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Final Regulation
Agency Background Document

Agency name	Board of Counseling, Department of Health Professions
Virginia Administrative Code (VAC) Chapter citation(s)	18VAC115-20 18VAC115-50 18VAC115-60
VAC Chapter title(s)	Regulations Governing the Practice of Professional Counseling Regulations Governing the Practice of Marriage and Family Therapy Regulations Governing Licensed Substance Abuse Treatment Practitioners
Action title	Changes resulting from periodic review
Date this document prepared	September 16, 2022

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

These amendments are the result of a periodic review conducted on Chapters 20, 50, and 60. The changes update the regulations, clarify language, achieve consistency among requirements for licensees, and facilitate obtaining a license by endorsement by adding an additional three pathways to obtain a license by endorsement for licensed professional counselors and licensed marriage and family therapists. Additional standards of practice and grounds for disciplinary action are included to address issues that have arisen in disciplinary matters before the Board or for consistency with other behavioral health professional regulations.

Similar changes have been made in all three chapters, with some specific amendments to Chapters 50 and 60, including the elimination of the waiver of a licensing examination in marriage and family therapy or substance abuse treatment for counselors who want to obtain those specialized licenses.

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.

LPC = Licensed professional counselor
LMFT = Licensed marriage and family therapist
LSATP = licensed substance abuse treatment practitioner
MAC = Master Addiction Counselor

Statement of Final Agency Action

Provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) the name of the agency taking the action; and 3) the title of the regulation.

On September 16, 2022, the Board of Counseling adopted final regulations resulting from periodic reviews affecting Chapter 20, Regulations Governing the Practice of Professional Counseling, Chapter 50, Regulations Governing the Practice of Marriage and Family Therapy, and Chapter 60, Regulations Governing the Practice of Licensed Substance Abuse Treatment Providers.

Mandate and Impetus

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding the mandate for this regulatory change, and any other impetus that specifically prompted its initiation. If there are no changes to previously reported information, include a specific statement to that effect.

The impetus for these regulatory changes was the periodic review filed for these chapters on July 5, 2018.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Regulations of the Board of Counseling are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Virginia Code § 54.1-2400(6) specifically states that the general powers and duties of health regulatory boards shall be "[t]o promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) that are reasonable and necessary to administer effectively the regulatory system."

Virginia Code § 54.1-3503 requires the Board to regulate the practice of counseling, substance abuse treatment, and marriage and family therapy. Virginia Code § 54.1-3505 directs the Board to promulgate regulations regarding the qualification, education, and experience for licensure as an LPC, LMFT, or LSATP.

Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it's intended to solve.

The Board has added more pathways to licensure by endorsement to encourage portability for licensees from other states. By doing so, Virginia citizens with mental health needs may have greater access to care. Additional standards of conduct and causes for disciplinary action will provide further guidance to licensees on the expectations for ethical practice and give the Board more explicit grounds on which to discipline practitioners. This protects the health, safety and welfare of the public.

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

These amendments are the result of a periodic review conducted on Chapters 20, 50, and 60. The changes update the regulations, clarify language, achieve consistency among requirements for licensees, and facilitate obtaining a license by endorsement by adding an additional three pathways to obtain a license by endorsement for licensed professional counselors and licensed marriage and family therapists. Additional standards of practice and grounds for disciplinary action are included to address issues that have arisen in disciplinary matters before the Board or for consistency with other behavioral health professional regulations.

Similar changes have been made in all three chapters, with some specific amendments to Chapters 50 and 60, including the elimination of the waiver of a licensing examination in marriage and family therapy or substance abuse treatment for counselors who want to obtain those specialized licenses.

Issues

Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

1) The primary advantages to the public are more pathways to licensure for practitioners and additional standards of practice to facilitate ethical practice and professional conduct. Amendments to licensure by endorsement regulations may increase the available behavioral health workforce, which may result in citizens finding an available therapist with greater ease. There are no disadvantages to the public.
2) There are no primary advantages or disadvantages to the agency or the Commonwealth.

3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. Any restraint on competition as a result of promulgating these regulations is a foreseeable, inherent, and ordinary result of the statutory obligation of the Board to protect the safety and health of citizens of the Commonwealth. The Board is authorized under § 54.1-2400 "[t]o promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) which are reasonable and necessary to administer effectively the regulatory system . . . Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title." The promulgated regulations do not conflict with the purpose or intent of Chapters 1 or 25 of Title 54.1.

