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**Call to Order – Gerard Lawson, PhD, LPC, LSATP, NCC, Committee Chairperson**

- Welcome and Introductions
- Mission of the Committee/Evacuation Instructions.....Page 2

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**Approval of Agenda \***

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**Approval of Minutes \***

- Regulatory Committee Meeting – September 19, 2025.....Page 4

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**Public Comment**

*The Committee will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

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**New Business**

- Periodic Reviews
  - Chapter 20 (Professional Counseling).....Page 8
  - Chapter 50 (Marriage and Family Therapists).....Page 28
  - Chapter 60 (Substance Abuse Treatment Practitioners).....Page 47

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**Next Meeting**

- June 5, 2026

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**Meeting Adjournment**

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*\*Requires a Committee Vote.*

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



## **MISSION STATEMENT**

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Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

## **EMERGENCY EGRESS**

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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 the Security staff.

### **Board Room 1**

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. 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.

### **Board Room 2**

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

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You may also exit the room using the side door **(Point)**, turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

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### **Board Rooms 3 and 4**

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

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### **Training Room 1**

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, 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.

### **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.

**DRAFT**

**Virginia Board of Counseling**  
**Regulatory Committee Meeting Minutes**  
**Friday, September 19, 2025, at 10:00 a.m.**  
**9960 Mayland Drive, Henrico, VA 23233**  
**Board Room 2**

- PRESIDING OFFICER:** Gerard Lawson, PhD, LPC, LSATP, NCC, Committee Chairperson
- BOARD MEMBERS PRESENT:** Nakeisha Gordon, LPC  
 Luanne Griffin, LPC  
 Terry R. Tinsley, PhD, LPC, LMFT, CSOTP
- BOARD STAFF PRESENT:** Latasha Austin, Licensing & Operations Manager  
 Jaime Hoyle, JD, Executive Director  
 Jennifer Lang, Deputy Executive Director  
 Charlotte Lenart, Deputy Executive Director  
 Dalyce Logan, Senior Licensing Specialist
- DHP STAFF PRESENT:** Erin Barrett, Director of Legislative & Regulatory Affairs, Department of Health Professions
- PRESENTATION:** Barbara Hodgdon, PhD, Healthcare Workforce Data Center (*left meeting at 11:27 a.m.*)
- PUBLIC ATTENDEES:** Kathryn Zapach, Virginia Health Care Foundation
- CALL TO ORDER:** Dr. Lawson called the Regulatory Committee meeting to order at 10:02 a.m.
- ROLL CALL/ESTABLISHMENT OF A QUORUM:** All Committee members and staff introduced themselves. Four Committee members were present in person at roll call, establishing a quorum.
- MISSION STATEMENT:** Dr. Lawson read the Department of Health Professions' mission statement, which also serves as the Committee's mission statement. He then read the emergency egress instructions.
- ADOPTION OF AGENDA:** The meeting agenda was adopted as presented.
- APPROVAL OF MINUTES:** The Board reviewed the minutes from the last meeting held on June 13, 2025.  
**Motion:** Ms. Griffin made a motion, which Ms. Gordon properly seconded, to approve the minutes from the June 13, 2025 Committee meeting, as presented. The motion passed unanimously.
- PUBLIC COMMENT:** No public comment was provided.
- UNFINISHED BUSINESS:**
- **Draft Guidance Document on the Use of Artificial Intelligence (AI)**  
 Ms. Hoyle reviewed and discussed the revised draft Guidance Document on the Use of Artificial Intelligence. She informed the committee that Board counsel had reviewed the document and expressed concern about including resource materials. Counsel advised that such additions may exceed the scope of a guidance document.

Committee members voiced concern about making formal recommendations, noting the evolving nature of AI and the need for caution in its application. Committee members

recommended revisions to the references in the document and adjust the final sentence to reflect a suggestion rather than a recommendation.

It was suggested that the listed resources could be framed as templates rather than endorsements.

The heading preceding the regulatory citations will be revised to: *“The Board interprets the following regulations as having...”*

Board members proposed using the term “cautionary” to emphasize prudent use of AI tools. The committee agreed that the framing should reflect the emerging status of AI and the Board’s position urging caution.

Board staff recommended including 18VAC115-20-130(B)(3) and 18VAC115-20-130(B)(7) from the Standards of Practice. After discussion, the committee agreed to include only 18VAC115-20-130(B)(3).

It was clarified that guidance documents serve as advisory tools. If regulations are being interpreted, the document must be formally designated as a guidance document.

Suggestions were made to revise the title of the document. Proposed alternatives included:

- Use of Guidance of AI as a Tool in Counseling
- Consideration of the Use of Guidance on AI
- Replace “in counseling” with “as a tool in practice” for broader applicability.

#### **Action Items & Next Steps:**

Ms. Barrett will implement the following changes to the document:

- Add a cautionary statement regarding the use of AI tools.
- Revise the title of the document.
- Remove the recommendation language and replace with a suggestion.
- Include 18VAC115-20-130(B)(3) from the Standards of Practice.
- Update the heading preceding the list of regulations.

**Motion:** Ms. Griffin made a motion, which Ms. Gordon properly seconded, to accept the guidance document with the edits discussed. The motion passed unanimously.

- **Discussion of Draft Supervision Survey**

Dr. Hodgdon presented the Committee with the preliminary findings from the 2025 Counseling Supervisor Survey. The 40-item self-report survey was conducted over a two-week period in mid to late August 2025 and distributed to Virginia-licensed LPCs, LMFTs, and LSATPs. A total of 4,181 responses were received. The survey explored key areas including supervision format, supervision costs, supervision experience, and available resources and training.

The supervisor survey concluded the following:

- Half have supervised in the past; 57% of those who have are currently supervising.
- The majority supervise once a week and have been supervisors for less than 6 years.
- Most provide both individual and group supervision and use a combination of in-person and virtual meetings.
- The majority are supervising fewer than 3 residents currently.
- Half charge for ind. supervision and most charge \$50-\$100; 2 in 5 charge for group supervision and most charge \$50-\$100.
- The majority would like more resources and training.

