

AGENDA
BOARD OF PSYCHOLOGY
Regulatory Committee Meeting
February 13, 2017- Training Room 2

12:00 Noon **Call to Order**–James Werth, Jr., Ph.D., Chair

- Welcome and Introductions
- Emergency Evacuation Instructions
- Adoption of Agenda

Public Comment

Approval of Minutes

Review of Regulations Governing the Practice of Psychology

- Title 18 VAC125-20-150
- Comparison of VA & ASPPB Model Code of Conduct provided by Herb
- Standards of Practice Review provided by Jenn
- Lawriter OAC

Psych Assessment Guidance Document Revised Post Meeting

- JD edits of Psych Assessment Guidance document revised post meeting

5:00 PM **Adjourn**

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Training Room 2

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

**THE VIRGINIA BOARD OF PSYCHOLOGY
REGULATORY COMMITTEE MINUTES
May 16, 2016**

The Virginia Board of Psychology ("Board") Regulatory Committee meeting convened at 10:15 a.m. on May 16, 2016 at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Herbert Stewart, Ph.D., Board Chair, called the meeting to order, in the absence of William Hathaway, Ph.D., Committee Chair.

BOARD MEMBERS PRESENT: William Hathaway, Ph.D., Chair
Giordana Altin de Popiolek, Psy.D
Barbara Peery, Ph.D.
Thomas Ryan, Ph.D.
Herbert Stewart, Ph.D.
Susan Wallace, Ph.D.
James Werth, Jr., Ph.D.

DHP STAFF PRESENT: Sarah Georgen, Licensing Manager
Deborah Harris, Licensing Manager
Jaime Hoyle, Executive Director
Charlotte Lenart, Licensing Specialist
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst

ESTABLISHMENT OF A QUORUM:

With six members of the Committee present, a quorum was established. At 10:32am Dr. Hathaway arrived making seven members of the Committee present. Dr. Hathaway thanked Dr. Stewart for conducting the meeting in his absence.

EMERGENCY EGRESS:

Dr. Stewart announced the Emergency Egress Procedures.

ADOPTION OF AGENDA:

The agenda was accepted as written.

PUBLIC COMMENT:

There was no public comment.

APPROVAL OF MINUTES:

Upon a motion by Dr. Werth, the meeting minutes from June 16, 2015 were approved as written. The motion was seconded and carried.

UNFINISHED BUSINESS:

Psychological Assessments

The Board discussed the possibility of creating an inter-disciplinary committee that would include each Board of the Behavioral Sciences Unit in order develop a guidance documentation regarding the use of the term “psychological assessment.” Ms. Hoyle agreed to work with each of the Behavioral Sciences Boards on the creation of the inter-disciplinary committee.

Dr. Hathaway agreed to represent the Board of Psychology and begin the process by completing a preliminary draft of a guidance document on psychological assessments to be reviewed by the Board and the proposed inter-disciplinary committee.

Telehealth Therapy

Dr. Stewart made a motion, which was properly seconded, to create a subcommittee consisting of Dr. Stewart, Dr. Wallace and Dr. Werth to review and make recommendations related to language regarding telehealth therapy to be included in the Regulations and develop a Guidance Document.

BREAK:

The Committed broke for lunch at 11:45am and reconvened at 12:08 p.m.

NEW BUSINESS:

Standards of Practice Review

Following discussion of the Standards of Practice of the Regulations Governing the Practice of Psychology and the Regulations Governing the Certification of Sex Offender Treatment Providers, the Committee agreed to review and make recommendations to Ms. Hoyle to be discussed at the next meeting. Ms. Hoyle will collect the comments from each member and provide the recommendations in a form of the draft document.

Upon a motion by Dr. Wallace, which was seconded and carried, the Committee voted to issue a Notice of Periodic Review.

Applied Psychology Review

The Committee reviewed the letter received by the Association of State and Provincial Psychology Boards (“ASPPB”) regarding their examination program. After discussion by the Committee, it was decided that the Board would look to professional applied psychology organizations and to Licensed Applied Psychologist for input and guidance regarding the requirements and standards of practice for Applied Psychologists.

Exemptions to Licensure

Ms. Yeatts recommended that the Committee seek legal guidance from the Attorney General's office on the interpretation of exceptions from licensure specifically regarding out-of-state providers testifying as expert witnesses in Virginia.

ASPPB Report

Dr. Werth and Dr. Stewart attended the ASPPB Midyear Meeting from May 4 -7, 2016 in Anchorage, Alaska. Dr. Werth provided a written summary of his view of the major points of discussion from the meeting.

Dr. Stewart made a motion to refer to the Virginia Academy of Clinical Psychologists ("VACP") their preliminary opposition or agreement to the Psychology Inter-jurisdictional Compact ("PSYPACT"). After discussion, Dr. Stewart withdrew his motion. Instead the Board decided to discuss the issues at a subsequent Board meeting.

NEXT BOARD MEETING:

The Regulatory Board Committee decided to meet again in July or August 2016 with the day to be determined based on availability.

ADJOURNMENT

The Board meeting was adjourned at 1:57 p.m.

Jaime Hoyle, Executive Director

William Hathaway, Ph.D., Chair

Review of Regulations Governing the Practice of Psychology

Standards of Practice – Comparison of Behavioral Science Boards

Part VI – Regulations of the Board of Psychology

Part VI – Regulations for Professional Counselors

Part V – Regulations for Social Work

Part VI. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.

18VAC125-20-150. 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. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences.

B. Persons licensed by the board shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by training and appropriate experience. Delegate to their employees, supervisees, residents and research assistants only those responsibilities such persons can be expected to perform competently by education, training and experience. Take ongoing steps to maintain competence in the skills they use;
2. When making public statements regarding credentials, published findings, directory listings, curriculum vitae, etc., ensure that such statements are neither fraudulent nor misleading;
3. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;
4. Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;
5. 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. Not exploit or mislead people for whom they provide professional services. Be alert to and guard against misuse of influence;
6. Avoid dual relationships with patients, clients, residents or supervisees that could impair professional judgment or compromise their well-being (to include but not limited to treatment of close friends, relatives, employees);
7. Withdraw from, adjust or clarify conflicting roles with due regard for the best interest of the affected party or parties and maximal compliance with these standards;
8. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a

psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Since sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation;

9. Keep confidential their professional relationships with patients or clients and disclose client records to others only with written consent except: (i) when a patient or client is a danger to self or others, (ii) as required under §32.1-127.1:03 of the Code of Virginia, or (iii) as permitted by law for a valid purpose;

10. Make reasonable efforts to provide for continuity of care when services must be interrupted or terminated;

11. Inform clients of professional services, fees, billing arrangements and limits of confidentiality before rendering services. Inform the consumer prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment. Avoid bartering goods and services. Participate in bartering only if it is not clinically contraindicated and is not exploitative;

12. Construct, maintain, administer, interpret and report testing and diagnostic services in a manner and for purposes which are appropriate;

13. Keep pertinent, confidential records for at least five years after termination of services to any consumer;

14. Design, conduct and report research in accordance with recognized standards of scientific competence and research ethics; and

15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology.

18VAC125-20-160. Grounds for disciplinary action or denial of licensure.

The board may take disciplinary action or deny a license for any of the following causes:

1. Conviction of a felony, or a misdemeanor involving moral turpitude;
2. Procuring of a license by fraud or misrepresentation;
3. Misuse of drugs or alcohol to the extent that it interferes with professional functioning;
4. Negligence in professional conduct or violation of practice standards including but not limited to this chapter;
5. Performing functions outside areas of competency;
6. Mental, emotional, or physical incompetence to practice the profession;

7. Failure to comply with the continued competency requirements set forth in this chapter; or
8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession regulated or any provision of this chapter.

Part VI. 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 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 United States 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 clients' 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 (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) or ten years following termination, whichever 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.) 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 sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a sexual relationship. Counselors shall not engage in sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Counselors who engage in such relationship 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 sexual relationship or establish a counseling or psychotherapeutic relationship with a supervisee. Counselors shall avoid any non-sexual dual relationship with a supervisee 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 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 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.

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.

Part V. Standards of Practice.

18VAC140-20-150. Professional conduct.

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 telephone or electronically, these standards shall apply to the practice of social work.

B. Persons licensed as social workers and clinical social workers shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for diagnostic or therapeutic purposes.
2. Provide for continuation of care when services must be interrupted or terminated.
3. Practice only within the competency areas for which they are qualified by education and experience.
4. Report to the board known or suspected violations of the laws and regulations governing the practice of social work.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.
6. Ensure that clients are aware of fees and billing arrangements before rendering services.
7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.
8. Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.
9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.
10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.
11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

12. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

C. In regard to client records, persons licensed by the board shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia on health records privacy and shall:

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates diagnosis and treatment plans. Each record shall include a diagnosis and treatment plan, progress notes for each case activity, information received from all collaborative contacts and the treatment implications of that information, and the termination process and summary.

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. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative or as mandated by law.

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their 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.

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

a. At minimum, records of a minor child shall be maintained for six years after attaining the age of majority or 10 years following termination, whichever comes later.

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

c. Records that have been transferred to another mental health professional or have been given to the client or his legally authorized representative.

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

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include, but are not limited to, familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Social workers 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 have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Social workers shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Social workers who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitive nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a social worker does not change the nature of the conduct nor lift the regulatory prohibition.

3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Social workers 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.

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

5. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the social worker in his professional capacity.

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 licensed 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.

18VAC140-20-160. Grounds for disciplinary action or denial of issuance of a license or registration.

The board may refuse to admit an applicant to an examination; refuse to issue a license or registration to an applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke a license or registration for one or more of the following grounds:

1. Conviction of a felony or of a misdemeanor involving moral turpitude;
2. Procurement of license by fraud or misrepresentation;
3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.

4. Being unable to practice social work with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;
5. Conducting one's practice in a manner contrary to the standards of ethics of social work or in violation of 18VAC140-20-150, standards of practice;
6. Performing functions outside the board-licensed area of competency;
7. Failure to comply with the continued competency requirements set forth in 18VAC140-20-105; and
8. Violating or aiding and abetting another to violate any statute applicable to the practice of social work or any provision of this chapter; and
9. Failure to provide supervision in accordance with the provisions of 18VAC140-20-50 or 18VAC140-20-60.

From: [Hoyle, Jaime \(DHP\)](#)
Cc: [Harris, Deborah \(DHP\)](#); [Lang, Jennifer \(DHP\)](#); [Evans, Christy \(DHP\)](#)
Subject: FW: Regulatory review materials
Date: Wednesday, January 18, 2017 4:45:25 PM
Attachments: [Comparison of Va and ASPPB MODEL CODE OF CONDUCT.docx](#)

Please see the attached email and information from Herb. Thanks - see you next week!

Jaime

Dear board members. I hope everyone is having a nice start to the new year. Attached please find a document comparing our standards of practice with the ASPPB model regulations. As previously discussed, I would like all of us to take a look at our current regs with an eye to improving clarity and completeness. At the same time, we don't want an overly lengthy document.

I would like to suggest for your consideration wording for two additions that we have begun to discuss in a previous regulatory meeting. The language tracks that adopted by consensus by the APA [in (a) and (b)] and by Virginia legislators in consultation with advocacy groups [in (c)].

1. Avoiding harm.

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates section (a).

[Reference: The APA, following extensive debate and a public comment period, adopted this revision to its ethics code, effective 1/1/17: <http://www.apa.org/ethics/code/standard-304.aspx>]

(c) Psychologists do not engage in conversion therapy with any person under 18 years of age. "Conversion therapy" 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.

[Reference: this tracks the language in previously-introduced legislation: <https://lis.virginia.gov/cgi-bin/legp604.exe?161+sum+SB267>]

We will be discussing review of our standards of practice at our regulatory meeting, but I wanted to get this out for consideration by the full board as well.

Second, I am pleased that Alex Siegel will be joining us at the board meeting to discuss PSYPACT. I hope that he will be able to answer questions and concerns about this initiative and that we will be in a position to begin to move forward with the legislative process by mid-year.

I look forward to seeing everyone at our next meetings.

ASPPB MODEL CODE OF CONDUCT	18VAC125-20-150. Standards of practice.
I. INTRODUCTION	
<p>A. Purpose. The rules within this Code of Conduct constitute the standards against which the required professional conduct of a psychologist is measured.</p>	<p>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.</p> <p>Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences.</p>
<p>B. Scope. The psychologist shall be governed by this Code of Conduct whenever providing psychological services in any context. This Code shall not supersede state, federal or provincial statutes. This Code shall apply to the conduct of all licensees and applicants, including the applicant’s conduct during the period of education, training, and employment which is required for licensure. The term “psychologist,” as used within this Code, shall be interpreted accordingly.</p>	<p>B. Persons licensed by the board shall:</p>
<p>C. Responsibility for own actions. The psychologist shall be responsible for his/her own professional decisions and professional actions.</p>	
<p>D. Violations. A violation of this Code of Conduct constitutes unprofessional conduct and is sufficient reason for disciplinary action or denial of either original licensure or reinstatement of licensure.</p>	<p>18VAC125-20-160. Grounds for disciplinary action or denial of licensure. The board may take disciplinary action or deny a license for any of the following causes:</p> <ol style="list-style-type: none"> 1. Conviction of a felony, or a misdemeanor involving moral turpitude; 2. Procuring of a license by fraud or misrepresentation; 3. Misuse of drugs or alcohol to the extent that it interferes with professional functioning; 4. Negligence in professional conduct or violation of practice standards including but not limited to this chapter; 5. Performing functions outside areas of competency; 6. Mental, emotional, or physical incompetence to practice the profession; 7. Failure to comply with the continued competency requirements set forth in this chapter; or 8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession regulated or any provision of this chapter.
<p>E. Aids to interpretation. Ethics codes and standards for providers promulgated by the American Psychological Association, the Canadian Psychological Association, and other relevant professional groups shall be used as an aid in resolving ambiguities which may arise in the interpretation of this Code of Conduct, except that this Code of Conduct shall prevail whenever any conflict exists between this Code and any professional association standard.</p>	

<p>II. DEFINITIONS</p>	<p>§ 54.1-3600. Definitions.</p> <p>As used in this chapter, unless the context requires a different meaning:</p> <p>"Applied psychologist" means an individual licensed to practice applied psychology.</p> <p>"Board" means the Board of Psychology.</p> <p>"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-2924.1, 54.1-3005, 54.1-3505, 54.1-3611, and 54.1-3705 and the regulations promulgated pursuant to these provisions.</p> <p>"Clinical psychologist" means an individual licensed to practice clinical psychology.</p> <p>"Practice of applied psychology" means application of the principles and methods of psychology to improvement of organizational function, personnel selection and evaluation, program planning and implementation, individual motivation, development and behavioral adjustment, as well as consultation on teaching and research.</p> <p>"Practice of clinical psychology" includes, but is not limited to:</p> <ol style="list-style-type: none"> 1. "Testing and measuring" which consists of the psychological evaluation or assessment of personal characteristics such as intelligence, abilities, interests, aptitudes, achievements, motives, personality dynamics, psychoeducational processes, neuropsychological functioning, or other psychological attributes of individuals or groups. 2. "Diagnosis and treatment of mental and emotional disorders" which consists of the appropriate diagnosis of mental disorders according to standards of the profession and the ordering or providing of treatments according to need. Treatment includes providing counseling, psychotherapy, marital/family therapy, group therapy, behavior therapy, psychoanalysis, hypnosis, biofeedback, and other psychological interventions with the objective of modification of perception, adjustment, attitudes, feelings, values, self-concept, personality or personal goals, the treatment of alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, pain, injury or disability. 3. "Psychological consulting" which consists of interpreting or reporting on scientific theory or research in psychology, rendering expert psychological or clinical psychological opinion, evaluation, or engaging in applied psychological research, program or organizational development, administration, supervision or evaluation of psychological services. <p>"Practice of psychology" means the practice of applied psychology, clinical psychology or school psychology.</p> <p>The "practice of school psychology" means:</p> <ol style="list-style-type: none"> 1. "Testing and measuring" which consists of psychological assessment, evaluation and diagnosis relative to the assessment of intellectual ability, aptitudes, achievement, adjustment, motivation, personality or any other psychological attribute of persons as individuals or in groups that directly relates to
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learning or behavioral problems that impact education.

2. "Counseling" which consists of professional advisement and interpretive services with children or adults for amelioration or prevention of problems that impact education.
Counseling services relative to the practice of school psychology include but are not limited to the procedures of verbal interaction, interviewing, behavior modification, environmental manipulation and group processes.

3. "Consultation" which consists of educational or vocational consultation or direct educational services to schools, agencies, organizations or individuals. Psychological consulting as herein defined is directly related to learning problems and related adjustments.

4. Development of programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher involvement in adaptations and innovations.

"Psychologist" means a person licensed to practice school, applied or clinical psychology.
"School psychologist" means a person licensed by the Board of Psychology to practice school psychology.