Requirements More Restrictive than Federal

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any requirement of the regulatory change which is more restrictive than applicable federal requirements. If there are no changes to previously reported information, include a specific statement to that effect.

There are no applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any other state agencies, localities, or other entities that are particularly affected by the regulatory change. If there are no changes to previously reported information, include a specific statement to that effect.

Other State Agencies Particularly Affected – none

Localities Particularly Affected – none

Other Entities Particularly Affected – none

Public Comment

Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.

Commenter	Comment	Agency response
150 comments received via Town Hall	These comments generally opposed the regulations because the commenters stated that CACREP-accredited education was either required for licensure by endorsement, created a barrier to licensure for non-CACREP graduates, or that all non-CACREP graduates were required to have	Currently, there are only two pathways to licensure by endorsement. (1) An applicant, regardless of education, has to have practiced for 24 out of the 60 months prior to application OR (2) the applicant must submit evidence the applicant meets the education and experience Virginia requires for licensure by examination.

	practiced for ten years to obtain licensure in Virginia.	The amendments add three additional pathways to licensure by endorsement for those who do not meet the criteria above. Notably, the majority of licensure by endorsement applicants will meet the active practice requirement, which, again, does not require education from an accredited program. The three additional pathways to licensure by endorsement are: (3) three years of active licensure – which does not require active practice – and a National Certified Counselor credential issued by the National Board for Certified Counselors; OR (4) a graduate degree from a CACREP-accredited program and three years of active licensure; OR (5) 10 years of active licensure – which does not mean active practice. Active licensure only means holding an active license for that period of time. These five options are intended to, and will, increase access to licensure, access to behavioral health care, and do not require accredited education.
30 comments received via Town Hall	General opposition with no substantive information stated.	The Board understands that many members of the public misunderstood the increase in access to licensure by endorsement and assumes these commenters did the same. Without knowing the specific basis for the opposition stated in these comments, the Board directs the commenters to the previous response.
17 comments received via Town Hall	Commenters supportive of the Counseling Compact. The majority of these comments were included in the 150 comments in opposition, above.	The Board also supports the Counseling Compact and indicated its support by vote at its November 5, 2021 meeting. The Virginia General Assembly, however, is the only body with jurisdiction to enter the Compact. Although a bill was introduced in the 2022 General Assembly Session that would have entered Virginia into the Compact, that bill was withdrawn.
3 comments received via Town Hall	These comments were briefly supportive of CACREP accreditation, but also appear to assume that CACREP accreditation would be required for licensure by endorsement.	CACREP-accredited education is not required for licensure by endorsement. The Board recognizes that CACREP-accredited schools already meet the requirements for education contained in existing language of 18VAC115-20-51.
Nick, Town Hall commenter	Comment states that Virginia is ignorant of CACREP requirements.	The Board recognizes that CACREP-accredited schools include all educational requirements contained in 18VAC115-20-51. This is an existing regulation that is not substantially changed by this regulatory action.

Jairo Fuentes and an anonymous comment, received via Town Hall	CACREP is making a market grab, its programs are not superior.	The Board makes no statement on the superiority of any programs. The Board recognizes that CACREP-accredited schools include all educational requirements contained in 18VAC115-20-51. This is an existing regulation that is not substantially changed by this regulatory action.
Mary Ammon, University of Baltimore; Pamela Foley, Ph.D. Seton Hall University; and Pamela Almandrez, all via Town Hall	Amendments would restrict number of available counselors in Virginia.	The amendments approved by the Board increase the pathways from 2 to 5 by which a counselor may be licensed by endorsement in Virginia. CACREP-accredited education is not a requirement.
Suzette Nozick, via Town Hall	Please allow practice across state lines.	The Board has no authority to do so, and that action is not contemplated by these amendments. No other jurisdiction allows this.

Detail of Changes Made Since the Previous Stage

*List all changes made to the text since the previous stage was published in the Virginia Register of Regulations and the rationale for the changes. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.*

Current chapter-section number	New chapter-section number, if applicable	New requirement from previous stage	Updated new requirement since previous stage	Change, intent, rationale, and likely impact of updated requirements
20-45, 50-40	N/A	For applicants who do not (1) meet the same educational and resident requirements as applicants for licensure by examination; or (2) have practiced 24 of the last 60 months preceding application for licensure, both of which are current qualifications for licensure by endorsement and which are not changed by these amendments, applicants may obtain licensure by endorsement via one of three paths. Those paths are: (1) verification of the Certified Clinical Mental	There is no change in the requirement.	Language was reorganized in an attempt to alleviate confusion. Notably, these requirements add additional paths to licensure by endorsement. There is no requirement for any applicant to graduate from an accredited program, either currently or under these amendments.