Dr. Hodgdon also presented the Committee with the preliminary findings from the 2025 Counseling Resident Survey. The 35-item self-report survey was conducted over a two-week period in mid to late August 2025 and distributed to Virginia active licensees as residents in counseling, marriage and family therapy, and substance abuse treatment. A total of 1,549 responses were received. The survey explored key areas including supervision format, supervision costs, perceptions on supervision and supervisors, and available resources and training.

The resident survey concluded the following:

- The majority have one supervisor and have supervision at least once a week.
- Higher % agree that individual supervision is effective compared to group supervision.
- 68% receive feedback on clinical work once a week and receive quarterly evaluations within one week post eval.
- Most do not pay for supervision; those who do pay between \$50 and \$100.
- 25% feel their supervisor lacked knowledge in a specific area important to their growth.
- The majority agree that they have had significant growth under supervision.

**Action Items & Next Steps:**

Ms. Lenart will send the Committee the headings of the questions that were asked. Committee members will review the headings and identify the areas of greatest concern. Charlotte will prioritize those areas for a more comprehensive analysis of the open-ended responses.

*Committee took a break at 11:28 a.m. The meeting was reconvened at 11:34 a.m.*

**NEW BUSINESS:**

- **Prescribing Wildlife as Emotional Support Animals**

The Committee reviewed and discussed a letter from the Virginia Department of Wildlife Resources requesting the Board's assistance in disseminating information that possession of wildlife in Virginia is illegal, even when prescribed as an emotional support animal.

The Committee also reviewed the Board's current Guidance on Emotional Support Animals (Guidance Document 115-6).

Concerns were raised that the Board does not have the authority to define "wildlife," and the letter from the Department did not provide a definition. It was noted that addressing wildlife-related issues is outside the purview of this Committee and not appropriate for inclusion in the current guidance document.

**Action Items & Next Steps:**

The Committee agreed to take no further action on the request, instead Ms. Barrett will coordinate with the Communications Director at the Department of Health Professions to draft a general communication for licensees regarding this issue.

**NEXT MEETING DATES:**

The next Quarterly Full Board Meeting will be held October 17, 2025. 2026 meeting dates will be sent to Board members at a later date.

**ADJOURNMENT:**

Dr. Lawson adjourned the September 19, 2025, Regulatory Committee meeting at 11:49 a.m.

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Jaime Hoyle, JD, Executive Director

DRAFT

*Commonwealth of Virginia*



**REGULATIONS**

**GOVERNING THE PRACTICE OF**

**PROFESSIONAL COUNSELING**

**VIRGINIA BOARD OF COUNSELING**

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

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

**Revised Date: December 18, 2025**

9960 Mayland Drive  
Henrico, VA 23233

Phone: (804) 367-4610  
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email: [coun@dhp.virginia.gov](mailto:coun@dhp.virginia.gov)

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Not a legal resource

## TABLE OF CONTENTS

TABLE OF CONTENTS.....	3
Part I. General Provisions.....	4
18VAC115-20-10. Definitions.....	4
18VAC115-20-20. Fees required by the board. ....	5
18VAC115-20-30. (Repealed.) .....	6
18VAC115-20-35. Sex offender treatment provider certification. ....	6
Part II Requirements for Licensure As a Professional Counselor.....	6
18VAC115-20-40. Prerequisites for licensure by examination. ....	6
18VAC115-20-45. Prerequisites for licensure by endorsement.....	7
18VAC115-20-49. Degree program requirements.....	8
18VAC115-20-50. [Expired]. ....	8
18VAC115-20-51. Coursework requirements. ....	8
18VAC115-20-52. Resident license and residency requirements.....	9
18VAC115-20-60. (Repealed.) .....	11
Part III Examinations .....	11
18VAC115-20-70. General examination requirements. ....	11
18VAC115-20-80. (Repealed.) .....	11
18VAC115-20-90. (Repealed.) .....	11
Part IV Licensure Renewal; Reinstatement .....	11
18VAC115-20-100. Licensure renewal. ....	11
18VAC115-20-105. Continued competency requirements for renewal of a license. ....	12
18VAC115-20-106. Continuing competency activity criteria. ....	13
18VAC115-20-107. Documenting compliance with continuing competency requirements.....	15
18VAC115-20-110. Late renewal; reinstatement. ....	16
18VAC115-20-120. (Repealed.) .....	16
Part V Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement ....	16
18VAC115-20-130. Standards of practice. ....	16
18VAC115-20-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license. ....	19
18VAC115-20-150. Reinstatement following disciplinary action.....	20

## Part I. General Provisions.

### 18VAC115-20-10. Definitions.

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

"Board"

"Counseling"

"Professional counselor"

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

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

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

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

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

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

"Conversion therapy" means any practice or treatment as defined in § [54.1-2409.5](#) A of the Code of Virginia.

"CORE" means Council on Rehabilitation Education.

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

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

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

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

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

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

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

"Residency" means a postgraduate, supervised, clinical experience.

"Resident" means an individual who has a supervisory contract and has been issued a temporary license by the board to provide clinical services in professional counseling under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

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

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

Initial licensure by examination: Application processing and initial licensure as a professional counselor	\$175
Initial licensure by endorsement: Application processing and initial licensure as a professional counselor	\$175
Application and initial licensure as a resident in counseling	\$65
Pre-review of education only	\$75
Duplicate license	\$10
Verification of licensure to another jurisdiction	\$30
Active annual license renewal for a professional counselor	\$130
Inactive annual license renewal for a professional counselor	\$65
Annual renewal for a resident in counseling	\$30
Inactive annual renewal for a resident in counseling	\$15
Late renewal for a professional counselor	\$45
Late renewal for a resident in counseling	\$10

Reinstatement of a lapsed license for a professional counselor	\$200
Reinstatement following revocation or suspension	\$600
Replacement of or additional wall certificate	\$25
Returned check or dishonored credit or debit card	\$50

B. All fees are nonrefundable.

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

**18VAC115-20-30. (Repealed.)**

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

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

**Part II  
Requirements for Licensure As a Professional Counselor**

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

Every applicant for licensure examination by the board shall:

1. Meet the degree program requirements prescribed in 18VAC115-20-49, the coursework requirements prescribed in 18VAC115-20-51, and the experience requirements prescribed in 18VAC115-20-52;
2. Pass the licensure examination specified by the board;
3. Submit the following to the board:
  - a. A completed application;
  - b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-20-49 and 18VAC115-20-51. Transcripts previously submitted for board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;
  - c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-20-52 and copies of all required evaluation forms, including verification of current licensure of the supervisor if any portion of the residency occurred in another jurisdiction;
  - d. Verification of any other mental health or health professional license or certificate ever held in another jurisdiction;

- e. The application processing and initial licensure fee as prescribed in 18VAC115-20-20; and
  - f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

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

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

- 1. A completed application;
- 2. The application processing fee and initial licensure fee as prescribed in 18VAC115-20-20;
- 3. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;
- 4. Documentation of having completed education and experience requirements as specified in subsection B of this section;
- 5. Verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained;
- 6. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
- 7. An affidavit of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.

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

- 1. Educational requirements consistent with those specified in 18VAC115-20-49 and 18VAC115-20-51 and experience requirements consistent with those specified in 18VAC115-20-52;
- 2. If an applicant does not have educational and experience credentials consistent with those required by this chapter, he shall provide:
  - a. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and
  - b. Evidence of post-licensure clinical practice in counseling, as defined in § 54.1-3500 of the Code of Virginia, for 24 of the last 60 months immediately preceding his licensure

application in Virginia. Clinical practice shall mean the rendering of direct clinical counseling services or clinical supervision of counseling services; or

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

#### **18VAC115-20-49. Degree program requirements.**

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice counseling as defined in § 54.1-3500 of the Code of Virginia, is offered by a college or university accredited by a regional accrediting agency, and meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;
2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and
3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

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

C. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

#### **18VAC115-20-50. [Expired].**

#### **18VAC115-20-51. Coursework requirements.**

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

1. Professional counseling identity, function, and ethics;
2. Theories of counseling and psychotherapy;
3. Counseling and psychotherapy techniques;
4. Human growth and development;
5. Group counseling and psychotherapy theories and techniques;
6. Career counseling and development theories and techniques;
7. Appraisal, evaluation, and diagnostic procedures;
8. Abnormal behavior and psychopathology;

9. Multicultural counseling theories and techniques;
10. Research;
11. Diagnosis and treatment of addictive disorders;
12. Marriage and family systems theory; and
13. Supervised internship of at least 600 hours to include 240 hours of face-to-face client contact.

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

**18VAC115-20-52. Resident license and residency requirements.**

A. Resident license. Applicants for temporary licensure as a resident in counseling shall:

1. Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the clinical supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing clinical counseling services;

2. Have submitted an official transcript documenting a graduate degree that meets the requirements specified in [18VAC115-20-49](#) to include completion of the coursework and internship requirement specified in [18VAC115-20-51](#);

3. Pay the registration fee;

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

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

B. Residency requirements.

1. The applicant for licensure as a professional counselor shall have completed a supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches.

2. The residency shall include a minimum of 2,000 hours of face-to-face client contact providing clinical counseling services.

3. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident.

- a. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency.

b. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.

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

4. The resident will complete a minimum of 1,000 hours of face-to-face client contact and 100 hours of supervision within two years immediately preceding application to the board for licensure as a professional counselor.

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

6. The residency shall be completed in not less than 21 months.

7. A resident shall meet the renewal requirements of [18VAC115-20-100](#) in order to maintain a license in current, active status.

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

9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. The resident shall inform clients in writing that the resident does not have authority for independent practice and is under supervision and shall provide the resident's supervisor's name, professional address, and telephone number.

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

11. The board will accept residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section.

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

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

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

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

D. Supervisory responsibilities.

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

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

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

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency.

5. The supervisor shall provide supervision as defined in [18VAC115-20-10](#).

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet.

**18VAC115-20-60. (Repealed.)**

### **Part III Examinations**

**18VAC115-20-70. General examination requirements.**

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

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

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

D. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a professional counselor.

**18VAC115-20-80. (Repealed.)**

**18VAC115-20-90. (Repealed.)**

### **Part IV Licensure Renewal; Reinstatement**

**18VAC115-20-100. Licensure renewal.**

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

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

2. The renewal fee prescribed in [18VAC115-20-20](#).

B. A licensee who wishes to place a license in an inactive status may do so upon payment of the inactive renewal fee as established in [18VAC115-20-20](#). No person shall practice counseling in Virginia unless the person holds a current active license. A licensee in inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of [18VAC115-20-110](#).

C. For renewal of a resident license in counseling, the following shall apply:

1. On the annual renewal, the resident shall attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which the resident is currently providing clinical counseling services.

2. On the annual renewal, the resident in counseling shall attest to completion of three hours in continuing education courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of [18VAC115-20-106](#).

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

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

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

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

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

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

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section, subsection A of [18VAC115-50-95](#) in the Regulations

Governing the Practice of Marriage and Family Therapy, or subsection A of 18VAC115-60-115 in the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

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

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

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

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

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

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

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:
  - a. Regionally accredited university or college level academic courses in a behavioral health discipline.
  - b. Continuing education programs offered by universities or colleges.

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

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

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

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

(3) The American Association of State Counseling Boards.

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

(5) The American Psychological Association and its state affiliates.

(6) The Commission on Rehabilitation Counselor Certification.

(7) NAADAC, The Association for Addiction Professionals and its state and local affiliates.

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

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

(12) The American Association of Pastoral Counselors.

## 2. Individual professional activities.

a. Publication/presentation/new program development.

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

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

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

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

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

c. Clinical supervision/consultation. Activity will count for a maximum of 10 hours. Continuing competency can only be granted for clinical supervision/consultation received

on a regular basis with a set agenda. Continuing competency cannot be granted for supervision provided to others.