18VAC125-20-10. Definitions.
The following words and terms, in addition to the words and terms defined in §54.1-3600 of the Code of Virginia, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"APA" means the American Psychological Association.
"APPIC" means the Association of Psychology Postdoctoral and Internship Centers.
"Board" means the Virginia Board of Psychology.
"Candidate for licensure" means a person who has satisfactorily completed the appropriate educational and experience requirements for licensure and has been deemed eligible by the board to sit for the required examinations.
"Demonstrable areas of competence" means those therapeutic and assessment methods and techniques, and populations served, for which one can document adequate graduate training, workshops, or appropriate supervised experience.
"Internship" means an ongoing, supervised and organized practical experience obtained in an integrated training program identified as a psychology internship. Other supervised experience or on-the-job training does not constitute an internship.
"NASP" means the National Association of School Psychologists.
"NCATE" means the National Council for the Accreditation of Teacher Education.
"Practicum" means the pre-internship clinical experience that is part of a graduate educational program.
"Professional psychology program" means an integrated program of doctoral study designed to train professional psychologists to deliver services in psychology.
"Regional accrediting agency" means one of the six regional accrediting agencies recognized by the United States Secretary

	<p>of Education established to accredit senior institutions of higher education.</p> <p>"Residency" means a post-internship, post-terminal degree, supervised experience approved by the board.</p> <p>"School psychologist-limited" means a person licensed pursuant to §54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions.</p> <p>"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual consultation, guidance and instruction with respect to the skills and competencies of the person supervised.</p> <p>"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person and provides the supervision required by such a person.</p>
<p>A. Client. "Client" means one who engages the professional services or advice of a psychologist. Clients may include individuals, couples, families, groups or organizations. In the case of individuals with legal guardians, including minors and legally incompetent adults, the legal guardian shall be the client for decision making purposes, except that the individual receiving services shall be the client for:</p> <ol style="list-style-type: none"> 1. Issues directly affecting the physical or emotional safety of the individual, such as sexual or other exploitive multiple relationships, and 2. Issues specifically reserved to the individual, and agreed to by the guardian prior to rendering of services, such as confidential communication in a therapy relationship. 	
<p>B. Confidential Information. "Confidential information" means information revealed by a client or clients or otherwise obtained by a psychologist, where there is reasonable expectation that because of the relationship between the client(s) and the psychologist, or the circumstances under which the information was revealed or obtained, the information shall not be disclosed by the psychologist without the informed written consent of the client(s).</p>	
<p>C. Court order. "Court order" means the written or oral communication of a member of the judiciary, or other court magistrate or administrator, if such authority has been lawfully delegated to such magistrate or administrator.</p>	
<p>D. Licensed. "Licensed" means licensed, certified, registered, or any other term when such term identifies a person whose professional behavior is subject to regulation by the Board.</p>	

<p>E. Professional relationship. “Professional relationship” means a mutually agreed upon relationship between a psychologist and a client(s) for the purpose of the client(s) obtaining the psychologist’s professional expertise.</p>	
<p>F. Professional service. “Professional service” means all actions of the psychologist in the context of a professional relationship with a client.</p>	
<p>G. Supervisee. “Supervisee” means any person who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services.</p>	

III. RULES OF CONDUCT	
A. Competence	
1. Limits on practice. The psychologist shall limit practice and supervision to the areas of competence in which proficiency has been gained through education, training, and experience.	1. Provide and supervise only those services and use only those techniques for which they are qualified by training and appropriate experience.
2. Maintaining competency. The psychologist shall maintain current competency in the areas in which he/she practices, through continuing education, consultation, and/or other procedures, in conformance with current standards of scientific and professional knowledge.	Take ongoing steps to maintain competence in the skills they use;
3. Accurate representation. A licensee shall accurately represent his or her areas of competence, education, training, experience, and professional affiliations to the board, the public, and colleagues.	2. When making public statements regarding credentials, published findings, directory listings, curriculum vitae, etc., ensure that such statements are neither fraudulent nor misleading ;
4. Adding new services and techniques. The psychologist, when developing competency in a service or technique that is either new to the psychologist or new to the profession, shall engage in ongoing consultation with other psychologists or relevant professionals and shall seek appropriate education and training in the new area. The psychologist shall inform clients of the innovative nature and the known risks associated with the services, so that the client can exercise freedom of choice concerning such services.	
5. Referral. The psychologist shall make or recommend referral to other professional, technical, or administrative resources when such referral is clearly in the best interests of the client.	3. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;
6. Sufficient professional information. A psychologist rendering a formal professional opinion about a person, for example about the fitness of a parent in a custody hearing, shall not do so without direct and substantial professional contact with or a formal assessment of that person.	
7. Maintenance and retention of records.	

<p>a. The psychologist rendering professional services to an individual client (or a dependent), or services billed to a third party payor, shall maintain professional records that include:</p> <ul style="list-style-type: none"> i. the name of the client and other identifying information, ii. the presenting problem(s) or purpose or diagnosis, iii. the fee arrangement, iv. the date and substance of each billed or service-count contractor service, v. any test results or other evaluative results obtained and any basic test data from which they were derived, vi. notation and results of formal consults with other providers, vii. a copy of all test or other evaluative reports prepared as part of the professional relationship, viii. any releases executed by the client 	
<p>b. To meet the requirements of this rule, so as to provide a formal record for review, but not necessarily for other legal purposes, the psychologist shall assure that all data entries in the professional records are maintained for a period of not less than five years after the last date that service was rendered or for a longer period if required by law.</p>	<p>13. Keep pertinent, confidential records for at least five years after termination of services to any consumer;</p>
<p>c. The psychologist shall store and dispose of written, electronic and other records in such a manner as to insure their confidentiality. The psychologist shall maintain the confidentiality of all psychological records in the psychologist's possession or under the psychologist's control except as otherwise provided by law or pursuant to written or signed authorization of a client specifically requesting or authorizing release or disclosure of the client's psychological records.</p>	
<p>d. For each person professionally supervised, the psychologist shall maintain for a period of not less than five years after the last date of supervision a record that shall include, among other information, the type, place, and general content of the supervision.</p>	
<p>8. Continuity of care. The psychologist shall make arrangements for another appropriate professional or professionals to deal with emergency needs of his/her clients, as appropriate, during periods of his/her foreseeable absences from professional availability.</p>	<p>10. Make reasonable efforts to provide for continuity of care when services must be interrupted or terminated;</p>
<p>9. Providing supervision. The psychologist shall exercise appropriate supervision over supervisees, as set forth in the rules and regulations of the Boards.</p>	

<p>10. Delegating professional responsibility. The psychologists shall not delegate professional responsibilities to a person not appropriately credentialed or otherwise appropriately qualified to provide such services.</p>	<p>Delegate to their employees, supervisees, residents and research assistants only those responsibilities such persons can be expected to perform competently by education, training and experience.</p>
<p>B. Multiple Relationships</p>	
<p>1. Definition of multiple relationships. Psychologists recognize that multiple relationships may occur because of the psychologist's present or previous familial, social, emotional, financial, supervisory, political, administrative or legal relationship with the client or a relevant person associated with or related to the client. Psychologists take reasonable steps to ensure that if such a multiple relationship occurs, it is not exploitative of the client or a relevant person associated with or related to the client.</p>	<p>6. Avoid dual relationships with patients, clients, residents or supervisees that could impair professional judgment or compromise their well-being (to include but not limited to treatment of close friends, relatives, employees);</p> <p>7. Withdraw from, adjust or clarify conflicting roles with due regard for the best interest of the affected party or parties and maximal compliance with these standards;</p>
<p>2. Prohibited Multiple Relationships.</p> <p>a. A multiple relationship that is exploitative of the client or a relevant person associated with or related to the client is prohibited. Psychologists take all reasonable steps to ensure that any multiple relationships do not impair the psychologist's professional judgment or objectivity or result in a conflict of interest with the client or a relevant person associated with or related to the client.</p> <p>b. Multiple relationships that would not reasonably be expected to impair a psychologist's judgment or objectivity or risk harm to the client or relevant person associated with or related to the client are not expressly prohibited.</p>	

<p>3. Sexual Relationships</p> <p>a. Psychologists do not engage in sexual intimacies with current clients.</p> <p>b. Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients.</p> <p>c. Psychologists do not terminate the professional relationship to circumvent this standard.</p> <p>d. Psychologists do not accept as therapy clients persons with whom they have engaged in sexual intimacies.</p> <p>e. Psychologists do not engage in sexual intimacies with former clients to whom the psychologist has at any time within the previous 24 months provided a psychological service including but not limited to performing an assessment or rendering counseling, psychotherapeutic, or other professional psychological services for the evaluation, treatment or amelioration of emotional distress or behavioral inadequacy.</p> <p>f. The prohibitions set out in (e) above shall not be limited to the 24-month period but shall extend indefinitely if the client is proven to be clearly vulnerable, by reason of emotional or cognitive disorder, to exploitative influence by the psychologist.</p>	<p>8. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other) while providing professional services.</p> <p>For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services.</p> <p>Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition.</p> <p>Since sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation;</p>
<p>C. Impairment</p>	
<p>1. Impaired psychologist. The psychologist shall not undertake or continue a professional relationship with a client when the psychologist is, or could reasonably be expected by the Board to be, impaired due to mental, emotional, physiologic, pharmacologic, or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, shall notify the client in writing of the termination, and shall assist the client in obtaining services from another professional.</p>	<p>4. Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;</p>
<p>D. Client Welfare</p>	
	<p>5. 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. Not exploit or mislead people for whom they provide professional services. Be alert to and guard against misuse of influence;</p>
<p>1. Providing explanation of procedures. The psychologist shall give a truthful, understandable, and appropriate account of the client's condition to the client or to those responsible for the care of the client. The psychologist shall keep the client fully informed as to the</p>	

<p>purpose and nature of any evaluation, treatment, or other procedures, and of the client’s right to freedom of choice regarding services provided.</p>	
<p>2. Termination of services. Whenever professional services are terminated, if feasible, the psychologist shall offer to help locate alternative sources of professional services or assistance when indicated. The psychologist shall terminate a professional relationship when it is reasonably clear that the client is not benefiting from the relationship, and, if feasible, shall prepare the client appropriately for such termination. A psychologist may terminate a professional relationship when threatened or otherwise endangered by the client or another relevant person associated with or related to the client.</p>	
<p>3. Stereotyping. The psychologist shall not impose on the client any stereotypes of behavior, values, or roles related to age, gender, religion, race, disability, nationality, sexual orientation, or diagnosis which would interfere with the objective provision of psychological services to the client.</p>	
<p>4. Solicitation of business by clients. The psychologist providing services to an individual client shall not induce that client(s) to solicit business on behalf of the psychologist.</p>	
<p>5. Referrals on request. The psychologist providing services to a client shall, if feasible, make an appropriate referral of the client to another professional when requested to do so by the client.</p>	
<p>6. Harassment. Psychologists do not engage in any verbal or physical behavior with clients which is seductive, demeaning or harassing.</p>	
<p>E. Welfare of Supervisees, Research Participants and Students</p>	
<p>1. Welfare of supervisees. The psychologist shall not engage in any verbal or physical behavior with supervisees which is seductive, demeaning or harassing or exploit a supervisee in any way -- sexually, financially or otherwise</p> <p>2. Welfare of research participants. The psychologist shall respect the dignity and protect the welfare of his/her research participants, and shall comply with all relevant statutes and administrative rules concerning treatment of research participants.</p> <p>3. Welfare of students. The psychologist shall not engage in any verbal or physical behavior with students which is seductive, demeaning or harassing or exploit a student in any way – sexually, financially or otherwise.</p>	<p>14. Design, conduct and report research in accordance with recognized standards of scientific competence and research ethics;</p>
<p>F. Protecting Confidentiality of Clients</p>	
<p>1. In general. The psychologist shall safeguard the confidential information obtained in the course of practice, teaching, research, or other professional services. With the exceptions set forth below or in accordance with any federal, state or provincial statute or regulation, the psychologist shall disclose confidential information to</p>	<p>9. Keep confidential their professional relationships with patients or clients and disclose client records to others only with written consent except: (i) when a patient or client is a danger to self or others, (ii) as required under §32.1-127.1:03 of the Code of</p>

<p>others only with the informed written consent of the client.</p>	<p>Virginia, or (iii) as permitted by law for a valid purpose;</p>
<p>2. Disclosure without informed written consent. The psychologist may disclose confidential information without the informed written consent of the client when the psychologist judges that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the client on the client or another person. In such case, the psychologist shall limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems. When the client is an organization, disclosure shall be made only after the psychologist has made a reasonable and unsuccessful attempt to have the problems corrected within the organization.</p>	
<p>3. Services involving more than one interested party. In a situation in which more than one party has an appropriate interest in the professional services rendered by the psychologist to a client or clients, the psychologist shall, to the extent possible, clarify to all parties prior to rendering the services the dimensions of confidentiality and professional responsibility that shall pertain in the rendering of services. Such clarification is specifically indicated, among other circumstances, when the client is an organization.</p>	
<p>4. Multiple clients. When service is rendered to more than one client during a joint session, for example to a family or a couple or a parent and child or a group, the psychologist shall at the beginning of the professional relationship clarify to all parties the manner in which confidentiality will be handled. All parties shall be given opportunity to discuss and to accept whatever limitations to confidentiality adhere in the situation.</p>	
<p>5. Legally dependent clients. At the beginning of a professional relationship, to the extent that the client can understand, the psychologist shall inform a client who is below the age of majority or who has a legal guardian, of the limit the law imposes on the right of confidentiality with respect to his/her communications with the psychologist.</p>	
<p>6. Limited access to client records. The psychologist shall limit access to client records to preserve their confidentiality and shall assure that all persons working under the psychologist's authority comply with the requirements for confidentiality of client material.</p>	
<p>7. Release of confidential information. The psychologist may release confidential information upon court order, as defined in Section II of this Code, or to conform with state, federal or provincial law, rule, or regulation.</p>	

<p>8. Reporting of abuse of children and vulnerable adults. The psychologist shall be familiar with any relevant law concerning the reporting of abuse of children and vulnerable adults, and shall comply with such laws.</p>	
<p>9. Discussion of client information among professionals. When rendering professional services as part of a team or when interacting with other appropriate professionals concerning the welfare of the client, the psychologist may share confidential information about the client provided the psychologist takes reasonable steps to assure that all persons receiving the information are informed about the confidential nature of the information and abide by the rules of confidentiality.</p>	
<p>10. Disguising confidential information. When case reports or other confidential information is used as the basis of teaching, research, or other published reports, the psychologist shall exercise reasonable care to insure that the reported material is appropriately disguised to prevent client identification.</p>	
<p>11. Observation and electronic recording. The psychologist shall ensure that observation or electronic recording of a client occur only with the informed written consent of the client.</p>	
<p>12. Confidentiality after termination of professional relationship. The psychologist shall continue to treat as confidential information regarding a client after the professional relationship between the psychologist and the client has ceased.</p>	
<p>G. Representation of Services</p>	
<p>1. Display of license. The psychologist shall display his/her current (name of jurisdiction) license to practice psychology, on the premises of his/her professional office.</p>	
<p>2. Misrepresentation of qualifications. The psychologist shall not misrepresent directly or by implication his/her professional qualifications such as education, experience, or areas of competence.</p>	
<p>3. Misrepresentation of affiliations. The psychologist shall not misrepresent directly or by implication his/her affiliations, or the purposes or characteristics of institutions and organizations with which the psychologist is associated.</p>	
<p>4. False or misleading information. The psychologist shall not include false or misleading information in public statements concerning professional services offered.</p>	

<p>5. Misrepresentation of services or products. The psychologist shall not associate with or permit his/her name to be used in connection with any services or products in such a way as to misrepresent (a) the services or products, (b) the degree of his/her responsibility for the services or products, or (c) the nature of his/her association with the services or products.</p>	
<p>6. Correction of misrepresentation by others. The psychologist shall correct others who misrepresent the psychologist's professional qualifications or affiliations.</p>	
<p>H. Fees and Statements</p>	
<p>1. Disclosure of cost of services. The psychologist shall not mislead or withhold from the client, a prospective client, or third party payor, information about the cost of his/her professional services.</p>	<p>11. Inform clients of professional services, fees, billing arrangements and limits of confidentiality before rendering services. Inform the consumer prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment. Avoid bartering goods and services. Participate in bartering only if it is not clinically contraindicated and is not exploitative;</p>
<p>2. Reasonableness of fee. The psychologist shall not exploit the client or responsible payor by charging a fee that is excessive for the services performed or by entering into an exploitive bartering arrangement in lieu of a fee.</p>	
<p>I. Assessment Procedures</p>	
<p>1. Confidential information. The psychologist shall treat an assessment result or interpretation regarding an individual as confidential information.</p>	<p>12. Construct, maintain, administer, interpret and report testing and diagnostic services in a manner and for purposes which are appropriate;</p>
<p>1. Confidential information. The psychologist shall treat an assessment result or interpretation regarding an individual as confidential information.</p>	
<p>2. Communication of results. The psychologist shall accompany communication of results of assessment procedures to the client, parents, legal guardians or other agents of the client by adequate interpretive aids or explanations.</p>	
<p>3. Reservations concerning results. The psychologist shall include in his/her report of the results of a formal assessment procedure, for which norms are available, any deficiencies of the assessment norms for the individual assessed and any relevant reservations or qualifications which affect the validity, reliability, or other interpretation of results.</p>	
<p>4. Protection of integrity of assessment procedures. The psychologist shall not reproduce or describe in popular publications, lectures, or public presentations psychological tests or other assessment devices in ways that might invalidate them.</p>	

<p>5. Information for professional users. The psychologist offering an assessment procedure or automated interpretation service to other professionals shall accompany this offering by a manual or other printed materials which fully describes the development of the assessment procedure or service, the rationale, evidence of validity and reliability, and characteristics of the normative population. The psychologist shall explicitly state the purpose and application for which the procedure is recommended and identify special qualifications required to administer and interpret it properly. The psychologist shall ensure that the advertisements for the assessment procedure or interpretive service are factual and descriptive.</p>	
<p>J. Violations of Law</p>	
<p>1. Violation of applicable statutes. The psychologist shall not violate any applicable statute or administrative rule regulating the practice of psychology.</p> <p>2. Use of fraud, misrepresentation, or deception. The psychologist shall not use fraud, misrepresentation, or deception in obtaining a psychology license, in passing a psychology licensing examination, in assisting another to obtain a psychology license or to pass a psychology licensing examination, in billing clients or third party payors, in providing psychological service, in reporting the results of psychological evaluations or services, or in conducting any other activity related to the practice of psychology.</p>	
<p>K. Aiding Unauthorized Practice</p>	
<p>1. Aiding unauthorized practice. The psychologist shall not aid or abet another person in misrepresenting his/her professional credentials or in illegally engaging in the practice of psychology.</p>	
<p>2. Delegating professional responsibility. The psychologist shall not delegate professional responsibilities to a person not appropriately credentialed or otherwise appropriately qualified to provide such services. <i>[duplicate of A10]</i></p>	<p>Delegate to their employees, supervisees, residents and research assistants only those responsibilities such persons can be expected to perform competently by education, training and experience.</p>
<p>L. Reporting Suspected Violations</p>	
<p>1. Reporting of violations to Board. The psychologist who has substantial reason to believe that there has been a violation of the statutes or rules of the Board, that might reasonably be expected to harm a client, may report such violation to the Board, or if required by statute shall report to the Board. Unless required by statute, the client's name may be provided only with the written consent of the client.</p>	<p>15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology.</p>

<p>2. Providing information to client. When a psychologist learns from a client of a possible violation of the statutes or rules of the Board, or when a psychologist receives a request from a client for information on how to file a complaint with the Board, the psychologist has an <i>obligation to inform the client of the standards of practice of psychology and how to file a complaint</i> with the Board.</p>	
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BOARD OF PSYCHOLOGY

Standards of Practice Review

Professional Conduct

General Public Protection:

(LCP) 18VAC125-20-150.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. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences.