		Health Counselor (CCMHC) credential from the National Board of Certified Counselors; (2) ten years of active licensure at the highest level for independent practice (comparable to the LPC); or (3) three years of active licensure and a National Certified Counselor credential or a graduate-level degree from a CACREP-accredited program.		
50-55(A)(1)	N/A	Only CACREP recognized as an accredited program.	Inclusion of COAMFTE as a recognized accredited educational program	Based on the proposed stage agency background document and the inclusion of COAMFTE with CACREP in 50-40(C)(3), this was an inadvertent omission in the proposed text.
20-52, 20-70, 20-100, 50-70, 50-90, 50-110, 60-80, 60-90	N/A	Changes in the noted sections were identical to prior emergency regulations regarding residents which have become permanent. Therefore the original changes are no longer reflected in this document or as changes in the regulatory text, because the resident license changes became effective during the course of this regulatory action.	No new requirement.	Changes in the noted sections were identical to prior emergency regulations regarding residents which have become permanent. Therefore the original changes are no longer reflected in this document or as changes in the regulatory text, because the resident license changes became effective during the course of this regulatory action.
50-60(A)(3)	N/A	Wording change from “registration” to “resident license.”	No new requirement, wording change only.	Change of “registration” to “resident license.” This change was missed in the action related to resident licenses.

Detail of All Changes Proposed in this Regulatory Action

*List all changes proposed in this action and the rationale for the changes. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.*

Current section number	Current requirement	Change, intent, rationale, and likely impact of new requirements
Chapter 20, section 10 Chapter 50, section 10 Chapter 60, section 10	Sets out the definitions for words and terms used in the chapter	The definition of "face-to-face" is amended to include use of visual, interactive, real-time technology in the in-person delivery of clinical services. The amendment will enhance practitioners' ability to provide counseling services by telehealth and facilitate supervision of residents.
Chapter 50, section 20 Chapter 60, section 20	Sets out the fees for applicants and licensees	Fees are added for reinstatement of a resident license for residents in marriage and family therapy and residents in substance abuse treatment. These fees were included because reinstatement of resident licenses for these two professions were inadvertently omitted from the emergency regulations for resident licenses.
Chapter 20, section 45 (Chapters 50 and 60 – see below)	Sets the prerequisites for licensure by endorsement	An amendment to subsection A clarifies that the license held in another jurisdiction must be for independent clinical practice, so it is a comparable license with the LPC in Virginia. Currently, an applicant for licensure by endorsement must either: (1) meet the same educational and resident requirements as applicants for licensure by examination; or (2) have practiced 24 of the last 60 months preceding application for licensure. The amendment keeps both options, although it allows "clinical practice" to include teaching graduate-level courses in counseling. In addition, the amendments add **three additional paths to licensure by endorsement**. Those three **additional** pathways are: (1) Verification of the Certified Clinical Mental Health Counselor (CCMHC) credential from the National Board of Certified Counselors; (2) Ten years of active licensure at the highest level for independent practice (comparable to the LPC); or (3) Three years of active licensure and a National Certified Counselor credential or a graduate-level degree from a CACREP-accredited program. **Notably: any licensee practicing in another jurisdiction for 24 out of the last 60 months may obtain licensure by endorsement on that credential alone. The three additional pathways adopted by the Board are intended to <u>increase</u> the number of licensure by endorsement**

