
10:00 a.m. Call to Order – Teresa Reynolds, LCSW, Chairperson

- Welcome/Introductions
- Establishment of a Quorum
- Mission of the Board/Evacuation Procedures-----Page 3

Adoption of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board 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.

Approval of Minutes

June 6, 2025 Board Meeting* ----- Page 5

Agency Director Report (Verbal Report) - Arne Owens

Chair Report (Verbal Report) – Teresa Reynolds

Legislation and Regulatory Report – Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions

- Chart of Regulatory Actions----- Page 10
- Consideration of Petition for Rulemaking*----- Page 12
- Consideration of Petition for Rulemaking*-----Page 16
- Adoption of guidance document related to music therapy*-----Page 20

Presentation- Yetty Shobo, PhD, Executive Director and Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center

“Virginia’s Licensed Clinical Social Worker Workforce: 2025” -----Page 23

“Virginia’s Licensed Master Social Worker Workforce: 2025”-----Page 57

Committee Reports

- Ad Hoc Committee – Sherwood Randolph, LCSW and Martha Meadows, LCSW
 - March 5, 2025 ASWB Presentation to the Ad Hoc Committee-----Page 82
 - Stakeholder Statements-----Page 136
 - Presentation of 2025 LCSW Requirements Survey Findings – Dr. Shobo and Dr. Hodgdon-----Page 164
 - Questions posed to ASWB-----Page 201
 - Committee Recommendation*
- Regulatory Committee Report – Elke Cox, LCSW

-
- Consideration of Regulatory Committee recommendation regarding implementation of HB1897 and streamlining licensure*-----Page 205
-

Staff Reports

- Licensure Report - Charlotte Lenart, Deputy Director, BSU-----Page 226
 - Discipline Report – Jennifer Lang, Deputy Director, BSU----- Page 241
 - Executive Director’s Report – Ms. Hoyle
 - Social Work Compact Update
 - ASWB Update
-

Future Meeting Dates:

- November 17, 2025 – Regulatory Committee
 - December 5, 2025 – Full Board Meeting
-

Meeting Adjournment

*Indicates a Board vote is required.

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

MISSION STATEMENT

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

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.

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.

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.

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 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.

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 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 Social Work
Quarterly Board Meeting Minutes
Friday, June 6, 2025, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 4

PRESIDING OFFICER: Teresa Reynold, MSW, LCSW, Board Chairperson

BOARD MEMBERS PRESENT: Elke Cox, MSW, LCSW, Vice-Chairperson (*joined via Webex from Maine*)
Joan Landolt, MSW, LCSW
Martha Meadows, MA, LCSW
Marshall Pattie, PhD, Citizen Member
Denise Purgold, MSW, LCSW
Sherwood Randolph, MSW, LCSW

BOARD MEMBERS ABSENT: Victoria Cartagena, MSW, LCSW
Kimberly Jackson, Citizen Member

BOARD STAFF PRESENT: Krystal Blanton, Discipline & Compliance Case Specialist
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director- Licensing (*joined via Webex*)
Rebecca Walker, Licensing Specialist

DHP STAFF PRESENT: Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions
Matt Novak, Policy & Economic Analyst, Department of Health Professions
Arne Owens, Agency Director, Department of Health Professions

BOARD COUNSEL PRESENT: Brent Saunders, Assistant Attorney General

PUBLIC ATTENDEES: Denise Daly-Konrad, Virginia Health Care Foundation (VHCF)
Tania Hammock, LCSW, Choice. Respect. Independence. (CRI)
Kofi Holder
John Richardson-Lauve, LCSW, St. Joseph's Villa
Mark Smith, Greater Washington Society for Clinical Social Work (GWSCSW),
Virginia Society of Clinical Social Work (VSCSW)
Ophelia Von Ludwig, LCSW, (VSCSW)

CALL TO ORDER: Ms. Reynolds called the Board Meeting to order at 10:00 a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM: All Board members and staff were introduced. With seven members of the Board were present at roll call, a quorum was established.

MISSION STATEMENT: Ms. Reynolds read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

ADOPTION OF AGENDA: The Board reviewed the agenda for the June 6, 2025 meeting.

Motion: Mr. Randolph made a motion, which Dr. Pattie properly seconded, to approve the agenda as presented. The motion passed unanimously.

PUBLIC COMMENT: No verbal public comment was provided.

APPROVAL OF MINUTES:

The Board reviewed the minutes from the last meeting held on December 20, 2024.

Motion: Ms. Purgold moved to approve the minutes from the March 7, 2024, meeting as presented. The motion was properly seconded by Ms. Meadows and passed, with one abstention.

AGENCY REPORT:

Arne Owens provided the DHP Director's Report consisting of the following updates:

- The agency is working on the biennial budget.
- The agency is preparing legislative proposals for the 2026 General Assembly session.
- Plans for disbanding the Board of Health Professions are underway based on passed legislation as the Board had outlived its usefulness.
- An agency efficiency workgroup continues to meet to identify cost saving measures.

BOARD CHAIR REPORT:

Ms. Reynolds welcomed Dr. Pattie to the Board and announced that the Regulatory Committee convened last month, marking its first meeting since 2022. She invited Board members to share any topics or concerns they would like the Committee to consider.

Mr. Sherwood requested that the Committee further examine the workforce licensure survey results, specifically regarding the services being provided by LMSWs. Ms. Hoyle noted that the survey questions are continually being refined to ensure accurate data collection related to LMSWs delivering clinical services.

LEGISLATION & REGULATORY REPORT:

Mr. Novak reviewed with the Board the current regulatory actions for the Board of Social Work as of May 29, 2025. A copy of the regulatory action chart was included in the agenda packet. He noted that the Music Therapy Regulations have progressed from the Department of Planning and Budget to the Secretary's Office.

Petition for Rulemaking:

Mr. Novak provided an overview of the petition for rulemaking process. The Board reviewed and discussed the petition and the public comment to amend 18VAC140-20-45 (endorsement section) to require an examination when the original licensing jurisdiction did not mandate or allowed alternative pathways to the examination at the time of initial licensure.

Motion: Ms. Purgold moved to deny the petitioner's request, citing pending legislative action, the relatively low number of individuals affected, and the fact that the Board previously addressed this issue two years ago. The motion was properly seconded by Ms. Meadows and passed, with one abstention.

COMMITTEE REPORTS:**Ad Hoc Committee Report**

Mr. Randolph thanked staff for their assistance in developing the survey questions. He reported that, during the most recent meeting, stakeholders provided valuable input in refining the survey content. A series of surveys will be distributed in the near future to gather feedback from licensees and applicants regarding the ASWB examination and potential alternative pathways.

The Committee agreed to distribute three separate surveys, each tailored to a specific licensure level: one for the clinical ASWB examination (LCSW), one for the master's level examination (LMSW), and one for the bachelor's level examination (LBSW). The results will be reviewed and discussed at the next Ad Hoc Committee

meeting, after which the Committee will present findings and recommendations to the full Board.

Regulatory Committee Report

Ms. Cox reported that at the recent Committee meeting, Mr. Novak provided an orientation on the regulatory process. She noted that the Committee will discuss House Bill 1897 from the 2025 General Assembly, which permits LMSWs to provide clinical services under supervision, at its September meeting.

LICENSING REPORT:

Ms. Lenart indicated that staff continues to receive positive feedback, with a 96.8% satisfaction rating in Q3 2025. Appreciation was expressed to Ms. Walker for covering during Ms. Vaughan's absence. Together, they completed interviews and identified a candidate to support the growing volume of applications and inquiries.

All Social Work licenses expire June 30; licensees are reminded to renew on time to avoid late fees.

Efforts are underway with the BOT and IT teams to enhance the audit process through improved technology.

Outreach presentations were recently conducted at VCU and NSU, providing students with information on licensure and QMHP registration.

DISCIPLINE REPORT:

Ms. Lang provided the following report on the status of open cases as of May 31, 2025:

- The Board of Social Work has 233 open cases being processed by staff, including 200 cases in probable cause review.
- An additional 40 complaints are being investigated by Enforcement.
- Ms. Lang, Ms. Palmore, and Ms. Blanton are actively working on 581 open cases for the three behavioral science boards.

Ms. Lang advised that she is working on hiring an additional part-time discipline case reviewer to address the backlog of cases in probable cause, and she and Ms. Blanton thanked board members for their assistance with the reviews.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle welcomed Dr. Pattie to the Board and noted that the Board currently had no vacancies. Ms. Cartagena's first term expires on June 30, 2025.

Ms. Hoyle thanked staff for the tremendous amount of great work they do and always with a positive attitude.

Ms. Hoyle noted that elections for chair and vice-chair will be held at the September board meeting. The nomination committee will need to meet in advance of the meeting and present a slate of nominations. The current nominating committee consists of only one board member, Mr. Randolph, and has a vacancy. Ms. Landolt agreed to be on the committee.

Ms. Hoyle updated the Board on the Social Work Licensure Compact. It has been enacted in 28 states, with legislation pending in 11. It is not yet operational. The Board has regulations in the approval process to begin issuing compact privileges when it does become operational. However, the Board still needs FBI approval to begin requiring criminal background checks. DHP is considering additional legislation in the next session to facilitate that approval.

Ms. Hoyle is a member of the Social Work Compact Commission's Finance and Rules Committees. They meet monthly.

Ms. Jackson attended the ASWB Conference in April and will give a report at the next meeting. However, Ms. Hoyle reported on the topics the Board Administrator's discussed during the conference. Jurisdictions are seeing an increase in complaints regarding social media, advertising, and dual relationships. They are also looking at ways to expand outreach to schools and also address the use of artificial intelligence. The next ASWB conference will be held in early November in Indianapolis. Additionally, they will host a new board member training in September in Alexandria.

Ms. Hoyle reported on the activities of the Boards of Counseling and Psychology that may of interest to the Board. The Board of Psychology is awaiting approval of exempt regulations to begin licensing Psychological Practitioners who will provide clinical services at the master's level. They are also looking at prescriptive authority for doctoral level psychologists and will be holding a workgroup meeting, pursuant to Senate Bill 752, in conjunction with the board of medicine to potentially recommend a pathway for this authority in Virginia.

The Board of Counseling has been busy implementing the new professions of Behavioral Health Technician and Behavioral Health Technician Assistant, as well as changes to the QMHP requirements.

RECOMMENDED DECISION:

Consideration of Recommended Decisions

Closed Meeting: Ms. Purgold moved that the Board of Social Work convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia to consider an agency subordinate recommendation. She further moved that Brent Saunders, Jaime Hoyle, Jennifer Lang, Krystal Blanton, and Rebecca Walker attend the closed meeting because their presence was deemed necessary and would aid the board in its deliberations. The motion was seconded and passed unanimously.

Stacy Jones, Supervisee in Social Work

Registration No. 0906011639

Case No. 230731

Ms. Jones did not appear before the board and was not represented by legal counsel. The board considered the agency subordinate's recommendation to place certain terms and conditions on Ms. Jones' registration to practice as a Supervisee in Social Work.

Reconvene: Upon a motion by Ms. Purgold having certified that the matters discussed in the closed meeting met the requirements of §2.23712 of the Code, the Board reconvened an open meeting and announced the decision.

Decision: Ms. Landolt moved that the Board of Social Work accept the agency subordinate's recommendation as presented, in the matter of Stacy Jones, Supervisee in Social Work. The motion was seconded by Mr. Randolph and passed with a unanimous vote.

NEXT MEETING DATES:

The next meeting is scheduled for Friday, September 26, 2025, at 10 a.m.

ADJOURNMENT:

Ms. Reynolds adjourned the meeting at 11:29 a.m.

Jaime Hoyle, JD, Executive Director

DRAFT

Board of Social Work
Current Regulatory Actions
As of September 16, 2025

In the Governor's office

None

In the Secretary's office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC140-20	Proposed	Amendments resulting from 2022 periodic review	12/19/2022	452 days	Amendments from 2022 periodic review excluding the section 37 changes that were filed in a separate action.
18VAC140-20	NOIRA	Implementation of the Social Work Compact	10/10/2024	333 days	Implements the Social Work Compact as required by legislation.

At the Department of Planning and Budget

None.

At the Office of the Attorney General

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC140-20	Proposed	Acceptance of APA approved training as CE providers	10/4/2024	347 days	Expands options for CE.
18VAC140-20	Proposed	2022 Periodic review changes to section 37	10/4/2024	347 days	Includes provision that was removed from the overall periodic review action of Chapter 20 to handle separately.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication Date	Effective Date	Notes
18VAC140-30	Final	Initial regulations for licensure of music therapists	10/6/2025	12/1/2025	Implements licensure of music therapists pursuant to directive by the General Assembly

Agenda Item: Consideration of Petition for Rulemaking (Pearce)

Included in your Agenda Package:

- Petition for Rulemaking (Pearce)
- TownHall summary page showing no comments

Action Needed:

- Motion to accept the petition and initiate rulemaking; OR
- Motion to take no action on the petition, clearly stating why



Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Pearce, Sara, E.

Street Address

12319 South Anna Drive

Area Code and Telephone Number

(804) 441-3248

City

Rockville

State

Virginia

Zip Code:

2 3 1 4 6

Email Address (optional)

sarapearcee@gmail.com

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18 VAC 140-20 - 150 Standards of Practice, subsection B 2 ("Provide for continuation of care when services must be interrupted or terminated.")

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

I seek to add new subsections B 2 (a)–(d) to require:

(a) Up to **three transitional sessions**, delivered in person or via synchronous telehealth, are provided for **the purpose of safety planning and treatment hand-off**. Each session shall be not less than 45 minutes;

(b) a written referral list of **at least three outpatient providers that the licensee has confirmed are accepting new clients**, and a written **crisis-response plan that includes 24/7 resources and instructions for emergency care**;

(c) At the client's request, the licensee shall make **one good-faith contact with the client's new therapist to provide a summary of care and current risk factors, consistent with confidentiality requirements**;

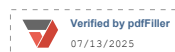
WHY THE CHANGE IS NEEDED:

Evidence-based safety – Meta-analyses (e.g., Ballard 2021, Stanley & Brown 2008) show that structured safety-planning and warm hand-offs significantly cut post-termination suicide risk.

Concrete guidance – Current B 2 is one sentence. Specifying three optional sessions + inter-therapist contact removes guesswork and sets a uniform minimum statewide.

Low administrative burden – Transitional sessions are reimbursable, referrals are standard practice, and a single provider-to-provider call falls within normal coordination-of-care activities.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.



Signature:

sara pearce

Date: 07/13/2025



Secretariat Health and Human Resources

Agency Department of Health Professions

Board Board of Social Work

[Edit Petition](#)

Petition 440

Petition Information	
Petition Title	Amend standards of practice to include patient transition requirements
Date Filed	7/23/2025 [Transmittal Sheet]
Petitioner	Sara Pearce
Petitioner's Request	The petitioner requests that the Board amend 18VAC140-20-150 to include a new subsection which would require (a) up to three transitional sessions, delivered in person or via synchronous telehealth, to be performed that shall not be less than 45 minutes; (b) a written referral list of at least three outpatient providers that the licensee has confirmed are accepting new clients as a written crisis-response plan that includes 24/7 resources and instructions for emergency care; and (c) at the client's request, the licensee shall make one good-faith contact with the client's new therapist to provide a summary of care and current risk factors, consistent with confidentiality requirements.
Agency's Plan	The petition for rulemaking will be published in the Virginia Register of Regulations on August 25, 2025. The petition will also be published on the Virginia Regulatory Town Hall at www.townhall.virginia.gov to receive public comment, which will open on August 25, 2025 and will close on September 15, 2025. The Board will consider the petition and all comments in support or opposition at the next meeting after the close of public comment, currently scheduled for September 26th, 2025. The petitioner will be notified of the Board's decision after that meeting.
Comment Period	Began 8/25/2025 Ended 9/15/2025 0 comments
Virginia Register Announcement	Submitted on 7/23/2025 The Virginia Register of Regulations Published on: 8/25/2025 Volume: 42 Issue: 1
Agency Decision	Pending

Contact Information	
Name / Title:	Jaime Hoyle / Executive Director

Address:	9960 Mayland Drive Suite 300 Henrico, 23233
Email Address:	jaime.hoyle@dhp.virginia.gov
Telephone:	(804)367-4441 FAX: (804)977-9915 TDD: (-)

This petition was created by Matthew Novak on 07/23/2025 at 12:33pm

This petition was last modified by Matthew Novak on 07/23/2025 at 12:36pm

Agenda Item: Consideration of Regulatory Committee recommendation regarding petition for rulemaking

Included in your agenda package:

- Petition for rulemaking received by the Board;
- Town Hall summary page showing no comments.

Staff notes: The Regulatory Committee considered the included petition and made the following recommendation:

The Regulatory Committee recommends that the full Board take no action on the petition for rulemaking because tracking conferral of degrees after the application process has begun will be overly burdensome and due to the risk of a license being awarded to an individual who does not have a degree ultimately conferred.

Action needed:

- Accept the Committee's recommendation and take no action on the petition for rulemaking; or
- Accept the petition and initiate rulemaking.



Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Both, Natalie, M

Street Address

103 Persimmon Way

Area Code and Telephone Number

443-472-1226

City

Forest

State

Virginia

Zip Code:

2 4 5 5 1

Email Address (optional)

natalieboth101@gmail.com

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC140-20-49 Educational requirements for a licensed clinical social worker

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

We propose amending the current rule to allow students to apply for pre-supervisory licensure up to 30 days prior to the official conferral of their degree. This change is intended to streamline the licensure process and minimize delays for qualified candidates. By permitting early application, students can begin the administrative steps necessary for licensure in advance, thereby facilitating a smoother transition into supervised practice upon graduation. This adjustment supports workforce readiness and helps address service gaps by enabling new professionals to enter the field more efficiently.

