



Advisory on Behavior Analysts

**Virginia Board of Medicine
October 1, 2018
10:00 a.m.**

**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.

Advisory Board on Behavior Analysts
Board of Medicine
Monday, October 1, 2018, 10:00 a.m.
9960 Mayland Drive, Suite 201, Henrico, Virginia
Training Room 2

Call to Order – Kerry Bethune, Ph.D., BCBA-D

Emergency Egress Procedures – William Harp, MD

i

Roll Call

Adoption of the Agenda

Approval of Minutes of June 2, 2017 and January 29, 2018

1-5

Public Comment on Agenda Items (15 minutes)

New Business

- | | |
|--|--------|
| 1. Periodic Regulation review | 6-17 |
| 2. APBA comments on regulations | 18-31 |
| 3. Carr & Noski (2017) Professional Credentialing of Behavior Analysts | 32-36a |
| 4. Board member badges | ----- |
| 5. 2019 Meeting Calendar | 37-38 |
| 6. Election of Officers | ----- |

Announcements

Next Meeting Date: TBA @ 10:00 a.m.

Adjournment

---DRAFT UNAPPROVED ---

ADVISORY BOARD ON BEHAVIOR ANALYSIS

Minutes

June 5, 2017

The Advisory Board on Behavior Analysis met on Monday, June 5, 2017 at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia 23233.

MEMBERS PRESENT: Keri Bethune, PhD, BCBA-D
Kate Lewis, MS, BCBA, LBA
Amanda Kusterer, BCaBA
Asha Patton Smith, MD

MEMBERS ABSENT: Gary Fletcher

STAFF PRESENT: William L. Harp, M.D., Executive Director
Alan Heaberlin, Deputy Director, Licensure
Elaine Yeatts, DHP Senior Policy Analyst
Denise Mason, Licensing Specialist
Colanthia Morton Opher, Operations Manager

GUESTS PRESENT: Christy Evanko, BCBA

CALL TO ORDER

Dr. Bethune called the meeting to order at 10:05 a.m.

EMERGENCY EGRESS PROCEDURES

Alan Heaberlin announced the Emergency Egress Procedures.

ROLL CALL

The roll was called by Denise Mason; a quorum was declared.

ADOPTION OF AGENDA

Ms. Kusterer moved to adopt the agenda as presented. The motion was seconded and carried.

---DRAFT UNAPPROVED ---

APPROVAL OF MINUTES OF January 30, 2017

Ms. Lewis made a motion to approve the minutes. The motion was seconded and carried.

PUBLIC COMMENT

Ms. Evanko discussed changes she would like to see in the wording of the application.

NEW BUSINESS

1. Review of the Application Process

Mr. Heaberlin noted that in Fiscal Year 2017, the Board has licensed 31 Assistant Behavior Analysts in an average of 33 days, and 209 Behavior Analysts in an average of 45 days. He then reviewed the application process including the instructions, forms and applications for Assistant Behavior Analysts and Behavior Analysts. The Advisory Board suggested several revisions to the language in these documents that would improve the process for applicants and staff. Mr. Heaberlin indicated that the changes would be made.

Announcements

Mr. Heaberlin informed the Advisory Board that there are currently 869 Behavior Analysts and 138 Assistant Behavior Analysts holding licenses with the Virginia Board of Medicine.

Next Meeting Date

The Advisory Board's next meeting will be October 2, 2017 at 10:00 a.m.

Adjournment

The meeting was adjourned at 10:46 a.m.

Dr. Keri Bethune, PHD, BCBA-D

William L. Harp, M.D.
Executive Director

Denise W. Mason, Licensing Specialist

---DRAFT UNAPPROVED---

ADVISORY BOARD ON BEHAVIOR ANALYSIS

Minutes

January 29, 2018

The Advisory Board on Behavior Analysis met on Monday, January 29, 2018 at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Kate Lewis, MS, BCBA, LBA
Amanda Kusterer, BCaBA

MEMBERS ABSENT: Asha Patton Smith, MD
Gary Fletcher

STAFF PRESENT: William L. Harp, M.D., Executive Director
Alan Heaberlin, Deputy Director, Licensure
Elaine Yeatts, DHP Senior Policy Analyst
Denise Mason, Licensing Specialist
Colanthia Morton Opher, Operations Manager

GUESTS PRESENT: Christy Evanko, BACA, VABA
Hannah Robicheau, Compass Counseling Services of VA
Jennifer LaMothi, Compass Counseling Services of VA
Lindsay Krebs, Compass Counseling Services of VA
Dylan Melton, Compass Counseling Services of VA
Shelby Craig, LBA, Compass Counseling Services of VA
Anne Fults, Compass Counseling Services of VA
Taylor Polidori, Compass Counseling Services of VA

CALL TO ORDER

Ms. Lewis called the meeting to order at 10:16 am.

EMERGENCY EGRESS PROCEDURES

Alan Heaberlin announced the Emergency Egress Procedures.

ROLL CALL

Roll was called. A quorum was not declared.

ADOPTION OF AGENDA

The agenda was not adopted due to a quorum not being present.

APPROVAL OF MINUTES OF June 5, 2017

The minutes were not approved due to a quorum not being present.

PUBLIC COMMENT

Ms. Evanko brought several bills that VABA has been tracking in the 2018 Session to the attention of the Advisory Board.

NEW BUSINESS**1. Legislative Update**

Ms. Yeatts reviewed the legislative process with the Advisory Board and the students in the gallery. She further reviewed legislation introduced in the 2018 General Assembly that might be of interest to the Advisory Board. No action was required.

The Advisory Board asked Board staff to initiate a Notice of Periodic Review of the Regulations Governing the Practice of Behavior Analysis.

Announcements

Alan Heaberlin informed the Advisory Board that there are currently 917 Behavior Analysts and 121 Assistant Behavior Analysts holding licenses with the Virginia Board of Medicine. During FY2018, 102 individuals were licensed as Behavior Analysts, and 13 were licensed as Assistant Behavior Analysts.

Mr. Heaberlin also informed the Advisory Board that the Board agreed to reduce the requirement of five years of employment verifications to two years by adding the requirement of obtaining a National Practitioner Data Bank Report (NPDB).

Next Meeting Date

---DRAFT UNAPPROVED---

The Advisory Board's next meeting is June 4, 2018 at 10:00 am.

Adjournment

The meeting was adjourned at 11:11 a.m.

Kate Lewis, MS, BCBA, LBA, Vice-Chair

William L. Harp, M.D.,
Executive Director

Denise W. Mason, Licensing Specialist

Commonwealth of Virginia



REGULATIONS

GOVERNING THE PRACTICE OF BEHAVIOR ANALYSIS

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18VAC85-150-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 29
of Title 54.1 of the *Code of Virginia***

Effective Date: December 27, 2017

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

(804) 367-4600 (TEL)
(804) 527-4426 (FAX)
email: medbd@dhp.virginia.gov

TABLE OF CONTENTS

Part I.....	3
General Provisions	3
18VAC85-150-10. Definitions.....	3
18VAC85-150-20. Public participation.....	3
18VAC85-150-30. Current name and address.....	3
18VAC85-150-40. Fees.....	3
Part II.....	4
Requirements for Licensure as a Behavior Analyst or an Assistant Behavior Analyst	4
18VAC85-150-50. Application requirements.....	4
18VAC85-150-60. Licensure requirement.....	4
Part III Renewal and Reinstatement.....	5
18VAC85-150-70. Renewal of licensure.....	5
18VAC85-150-80. Inactive licensure.....	5
18VAC85-150-90. Reactivation or reinstatement.....	5
18VAC85-150-100. Continuing education requirements.....	6
Part IV Scope of Practice	7
18VAC85-150-110. Scope of practice.....	7
18VAC85-150-120. Supervisory responsibilities.....	7
18VAC85-150-130. Supervision of unlicensed personnel.....	8
Part V Standards of Professional Conduct	8
18VAC85-150-140. Confidentiality.....	8
18VAC85-150-150. Client records.....	8
18VAC85-150-160. Practitioner-client communication; termination of relationship.....	9
18VAC85-150-170. Practitioner responsibility.....	10
18VAC85-150-180. Solicitation or remuneration in exchange for referral.....	10
18VAC85-150-190. Sexual contact.....	11
18VAC85-150-200. Refusal to provide information.....	11

Part I General Provisions

18VAC85-150-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

Board

Practice of behavior analysis

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

"BACB" means the Behavior Analyst Certification Board, Inc.

"BCBA®" means a Board Certified Behavior Analyst®.

"BCaBA®" means a Board Certified Assistant Behavior Analyst®.

18VAC85-150-20. Public participation.

A separate board regulation, [18VAC85-11](#), entitled Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18VAC85-150-30. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when mailed to the latest address of record provided or served to the licensee. Any change of name or change in the address of record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC85-150-40. Fees.