(CSOTP) 18VAC125-30-100.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 certified practitioners who provide services to sex offenders.

(Counseling)

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.

(Social Work)

Same as LPC.

Public Safety:

(LCP)

None

(CSOTP)

Practice in a manner that ensures community protection and safety.

(Counseling)

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

(Social Work)

None

Scope of Practice:

(LCP) 18VAC125-20-150.B(1)

Provide and supervise only those services and use only those techniques for which they are qualified by training and appropriate experience. Delegate to their employees, supervisees, residents and research assistants only those responsibilities such persons can be expected to perform competently by education, training and experience. Take ongoing steps to maintain competence in the skills they use.

(CSOTP) 18VAC125-30-100.B(3)

Provide only services and use only techniques for which they are qualified by training and experience.

(Counseling)

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.

(Social Work)

Practice only within the competency areas for which they are qualified by education and experience.

Ongoing training/concepts:

(LCP)

None

(CSOTP) 18VAC125-30-100.B(10)

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

(Counseling)

Stay abreast of new counseling information, concepts, applications and practices which are necessary to providing appropriate, effective professional services.

(Social Work)

None

Justify Services Rendered:

(LCP)

None

(CSOTP)

None

(Counseling)

Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes.

(Social Work)

Be able to justify all services rendered to or on behalf of clients as necessary for diagnostic or therapeutic purposes.

Continuation of Services:

(LCP) 18VAC125-20-150.B(10)

Make reasonable efforts to provide for continuity of care when services must be interrupted or terminated.

(CSOTP)

None

(Counseling)

Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness and disability.

(Social Work)

Provide for continuation of care when services must be interrupted or terminated.

Experimental Treatment:

(LCP)

None

(CSOTP)

None

(Counseling)

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.

(Social Work)

None

Referral of Services:

(LCP) 18VAC125-20-150.B(3)

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

(CSOTP)

None

(Counseling)

Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.

(Social Work)

Same as Counseling

Purpose, Techniques, Tests, Fees, etc.:

(LCP) 18VAC125-20-150.B(11)

Inform clients of professional services, fees, billing arrangements and limits of confidentiality before rendering services. Inform the consumer prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment. Avoid bartering goods and services. Participate in bartering only if it is not clinically contraindicated and is not exploitative.

(CSOTP) 18VAC125-30-100.B(4), (5), and (13)

(4) Inform sex offender clients of (i) the purposes of an interview, testing, or evaluation session; (ii) the ways in which information obtained in such sessions will be used before asking the sex offender client to reveal personal information or allowing such information to be divulged; (iii) the methods of interventions, including any experimental methods of treatment; and (iv) the risks and benefits of any treatment.

(5) Inform sex offender clients of the limits of confidentiality and any circumstances which may allow an exception to the agreed upon confidentiality, including (i) as obligated under dual-client situations, especially in criminal justice or related settings; (ii) when the client is a danger to self or others; (iii) when under court order to disclose information; (iv) in cases of suspected child abuse; and (v) as otherwise required by law.

(13) Provide clients with accurate information concerning tests, reports, billing, payment responsibilities, therapeutic regime, and schedules before rendering services.

(Counseling)

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.

(Social Work)

(6) Ensure that clients are aware of fees and billing arrangements before rendering services.

(7) Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.

Tests:

(LCP) 18VAC125-20-150.B(12)

Construct, maintain, administer, interpret and report testing and diagnostic services in a manner and for purposes which are appropriate.

(CSOTP) 18VAC125-30-100.B(15), (16), (17), and (18)

(15) Consider the validity, reliability, and appropriateness of assessments selected for use with sex offender clients. Where questions exist about the appropriateness of utilizing a particular assessment with a sex offender client, expert guidance from a knowledgeable, certified sex offender treatment provider shall be sought.

(16) Recognize the sensitivity of sexual arousal assessment testing and treatment materials, safeguard the use of such materials in compliance with § 18.2-374.1:1 of the Code of Virginia, and use them only for the purpose for which they are intended in a controlled penile plethysmographic laboratory assessment.

(17) Be aware of the limitations of plethysmograph and that plethysmographic data is only meaningful within the context of a comprehensive evaluation or treatment process or both.

(18) Be knowledgeable of the limitations of the polygraph and take into account its appropriateness with each individual client and special client population.

(Counseling)

Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms.

(Social Work)

None

Concurrent Services:

(LCP)

None

(CSOTP)

None

(Counseling)

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.

(Social Work)

As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.

Degrees and Titles:

(LCP)

None

(CSOTP)

None

(Counseling)

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.

(Social Work)

None

Advertising:

(LCP) 18VAC125-20-150.B(2)

When making public statements regarding credentials, published findings, directory listings, curriculum vitae, etc., ensure that such statements are neither fraudulent nor misleading.

(CSOTP)

None

(Counseling)

(LPC) Advertise professional services fairly and accurately in a manner which is not false, misleading or deceptive.

(CRP) Not engage in improper direct solicitation or 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.

(Social Work)

When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.

Personal Problems/Inadequate Services:

(LCP) 18VAC125-20-150.B(4)

Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

(CSOTP)

None

(Counseling)

Same as Psychology.

(Social Work)

Same as Psychology.

Additional Regulations:

(CSOTP) 18VAC125-30-100.B(2)

Treat all sex offender clients with dignity and respect, regardless of the nature of their crimes or offenses.

(CSOTP) 18VAC125-30-100.B(14)

Maintain cooperative and collaborative relationships with corrections/probation/parole officers or any responsible agency for purposes of the effective supervision and monitoring of a sex offender client's behavior in order to assure public safety.

(CSOTP) 18VAC125-30-100.B(19)

Comply with all laws of the Code of Virginia applicable to the practice of sex offender treatment providers.

BOARD OF PSYCHOLOGY

Standards of Practice Review

Reporting Requirements

Reporting Violations:

(LCP) 18VAC125-20-150.B(15)

Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of psychology.

(CSOTP) 18VAC125-30-100.B(12)

Report to the board known or suspected violations of the laws and regulations governing the practice of sex offender treatment providers, as well as any information that a sex offender treatment provider is unable to practice with reasonable skill and safety because of illness or substance abuse or otherwise poses a danger to himself, the public, or clients.

(Counseling)

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.

(Social Work)

(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 licensed 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.

(B.(4)) Report to the board known or suspected violations of the laws and regulations governing the practice of social work.

Client Right to Report:

(LCP)

None

(CSOTP)

None

(Counseling)

Similar to Social Work

(Social Work)

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 licensed 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.

BOARD OF PSYCHOLOGY

Standards of Practice Review

Patient Records and Confidentiality

Record Content:

(LCP)

None

(CSOTP)

None

(Counseling)

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.

(Social Work)

Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates diagnosis and treatment plans. Each record shall include a diagnosis and treatment plan, progress notes for each case activity, information received from all collaborative contacts and the treatment implications of that information, and the termination process and summary.

Record Security:

(LCP)

None

(CSOTP) 18VAC125-30-100.B(8)

Maintain sex offender client records securely, inform all employees of the rules applicable to the appropriate level of confidentiality, and provide for the destruction of records which are no longer useful.

(Counseling)

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.

(Social Work)

Same as Counseling

Record Release:

(LCP) 18VAC125-20-150.B(9)

Keep confidential their professional relationships with patients or clients and disclose client records to others only with written consent except: (i) when a patient or client is a danger to self or others, (ii) as required under § 32.1-127.1:03 of the Code of Virginia, or (iii) as permitted by law for a valid purpose.

(CSOTP)

None

(Counseling – CSAC)

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).

(Counseling – LPC)

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.

(Social Work)

B(8) Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.

C(3) Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative or as mandated by law.

Third Party Observation:

(LCP)

None

(CSOTP)

None

(Counseling)

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.

(Social Work)

Same as Counseling

Record Maintenance:

(LCP) 18VAC125-20-150.B(13)

Keep pertinent, confidential records for at least five years after termination of services to any consumer.

(CSOTP) 18VAC125-30-100.B(9)

Retain sex offender client records for a minimum of five years from the date of termination of services.

(Counseling)

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 a 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, whichever 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 provider or given to the client or his legally authorized representative.

(Social Work)

Maintain client records for a minimum of six years or as otherwise required by law from the date of termination of the therapeutic relationship with the following exceptions:

- a. At minimum, records of a minor child shall be maintained for six years after attaining the age of majority or 10 years following termination, whichever comes later.
- b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.
- c. Records that have been transferred to another mental health professional or have been given to the client or his legally authorized representative.

Termination of Services:

(LCP)

None

(CSOTP)

None

(Counseling)

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.

(Social Work)

None

Additional Regulations:

(CSOTP) 18VAC125-30-100.B(6)

Not require or seek waivers of privacy or confidentiality beyond the requirements of treatment, training, or community safety.

(CSOTP) 18VAC125-30-100.B(7)

Explain to juvenile sex offender clients the rights of their parents or legal guardians, or both, to obtain information relating to the sex offender client.

BOARD OF PSYCHOLOGY

Standards of Practice Review

Dual Relationships/Boundaries

Dual Relationships/Harm:

(LCP) 18VAC125-20-150.B(5) and (6)

(5) 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. Not exploit or mislead people for whom they provide professional services. Be alert to and guard against misuse of influence.

(6) Avoid dual relationships with patients, clients, residents, or supervisees that could impair professional judgment or compromise their well-being (to include but not limited to treatment of close friends, relatives, employees).

(CSOTP) 18VAC125-30-100.B(11)

Never engage in dual relationships with sex offender clients or former clients, or current trainees that could impair professional judgment or compromise the sex offender client's or trainee's well-being, impair the trainee's judgment, or increase the risk of sex offender client or trainee exploitation. Engaging in sexual intimacies or romantic relationships with sex offender clients or former clients, or with current trainees is strictly prohibited.

(Counseling)

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.

(Social Work)

Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include, but are not limited to, familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Social workers 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.

Romantic/Sexual Relationships with Clients:

(LCP) 18VAC125-20-150.B(8)

Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Since sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation.

(CSOTP)

None

(Counseling)

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.

(Social Work)

Similar to Counseling + "Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the social worker in his professional capacity."

Romantic/Sexual Relationship with Supervisee or Student:

(LCP)

Included 18VAC125-20-150.B(8)

(CSOTP)

None

(Counseling)

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.

(Social Work)

Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Social workers 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.

Conflicts of Interest:

(LCP) 18VAC125-20-150.B(7)

Withdraw from, adjust or clarify conflicting roles with due regard for the best interest of the affected party or parties and maximal compliance with these standards.

(CSOTP)

None

(Counseling)

Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

(Social Work)

Same as Counseling.

BOARD OF PSYCHOLOGY

Standards of Practice Review

Grounds for Disciplinary Action

Convictions:

(LCP) 18VAC125-20-160(1)

Conviction of a felony, or a misdemeanor involving moral turpitude.

(CSOTP) 18VAC125-30-

Conviction of a felony or a misdemeanor involving moral turpitude.

(Counseling)

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.

(Social Work)

Conviction of a felony or of a misdemeanor involving moral turpitude.

Procurement of a License by Fraud:

(LCP) 18VAC125-20-160(2)

Procuring a license by fraud or misrepresentation.

(CSOTP)

None

(Counseling)

Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation.

(Social Work)

Procurement of a license by fraud or misrepresentation.

Danger to the public:

(LCP) 18VAC125-20-160(3) and (6)

- (3) - Misuse of drugs or alcohol to the extent that it interferes with professional functioning.
- (6) - Mental, emotional, or physical incompetence to practice the profession.

(CSOTP) 18VAC125-30-110(3) and (4)

- (3) - Misuse of drugs or alcohol which interferes with professional functioning.
- (4) - Mental or physical illness which interferes with professional functioning.

(Counseling)

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.

(Social Work)

(3) Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.

(4) Being unable to practice social work with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition.

Act Likely to Defraud:

(LCP)

None

(CSOTP)

None

(Counseling)

Performance of an act likely to deceive, defraud, or harm the public.

(Social Work)

None

Disciplinary Action in Another Jurisdiction:

(LCP)

None

(CSOTP) 18VAC125-30-110(5)

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 investigation is pending.

(Counseling)

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.

(Social Work)

None

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Chapter 4732-17 Rules of Professional Conduct

[4732-17-01 General rules of professional conduct pursuant to section 4732.17 of the Revised Code.](#)

Pursuant to section [4732.17](#) of the Revised Code, the board promulgates the following rules of professional conduct:

(A) General considerations:

(1) Purpose. The rules of professional conduct constitute the standards against which the required professional conduct of a psychologist is measured.

(2) Scope. The rules of professional conduct shall apply to the conduct of all license holders, supervisees, and applicants, including the applicant's conduct during the period of education, training, and employment that is required for licensure. The term "psychologist," as used within these rules of professional conduct, shall be interpreted accordingly, whenever psychological services are being provided in any context.

(3) Violations. A violation of the rules of professional conduct constitutes unprofessional conduct and is sufficient reason for a reprimand, suspension or revocation of a license, or denial of either original licensure or reinstatement of licensure.

(4) Aids to interpretation. Ethics codes and standards for providers promulgated by the "American Psychological Association," the "Association of State and Provincial Psychology Boards," and other relevant professional groups shall be used as aids in resolving ambiguities that may arise in the interpretation of the rules of professional conduct, except that these rules of professional conduct shall prevail whenever any conflict exists between these rules and any professional association standard.

(5) A license holder, or an applicant for licensure, shall provide a written response within a reasonable period of time not to exceed sixty days to any written inquiry, regarding compliance with law or rule, received from the board.

(B) Negligence:

(1) A license holder in a professional psychological role, as that term is defined in paragraph (R) of rule [4732-3-01](#) of the Administrative Code shall be considered negligent if his/her behaviors toward his/her clients, evaluatees, supervisees, employees or students, in the judgment of the board, clearly fall below the standards for acceptable practice of psychology or school psychology.

(2) Sexual harassment. License holders shall not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (a) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (b) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of

multiple persistent or pervasive acts.

(3) Misrepresentation of qualifications. A license holder shall not misrepresent directly or by implication his/her professional qualifications such as education, specialized training, experience, or area(s) of competence.

(4) Misrepresentation of affiliations. A license holder shall not misrepresent directly or by implication his/her affiliations or the purposes or characteristics of institutions and organizations with which the psychologist is associated.

(a) A license holder shall not claim either directly or by implication professional qualifications that differ from actual qualifications, including use of a degree or title that is not relevant to his/her psychological training or that is issued by an educational institution not meeting accreditation standards, he/she shall not misrepresent affiliation with any institution, organization, or individual, nor lead others to assume he/she has affiliations that he/she does not have. A psychologist or school psychologist is responsible for correcting a client or public media who misrepresent his/her professional qualifications or affiliations, if he/she has knowledge of this misrepresentation.

(b) A license holder shall not include false or misleading information in public statements concerning psychological services offered.

(c) A license holder shall not associate with or permit his/her name to be used in connection with any services or products in such a way as to misrepresent them, the degree of his/her responsibility for them, or the nature of his/her association with them.

(5) Solicitation of business by clients. A license holder shall not request or authorize any client to solicit business on behalf of the license holder.

(6) Promotional activities. A license holder associated with the development, promotion, or sale of psychological devices, books, or other products shall ensure that such devices, books, or products are not misrepresented as to qualities, performance or results to be obtained from their use.

(7) Maintenance and retention of records.

(a) A license holder rendering professional individual services to a client, or services billed to a third-party payer, shall maintain a professional record that includes:

(i) The presenting problem(s),

(ii) The date(s) and purpose, if not self-evident, of each service contact,

(iii) The fee arrangement,

(iv) Any test or other evaluative results obtained,

(v) Test data,

(vi) A copy of any test or other evaluative reports prepared as part of the professional relationship,

(vii) Notation of providing verbal communication of assessment results in the absence of a written report,

(viii) Notation and results of formal contacts with other providers,

(ix) Authorizations, if any, by the client for release of records or information,.

(x) Written documentation indicating that the client or evaluatee has provided informed consent for treatment or evaluation,

(xi) Justification and rationale for not releasing records to a client in response to a valid request, including the reason for

making a determination for clearly stated treatment reasons that disclosure of the requested records is likely to have an adverse effect on the client, and shall comply with section (B) of division [3701.74](#) of the Revised Code.

(xii) Knowledge of all multiple relationships present, with reasoning as to why it is in the best interest of the client and/or not harmful to continue the professional relationship, and

(b) To meet the requirements of these rules, but not necessarily for other legal purposes, the license holder shall ensure that all contents in the professional record are maintained for a period of not less than seven years after the last date of service rendered, or not less than the length of time required by other regulations if that is longer. A license holder shall retain records documenting services rendered to minors for not less than two years after the minor has reached the age of majority or for seven years after the last date of service, whichever is longer.

(c) A license holder shall store and dispose of written, electronic, and other records of clients in such a manner as to ensure their confidentiality. License holders shall prepare in advance and disseminate to an identifiable person a written plan to facilitate appropriate transfer and to protect the confidentiality of records in the event of the license holder's withdrawal from positions or practice. Each license holder shall report to the board on the biennial registration (renewal) form the name, address, and telephone number of a license holder or other appropriate person knowledgeable about the location of the written plan for transfer and custody of records and responsibility for records in the event of the licensee's absence, emergency or death. The written plan referenced in this rule shall be made available to the board upon request.

(d) In the event a complaint has been filed, a license holder shall provide the original or a full copy of the client file or other client-identifiable documents to the board upon request, provided that the request is accompanied by a copy of a release signed by the client.

(e) License holders shall provide clients with reasonable access to the record maintained. License holders shall be familiar with state and federal laws and regulations relevant to client access to their records of services, and shall limit clients' access to records only in exceptional circumstances in which the license holder determines for clearly stated treatment reasons that disclosure of the requested records is likely to have an adverse effect on the client.

(f) License holders shall be aware of and adhere to divisions (H)(1) and (H)(2) of section [3109.051](#) of the Revised Code and other relevant laws governing a divorced non-residential parent's rights to access a license holder's records related to the parent's child.