The following states currently allow for this request... Maryland, Idaho, Florida, Indiana, Kansas, Alabama, Arizona, Connecticut, Delaware, Illinois, Iowa, Kentucky, Maine, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Wisconsin, and Wyoming

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

The Board has the authority to adopt regulations under § 54.1-2400 of the Code of Virginia, which allows regulatory boards to establish rules necessary to administer the licensure process. Additional authority may be found in profession-specific statutes, such as: § 54.1-3705 (Social Workers)

Signature:

Date: 04/15/2025



Secretariat Health and Human Resources

Agency Department of Health Professions

Board Board of Social Work

[Edit Petition](#)

Petition 436

Petition Information

Petition Title	Pre-supervisory licensure applications prior to graduation
Date Filed	4/28/2025 [Transmittal Sheet]
Petitioner	Natalie Both
Petitioner's Request	Please note: this petition is being reposted. The first posting of the petition was deleted in error by the site administrator. The petitioner requests that the Board amend its regulations to allow students to apply for pre-supervisory licensure up to 30 days prior to the official conferral of a required degree.
Agency's Plan	The petition for rulemaking will be published in the Virginia Register of Regulations on 5/19/2025. The petition will also be published on the Virginia Regulatory Town Hall to receive public comment, which will open on 5/19/2025 and will close on 6/18/2025. The Board will consider the petition and all comments in support or opposition at the next meeting after the close of public comment, currently scheduled for 9/26/2025. The petitioner will be notified of the Board's decision after that meeting.
Comment Period	Began 5/19/2025 Ended 6/18/2025 0 comments
Virginia Register Announcement	Submitted on 4/28/2025 The Virginia Register of Regulations Published on: 5/19/2025 Volume: 41 Issue: 20
Agency Decision	Pending

Contact Information

Name / Title:	Jaime Hoyle / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Henrico, 23233
Email Address:	jaime.hoyle@dhp.virginia.gov
Telephone:	(804)367-4441 FAX: (804)977-9915 TDD: (-)

This petition was created by Erin Barrett on 04/28/2025 at 10:27am

Agenda Item: Adoption of guidance document related to music therapy

Included in your agenda package:

- Draft Guidance Document 140-5 related to the practice of music therapy.

Staff notes: The regulations governing licensure of music therapists will become effective on December 1. When the final regulations were approved by the executive branch, staff was informed that a guidance document regarding actions that do not constitute the practice of music therapy should be adopted by the Board.

The executive branch has reviewed the draft included in the agenda packet and has confirmed that this document meets the request.

Action needed:

- Adopt Guidance Document 140-5 as presented.

Virginia Board of Social Work

Guidance on Actions Which Do Not Require Licensure as a Music Therapist

Virginia Code § 54.1-3709.2(B) prohibits any person from engaging in the practice of music therapy or holding themselves out as a music therapist without a license issued by the Board of Social Work. Virginia Code § 54.1-3709.1 defines music therapy.

Based on the statutory requirements and definitions, the Board interprets the requirement for licensure as a music therapist to exclude actions which are not the use of clinical and evidence-based interventions to accomplish individualized therapeutic goals through an individualized music therapy treatment plan. This exclusion applies to meetings or functions that may be intended to therapeutically benefit participants and may employ music to do so, but which do not meet the definition of “music therapy” provided in statute.

Additionally, Virginia Code § 54.1-3701(4) specifically exempts the following from licensure requirements of Chapter 37 of Title 54.1, which includes music therapy:

Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization.

Common uses of music that are not music therapy may include:

- Music listening library programs for patients in medical or mental health facilities;
- Teaching music lessons to those with disabilities, where the goal is to learn music skills;
- Performing music live in healthcare facilities where there is no therapeutic relationship established or clinical goal; and
- Leading group music experiences for recreation, spiritual, or other non-clinical purposes in community spaces.

Additionally, licensed education healthcare providers use and will continue to use music in practice, even therapeutically, where it falls within the provider’s scope of practice pursuant to Virginia Code § 3709.2(C) without obtaining a separate license as a music therapist.

Relevant Statutes

[Va. Code § 54.1-3701](#)

[Va. Code § 54.1-3709.1](#)

[Va. Code § 54.1-3709.2](#)

Draft

DRAFT

Virginia's Licensed Clinical Social Worker Workforce: 2025

Healthcare Workforce Data Center

August 2025

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 11,000 Licensed Clinical Social Workers voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Social Work express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Social Work

Chairperson

Teresa Reynolds, MSW, LCSW
Cumberland

Vice-Chairperson

Elke Cox, MSW, LCSW
Lynchburg

Members

Victoria Cartagena, MSW, LCSW
Suffolk

Kimberly Jackson
Chesapeake

Joan Landolt, MSW, LCSW
Salem

Martha A. Meadows, MA, LCSW
Lynchburg

Marshall Pattie, PhD
Staunton

Denise Purgold, MSW, LCSW
Henrico

Sherwood Randolph, Jr., MSW, LCSW
Richmond

Executive Director

Jaime H. Hoyle, JD

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The Licensed Clinical Social Worker Workforce At a Glance:

The Workforce

Licensees:	12,810
Virginia's Workforce:	8,472
FTEs:	6,739

Background

Rural Childhood:	24%
HS Degree in VA:	48%
Prof. Degree in VA:	50%

Current Employment

Employed in Prof.:	93%
Hold 1 Full-Time Job:	54%
Satisfied?:	97%

Survey Response Rate

All Licensees:	85%
Renewing Practitioners:	97%

Education

Masters:	96%
Doctorate:	4%

Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	69%

Demographics

Female:	88%
Diversity Index:	44%
Median Age:	47

Finances

Median Income: \$80k-\$90k
Health Insurance: 63%
Under 40 w/ Ed. Debt: 64%

Time Allocation

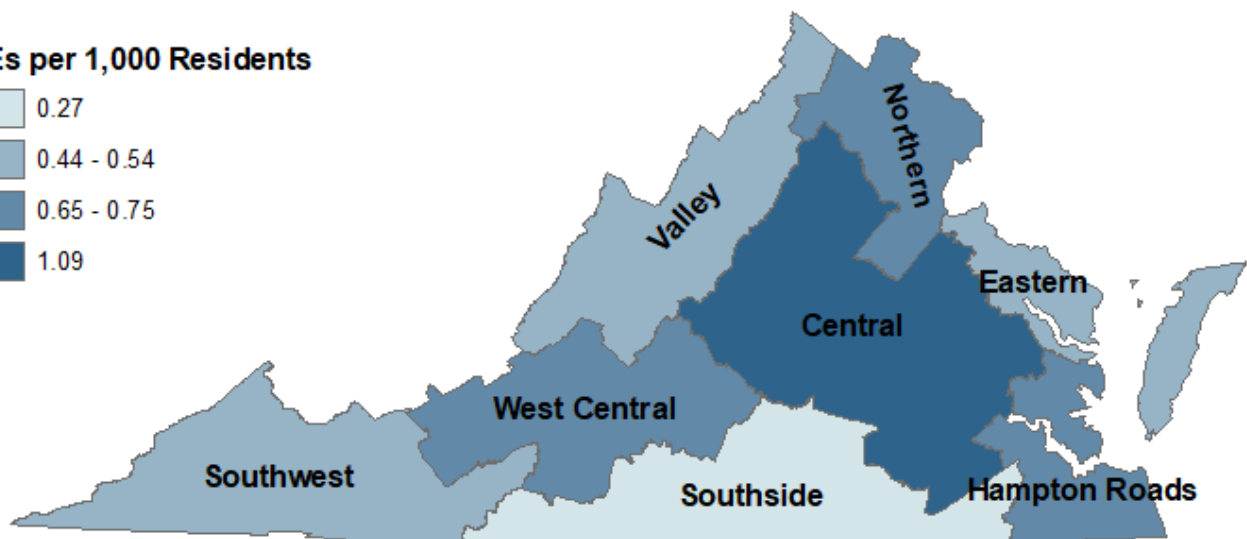
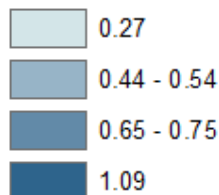
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	65%

Source: Va. Healthcare Workforce Data Center

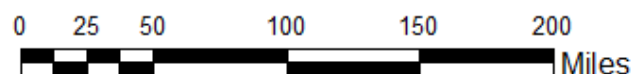
Full-Time Equivalency Units Provided by Licensed Clinical Social Workers per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2025 Licensed Clinical Social Worker (LCSW) Workforce Survey. In total, 10,916 LCSWs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCSWs. These survey respondents represent 85% of the 12,810 LCSWs licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 8,472 LCSWs participated in Virginia's workforce during the survey period, which is defined as those LCSWs who worked at least a portion of the year in the state or who live in the state and intend to work as a LCSW at some point in the future. Over the past year, Virginia's LCSW workforce provided 6,739 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly nine out of every ten LCSWs are female, and the median age of this workforce is 47. In a random encounter between two LCSWs, there is a 44% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 51% for those LCSWs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. Nearly one out of every four LCSWs grew up in a rural area, and 13% of LCSWs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 5% of all LCSWs work in a non-metro area of the state.

Among all LCSWs, 93% are currently employed in the profession, 54% hold one full-time job, and 44% work between 40 and 49 hours per week. Nearly three out of every four LCSWs are employed in the private sector, including 56% who work in the for-profit sector. The median annual income of Virginia's LCSW workforce is between \$80,000 and \$90,000, and 59% receive this income in the form of a salary. In addition, 75% of wage and salaried LCSWs receive at least one employer sponsored benefit, including 63% who have access to health insurance. Among all LCSWs, 97% indicated that they are satisfied with their current work situation, including 68% who indicated they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 LCSW workforce. The number of licensed LCSWs in Virginia has increased by 105% (12,810 vs. 6,251). In addition, the size of Virginia's LCSW workforce has increased by 61% (8,472 vs. 5,264), and the number of FTEs provided by this workforce has increased by 51% (6,739 vs. 4,449). Virginia's renewing LCSWs are more likely to respond to this survey (97% vs. 90%).

Virginia's LCSW workforce is more likely to be female (88% vs. 85%), and the median age of this workforce has fallen (47 vs. 54). At the same time, Virginia's LCSW workforce has become more diverse (44% vs. 28%), and this trend has also occurred among those LCSWs who are under the age of 40 (51% vs. 36%). Although LCSWs are slightly more likely to have grown up in a rural area (24% vs. 23%), LCSWs who grew up in a rural area are slightly less likely to work in a non-metro area of Virginia (13% vs. 14%). In addition, the percentage of all LCSWs who work in a non-metro area of the state has fallen slightly as well (5% vs. 6%).

LCSWs are more likely to currently work in the profession (93% vs. 89%). At the same time, LCSWs are relatively more likely to hold two or more positions simultaneously (27% vs. 20%) than one full-time job (54% vs. 56%). In addition, LCSWs are also relatively more likely to work between 30 and 39 hours per week (18% vs. 13%) than between 40 and 49 hours per week (44% vs. 48%). While the percentage of all LCSWs who have education debt has increased (39% vs. 30%), the opposite is the case among those LCSWs who are under the age of 40 (64% vs. 70%).

Among LCSWs with education debt, the median outstanding balance has increased (\$70k-\$80k vs. \$40k-\$50k). At the same time, the median annual income of Virginia's LCSW workforce has also risen (\$80k-\$90k vs. \$60k-\$70k). Wage and salaried LCSWs are less likely to receive at least one employer-sponsored benefit (75% vs. 78%). Overall, LCSWs are slightly more likely to indicate that they are satisfied with their current work situation (97% vs. 96%). On the other hand, LCSWs who indicated that they are "very satisfied" with their current work situation fell slightly (68% vs. 69%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	10,558	82%
New Licensees	1,656	13%
Non-Renewals	596	5%
All Licensees	12,810	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LCSWs, 97% submitted a survey. These represent 85% of the 12,810 LCSWs who held a license at some point during the survey period.

Definitions

- 1. The Survey Period:** The survey was conducted in June 2025.
- 2. Target Population:** All LCSWs who held a Virginia license at some point between July 2024 and June 2025.
- 3. Survey Population:** The survey was available to LCSWs who renewed their licenses online. It was not available to those who did not renew, including LCSWs newly licensed in 2025.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 35	421	1,288	75%
35 to 39	325	1,664	84%
40 to 44	277	1,629	86%
45 to 49	185	1,382	88%
50 to 54	186	1,338	88%
55 to 59	158	1,152	88%
60 to 64	102	901	90%
65 and Over	240	1,562	87%
Total	1,894	10,916	85%
New Licenses			
Issued in Past Year	1,025	631	38%
Metro Status			
Non-Metro	67	529	89%
Metro	779	6,944	90%
Not in Virginia	1,048	3,443	77%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	10,916
Response Rate, All Licensees	85%
Response Rate, Renewals	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCSWs

Number:	12,810
New:	13%
Not Renewed:	5%

Response Rates

All Licensees:	85%
Renewing Practitioners:	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LCSW Workforce: 8,472
FTEs: 6,739

Utilization Ratios

Licensees in VA Workforce: 66%
Licensees per FTE: 1.90
Workers per FTE: 1.26

Source: Va. Healthcare Workforce Data Center

Definitions

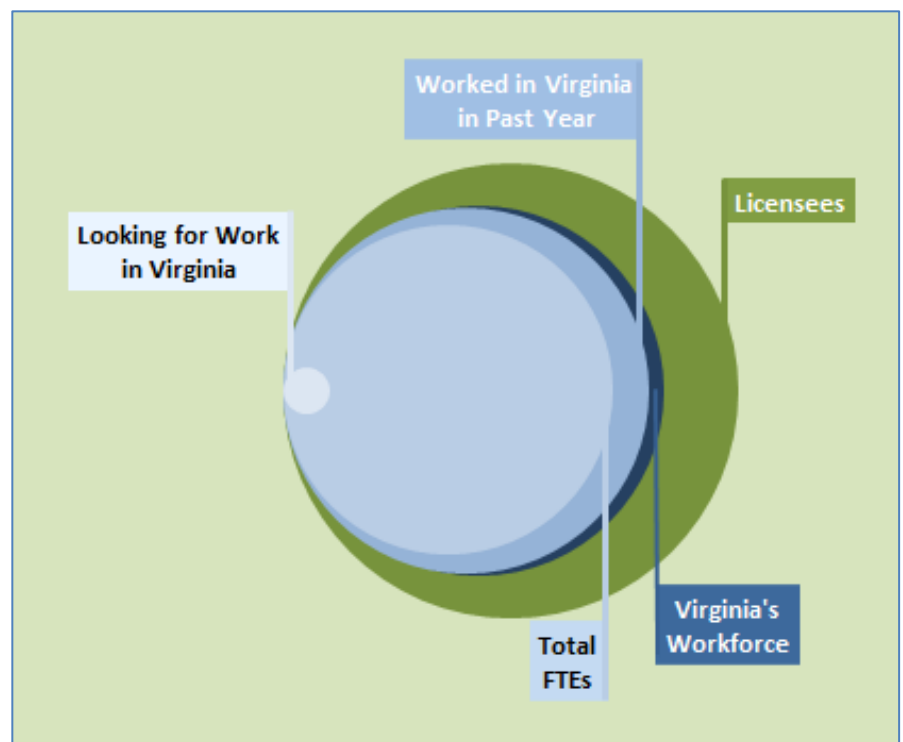
1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's LCSW Workforce

Status	#	%
Worked in Virginia in Past Year	8,340	98%
Looking for Work in Virginia	131	2%
Virginia's Workforce	8,472	100%
Total FTEs	6,739	
Licensees	12,810	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	85	8%	970	92%	1,055	15%
35 to 39	87	8%	1,001	92%	1,088	15%
40 to 44	113	11%	936	89%	1,049	15%
45 to 49	83	10%	771	90%	854	12%
50 to 54	109	14%	697	87%	806	11%
55 to 59	90	13%	622	87%	712	10%
60 to 64	74	13%	484	87%	558	8%
65 and Over	193	19%	803	81%	995	14%
Total	834	12%	6,284	88%	7,118	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LCSWs		LCSWs Under 40	
	%	#	%	#	%
White	59%	5,189	73%	1,420	66%
Black	19%	1,232	17%	443	21%
Asian	7%	152	2%	60	3%
Other Race	0%	47	1%	12	1%
Two or More Races	3%	157	2%	74	3%
Hispanic	11%	372	5%	132	6%
Total	100%	7,149	100%	2,141	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 30% are under the age of 40, and 92% of LCSWs who are under the age of 40 are female. In addition, the diversity index among LCSWs who are under the age of 40 is 51%.

At a Glance:

Gender

% Female: 88%
% Under 40 Female: 92%

Age

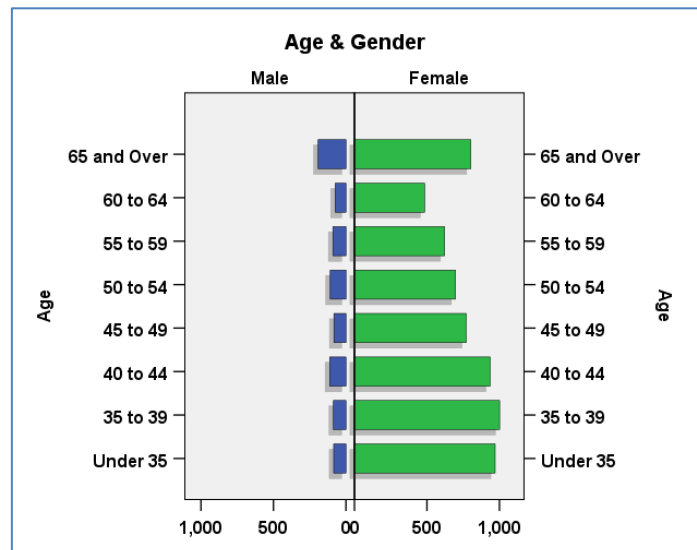
Median Age: 47
% Under 40: 30%
% 55 and Over: 32%

Diversity

Diversity Index: 44%
Under 40 Div. Index: 51%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCSWs, there is a 44% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 60%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 15%
Rural Childhood: 24%

Virginia Background

HS in Virginia: 48%
Prof. Edu. in VA: 50%
HS or Prof. Edu. in VA: 62%

Location Choice

% Rural to Non-Metro: 13%
% Urban/Suburban to Non-Metro: 3%

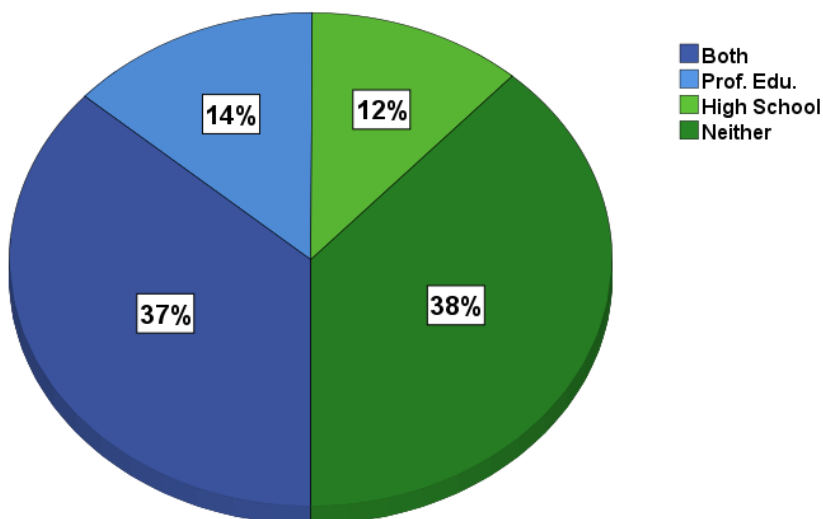
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	18%	66%	16%
2	Metro, 250,000 to 1 Million	50%	38%	12%
3	Metro, 250,000 or Less	32%	56%	13%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	65%	14%	21%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	63%	30%	8%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	80%	18%	3%
8	Rural, Metro Adjacent	44%	42%	14%
9	Rural, Non-Adjacent	30%	54%	15%
Overall		24%	61%	15%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 24% grew up in a self-described rural area, and 13% of LCSWs who grew up in a rural area currently work in a non-metro county. In total, 5% of all LCSWs in the state currently work in a non-metro county.