A. The following fees have been established by the board:

1. The initial fee for the behavior analyst license shall be \$130; for the assistant behavior analyst license, it shall be \$70.
2. The fee for reinstatement of the behavior analyst license that has been lapsed for two years or more shall be \$180; for the assistant behavior analyst license, it shall be \$90.
3. The fee for active license renewal for a behavior analyst shall be \$135; for any assistant behavior analyst, it shall be \$70. The fees for inactive license renewal shall be \$70 for a

behavior analyst and \$35 for an assistant behavior analyst. Renewals shall be due in the birth month of the licensee in each odd-numbered year. For 2019, the renewal of an active license as a behavior analyst shall be \$108, and the renewal fee for an inactive license shall be \$54; the renewal fee for an active license as an assistant behavior analyst shall be \$54, and the renewal fee for an inactive license shall be \$28.

4. The additional fee for processing a late renewal application within one renewal cycle shall be \$50 for a behavior analyst and \$30 for an assistant behavior analyst.

5. The fee for a letter of good standing or verification to another state for a license shall be \$10.

6. The fee for reinstatement of licensure pursuant to § 54.1-2408.2 of the Code of Virginia shall be \$2,000.

7. The fee for a returned check shall be \$35.

8. The fee for a duplicate license shall be \$5.00, and the fee for a duplicate wall certificate shall be \$15.

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

Part II

Requirements for Licensure as a Behavior Analyst or an Assistant Behavior Analyst

18VAC85-150-50. Application requirements.

An applicant for licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-150-40.
2. Verification of certification as required in 18VAC85-150-60.
3. Verification of practice as required on the application form.
4. If licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending in that jurisdiction.
5. Verification from the BACB on disciplinary action taken or pending by that body.

18VAC85-150-60. Licensure requirement.

An applicant for a license to practice as a behavior analyst or an assistant behavior analyst shall hold current certification as a BCBA® or a BCaBA® obtained by meeting qualifications and passage of the examination required for certification as a BCBA® or a BCaBA® by the BACB.

Part III Renewal and Reinstatement

18VAC85-150-70. Renewal of licensure.

A. Every behavior analyst or assistant behavior analyst who intends to maintain an active license shall biennially renew his license each odd-numbered year during his birth month and shall:

1. Submit the prescribed renewal fee; and
2. Attest to having met the continuing education requirements of 18VAC85-150-100.

B. The license of a behavior analyst or assistant behavior analyst that has not been renewed by the first day of the month following the month in which renewal is required is lapsed. Practice with a lapsed license may be grounds for disciplinary action. A license that is lapsed for two years or less may be renewed by payment of the renewal fee, a late fee as prescribed in 18VAC85-150-40, and documentation of compliance with continuing education requirements.

18VAC85-150-80. Inactive licensure.

A behavior analyst or assistant behavior analyst who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be entitled to perform any act requiring a license to practice as a behavior analyst or assistant behavior analyst in Virginia.

18VAC85-150-90. Reactivation or reinstatement.

A. To reactivate an inactive license or to reinstate a license that has been lapsed for more than two years, a behavior analyst or assistant behavior analyst shall submit evidence of competency to return to active practice to include one of the following:

1. Information on continued practice in another jurisdiction as a licensed behavior analyst or a licensed assistant behavior analyst or with certification as a BCBA® or BCaBA® during the period in which the license has been inactive or lapsed;
2. Sixteen hours of continuing education for each year in which the license as a behavior analyst or 10 hours for each year in which the license as an assistant behavior analyst has been inactive or lapsed, not to exceed three years; or
3. Recertification by passage of the BCBA® or the BCaBA® certification examination from the BACB.

B. To reactivate an inactive license, a behavior analyst or assistant behavior analyst shall pay a fee equal to the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure.

C. To reinstate a license that has been lapsed for more than two years, a behavior analyst or assistant behavior analyst shall file an application for reinstatement and pay the fee for reinstatement of his license as prescribed in 18VAC85-150-40. The board may specify additional requirements for reinstatement of a license so lapsed to include education, experience, or reexamination.

D. A behavior analyst or assistant behavior analyst whose licensure has been revoked by the board and who wishes to be reinstated shall make a new application to the board, fulfill additional requirements as specified in the order from the board, and make payment of the fee for reinstatement of his licensure as prescribed in 18VAC85-150-40 pursuant to § 54.1-2408.2 of the Code of Virginia.

E. The board reserves the right to deny a request for reactivation or reinstatement to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provisions of this chapter.

18VAC85-150-100. Continuing education requirements.

A. In order to renew an active license, a behavior analyst shall attest to having completed 32 hours of continuing education and an assistant behavior analyst shall attest to having completed 20 hours of continuing education as approved and documented by a sponsor recognized by the BACB within the last biennium. Four of the required hours shall be related to ethics in the practice of behavior analysis. Up to two continuing education hours may be satisfied through delivery of behavioral analysis services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services. For the purpose of continuing education credit for voluntary service, the hours shall be approved and documented by the health department or free clinic.

B. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in his records the completed form with all supporting documentation for a period of four years following the renewal of an active license.

D. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing education requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

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

Part IV Scope of Practice

18VAC85-150-110. Scope of practice.

The practice of a behavior analyst includes:

1. Design, implementation, and evaluation of environmental modifications using the principles and methods of behavior analysis to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior; and
2. Supervision of licensed assistant behavior analysts and unlicensed personnel.

18VAC85-150-120. Supervisory responsibilities.

A. The licensed behavior analyst is ultimately responsible and accountable for client care and outcomes under his clinical supervision.

B. There shall be a written supervisory agreement between the licensed behavior analyst and the licensed assistant behavior analyst that shall address:

1. The domains of competency within which services may be provided by the licensed assistant behavior analyst; and
2. The nature and frequency of the supervision of the practice of the licensed assistant behavior analyst by the licensed behavior analyst.

A copy of the written supervisory agreement shall be maintained by the licensed behavior analyst and the licensed assistant behavior analyst and made available to the board upon request.

C. Delegation shall only be made if, in the judgment of the licensed behavior analyst, the task or procedures can be properly and safely performed by an appropriately trained assistant behavior analyst or other person, and the delegation does not jeopardize the health or safety of the client.

D. Supervision activities by the licensed behavior analyst include:

1. Direct, real-time observation of the supervisee implementing behavior analytic assessment and intervention procedures with clients in natural environments and/or training others to implement them, with feedback from the supervisor.
2. One-to-one, real-time interactions between supervisor and supervisee to review and discuss assessment and treatment plans and procedures, client assessment and progress data and reports, published research, ethical and professional standards and guidelines, professional development needs and opportunities, and relevant laws, regulations, and policies.

3. Real-time interactions between a supervisor and a group of supervisees to review and discuss assessment and treatment plans and procedures, client assessment and progress data and reports, published research, ethical and professional standards and guidelines, professional development needs and opportunities, and relevant laws, regulations, and policies.

4. Informal interactions between supervisors and supervisees via telephone, electronic mail, and other written communication are encouraged but may not be considered formal supervision.

For the purposes of this subsection, "real-time" shall mean live and person-to-person.

E. The frequency and nature of supervision interactions are determined by the individualized assessment or treatment plans of the clients served by the licensed behavior analyst and the assistant behavior analyst but shall occur not less than once every four weeks with each supervision session lasting no less than one hour.

18VAC85-150-130. Supervision of unlicensed personnel.

A. Unlicensed personnel may be supervised by a licensed behavior analyst or a licensed assistant behavior analyst.

B. Unlicensed personnel may be utilized to perform:

1. Nonclient-related tasks, including but not limited to clerical and maintenance activities and the preparation of the work area and equipment; and
2. Certain routine client-related tasks that, in the opinion of and under the supervision of a licensed behavior analyst or a licensed assistant behavior analyst, have no potential to adversely impact the client or the client's treatment plan and do not constitute the practice of behavior analysis.

Part V Standards of Professional Conduct

18VAC85-150-140. Confidentiality.

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

18VAC85-150-150. Client records.

A. Practitioners shall comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of client records.

B. Practitioners shall provide client records to another practitioner or to the client or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible, and complete client records.

D. Practitioners who are employed by a health care institution, educational institution, school system, or other entity in which the individual practitioner does not own or maintain his own records shall maintain client records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner owns and is responsible for client records shall:

1. Maintain a client record for a minimum of six years following the last client encounter with the following exceptions:

a. Records of a minor child shall be maintained until the child reaches the age of 18 years or becomes emancipated, with a minimum time for record retention of six years from the last client encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the client or his legally authorized representative; or

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

2. Post information or in some manner inform all clients concerning the time frame for record retention and destruction. Client records shall only be destroyed in a manner that protects client confidentiality, such as by incineration or shredding.