		applicants to practice in Virginia by providing avenues to licensure for individuals who have not practiced 24 out of the last 60 months. As detailed above, the options in the final regulations are the same as in the proposed regulations. However, this formulation may be clearer to the public reviewing the licensure by endorsement regulations.
Chapter 20, section 51 (Chapters 50 and 60 – see tables below)	Establishes the coursework requirements for an applicant for licensure	Subsection A is added to facilitate review of educational credentials for applicants who have successfully completed requirements for a degree in clinical mental health counseling or other specialty approved by the Board if the educational program is accredited by CACREP. The language of this subsection does **not** impose any additional burden on an applicant from a non-CACREP program. The coursework submitted from a non-accredited program is reviewed to ensure that it meets the current requirements as set forth in section 51 – this is a current requirement that exists without the amendments. The addition of subsection A acknowledges that the Board has reviewed the requirements for a degree in clinical mental health counseling from a CACREP-accredited program and knows that accredited programs have met all such requirements. Amendments to (B)(13) clarify that the internship must be a formal academic course and provide a new allowance for deficit hours in the educational program internship to be made up in a residency. Up to 100 of the required 600 total hours and up to 40 of the 240 face-to-face direct client contact hours may be added to the residency. The new language will facilitate licensure for some applicants from non-accredited programs. Currently, those applicants have to find an educational program that will allow them to enroll in an academic course that is comprised of internship hours. The amended language will permit graduates to obtain a residency license and complete the required internship hours in the residency. Since there is faculty oversight of an internship in an academic program, the Board believes it is still necessary for the vast majority of the internship to be completed as part of a student's educational program.
Chapter 20, section 52	Sets out the requirements for a resident license as a residency	In subsection B, the only new amendment is in number 12 to clarify that residency hours that were approved by another state board and completed in that jurisdiction will be accepted in Virginia, provided they meet the requirements of subsection

(Chapters 50 and 60 – see below)		B. The current regulation specifies that the hours must meet all requirements of section 52; there are specific requirements for an application (subsection A) and qualifications for a supervisor (subsection C) that would either not be possible to meet or may not be applicable in the other jurisdiction. Amendments to subsection D will clarify that the responsibility of a supervisor is applicable whether the he or she is on-site or off-site where services are being provided by a resident. This requirement is not new; current language states that the supervisor has full responsibility for the clinical activities of a resident. An amendment stated in number 3 specifies that the supervisor also has responsibility to ensure that the resident is adhering to rules for residencies. Finally, number seven requires that the supervisor maintain records of supervision for five years after the termination or completion of supervision. The five year retention is necessary to ensure records are available to residents and to the Board within the timeframe in which the resident may be applying for licensure.
Chapter 20, section 106 Chapter 50, section 96 Chapter 60, section 116	Establishes the criteria for continuing competency activity	Under individual professional activities in subsection B, the Board has added an allowance for up to two hours per renewal period of credit for attendance at board meetings or hearings.
Chapter 20, section 107 Chapter 50, section 97 Chapter 60, section 117	Establishes the documentation necessary for continuing competency	Subsection C is amended to allow credit for documentation of participation in clinical supervision or consultation by attestation, rather than by affidavit.
Chapter 20, section 110 Chapter 50, section 100 Chapter 60, section 120	Sets out requirements for a late renewal or reinstatement of a license	Subsection B is amended to require an applicant for reinstatement to submit a current report from NPDB to ensure the Board has more complete information about disciplinary actions in other states or malpractice judgements. Subsection D is added to allow for reinstatement of a resident license. A resident who fails to renew after one year would be able to reinstate within the six-year window allowed for completion of a

		residency. The requirements for reinstatement are similar to reinstatement of an LPC, LMFT or LSATP license. The intent of the amendment is to provide an allowance for a person who needs or wants a break in a residency (such as for illness or family responsibility) to let the license lapse but reinstate at a later time to complete the hours. The required 3,400 residency hours can be completed in less than two years, so a person could have a lapse of some months and still complete the required hours within a six-year timeframe. The Board did not allow reinstatement indefinitely because there needs to be some continuity in the supervised experience of a residency and there was concern about "permanent" residents who would continuously lapse and reinstate.
Chapter 20, section 130 Chapter 50, section 110 Chapter 60, section 130	Establishes standards of practice for licensees	The following are amended: (B)(11) – Currently, the regulation requires that if a licensee becomes aware that a client is receiving services from another mental health provider, he must refrain from providing services to the client without informed consent and permission to communicate. This limitation is problematic in some scenarios and board members recommended that the language be amended to require documentation of efforts to coordinate care. (B)(13) – The regulation is amended to require that residents are clearly noted in any communications to the public, such as advertising. (B)(15) – Licensees must make referrals based on the interest of the client. (B)(16) – A standard is added regarding the willful or negligent breach of confidentiality. This language is identical to regulations in Medicine and other regulations. (C)(2) – An amendment to the recordkeeping standard specifies that client records must be timely, accurate, legible and complete. Similar to the amendment to (B)(16), this is a standard for Medicine and other boards. A record that does not meet that standard is not useful to the client or to the Board. Subsection D is amended to specify that inappropriate relationships may be multiple as well as dual.
Chapter 20, section 140	Sets out the grounds for disciplinary action	Amendments to (A)(2) and (4) clarify and update terminology in the current grounds for disciplinary action.