Top Ten States for Licensed Clinical Social Worker Recruitment

Rank	All LCSWs			
	High School	#	Init. Prof. Degree	#
1	Virginia	3,389	Virginia	3,498
2	New York	486	New York	448
3	Maryland	390	Washington, D.C.	429
4	Pennsylvania	270	Maryland	338
5	North Carolina	247	Massachusetts	225
6	New Jersey	235	North Carolina	187
7	California	154	Pennsylvania	182
8	Outside U.S./Canada	147	California	179
9	Florida	137	Florida	171
10	Michigan	120	Illinois	107

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 48% received their high school degree in Virginia, and 50% received their initial professional degree in the state.

Among LCSWs who have obtained their initial license in the past five years, 46% received their high school degree in Virginia, and 43% also received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	1,237	Virginia	1,135
2	New York	189	New York	189
3	Maryland	160	Maryland	144
4	North Carolina	109	Washington, D.C.	112
5	Pennsylvania	89	California	104
6	New Jersey	78	Massachusetts	94
7	California	74	North Carolina	90
8	Florida	65	Florida	88
9	Outside U.S./Canada	57	Pennsylvania	77
10	Texas	51	Tennessee	50

Source: Va. Healthcare Workforce Data Center

More than one out of every three of Virginia's licensees did not participate in the state's LCSW workforce during the past year. Among these LCSWs, 95% worked at some point in the past year, including 89% who currently work in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

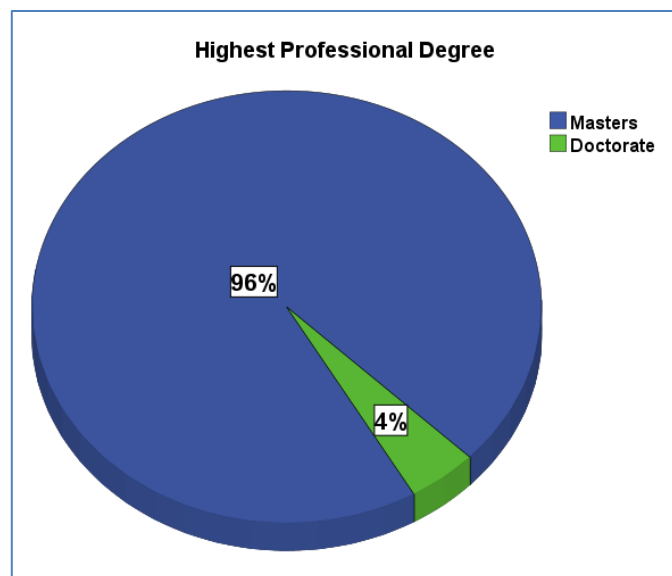
Total:	4,339
% of Licensees:	34%
Federal/Military:	9%
Va. Border State/DC:	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	1	0%
Master's Degree	6,586	96%
Doctor of Psychology	35	1%
Other Doctorate	270	4%
Total	6,893	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly two out of every five LCSWs carry education debt, including 64% of those LCSWs who are under the age of 40. For those LCSWs with education debt, the median outstanding balance is between \$70,000 and \$80,000.

At a Glance:

Education

Masters:	96%
Doctorate/PhD:	4%

Education Debt

Carry Debt:	39%
Under Age 40 w/ Debt:	64%
Median Debt:	\$70k-\$80k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LCSWs		LCSWs Under 40	
	#	%	#	%
None	3,574	61%	610	36%
Less than \$10,000	165	3%	44	3%
\$10,000-\$29,999	320	5%	146	9%
\$30,000-\$49,999	323	6%	142	8%
\$50,000-\$69,999	266	5%	138	8%
\$70,000-\$89,999	292	5%	181	11%
\$90,000-\$109,999	304	5%	160	9%
\$110,000-\$129,999	203	3%	110	6%
\$130,000-\$149,999	124	2%	52	3%
\$150,000 or More	288	5%	119	7%
Total	5,859	100%	1,702	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

Mental Health:	64%
Child:	5%
Health/Medical:	5%

Secondary Specialty

Mental Health:	16%
Behavioral Disorders:	12%
Substance Abuse:	11%

Source: Va. Healthcare Workforce Data Center

Nearly two out of every three LCSWs have a primary specialty in mental health. In addition, 16% of LCSWs have a secondary specialty in mental health.

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	4,368	64%	924	16%
Child	375	5%	533	9%
Health/Medical	327	5%	329	6%
Behavioral Disorders	306	4%	700	12%
School/Educational	233	3%	232	4%
Substance Abuse	229	3%	610	11%
Family	158	2%	395	7%
Gerontologic	83	1%	121	2%
Marriage	68	1%	184	3%
Forensic	34	0%	56	1%
Social	32	0%	109	2%
Public Health	21	0%	38	1%
Sex Offender Treatment	19	0%	31	1%
Vocational/Work Environment	15	0%	14	0%
Industrial-Organizational	10	0%	20	0%
Neurology/Neuropsychology	7	0%	9	0%
Rehabilitation	3	0%	12	0%
Experimental or Research	3	0%	7	0%
General Practice (Non-Specialty)	352	5%	1,012	18%
Other Specialty Area	222	3%	387	7%
At Least One Specialty	6,865	100%	5,724	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 93%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 54%
2 or More Positions: 27%

Weekly Hours:

40 to 49: 44%
60 or More: 4%
Less than 30: 21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	12	< 1%
Employed in a Behavioral Sciences-Related Capacity	6,338	93%
Employed, NOT in a Behavioral Sciences-Related Capacity	287	4%
Not Working, Reason Unknown	1	<1%
Involuntarily Unemployed	9	<1%
Voluntarily Unemployed	108	2%
Retired	99	1%
Total	6,855	100%

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 93% are currently employed in the profession, 54% hold one full-time job, and 44% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	217	3%
1 to 9 Hours	235	4%
10 to 19 Hours	472	7%
20 to 29 Hours	727	11%
30 to 39 Hours	1,215	18%
40 to 49 Hours	2,923	44%
50 to 59 Hours	631	9%
60 to 69 Hours	217	3%
70 to 79 Hours	44	1%
80 or More Hours	28	0%
Total	6,709	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	217	3%
One Part-Time Position	1,063	16%
Two Part-Time Positions	316	5%
One Full-Time Position	3,608	54%
One Full-Time Position & One Part-Time Position	1,273	19%
Two Full-Time Positions	57	1%
More than Two Positions	159	2%
Total	6,693	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	51	1%
Less than \$40,000	618	12%
\$40,000-\$49,999	219	4%
\$50,000-\$59,999	338	6%
\$60,000-\$69,999	487	9%
\$70,000-\$79,999	638	12%
\$80,000-\$89,999	714	14%
\$90,000-\$99,999	567	11%
\$100,000-\$109,999	571	11%
\$110,000-\$119,999	331	6%
\$120,000 or More	772	15%
Total	5,305	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	4,490	68%
Somewhat Satisfied	1,872	28%
Somewhat Dissatisfied	169	3%
Very Dissatisfied	50	1%
Total	6,582	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: \$80k-\$90k

Benefits

(Salary/Wage Employees Only)

Health Insurance: 63%

Retirement: 60%

Satisfaction

Satisfied: 97%

Very Satisfied: 68%

Source: Va. Healthcare Workforce Data Center

The typical LCSW earns between \$80,000 and \$90,000 per year. Among LCSWs who receive either an hourly wage or a salary as compensation at their primary work location, 75% receive at least one employer-sponsored benefit, including 63% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	3,182	50%	69%
Health Insurance	2,946	46%	63%
Retirement	2,858	45%	60%
Dental Insurance	2,850	45%	61%
Paid Sick Leave	2,785	44%	60%
Group Life Insurance	2,146	34%	47%
Signing/Retention Bonus	583	9%	12%
At Least One Benefit	3,628	57%	75%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experienced Involuntary Unemployment?	50	1%
Experience Voluntary Unemployment?	281	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	157	2%
Work Two or More Positions at the Same Time?	2,042	24%
Switch Employers or Practices?	512	6%
Experience at Least One?	2,616	31%

Source: Va. Healthcare Workforce Data Center

Among Virginia's LCSWs, 1% experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 3.2% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	123	2%	45	2%
Less than 6 Months	286	4%	189	10%
6 Months to 1 Year	476	7%	223	12%
1 to 2 Years	1,122	17%	380	21%
3 to 5 Years	1,884	29%	528	29%
6 to 10 Years	1,150	18%	236	13%
More than 10 Years	1,482	23%	225	12%
Subtotal	6,523	100%	1,826	100%
Did Not Have Location	140		6,510	
Item Missing	1,808		136	
Total	8,472		8,472	

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five LCSWs are salaried employees, while 18% receive income from their own business or practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 6%
New Location: 18%
Over 2 Years: 69%
Over 2 Yrs., 2nd Location: 54%

Employment Type

Salary/Commission: 59%
Business/Practice Income: 18%

Source: Va. Healthcare Workforce Data Center

More than two out of every three LCSWs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	2,685	59%
Hourly Wage	701	15%
By Contract	329	7%
Business/Practice Income	843	18%
Unpaid	25	1%
Subtotal	4,582	100%
Did Not Have Location	140	
Item Missing	3,749	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.9%. At the time of publication, the unemployment rate for June 2025 was still preliminary.

At a Glance:

Concentration

Top Region:	36%
Top 3 Regions:	81%
Lowest Region:	1%

Locations

2 or More (Past Year):	29%
2 or More (Now*):	27%

Source: Va. Healthcare Workforce Data Center

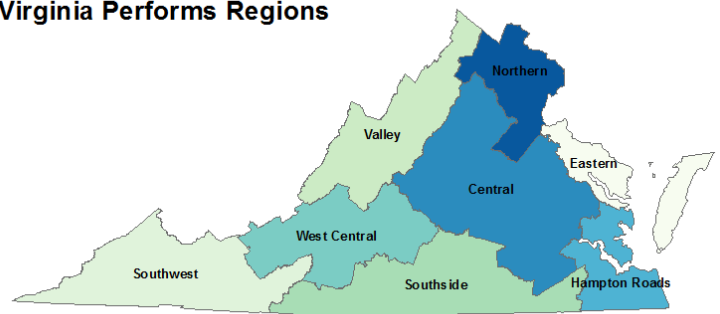
More than four out of every five LCSWs in the state work in Northern Virginia, Central Virginia, or Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,865	28%	460	24%
Eastern	78	1%	28	1%
Hampton Roads	1,059	16%	358	19%
Northern	2,355	36%	605	32%
Southside	89	1%	33	2%
Southwest	205	3%	60	3%
Valley	217	3%	56	3%
West Central	523	8%	141	7%
Virginia Border State/D.C.	59	1%	56	3%
Other U.S. State	92	1%	100	5%
Outside of the U.S.	3	0%	1	0%
Total	6,545	100%	1,898	100%
Item Missing	1,786		64	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 27% currently have multiple work locations, while 29% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	130	2%	215	3%
1	4,561	69%	4,639	70%
2	1,093	16%	1,064	16%
3	769	12%	673	10%
4	59	1%	33	1%
5	16	0%	12	0%
6 or More	22	0%	12	0%
Total	6,649	100%	6,649	100%

*At the time of survey completion, June 2025.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	3,299	56%	1,297	78%
Non-Profit	1,020	17%	201	12%
State/Local Government	1,109	19%	118	7%
Veterans Administration	258	4%	19	1%
U.S. Military	168	3%	16	1%
Other Federal Government	72	1%	14	1%
Total	5,926	100%	1,665	100%
Did Not Have Location	140		6,510	
Item Missing	2,406		298	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For-Profit: 56%
Federal: 8%

Top Establishments

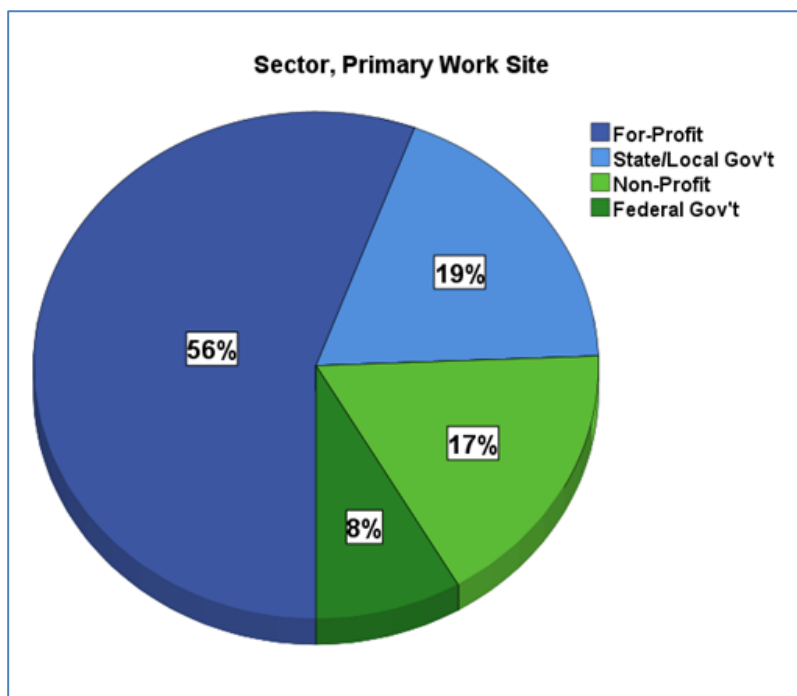
Private Practice, Solo: 20%
Private Practice, Group: 18%
Mental Health Facility (Outpatient): 14%

Payment Method

Cash/Self-Pay: 56%
Private Insurance: 49%

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 73% work in the private sector, including 56% who work in the for-profit sector. Another 19% of LCSWs work for a state or local government.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Solo	1,185	20%	442	27%
Private Practice, Group	1,043	18%	380	24%
Mental Health Facility, Outpatient	791	14%	250	15%
Community Services Board	506	9%	64	4%
Hospital, General	392	7%	47	3%
School (Providing Care to Clients)	391	7%	28	2%
Community-Based Clinic or Health Center	330	6%	90	6%
Hospital, Psychiatric	163	3%	28	2%
Residential Mental Health/Substance Abuse Facility	102	2%	27	2%
Administrative or Regulatory	87	1%	7	0%
Academic Institution (Teaching Health Professions Students)	80	1%	47	3%
Physician Office	78	1%	10	1%
Home Health Care	50	1%	12	1%
Corrections/Jail	43	1%	1	0%
Long-Term Care Facility, Nursing Home	27	0%	11	1%
Residential Intellectual/Development Disability Facility	19	0%	7	0%
Rehabilitation Facility	15	0%	3	0%
Other Practice Setting	531	9%	162	10%
Total	5,833	100%	1,616	100%
Did Not Have a Location	140		6,510	

Source: Va. Healthcare Workforce Data Center

Solo and group private practices employ 38% of all LCSWs in Virginia. Another 14% of LCSWs work at outpatient mental health facilities.

Among all LCSWs, 56% work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's LCSW workforce.