3. When closing, selling, or relocating his practice, meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the client's choice or provided to the client or legally authorized representative.

18VAC85-150-160. Practitioner-client communication; termination of relationship.

A. Communication with clients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a client or his legally authorized representative in understandable terms and encourage participation in decisions regarding the client's care.

2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure provided or directed by the practitioner.

3. Before an initial assessment or intervention is performed, informed consent shall be obtained from the client or his legally authorized representative. Practitioners shall inform clients or their legally authorized representative of the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent practitioner would tell a client.

a. Informed consent shall also be obtained if there is a significant change to a therapeutic procedure or intervention performed on a client that is not part of routine, general care and that is more restrictive on the continuum of care.

b. In the instance of a minor or a client who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

c. An exception to the requirement for consent prior to performance of a procedure or intervention may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the client.

4. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from clients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

B. Termination of the practitioner-client relationship.

1. The practitioner or the client may terminate the relationship. In either case, the practitioner shall make the client record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the client that allows for a reasonable time to obtain the services of another practitioner.

18VAC85-150-170. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow a subordinate to jeopardize client safety or provide client care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate client care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with client care or could reasonably be expected to adversely impact the quality of care rendered to a client; or

4. Exploit the practitioner-client relationship for personal gain.

B. Advocating for client safety or improvement in client care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in subdivision A 3 of this section.

18VAC85-150-180. Solicitation or remuneration in exchange for referral.

A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility or institution as defined in § 37.2-100 of the Code of Virginia or hospital as defined in § 32.1-123 of the Code of Virginia.

Remuneration shall be defined as compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320 a-7b(b), as amended, or any regulations promulgated thereto.

18VAC85-150-190. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the client, or both; or
2. May reasonably be interpreted as romantic involvement with a client regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a client.

1. The determination of when a person is a client for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a client until the practitioner-client relationship is terminated.
2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a client does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former client after termination of the practitioner-client relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on client care. For purposes of this section, key third party of a client means spouse or partner, parent or child, guardian, or legal representative of the client.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on client care.

18VAC85-150-200. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

Colanthia Opher

From: Harp, William
Sent: Monday, June 25, 2018 9:52 AM
To: Colanthia D. Morton
Subject: Fwd: Regulations Governing the Practice of Behavior Analysis
Attachments: APBA comments -VA BA Licensure Regs12272017.doc

Flag Status: Flagged

For the October Advisory on Behavior Analysis

Thanks

----- Forwarded message -----

From: Board of Medicine, yy <medbd@dhp.virginia.gov>
Date: Mon, Jun 25, 2018 at 9:36 AM
Subject: Fwd: Regulations Governing the Practice of Behavior Analysis
To: William Harp <william.harp@dhp.virginia.gov>, Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

----- Forwarded message -----

From: Gina Green <ggreen3@cox.net>
Date: Sun, Jun 24, 2018 at 5:35 PM
Subject: Regulations Governing the Practice of Behavior Analysis
To: medbd@dhp.virginia.gov

Board of Medicine,

As the professional organization for practitioners of applied behavior analysis (ABA), the Association of Professional Behavior Analysts (APBA) has been working on public policies affecting the practice of ABA in many jurisdictions for several years. That includes most of the laws to license or otherwise regulate that practice that have been adopted in 30 U.S. states to date. We understand from our Affiliate the Virginia Association for Behavior Analysis that public comments on the proposed Regulations Governing the Practice of Behavior Analysis may be submitted through tomorrow, June 25. I have reviewed the proposed regulations carefully, and respectfully request your consideration of the suggested revisions that are indicated on the attached version of the proposed regulations with Word's revision tracking feature. I have also inserted comments to explain the rationale for the proposed revisions and to offer suggestions for the consideration of additional revisions. The recommended revisions are designed to ensure that *all* applicants for licensure — whether initial, renewal, or reinstatement — have their status as currently certified in good standing by the Behavior Analyst Certification Board (BACB) verified directly with the BACB. That will in turn ensure that all VA Licensed Behavior Analysts and Licensed Assistant Behavior Analysts have met the degree, coursework, supervised experiential training, continuing education, supervision, and ethical and disciplinary standards set by the profession and have passed the international professional examination in the practice of ABA, even as those requirements change over time as a result of the job analysis studies the BACB must repeat every few years in order to maintain the accreditation of its credentialing programs by the National Commission on Certifying Agencies of

the Institute for Credentialing Excellence. Adoption of the recommended revisions will also prevent confusion on the part of consumers by ensuring that all licensees have met the same objective, verifiable, legally defensible standards regardless of when they are licensed or re-licensed, and will save licensees time and money by minimizing differences between requirements for maintaining their BACB certifications and their state-issued licenses. Last but certainly not least, adopting the recommended revisions will be cost-effective for the Board of Medicine, as all the Board will need to do to verify that an applicant meets all current professional standards is search for the individual's name at <https://www.bacb.com/verify-certification/>. The BACB has also established efficient procedures for coordinating with state licensing boards on disciplinary matters.

APBA is very grateful for the opportunity to comment on the proposed regulations. If I can answer any questions or provide additional information, please do not hesitate to contact me.

Sincerely yours,

Gina Green, PhD, BCBA-D
Chief Executive Officer
Association of Professional
Behavior Analysts
3443 Camino del Rio South
Suite 210
San Diego, CA 92108
www.apbahome.net

Commonwealth of Virginia



REGULATIONS

GOVERNING THE PRACTICE OF BEHAVIOR ANALYSIS

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18VAC85-150-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 29
of Title 54.1 of the *Code of Virginia*

Effective Date: December 27, 2017

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

(804) 367-4600 (TEL)
(804) 527-4426 (FAX)
email: medbd@dhp.virginia.gov

TABLE OF CONTENTS

Part I.....	3
General Provisions	3
18VAC85-150-10. Definitions	3
18VAC85-150-20. Public participation	3
18VAC85-150-30. Current name and address	3
18VAC85-150-40. Fees	3
Part II.....	4
Requirements for Licensure as a Behavior Analyst or an Assistant Behavior Analyst	4
18VAC85-150-50. Application requirements	4
18VAC85-150-60. Licensure requirement.....	4
Part III Renewal and Reinstatement.....	5
18VAC85-150-70. Renewal of licensure	5
18VAC85-150-80. Inactive licensure.....	5
18VAC85-150-90. Reactivation or reinstatement.....	5
18VAC85-150-100. Continuing education requirements	6
Part IV Scope of Practice	7
18VAC85-150-110. Scope of practice	7
18VAC85-150-120. Supervisory responsibilities	7
18VAC85-150-130. Supervision of unlicensed personnel.....	8
Part V Standards of Professional Conduct	98
18VAC85-150-140. Confidentiality.....	98
18VAC85-150-150. Client records	98
18VAC85-150-160. Practitioner-client communication; termination of relationship	109
18VAC85-150-170. Practitioner responsibility	10
18VAC85-150-180. Solicitation or remuneration in exchange for referral	1140
18VAC85-150-190. Sexual contact	11
18VAC85-150-200. Refusal to provide information	1244

Part I General Provisions

18VAC85-150-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

Board

Practice of behavior analysis

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

"BACB" means the Behavior Analyst Certification Board, Inc.

"BCBA®" means a Board Certified Behavior Analyst®.

"BCaBA®" means a Board Certified Assistant Behavior Analyst®.

18VAC85-150-20. Public participation.

A separate board regulation, [18VAC85-11](#), entitled Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18VAC85-150-30. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when mailed to the latest address of record provided or served to the licensee. Any change of name or change in the address of record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC85-150-40. Fees.

A. The following fees have been established by the board:

1. The initial fee for the behavior analyst license shall be \$130; for the assistant behavior analyst license, it shall be \$70.
2. The fee for reinstatement of the behavior analyst license that has been lapsed for two years or more shall be \$180; for the assistant behavior analyst license, it shall be \$90.
3. The fee for active license renewal for a behavior analyst shall be \$135; for any assistant behavior analyst, it shall be \$70. The fees for inactive license renewal shall be \$70 for a

behavior analyst and \$35 for an assistant behavior analyst. Renewals shall be due in the birth month of the licensee in each odd-numbered year. For 2019, the renewal of an active license as a behavior analyst shall be \$108, and the renewal fee for an inactive license shall be \$54; the renewal fee for an active license as an assistant behavior analyst shall be \$54, and the renewal fee for an inactive license shall be \$28.

4. The additional fee for processing a late renewal application within one renewal cycle shall be \$50 for a behavior analyst and \$30 for an assistant behavior analyst.