Chapter 50, section 120 Chapter 60, section 140		(A)(10) - (14) are added to address matters that arise in complaints against licensees or issues that arise in the investigation of such complaints. The grounds are consistent with those found in regulations for other boards.

Changes specific to Chapter 50

Chapter 50, section 40	Sets the prerequisites for licensure by endorsement	An amendment to subsection A clarifies that the license held in another jurisdiction must be for independent clinical practice, so it is a comparable license with the LMFT in Virginia. An addition to the meaning of "clinical practice" in 50-40(C)(1) will allow teaching a graduate-level course in counseling to count for active practice. In addition to the options currently available to an applicant for licensure by endorsement, the following are added: 1) Ten years of active licensure at the highest level for independent practice (comparable to the LMFT); or 2) Three years of active licensure and a graduate-level degree from a CACREP- or COAMFTE-accredited program. The Board has included an option of 3 years of active licensure and a CACREP- or COAMFTE-accredited program to follow the October 2019 recommendation of The National Portability Taskforce and for consistency with regulations for LPCs.
Chapter 50, section 55	Sets out requirements for coursework in marriage and family therapy	Subsection A is added to facilitate review of educational credentials for applicants who have successfully completed requirements for a degree in an educational program accredited by COAMFTE or a marriage and family program accredited by CACREP. The language of this subsection does **not** impose any additional burden on an applicant from a non-CACREP or COAMFTE program. The coursework submitted from a non-accredited program will be reviewed to ensure that it meets the current requirements as set forth in section 55 – this is a current requirement and continues to be a requirement under these amendments. The addition of subsection A 1 acknowledges that the Board has reviewed the requirements for a degree from a COAMFTE- or CACREP-accredited program and knows that it has met all such requirements. Amendments to subsection B are intended to group the specific topics required in 1 and 2 (three semester hours in each) into a single category of

		marriage and family coursework for which 12 hours is required. Applicants and reviewers found it difficult to separate coursework that integrated topics in marriage and family studies and marriage and family therapy. By combining all related topics into one category, it will be easier to verify completion of the required coursework. Amendments to (A)(2)(c) clarify that the internship must be a formal academic course and provide a new allowance for deficit hours in the educational program internship to be made up in a residency. Up to 100 of the required 600 total hours and up to 40 of the 240 face-to-face direct client contact hours may be added to the residency. The new language will facilitate licensure for some applicants from non-accredited programs. Currently, those applicants have to find an educational program that will allow them to enroll in an academic course that is comprised of internship hours. The amended language will permit graduates to obtain a residency license and complete the required internship hours in the residency. Since there is faculty oversight of an internship in an academic program, the Board believes it is still necessary for the vast majority of the internship to be completed as part of a student's educational program.
Chapter 50, section 60	Sets out requirements for a resident license and a residency	In subsection (B)(3), amendments are made to reflect changes to the core areas of coursework amended in section 55. An amendment in 11 will clarify that residency hours that were approved by another state board and completed in that jurisdiction will be accepted in Virginia, provided they meet the requirements of subsection B. The current regulation specifies that the hours must meet all requirements of the current section; there are specific requirements for an application (subsection A) and qualifications for a supervisor (subsection C) that would either not be possible to meet or may not be applicable in the other jurisdiction. 12 is added to specify that supervision that is not concurrent with a residency will not be accepted. The amendment added in this subsection is identical to current language in regulations for LPCs and for LSATPs. It was included in the LMFT requirements for consistency among the licensed professions. Amendments to subsection D do three things. First, the amendments specify maintenance of records

		relating to supervision for a period of five years after termination or completion of supervision. The five-year retention is necessary to ensure records are available to residents and to the Board within the timeframe in which the resident may be applying for licensure. Second, the amendments clarify that the responsibility of a supervisor is applicable whether the he or she is on-site or off-site of the location that services are being provided by a resident. This requirement is not new; current language states that the supervisor has full responsibility for the clinical activities of a resident. Third, the amendments specify that the supervisor also has responsibility to ensure that the resident is adhering to rules for residencies.