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	4,702	56%
Private Insurance	4,147	49%
Medicaid	2,805	33%
Medicare	2,387	28%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	17%
French:	7%
Arabic:	7%

Means of Communication

Virtual Translation:	56%
Other Staff Member:	40%
Onsite Translation:	25%

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 17% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	1,407	17%
French	607	7%
Arabic	600	7%
Chinese	562	7%
Korean	562	7%
Vietnamese	549	6%
Hindi	519	6%
Tagalog/Filipino	507	6%
Urdu	501	6%
Persian	488	6%
Pashto	458	5%
Amharic, Somali, or Other Afro-Asiatic Languages	442	5%
Others	306	4%
At Least One Language	1,598	19%

Source: Va. Healthcare Workforce Data Center

Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Service	890	56%
Other Staff Member is Proficient	642	40%
Onsite Translation Service	407	25%
Respondent is Proficient	379	24%
Other	51	3%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five LCSWs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 70%-79%
Administration: 10%-19%
Supervisory: 1%-9%

Roles

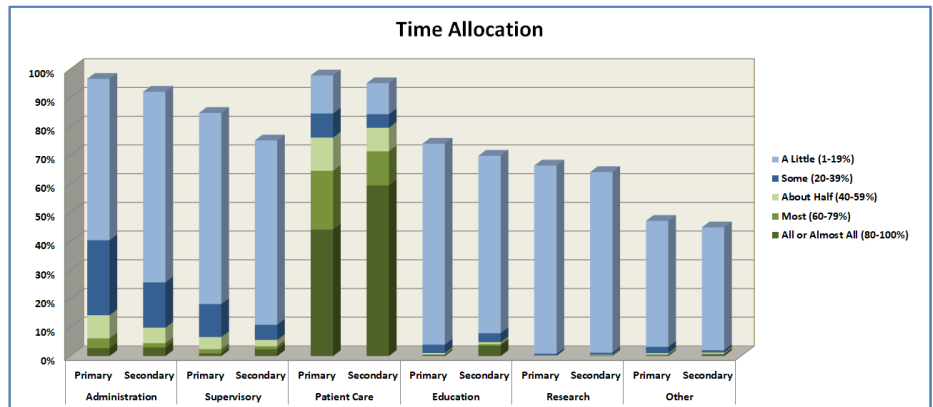
Patient Care: 65%
Administration: 6%
Supervisory: 2%

Patient Care LCSWs

Median Admin. Time: 10%-19%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

LCSWs spend approximately three-quarters of their time treating patients. In fact, 65% of all LCSWs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	3%	3%	1%	2%	44%	59%	0%	4%	0%	0%	0%	1%
Most (60-79%)	3%	1%	1%	1%	20%	12%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	8%	5%	4%	2%	12%	8%	1%	1%	0%	0%	0%	0%
Some (20-39%)	26%	16%	11%	5%	8%	5%	3%	3%	1%	1%	2%	1%
A Little (1-19%)	56%	66%	67%	64%	13%	11%	70%	62%	66%	63%	44%	43%
None (0%)	3%	8%	15%	25%	2%	5%	26%	30%	34%	36%	53%	55%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	450	8%	162	10%
1 to 24	3,911	67%	1,309	81%
25 to 49	1,344	23%	112	7%
50 to 74	91	2%	14	1%
75 or More	59	1%	10	1%
Total	5,855	100%	1,607	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patients Per Week

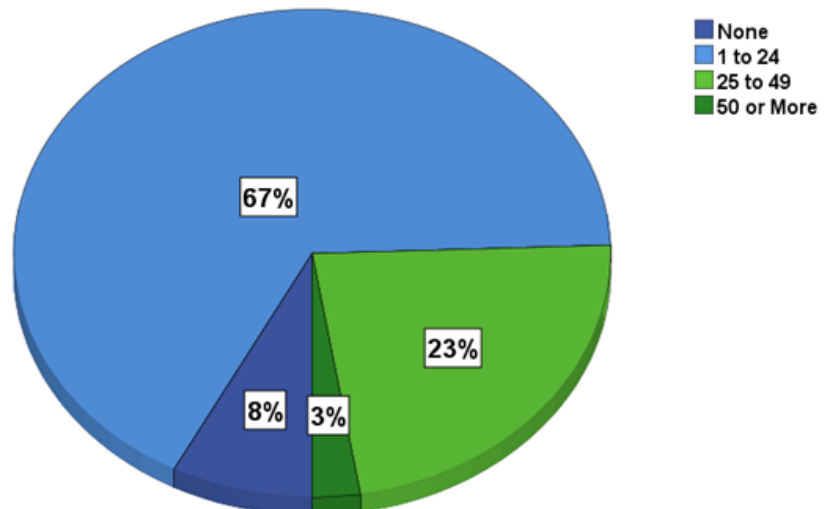
Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Two out of every three LCSWs treat between 1 and 24 patients per week at their primary work location. Among those LCSWs who also have a secondary work location, 81% treat between 1 and 24 patients per week.

Patients Per Week, Primary Work Site



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Patient Allocation

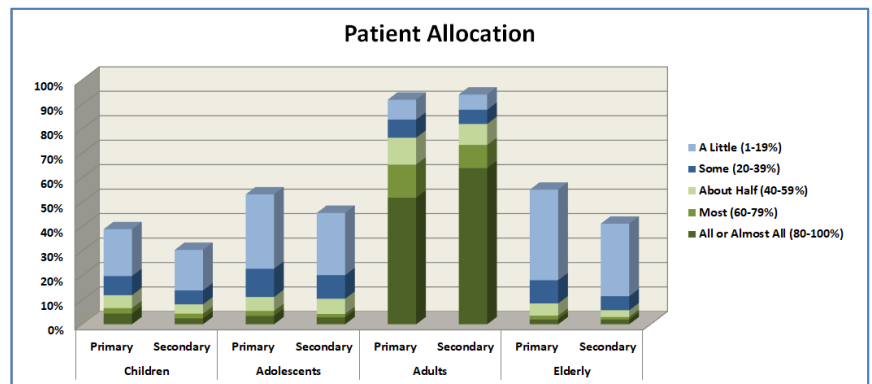
Children:	None
Adolescents:	1%-9%
Adults:	80%-89%
Elderly:	1%-9%

Roles

Children:	7%
Adolescents:	5%
Adults:	65%
Elderly:	4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, between 80% and 90% of all patients seen by LCSWs at their primary work location are adults. In addition, 65% of LCSWs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	4%	2%	3%	3%	52%	64%	2%	2%
Most (60-79%)	2%	2%	2%	1%	14%	9%	2%	1%
About Half (40-59%)	5%	4%	6%	6%	11%	9%	5%	3%
Some (20-39%)	8%	6%	12%	10%	7%	6%	9%	6%
A Little (1-19%)	19%	17%	30%	25%	8%	6%	37%	30%
None (0%)	61%	70%	47%	54%	8%	6%	45%	59%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Telehealth Services		
	#	%
Providing Telehealth Services		
In Virginia	3,946	59%
Outside of Virginia	67	1%
Both	1,260	19%
Total Providing Telehealth Services	5,273	78%
Not Providing Telehealth Services		
Total Not Providing Telehealth Services	1,461	22%
Total		
Total	6,734	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Telehealth Services

% Providing Telehealth: 78%

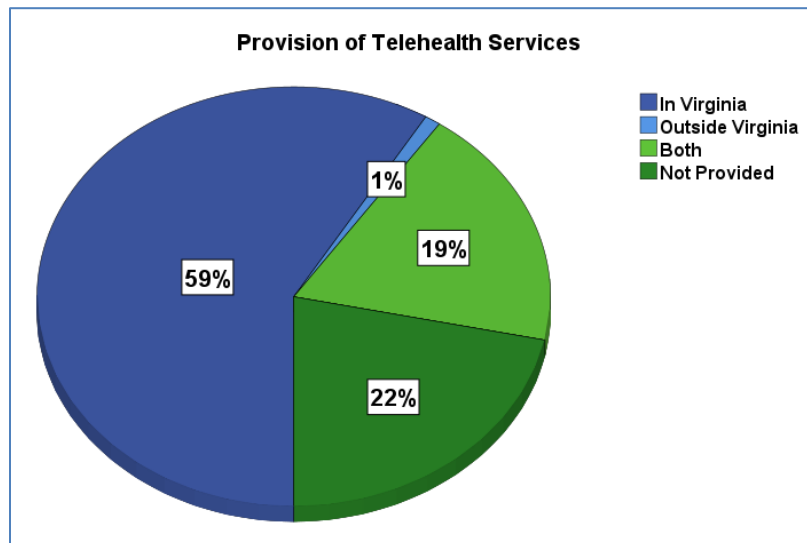
Telehealth Workload

Less than Half: 60%

More than Half: 19%

All: 21%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly four out of every five LCSWs provide telehealth services, including 59% of LCSWs who provide telehealth services only in Virginia.

Two out of every five LCSWs work at a practice that provides more than half or all of their health care services via telehealth.

Telehealth Workload		
Percentage	#	%
Less than Half	3,549	60%
More than Half	1,155	19%
All	1,258	21%
Total	5,963	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Interstate Compact

% in Compact: 2%

Compact Affiliation

Social Work Licensure: 83%

Counseling: 1%

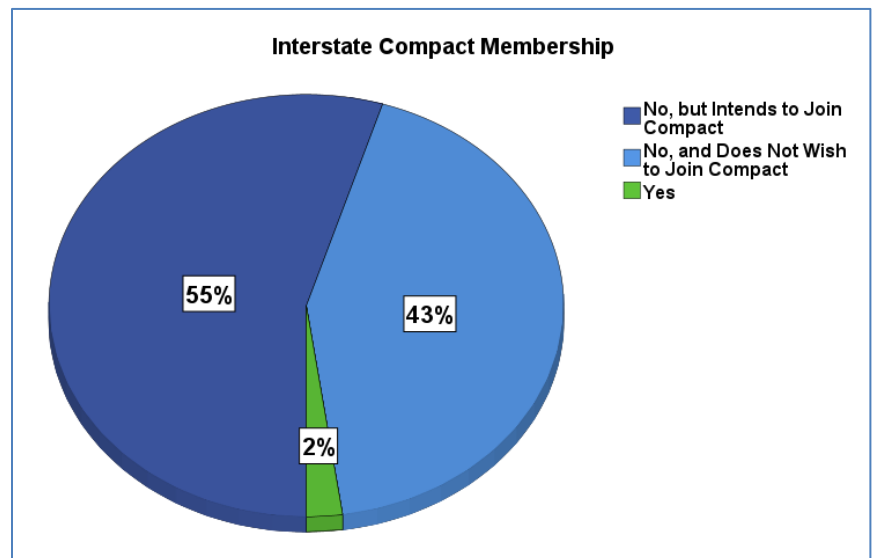
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Interstate Compact		
	#	%
In Compact		
Total in Compact	143	2%
Not in Compact		
Intends to Join Compact	3,478	55%
Does Not Wish to Join Compact	2,726	43%
Total Not in Compact	6,204	98%
Total		
Total	6,347	100%

Source: Va. Healthcare Workforce Data Center

While 2% of LCSWs are currently a part of an interstate compact, 55% intend to join a compact in the future.



Source: Va. Healthcare Workforce Data Center

Compact Affiliation		
Affiliation	#	%
Social Work Licensure Compact	114	83%
Counseling Compact	1	1%
Psychology Interjurisdictional Compact (PSYPACT)	1	1%
Other	21	15%
Total	137	100%

Source: Va. Healthcare Workforce Data Center

More than four out of every five LCSWs currently in an interstate compact are affiliated with the Social Work Licensure Compact.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LCSWs		LCSWs 50 and Over	
	#	%	#	%
Under Age 50	68	1%	-	-
50 to 54	136	2%	7	0%
55 to 59	427	8%	97	4%
60 to 64	1,051	19%	335	14%
65 to 69	1,718	31%	732	30%
70 to 74	998	18%	574	24%
75 to 79	399	7%	274	11%
80 or Over	207	4%	144	6%
I Do Not Intend to Retire	497	9%	264	11%
Total	5,502	100%	2,427	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCSWs

Under 65: 31%

Under 60: 11%

LCSWs 50 and Over

Under 65: 18%

Under 60: 4%

Time Until Retirement

Within 2 Years: 6%

Within 10 Years: 23%

Half the Workforce: By 2050

Source: Va. Healthcare Workforce Data Center

Among all LCSWs, 31% expect to retire before the age of 65.
Among those LCSWs who are age 50 or over, 18% expect to retire by the age of 65.

Within the next two years, 13% of LCSWs expect to increase their patient care hours, and 9% expect to pursue additional educational opportunities.

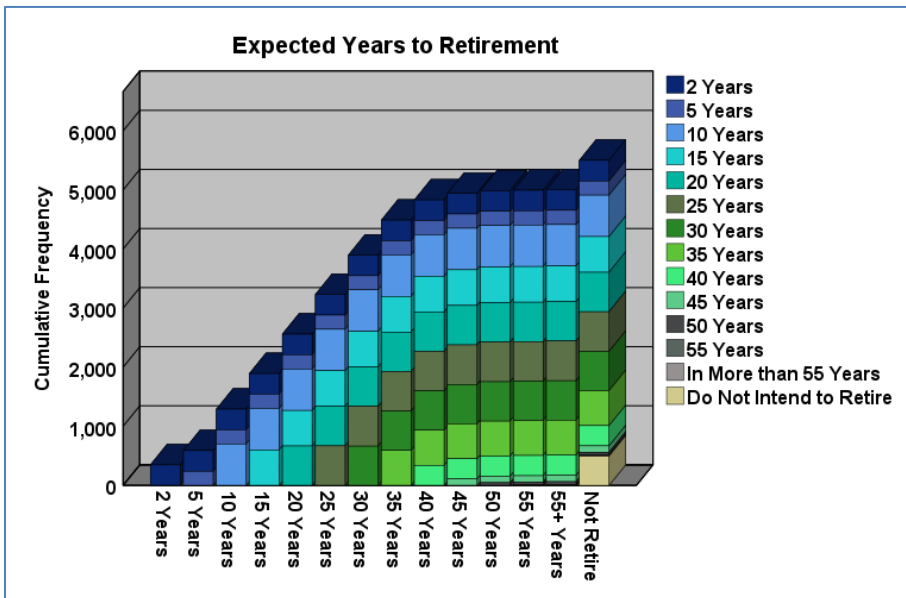
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	93	1%
Leave Virginia	213	3%
Decrease Patient Care Hours	639	8%
Decrease Teaching Hours	35	0%
Increase Participation		
Increase Patient Care Hours	1,127	13%
Increase Teaching Hours	459	5%
Pursue Additional Education	743	9%
Return to the Workforce	50	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCSWs. While 6% of LCSWs expect to retire in the next two years, 23% expect to retire in the next ten years. Half of the current workforce expect to retire by 2050.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	349	6%	6%
5 Years	240	4%	11%
10 Years	702	13%	23%
15 Years	603	11%	34%
20 Years	667	12%	47%
25 Years	671	12%	59%
30 Years	666	12%	71%
35 Years	592	11%	82%
40 Years	342	6%	88%
45 Years	109	2%	90%
50 Years	45	1%	91%
55 Years	10	0%	91%
In More than 55 Years	8	0%	91%
Do Not Intend to Retire	497	9%	100%
Total	5,502	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2035. Retirement will peak at 13% of the current workforce around the same time before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total: 6,739
FTEs/1,000 Residents²: 0.773
Average: 0.81

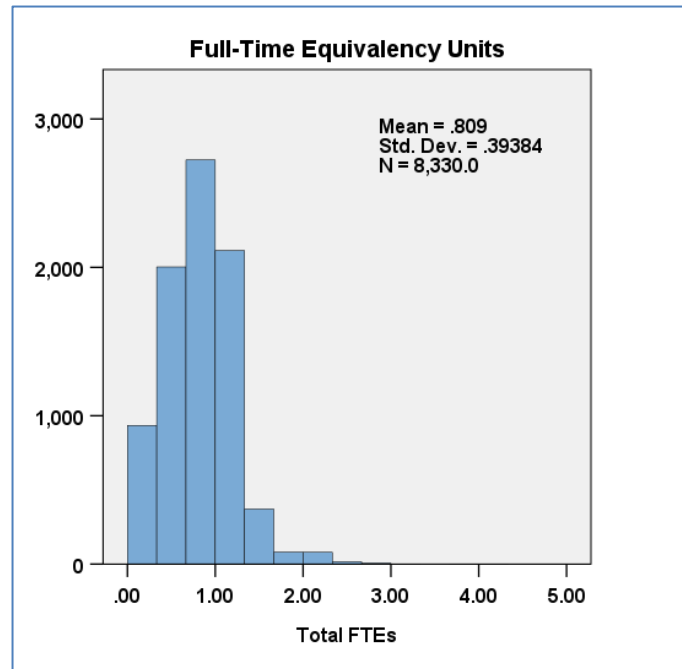
Age & Gender Effect

Age, *Partial Eta*²: Small
Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

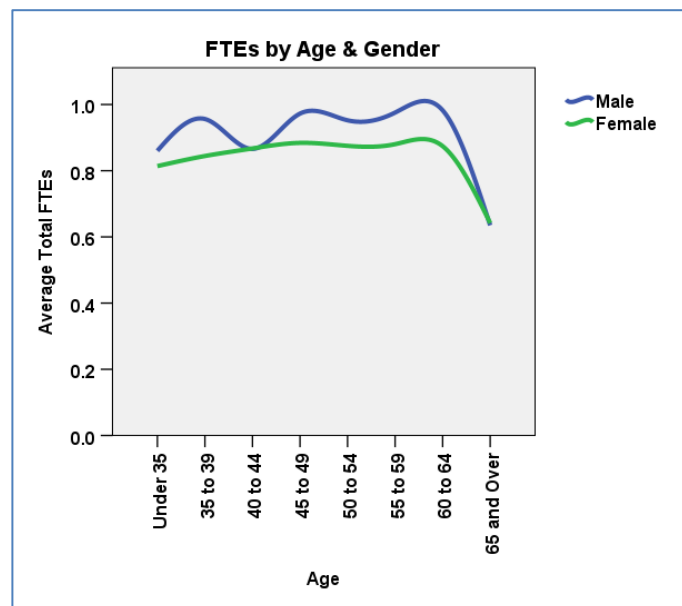


Source: Va. Healthcare Workforce Data Center

The typical (median) LCSW provided 0.81 FTEs over the past year, or approximately 32 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.83	0.93
35 to 39	0.83	0.81
40 to 44	0.84	0.83
45 to 49	0.87	0.82
50 to 54	0.81	0.81
55 to 59	0.84	0.83
60 to 64	0.88	0.82
65 and Over	0.63	0.59
Gender		
Male	0.87	0.93
Female	0.83	0.86

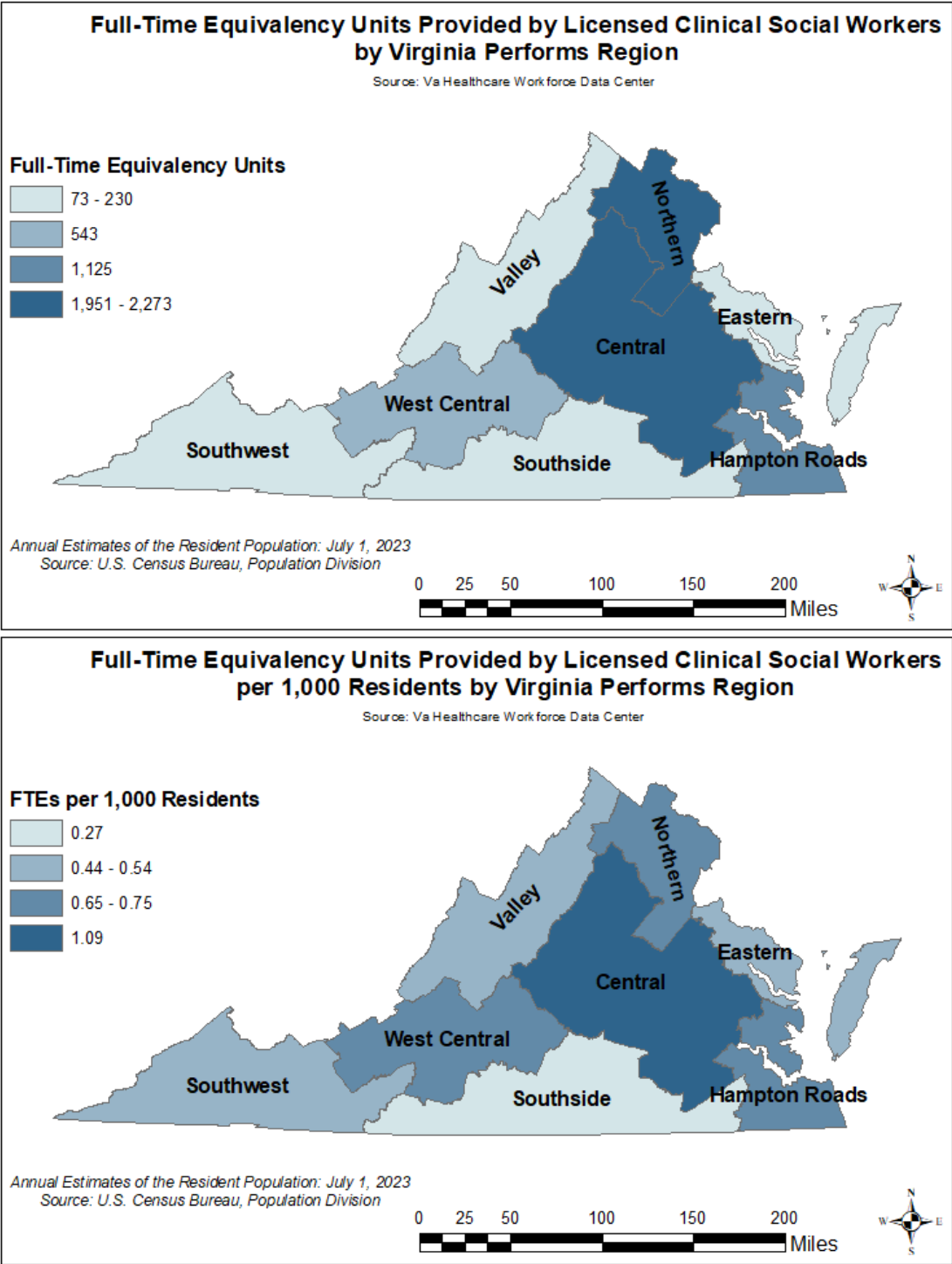
Source: Va. Healthcare Workforce Data Center