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

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

**18VAC115-20-107. Documenting compliance with continuing competency requirements.**

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

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

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

1. To document completion of formal organized learning activities, the licensee shall provide:
  - a. Official transcripts showing credit hours earned; or
  - b. Certificates of participation.
2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.
3. Documentation of individual professional activities shall be by one of the following:
  - a. Certificates of participation;
  - b. Proof of presentations made;
  - c. Reprints of publications;
  - d. Letters from educational institutions or agencies approving continuing education programs;
  - e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

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

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

**18VAC115-20-110. Late renewal; reinstatement.**

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-20-20 as well as the license renewal fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

**18VAC115-20-120. (Repealed.)**

**Part V**

**Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement**

**18VAC115-20-130. Standards of practice.**

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone, or electronically, these standards shall apply to the practice of counseling.

B. Persons licensed or registered by the board shall:

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

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience, and appropriate professional experience and represent their education, training, and experience accurately to clients;
3. Stay abreast of new counseling information, concepts, applications, and practices that are necessary to providing appropriate, effective professional services;
4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;
5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;
6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;
7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;
8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;
9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;
10. Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms;
11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;
12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature;
13. Advertise professional services fairly and accurately in a manner that is not false, misleading, or deceptive; and
14. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;
2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;
3. Disclose or release records to others only with the client's expressed written consent or that of the client's legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;
4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations; and
5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:
  - a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;
  - b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or
  - c. Records that have been transferred to another mental health service provider or given to the client or his legally authorized representative.

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

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;
2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Counselors shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Counselors who engage in such relationship or

intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of, or participation in sexual behavior or involvement with a counselor does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationship or sexual intimacy or establish a counseling or psychotherapeutic relationship with a supervisee or student. Counselors shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student or the potential for interference with the supervisor's professional judgment; and

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

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

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent, or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

**18VAC115-20-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license.**

A. Action by the board to revoke, suspend, deny issuance or renewal of a license, or take disciplinary action may be taken in accordance with the following:

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

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

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

4. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

5. Performance of functions outside the demonstrable areas of competency;
6. Failure to comply with the continued competency requirements set forth in this chapter;
7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of counseling, or any part or portion of this chapter; or
8. Performance of an act likely to deceive, defraud, or harm the public.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

**18VAC115-20-150. Reinstatement following disciplinary action.**

A. Any person whose license has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Not a legal resource

*Commonwealth of Virginia*



**REGULATIONS**  
**GOVERNING THE PRACTICE OF**  
**MARRIAGE AND FAMILY THERAPY**

**VIRGINIA BOARD OF COUNSELING**

**Title of Regulations: 18 VAC 115-50-10 et seq.**

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

**Revised Date: December 18, 2025**

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## TABLE OF CONTENTS

TABLE OF CONTENTS.....	3
18VAC115-50-10. Definitions.....	4
18VAC115-50-20. Fees.....	5
18VAC115-50-25. Sex offender treatment provider certification.....	6
18VAC115-50-30. Application for licensure as a marriage and family therapist by examination.....	6
18VAC115-50-40. Application for licensure by endorsement.....	7
18VAC115-50-50. Degree program requirements.....	7
18VAC115-50-55. Coursework requirements.....	7
18VAC115-50-60. Resident license and residency requirements.....	8
18VAC115-50-70. General examination requirements.....	10
18VAC115-50-80. (Repealed.).....	10
18VAC115-50-90. Annual renewal.....	10
18VAC115-50-95. Continued competency requirements for renewal of a license.....	11
18VAC115-50-96. Continuing competency activity criteria.....	12
18VAC115-50-97. Documenting compliance with continuing competency requirements.....	14
18VAC115-50-100. Late renewal, reinstatement.....	15
18VAC115-50-110. Standards of practice.....	15
18VAC115-50-120. Disciplinary action.....	18
18VAC115-50-130. Reinstatement following disciplinary action.....	19

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## **18VAC115-50-10. Definitions.**

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

"Board"

"Marriage and family therapist"

"Marriage and family therapy"

"Practice of marriage and family therapy"

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

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

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Clinical marriage and family services" means activities such as assessment, diagnosis, and treatment planning and treatment implementation for couples and families.

"Conversion therapy" means any practice or treatment as defined in § [54.1-2409.5](#) A of the Code of Virginia.

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

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

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Residency" means a postgraduate, supervised clinical experience.

"Resident" means an individual who has a supervisory contract and has been issued a temporary license by the board to provide clinical services in marriage and family therapy under supervision.

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

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

**18VAC115-50-20. Fees.**

A. The board has established fees for the following:

Application and initial licensure as a resident	\$65
Pre-review of education only	\$75
Initial licensure by examination: Processing and initial licensure as a marriage and family therapist	\$175
Initial licensure by endorsement: Processing and initial licensure as a marriage and family therapist	\$175
Active annual license renewal for a marriage and family therapist	\$130
Inactive annual license renewal for a marriage and family therapist	\$65
Annual renewal for a resident in marriage and family therapy	\$30
Inactive annual renewal for a resident in marriage and family therapy	\$15
Penalty for late renewal for a marriage and family therapist	\$45
Late renewal for resident in marriage and family therapy	\$10
Reinstatement of a lapsed license for a marriage and family therapist	\$200
Verification of license to another jurisdiction	\$30
Additional or replacement licenses	\$10
Additional or replacement wall certificates	\$25
Returned check or dishonored credit or debit card	\$50

Reinstatement following revocation or suspension

\$600

B. All fees are nonrefundable.

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

**18VAC115-50-25. Sex offender treatment provider certification.**

Anyone licensed by the board as a marriage and family therapist who is seeking certification as a sex offender treatment provider shall obtain certification from the Virginia Board of Psychology and adhere to the Regulations Governing the Certification of Sex Offender Treatment Providers, 18VAC125-30-10 et seq.