(C) Welfare of the client, evaluatee, and associated persons:

(1) Conflicts of interest. License holders actively identify, disclose, document, and remedy conflicts of interest and potential conflicts of interest. License holders actively clarify and document their role when providing or offering psychological or school psychological services. Notwithstanding paragraph (B)(7)(e) of this rule, conflict of interest situations include but are not limited to:

(a) License holders in a treatment role with two or more clients who have a relationship with each other, and who are aware of each other's participation in treatment (for example, couples and family members), shall clarify with all parties and document the nature of one's professional obligations to the various clients receiving services, including limits of confidentiality and access to records.

(b) License holders in a treatment role with one or more adults involved in a contested parenting time or custody dispute shall anticipate being asked to participate in conflicting roles. License holders shall clarify and document as early as feasible that his/her role is restricted to providing therapeutic services, and shall take appropriate action to avoid role conflicts.

(c) License holders in a treatment role with one or more adults involved in a contested parenting time or custody dispute shall not render verbal or written opinions to any person or entity, including but not limited to the client, any court, attorney, guardian ad litem, or other professional about a client's access or other person's access to, or parenting time with, any child.

(d) License holders in a treatment role with one or more children shall not render verbal or written opinions about any adult's access to or parenting time with the child client(s).

(e) In the absence of a preexisting relationship, license holders may undertake roles specifically determined by a court or other adjudicative body or child welfare agency (concerning, for example, parenting coordination and family reunification), wherein rendering opinions and recommendations about the client(s) to the adjudicative body may be necessary and appropriate, if consistent with the parameters of a written order or directive, and if the role of the license holder is established in written informed consent procedures.

(f) When there is a conflict of interest between the client and the organization with which the license holder is contracted, employed, or affiliated, the license holder shall clarify the nature and direction of his/her loyalties and responsibilities and shall keep all parties concerned informed of his/her commitments.

(2) Unforeseen multiple relationships. If a license holder determines that, due to unforeseen factors, a prohibited multiple relationship as defined in paragraph (E)(2) of this rule has inadvertently developed, he or she shall take reasonable steps to resolve it with due regard for the welfare of the person(s) with whom there is or was a professional psychological role.

(a) All potential multiple relationships shall be discussed with the client as soon as possible after being first recognized and shall continue only with both parties' agreement.

(b) License holders document the discovery of all multiple relationships, with reasoning as to why it is in the best interest of the client and/or not harmful to continue the professional relationship.

(c) As warranted, the presence of a multiple relationship shall be reassessed and justified in the record. Issues such as informed consent and professional consultation shall be considered and documented to ensure that judgment is not impaired and that no exploitation of any person occurs.

(3) Sufficient professional information. A license holder rendering a formal professional opinion or recommendation about a person shall not do so without substantial professional information within a clearly defined role.

(4) Informed consent. A license holder shall accord each client informed choice, confidentiality, and reasonable protection from physical or mental harm or danger.

(a) License holders clearly document written informed consent, permission, or assent, as warranted by the circumstances, for treatment or evaluation prior to proceeding with the provision of psychological or school psychological services.

(b) When a license holder is in an individual treatment role, there may be reason for a third party to join one or more sessions for a limited purpose. The license holder shall document in the record that the client or legal guardian has acknowledged understanding the purpose and need for the third party to be present and the circumstances and extent to which confidential information may be disclosed to the third party. The license holder shall document that the third party has provided an understanding that the individual is not a client, that there is no expectation of confidentiality between the license holder and the third party, and that the third party shall not have rights to access any part of the client's file (unless the client provides written authorization to release specific confidential information). A license holder shall not render opinions or recommendations to any person or entity, including but not limited to the client, any court, attorney, guardian ad litem, or other professional concerning such third parties.

(c) The license holder shall keep the client fully informed as to the purpose and nature of any treatment or other procedures, and of the person's right to freedom of choice regarding services offered. A license holder shall give a truthful, understandable, and reasonably complete account of a client's condition to the client or to those legally responsible for the care of the client in accord with informed consent processes.

(d) When a court or other adjudicative body orders an evaluation, assessment or intervention, the license holder shall

document and inform the evaluatee(s) or client(s) of the parameters of the court order and shall not provide services or opinions beyond the parameters of the order.

(e) When a license holder provides services to two or more clients who have a relationship with each other and who are aware of each other's participation in treatment (for example, couples and family members), the license holder shall clarify with all parties and document the parties' understanding about how records of the services will be maintained, who has access to the records, and any limits of access to the records.

(5) Dependency. Due to an inherently influential position, a license holder shall not exploit the trust or dependency of any client, supervisee, evaluatee or other person with whom there is a professional psychological role, as that term is defined in paragraph (R) of rule [4732-3-01](#) of the Administrative Code.

(6) Media. Psychological services for the purpose of diagnosis, treatment, or personalized advice shall be provided only in the context of a professional relationship, and shall not be given by means of public lectures or demonstrations, newspaper or magazine articles, radio or television programs, or similar media.

(7) Stereotypes. A license holder shall not impose on a client any stereotypes of behavior, values, or roles related to age, gender, religion, race, disability, nationality, or sexual orientation that would interfere with the objective provision of psychological services to the client.

(8) Termination/alternatives. A license holder shall terminate a professional relationship when it is reasonably clear that the client is not benefiting from the relationship, and shall offer to help locate alternative sources of professional services or assistance if indicated.

(9) Referral. A license holder shall make an appropriate referral of a client to another professional when requested to do so by the client.

(10) Continuity of care. A license holder shall make arrangements for another appropriate professional or professionals to deal with the emergency needs of his/her clients, as appropriate, during periods of foreseeable absence from professional availability.

(11) Interruption of services.

(a) A license holder makes reasonable efforts to plan for continuity of care in the event that psychological services are interrupted by factors such as the license holder's illness, unavailability, relocation, or death, or the client's relocation or financial limitations.

(b) A license holder entering into employment or contractual relationships shall make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client care in the event that the employment or contractual relationship ends, with paramount consideration being given to the welfare of the client. A license holder who serves as an employer of other license holders has an obligation to make similar appropriate arrangements.

(12) Practicing while impaired. A license holder shall not undertake or continue a professional psychological role when the judgment, competence, and/or objectivity of the license holder is impaired due to mental, emotional, physiological, pharmacological, or substance abuse conditions. If impaired judgment, competence, and/or objectivity develops after a professional role has been initiated, the license holder shall terminate the professional role in an appropriate manner, shall notify the client and/or other relevant parties of the termination in writing, and shall assist the client, supervisee, or evaluatee in obtaining appropriate services from another appropriate professional.

(D) Remuneration:

(1) Financial arrangements:

(a) All financial arrangements shall be documented and made clear to each client in advance of billing, preferably within the initial session but no later than the end of the second session, unless such disclosure is contraindicated in the

professional judgment of the licensee. In the event that disclosure is not made by the end of the second session, the license holder bears the burden of demonstrating that disclosure was contraindicated and that the client was not harmed as a result of non-disclosure.

(b) A license holder shall not mislead or withhold from any client, prospective client, or third-party payer, information about the cost of his/her professional services.

(c) A license holder shall not exploit a client or responsible payer by charging a fee that is excessive for the services performed or by entering into an exploitative bartering arrangement in lieu of a fee.

(d) The primary obligation of a license holder employed by an institution, agency, or school is to persons entitled to his/her services through the institution, agency, or school. A license holder shall not accept a private fee or any other form of remuneration from such persons unless the policies of a particular institution, agency or school make explicit provision for private work with its clients by members of its staff. In such instances the client or guardian shall be fully apprised of available services and all policies affecting him/her, prior to entering into a private professional relationship with a license holder.

(e) A license holder, when providing services to a pool of subscribers through a third-party payer capitation, or variation of capitation, reimbursement arrangement, who is thus being paid on other than a strictly fee-for-service basis, shall disclose that information in writing to each client member of the subscriber pool at the beginning of the professional relationship with the client member. The written disclosure shall describe the nature of the reimbursement arrangement including that the third-party payer has established a set dollar amount that the license holder will be paid regardless of the cost or frequency of the services provided to the members of the subscriber pool.

(2) Improper financial arrangements:

(a) A license holder shall neither derive nor solicit any form of monetary profit or personal gain as a result of his/her professional relationship with clients or immediate ex-clients, beyond the payment of fees for psychological services rendered. However, unsolicited token gifts from a client are permissible.

(b) A license holder shall not use his/her professional relationship with clients or immediate ex-clients to derive personal gain, other than through fees for professional services, for himself/herself, or for any other person, or for any organization from the sale or promotion of a non psychology-related product or service.

(c) A license holder shall neither give nor receive any commission, rebate, or other form of remuneration for referral of a client for professional services, without full disclosure in advance to the client of the terms of such an agreement.

(d) A license holder shall not bill for services that are not rendered. However, he/she may bill for missed appointments that the client did not cancel in advance, if this is part of the financial arrangements made in accordance with paragraph (D)(1)(a) of this rule.

(E) Multiple relationships. A multiple relationship exists when a license holder is in a professional psychological role pursuant to paragraph (R) of rule [4732-3-01](#) of the Administrative Code and is in another relationship with the same person or entity or with an individual closely associated with the person or entity. Depending on the timing and nature of one's interactions before or after the establishment of a professional psychological role, multiple relationships can result in exploitation of others, impaired judgment by clients, supervisees and evaluatees, and/or impaired judgment, competence and objectivity of the psychologist or school psychologist. Psychologists and school psychologists actively identify and manage interpersonal boundaries to ensure that there is no exploitation of others and that professional judgment, competence, and objectivity within one's professional psychological roles are not compromised.

(1) In some communities and situations, unavoidable interpersonal contacts can occur due to cultural, linguistic, or geographical considerations. For purposes of this rule, incidental contacts in the personal life of a license holder with persons with whom there is or was a professional psychological role are not relationships. Nothing in this rule shall be construed to mean that a license holder is prohibited from undertaking a professional psychological role in an emergency situation, including effecting an appropriate referral when necessary to foster the welfare of others.

(2) Prohibited multiple relationships. The board prescribes that certain multiple relationships are expressly prohibited due to inherent risks of exploitation, impaired judgment by clients, supervisees and evaluatees, and/or impaired judgment, competence or objectivity of the license holder.

(a) A license holder shall not:

(i) Undertake a professional psychological role with persons with whom he/she has engaged in sexual intercourse or other sexual intimacies; or

(ii) Undertake a professional psychological role with persons with whom he/she has had a familial, personal, social, supervisory, employment, or other relationship, and the professional psychological role results in: exploitation of the person; or, impaired judgment, competence, and/or objectivity in the performance of one's functions as a license holder.

(b) A license holder shall not:

(i) Engage in sexual intercourse or other sexual intimacies; or, verbal or nonverbal conduct that is sexual in nature with any current client, supervisee, evaluatee, or with any person closely associated with a current client, supervisee, or evaluatee; or

(ii) Establish any personal, financial, employment, or other relationship with any current client, supervisee, or evaluatee, or with any individual closely associated with a current client, supervisee, or evaluatee and the multiple relationship results in: exploitation of the person; or, impaired judgment, competence, and/or objectivity in the performance of one's functions as a license holder.

(c) A license holder shall not:

(i) Engage in sexual intercourse or other sexual intimacies; or, verbal or nonverbal conduct that is sexual in nature with any person with whom there has been a professional psychological role at any time within the previous twenty-four months; or

(ii) Enter into any personal, financial, employment or other relationship (other than reestablishing a professional psychological role) with any person with whom there has been a professional psychological role at any time within the previous twenty-four months and the multiple relationship results in: exploitation of the person; or, impaired judgment, competence, and/or objectivity in the performance of one's functions as a psychologist or school psychologist.

(d) A license holder shall not terminate or interrupt a professional role with any person for the purpose, expressed or implied, of entering into a sexual, personal, or financial relationship with that person or any individual closely associated with that person.

(e) The prohibitions established in paragraphs (E)(2)(b) and (E)(2)(c) of this rule extend indefinitely beyond twenty-four months after termination of the professional role if the person, secondary to emotional, mental, or cognitive impairment, remains vulnerable to exploitative influence.

(F) Testing and test interpretation:

(1) Assessment procedures:

(a) A license holder shall treat the results or interpretations of assessment regarding an individual as confidential information.

(b) A license holder shall accompany communication of results of assessment procedures to a client, or the parents, legal guardians, or other agents of the client with adequate interpretive aids or explanations in language these persons can understand.

(c) A license holder shall include in his/her report of the results of a test or assessment procedures any reservations

regarding the possible inappropriateness of the test for the person assessed.

(d) A license holder offering an assessment procedure or automated interpretation service to other professionals shall accompany this offering with a manual or other printed material that fully describes the development of the assessment procedure or service, its rationale, evidence of validity and reliability, and characteristics of the normative population. A license holder shall explicitly state the purpose and application for which the procedure is recommended and identify special qualifications required to administer and interpret it properly. A license holder shall ensure that any advertisements for the assessment procedure or interpretive service are factual and descriptive. Such services are to be considered as a professional-to-professional consultation. A license holder shall make and document reasonable efforts to avoid misuse of such assessment reports.

(e) Psychologists shall not prepare personnel reports and recommendations based on test data secured solely by mail, unless such appraisals are an integral part of a continuing client relationship with a company, as a result of which the consulting psychologist has intimate knowledge of the client's personnel situation and can be assured thereby that his/her written appraisals will be adequate to the purpose and will be properly interpreted by the client. These reports shall not be embellished with such comprehensive analyses of the subject's personality traits as would be appropriate only after intensive interviews with the subject.

(f) A license holder shall choose only appropriate tests and give them only for a justifiable purpose to the benefit of a client.

(2) Test security. Psychological tests and other assessment devices shall not be reproduced or described in popular publications in ways that might invalidate the techniques. Test materials means manuals, instruments, protocols, and test questions or stimuli and does not include test data except as specified in paragraph (F)(3)(a) of rule [4732-17-01](#) of the Administrative Code. License holders make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations. Access to such devices is limited to persons with professional interests who will safeguard their use.

(a) Sample items made up to resemble those of tests being discussed may be reproduced in popular articles and elsewhere, but scorable tests and actual test items shall not be reproduced except in professional publications.

(b) A license holder is responsible for the security of psychologist tests and other devices and procedures used for instructional purposes.

(c) License holders shall not permit inadequately supervised use of psychological tests or assessment measures unless the measure is designed, intended, and validated for self-administration and self-administration is supported by the instructions of the test publisher.

(3) Test interpretation.

(a) Test scores, like test materials, may be released to another person or an organization only in a manner that adheres to the client's rights to confidentiality as set forth in paragraph (G) of this rule.

(b) Test results or other assessment data used for evaluation or classification are communicated to employers, relatives, or other appropriate persons in such a manner as to guard against misinterpretation or misuse. License holders when interpreting and communicating assessment results take into account the purpose of the assessment as well as various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect professional judgments or reduce the accuracy of interpretations, and significant limitations of interpretations are indicated.

(c) A license holder always respects the client's or guardian's right to know the results, the interpretations made, his/her conclusions, and the bases for his/her recommendations. When a license holder provides verbal communication of assessment results in the absence of a written report, this event shall be documented in the client record.

(G) Confidentiality

(1) Confidential information is information revealed by an individual or individuals or otherwise obtained by a license holder, when there is a reasonable expectation that it was revealed or obtained as a result of the professional relationship between the individual(s) and the license holder. Such information is not to be disclosed by the license holder without the informed consent of the individual(s).

(a) When rendering psychological services as part of a team or when interacting with other appropriate professionals concerning the welfare of a client, a license holder may share confidential information about the client provided that reasonable steps are taken to ensure that all persons receiving the information are informed about the confidential nature of the information being shared and agree to abide by the rules of confidentiality.

(b) When any case report or other confidential information is used as the basis of teaching, research, or other published reports, a license holder shall exercise reasonable care to ensure that the reported material is appropriately disguised to prevent client or subject identification.

(c) A license holder shall ensure that no diagnostic interview or therapeutic sessions with a client are observed or electronically recorded without first informing the client or the client's guardian obtaining and documenting written consent from same.

(d) A license holder shall limit access to client records and shall ensure that all persons working under his/her authority comply with the requirements for confidentiality of client material.

(e) A license holder shall continue to treat all information regarding a client as confidential after the professional relationship between the psychologist or school psychologist and the client has ceased.

(f) In a situation in which more than one party has an appropriate interest in the professional services rendered by a license holder to a client, the license holder shall, to the extent possible, clarify to all parties the dimensions of confidentiality and professional responsibility that shall pertain in the rendering of services.

(i) Such clarification is specifically indicated, among other circumstances, when the client is an organization or when the client has been referred by a third party.

(ii) In accord with paragraphs (C)(3) and (F)(3)(c) of this rule, a license holder shall clarify with the individual receiving services because of a third-party referral whether, and under what conditions-including costs, information or feedback will be provided to the individual receiving those psychological services.

(2) Protecting confidentiality of clients. In accordance with section [4732.19](#) of the Revised Code, the confidential relations and communications between license holders and clients are placed under the same umbrella of a privilege as those between physician and patient under division (B) of section [2317.02](#) of the Revised Code. The privilege is intended to protect the interest of the client by encouraging free disclosure to the license holder and by preventing such free disclosure to others. Thus, the client rather than the license holder holds and may assert the privilege.

(a) A license holder shall not testify concerning a communication made to him/her by a client. The license holder may testify by express consent of the client or legal guardian or, if the client is deceased, by the express consent of the surviving spouse or the executor or administrator of the estate of such deceased client. If the client voluntarily testifies, the license holder may be compelled to testify on the same subject; or if the client, the executor or administrator files a claim against the license holder, such filing shall constitute a waiver of the privilege with regard to the services about which complaint is made.

(b) Court decisions construing the scope of the physician-patient privilege, pursuant to section [2317.02](#) of the Revised Code, are applicable to this privilege between the license holder and the client.

(c) A license holder may disclose confidential information without the informed written consent of a client when the license holder judges that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the client on himself/herself or on another person. In such case, the license holder may disclose the

confidential information only to appropriate public authorities, the potential victim, professional workers, and/or the family of the client.

(d) A license holder shall safeguard the confidential information obtained in the course of practice, teaching, research, or other professional duties. With the exceptions as required or permitted by statute, a license holder shall disclose confidential information to others only with the informed written consent of the client.