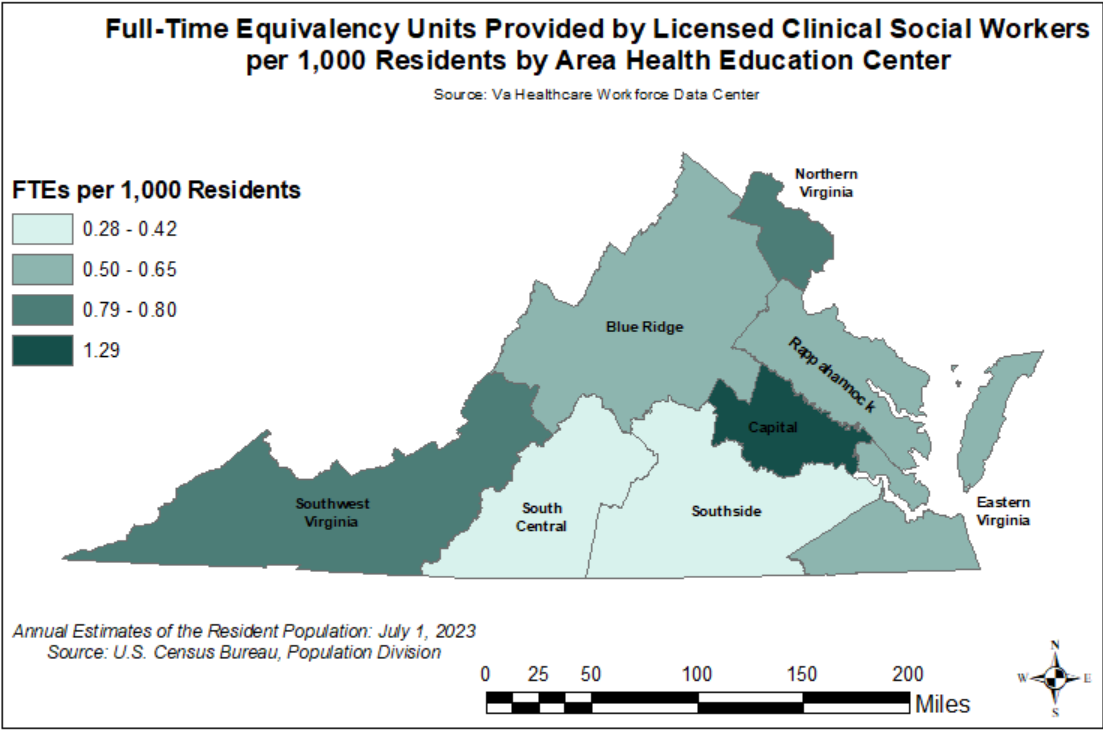
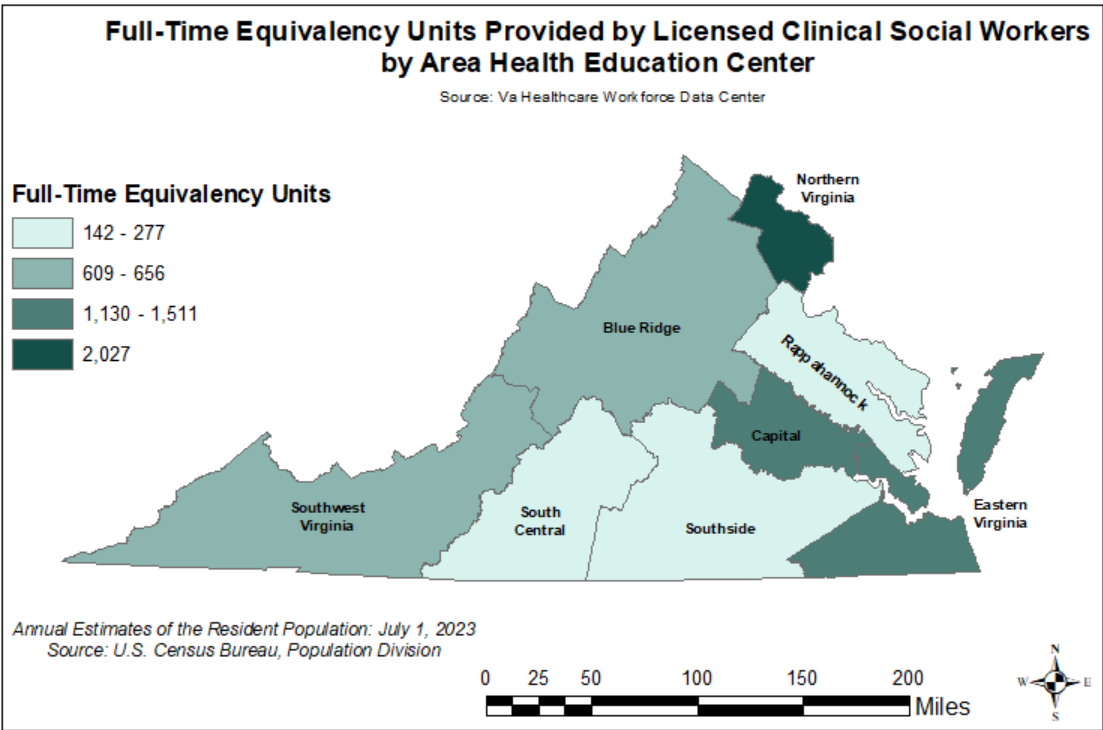


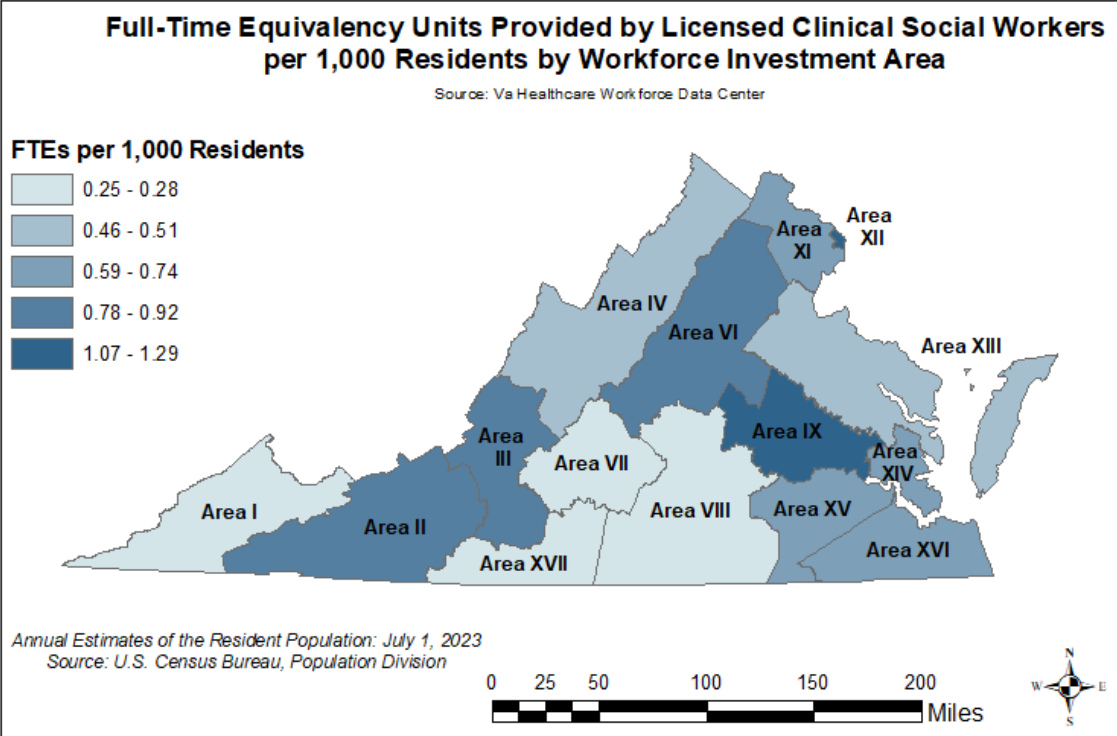
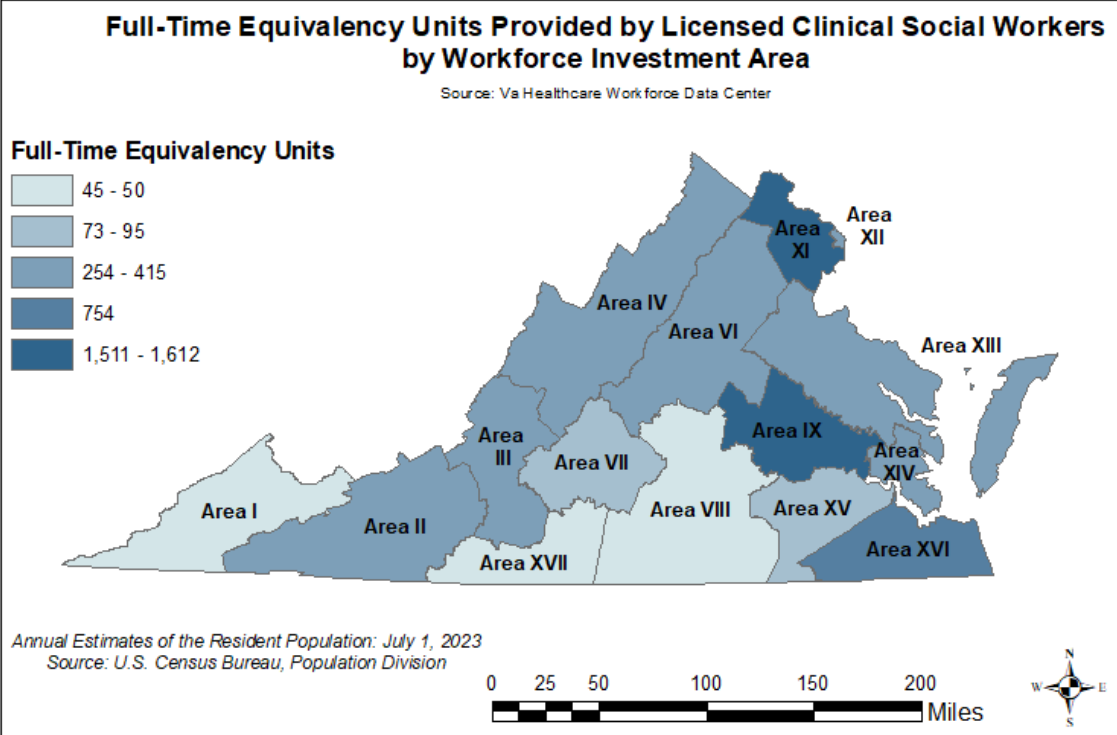
Source: Va. Healthcare Workforce Data Center

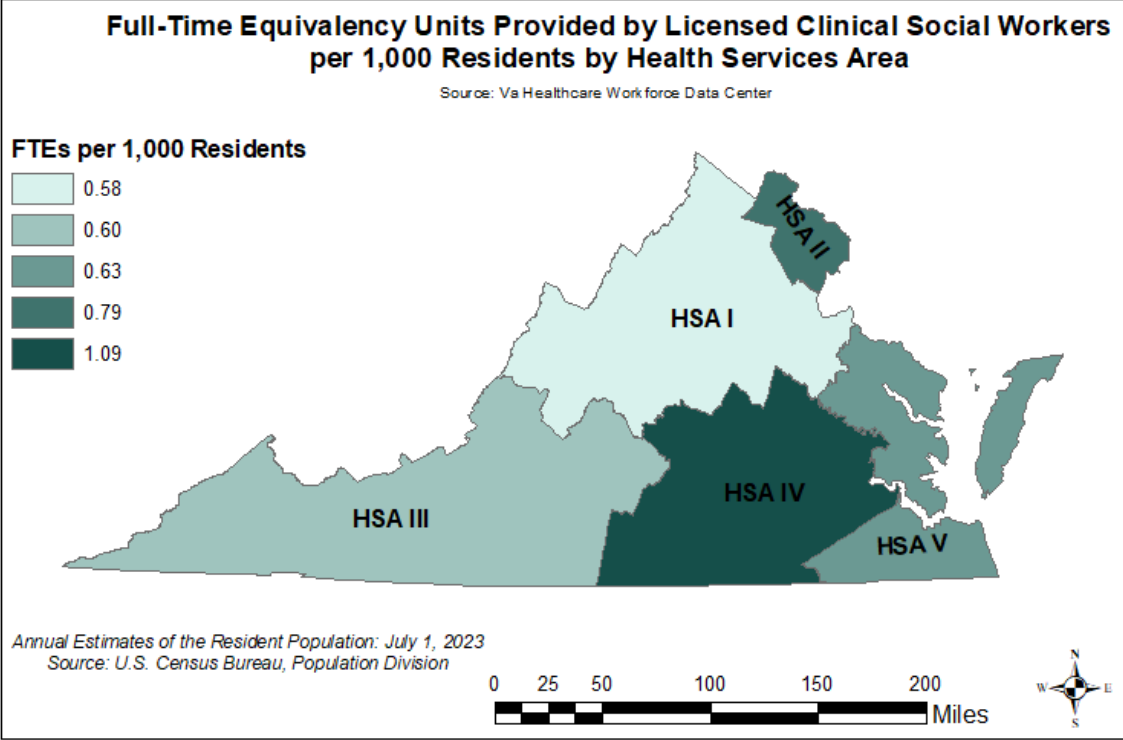
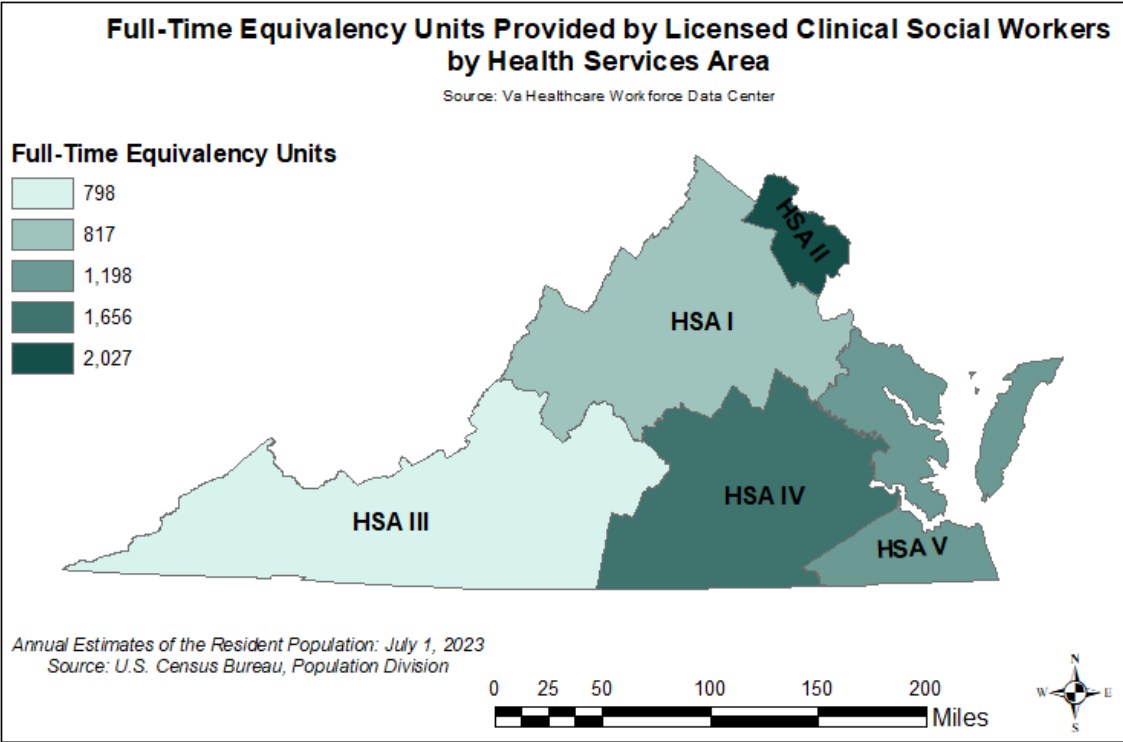
² Number of residents in 2023 was used as the denominator.