Changes specific to Chapter 60

Chapter 60, section 50	Sets the prerequisites for licensure by endorsement	An amendment to subsection (4)(a) clarifies that the license held in another jurisdiction must be for independent clinical practice in substance abuse treatment or addiction counseling, so it is a comparable license with the license in Virginia. The term “addiction counseling” is added to “substance abuse treatment” in (4)(b)(1) because that is now the more commonly used term. Amendments consolidated the requirements for experience into (4)(b)(2). In (4)(b)(5), the examination required for licensure by endorsement is specified as either the exam required in Virginia or a substantially equivalent exam in another state. The waiver of examination for applicant currently licensed as an LPC in Virginia is eliminated. The waiver was initially put in regulation because LSATP was a new profession, and the waiver was designed to encourage currently licensed counselors to obtain this specialty license. Licensure as an LSATP is not necessary for an LPC to do addiction counseling or substance abuse treatment; it is an acknowledgement of a specialty area of practice. While one’s license as an LPC (or other mental health license) will qualify a person by education and experience, a person seeking the LSATP license should demonstrate special competency by passage of an examination.
Chapter 60, section 70	Sets out requirements for coursework for LSATPs	Subsection A is amended to facilitate review of educational credentials for applicants who have successfully completed requirements for a degree in addiction counseling or other specialty in an educational program accredited by CACREP. The language of this subsection does **not** impose any additional burden on an applicant from a non-

		CACREP program. The coursework submitted from another program would still need to be reviewed to ensure that it meets the current requirements as set forth in section 70 – this is a current requirement. The amendment acknowledges that the Board has reviewed the requirements for a degree from a CACREP-accredited program and knows that it has met all such requirements. An amendment is subsection C will allow a person to provide evidence of current certification as a Master Addiction Counselor ("MAC") to verify completion of required coursework. The MAC certification is inclusive of all coursework required for a license, so it is appropriate verification of competency. Amendments to (D) clarify that the internship must be a formal academic course and provide a new allowance for deficit hours in the educational program internship to be made up in a residency. Up to 100 of the required 600 total hours and up to 40 of the 240 face-to-face direct client contact hours may be added to the residency. The new language will facilitate licensure for some applicants from non-accredited programs. Currently, those applicants have to find an educational program that will allow them to enroll in an academic course that is comprised of internship hours. The amended language will permit graduates to obtain a residency license and complete the required internship hours in the residency. Since there is faculty oversight of an internship in an academic program, the Board believes it is still necessary for the vast majority of the internship to be completed as part of a student's educational program.
Chapter 60, section 80	Sets out requirements for a resident license and a residency	An amendment to subsection (C)(3) will facilitate acquisition of the 2,000 hours of face-to-face client contact by only requiring 1,000 of the clinical hours to be directly related to substance abuse treatment of addiction counseling. The remaining clinical hours can be more generally related to counseling clients. An amendment to the last sentence clarifies that the remaining hours (1,400 of the total residency hours of 3,400) can be spent doing ancillary duties. An amendment in (C)(9) will clarify that residency hours that were approved by another state board and completed in that jurisdiction will be accepted in Virginia, provided they meet the requirements of subsection B. The current regulation specifies that the hours must meet all requirements of the

		section; there are specific requirements for an application (subsection A) and qualifications for a supervisor (subsection C) that would either not be possible to meet or may not be applicable in the other jurisdiction. Amendments to subsection D do three things. First, the amendments specify maintenance of records relating to supervision for a period of five years after termination or completion of supervision. The five-year retention is necessary to ensure records are available to residents and to the Board within the timeframe in which the resident may be applying for licensure. Second, the amendments clarify that the responsibility of a supervisor is applicable whether the he or she is on-site or off-site of the location that services are being provided by a resident. This requirement is not new; current language states that the supervisor has full responsibility for the clinical activities of a resident. Third, the amendments specify that the supervisor also has responsibility to ensure that the resident is adhering to rules for residencies.
Chapter 60, section 90	Sets out requirements for the licensure examination	Subsection C is amended to eliminate the exemption from examination for person who has an LPC license. When substance abuse treatment was a new license, the Board adopted the exemption to facilitate licensure as LSATPs for LPCs who wanted to indicate a specialty in their practice. LPCs may include addiction counseling under their scope of practice, but if they want to hold themselves out as a specialist in that area of practice, an examination for competency is addiction counseling or substance abuse treatment is necessary.