Director

## ATTACHMENT A

### Project 5240 - Emergency/NOIRA

#### BOARD OF COUNSELING

#### Initial regulations for registration

#### CHAPTER 70

#### 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" shall mean the Virginia Board of Counseling.

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

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

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

"Registered peer recovery specialist" 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. 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:

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

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

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

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

**Part II. Requirements for registration and renewal.**

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

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

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. 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.

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

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

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

c. Crisis intervention;

d. Values for role of recovery support specialist;

e. Basic principles related to health and wellness;

f. Stage appropriate pathways in recovery support;

g. Ethics and boundaries;

h. Cultural sensitivity and practice;

i. Trauma and impact on recovery;

j. Community resources; or

k. Delivering peer services within agencies and organizations.



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

1. Federal, state, or local governmental agencies, public school systems, or licensed health facilities.

2. The American Association for Marriage and Family Therapy and its state affiliates.

3. The American Association of State Counseling Boards.

4. The American Counseling Association and its state and local affiliates.

5. The American Psychological Association and its state affiliates.

6. The Commission on Rehabilitation Counselor Certification.

7. NAADAC, the Association for Addiction Professionals and its state and local affiliates.

8. National Association of Social Workers.

9. National Board for Certified Counselors.

10. A national behavioral health organization or certification body recognized by the board.

11. Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

12. An agency or organization approved by DBHDS.

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

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

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

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

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

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

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

### **Part III. Standards of Practice; Disciplinary Actions; Reinstatement.**

#### **18VAC115-70-70. Standards of practice.**

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

B. Persons registered by the board shall:

1. Practice in a manner that is the best interest of the public and does not endanger the public health, safety, or welfare.
2. Be able to justify all services rendered to clients as necessary.
3. Practice only within the competency area for which they are qualified by training or experience.

4. Report to the board known or suspected violations of the laws and regulations governing the practice of registered peer recovery specialists or qualified mental health professionals.

5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals based on the best interest of clients.

6. Stay abreast of new developments, concepts, and practices which are necessary to providing appropriate services.

7. Document the need for and steps taken to terminate services when it becomes clear that the client is not benefiting from the relationship.

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

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

2. Disclose client records to others only in accordance with applicable law.

3. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

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

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, or which would impair the practitioner's objectivity and professional judgment, or increase

the risk of client exploitation. This prohibition includes, but is not limited to, such activities as providing services to close friends, former sexual partners, employees, or relatives; or engaging in business relationships with clients.

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five (5) years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

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

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

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

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

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of peer recovery specialists or qualified mental health professionals, or any provision of this chapter;

2. Procuring or maintaining a registration, including submission of an application or applicable board forms, by fraud or misrepresentation;
3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public; or if one is unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition;
4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of 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 or clients;
8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;
9. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or
10. Failure to report evidence of child abuse or neglect as required in §63.2-1509 of the Code of Virginia, or elder abuse or neglect as required in §63.2-1606 of the Code of Virginia.

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

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

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

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration;

3. Submit evidence of current certification as a peer recovery specialist as prescribed by DBHDS in 12VAC35-250-30.

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

## ATTACHMENT B

Project 5242 - Emergency/NOIRA

### BOARD OF COUNSELING

#### Initial regulations for registration

#### CHAPTER 80

#### 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 United States Department of Education College Accreditation database found on the United State Department of Education website.

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

"Board" shall mean 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 and is a pre-requisite for licensure by the Boards of Counseling, Psychology, or Social Work.

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

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

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

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

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

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

"Registrant" means a QMHP registered with the board.

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

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

<u>Registration</u>	<u>\$50</u>
<u>Renewal of registration</u>	<u>\$30</u>
<u>Late renewal</u>	<u>\$20</u>
<u>Reinstatement of a lapsed registration</u>	<u>\$75</u>
<u>Duplicate certificate of registration</u>	<u>\$10</u>



<u>Returned check</u>	<u>\$35</u>
<u>Reinstatement following revocation or suspension</u>	<u>\$500</u>

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

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

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

**Part II. Requirements for registration.**

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

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

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

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

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

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

C. Experience required for registration.

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

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

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

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

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

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

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

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

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

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

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

C. Experience required for registration.

1. In order to be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subsection B 1 of this section shall provide documentation of 1,500 hours of experience in providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-C and under the

supervision of a licensed mental health professional or a person under supervision approved by a board as a pre-requisite for licensure under the Boards of Counseling, Psychology, or Social Work.

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

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

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

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

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

#### **Part III. Renewal of registration.**

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

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

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

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

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

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

1. Federal, state, or local governmental agencies, public school systems, or licensed health facilities; and

2. Entities approved for continuing education by a health regulatory board within the Department of Health Professions.

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

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

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

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

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

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

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

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

**18VAC115-80-90. Standards of practice.**

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

B. Persons registered by the board shall:

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

5. Stay abreast of new developments, concepts, and practices which are necessary to providing appropriate services.

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

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

2. Disclose client records to others only in accordance with applicable law.

3. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

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

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, or which would impair the practitioner's objectivity and professional judgment, or increase the risk of client exploitation. This prohibition includes, but is not limited to, such activities as providing services to close friends, former sexual partners, employees, or relatives; or engaging in business relationships with clients.

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five (5) years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation

of or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

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

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

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

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

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of qualified mental health professionals, or any provision of this chapter;

2. Procuring or maintaining a registration, including submission of an application or applicable board forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public; or if one is unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition;

4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of qualified mental health professionals, or any regulation in this chapter;



5. Performance of functions outside the board-registered area of competency;
6. Performance of an act likely to deceive, defraud, or harm the public;
7. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;
8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;
9. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or
10. Failure to report evidence of child abuse or neglect as required in §63.2-1509 of the Code of Virginia, or elder abuse or neglect as required in §63.2-1606 of the Code of Virginia.

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

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

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

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

C. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for

reinstatement of registration as prescribed in 18VAC115-80-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.