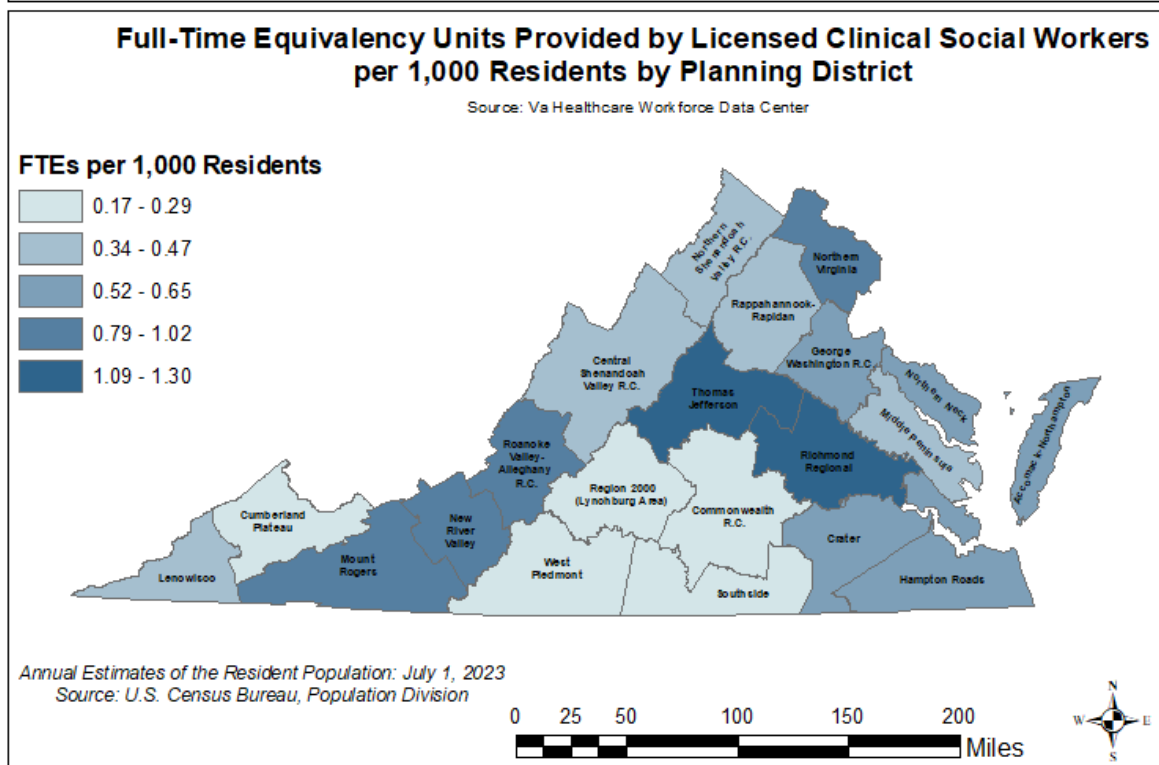
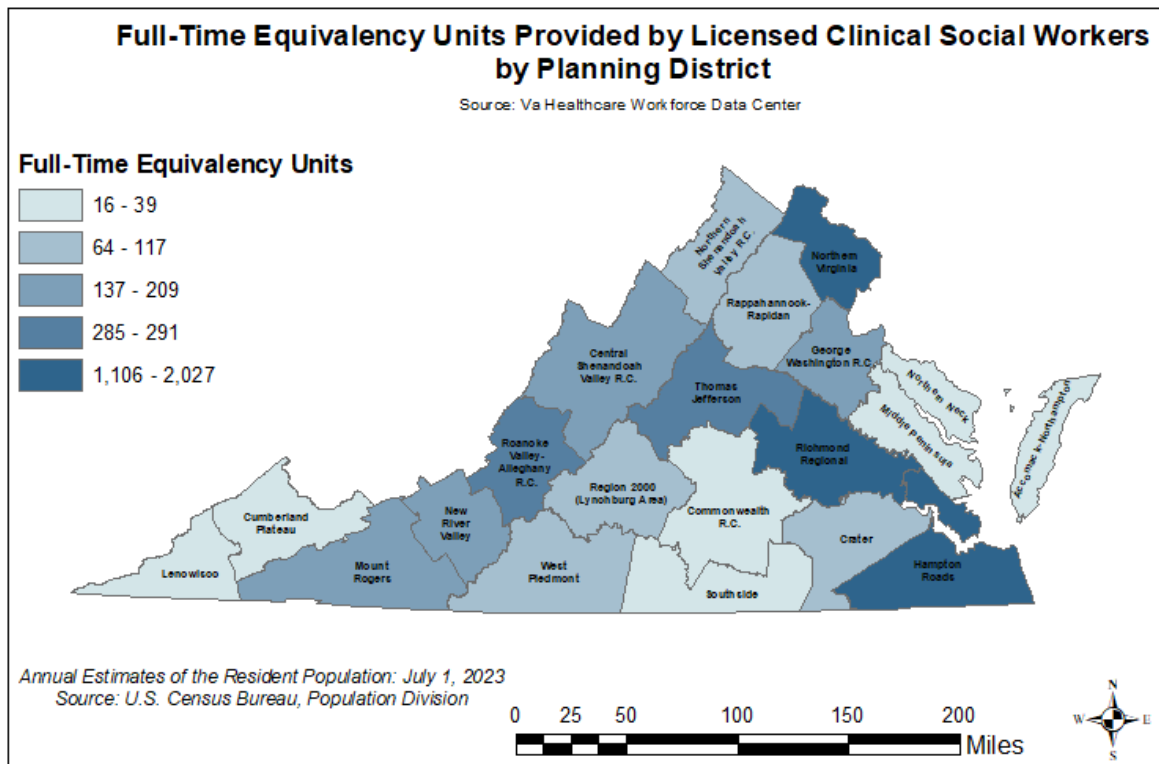
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	6,345	89.87%	1.113	1.056	1.258
Metro, 250,000 to 1 Million	560	88.57%	1.129	1.071	1.277
Metro, 250,000 or Less	818	91.20%	1.097	1.040	1.240
Urban, Pop. 20,000+, Metro Adj.	47	97.87%	1.022	0.969	1.155
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	225	87.56%	1.142	1.083	1.291
Urban, Pop. 2,500-19,999, Non-Adj.	99	96.97%	1.031	0.978	1.166
Rural, Metro Adj.	186	84.41%	1.185	1.124	1.340
Rural, Non-Adj.	39	84.62%	1.182	1.121	1.336
Virginia Border State/D.C.	2,462	80.71%	1.239	1.175	1.401
Other U.S. State	2,029	71.76%	1.394	1.322	1.576

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	1,709	75.37%	1.327	1.155	1.576
35 to 39	1,989	83.66%	1.195	1.041	1.419
40 to 44	1,906	85.47%	1.170	1.019	1.389
45 to 49	1,567	88.19%	1.134	0.987	1.346
50 to 54	1,524	87.80%	1.139	0.992	1.353
55 to 59	1,310	87.94%	1.137	0.990	1.350
60 to 64	1,003	89.83%	1.113	0.969	1.322
65 and Over	1,802	86.68%	1.154	1.004	1.370

Source: Va. Healthcare Workforce Data

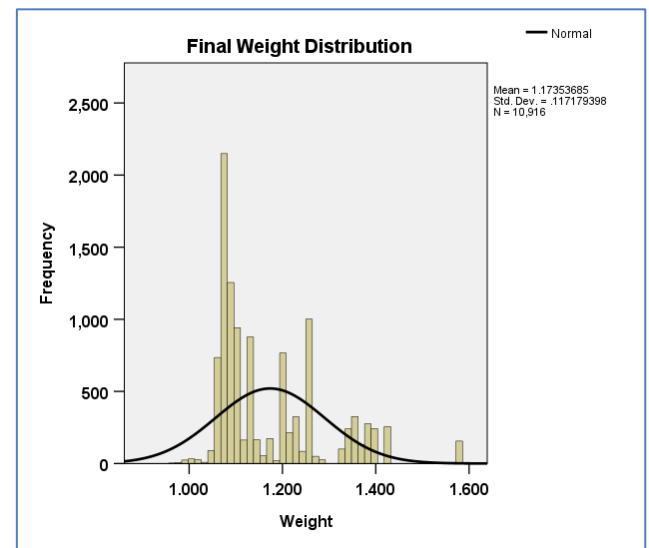
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate
= Final Weight.

Overall Response Rate: 0.852147



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Master's Social Worker Survey: 2025

Healthcare Workforce Data Center

August 2025

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

In total, 1,115 Licensed Master's Social Workers voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Social Work express our sincerest appreciation for their ongoing cooperation.

Thank You!

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The Licensed Master's Social Worker Survey At a Glance:

Licensees

Licensees:	1,624
Virginia's Workforce:	1,024
FTEs:	958

Work Location

Northern VA:	42%
Central VA:	25%
Hampton Roads:	16%

Micro

CSW Concentration:	68%
Work at Agency:	75%
Pursuing LCSW:	80%

Survey Response Rate

All Licensees:	69%
Renewing Practitioners:	97%

Supervision

Supervised:	64%
Supervisor w/ LCSW:	59%

Job Turnover

New Location:	39%
Employed Over 2 Yrs.:	38%

Age

Median Age:	39
% Under 40:	53%
% 55 and Over:	14%

Macro

Macro Concentration:	23%
Work at Agency:	66%
Pursuing LCSW:	54%

Time Allocation

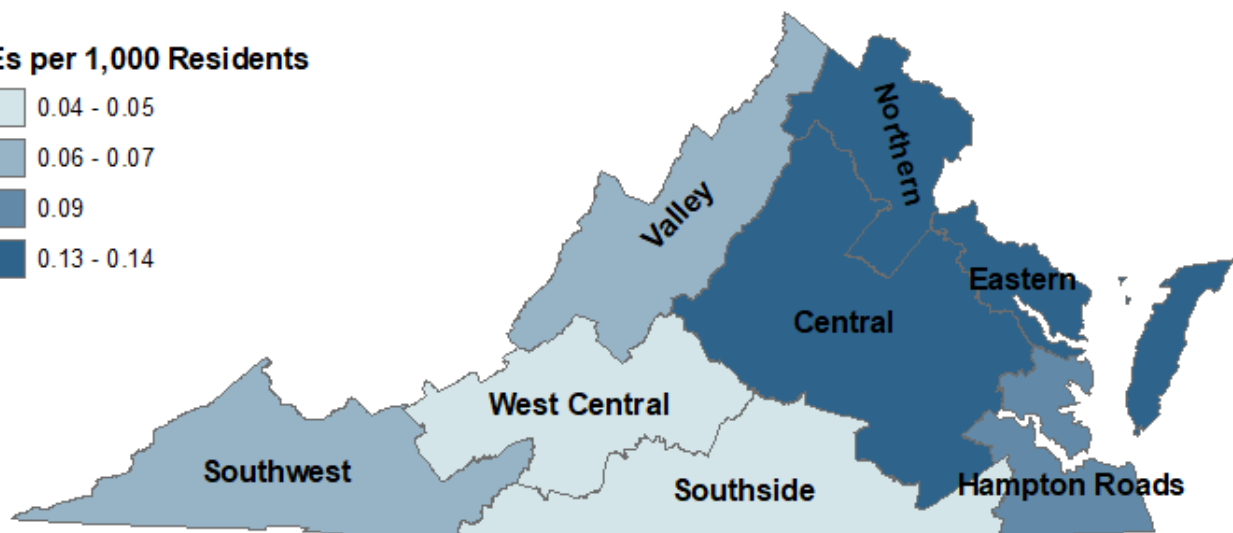
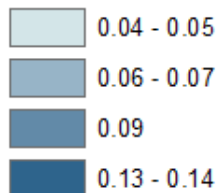
Clinical Work:	51%-60%
Administration:	11%-20%
Clinical Work Role:	45%

Source: Va. Healthcare Workforce Data Center

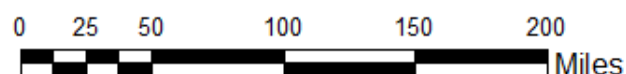
Full-Time Equivalency Units Provided by Licensed Master's Social Workers per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2025 Licensed Master's Social Worker (LMSW) Workforce Survey. In total, 1,115 LMSWs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LMSWs. These survey respondents represent 69% of the 1,624 LMSWs licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 1,024 LMSWs participated in Virginia's workforce during the survey period. For the purposes for this survey, the LMSW workforce is defined as those LMSWs who worked at least a portion of the year in the state, but it does not include LMSWs who live in the state and intend to work as an LMSW at some point in the future. Over the past year, Virginia's LMSW workforce provided 958 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

The median age of the LMSW workforce is 39. Nearly two out of every five LMSWs obtained an LMSW license because they believed it to be a prerequisite for licensure as a clinical social worker. Nearly two out of every three LMSWs have a supervisor on site, and 59% of these supervisors are LCSWs. LMSWs spend approximately half of their time performing clinical work, and 45% of LMSWs fill a clinical work role, defined as spending at least 60% of their time in clinical work activities. In total, 38% of LMSWs have worked at their primary work location for more than two years.

Nearly one out of every four LMSWs pursued a Master's in Social Work with a macro concentration, and 66% of LMSWs with a macro concentration work at an agency. Among LMSWs with a macro concentration who work at an agency, 62% provide clinical social work services through their employment at that agency, 9% of which are exempt from licensing requirements. Among LMSWs with a macro concentration, 54% intend to eventually pursue licensure as a clinical social worker. Nearly one-third of LMSWs with a macro concentration are registered as a supervisee in social work.

More than two out of every three LMSWs pursued a Master's in Social Work with a micro concentration, and 75% of LMSWs with a micro concentration work at an agency. Among LMSWs with a micro concentration who work at an agency, 84% provide clinical social work services through their employment at that agency, 8% of which are exempt from licensing requirements. Among LMSWs with a micro concentration, 80% intend to eventually pursue licensure as a clinical social worker. In total, 62% of LMSWs with a micro concentration are registered as a supervisee in social work.

Summary of Trends

In this section, all statistics for the current year are compared to the 2023 LMSW workforce. The number of licensed LMSWs in Virginia has increased by 25% (1,624 vs. 1,301). In addition, the size of Virginia's LMSW workforce has increased by 16% (1,024 vs. 879), and the number of FTEs provided by this workforce has increased by 15% (958 vs. 830). Virginia's renewing LMSWs are more likely to respond to this survey (97% vs. 93%).

LMSWs are less likely to pursue an MSW because they believed that it was a prerequisite for licensure as a clinical social worker (38% vs. 41%). However, LMSWs are more likely to have a supervisor on site (64% vs. 61%).

While there has been no change in the percentage of LMSWs who pursued a Master's in Social Work with a macro concentration (23%), these LMSWs are less likely to work at an agency (66% vs. 73%). Furthermore, these LMSWs who work at an agency are less likely to provide clinical social work services (62% vs. 66%). These LMSWs are less likely to eventually pursue licensure as a clinical social worker (54% vs. 57%).

The percentage of LMSWs who pursued a Master's in Social Work with a micro concentration has increased (68% vs. 67%), and these LMSWs are more likely to work at an agency (75% vs. 73%). In addition, these LMSWs who work at an agency are more likely to provide clinical social work services (84% vs. 82%). LMSWs with a micro concentration are more likely to eventually pursue licensure as a clinical social worker in the future (80% vs. 77%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	1,004	62%
New Licensees	349	21%
Non-Renewals	271	17%
All Licensees	1,624	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LMSWs, 97% submitted a survey. These represent 69% of the 1,624 LMSWs who held a license at some point during the survey period.

Definitions

- 1. **The Survey Period:** The survey was conducted in June 2025.
- 2. **Target Population:** All LMSWs who held a Virginia license at some point between July 2024 and June 2025.
- 3. **Survey Population:** The survey was available to LMSWs who renewed their licenses online. It was not available to those who did not renew, including LMSWs newly licensed in 2025.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	99	140	59%
30 to 34	112	200	64%
35 to 39	88	162	65%
40 to 44	78	177	69%
45 to 49	46	131	74%
50 to 54	34	116	77%
55 to 59	29	86	75%
60 and Over	23	103	82%
Total	509	1,115	69%
New Licenses			
Issued in Past Year	208	141	40%
Metro Status			
Non-Metro	17	52	75%
Metro	266	777	75%
Not in Virginia	226	286	56%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	1,115
Response Rate, All Licensees	69%
Response Rate, Renewals	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LMSWs

Number: 1,624
New: 21%
Not Renewed: 17%

Response Rates

All Licensees: 69%
Renewing Practitioners: 97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LMSW Workforce: 1,024
FTEs: 958

Utilization Ratios

Licensees in VA Workforce: 63%
Licensees per FTE: 1.70
Workers per FTE: 1.07

Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year. It does not include those who intend to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's LMSW Workforce

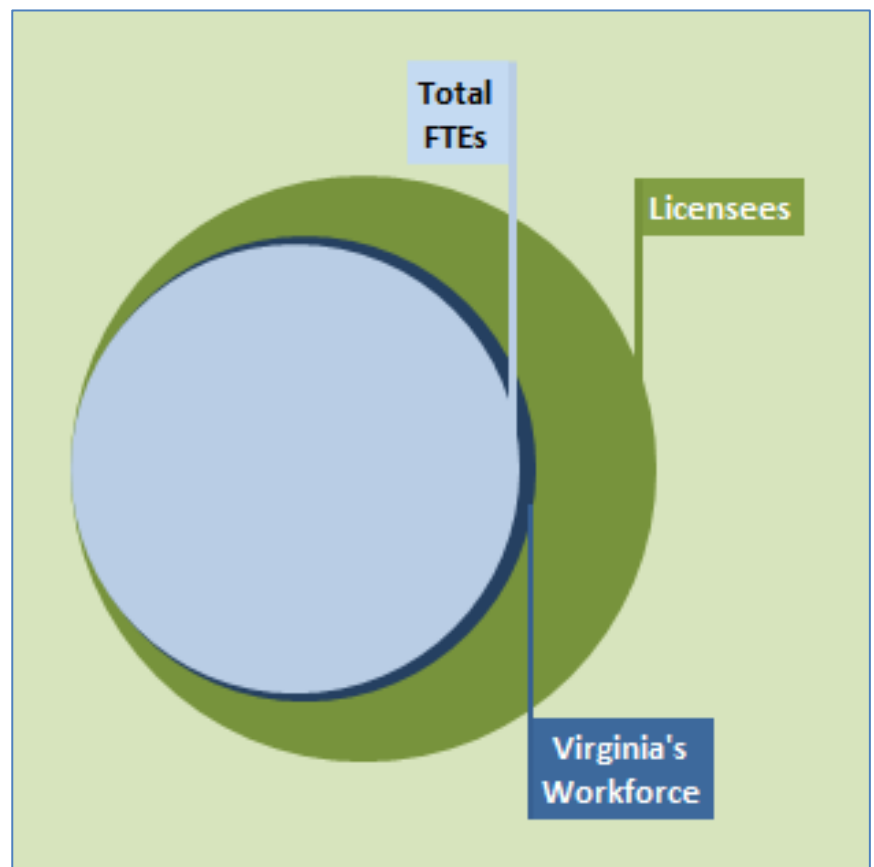
Status	#
Virginia's Workforce	1,024
Total FTEs	958
Licensees	1,624

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report.

Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age		
Age	#	%
Under 30	174	17%
30 to 34	210	21%
35 to 39	154	15%
40 to 44	158	15%
45 to 49	105	10%
50 to 54	81	8%
55 to 59	67	7%
60 and Over	75	7%
Total	1,024	100%

Source: Va. Healthcare Workforce Data Center

The median age of the LMSW workforce is 39. Among all LMSWs, 53% are under the age of 40, while 14% are age 55 or over.

At a Glance:

Age

Median Age: 39
 % Under 40: 53%
 % 55 or Over: 14%

Location

Metro: 95%
 Urban: 3%
 Rural: 2%

Source: Va. Healthcare Workforce Data Center

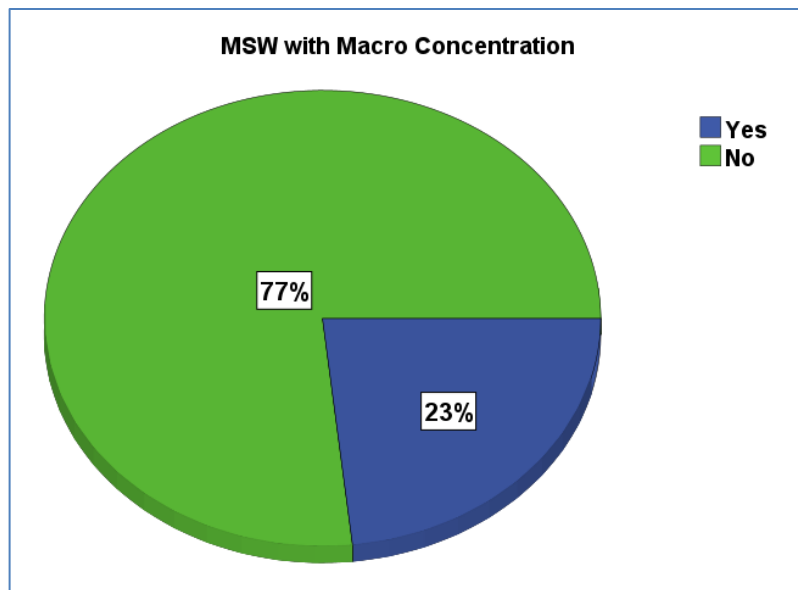
USDA Rural/Urban Continuum
of Work Location

Area	#	%
Metro Counties		
Metro, 1 Million+	801	82%
Metro, 250,000 to 1 Million	50	5%
Metro, 250,000 or Less	80	8%
Non-Metro Counties		
Urban, Pop. 20,000+, Metro Adjacent	5	1%
Urban, Pop. 2,500-19,999, Metro Adjacent	11	1%
Urban, Pop. 2,500-19,999, Non-Adjacent	13	1%
Rural, Metro Adjacent	8	1%
Rural, Non-Adjacent	11	1%
Total	979	100%

Source: Va. Healthcare Workforce Data Center

Among all LMSWs who have a primary work location in Virginia, 95% work in a metro area. Another 2% of LMSWs have a primary work location in a rural area.

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Macro

% Concentration: 23%

Licensure

Future LCSW: 54%

Supervisee: 32%

Source: Va. Healthcare Workforce Data Center

Macro Concentration		
Response	#	%
Yes	237	23%
No	782	77%
Total	1,019	100%

Source: Va. Healthcare Workforce Data Center

Nearly one out of every four LMSWs pursued a MSW with a macro concentration.

More than half of all LMSWs with a macro concentration intend to eventually pursue licensure as a clinical social worker.

Intention to Pursue LCSW		
Response	#	%
Yes	120	54%
No	102	46%
Total	222	100%

Source: Va. Healthcare Workforce Data Center

Registered as a Supervisee		
Response	#	%
Yes	71	32%
No	153	68%
Total	224	100%

Source: Va. Healthcare Workforce Data Center

Nearly one-third of all LMSWs with a macro concentration are registered with the Board as a supervisee in Social Work.

Agency Employment for LMSWs with Macro Concentration

At a Glance:

Agency

Work at Agency: 66%
% CSW Services: 62%

Services

Assessment: 88%
Case Management: 69%
Treatment: 68%

Source: Va. Healthcare Workforce Data Center

Works at Agency

Response	#	%
Yes	154	66%
No	80	34%
Total	234	100%

Source: Va. Healthcare Workforce Data Center

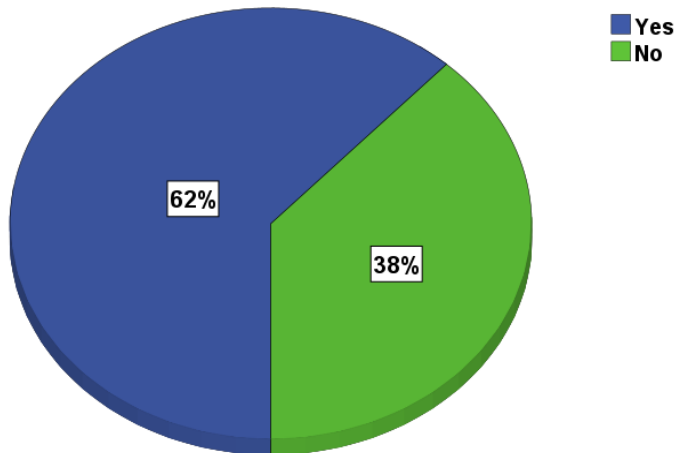
Two out of every three LMSWs with a macro concentration work at an agency.

Provisioning of CSW Services

Response	#	%
Yes	94	62%
No	58	38%
Total	152	100%

Source: Va. Healthcare Workforce Data Center

Provisioning of CSW Services for LMSWs with Macro Concentration



Source: Va. Healthcare Workforce Data Center

Nearly one out of every ten LMSWs with a macro concentration who perform clinical social work services are employed at an agency that is exempt from licensure.

Definition Clinical Services

Service	#	%
Assessment	83	88%
Case Management	65	69%
Treatment	64	68%
Diagnosis	59	63%
Other	10	11%

Source: Va. Healthcare Workforce Data Center

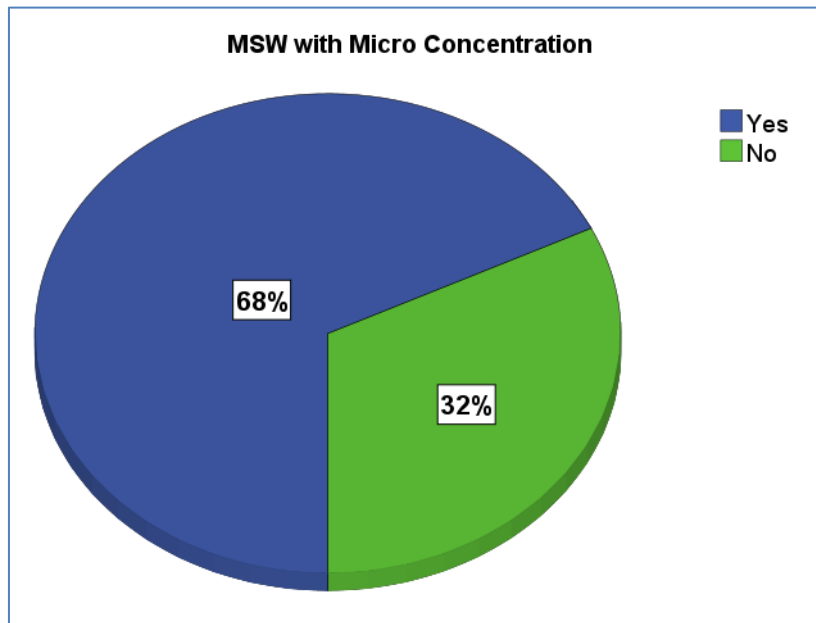
More than three out of every five LMSWs with a macro concentration who work at an agency provide clinical social work services through their employment at their agency.

Licensure Exemption

Response	#	%
Yes	8	9%
No	80	91%
Total	88	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Micro

% Concentration: 68%

Licensure

Future LCSW: 80%

Supervisee: 62%

Source: Va. Healthcare Workforce Data Center

Micro Concentration		
Response	#	%
Yes	650	68%
No	309	32%
Total	959	100%

Source: Va. Healthcare Workforce Data Center

More than two-thirds of all LMSWs pursued a MSW with a micro concentration.

Four out of every five LMSWs with a micro concentration intend to eventually pursue licensure as a clinical social worker.

Intention to Pursue LCSW		
Response	#	%
Yes	476	80%
No	119	20%
Total	595	100%

Source: Va. Healthcare Workforce Data Center

Registered as a Supervisee		
Response	#	%
Yes	363	62%
No	226	38%
Total	589	100%

Source: Va. Healthcare Workforce Data Center

More than three out of every five LMSWs with a micro concentration are registered with the Board as a supervisee in Social Work.

Agency Employment for LMSWs with Micro Concentration

At a Glance:

Agency

Work at Agency: 75%
% CSW Services: 84%

Services

Assessment: 93%
Treatment: 81%
Case Management: 71%

Source: Va. Healthcare Workforce Data Center

Works at Agency

Response	#	%
Yes	478	75%
No	163	25%
Total	641	100%

Source: Va. Healthcare Workforce Data Center

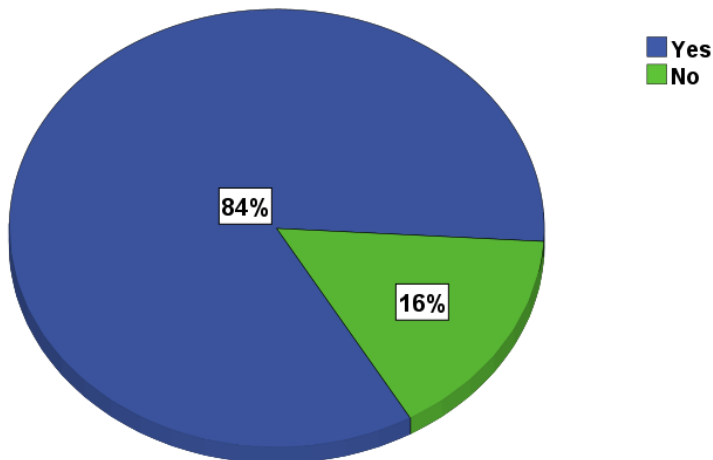
Three out of every four LMSWs with a micro concentration are employed at an agency.

Provisioning of CSW Services

Response	#	%
Yes	398	84%
No	74	16%
Total	472	100%

Source: Va. Healthcare Workforce Data Center

Provisioning of CSW Services for LMSWs with Micro Concentration



Source: Va. Healthcare Workforce Data Center

Nearly one out of every ten LMSWs with a micro concentration who perform clinical social work services are employed at an agency that is exempt from licensure.

Clinical Services Offered

Service	#	%
Assessment	371	93%
Treatment	321	81%
Case Management	284	71%
Diagnosis	276	69%
Other	29	7%

Source: Va. Healthcare Workforce Data Center

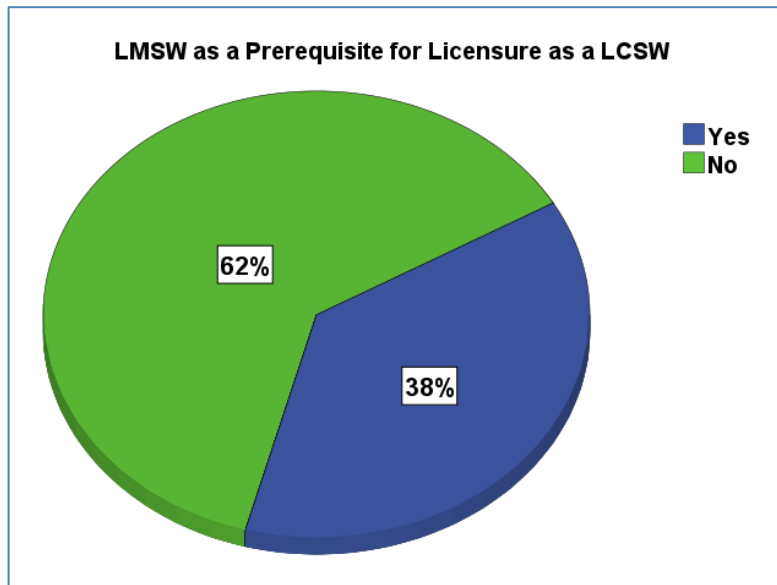
More than four out of every five LMSWs with a micro concentration who work at an agency provide clinical social work services through their employment at their agency.

Licensure Exemption

Response	#	%
Yes	31	8%
No	349	92%
Total	380	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Prerequisite

Prerequisite for LCSW: 38%

Source: Va. Healthcare Workforce Data Center

LMSW as a Prerequisite for LCSW		
Response	#	%
Yes	363	38%
No	604	62%
Total	967	100%

Source: Va. Healthcare Workforce Data Center

Nearly two out of every five LMSWs pursued a MSW because they believed that it was a prerequisite for licensure as a clinical social worker.

At a Glance:

Supervision

Supervisor on Site: 64%

Credential of Supervisor

LCSW: 59%

RN: 12%

LMSW: 7%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Supervisor on Site		
Response	#	%
Yes	577	64%
No	322	36%
Total	899	100%

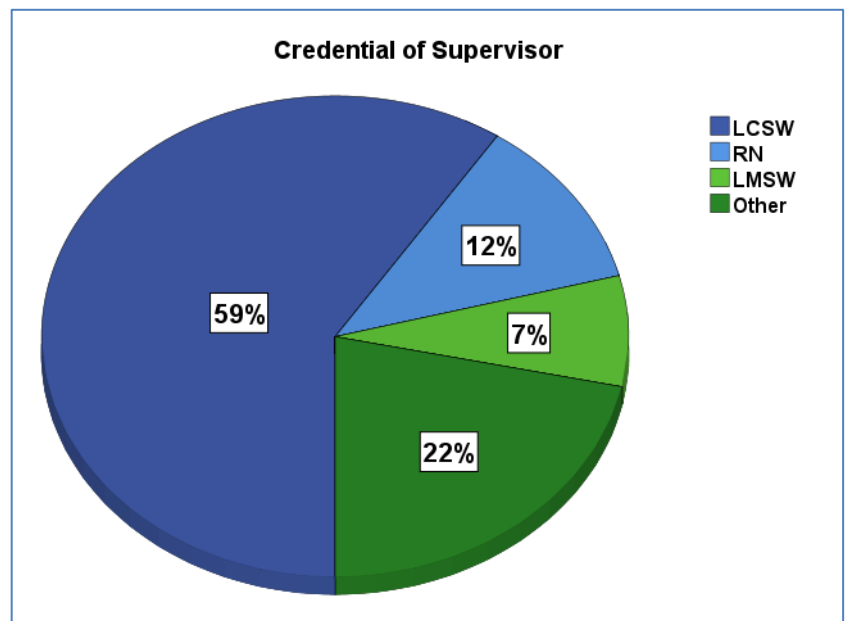
Source: Va. Healthcare Workforce Data Center

Nearly two out of every three LMSWs have a supervisor on site at their place of employment.

Nearly three out of every five LMSWs have a supervisor with a LCSW. Another 12% of LMSWs have a supervisor with an RN.

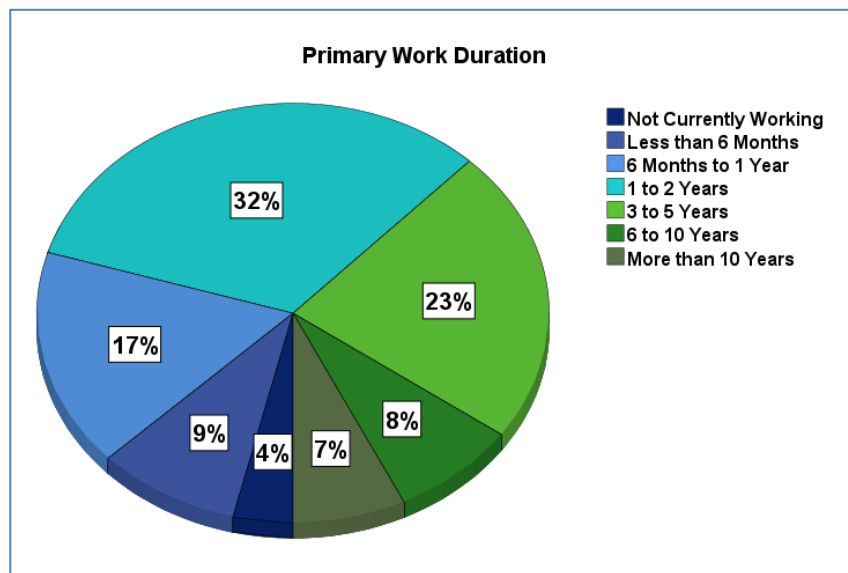
Credential of Supervisor		
Credential	#	%
LCSW	554	59%
RN	108	12%
LMSW	69	7%
LPC	26	3%
LCP	3	0%
MD	1	0%
Other	172	18%
Total	933	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Turnover & Tenure

New Location: 39%
Over 2 Years: 38%
Over 2 Yrs., 2nd Location: 36%

Source: Va. Healthcare Workforce Data Center

Nearly two out of every five LMSWs have worked at their primary work location for more than two years.

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	38	4%	43	10%
Less than 6 Months	92	9%	54	13%
6 Months to 1 Year	170	17%	73	18%
1 to 2 Years	328	32%	92	22%
3 to 5 Years	230	23%	86	21%
6 to 10 Years	81	8%	35	9%
More than 10 Years	72	7%	25	6%
Subtotal	1,010	100%	410	100%
Did Not Have Location	0		595	
Item Missing	13		19	
Total	1,024		1,024	

Source: Va. Healthcare Workforce Data Center

At a Glance:

Concentration

Top Region:	43%
Top 3 Regions:	83%
Lowest Region:	1%

Locations

2 or More (Now*):	35%
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Source: Va. Healthcare Workforce Data Center

More than four out of every five LMSWs in the state work in Northern Virginia, Central Virginia, or Hampton Roads.