(e) At the beginning of a professional relationship a license holder shall inform his/her client of the legal limits of confidentiality. To the extent that the client can understand, the license holder shall inform a client who is below the age of majority or who has a legal guardian of the limit the law imposes on the right of confidentiality. When services are provided to more than one patient or client during a joint session (for example to a family or couple, or parent and child, or group), a license holder shall, at the beginning of the professional relationship, clarify to all parties the limits of confidentiality.

(f) Minor clients who are offered privacy as a means of facilitating free disclosure of information shall be told by the license holder that the parent(s) and/or guardian(s) have a right to access their records, unless otherwise prohibited by court order, statute, or rule. The license holder shall document in the record this disclosure to the minor client.

(g) A license holder may release confidential information upon court order or to conform with state or federal laws, rules, or regulations.

(h) A license holder shall be familiar with any relevant law concerning the reporting of abuse of children or vulnerable adults.

(H) Competence:

(1) Limits on practice. A license holder shall limit his/her professional practice to those specialty areas in which competence has been gained through education, training, and experience. If important aspects of the client's problem fall outside the boundaries of competence, then the license holder assists his/her client in obtaining additional professional help.

(2) Specialty standard of care. A license holder shall exercise sound judgment and care in determining what constitutes his/her area(s) of competence. A guiding principle is that one who undertakes practice in a given specialty area will be held to the standard of care within that specialty while he/she is practicing in that area.

(3) Maintaining competency. A license holder shall maintain current competency in the areas in which he/she practices, through continuing education, consultation, and/or other training, in conformance with current standards of scientific and professional knowledge.

(4) Adding new services and techniques. A license holder, when developing competency in a new area or in a new service or technique, shall engage in ongoing consultation with other psychologists, school psychologists, or appropriate professionals and shall seek continuing education in the new area, service or technique. A license holder shall inform any client whose treatment will involve a newly developing service or technique of its innovative nature and the known risks concerning those services and shall document informed consent provided by the client or legal guardian.

(5) Limits on practice under school psychologist license. A school psychologist who does not hold a psychologist license shall not practice beyond the scope of the school psychologist license, as defined in division (E) of section [4732.01](#) of the Revised Code.

(6) Referrals. A license holder shall make or recommend referral to other professional, technical, or administrative resources when such referral is in the best interests of the client.

(7) Interprofessional relations. A license holder shall neither establish nor offer to establish a continuing treatment relationship with a person receiving mental health services from another professional, except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.

(I) Telepsychology.

(1) "Telepsychology" means the practice of psychology or school psychology as those terms are defined in divisions (B) and (E) of section [4732.01](#) of the Revised Code, including psychological and school psychological supervision, by distance communication technology such as but not necessarily limited to telephone, email, Internet-based communications, and videoconferencing.

(2) In order to practice telepsychology in the state of Ohio one must hold a current, valid license issued by the Ohio board of psychology or shall be a registered supervisee of a licensee being delegated telepsychology practices in compliance with paragraphs (B) and (C) of rule [4732-13-04](#) of the Administrative Code.

(3) License holders understand that this rule does not provide licensees with authority to practice telepsychology in service to clients domiciled in any jurisdiction other than Ohio, and licensees bear responsibility for complying with laws, rules, and/or policies for the practice of telepsychology set forth by other jurisdictional boards of psychology.

(4) License holders practicing telepsychology shall comply with all of these rules of professional conduct and with requirements incurred in state and federal statutes relevant to the practice of psychology and school psychology.

(5) License holders shall establish and maintain current competence in the professional practice of telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge. License holders shall establish and maintain competence in the appropriate use of the information technologies utilized in the practice of telepsychology.

(6) License holders recognize that telepsychology is not appropriate for all psychological problems and clients, and decisions regarding the appropriate use of telepsychology are made on a case-by-case basis. License holders practicing telepsychology are aware of additional risks incurred when practicing psychology or school psychology through the use of distance communication technologies and take special care to conduct their professional practice in a manner that protects the welfare of the client and ensures that the client's welfare is paramount. License holders practicing telepsychology shall:

(a) Conduct a risk-benefit analysis and document findings specific to:

(i) Whether the client's presenting problems and apparent condition are consistent with the use of telepsychology to the client's benefit; and

(ii) Whether the client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

(b) Not provide telepsychology services to any person or persons when the outcome of the analysis required in paragraphs (I)(6)(a)(i) and (I)(a)(ii) of this rule is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues.

(c) Upon initial and subsequent contacts with the client, make reasonable efforts to verify the identity of the client;

(d) Obtain alternative means of contacting the client;

(e) Provide to the client alternative means of contacting the licensee;

(f) Establish a written agreement relative to the client's access to face-to-face emergency services in the client's geographical area, in instances such as, but not necessarily limited to, the client experiencing a suicidal or homicidal crisis;

(g) Licensees, whenever feasible, use secure communications with clients, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications.

(h) Prior to providing telepsychology services, obtain the written informed consent of the client, in language that is likely to be understood and consistent with accepted professional and legal requirements, relative to:

(i) The limitations and innovative nature of using distance technology in the provision of psychological or school psychological services;

(ii) Potential risks to confidentiality of information due to the use of distance technology;

(iii) Potential risks of sudden and unpredictable disruption of telepsychology services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

(iv) When and how the licensee will respond to routine electronic messages;

(v) Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances;

(vi) Who else may have access to communications between the client and the licensee;

(vii) Specific methods for ensuring that a client's electronic communications are directed only to the licensee or supervisee;

(viii) How the licensee stores electronic communications exchanged with the client;

(7) Ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons when the licensee disposes of electronic equipment and data;

(8) If in the context of a face-to-face professional relationship the following are exempt from this rule:

(a) Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and,

(b) Telephone or other electronic communications made for the purpose of ensuring client welfare in accord with reasonable professional judgment.

(J) Violations of law:

(1) Violation of applicable statutes. A license holder shall not violate any applicable statute or administrative rule regulating the practice of psychology or school psychology.

(2) Use of fraud, misrepresentation, or deception. A license holder shall not use fraud, misrepresentation, or deception in obtaining a psychology or school psychology license, in taking a psychology or school psychology licensing examination, in assisting another to obtain a psychology or school psychology license or to take a psychology or school psychology licensing examination, in billing clients or third-party payers, in providing psychological or school psychological services, in reporting the results of those services, or in conducting any other activity related to the practice of psychology or school psychology.

(K) Aiding illegal practice:

(1) Aiding unauthorized practice. A license holder shall not aid or abet another person in misrepresenting his/her professional credentials or in illegally engaging in the practice of psychology or school psychology.

(2) Delegating professional responsibility. A license holder shall not delegate professional responsibilities to a person not qualified and/or not appropriately credentialed to provide such services.

(3) Providing supervision. A license holder shall exercise appropriate supervision over supervisees, as set forth in the rules of the board.

(4) Reporting of violations to board. A license holder who has substantial reason to believe that another license holder or psychological or school psychological supervisee has committed an apparent violation of the statutes or rules of the board that has substantially harmed or is likely to substantially harm a person or organization shall so inform the board in writing; however, when the information regarding such violation is obtained in a professional relationship with a client, the license holder shall report it only with the written permission of the client. Under such circumstances the license holder shall advise the client of the name, address, and telephone number of the state board of psychology and of the client's right to file a complaint. The license holder shall make reasonable efforts to guide and/or facilitate the client in the complaint process as needed or requested by the client. Nothing in this rule shall relieve a license holder from the duty to file any report required by applicable statutes.

(L) Supervision. Rules [4732-13-01](#), [4732-13-02](#), [4732-13-03](#), and [4732-13-04](#) of the Administrative Code, pertaining to supervision of persons performing psychological or school psychological work, shall be considered as a part of these rules of professional conduct.

Effective: 6/8/2015

Five Year Review (FYR) Dates: 03/16/2015 and 09/18/2019

Promulgated Under: [119.03](#)

Statutory Authority: [4732.06](#)

Rule Amplifies: [4732.17](#)

Prior Effective Dates: 12/30/77, 9/1/81, 10/1/90, 9/30/96, 7/15/00, 11/29/04, 11/1/07

[4732-17-01.1 Youth sports concussion assessment and clearance.](#)

(A) For purposes of this rule:

(1) "Interscholastic athletics" means an interscholastic extracurricular activity that a school district sponsors or participates in that includes participants from more than one school or school district.

(2) "Youth sports organization" has the same meaning as in section [3707.51](#) of the Revised Code and means a public or nonpublic entity that organizes an athletic activity in which the athletes are not more than nineteen years of age and are required to pay a fee to participate in the athletic activity or whose cost to participate is sponsored by a business or nonprofit organization.

(3) "Youth" means an individual between the ages of four and nineteen who participated in interscholastic athletics or in a youth sports organization activity and was removed from practice or competition under division (D) of section [3707.511](#) of the Revised Code or division (D) of section [3313.539](#) of the Revised Code, based on exhibiting signs, symptoms, or behaviors consistent with having sustained a concussion or other brain injury while participating in practice or competition.

(4) "Physician" means a person authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(5) "Zurich guidelines" means the consensus statement on concussion in sport: The 4th international conference on concussion in sport held in Zurich, November 2012.

(B) Psychologists may assess and clear a youth to return to practice or competition if the following requirements are met:

(1) The psychologist has education, training and experience specific to concussion identification, the clinical features of concussion, assessment including neuropsychological testing and test interpretation, sports concussion management, and the principles of safe return to play protocols consistent with the Zurich guidelines or subsequent updated consensus statements published following future meetings of the international conference on concussion in sport; and

(2) The psychologist maintains competence to assess and clear youth in accordance with this rule through consultation, peer supervision and/or continuing education activities in the areas of concussion identification, the clinical features of concussion, assessment including neuropsychological testing and test interpretation, sports concussion management, and the principles of safe return to play protocols consistent with the Zurich guidelines or subsequent updated consensus statements published following future meetings of the international conference on concussion in sport; and

(3) Pursuant to sections [3313.539](#) and [3707.511](#) of the Revised Code, assessments and clearances are done pursuant to a referral from or in consultation or collaboration with a physician.

(C) The board recommends that psychologists who conduct concussion assessments and return-to-play clearances of youth in accordance with this rule do both of the following:

(1) Ensure that a portion of the continuing education requirements for biennial license registration enumerated in section [4732.141](#) of the Revised Code include instruction in one or more of the areas listed in paragraph (B)(1) of this rule.

(2) Use the medical return to play after suspected concussion form located on the Ohio department of health website at <http://healthy.ohio.gov.vipp/concussion.aspx> (March 2015).

Effective: 10/29/2015

Five Year Review (FYR) Dates: 09/18/2019

Promulgated Under: [119.03](#)

Statutory Authority: [3313.539\(E\)\(4\)](#), [3707.511\(E\)\(4\)](#), [3707.521\(E\)](#), [4732.06](#)

Rule Amplifies: [3313.539](#), [3707.511](#), 3707.521, [4732.10](#)

[4732-17-02 Research ethics and safeguards.](#)

(A) Institutional approval. When institutional approval is required, license holders provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

(B) Informed consent to research. When obtaining informed consent license holders inform participants about:

(1) The purpose of the research, expected duration, and procedures;

(2) Their right to decline to participate and to withdraw from the research once participation has begun;

(3) The foreseeable consequences of declining or withdrawing;

(4) Reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects;

(5) Any prospective research benefits;

(6) Limits of confidentiality;

(7) Incentives for participation; and

(8) Whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers.

(C) License holders conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research:

(1) The experimental nature of the treatment;

(2) The services that will or will not be available to the control group(s) if appropriate;

(3) The means by which assignment to treatment and control groups will be made;

(4) Available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and

(5) Compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought.

(D) Informed consent for recording voices and images in research. License holders obtain informed consent from research participants prior to recording their voices or images for data collection unless:

(1) The research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm; or

(2) The research design includes deception, and consent for the use of the recording is obtained during debriefing.

(E) Client/patient, student, and subordinate research participants.

(1) When license holders conduct research with clients/patients, students, or subordinates as participants, license holders take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation;

(2) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

(F) Dispensing with informed consent for research. License holders may dispense with informed consent only where research would not reasonably be assumed to create distress or harm and involves :

(1) The study of normal educational practices, curricula, or classroom management methods conducted in educational settings;

(2) Only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or

(3) The study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected; or

(4) Where otherwise permitted by law or federal or institutional regulations.

(G) Offering inducements for research participation.

(1) License holders make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation;

(2) When offering professional services as an inducement for research participation, license holders clarify the nature of the services, as well as the risks, obligations, and limitations.

(H) Deception in research.

(1) License holders do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective non-deceptive alternative procedures are not feasible;

(2) License holders do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress;

(3) License holders explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data.

(I) Debriefing.

(1) License holders provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the license holders are aware;

(2) If scientific or humane values justify delaying or withholding this information, license holders take reasonable measures to reduce the risk of harm; and

(3) When license holders become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

(J) Humane care and use of animals in research.

(1) License holders acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards;

(2) License holders trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment;

(3) License holders ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role;

(4) License holders make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects;

(5) License holders use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value;

(6) License holders perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery;

(7) When it is appropriate that an animal's life be terminated, license holders proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures;

(K) Reporting research results.

(1) License holders do not fabricate data;

(2) If license holders discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

(L) Plagiarism. License holders do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

(M) Publication credit.

(1) License holders take responsibility and credit, including authorship credit, only for work they have actually

performed or to which they have substantially contributed;

(2) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(3) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.

(N) Duplicate publication of data. License holders do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

(O) Sharing research data for verification.

(1) After research results are published, license holders do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude license holders from requiring that such individuals or groups be responsible for costs associated with the provision of such information;

(2) License holders who request data from other license holders to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting license holders obtain prior written agreement for all other uses of the data.

(P) Reviewers. License holders who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

Replaces: 4732-17-02

Effective: 6/8/2015

Five Year Review (FYR) Dates: 09/18/2019

Promulgated Under: [119.03](#)

Statutory Authority: [4732.06](#)

Rule Amplifies: [4732.06](#), [4732.17](#)

Prior Effective Dates: 4/14/75, 10/1/90

[4732-17-03 Bases and procedures for disciplinary actions.](#)

(A) In accordance with section [4732.17](#) of the Revised Code, after considering charges filed by the secretary and after providing a hearing in accordance with Chapter 119. of the Revised Code, the board may refuse to issue a license to any applicant, including any person whose license has expired, placed in retired status, or has been revoked or suspended, or may issue a reprimand, or suspend or revoke the license of any licensed psychologist or licensed school psychologist, on any of the grounds enumerated in division (A) of section [4732.17](#) of the Revised Code.

(B) Notice and hearing requirements incident to the revocation, suspension, or refusal to issue, reinstate, or renew a license to practice psychology or school psychology, or incident to the reprimand of a licensee, as described in paragraph (A) of this rule, shall be in compliance with the provisions of Chapters 119. and 4732. of the Revised Code, including the following:

(1) Notice of opportunity. Notice shall be given to the licensee or applicant for licensure by certified mail of the right to a hearing on the question of whether or not the license should be revoked, suspended, not reinstated, or denied, or whether, if a licensee, he/she should be reprimanded;

(2) Charges. The notice shall include the charges or other reasons for such proposed action, the law(s) and/or rule(s) directly involved, and a statement informing the licensee or applicant for licensure that he/she is entitled to a hearing, if it is requested within thirty days after the date of mailing the notice.

(3) Representation. The notice shall also inform the licensee or applicant for licensure that at the hearing he/she may appear in person, or be represented by his/her attorney, or may present his/her position, arguments, or contentions in writing and that at the hearing he/she may present evidence and examine witnesses appearing for and against him/her;

(4) Hearing date. Whenever a licensee or applicant for licensure requests a hearing, the board shall immediately set the date, time, and place for such hearing and forthwith notify the licensee or applicant for licensure thereof. The date set for such hearing shall be within fifteen days, but not earlier than seven days, after the licensee or applicant for licensure has requested a hearing, unless otherwise agreed to by both the board and the licensee or applicant for licensure. However, the board may postpone or continue any adjudication hearing upon the application of any party or upon its own motion;

(5) Hearing. The board may empower any one or more of its members to conduct any proceeding, hearing, or investigation necessary to its purposes;

(6) Appeal. Any party adversely affected by any order of the board issued pursuant to an adjudication hearing may appeal from the order of the board to the court of common pleas of the county in which the place of business of the licensee or applicant for licensure is located or the county in which the licensee or applicant for licensure is a resident. If any such party is not a resident of and has no place of business in Ohio, he/she may appeal to the court of common pleas of Franklin county, Ohio. Any party desiring to appeal shall file a notice of appeal with the board setting forth the order appealed from and the grounds of the appeal. A copy of such notice of appeal shall also be filed by appellant with the court. Such notices of appeal shall be filed within fifteen days after the mailing of the notice of the board's order.

(C) If the board receives notice pursuant to section 2301.373 of the Revised Code, effective November 15, 1996, that an individual is in default under a child support order, the board will refuse to issue or renew any license for that individual and will suspend any current license of that individual as required by that section. The board need determine only that the individual named in the notice received pursuant to section 2301.373 of the Revised Code is the same individual applying for issuance or renewal of a license or holding a current license. The procedures applicable to refusal to issue or renew a license or suspend a license pursuant to section 2301.373 of the Revised Code shall be governed only by that section and, therefore, are not subject to the procedures set forth in Chapter 119. or section [4732.17](#) of the Revised Code, or paragraphs (A) and/or (B) of this rule.

(D) Pre-hearing procedures

(1) Exchange of documents and witness lists

(a) Any representative of record may serve upon the opposing representative of record a written request for a list of both the witnesses and the documents intended to be introduced at hearing. All lists requested under this rule shall be exchanged no later than seven days prior to the commencement of the administrative hearing.

(b) Failure without good cause to comply with paragraph (A) of this rule may result in exclusion from the hearing of such testimony or documents, upon motion of the representative to whom disclosure is refused.

(2) Pre-hearing conference

(a) At any time prior to hearing, the attorney hearing examiner or presiding board member may direct participation by the representatives of record in a prehearing conference. Such conference may be initiated by the attorney hearing examiner, by the board, or upon motion of either representative.