5. The fee for a letter of good standing or verification to another state for a license shall be \$10.

6. The fee for reinstatement of licensure pursuant to § 54.1-2408.2 of the Code of Virginia shall be \$2,000.

7. The fee for a returned check shall be \$35.

8. The fee for a duplicate license shall be \$5.00, and the fee for a duplicate wall certificate shall be \$15.

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

Part II

Requirements for Licensure as a Behavior Analyst or an Assistant Behavior Analyst

18VAC85-150-50. Application requirements.

An applicant for licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-150-40.

~~2. Verification of certification as required in 18VAC85-150-60.~~

~~32.~~ Verification of practice as required on the application form.

~~43.~~ If licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending in that jurisdiction.

~~54.~~ Verification by the Board that the applicant is not listed at <http://info.bacb.com/o.php?page=100180> as having been sanctioned by the BACB for disciplinary reasons, ~~from the BACB on disciplinary action taken or pending by that body.~~

18VAC85-150-60. Licensure requirement.

An applicant for a license to practice as a behavior analyst or an assistant behavior analyst shall ~~hold~~ have current certification as a BCBA® or a BCaBA® verified with the BACB by the Board.

Commented [Office1]: Instead of having applicants assert that they are currently certified by the BACB, the Board of Medicine should verify that directly by going to <https://www.bacb.com/verify-certification/>.

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Left

Commented [Office2]:

Commented [Office3]: This is unnecessary, as

Formatted: Strikethrough

Formatted: Strikethrough

~~obtained by meeting qualifications and passage of the examination required for certification as a BCBA® or a BCaBA® by the BACB.~~

Part III Renewal and Reinstatement

18VAC85-150-70. Renewal of licensure.

A. Every behavior analyst or assistant behavior analyst who intends to maintain an active license shall biennially renew his license each odd-numbered year during his birth month and shall:

1. ~~1.~~ Submit the prescribed renewal fee; and
2. ~~2.~~ Have current certification as a BCBA® or BCaBA® verified with the BACB by the Board.
2. Attest to having met the continuing education requirements of 18VAC85-150-100.

B. The license of a behavior analyst or assistant behavior analyst that has not been renewed by the first day of the month following the month in which renewal is required is lapsed. Practice with a lapsed license may be grounds for disciplinary action. A license that is lapsed for two years or less may be renewed by payment of the renewal fee, a late fee as prescribed in 18VAC85-150-40, and documentation of compliance with continuing education requirements.

18VAC85-150-80. Inactive licensure.

A behavior analyst or assistant behavior analyst who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be entitled to perform any act requiring a license to practice as a behavior analyst or assistant behavior analyst in Virginia.

18VAC85-150-90. Reactivation or reinstatement.

A. To reactivate an inactive license or to reinstate a license that has been lapsed for more than two years, a behavior analyst or assistant behavior analyst shall submit evidence of competency to return to active practice to include one of the following:

1. ~~1.~~ Information on Verification by the Board of continued practice in another jurisdiction as a licensed behavior analyst or a licensed assistant behavior analyst or ~~with certification~~ as a BCBA® or BCaBA® during the period in which the license has been inactive or lapsed;
2. Verification with the BACB by the Board of current certification as a BCBA® or BCaBA®.

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Commented [Office4]: It's essential to verify that applicants for renewal are currently certified by the BACB to ensure that all licenses meet the standards set by the profession even as those standards change over time.

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Commented [Office5]: The language regarding continuing education and recertification by passage of a BACB exam is unnecessary if current BACB certification is the principal requirement for reactivation or reinstatement, as everyone who is currently certified by the BACB must have already passed the exam and met BACB CE requirements.

~~22. Sixteen hours of continuing education for each year in which the license as a behavior analyst or 10 hours for each year in which the license as an assistant behavior analyst has been inactive or lapsed, not to exceed three years; or~~

Formatted: Indent: Left: 0"

~~3. Recertification by passage of the BCBA® or the BCaBA® certification examination from the BACB.~~

B. To reactivate an inactive license, a behavior analyst or assistant behavior analyst shall pay a fee equal to the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure.

C. To reinstate a license that has been lapsed for more than two years, a behavior analyst or assistant behavior analyst shall file an application for reinstatement and pay the fee for reinstatement of his license as prescribed in 18VAC85-150-40. The board may specify additional requirements for reinstatement of a license so lapsed to include education, experience, or reexamination.

D. A behavior analyst or assistant behavior analyst whose licensure has been revoked by the board and who wishes to be reinstated shall make a new application to the board, fulfill additional requirements as specified in the order from the board, and make payment of the fee for reinstatement of his licensure as prescribed in 18VAC85-150-40 pursuant to § 54.1-2408.2 of the Code of Virginia.

E. The board reserves the right to deny a request for reactivation or reinstatement to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provisions of this chapter.

18VAC85-150-100. Continuing education requirements.

A. In order to renew an active license, a behavior analyst shall attest to having completed 32 hours of continuing education and an assistant behavior analyst shall attest to having completed 20 hours of continuing education ~~as approved and documented by a sponsor recognized by the BACB~~ within the last biennium. Four of the required hours shall be related to ethics in the practice of behavior analysis. Up to two continuing education hours may be satisfied through delivery of behavior analysis services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services. For the purpose of continuing education credit for voluntary service, the hours shall be approved and documented by the health department or free clinic.

Formatted: Highlight

~~B. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.~~

~~B~~B. The practitioner shall retain in his records the completed form with all supporting documentation for a period of four years following the renewal of an active license.

Formatted: Highlight

Commented [Office6]: If current BACB certification is required for renewal, this language is unnecessary, as all licensees will have met the BACB's CE requirements. Additionally, as written this language sort of reflects the BACB CE requirements that are in place today, but not entirely accurately. For instance, there are 5 types of BACB CEUs, only one of which is CEUs issued by providers who are approved by the BACB. Additionally, the BACB CE requirements change periodically. Better to simply delete this language rather than having to change the rules every time the BACB CE requirements change.

Commented [Office7]: Strongly recommend deleting the exemption from the CE requirements. All BCBA's and BCaBA's must meet the BACB's CE requirements in order to maintain their certifications, which is consistent with best practices in professional credentialing. So as long as these rules require current BACB certification for licensure at every phase (initial, renewal, reinstatement), there is no reason to exempt any licensees from the requirement to obtain CEUs.

Commented [Office8]: If this provision is left as is, it will be essential for everyone involved to understand that CEUs earned by this pathway will not be accepted by the BACB towards completion of the CE requirements for maintaining BACB certifications.

Formatted: Indent: First line: 0"

~~B~~C. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

ED. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

FE. The board may grant an extension of the deadline for continuing education requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

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

Part IV Scope of Practice

18VAC85-150-110. Scope of practice.

The practice of ~~a behavior analyst~~ behavior analysis includes ~~the:~~

A. 4. ~~Design, implementation, and evaluation of environmental modifications using the principles and methods of behavior analysis to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.~~

B. ~~Licensed behavior analysts are authorized to practice independently. Licensed assistant behavior analysts must practice under the supervision of licensed behavior analysts who are approved as supervisors by the BACB.) and~~

~~2. Supervision of licensed assistant behavior analysts and unlicensed personnel.~~

18VAC85-150-120. Supervisory responsibilities.

A. A. ~~The licensed behavior analyst is ultimately responsible and accountable for client care and outcomes.~~ all services delivered under his or her clinical supervision.

B. ~~Only licensed behavior analysts who are currently approved by the BACB to supervise BCaBAs may supervise licensed assistant behavior analysts.~~

BC. There shall be a written supervisory agreement between the licensed behavior analyst and the licensed assistant behavior analyst that shall address:

1. The domains of competency within which services may be provided by the licensed assistant behavior analyst; and
2. The nature and frequency of the supervision of the practice of the licensed assistant behavior analyst by the licensed behavior analyst.

A copy of the written supervisory agreement shall be maintained by the licensed behavior analyst and the licensed assistant behavior analyst and made available to the board upon request.

Formatted: sectInd, Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: sectInd, Indent: Left: 0.5"

Formatted: sectInd, Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Commented [Office9]: Suggested revisions are to make it clear that the practice of behavior analysis is the same regardless of which class of licensee is involved, and to specify which classes of licensees can engage in that practice independently vs. under supervision

Formatted: Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Indent: Left: 0.5", First line: 0"

Formatted: Indent: Left: 0.25", First line: 0"

Commented [Office10]: See
<https://www.bacb.com/requirements-for-supervisors/> and
<https://www.bacb.com/wp-content/uploads/2016/16-standard-for-supervision-of-BCaBAs.pdf>
LBAs and LABAs who fail to comply with these requirements risk losing their BACB certifications and therefore their VA licenses.

C. Delegation shall only be made if, in the judgment of the licensed behavior analyst, the task or procedures can be properly and safely performed by an appropriately trained assistant behavior analyst or other person, and the delegation does not jeopardize the health or safety of the client.