**18VAC115-50-30. Application for licensure as a marriage and family therapist by examination.**

Every applicant for licensure by examination by the board shall:

1. Meet the education and experience requirements prescribed in 18VAC115-50-50, 18VAC115-50-55, and 18VAC115-50-60;
2. Meet the examination requirements prescribed in 18VAC115-50-70;
3. Submit to the board office the following items:
  - a. A completed application;
  - b. The application processing and initial licensure fee prescribed in 18VAC115-50-20;
  - c. Documentation on the appropriate forms of the successful completion of the residency requirements of 18VAC115-50-60 along with documentation of the supervisor's out-of-state license where applicable;
  - d. Official transcripts submitted from the appropriate institutions of higher education, verifying satisfactory completion of the education requirements set forth in 18VAC115-50-50 and 18VAC115-50-55. Previously submitted transcripts for board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;
  - e. Verification on a board-approved form of any mental health or health out-of-state license, certification, or registration ever held in another jurisdiction; and
  - f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

**18VAC115-50-40. Application for licensure by endorsement.**

Every applicant for licensure by endorsement shall hold or have held a valid and unrestricted marriage and family license in another jurisdiction in the United States and shall submit:

1. A completed application;
2. The application processing and initial licensure fee prescribed in 18VAC115-50-20;
3. Documentation of licensure through verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;
4. An affidavit of having read and understood the regulations and laws governing the practice of marriage and family therapy in Virginia; and
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

**18VAC115-50-50. Degree program requirements.**

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice marriage and family therapy as defined in § 54.1-3500 of the Code of Virginia from a college or university that is accredited by a regional accrediting agency and that meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare students to practice marriage and family therapy as documented by the institution;
2. There must be an identifiable marriage and family therapy training faculty and an identifiable body of students who complete that sequence of academic study; and
3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP as programs in marriage and family counseling or therapy or by COAMFTE are recognized as meeting the requirements of subsection A of this section.

C. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

**18VAC115-50-55. Coursework requirements.**

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate coursework with a minimum of six semester hours or nine quarter hours completed in each of the core areas identified in subdivisions 1 and 2 of this subsection, and three semester

hours or 4.0 quarter hours in each of the core areas identified in subdivisions 3 through 9 of this subsection:

1. Marriage and family studies (marital and family development; family systems theory);
2. Marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches);
3. Human growth and development across the lifespan;
4. Abnormal behaviors;
5. Diagnosis and treatment of addictive behaviors;
6. Multicultural counseling;
7. Professional identity and ethics;
8. Research (research methods; quantitative methods; statistics);
9. Assessment and treatment (appraisal, assessment and diagnostic procedures); and
10. Supervised internship of at least 600 hours to include 240 hours of direct client contact, of which 200 hours shall be with couples and families.

B. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including a minimum of six semester hours or nine quarter hours completed in marriage and family studies (marital and family development; family systems theory) and six semester hours or nine quarter hours completed in marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches).

**18VAC115-50-60. Resident license and residency requirements.**

A. Resident license. Applicants for temporary licensure as a resident in marriage and family therapy shall:

1. Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing marriage and family services.
2. Have submitted an official transcript documenting a graduate degree as that meets the requirements specified in [18VAC115-50-50](#) to include completion of the coursework and internship requirement specified in [18VAC115-50-55](#);
3. Pay the registration fee;
4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

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

B. Residency requirements.

1. The applicant for licensure as a marriage and family therapist shall have completed a supervised residency in the role of a marriage and family therapist, to include 200 hours of in-person supervision with the supervisor in the consultation and review of marriage and family services provided by the resident. For the purpose of meeting the 200 hours of supervision required for a residency, in-person may also include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. At least 100 of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.

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

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

2. The residency shall include documentation of at least 2,000 hours of face-to-face client contact in clinical marriage and family services, of which 1,000 hours shall be face-to-face client contact with couples or families or both.

3. The residency shall consist of practice in the core areas set forth in [18VAC115-50-55](#).

4. The resident will complete a minimum of 1,000 hours of face-to-face client contact, of which 500 hours shall be face-to-face client contact with couples or family or both, and 100 hours of supervision within two years immediately preceding application to the board for licensure as a marriage and family therapist.

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

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

7. Residents shall not call themselves marriage and family therapists, directly bill for services rendered, or in any way represent themselves as marriage and family therapists. During the residency, residents may use their names, the initials of their degree, and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing that the resident does not have authority for independent practice and is under supervision, along with the name, address, and telephone number of the resident's supervisor.

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

9. The residency shall be completed in not less than 21 months.

10. The board will accept residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section.

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

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

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

3. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under [18VAC115-50-96](#). At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.

D. Supervisory responsibilities.

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

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

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

#### **18VAC115-50-70. General examination requirements.**

A. All applicants for initial licensure shall pass an examination, as prescribed by the board, with a passing score as determined by the board. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

B. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a marriage and family therapist.

#### **18VAC115-50-80. (Repealed.)**

#### **18VAC115-50-90. Annual renewal.**

A. Each licensee who intends to continue an active practice shall submit to the board on or before June 30 of each year:

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

2. The renewal fee prescribed in [18VAC115-50-20](#).

B. A licensee who wishes to place a license in an inactive status may do so upon payment of the inactive renewal fee as established in [18VAC115-50-20](#). No person shall practice marriage and family therapy in Virginia unless the person holds a current active license. A licensee in inactive status may become active by fulfilling the reactivation requirements set forth in [18VAC115-50-100](#) C.

C. For renewal of a resident license in marriage and family therapy, the following shall apply:

1. On the annual renewal, the resident shall attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which the resident is currently providing marriage and family therapy.

3. On the annual renewal, residents in marriage and family therapy shall attest to completion of three hours in continuing education courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of [18VAC115-50-96](#).

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

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

**18VAC115-50-95. Continued competency requirements for renewal of a license.**

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

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

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

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section, subsection A of 18VAC115-20-105 in the Regulations Governing the Practice of Professional Counseling, or subsection A of 18VAC115-60-115 in the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

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

F. A marriage and family therapist who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

**18VAC115-50-96. Continuing competency activity criteria.**

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

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

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

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:
  - a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

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

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

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

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

(3) The American Association of State Counseling Boards.

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

(5) The American Psychological Association and its state affiliates.

(6) The Commission on Rehabilitation Counselor Certification.

(7) NAADAC, The Association for Addiction Professionals. and its state and local affiliates.