(b) Pre-hearing conferences may be held for the following purposes:

(i) Identification of issues;

- (ii) Obtaining stipulations and admissions;
 - (iii) Agreements limiting the number of witnesses; Discussion of documents, exhibits, and witness lists;
 - (iv) Discussion of documents, exhibits, and witness lists;
 - (v) Estimating the time necessary for hearing;
 - (vi) Discussion of any other matters tending to expedite the proceedings.
- (c) All representatives of record shall attend the prehearing conference fully prepared to discuss the items enumerated in paragraph (B) of this rule.
- (d) Procedural orders may be issued by the attorney hearing examiner or presiding board member based upon information obtained at a prehearing conference.

(3) Requirements for pre-hearing exchange of information. The hearing examiner or presiding board member shall, upon written motion of any representative of a party, issue an order setting forth a schedule by which the parties shall exchange hearing exhibits, identify lay and expert witnesses and exchange written reports from expert witnesses. Any written report by an expert required to be exchanged shall set forth the opinions to which the expert will testify and the bases for such opinions. The failure of a party to produce a written report from an expert under the terms of the order shall result in the exclusion of that expert's testimony at hearing. The failure of a party to produce an exhibit under the terms of the order shall result in the exclusion of that exhibit from evidence. The failure of a party to identify a lay or expert witness under the terms of the order may result in the exclusion of that witness' testimony at hearing.

(4) Status conference. With or without written motion from the representative of any party, the attorney hearing examiner or presiding board member may convene a status conference with representatives of the parties to address any matter related to preparation for hearing or the conduct of a hearing. The hearing examiner may issue such orders related to preparation for hearing and the conduct of the hearing which in the judgment of the hearing examiner facilitate the just and efficient disposition of the subject of the hearing.

(5) Depositions and transcripts of prior testimony.

(a) Upon written motion of any representative of record, and upon service of that motion to all other representatives, the attorney hearing examiner may order that the testimony of a prospective witness be taken by deposition under such conditions and terms as specified in the order and that any designated books, papers, documents or tangible objects, not privileged, be produced at the same time and place if it appears probable that:

- (i) The prospective witness will be unavailable to attend or will be prevented from attending a hearing; and
- (ii) The testimony of the prospective witness is material; and
- (iii) The testimony of the prospective witness is necessary in order to prevent a failure of justice. In the case of an expert witness, a showing of the unavailability of the expert shall not be necessary for consideration of the motion of a representative to take a deposition.

(b) The representatives shall agree to the time and place for taking the deposition in lieu of live testimony. Depositions shall be conducted in the same county in which the hearing is conducted unless otherwise agreed to by the representatives. If the representatives are unable to agree, the attorney hearing examiner or presiding board member shall set the time or fix the place of deposition. At a deposition taken pursuant to this rule, representatives shall have the right, as at hearing, to fully examine witnesses. The attorney hearing examiner has the discretion to be present at the deposition in lieu of testimony at hearing.

(c) A deposition taken under this rule shall be filed with the board not later than one day prior to hearing, and may be offered into evidence at hearing by either representative in lieu of the prospective witness' personal appearance. The cost

of preparing a transcript of any testimony taken by deposition in lieu of live testimony which is offered as evidence at the hearing shall be borne by the board. In the event of appeal, such costs shall be made a part of the cost of the hearing record. The expense of any video deposition shall be borne by the requestor.

(d) Any deposition or transcript of prior testimony of a witness may be used for the purpose of refreshing the recollection, contradicting the testimony or impeaching the credibility of that witness. If only a part of a deposition is offered into evidence by a representative, the opposing representative may offer any other part. Nothing in this paragraph shall be construed to permit the taking of depositions for purposes other than those set forth in paragraph (A) of this rule.

(e) A transcript of testimony and exhibits from a prior proceeding may be introduced for any purpose if that prior proceeding forms the basis for the allegations in the current case. Upon offering part of a transcript or exhibit from a prior proceeding, the offering representative may be required by the opposing representative to present any other part of the offered item which should in fairness be considered contemporaneously with it.

(6) Prior action by the board. The attorney hearing examiner or presiding board member shall admit evidence of any prior action entered by the state board of psychology against the respondent.

(7) Stipulation of facts. Representatives of record may, by stipulation, agree on any or all facts involved in proceedings before the attorney hearing examiner or presiding board member. Thereafter the attorney hearing examiner or presiding board member may require development of any fact deemed necessary for just adjudication.

(8) Witnesses.

(a) All witnesses shall testify under oath or affirmation.

(b) A witness may be accompanied and advised by legal counsel. Participation by counsel for a witness other than the respondent is limited to protection of that witness' rights, and that legal counsel may neither examine nor cross-examine any witnesses.

(c) Should a witness refuse to answer a question ruled proper at a hearing or disobey a subpoena, the board may institute contempt proceedings pursuant to section [119.09](#) of the Revised Code.

(d) The presiding attorney hearing examiner or any board member, because of his or her duties, shall not be a competent witness nor subject to deposition in any adjudication proceeding. Unless the testimony of a board member or an attorney hearing examiner is material to the factual allegations set forth in the notice of opportunity for hearing, board members and attorney hearing examiners shall not be competent witnesses nor subject to deposition in any adjudication proceeding. Evidence from other persons relating to the mental processes of the presiding attorney hearing examiner or board members shall not be admissible.

(e) Any representative of record may move for a separation of witnesses. Expert witnesses shall not be separated.

(f) Each representative of record shall inform the attorney hearing examiner or presiding board member prior to the commencement of a hearing of the identity of each potential witness for his cause present in the hearing room. Failure to so identify potential witnesses at this time may be grounds for their later disqualification as witnesses.

(g) No witnesses shall be permitted to testify as to the nature, extent, or propriety of disciplinary action to be taken by the board. A witness may, in the discretion of the attorney hearing examiner or presiding board member, testify as to an ultimate issue of fact.

(9) Conviction of a crime. A certified copy of a plea of guilty to, or a judicial finding of guilt of any crime in a court of competent jurisdiction is conclusive proof of the commission of all of the elements of that crime.

(10) The "Ohio Rules of Evidence" may be taken into consideration by the board or its attorney hearing examiner in determining the admissibility of evidence, but shall not be controlling. The attorney hearing examiner or presiding board

member may permit the use of electronic or photographic means for the presentation of evidence.

Effective: 6/8/2015

Five Year Review (FYR) Dates: 03/16/2015 and 09/18/2019

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- [4732-17-01 General rules of professional conduct pursuant to section 4732.17 of the Revised Code.](#)
- [4732-17-01.1 Youth sports concussion assessment and clearance.](#)
- [4732-17-02 Research ethics and safeguards.](#)
- [4732-17-03 Bases and procedures for disciplinary actions.](#)

Draft Joint Guidance Document on Assessment Titles and Signatures Draft

Commonwealth of Virginia

Boards of Psychology, Counseling, and Social Work

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

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

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

- **Clear and Unambiguous Examiner Titles.** The title in a signature block or other relevant self-designation on a document summarizing an assessment work product should clearly convey the examiner's professional identity and field of licensure.
 - Titles such as "psychological examiner" or "clinical examiner" have the potential to confuse service recipients by failing to convey the examiner's profession.
 - In contrast, such terms as "Licensed Clinical Psychologist," "Licensed School Psychologist," "Licensed Applied Psychologist," "Licensed Professional Counselor," or "Licensed Clinical Social Worker" point clearly to the licensee's legal title in Virginia and help service recipients identify the examiner's oversight Board.
- **Clear and Unambiguous Work Product Titles:** Because labels given to assessment work products may confuse healthcare service recipients, titles placed on an assessment product or report should clearly communicate the examiner's licensed profession.
 - Avoid the use of labels that suggest an assessment might have been conducted by a professional with a different license than the examiner's.
 - Suggested Titles and Signatures include the following:

Discipline	Suggested Report Titles	Suggested Signature
Licensed Clinical Psychologists Licensed School Psychologists Licensed Applied Psychologists	“Psychological Assessment” “Psychological Evaluation” “Psychological Report” Note: Additional, more specific, terms may be added, depending on the focus of the report and the Psychologist’s demonstrated areas of competence (e.g., Forensic, Geriatric, Neuropsychological).	“Licensed Clinical Psychologist” “Licensed School Psychologist” “Licensed Applied Psychologist” Note: Board Certification or other credentials may be added underneath the Psychologist’s licensure category (e.g., “Board Certified in Neuropsychology”) and associated initials may be added after the Psychologist’s degree (e.g., John Smith, Ph.D., ABPP), especially if relevant given the title and focus of the document.
Licensed Professional Counselors	“Counseling Assessment” “Counseling Evaluation” “Counseling Report”	“Licensed Professional Counselor”
Licensed Clinical Social Workers	“Social Work Assessment” “Social Work Evaluation” “Social Work Report”	“Licensed Clinical Social Worker”

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

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

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 - Titles such as "psychological examiner" or "clinical examiner" have the potential to confuse service recipients by failing to convey the examiner's profession.
 - In contrast, such terms as "Licensed Clinical Psychologist," "Licensed School Psychologist," "Licensed Applied Psychologist," "Licensed Professional Counselor," or "Licensed Clinical Social Worker" point clearly to the licensee's legal title in Virginia and help service recipients identify the examiner's oversight Board.
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 - Avoid the use of labels that suggest an assessment might have been conducted by a professional with a different license than the examiner's.
 - Suggested Titles and Signatures include the following:

Comment [JB1]: Since these terms are legally protected under state statutes, the adjective "licensed" is front of each one is redundant. I recommend we simply use "Clinical Psychologist," "School Psychologist," "Applied Psychologist," "Professional Counselor," and "Clinical Social Worker." We can explain within this section that all of those terms are legally protected within the Commonwealth of Virginia.

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

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

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Commonwealth of Virginia



REGULATIONS
GOVERNING THE PRACTICE OF
PSYCHOLOGY

VIRGINIA BOARD OF PSYCHOLOGY

Title of Regulations: 18 VAC 125-20-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 36 of Title 54.1
of the *Code of Virginia***

Revised Date: January 27, 2016

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Phone: (804) 367-4697
FAX: (804) 527-4435
psy@dhp.virginia.gov

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Part I. General Provisions.

18VAC125-20-10. Definitions.

The following words and terms, in addition to the words and terms defined in §54.1-3600 of the Code of Virginia, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"APA" means the American Psychological Association.

"APPIC" means the Association of Psychology Postdoctoral and Internship Centers.

"Board" means the Virginia Board of Psychology.

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

"Demonstrable areas of competence" means those therapeutic and assessment methods and techniques, and populations served, for which one can document adequate graduate training, workshops, or appropriate supervised experience.

"Internship" means an ongoing, supervised and organized practical experience obtained in an integrated training program identified as a psychology internship. Other supervised experience or on-the-job training does not constitute an internship.

"NASP" means the National Association of School Psychologists.

"NCATE" means the National Council for the Accreditation of Teacher Education.

"Practicum" means the pre-internship clinical experience that is part of a graduate educational program.

"Professional psychology program" means an integrated program of doctoral study designed to train professional psychologists to deliver services in psychology.

"Regional accrediting agency" means one of the six regional accrediting agencies recognized by the United States Secretary of Education established to accredit senior institutions of higher education.

"Residency" means a post-internship, post-terminal degree, supervised experience approved by the board.

"School psychologist-limited" means a person licensed pursuant to §54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual consultation, guidance and instruction with respect to the skills and competencies of the person supervised.

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person and provides the supervision required by such a person.

18VAC125-20-20. [Repealed]

18VAC125-20-30. Fees required by the board.

A. The board has established fees for the following:

	Clinical psychologists Applied psychologists School psychologists	School psychologists- limited
1. Registration of residency (per residency request)	\$50	
2. Add or change supervisor	\$25	
3. Application processing and initial licensure	\$200	\$85
4. Annual renewal of active license	\$140	\$70
5. Annual renewal of inactive license	\$70	\$35
6. Late renewal	\$50	\$25
7. Verification of license to another jurisdiction	\$25	\$25
8. Duplicate license	\$5	\$5
9. Additional or replacement wall certificate	\$15	\$15
10. Returned check	\$35	\$35
11. Reinstatement of a lapsed license	\$270	\$125
12. Reinstatement following revocation or suspension	\$500	\$500

B. Fees shall be made payable to the Treasurer of Virginia and forwarded to the board. All fees are nonrefundable.

C. Between April 30, 2016 and June 30, 2016, the following renewal fees shall be in effect:

1. For an active license as a clinical, applied or school psychologist, it shall be \$84. For an inactive license as a clinical, applied or school psychologist, it shall be \$42.
2. For an active license as a school psychologist-limited, it shall be \$42. For an inactive license as a school psychologist-limited, it shall be \$21.

Part II. Requirements for Licensure.

18VAC125-20-40. General requirements for licensure.

Individuals licensed in one licensure category who wish to practice in another licensure category shall submit an application for the additional licensure category in which the licensee seeks to practice.

18VAC125-20-41. Requirements for licensure by examination.

A. Every applicant for examination for licensure by the board shall:

1. Meet the education requirements prescribed in 18VAC125-20-54, 18VAC125-20-55, or 18VAC125-20-56 and the experience requirement prescribed in 18VAC125-20-65 as applicable for the particular license sought; and

2. Submit the following:

a. A completed application on forms provided by the board;

b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65;

c. The application processing fee prescribed by the board;

d. Official transcripts documenting the graduate work completed and the degree awarded; transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained. Applicants who are graduates of institutions that are not regionally accredited shall submit documentation from an accrediting agency acceptable to the board that their education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55 or 18VAC125-20-56; and

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

B. In addition to fulfillment of the education and experience requirements, each applicant for licensure by examination must achieve a passing score on the Examination for Professional Practice of Psychology.

C. Every applicant shall attest to having read and agreed to comply with the current standards of practice and laws governing the practice of psychology in Virginia.

18VAC125-20-42. Prerequisites for licensure by endorsement.

Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing fee prescribed by the board;

3. An attestation of having read and agreed to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia;

4. Verification of all other health and mental health professional licenses or certificates ever held in any jurisdiction. In order to qualify for endorsement, the applicant shall not have surrendered a license or certificate while under investigation and shall have no unresolved action against a license or certificate;

5. A current report from the National Practitioner Data Bank; and
6. Further documentation of one of the following:
 - a. A current listing in the National Register of Health Service Psychologists;
 - b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
 - c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
 - d. Ten years of active licensure in a category comparable to the one in which licensure is sought, with an appropriate degree as required in this chapter documented by an official transcript; or
 - e. If less than 10 years of active licensure, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience and examination requirements set forth in this chapter for the category in which licensure is sought 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 and the following:
 - (1) Documentation of post-licensure active practice for at least 24 of the last sixty months immediately preceding licensure application;
 - (2) Verification of a passing score on the Examination for Professional Practice of Psychology as established in Virginia for the year of that administration; and
 - (3) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

18VAC125-20-43. Requirements for licensure as a school psychologist-limited.

- A. Every applicant for licensure as a school psychologist-limited shall submit to the board:
1. A copy of a current license issued by the Board of Education showing an endorsement in psychology.
 2. An official transcript showing completion of a master's degree in psychology.
 3. A completed Employment Verification Form of current employment by a school system under the Virginia Department of Education.
 4. The application fee.
- B. At the time of licensure renewal, school psychologists-limited shall be required to submit an updated Employment Verification Form if there has been a change in school district in which the licensee is currently employed.

18VAC125-20-50 to 18VAC125-20-53. [Repealed]

18VAC125-20-54. Education requirements for clinical psychologists.

A. The applicant shall hold a doctorate from a professional psychology program in a regionally accredited university, which was accredited by the APA in clinical or counseling psychology within four years after the applicant graduated from the program, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a doctorate from an APA accredited program, the applicant shall hold a doctorate from a professional psychology program which documents that it offers education and training which prepares individuals for the practice of clinical psychology as defined in §54.1-3600 of the Code of Virginia and which meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from an acceptable credential evaluation service which provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas.

a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).

b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).

d. Psychological measurement.

e. Research methodology.

f. Techniques of data analysis.

g. Professional standards and ethics.

6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:

a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).

b. Human development (e.g., child, adolescent, geriatric psychology).

c. Dysfunctional behavior, abnormal behavior or psychopathology.

d. Theories and methods of intellectual assessment and diagnosis.

e. Theories and methods of personality assessment and diagnosis including its practical application.

f. Effective interventions and evaluating the efficacy of interventions.

C. Applicants shall submit documentation of having successfully completed practicum experiences in assessment and diagnosis, psychotherapy, consultation and supervision. The practicum shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65 B, in the pre-doctoral practicum supervised experience that meets the following standards:

1. The supervised professional experience shall be part of an organized sequence of training within the applicant's doctoral program, which meets the criteria specified in subsections A or B of this section.

2. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.

a. "Face-to-face direct client services" means treatment/intervention, assessment, and interviewing of clients.

b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.

c. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided on-site or in the trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.

3. In order for pre-doctoral practicum hours to fulfill the all or part of the residency requirement, the following shall apply:

- a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;
 - b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and
 - c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.
4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.
 5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.
 6. The hours of pre-doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.

18VAC125-20-55. Education requirements for applied psychologists.

- A. The applicant shall hold a doctorate from a professional psychology program from a regionally accredited university which meets the following criteria:
 1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education, or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board which demonstrates that the program meets the requirements set forth in this chapter.
 2. The program shall be recognizable as an organized entity within the institution.
 3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.
 4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.
 5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas.

- a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).
- b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).
- c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).
- d. Psychological measurement.
- e. Research methodology.
- f. Techniques of data analysis.
- g. Professional standards and ethics.

B. Demonstration of competence in applied psychology shall be met by including a minimum of at least 18 semester hours or 30 quarter hours in a concentrated program of study in an identified area of psychology, e.g., developmental, social, cognitive, motivation, applied behavioral analysis, industrial/organizational, human factors, personnel selection and evaluation, program planning and evaluation, teaching, research or consultation.

18VAC125-20-56. Education requirements for school psychologists.