D. Supervision activities by the licensed behavior analyst include:

1. Direct, real-time observation of the supervisee implementing behavior analytic assessment and intervention procedures with clients in natural environments and/or training others to implement them, with feedback from the supervisor.
2. One-to-one, real-time interactions between supervisor and supervisee to review and discuss assessment and treatment plans and procedures, client assessment and progress data and reports, published research, ethical and professional standards and guidelines, professional development needs and opportunities, and relevant laws, regulations, and policies.
3. Real-time interactions between a supervisor and a group of supervisees to review and discuss assessment and treatment plans and procedures, client assessment and progress data and reports, published research, ethical and professional standards and guidelines, professional development needs and opportunities, and relevant laws, regulations, and policies.
4. Informal interactions between supervisors and supervisees via telephone, electronic mail, and other written communication are encouraged but may not be considered formal supervision.

For the purposes of this subsection, "real-time" shall mean live and person-to-person.

E. The frequency and nature of supervision interactions are determined by the individualized assessment or treatment plans of the clients served by the licensed behavior analyst and the assistant behavior analyst but shall occur not less than once every four weeks with each supervision session lasting no less than one hour.

18VAC85-150-130. Supervision of unlicensed personnel.

A. Unlicensed personnel may be supervised by a licensed behavior analyst or a licensed assistant behavior analyst who is currently approved as a supervisor by the BACB.

B. Unlicensed personnel may be utilized to perform:

1. Nonclient-related tasks, including but not limited to clerical and maintenance activities and the preparation of the work area and equipment; and
- ~~2. 2-~~ Certain routine client-related tasks that, in the opinion of and under the supervision of a licensed behavior analyst or a licensed assistant behavior analyst, have no potential to adversely impact the client or the client's treatment plan.
- ~~3. and do not constitute the practice of behavior analysis.~~

Commented [Office11]: Some of these requirements differ from the BACB's supervision requirements, which will create confusion. It would be clearer and clearer for all concerned to have the rules state simply that all supervision of LABAs shall comport with the supervision requirements set by the BACB.

Commented [Office12]: See comment above

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Part V
Standards of Professional Conduct

18VAC85-150-140. Confidentiality.

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

18VAC85-150-150. Client records.

A. Practitioners shall comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of client records.

B. Practitioners shall provide client records to another practitioner or to the client or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible, and complete client records.

D. Practitioners who are employed by a health care institution, educational institution, school system, or other entity in which the individual practitioner does not own or maintain his own records shall maintain client records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner owns and is responsible for client records shall:

1. Maintain a client record for a minimum of six years following the last client encounter with the following exceptions:

a. Records of a minor child shall be maintained until the child reaches the age of 18 years or becomes emancipated, with a minimum time for record retention of six years from the last client encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner ~~or health-care provider~~ or provided to the client or his legally authorized representative; or

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

2. Post information or in some manner inform all clients concerning the time frame for record retention and destruction. Client records shall only be destroyed in a manner that protects client confidentiality, such as by incineration or shredding.

3. When closing, selling, or relocating his practice, meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-

Commented [Office13]: Somewhere in this Part it should be specified that all licensees must adhere to the BACB's Professional and Ethical Compliance Code for Behavior Analysts (again, given that all licensees must be BACB-certified, they must comply with the Code in order to maintain both their certification and licensure).

regulated provider of the client's choice or provided to the client or legally authorized representative.

18VAC85-150-160. Practitioner-client communication; termination of relationship.

A. Communication with clients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a client or his legally authorized representative in understandable terms and encourage participation in decisions regarding the client's care.

2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure provided or directed by the practitioner.

3. Before an initial assessment or intervention is performed, informed consent shall be obtained from the client or his legally authorized representative. Practitioners shall inform clients or their legally authorized representative of the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent practitioner would tell a client.

a. Informed consent shall also be obtained if there is a significant change to a therapeutic procedure or intervention performed on a client that is not part of routine, general care and that is more restrictive on the continuum of care.

b. In the instance of a minor or a client who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

c. An exception to the requirement for consent prior to performance of a procedure or intervention may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the client.

4. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from clients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

B. Termination of the practitioner-client relationship.

1. The practitioner or the client may terminate the relationship. In either case, the practitioner shall make the client record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the client that allows for a reasonable time to obtain the services of another practitioner.

18VAC85-150-170. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;
2. Knowingly allow a subordinate to jeopardize client safety or provide client care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate client care only to subordinates who are properly trained and supervised;
3. Engage in an egregious pattern of disruptive behavior or interaction ~~in a health care setting~~ that interferes with client care or could reasonably be expected to adversely impact the quality of care rendered to a client; or
4. Exploit the practitioner-client relationship for personal gain.

B. Advocating for client safety or improvement in client care ~~within a health care entity~~ shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in subdivision A 3 of this section.

18VAC85-150-180. Solicitation or remuneration in exchange for referral.

A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility or institution as defined in § 37.2-100 of the Code of Virginia or hospital as defined in § 32.1-123 of the Code of Virginia.

Remuneration shall be defined as compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320 a-7b(b), as amended, or any regulations promulgated thereto.

18VAC85-150-190. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the client, or both; or
2. May reasonably be interpreted as romantic involvement with a client regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a client.

1. The determination of when a person is a client for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a client until the practitioner-client relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a client does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former client after termination of the practitioner-client relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.


D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on client care. For purposes of this section, key third party of a client means spouse or partner, parent or child, guardian, or legal representative of the client.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on client care.

18VAC85-150-200. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

Professional Credentialing of Practicing Behavior Analysts

Policy Insights from the
Behavioral and Brain Sciences
2017, Vol. 4(1) 3–8
© The Author(s) 2017
DOI: 10.1177/2372732216685861
journals.sagepub.com/home/bbs


James E. Carr¹ and Melissa R. Nosik¹

Abstract

Treatments based on applied behavior analysis (ABA)—an applied science of human behavior—have been increasingly recognized in public policy, both at the federal and state levels. Despite this recognition, however, the relative newness of the science often raises questions about the nature of the treatment approach and the qualifications and regulation of its practitioners. Thus, the present article is a primer on the features of ABA most relevant to public policy stakeholders, including professional certification, licensure, and workforce expansion.

Keywords

applied behavior analysis, autism, BACB, certification, credentialing, licensure

Tweet

The high demand for ABA services has resulted in the rapid growth in the number of credentialed practitioners around the world in recent years.

Key Points

- Applied behavior analysis has been demonstrated as a highly successful treatment approach in a variety of areas, including autism, substance abuse treatment, gerontology, brain injury rehabilitation, and occupational safety, among others.
- In less than two decades, the BACB has credentialed more than 50,000 behavior analysts and behavior technicians in more than 70 countries, and there are no indications of a slowdown in growth trends.
- In less than a decade, half of U.S. states have passed laws to regulate practicing behavior analysts.
- Most U.S. licensure laws rely on the BACB's credentials or standards, which reduces costs to states and facilitates practitioner mobility across state lines.

Introduction

Treatments based on applied behavior analysis (ABA) are becoming increasingly recognized by governments as effective approaches for solving problems of human behavior. At the U.S. federal level, for example, ABA treatments have been written into special education law (Individuals with Disabilities Education Act, 2004), are used for occupational safety by the U.S. Department of Energy (2003), are used to improve outcomes in probation systems (Taxman & Rudes,

2013), and are funded by federal health plans (TRICARE, 2016). At the state level, ABA treatments have long been implemented and funded for developmental disabilities treatment within state education and disabilities departments, are increasingly funded by private health plans (Autism Speaks, 2016), and have been used for various purposes within municipal systems (e.g., drug courts; Marlowe, Festinger, Dugosh, Arabia, & Kirby, 2008). In addition, licensure laws for ABA practitioners have been passed in 25 states within the past decade. ABA is a relatively new applied science and, thus, many policy stakeholders may have questions about the treatment approach and those who generally provide it. The present article is a primer on ABA and the credentialing of its practitioners, which should be relevant for legislators, government administrators, and funders as they encounter the treatment approach in their respective policy arenas.