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

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

(12) The American Association of Pastoral Counselors.

## 2. Individual professional activities.

a. Publication/presentation/new program development.

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

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

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

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

- b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.
- c. Clinical supervision/consultation. Activity will count for a maximum of 10 hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.
- d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officers of state or national counseling organization; editor or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.
- e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include language courses, software training, medical topics, etc.

**18VAC115-50-97. Documenting compliance with continuing competency requirements.**

- A. All licensees are required to maintain original documentation for a period of two years following renewal.
- B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.
- C. Upon request, a licensee shall provide documentation as follows:
  - 1. To document completion of formal organized learning activities, licensee shall provide:
    - a. Official transcripts showing credit hours earned; or
    - b. Certificates of participation.
  - 2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.
  - 3. Documentation of individual professional activities shall be by one of the following:
    - a. Certificates of participation;
    - b. Proof of presentations made;

- c. Reprints of publications;
- d. Letters from educational institutions or agencies approving continuing education programs;
- e. Official notification from the association that sponsored the item writing workshop or continuing education program; or
- f. Documentation of attendance at formal staffing shall be by signed affidavit on a form provided by the board.

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

**18VAC115-50-100. Late renewal, reinstatement.**

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-50-20 as well as the license fee prescribed for the period the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person seeking reinstatement of a license one year or more after its expiration date must:

1. Apply for reinstatement and pay the reinstatement fee;
2. Submit documentation of any mental health license he holds or has held in another jurisdiction, if applicable;
3. Submit evidence regarding the continued ability to perform the functions within the scope of practice of the license if required by the board to demonstrate competency; and
4. Provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal and (ii) documentation of continued competency hours equal to the number of years the license has been inactive, not to exceed a maximum of 80 hours, obtained within the four years immediately preceding application for reinstatement. The board may require additional evidence regarding the person's continued ability to perform the functions within the scope of practice of the license.

**18VAC115-50-110. Standards of practice.**

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

by phone or electronically, these standards shall apply to the practice of marriage and family therapy.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;
2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training, and experience accurately to clients;
3. Stay abreast of new marriage and family therapy information, concepts, applications and practices that are necessary to providing appropriate, effective professional services;
4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;
5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;
6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;
7. Disclose to clients all experimental methods of treatment and inform client of the risks and benefits of any such treatment. Ensure that the welfare of the client is not compromised in any experimentation or research involving those clients;
8. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services;
9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;
10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;
11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;
12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or

university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature;

13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive; and.

14. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

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

3. Disclose or release client records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

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

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

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;

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

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

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

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Marriage and family therapists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and also not counsel persons with whom they have had a sexual intimacy or romantic relationship. Marriage and family therapists shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Marriage and family therapists who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a marriage and family therapist does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationships or sexual relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Marriage and family therapists shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student or the potential for interference with the supervisor's professional judgment; and

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

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

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

**18VAC115-50-120. Disciplinary action.**

A. Action by the board to revoke, suspend, deny issuance or removal of a license, or take other disciplinary action may be taken in accordance with the following:

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

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

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or the general public or if one is unable to practice marriage and family therapy with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;
4. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;
5. Performance of functions outside the demonstrable areas of competency;
6. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of marriage and family therapy, or any part or portion of this chapter;
7. Failure to comply with the continued competency requirements set forth in this chapter; or
8. Performance of an act likely to deceive, defraud, or harm the public.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

**18VAC115-50-130. Reinstatement following disciplinary action.**

A. Any person whose license has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

*Commonwealth of Virginia*



# REGULATIONS

## GOVERNING THE PRACTICE OF LICENSED SUBSTANCE ABUSE TREATMENT PRACTITIONERS

**VIRGINIA BOARD OF COUNSELING**

**18 VAC 115-60-10 et seq.**

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

**Revised Date: December 18, 2025**

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Not a legal resource

## TABLE OF CONTENTS

TABLE OF CONTENTS.....	3
Part I General Provisions.....	4
18VAC115-60-10. Definitions.....	4
18VAC115-60-20. Fees required by the board. ....	5
18VAC115-60-30. Sex offender treatment provider certification. ....	6
Part II Requirements for Licensure as a Substance Abuse Treatment Practitioner.....	6
18VAC115-60-40. Application for licensure by examination. ....	6
18VAC115-60-50. Prerequisites for licensure by endorsement.....	7
18VAC115-60-55. (Repealed.) .....	8
18VAC115-60-60. Degree program requirements.....	8
18VAC115-60-70. Coursework requirements. ....	8
18VAC115-60-80. Resident license and residency requirements.....	9
Part III Examinations .....	12
18VAC115-60-90. General examination requirements.....	12
18VAC115-60-100. (Repealed.) .....	12
Part IV Licensure Renewal; Reinstatement .....	12
18VAC115-60-110. Licensure renewal. ....	12
18VAC115-60-115. Continued competency requirements for renewal of a license. ....	13
18VAC115-60-116. Continuing competency activity criteria. ....	14
18VAC115-60-117. Documenting compliance with continuing competency requirements. ....	16
18VAC115-60-120. Late renewal; reinstatement. ....	17
Part V Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement ....	17
18VAC115-60-130. Standards of practice.....	17
18VAC115-60-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license. ....	20
18VAC115-60-150. Reinstatement following disciplinary action.....	21

## Part I General Provisions

### 18VAC115-60-10. Definitions.

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

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

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

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a substance abuse treatment practitioner.

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

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

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

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

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

"Conversion therapy" means any practice or treatment as defined in § [54.1-2409.5](#) A of the Code of Virginia.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of substance abuse treatment according to the conditions set forth in § [54.1-3501](#) of the Code of Virginia.

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

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

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

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

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

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

"Residency" means a postgraduate, supervised, clinical experience.

"Resident" means an individual who has a supervisory contract and has been issued a temporary license by the board to provide clinical services in substance abuse treatment under supervision.