A. The applicant shall hold at least a master's degree in school psychology, with a minimum of at least 60 semester credit hours or 90 quarter hours, from a college or university accredited by a regional accrediting agency, which was accredited by the APA, NCATE or NASP, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a master's degree in school psychology from a program accredited by the APA, NCATE or NASP, the applicant shall have a master's degree from a psychology program which offers education and training to prepare individuals for the practice of school psychology as defined in §54.1-3600 of the Code of Virginia and which meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education, or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board which demonstrates that the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate

professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of two academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas.

a. Psychological foundations (e.g., biological bases of behavior, human learning, social and cultural bases of behavior, child and adolescent development, individual differences).

b. Educational foundations (e.g., instructional design, organization and operation of schools).

c. Interventions/problem-solving (e.g., assessment, direct interventions, both individual and group, indirect interventions).

d. Statistics and research methodologies (e.g., research and evaluation methods, statistics, measurement).

e. Professional school psychology (e.g., history and foundations of school psychology, legal and ethical issues, professional issues and standards, alternative models for the delivery of school psychological services, emergent technologies, roles and functions of the school psychologist).

6. The program shall be committed to practicum experiences which shall include:

a. Orientation to the educational process;

b. Assessment for intervention;

c. Direct intervention, including counseling and behavior management; and

d. Indirect intervention, including consultation.

18VAC125-20-60. [Repealed]

18VAC125-20-65. Supervised experience.

A. Internship requirement.

1. Candidates for clinical psychologist licensure shall have successfully completed an internship that is either accredited by APA, APPIC₂ or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards.

2. Candidates for school psychologist licensure shall have successfully completed an internship accredited by the APA, APPIC or NASP or one that meets equivalent standards.

B. Residency requirement.

1. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours in a period of not less than 12 months and not to exceed three years of supervised experience in the delivery of clinical or school psychology services acceptable to the board, or the applicant may request approval to begin a residency
2. Supervised experience obtained in Virginia without prior written board approval will not be accepted toward licensure. Candidates shall not begin the residency until after completion of the required degree as set forth in 18VAC125-20-54 or 18VAC125-20-56. An individual who proposes to obtain supervised post-degree experience in Virginia shall, prior to the onset of such supervision, submit a supervisory contract along with the application package and pay the registration of supervision fee set forth in 18VAC125-20-30.
3. There shall be a minimum of two hours of individual supervision per week. Group supervision of up to five residents may be substituted for one of the two hours per week on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per week.
4. Residents may not refer to or identify themselves as applied psychologists, clinical psychologists, or school psychologists; independently solicit clients; bill for services; or in any way represent themselves as licensed psychologists. Notwithstanding the above, this does not preclude supervisors or employing institutions for billing for the services of an appropriately identified resident. During the residency period they shall use their names, the initials of their degree, and the title, "Resident in Psychology," in the licensure category in which licensure is sought.
5. Supervision shall be provided by a psychologist licensed to practice in the licensure category in which the resident is seeking licensure.
6. The supervisor shall not provide supervision for activities beyond the supervisor's demonstrable areas of competence, nor for activities for which the applicant has not had appropriate education and training.
7. At the end of the residency training period, the supervisor or supervisors shall submit to the board a written evaluation of the applicant's performance.
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 supervisors.

C. For a clinical psychologist license, a candidate may submit evidence of having met the supervised experience requirements in a pre-doctoral practicum as specified in 18VAC125-20-54 D in substitution for all or part of the 1,500 residency hours specified in this section. If the supervised experience hours completed in a practicum do not total 1,500 hours, a person may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.

D. Candidates for clinical psychologist licensure shall provide documentation that the internship and residency included appropriate emphasis and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

18VAC125-20-70. [Repealed]

Part III. Examinations.

18VAC125-20-80. General examination requirements.

A. An applicant for clinical or school psychologist licensure enrolled in an approved residency training program required in 18VAC125-20-65 who has met all requirements for licensure except completion of that program shall be eligible to take the national written examinations.

B. A candidate approved by the board to sit for an examination shall take that examination within two years of the date of the initial board approval. If the candidate has not taken the examination by the end of the two-year period here prescribed, the applicant shall reapply according to the requirements of the regulations in effect at that time.

C. The board shall establish passing scores on the examination.

18VAC125-20-90 to 18VAC125-20-110. [Repealed]

Part V. Licensure Renewal; Reinstatement.

18VAC125-20-120. Annual renewal of licensure.

Every license issued by the board shall expire each year on June 30.

1. Every licensee who intends to continue to practice shall, on or before the expiration date of the license, submit to the board a license form supplied by the board and the renewal fee prescribed in 18VAC125-20-30.

2. Licensees who wish to maintain an active license shall pay the appropriate fee and verify on the renewal form compliance with the continuing education requirements prescribed in 18VAC125-20-121. First-time licensees by examination are not required to verify continuing education on the first renewal date following initial licensure.

3. A licensee who wishes to place his license in inactive status may do so upon payment of the fee prescribed in 18VAC125-20-30. No person shall practice psychology in Virginia unless he holds a current active license. An inactive licensee may activate his license by fulfilling the reactivation requirements set forth in 18VAC125-20-130.

4. Licensees shall notify the board office in writing of any change of address of record or of the public address, if different from the address of record. Failure of a licensee to receive a renewal notice and application forms from the board shall not excuse the licensee from the renewal requirement.

18VAC125-20-121. Continuing education course requirements for renewal of an active license.

A. Licensees shall be required to have completed a minimum of 14 hours of board-approved continuing education courses each year for annual licensure renewal. A minimum of 1.5 of these hours shall be in courses that emphasize the ethics, laws, and regulations governing the profession of psychology, including the standards of practice set out in 18VAC125-20-150. A licensee who completes continuing education hours in excess of the 14 hours may carry up to seven hours of continuing education credit forward to meet the requirements for the next annual renewal cycle.

B. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the practice of psychology and is provided by a board-approved provider that meets the criteria specified in 18VAC125-20-122.

1. At least six of the required hours shall be earned in face-to-face or real-time interactive educational experiences. Real-time interactive shall include a course in which the learner has the opportunity to interact with the presenter and participants during the time of the presentation.

2. The board may approve up to four hours per renewal cycle for specific educational experiences to include:

a. Preparation for or presentation of a continuing education program, seminar, workshop or course offered by an approved provider and directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the presentation is given, and may not be credited toward the face-to-face requirement.

b. Publication of an article or book in a recognized publication directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the writing is published, and may not be credited toward the face-to-face requirement.

3. The board may approve up to two hours per renewal cycle for membership on a state licensing board in psychology.

C. Courses must be directly related to the scope of practice in the category of licensure held. Continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders.

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 licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

E. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

18VAC125-20-122. Continuing education providers.

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

1. Any psychological association recognized by the profession or providers approved by such an association.
2. Any association or organization of mental health, health or psychoeducational providers recognized by the profession or providers approved by such an association or organization.
3. Any association or organization providing courses related to forensic psychology recognized by the profession or providers approved by such an association or organization.
4. Any regionally accredited institution of higher learning. A maximum of 14 hours will be accepted for each academic course directly related to the practice of psychology.
5. Any governmental agency or facility that offers mental health, health or psychoeducational services.
6. Any licensed hospital or facility that offers mental health, health or psychoeducational services.
7. Any association or organization that has been approved as a continuing competency provider by a psychology board in another state or jurisdiction.

B. Continuing education providers approved under subsection A of this section shall:

1. Maintain documentation of the course titles and objectives and of licensee attendance and completion of courses for a period of four years.
2. Monitor attendance at classroom or similar face-to-face educational experiences.
3. Provide a certificate of completion for licensees who successfully complete a course.

18VAC125-20-123. Documenting compliance with continuing education requirements.

A. All licensees in active status are required to maintain original documentation for a period of four years.

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. Official transcripts showing credit hours earned from an accredited institution; or
2. Certificates of completion from approved providers.

D. Compliance with continuing education requirements, including the maintenance of records and the relevance of the courses to the category of licensure, is the responsibility of the licensee. The board may request additional information if such compliance is not clear from the transcripts or certificates.

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

18VAC125-20-130. Late renewal; reinstatement; reactivation.

A. A person whose license has expired may renew it within one year after its expiration date by paying the penalty fee prescribed in 18VAC125-20-30 and the license renewal fee for the year the license was not renewed.

B. A person whose license has not been renewed for one year or more and who wishes to resume practice shall:

1. Present evidence to the board of having met all applicable continuing education requirements equal to the number of years the license has lapsed, not to exceed four years;

2. Pay the reinstatement fee as prescribed in 18VAC125-20-30; and

3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for licensure.

C. A psychologist wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal, and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.

18VAC125-20-140. [Repealed]

Part VI. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.

18VAC125-20-150. 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. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences.

B. Persons licensed by the board shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by training and appropriate experience. Delegate to their employees, supervisees, residents and research assistants only those responsibilities such persons can be expected to perform competently by education, training and experience. Take ongoing steps to maintain competence in the skills they use;

2. When making public statements regarding credentials, published findings, directory listings, curriculum vitae, etc., ensure that such statements are neither fraudulent nor misleading;

3. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;
4. Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;
5. 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. Not exploit or mislead people for whom they provide professional services. Be alert to and guard against misuse of influence;
6. Avoid dual relationships with patients, clients, residents or supervisees that could impair professional judgment or compromise their well-being (to include but not limited to treatment of close friends, relatives, employees);
7. Withdraw from, adjust or clarify conflicting roles with due regard for the best interest of the affected party or parties and maximal compliance with these standards;
8. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Since sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation;
9. Keep confidential their professional relationships with patients or clients and disclose client records to others only with written consent except: (i) when a patient or client is a danger to self or others, (ii) as required under §32.1-127.1:03 of the Code of Virginia, or (iii) as permitted by law for a valid purpose;
10. Make reasonable efforts to provide for continuity of care when services must be interrupted or terminated;
11. Inform clients of professional services, fees, billing arrangements and limits of confidentiality before rendering services. Inform the consumer prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment. Avoid bartering goods and services. Participate in bartering only if it is not clinically contraindicated and is not exploitative;
12. Construct, maintain, administer, interpret and report testing and diagnostic services in a manner and for purposes which are appropriate;
13. Keep pertinent, confidential records for at least five years after termination of services to any consumer;

14. Design, conduct and report research in accordance with recognized standards of scientific competence and research ethics; and

15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology.

18VAC125-20-160. Grounds for disciplinary action or denial of licensure.

The board may take disciplinary action or deny a license for any of the following causes:

1. Conviction of a felony, or a misdemeanor involving moral turpitude;
2. Procuring of a license by fraud or misrepresentation;
3. Misuse of drugs or alcohol to the extent that it interferes with professional functioning;
4. Negligence in professional conduct or violation of practice standards including but not limited to this chapter;
5. Performing functions outside areas of competency;
6. Mental, emotional, or physical incompetence to practice the profession;
7. Failure to comply with the continued competency requirements set forth in this chapter; or
8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession regulated or any provision of this chapter.

18VAC125-20-170. Reinstatement following disciplinary action.

A. Any person whose license has been revoked by the board under the provisions of 18VAC125-20-160 may, three years subsequent to such board action, submit a new application to the board for reinstatement of licensure. The board in its discretion may, after a hearing, grant the reinstatement.

B. The applicant for such reinstatement, if approved, shall be licensed upon payment of the appropriate fee applicable at the time of reinstatement.

Commonwealth of Virginia



REGULATIONS
GOVERNING THE CERTIFICATION OF
SEX OFFENDER TREATMENT PROVIDERS

VIRGINIA BOARD OF PSYCHOLOGY

Title of Regulations: 18 VAC 125-30-10 et seq.

**Statutory Authority: §§ 54.1-2400 and Chapter 36 of Title 54.1
of the *Code of Virginia***

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9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Phone: (804) 367-4697
FAX: (804) 527-4435
psy@dhp.virginia.gov

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Part I. General Provisions.

18VAC125-30-10. Definitions.

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

"Ancillary services" means training in anger management, stress management, assertiveness, social skills, substance abuse avoidance and sex education as part of an identified sex offender treatment provider program.

"Applicant" means an individual who has submitted a completed application with documentation and the appropriate fees to be examined for certification as a sex offender treatment provider.

"Assessment" means using specific techniques of evaluation and measurement to collect facts related to sexually abusive thoughts and behaviors contributing to sexual offense.

"Board" means the Virginia Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-2924.1, 54.1-3005, 54.1-3505, 54.1-3609, 54.1-3610, 54.1-3611, and 54.1-3705 of the Code of Virginia and the regulations promulgated pursuant to these provisions.

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

"Sex offender" means (i) any person who has been adjudicated or convicted of a sex offense or has a founded child sexual abuse status by the Department of Social Services; (ii) any person for whom any court has found sufficient evidence without specific finding of guilt of committing a felony or misdemeanor which may be reasonably inferred to be sexually motivated; or (iii) any person who admits to or acknowledges behavior which would result in adjudication, conviction, or a founded child sexual abuse status.

"Sex offense" means behavior in violation of any of the following statutes in the Code of Virginia: § 18.2-48 in part (abduction of any person with intent to defile such person), § 18.2-60.3 in part (includes only those instances in which sexual motivation can be reasonably inferred), § 18.2-61, § 18.2-63, § 18.2-64.1, § 18.2-67.1, § 18.2-67.2, § 18.2-67.2:1, § 18.2-67.3, § 18.2-67.4, § 18.2-67.5, § 18.2-130 in part (includes only those instances in which sexual motivation can be reasonable inferred), subsection A of § 18.2-361 in part "If any person carnally knows in any manner any brute animal" and subsection B § 18.2-361 in its entirety, § 18.2-366, § 18.2-370, § 18.2-370.1, § 18.2-374.1 (not to include plethysmographic testing materials in the possession of qualified mental health professionals or technicians), § 18.2-387.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular documented individual consultation, guidance and instruction with respect to the skills and competencies of the person providing sex offender treatment services.

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person as it relates to sex offender treatment and provides the supervision required by such a person. The supervisor shall be a certified sex offender treatment provider and licensed by the Board of Medicine, Nursing, Counseling, Psychology or Social Work.

"Treatment" means therapeutic intervention to change sexually abusive thoughts and behaviors which specifically addresses the occurrence and dynamics of sexual behavior and utilizes specific strategies to promote change.

18VAC125-30-20. Fees required by the board.

A. The board has established the following fees applicable to the certification of sex offender treatment providers:

Registration of supervision	\$50
Add or change supervisor	\$25
Application processing and initial certification fee	\$90
Certification renewal	\$75
Duplicate certificate	\$5
Late renewal	\$25
Reinstatement of an expired certificate	\$125
Replacement of or additional wall certificate	\$15
Returned check	\$35
Reinstatement following revocation or suspension	\$500
One-time reduction in fee for renewal on June 30, 2016	\$45

B. Fees shall be made payable to the Treasurer of Virginia. All fees are nonrefundable.
Statutory Authority

Part II. Requirements for Certification.

18VAC125-30-30. Prerequisites to certification.

A. Every applicant for certification by the board shall:

1. Meet the educational requirements prescribed in 18VAC125-30-40;
2. Meet the experience requirements prescribed in 18VAC125-30-50;
3. Submit to the board:
 - a. A completed application form;
 - b. Documented evidence of having fulfilled the education, experience, and supervision set forth in 18VAC125-30-40 and 18VAC125-30-50; and
 - c. Reference letters from three licensed health care professionals familiar with and attesting to the applicant's skills and experience.

B. The board may certify by endorsement an individual who can document current certification as a sex offender treatment provider in good standing obtained by standards substantially equivalent to those outlined in this chapter as verified by an out-of-state certifying agency on a board-approved form.

18VAC125-30-40. Educational requirements.

An applicant for certification as a sex offender treatment provider shall:

1. Document completion of one of the following degrees:
 - a. A master's or doctoral degree in social work, psychology, counseling, or nursing from a regionally accredited university; or
 - b. The degree of Doctor of Medicine or Doctor of Osteopathic Medicine from an institution that is approved by an accrediting agency recognized by the Virginia Board of Medicine. Graduates of institutions that are not accredited by an acceptable accrediting agency shall establish the equivalency of their education to the educational requirements of the Virginia Board of Social Work, Psychology, Counseling, Nursing or Medicine.

2. Provide documentation of 50 clock hours of training acceptable to the board in the following areas, with 15 clock hours in each area identified in subdivisions 2 a and b of this section, 10 clock hours in each area identified in subdivision 2 c of this section, and five clock hours in each area identified in subdivisions 2 d and e of this section:
 - a. Sex offender assessment;
 - b. Sex offender treatment interventions;
 - c. Etiology/developmental issues of sex offense behavior;
 - d. Criminal justice and legal issues related to sexual offending; and
 - e. Program evaluation, treatment efficacy, and issues related to recidivism of sex offenders.

18VAC125-30-50. Experience requirements; supervision.

A. Registration of supervision.

1. In order to register supervision with the board, individuals shall submit:
 - a. A completed supervisory contract;
 - b. The registration fee prescribed in 18VAC125-30-20; and
 - c. Official graduate transcript.

2. The board may waive the registration requirement for individuals who have obtained at least five years documented work experience in sex offender treatment in another jurisdiction.

B. An applicant for certification as a sex offender treatment provider shall provide documentation of having 2,000 hours of postdegree clinical experience in the delivery of clinical assessment/treatment services. At least 200 hours of this experience must be face-to-face treatment and assessment with sex offender clients.

1. The experience shall include a minimum of 100 hours of face-to-face supervision within the 2,000 hours experience with a minimum of six hours per month. A minimum of 50 hours shall be in individual face-to-face supervision. Face-to-face supervision obtained in a group setting shall include no more than six trainees in a group.

2. If the applicant has obtained the required postdegree clinical experience for a mental health license within the past 10 years, he can receive credit for those hours that were in the delivery of clinical assessment/treatment services with sex offender clients provided:

- a. The applicant can document that the hours were in the treatment and assessment with sex offender clients; and
- b. The supervisor for those hours can attest that he was licensed and qualified to render services to sex offender clients at the time of the supervision.

C. Supervised experience obtained in Virginia without prior written board approval shall not be accepted toward certification. Candidates shall not begin the experience until after completion of the required degree as set forth in 18VAC125-30-40. An individual who proposes to obtain supervised postdegree experience in Virginia shall, prior to the onset of such supervision, submit a supervisory contract along with the application package and pay the registration of supervision fee set forth in 18VAC125-30-20.