ABA

Behavior analysis is the science of behavior and its roots extend back to the early 20th century (Skinner, 1938, 1945; Watson, 1913). Its underlying philosophy is behaviorism, which is based on the premise that attempts to improve the human condition through behavior change (e.g., education, behavioral health treatment) will be most effectively served if behavior itself is considered the proper subject matter rather than less tangible concepts such as the mind and the

¹Behavior Analyst Certification Board, Littleton, CO, USA

Corresponding Author:

James E. Carr, Behavior Analyst Certification Board, 7950 Shaffer Parkway, Littleton, CO 80127, USA.
Email: carr@bacb.com

self (Skinner, 1953). To date, basic behavior-analytic scientists have conducted thousands of studies with humans and nonhumans to identify the laws of behavior; that is, the predictable ways in which behavior is learned and changes over time. The underlying theme of much of this work has been that behavior is a product of its circumstances, mainly the events that immediately follow it. Applied behavior analysts have taken this information and developed numerous techniques and treatment approaches for analyzing and changing behavior to improve lives. Because this approach is largely based on behavior and its consequences, the techniques generally involve teaching individuals more effective ways of behaving and making changes to the social consequences of existing behavior (Lerman, Iwata, & Hanley, 2013). ABA has been empirically shown to be effective in a wide variety of areas of concern, including parent training (Franks et al., 2013), substance abuse treatment (Silverman et al., 2007), dementia management (LeBlanc, Raetz, & Feliciano, 2011), brain injury rehabilitation (Heinicke & Carr, 2014), and occupational safety intervention (Geller, 2005), among others. However, because ABA was first applied to the treatment of individuals with intellectual disabilities and autism, it has the largest evidence base and has received the most recognition for work with these populations (Eldevik et al., 2009; Lovaas, 1987; National Autism Center, 2015). For almost 60 years, ABA has been refined and expanded and has now reached the point of growth where many required features of a mature profession have emerged: a robust literature of evidence-based practices, organized university training curricula, standards of professional and ethical practice, public policies, and professional credentials.

Professional Credentials

The regulation of members of a profession is primarily accomplished through two types of credentials (Green & Johnston, 2009). First, regulation can be offered through professional *certification*, which usually involves a private organization within a profession that establishes requirements for entry into the profession, often through education, training or experience, and passage of an examination, as well as ongoing credential maintenance requirements (e.g., continuing education). Certification programs may also issue a code of conduct for professional ethics and serve as the disciplinary entity for the profession. However, a defining feature of professional certification is that it is often considered voluntary (i.e., not required in order to practice the profession), although certification may be required for purposes such as service reimbursement. The second most common form of regulation is *licensure*, which in the United States originates in state law. Licensure often includes the same functions as certification (e.g., establishing eligibility and maintenance requirements), but also legislatively defines a profession's scope of practice (i.e., the activities that are permitted or restricted for individuals practicing a profession) and

protects the use of certain occupational titles. Certification and licensure sometimes interact when licensure statutes require professional certification as a requirement for obtaining a license.

The regulation of practitioners in any profession, regardless of the mechanism, is done primarily for two reasons. First, professional regulation helps protect the public by establishing a minimum level of demonstrated competence for those who are publicly identified with a credential (e.g., licensed physician, certified speech therapist) and also by enforcing ethical and professional conduct standards for the profession. Second, regulation of practitioners can protect a profession by ensuring that those who hold the credential meet explicit standards of that profession.

The story of regulation within a profession is typically one of growth. After a profession establishes services that are valued by the public and a certain number of practitioners are available to begin providing services, initial regulatory efforts are begun. For example, the first U.S. state medical boards emerged in the 1870s and by the early 1900s there were medical boards in all 50 states (Johnson & Chaudhry, 2012). As an example of a newer profession, the first speech-language pathology licensure board was authorized in 1969, and by 2012, all states had licensure for the profession (Boada & Crowe, 2012). Throughout these growth periods, one typically sees the expansion of university training programs, refinement of credentialing standards, and an increase in the number of practitioners. This same developmental trajectory has been occurring in ABA over the past decade.

The Development of ABA Practice

The roots of ABA can be traced back to the late 1950s, when initial reports of the success of behavioral treatments were first reported (e.g., Ayllon & Michael, 1959). In the 1960s, the first behavior analysis graduate training programs were beginning to emerge (Baer, 1993; Michael, 1993), and by 1968, there was a need to establish a dedicated scientific journal for ABA research (*Journal of Applied Behavior Analysis*), which published the first official definition of ABA (Baer, Wolf, & Risley, 1968). Most applied research conducted and ABA services delivered in the 1960s involved individuals with intellectual and developmental disabilities, although not exclusively. The 1970s and 1980s saw the further expansion of university training and increasing diversity of ABA practice across a variety of areas (Fisher, Piazza, & Roane, 2011). In the 1990s, the dissemination (Maurice, 1993) of the success of ABA treatment for children with autism spectrum disorder (ASD; for example, Lovaas, 1987) led to a substantial increase in demand for ABA practitioners. Subsequent widespread efforts to include health insurance coverage of evidence-based autism treatment further accelerated the growth in demand for and the training of ABA practitioners, especially in the autism area. Throughout this multidecade developmental period, the need to identify

Table 1. BACB Credentials and General Eligibility Requirements.

Credential	General eligibility requirements
RBT	High school diploma or equivalent; at least 18 years of age; 40 hours of training; successful background check; direct-observation competency assessment; and pass the RBT examination
BCaBA	Bachelor's degree; behavior-analytic university coursework; supervised experience; and pass the BCaBA examination
BCBA	Master's degree or higher; behavior-analytic graduate university coursework; supervised experience; and pass the BCBA examination. Notes: two additional pathways for the BCBA credential are available to faculty and senior doctoral-level practitioners. Individuals with a BCBA credential and a qualifying doctoral degree may apply for the BCBA-D doctoral designation.

Note. BACB = Behavior Analyst Certification Board; RBT = Registered Behavior Technician; BCaBA = Board Certified Assistant Behavior Analyst; BCBA = Board Certified Behavior Analyst.

ABA practitioners using a professional credential became increasingly apparent.

The Behavior Analyst Certification Board® (BACB®)

In 1998, the BACB® was founded as a 501(c)(3) nonprofit corporation whose primary focus was to develop professional ABA credentials. The BACB offers three certification credentials for ABA practitioners at different educational levels: the Board Certified Behavior Analyst® (BCBA®) for individuals with a master's degree or higher, the Board Certified Assistant Behavior Analyst® (BCaBA®) for individuals with a bachelor's degree, and the Registered Behavior Technician™ (RBT®) for individuals with a high school diploma. In addition, behavior analysts who hold the BCBA credential and meet additional doctoral degree requirements may qualify for a doctoral designation: Board Certified Behavior Analyst–Doctoral™ (BCBA-D™). Although individuals who hold the BCBA credential may practice independently, both BCaBAs and RBTs must receive ongoing supervision by a BCBA.

Each BACB credential requires a degree, behavior-analytic instruction, and supervised experience as eligibility requirements (see Table 1). Applicants who meet their eligibility requirements are permitted to take the respective BACB examination. All BACB examinations have been professionally developed and are scored and maintained by a trained psychometrician. All of the examinations are based on content task lists, which are practice competencies derived from extensive job analysis studies that include input from experts and practitioners (Johnston, Mellichamp, Shook, & Carr, 2014; Shook, Johnston, & Mellichamp, 2004). The BACB's examinations are administered by the Pearson VUE corporation, which operates a large worldwide network of secure, computer-based testing facilities. After passing their examination, all BACB certificants enter an ongoing cycle during which they must actively maintain their credential, which includes continuing education for the BCBA and BCaBA credentials and periodic direct-skill assessments for the RBT credential.

The BACB adheres to established testing and legal standards for boards that grant professional credentials (American National Standards Institute, 2016; Institute for Credentialing Excellence, 2016; U.S. Equal Employment Opportunity Commission, 1978). Indeed, the BCBA and BCaBA certification programs have met the rigorous standards of and achieved formal accreditation by the National Commission for Certifying Agencies in Washington, D.C. (Institute for Credentialing Excellence).

In addition to the credentialing standards described earlier, the BACB has developed several other standards and resources related to the training of behavior analysts and the practice of behavior analysis. The BACB has established standards for university coursework and experiential training systems and recognizes universities that meet these standards. There are now more than 300 universities worldwide that offer BACB-approved training programs. In addition, the BACB's *Professional and Ethical Compliance Code for Behavior Analysts* (BACB, 2016) serves as the foundation of the professional disciplinary system for its certificants. The Compliance Code is enforced by the BACB through a process designed to provide consumer protection, appropriate due process for the certificant involved, mentorship where appropriate, and consequences to the certificant for violations. The results of significant disciplinary actions, including those that involve suspension or revocation of an individual's certification, are posted on the BACB's website (www.bacb.com). The BACB has also developed standards for training supervisors, standards for approving continuing education providers, and practice guidelines for ABA treatment of ASD (BACB, 2014). Finally, a public registry listing of all BACB certificants is available at the BACB's website.