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

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

**18VAC115-60-20. Fees required by the board.**

A. The board has established the following fees applicable to licensure as a substance abuse treatment practitioner or resident in substance abuse treatment:

Application and initial licensure as a resident in substance abuse treatment	\$65
Pre-review of education only	\$75
Initial licensure by examination: Processing and initial licensure as a substance abuse treatment practitioner	\$175
Initial licensure by endorsement: Processing and initial licensure as a substance abuse treatment practitioner	\$175
Active annual license renewal for a substance abuse treatment practitioner	\$130
Inactive annual license renewal for a substance abuse treatment practitioner	\$65
Annual renewal for a resident in substance abuse treatment	\$30
Inactive annual renewal for resident in substance abuse treatment	\$15

Duplicate license	\$10
Verification of license to another jurisdiction	\$30
Late renewal for a substance abuse treatment practitioner	\$45
Late renewal for a resident in substance abuse treatment	\$10
Reinstatement of a lapsed license of a substance abuse treatment practitioner	\$200
Replacement of or additional wall certificate	\$25
Returned check or dishonored credit or debit card	\$50
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

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

**18VAC115-60-30. Sex offender treatment provider certification.**

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

**Part II**

**Requirements for Licensure as a Substance Abuse Treatment Practitioner**

**18VAC115-60-40. Application for licensure by examination.**

Every applicant for licensure by examination by the board shall:

1. Meet the degree program, coursework, and experience requirements prescribed in 18VAC115-60-60, 18VAC115-60-70, and 18VAC115-60-80;
2. Pass the examination required for initial licensure as prescribed in 18VAC115-60-90;
3. Submit the following items to the board:
  - a. A completed application;
  - b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70. Transcripts previously submitted for board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;
  - c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-60-80 and copies of all required evaluation forms, including verification of current licensure of the supervisor of any portion of the residency occurred in another jurisdiction;

- d. Documentation of any other mental health or health professional license or certificate ever held in another jurisdiction;
  - e. The application processing and initial licensure fee as prescribed in 18VAC115-60-20; and
  - f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

**18VAC115-60-50. Prerequisites for licensure by endorsement.**

Every applicant for licensure by endorsement shall submit:

- 1. A completed application;
- 2. The application processing and initial licensure fee as prescribed in 18VAC115-60-20;
- 3. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved disciplinary action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;
- 4. Further documentation of one of the following:
  - a. A current substance abuse treatment license in good standing in another jurisdiction obtained by meeting requirements substantially equivalent to those set forth in this chapter;
  - b. A mental health license in good standing in a category acceptable to the board that required completion of a master's degree in mental health to include 60 graduate semester hours in mental health as documented by an official transcript; and
    - (1) Board-recognized national certification in substance abuse treatment;
    - (2) If the master's degree was in substance abuse treatment, two years of post-licensure experience in providing substance abuse treatment;
    - (3) If the master's degree was not in substance abuse treatment, five years of post-licensure experience in substance abuse treatment plus 12 credit hours of didactic training in the substance abuse treatment competencies set forth in 18VAC115-60-70 C as documented by an official transcript; or
    - (4) Current substance abuse counselor certification in Virginia in good standing or a Virginia substance abuse treatment specialty licensure designation with two years of post-licensure or certification substance abuse treatment experience; or

- c. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials and evidence of post-licensure clinical practice for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical substance abuse treatment services or clinical supervision of such services;
5. Verification of a passing score on a substance abuse licensure examination as established by the jurisdiction in which licensure was obtained. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia;
6. An affidavit of having read and understood the regulations and laws governing the practice of substance abuse treatment in Virginia; and
7. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

**18VAC115-60-55. (Repealed.)**

**18VAC115-60-60. Degree program requirements.**

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice substance abuse treatment or a related counseling discipline as defined in § 54.1-3500 of the Code of Virginia from a college or university accredited by a regional accrediting agency that meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;
2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and
3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP as programs in addictions counseling are recognized as meeting the requirements of subsection A of this section.

C. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

**18VAC115-60-70. Coursework requirements.**

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study.

B. The applicant shall have completed a general core curriculum containing a minimum of three semester hours or 4.0 quarter hours in each of the areas identified in this section:

1. Professional identity, function, and ethics;
2. Theories of counseling and psychotherapy;
3. Counseling and psychotherapy techniques;
4. Group counseling and psychotherapy, theories, and techniques;
5. Appraisal, evaluation, and diagnostic procedures;
6. Abnormal behavior and psychopathology;
7. Multicultural counseling, theories, and techniques;
8. Research; and
9. Marriage and family systems theory.

C. The applicant shall also have completed 12 graduate semester credit hours or 18 graduate quarter hours in the following substance abuse treatment competencies.

1. Assessment, appraisal, evaluation, and diagnosis specific to substance abuse;
2. Treatment planning models, client case management, interventions, and treatments to include relapse prevention, referral process, step models, and documentation process;
3. Understanding addictions: The biochemical, sociocultural, and psychological factors of substance use and abuse;
4. Addictions and special populations, including adolescents, women, ethnic groups, and the elderly; and
5. Client and community education.

D. The applicant shall have completed a supervised internship of 600 hours to include 240 hours of direct client contact, of which 200 hours shall be in treating substance abuse-specific treatment problems.

E. One course may satisfy study in more than one content area set forth in subsections B and C of this section.

F. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including the hours specified in subsection C of this section.

#### **18VAC115-60-80. Resident license and residency requirements.**

A. Licensure. Applicants for a temporary resident license in substance abuse treatment shall:

1. Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the supervisor and location for the

supervised practice, and (iii) an attestation that the applicant will be providing substance abuse treatment services;

2. Have submitted an official transcript documenting a graduate degree that meets the requirements specified in [18VAC115-60-60](#) to include completion of the coursework and internship requirement specified in [18VAC115-60-70](#);

3. Pay the registration fee;

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

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

B. Applicants who are beginning residencies in exempt settings shall register supervision with the board to ensure acceptability at the time of application.

C. Residency requirements.

1. The applicant for licensure as a substance abuse treatment practitioner shall have completed a supervised residency in substance abuse treatment with various populations, clinical problems, and theoretical approaches.

2. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical substance abuse treatment services with individuals, families, or groups of individuals suffering from the effects of substance abuse or dependence.

3. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident occurring at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency.

a. No more than half of these hours may be satisfied with group supervision.

b. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

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

d. For the purpose of meeting the 200-hour supervision requirement, in-person supervision may include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.

4. The resident will complete a minimum of 1,000 hours of face-to-face client contact and 100 hours of supervision within two years immediately preceding application to the board for licensure as a substance abuse treatment practitioner.

5. The residency shall be completed in not less than 21 months. A resident shall meet the renewal requirements of [18VAC115-60-110](#) in order to maintain a license in current, active status.

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

7. Residents may not call themselves substance abuse treatment practitioners, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or substance abuse treatment practitioners. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Substance Abuse Treatment" in all written communications. Clients shall be informed in writing that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and telephone number.

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

9. The board will accept residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section.

#### D. Supervisory qualifications.

1. A person who provides supervision for a resident in substance abuse treatment shall hold an active, unrestricted license as a professional counselor or substance abuse treatment practitioner in the jurisdiction where the supervision is being provided.

2. All supervisors shall document two years post-licensure substance abuse treatment experience and at least 100 hours of didactic instruction in substance abuse treatment. Supervisors must document a three-credit-hour course in supervision, a 4.0-quarter-hour course in supervision, or at least 20 hours of continuing education in supervision offered by a provider approved under [18VAC115-60-116](#).

#### E. Supervisory responsibilities.

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

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

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

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency.

F. Documentation of supervision. Applicants shall document successful completion of residency on the Verification of Supervision form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet.

### **Part III Examinations**

#### **18VAC115-60-90. General examination requirements.**

A. Every applicant for licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board.

B. Every applicant for licensure as a substance abuse treatment practitioner by endorsement shall have passed a substance abuse examination deemed by the board to be substantially equivalent to the Virginia examination.

C. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

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

E. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a substance abuse treatment practitioner.

#### **18VAC115-60-100. (Repealed.)**

### **Part IV Licensure Renewal; Reinstatement**

#### **18VAC115-60-110. Licensure renewal.**

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

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

2. The renewal fee prescribed in [18VAC115-60-20](#).

B. A licensee who wishes to place a license in an inactive status may do so upon payment of the inactive renewal fee as established in [18VAC115-60-20](#). No person shall practice substance abuse treatment in Virginia unless the person holds a current active license. A licensee in inactive status may become active by fulfilling the reactivation requirements set forth in subsection C of [18VAC115-60-120](#).

C. For renewal of a resident license in substance abuse treatment, the following shall apply:

1. On the annual renewal, the resident shall attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which the resident is currently providing substance abuse treatment services.

2. On the annual renewal, residents in substance abuse treatment shall attest to completion of three hours in continuing education courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of [18VAC115-60-116](#).

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

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

**18VAC115-60-115. Continued competency requirements for renewal of a license.**

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

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

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

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section, subsection A of [18VAC115-50-95](#) in the Regulations Governing the Practice of Marriage and Family Therapy, or subsection A of [18VAC115-20-105](#) in the Regulations Governing the Practice of Professional Counseling.

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

F. A substance abuse treatment practitioner who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

**18VAC115-60-116. Continuing competency activity criteria.**

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

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

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

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

- a. Regionally accredited university-or college-level academic courses in a behavioral health discipline.
- b. Continuing education programs offered by universities or colleges.
- c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.
- d. Workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:
  - (1) The International Association of Marriage and Family Counselors and its state affiliates.
  - (2) The American Association for Marriage and Family Therapy and its state affiliates.
  - (3) The American Association of State Counseling Boards.

- (4) The American Counseling Association and its state and local affiliates.
- (5) The American Psychological Association and its state affiliates.
- (6) The Commission on Rehabilitation Counselor Certification.
- (7) NAADAC, The Association for Addiction Professionals, and its state and local affiliates.
- (8) National Association of Social Workers.
- (9) The National Board for Certified Counselors.
- (10) A national behavioral health organization or certification body.
- (11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

## 2. Individual professional activities.

### a. Publication/presentation/new program development.

- (1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.
- (2) Publication of books. Activity will count for a maximum of 18 hours.
- (3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.
- (4) New program development. Activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

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

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

### d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officers of state or national counseling organization; editor or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering

licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

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

### **18VAC115-60-117. Documenting compliance with continuing competency requirements.**

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

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

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

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

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

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

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

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

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

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

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

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

**18VAC115-60-120. Late renewal; reinstatement.**

A. A person whose license has expired may renew it within one year after its expiration date by paying the late renewal fee prescribed in 18VAC115-60-20, as well as the license fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reactivation; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

**Part V**

**Standards of Practice; Unprofessional Conduct; Disciplinary Actions;  
Reinstatement**

**18VAC115-60-130. Standards of practice.**

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of substance abuse treatment.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;
2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training and experience accurately to clients;
3. Stay abreast of new substance abuse treatment information, concepts, application and practices that are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;
5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;
6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;
7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;
8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;
9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;
10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;
11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;
12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature;
13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive; and.
14. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

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

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

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

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;

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

c. Records that have been transferred to another mental health service provider or given to the client; and

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

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

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Licensed substance abuse treatment practitioners shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Licensed substance abuse treatment practitioners who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a licensed substance abuse

treatment practitioner does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any sexual intimacy or romantic relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Licensed substance abuse treatment practitioners shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or the potential for interference with the supervisor's professional judgment; and

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

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

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

**18VAC115-60-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license.**

A. Action by the board to revoke, suspend, deny issuance or renewal of a license, or take other disciplinary action may be taken in accord with the following:

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

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

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

4. Intentional or negligent conduct that causes or is likely to cause injury to a client;

5. Performance of functions outside the demonstrable areas of competency;

6. Failure to comply with the continued competency requirements set forth in this chapter;

7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of licensed substance abuse therapy, or any part or portion of this chapter; or

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

B. Following the revocation or suspension of a license the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

**18VAC115-60-150. Reinstatement following disciplinary action.**

A. Any person whose license has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee to the board for reinstatement of licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Not a legal resource