D. The supervisor.

1. The supervisor shall assume responsibility for the professional activities of the applicant.
2. The supervisor shall not provide supervision for activities for which the prospective applicant has not had appropriate education.
3. The supervisor shall hold a current and unrestricted license as a clinical nurse specialist, doctor of medicine or osteopathic medicine, professional counselor, clinical social worker, or clinical psychologist and shall provide supervision only for those sex offender treatment services which he is qualified to render.

4. At the time of formal application for certification, the board approved supervisor shall document for the board the applicant's total hours of supervision, length of work experience, competence in sex offender treatment, and needs for additional supervision or training.

18VAC125-30-60. [Repealed]

18VAC125-30-70. Supervision of unlicensed persons.

Those persons providing ancillary services as part of an identified sex offender treatment program in an exempt practice situation and not meeting the educational and experience requirements to become an applicant shall provide such services under the supervision of a certified sex offender treatment provider.

Part III. Renewal and Reinstatement.

18VAC125-30-80. Annual renewal of certificate.

- A. Every certificate issued by the board shall expire on June 30 of each year.
- B. Along with the renewal application, the certified sex offender treatment provider shall:
 - 1. Submit the renewal fee prescribed in 18VAC125-30-20; and
 - 2. Attest to having obtained six hours of continuing education in topics related to the provision of sex offender treatment within the renewal period. Continuing education shall be offered by a sponsor or provider approved by the Virginia Board of Social Work, Psychology, Counseling, Nursing, or Medicine or by the Association for the Treatment of Sexual Abusers or one of its state chapters. Hours of continuing education used to satisfy the renewal requirements for another license may be used to satisfy the six-hour requirement for sex offender treatment provider certification, provided it was related to the provision of sex offender treatment.
- C. Certificate holders shall notify the board in writing of a change of address of record or of the public address, if different from the address of record, within 60 days. Failure to receive a renewal notice and application form or forms shall not excuse the certified sex offender treatment provider from the renewal requirement.

18VAC125-30-90. 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 18VAC125-30-20.
- B. A person whose certificate has expired beyond one year and who wishes to resume practice shall:
 - 1. Submit a reinstatement application along with the reinstatement fee.
 - 2. Provide evidence satisfactory to the board of current ability to practice.
 - 3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for certification.

Part IV. Standards of Practice; Disciplinary Action; Reinstatement.

18VAC125-30-100. 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 certified practitioners who provide services to sex offenders.

B. Persons certified by the board and applicants under supervision shall:

1. Practice in a manner that ensures community protection and safety.
2. Treat all sex offender clients with dignity and respect, regardless of the nature of their crimes or offenses.
3. Provide only services and use only techniques for which they are qualified by training and experience.
4. Inform sex offender clients of (i) the purposes of an interview, testing, or evaluation session; (ii) the ways in which information obtained in such sessions will be used before asking the sex offender client to reveal personal information or allowing such information to be divulged; (iii) the methods of interventions, including any experimental methods of treatment; and (iv) the risks and benefits of any treatment.
5. Inform sex offender clients of the limits of confidentiality and any circumstances which may allow an exception to the agreed upon confidentiality, including (i) as obligated under dual-client situations, especially in criminal justice or related settings; (ii) when the client is a danger to self or others; (iii) when under court order to disclose information; (iv) in cases of suspected child abuse; and (v) as otherwise required by law.
6. Not require or seek waivers of privacy or confidentiality beyond the requirements of treatment, training, or community safety.
7. Explain to juvenile sex offender clients the rights of their parents or legal guardians, or both, to obtain information relating to the sex offender client.
8. Maintain sex offender client records securely, inform all employees of the rules applicable to the appropriate level of confidentiality, and provide for the destruction of records which are no longer useful.
9. Retain sex offender client records for a minimum of five years from the date of termination of services.
10. Stay abreast of new developments, concepts, and practices which are important to providing appropriate professional services.
11. Never engage in dual relationships with sex offender clients or former clients, or current trainees that could impair professional judgment or compromise the sex offender client's or trainee's well-being, impair the trainee's judgment, or increase the risk of sex offender client or trainee exploitation. Engaging in sexual intimacies or romantic relationships with sex offender clients or former clients, or with current trainees is strictly prohibited.
12. Report to the board known or suspected violations of the laws and regulations governing the practice of sex offender treatment providers, as well as any information that a sex offender treatment provider is unable to practice with reasonable skill and safety because of illness or substance abuse or otherwise poses a danger to himself, the public, or clients.
13. Provide clients with accurate information concerning tests, reports, billing, payment responsibilities, therapeutic regime, and schedules before rendering services.
14. Maintain cooperative and collaborative relationships with corrections/probation/parole officers or any responsible agency for purposes of the effective supervision and monitoring of a sex offender client's behavior in order to assure public safety.
15. Consider the validity, reliability, and appropriateness of assessments selected for use with sex offender clients. Where questions exist about the appropriateness of utilizing a particular assessment with a sex offender client, expert guidance from a knowledgeable, certified sex offender treatment provider shall be sought.

16. Recognize the sensitivity of sexual arousal assessment testing and treatment materials, safeguard the use of such materials in compliance with § 18.2-374.1:1 of the Code of Virginia, and use them only for the purpose for which they are intended in a controlled penile plethysmographic laboratory assessment.

17. Be aware of the limitations of plethysmograph and that plethysmographic data is only meaningful within the context of a comprehensive evaluation or treatment process or both.

18. Be knowledgeable of the limitations of the polygraph and take into account its appropriateness with each individual client and special client population.

19. Comply with all laws of the Code of Virginia applicable to the practice of sex offender treatment providers.

18VAC125-30-110. Grounds for disciplinary action.

The board may revoke, suspend, restrict or refuse to issue a certificate, or reprimand or fine a practitioner in accord with the following:

1. Violation of the standards of practice.
2. Conviction of a felony or a misdemeanor involving moral turpitude.
3. Misuse of drugs or alcohol which interferes with professional functioning.
4. Mental or physical illness which interferes with professional functioning.
5. 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 investigation is pending.

18VAC125-30-120. Reinstatement following disciplinary action.

A. Any person whose certificate has been revoked by the board under the provisions of 18VAC125-30-110 may, three years subsequent to such board action, submit a new application to the board for certification to the board. Any person whose certificate has been denied renewal by the board under the provisions of 18VAC125-30-110 may, two years subsequent to such board action, submit a new application to the board for certification to the board.

B. The board in its discretion may, after a hearing, grant reinstatement.

C. The applicant for reinstatement, if approved, shall be certified upon payment of the appropriate fees applicable at the time of reinstatement.

Chapter 36 of Title 54.1 of the Code of Virginia

Psychology

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§ 54.1-3600. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Applied psychologist" means an individual licensed to practice applied psychology.

"Board" means the Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-2924.1, 54.1-3005, 54.1-3505, 54.1-3611, and 54.1-3705 and the regulations promulgated pursuant to these provisions.

"Clinical psychologist" means an individual licensed to practice clinical psychology.

"Practice of applied psychology" means application of the principles and methods of psychology to improvement of organizational function, personnel selection and evaluation, program planning and implementation, individual motivation, development and behavioral adjustment, as well as consultation on teaching and research.

"Practice of clinical psychology" includes, but is not limited to:

1. "Testing and measuring" which consists of the psychological evaluation or assessment of personal characteristics such as intelligence, abilities, interests, aptitudes, achievements, motives, personality dynamics, psychoeducational processes, neuropsychological functioning, or other psychological attributes of individuals or groups.
2. "Diagnosis and treatment of mental and emotional disorders" which consists of the appropriate diagnosis of mental disorders according to standards of the profession and the ordering or providing of treatments according to need. Treatment includes providing counseling, psychotherapy, marital/family therapy, group therapy, behavior therapy, psychoanalysis, hypnosis, biofeedback, and other psychological interventions with the objective of modification of perception, adjustment, attitudes, feelings, values, self-concept, personality or personal goals, the treatment of alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, pain, injury or disability.
3. "Psychological consulting" which consists of interpreting or reporting on scientific theory or research in psychology, rendering expert psychological or clinical psychological opinion, evaluation, or engaging in applied psychological research, program or organizational development, administration, supervision or evaluation of psychological services.

"Practice of psychology" means the practice of applied psychology, clinical psychology or school psychology.

The "practice of school psychology" means:

1. "Testing and measuring" which consists of psychological assessment, evaluation and diagnosis relative to the assessment of intellectual ability, aptitudes, achievement, adjustment, motivation, personality or any other psychological attribute of persons as individuals or in groups that directly relates to learning or behavioral problems that impact education.

2. "Counseling" which consists of professional advisement and interpretive services with children or adults for amelioration or prevention of problems that impact education.

Counseling services relative to the practice of school psychology include but are not limited to the procedures of verbal interaction, interviewing, behavior modification, environmental manipulation and group processes.

3. "Consultation" which consists of educational or vocational consultation or direct educational services to schools, agencies, organizations or individuals. Psychological consulting as herein defined is directly related to learning problems and related adjustments.

4. Development of programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher involvement in adaptations and innovations.

"Psychologist" means a person licensed to practice school, applied or clinical psychology.

"School psychologist" means a person licensed by the Board of Psychology to practice school psychology.

(1976, c. 608, § 54-936; 1987, cc. 522, 543; 1988, c. 765; 1994, c. 778; 1996, cc. 937, 980; 2004, c. 11.)

§ 54.1-3601. Exemption from requirements of licensure.

The requirements for licensure provided for in this chapter shall not be applicable to:

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and the person rendering such service is not held out, by himself or otherwise, as a licensed practitioner or a provider of clinical or school psychology services.

2. The activities or services of a student pursuing a course of study in psychology in an institution accredited by an accrediting agency recognized by the Board or under the supervision of a practitioner licensed or certified under this chapter, if such activities or services constitute a part of his course of study and are adequately supervised.

3. The activities of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether

with or without charge, for or under the auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization, except that any such person who renders psychological services, as defined in this chapter, shall be (i) supervised by a licensed psychologist or clinical psychologist; (ii) licensed by the Department of Education as a school psychologist; or (iii) employed by a school for students with disabilities which is certified by the Board of Education. Any person who, in addition to the above enumerated employment, engages in an independent private practice shall not be exempt from the licensure requirements.

5. Persons regularly employed by private business firms as personnel managers, deputies or assistants so long as their counseling activities relate only to employees of their employer and in respect to their employment.

6. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction consulting with licensed psychologists in this Commonwealth.

7. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction when in Virginia temporarily and such psychologist has been issued a temporary license by the Board to participate in continuing education programs or rendering psychological services without compensation to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106.

8. The performance of the duties of any commissioned or contract clinical psychologist in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States while such individual is so commissioned or serving.

9. Any person performing services in the lawful conduct of his particular profession or business under state law.

10. Any person duly licensed as a psychologist in another state or the District of Columbia who testifies as a treating psychologist or who is employed as an expert for the purpose of possibly testifying as an expert witness.

(1976, c. 608, § 54-944; 1986, c. 581; 1988, c. 765; 1996, cc. 937, 980; 2000, c. 462.)

§ 54.1-3602. Administration or prescription of drugs not permitted.

This chapter shall not be construed as permitting the administration or prescribing of drugs or in any way infringing upon the practice of medicine as defined in Chapter 29 (§ 54.1-2900 et seq.) of this title.

(1976, c. 608, § 54-945; 1988, c. 765.)

§ 54.1-3603. Board of Psychology; membership.

The Board of Psychology shall regulate the practice of psychology. The membership of the Board shall be representative of the practices of psychology and shall consist of nine members as follows: five persons who are licensed as clinical psychologists, one person licensed as a school psychologist, one person licensed as an applied psychologist and two citizen members. At least one of the seven psychologist members of the Board shall be a member of the faculty at an accredited college or university in this Commonwealth actively engaged in teaching psychology. The terms of the members of the Board shall be four years.

(1976, c. 608, § 54-937; 1981, c. 447; 1982, c. 165; 1985, c. 159; 1986, cc. 464, 510; 1988, cc. 42, 765; 1996, cc. 937, 980.)

§ 54.1-3604. Nominations.

Nominations for professional members may be made from a list of at least three names for each vacancy submitted to the Governor by the Virginia Psychological Association, the Virginia Academy of Clinical Psychologists, the Virginia Applied Psychology Academy and the Virginia Academy of School Psychologists. The Governor may notify such organizations of any professional vacancy other than by expiration. In no case shall the Governor be bound to make any appointment from among the nominees.

(1986, c. 464, § 54-937.1; 1988, c. 765; 1996, cc. 937, 980.)

§ 54.1-3605. Powers and duties of the Board.

In addition to the powers granted in other provisions of this title, the Board shall have the following specific powers and duties:

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.
2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.
3. To designate specialties within the profession.
4. To issue a temporary license for such periods as the Board may prescribe to practice psychology to persons who are engaged in a residency or pursuant to subdivision 7 of § 54.1-3601.

5. To promulgate regulations for the voluntary certification of licensees as sex offender treatment providers.

6. To administer the mandatory certification of sex offender treatment providers for those professionals who are otherwise exempt from licensure under subdivision 4 of §§ 54.1-3501, 54.1-3601 or § 54.1-3701 and to promulgate regulations governing such mandatory certification. The regulations shall include provisions for fees for application processing, certification qualifications, certification issuance and renewal and disciplinary action.

7. To promulgate regulations establishing the requirements for licensure of clinical psychologists that shall include appropriate emphasis in the diagnosis and treatment of persons with moderate and severe mental disorders.

(1976, c. 608, §§ 54-929, 54-931; 1983, c. 115; 1986, cc. 64, 100, 464; 1988, c. 765; 1993, c. 767; 1994, c. 778; 1996, cc. 937, 980; 1997, c. 556; 1999, c. 630; 2001, cc. 186, 198; 2004, c. 11.)

§ 54.1-3606. License required.

A. In order to engage in the practice of applied psychology, school psychology, or clinical psychology, it shall be necessary to hold a license.

B. Notwithstanding the provisions of subdivision 4 of § 54.1-3601 or any Board regulation, the Board of Psychology shall license, as school psychologists-limited, persons licensed by the Board of Education with an endorsement in psychology and a master's degree in psychology. The Board of Psychology shall issue licenses to such persons without examination, upon review of credentials and payment of an application fee in accordance with regulations of the Board for school psychologists-limited.

Persons holding such licenses as school psychologists-limited shall practice solely in public school divisions; holding a license as a school psychologist-limited pursuant to this subsection shall not authorize such persons to practice outside the school setting or in any setting other than the public schools of the Commonwealth, unless such individuals are licensed by the Board of Psychology to offer to the public the services defined in § 54.1-3600.

The Board shall issue persons, holding licenses from the Board of Education with an endorsement in psychology and a license as a school psychologist-limited from the Board of Psychology, a license which notes the limitations on practice set forth in this section.

Persons who hold licenses as psychologists issued by the Board of Psychology without these limitations shall be exempt from the requirements of this section.

(1979, c. 408, § 54-939.1; 1988, c. 765; 1996, cc. 937, 980; 1999, cc. 967, 1005.)

§ 54.1-3606.1. Continuing education.

A. The Board shall promulgate regulations governing continuing education requirements for psychologists licensed by the Board. Such regulations shall require the completion of the equivalent of 14 hours annually in Board-approved continuing education courses for any license renewal or reinstatement after the effective date.

B. The Board shall include in its regulations governing continuing education requirements for licensees a provision allowing a licensee who completes continuing education hours in excess of the hours required by subsection A to carry up to seven hours of continuing education credit forward to meet the requirements of subsection A for the next annual renewal cycle.

C. The Board shall approve criteria for continuing education courses that are directly related to the respective license and scope of practice of school psychology, applied psychology and clinical psychology. Approved continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders. Any licensed hospital, accredited institution of higher education, or national, state or local health, medical, psychological or mental health association or organization may submit applications to the Board for approval as a provider of continuing education courses satisfying the requirements of the Board's regulations. Approved course providers may be required to register continuing education courses with the Board pursuant to Board regulations. Only courses meeting criteria approved by the Board and offered by a Board-approved provider of continuing education courses may be designated by the Board as qualifying for continuing education course credit.

D. All course providers shall furnish written certification to licensed psychologists attending and completing respective courses, indicating the satisfactory completion of an approved continuing education course. Each course provider shall retain records of all persons attending and those persons satisfactorily completing such continuing education courses for a period of four years following each course. Applicants for renewal or reinstatement of licenses issued pursuant to this article shall retain for a period of four years the written certification issued by any course provider. The Board may require course providers or licensees to submit copies of such records or certification, as it deems necessary to ensure compliance with continuing education requirements.

E. The Board shall have the authority to grant exemptions or waivers or to reduce the number of continuing education hours required in cases of certified illness or undue hardship.
2000, c. [83](#); 2015, c. [359](#).

§ 54.1-3607. .

Repealed by Acts 1996, cc. 937 and 980.

§ 54.1-3608. .

Repealed by Acts 2001, cc. 186 and 198.

§§ 54.1-3609. , 54.1-3610.

Repealed by Acts 2004, c. 11.

§ 54.1-3611. Restriction of practice; use of titles.

No person, including licensees of the Boards of Counseling; Medicine; Nursing; Psychology; or Social Work, shall claim to be a certified sex offender treatment provider unless he has been so certified. No person who is exempt from licensure under subdivision 4 of §§ 54.1-3501, 54.1-3601 or § 54.1-3701 shall hold himself out as a provider of sex offender treatment services unless he is certified as a sex offender treatment provider by the Board of Psychology.

(1994, c. 778; 1999, c. 630; 2000, c. 473.)

§ 54.1-3612. .

Repealed by Acts 1997, c. 698.

§ 54.1-3613. .

Repealed by Acts 2004, cc. 40 and 68.

§ 54.1-3614. Delegation to unlicensed persons.

Any licensed psychologist may delegate to unlicensed personnel supervised by him such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by psychologists, if such activities or functions are authorized by and performed for such psychologist and responsibility for such activities or functions is assumed by such psychologist.

(1996, cc. 937, 980.)

§ 54.1-3615. .

Repealed by Acts 2004, c. 64.

§ 54.1-3616. Use of title "Doctor."

No person regulated under this chapter shall use the title "Doctor" or the abbreviation "Dr." in writing or in advertising in connection with his practice unless he simultaneously uses a clarifying title, initials, abbreviation or designation or language that identifies the type of practice for which he is licensed.

(1996, cc. 937, 980.)