The Growth of ABA Practitioners

The behavior analysis discipline has grown substantially in recent years, as has the number of its ABA practitioners. Figure 1 depicts the number of individuals holding the BCBA, BCaBA, or RBT credential per year since the BACB's credentials were first made available in 1999. The number of BCBA's grew steadily in the early years, but approached a

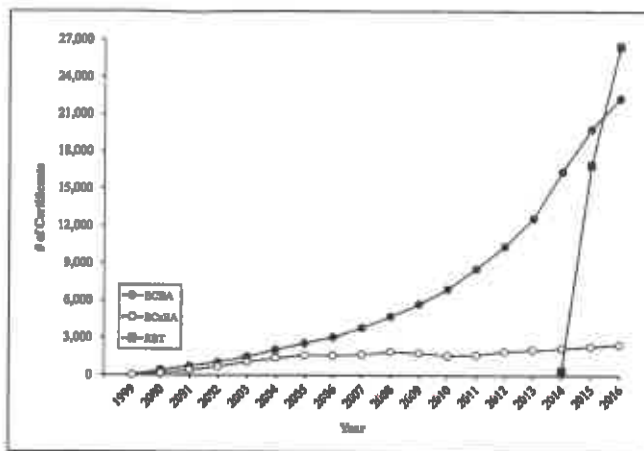


Figure 1. Number of BACB certificants worldwide per year by certification type.

Note. Data were obtained in November 2016. BACB = Behavior Analyst Certification Board; BCBA = Board Certified Behavior Analyst; BCaBA = Board Certified Assistant Behavior Analyst; RBT = Registered Behavior Technician.

near-exponential rate increase in the most recent half-decade. There are now 22,274 BCBA's worldwide. The growth of BCaBA's has been substantially more modest as there are fewer governments and funders who recognize this bachelors-level credential. There are now 2,439 BCaBA's worldwide. The RBT credential was first made available in August 2016, and approximately 2 years later, the number of RBTs (26,429) has exceeded the number of BCBA's and BCaBA's combined.

Growth in the number of BACB certificants is likely a result of at least two factors. The most significant factor has been the increasing demand for ABA practitioners. As the ABA research database grew over the years, its effectiveness as a solution to numerous problems, including the treatment of autism, became more well known and the demand for services increased. The data in Figure 1 depicting the number of ABA practitioners per year represent "supply side" data. However, analyses of employment demand for ABA practitioners also show similar increasing trends (Burning Glass, 2015). Another important growth factor in the number of ABA practitioners has been the increasing number of states that have passed laws requiring health insurance coverage of autism treatment (including ABA). These legislative efforts have largely been a result of partnerships between the Autism Speaks national advocacy organization and state-based advocacy groups. To date, 44 U.S. states (plus the District of Columbia and the U.S. Virgin Islands) have passed laws requiring new treatment coverage (Autism Speaks, 2016). Thus, the growth of new funding streams for ABA services in the autism area is likely responsible, in part, for the growth in the number of ABA practitioners.

Unlike other professions that are currently beyond their "developmental" period and are fully matured (e.g., medicine,

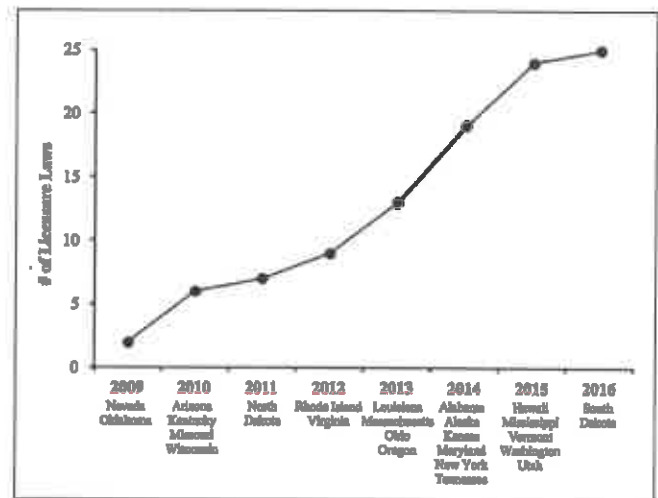


Figure 2. Cumulative number of U.S. licensure laws enacted through 2016 ($N = 25$).

Note. The states are indicated below the x axis.

law), behavior analysis is in the process of growth and evolution during which substantial infrastructure (e.g., university programs, laws, professional associations, practice guidelines) is being created and will undoubtedly continue to shape the future of the discipline. It is likely that within the next two decades, most of the discipline's core structural needs will be in place and the steep growth trends currently being experienced will level out. Until then, however, behavior analysis will continue to grow and develop. It is conservatively estimated that within one to two decades, there will be more than 100,000 credentialed behavior analysts (i.e., BCBA's and BCaBA's) and more than 200,000 credentialed behavior technicians (i.e., RBTs). Thus, as treatments based on ABA are increasingly recognized for their effectiveness, the primary workforce largely responsible for implementing them will be concurrently increasing in size.

U.S. State Licensure

Many professions in the United States regulate their practitioners through state licensure, which is likely the form of occupational regulation most familiar to the public. However, licensure of behavior analysts is a recent phenomenon; thus, the profession relied on certification programs as a mechanism for practitioner regulation for many years. As depicted in Figure 2, since 2009, 25 U.S. states have enacted laws to regulate the practice of ABA through licensure. The most common regulatory authority in these laws is an independent behavior analyst licensure board (Association of Professional Behavior Analysts, 2016). Twenty-five states currently provide a pathway to licensure for behavior analysts with a graduate degree (AL, AK, AZ, HI, KS, KY, LA, MD, MA, MO, MS, NV, NY, ND, OH, OK, OR, RI, SD, TN, UT, VA, VT, WA, WI) and 18 of those states provide a pathway to

licensure for assistant behavior analysts with an undergraduate degree (AL, AK, KS, KY, LA, MA, MO, MS, ND, NV, NY, OK, OR, RI, TN, UT, VA, WA). The BACB's standards constitute a pathway to licensure in 24 of these states. One benefit of linking licensure requirements to the BACB's standards is a minimal fiscal impact on state governments, thus providing a cost-effective means of promoting consumer protection through regulation. In addition, reliance on BACB standards by licensure boards facilitates the mobility of practitioners across states (see Hall & Lunt, 2005). Finally, individuals who are both credentialed by the BACB and licensed within a state are subject to the often-coordinated actions of two professional disciplinary systems.

The impetus for these licensure laws has been multifaceted. Some states pursued licensure as a form of additional regulation (in addition to BACB certification) of ABA practitioners who sometimes work with vulnerable populations. Other states pursued licensure along with bills to establish health insurance coverage of autism treatment because many insurance companies only reimburse licensed providers. The impact of licensure on the practice of behavior analysis has yet to be determined because most of these legislative activities have occurred in well under a decade and a number of other states are still pursuing licensure. However, the existence and growth of licensure is yet another indicator of the maturation of the profession of behavior analysis.

Conclusion

The past two decades have been a period of tremendous growth for ABA. This era has seen a significant increase in demand for services, the rapid expansion of university training programs, the development of a new global credentialing body (the BACB), behavior analyst licensure in half of U.S. states, and growth in the number of credentialed behavior analysts and behavior technicians, which now exceeds 50,000 in more than 70 countries. Of course, the maturation of a profession is not without its difficulties, and there is more work to be done. For example, behavior-analytic professional associations are in need of expansion and reconfiguration given the changing landscape of the discipline, and there is substantially more work to be done in the area of public policy. However, the recent developments in ABA, along with continued developments in basic behavior-analytic science and conceptual analysis, signify a healthy state of the parent discipline, behavior analysis.

The primary purpose of professional regulation is to protect the public by identifying members of a profession with defined training experiences and who have demonstrated competency (generally by examination). Because ABA-based treatments are increasingly being recognized and promoted in state and federal policy, it is important that appropriately credentialed workforces are linked to ABA treatment initiatives. As one example, ABA treatment of autism is covered by the health plan for U.S. military personnel (TRICARE, 2016),

and BACB certificants are accepted as qualified service providers for the benefit. Due to the specialized nature of ABA treatments, it is important to consider appropriately credentialed ABA practitioners for related policy initiatives to maximize the likelihood that the positive outcomes reported in the scientific literature are achieved in typical practice environments (see Dixon et al., 2016).

Declaration of Conflicting Interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Both authors are employed by the Behavior Analyst Certification Board, one of the article's primary topics.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

- American National Standards Institute. (2016). *Accreditation program for personnel certification bodies under ANSI/ISO/IEC 17024*. Retrieved from www.ansi.org/Accreditation/credentialing/personnel-certification/Default.aspx
- Association of Professional Behavior Analysts. (2016). *Licensure and other regulation of ABA practitioners*. Retrieved from www.apbahome.net/APBALicensure.php
- Autism Speaks. (2016). *State initiatives*. Retrieved from www.autismspeaks.org/state-initiatives
- Ayllon, T., & Michael, J. (1959). The psychiatric nurse as a behavioral engineer. *Journal of the Experimental Analysis of Behavior*, 2, 323-334.
- Baer, D. M. (1993). A brief, selective history of the Department of Human Development and Family Life at the University of Kansas: The early years. *Journal of Applied Behavior Analysis*, 26, 569-572. doi:10.1901/jaba.1993.26-569
- Baer, D. M., Wolf, M. M., & Risley, T. R. (1968). Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis*, 1, 91-97. doi:10.1901/jaba.1968.1-91
- Behavior Analyst Certification Board. (2014). *Applied behavior analysis treatment of autism spectrum disorder: Practice guidelines for healthcare funders and managers* (2nd ed.). Retrieved from <http://bacb.com/asd-practice-document>
- Behavior Analyst Certification Board. (2016). *Professional and ethical compliance code for behavior analysts*. Retrieved from <http://bacb.com/ethics-code>
- Boada, K., & Crowe, E. (2012, August). Colorado passes certification law. *The ASHA Leader*, 17, 1-25. doi:10.1044/leader.AN1.17102012.1
- Burning Glass. (2015). *US behavior analyst workforce: Understanding the national demand for behavior analysts*. Retrieved from <http://bacb.com/workforce-demand-report>
- Dixon, D. R., Linstead, E., Granpeesheh, D., Novack, M. N., French, R., Stevens, E., . . . Powell, A. (2016). An evaluation of the impact of supervision intensity, supervisor qualifications, and caseload on outcomes in the treatment of autism spectrum disorder. *Behavior Analysis in Practice*, 9, 339-348. doi:10.1007/s40617-016-0132-1

- Eldevik, S., Hastings, R. P., Hughes, J. C., Jahr, E., Eikeseth, S., & Cross, S. (2009). Meta-analysis of early intensive behavioral intervention for children with autism. *Journal of Clinical Child & Adolescent Psychology, 38*, 439-450. doi:10.1080/15374410902851739
- Fisher, W. W., Piazza, C. C., & Roane, H. S. (Eds.). (2011). *Handbook of applied behavior analysis*. New York, NY: Guilford Press.
- Franks, S. B., Mata, F. C., Wofford, E., Briggs, A. M., LeBlanc, L. A., Carr, J. E., & Lazarte, A. A. (2013). The effects of behavioral parent training on placement outcomes of biological families in a state child welfare system. *Research on Social Work Practice, 23*, 377-382. doi:10.1177/1049731513492006
- Geller, E. S. (2005). Behavior-based safety and occupational risk management. *Behavior Modification, 29*, 539-561. doi:10.1177/0145445504273287
- Green, G., & Johnston, J. M. (2009). Licensing behavior analysts: Risks and alternatives. *Behavior Analysis in Practice, 2*, 59-64.
- Hall, J. E., & Lunt, I. (2005). Global mobility for psychologists: The role of psychology organizations in the United States, Canada, Europe, and other regions. *The American Psychologist, 60*, 712-726. doi:10.1037/0003-066X.60.7.712
- Heinicke, M. R., & Carr, J. E. (2014). Applied behavior analysis in acquired brain injury rehabilitation: A meta-analysis of single-case design intervention research. *Behavioral Interventions, 29*, 77-105. doi:10.1002/bin.1380
- Individuals with Disabilities Education Act, 20 U.S.C. § 1400 (2004).
- Institute for Credentialing Excellence. (2016). *National commission for certifying agencies (NCCA) standards*. Retrieved from <http://www.credentialingexcellence.org/p/cm/ld/fid=66>
- Johnson, D. A., & Chaudhry, H. A. (2012). *Medical licensing and discipline in America: A history of the federation of state medical boards*. Lanham, MD: Lexington Books.
- Johnston, J. M., Mellichamp, F. H., Shook, G. L., & Carr, J. E. (2014). Determining BACB examination content and standards. *Behavior Analysis in Practice, 7*, 3-9. doi:10.1007/s40617-014-0003-6
- LeBlanc, L. A., Raetz, P. B., & Feliciano, L. (2011). Behavioral gerontology. In W. W. Fisher, C. C. Piazza, & H. S. Roane (Eds.), *Handbook of applied behavior analysis* (pp. 472-486). New York, NY: Guilford Press.
- Lerman, D. C., Iwata, B. A., & Hanley, G. P. (2013). Applied behavior analysis. In G. J. Madden (Ed.), *APA handbook of behavior analysis: Volume 1* (pp. 81-104). Washington, DC: American Psychological Association. doi:10.1037/13937-004
- Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting and Clinical Psychology, 55*, 3-9. doi:10.1037/0022-006X.55.1.3
- Marlowe, D. B., Festinger, D. S., Dugosh, K. L., Arabia, P. L., & Kirby, K. C. (2008). An effectiveness trial of contingency management in a felony preadjudication drug court. *Journal of Applied Behavior Analysis, 41*, 565-577. doi:10.1901/jaba.2008.41-565
- Maurice, C. (1993). *Let me hear your voice: A family's triumph over autism*. New York, NY: Fawcett Columbine.
- Michael, J. (1993). A brief overview of the history of Western Michigan University's behavioral programs. *Journal of Applied Behavior Analysis, 26*, 587-588. doi:10.1901/jaba.1993.26-587
- National Autism Center. (2015). *Findings and conclusions: National standards project, phase 2*. Randolph, MA: Author.
- Shook, G. L., Johnston, J. M., & Mellichamp, F. (2004). Determining essential content for applied behavior analyst practitioners. *The Behavior Analyst, 27*, 67-94.
- Silverman, K., Wong, C. J., Needham, M., Diemer, K. N., Knealing, T., Crone-Todd, D., . . . Kolodner, K. (2007). A randomized trial of employment-based reinforcement of cocaine abstinence in injection drug users. *Journal of Applied Behavior Analysis, 40*, 387-410. doi:10.1901/jaba.2007.40-387
- Skinner, B. F. (1938). *The behavior of organisms: An experimental analysis*. New York, NY: Appleton-Century.
- Skinner, B. F. (1945). The operational analysis of psychological terms. *Psychological Review, 52*, 270-277. doi:10.1037/h0062535
- Skinner, B. F. (1953). *Science and human behavior*. New York, NY: Macmillan.
- Taxman, F. S., & Rudes, D. S. (2013). Implementation of contingency management in probation agencies using a case controlled longitudinal design: A PDSA study protocol. *Health & Justice, 1*, 7. doi:10.1186/2194-7899-1-7
- TRICARE. (2016). *Autism care demonstration*. Retrieved from <http://tricare.mil/Plans/SpecialPrograms/ACD>
- U.S. Department of Energy. (2003). *Good practices for the behavior-based safety process*. Washington, DC: Author.
- U.S. Equal Employment Opportunity Commission. (1978). *United States Equal Employment Opportunity Commission guidelines on employment testing procedures*. Washington, DC: Author.
- Watson, J. B. (1913). Psychology as the behaviorist views it. *Psychological Review, 20*, 158-177. doi:10.1037/h0074428

Virginia Board of Medicine

2019 Board Meeting Dates

Full Board Meetings

February 14-16, 2019	DHP/Richmond, VA	Board Rooms TBA
June 13-15, 2019	DHP/Richmond, VA	Board Rooms TBA
October 17-19, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Executive Committee Meetings

April 5, 2019	DHP/Richmond, VA	Board Rooms TBA
August 2, 2019	DHP/Richmond, VA	Board Rooms TBA
December 6, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Legislative Committee Meetings

January 11, 2019	DHP/Richmond, VA	Board Rooms TBA
May 17, 2019	DHP/Richmond, VA	Board Rooms TBA
September 6, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 1:00 p.m.

Credentials Committee Meetings

January 9, 2019	February 20, 2019	March 13, 2019
April 17, 2019	May 29, 2019	June 26, 2019
July 24, 2019	August 21, 2019	September 25, 2019
October 23, 2019	November 13, 2019	December (TBA), 2019

Times for the Credentials Committee meetings - TBA

Advisory Board on:

Behavioral Analysts

10:00 a.m.

January 21

May 20

September 30

Genetic Counseling

1:00 p.m.

January 21

May 20

September 30

Occupational Therapy

10:00 a.m.

January 22

May 21

October 1

Respiratory Care

1:00 p.m.

January 22

May 21

October 1

Acupuncture

10:00 a.m.

January 23

May 22

October 2

Radiological Technology

1:00 p.m.

January 23

May 22

October 2

Athletic Training

10:00 a.m.

January 24

May 23

October 3

Physician Assistants

1:00 p.m.

January 24

May 23

October 3

Midwifery

10:00 a.m.

January 25

May 24

October 4

Polysomnographic Technology

1:00 p.m.

January 25

May 24

October 4

Joint Boards of Medicine and Nursing

TBA