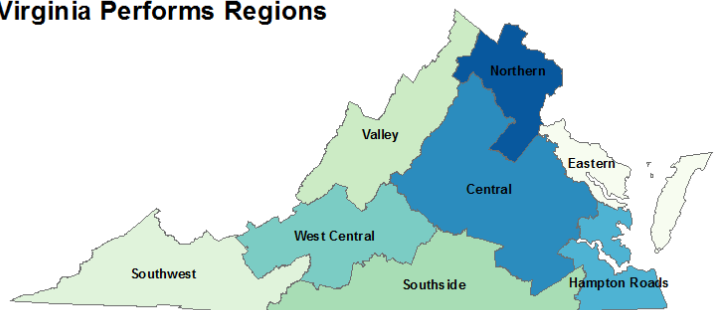
A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	247	25%	95	23%
Eastern	15	1%	12	3%
Hampton Roads	165	16%	67	16%
Northern	423	42%	163	39%
Southside	14	1%	5	1%
Southwest	30	3%	14	3%
Valley	39	4%	11	3%
West Central	46	5%	11	3%
Virginia Border State/D.C.	17	2%	17	4%
Other U.S. State	11	1%	22	5%
Outside of the U.S.	0	0%	1	0%
Total	1,007	100%	418	100%
Item Missing	17		9	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

More than one out of every three LMSWs currently have multiple work locations.

Number of Work Locations

Locations	Work Locations Now*	
	#	%
0	43	4%
1	619	61%
2	319	31%
3	23	2%
4	9	1%
5	2	0%
6 or More	9	1%
Total	1,024	100%

*At the time of survey completion, June 2025.

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

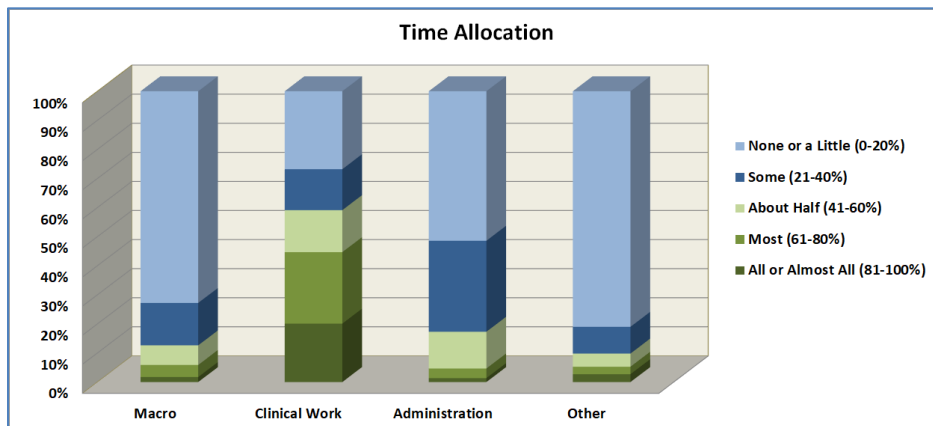
Macro:	0%-10%
Clinical Work:	51%-60%
Administration:	11%-20%
Other:	0%-10%

Roles

Macro:	6%
Clinical Work:	45%
Administration:	5%
Other:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

LMSWs spend approximately half of their time performing clinical work. In fact, 45% of all LMSWs fill a clinical work role, defined as spending more than 60% of their time on clinical work activities.

Time Allocation				
Time Spent	Macro	Clinical Work	Admin.	Other
All or Almost All (81-100%)	2%	20%	1%	3%
Most (61-80%)	4%	25%	3%	3%
About Half (41-60%)	7%	14%	13%	5%
Some (21-40%)	15%	14%	31%	9%
None or a Little (0-20%)	73%	27%	51%	81%

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total: 958
 FTEs/1,000 Residents¹: 0.110
 Average: 0.94

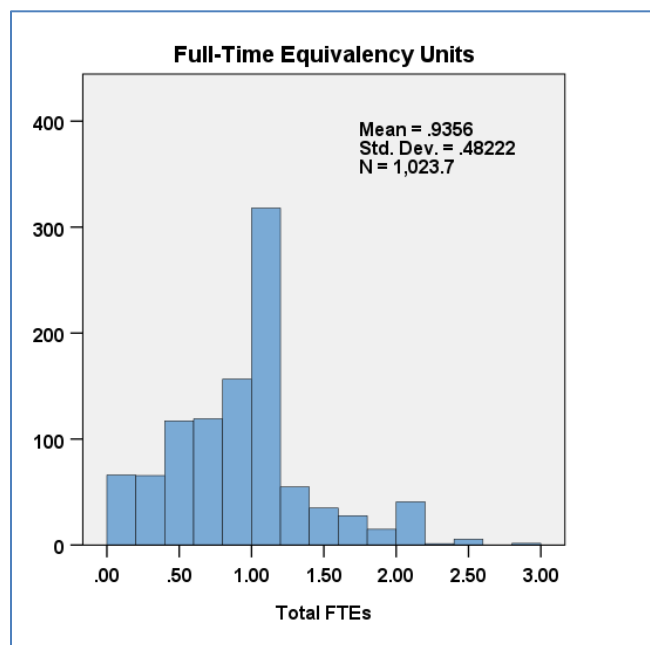
Age & Gender Effect

Age, *Partial Eta*²: Small

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

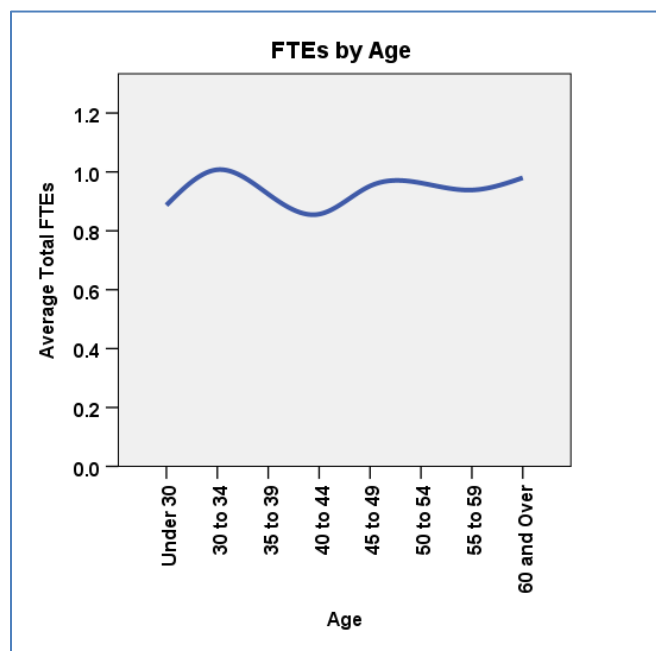


Source: Va. Healthcare Workforce Data Center

The typical (median) LMSW provided 0.98 FTEs over the past year, or approximately 39 hours per week for 50 weeks. Statistical tests did not verify that FTEs vary by age.

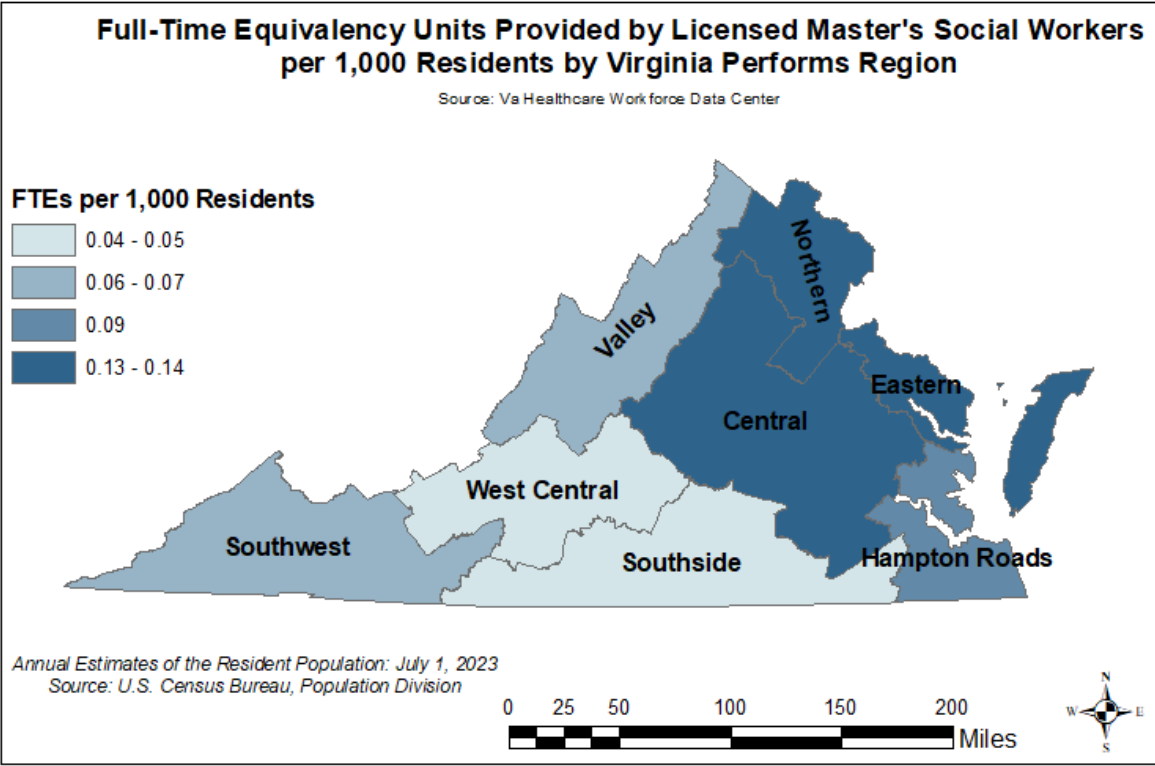
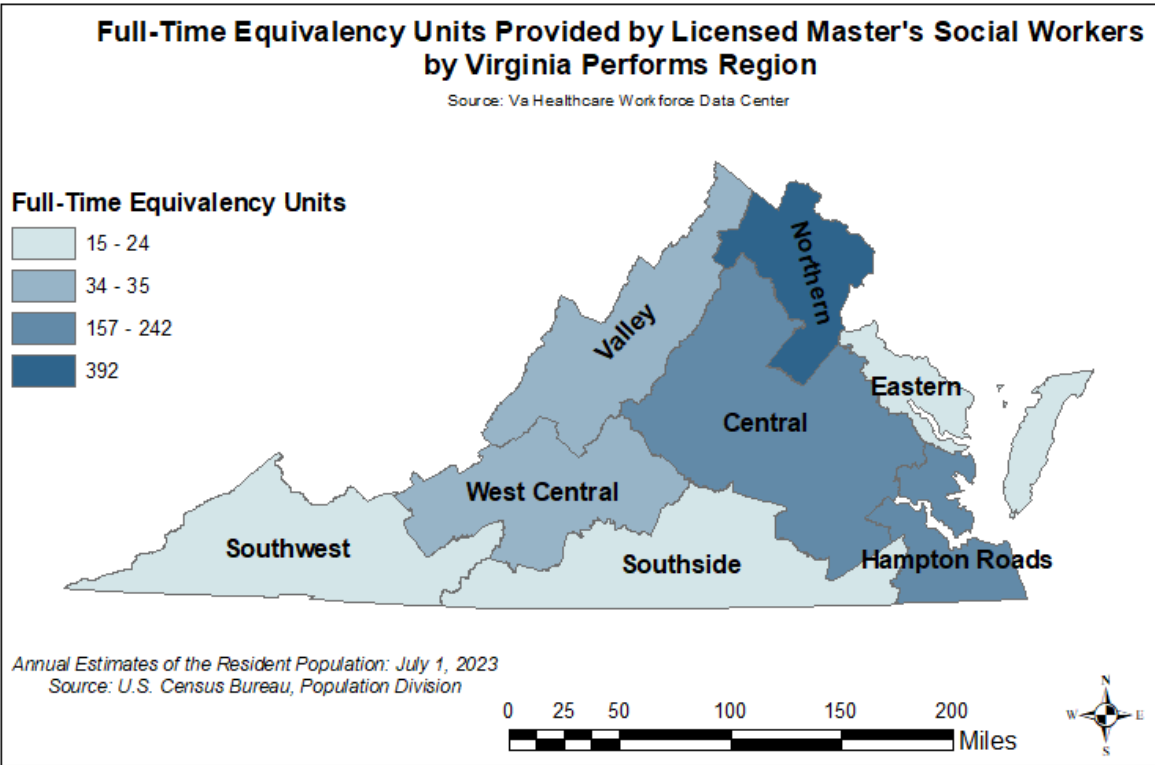
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.89	0.91
30 to 34	1.01	1.01
35 to 39	0.92	0.99
40 to 44	0.86	0.93
45 to 49	0.95	1.03
50 to 54	0.96	1.01
55 to 59	0.94	0.96
60 and Over	0.98	0.98

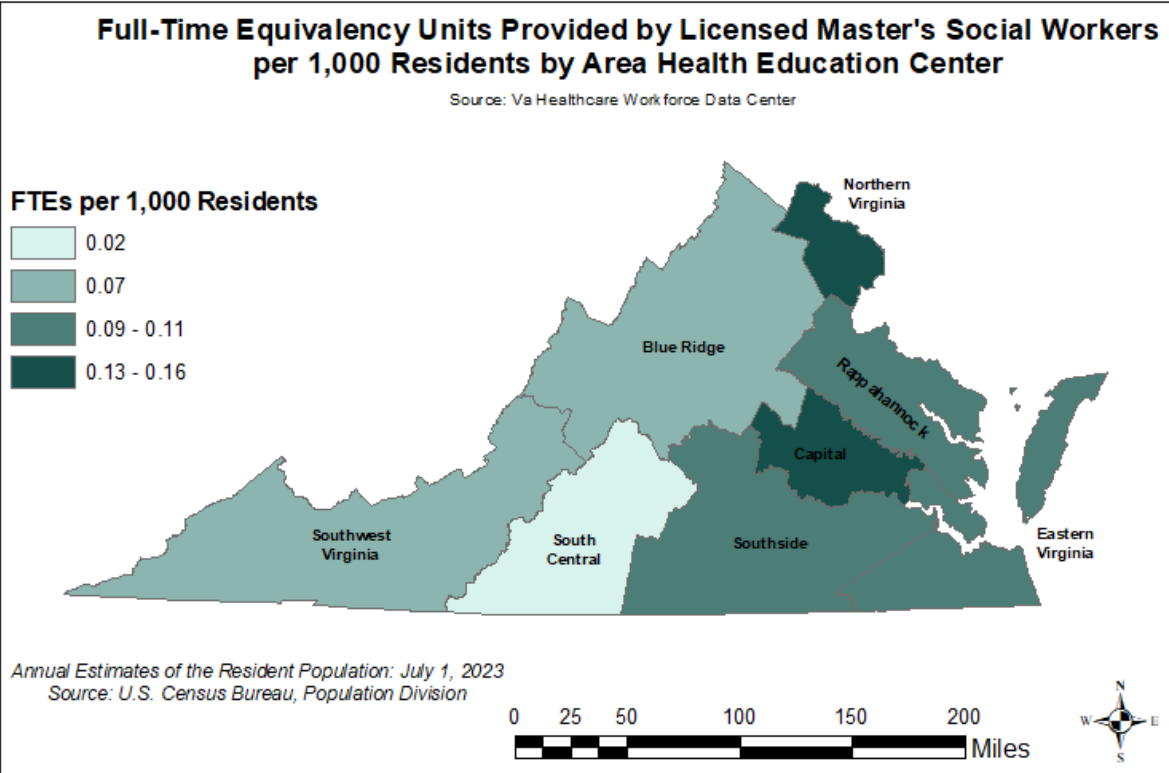
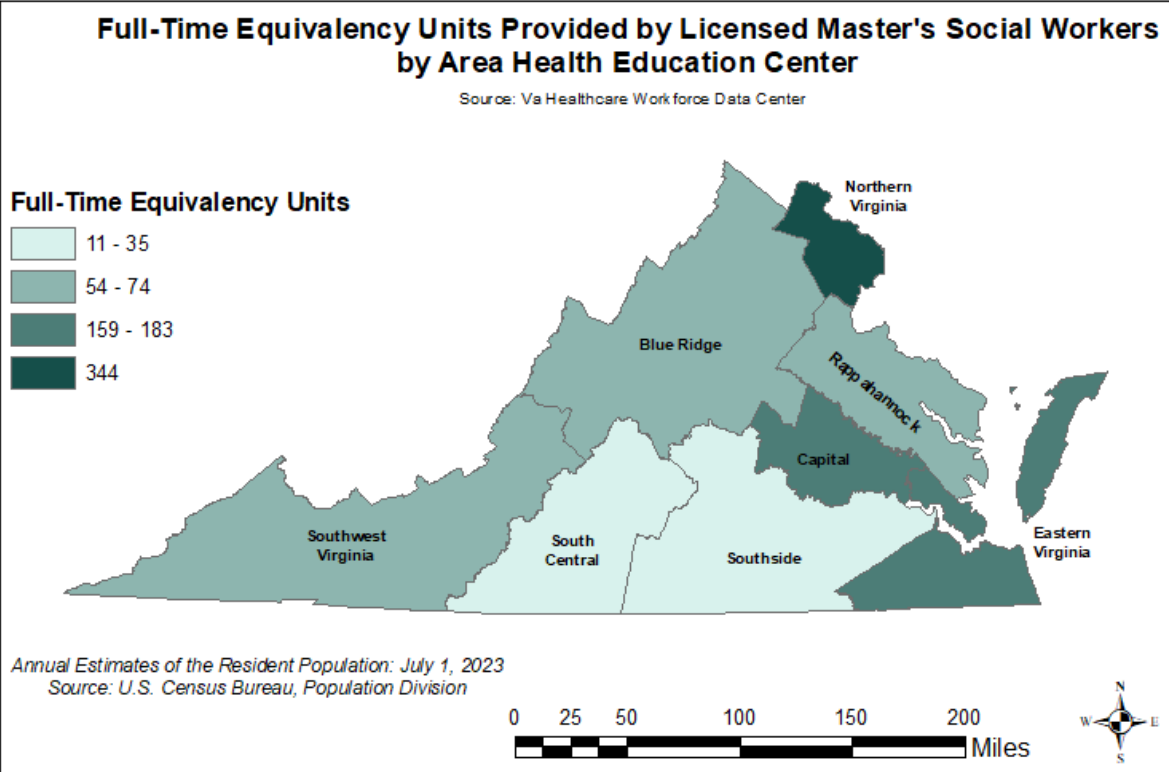
Source: Va. Healthcare Workforce Data Center

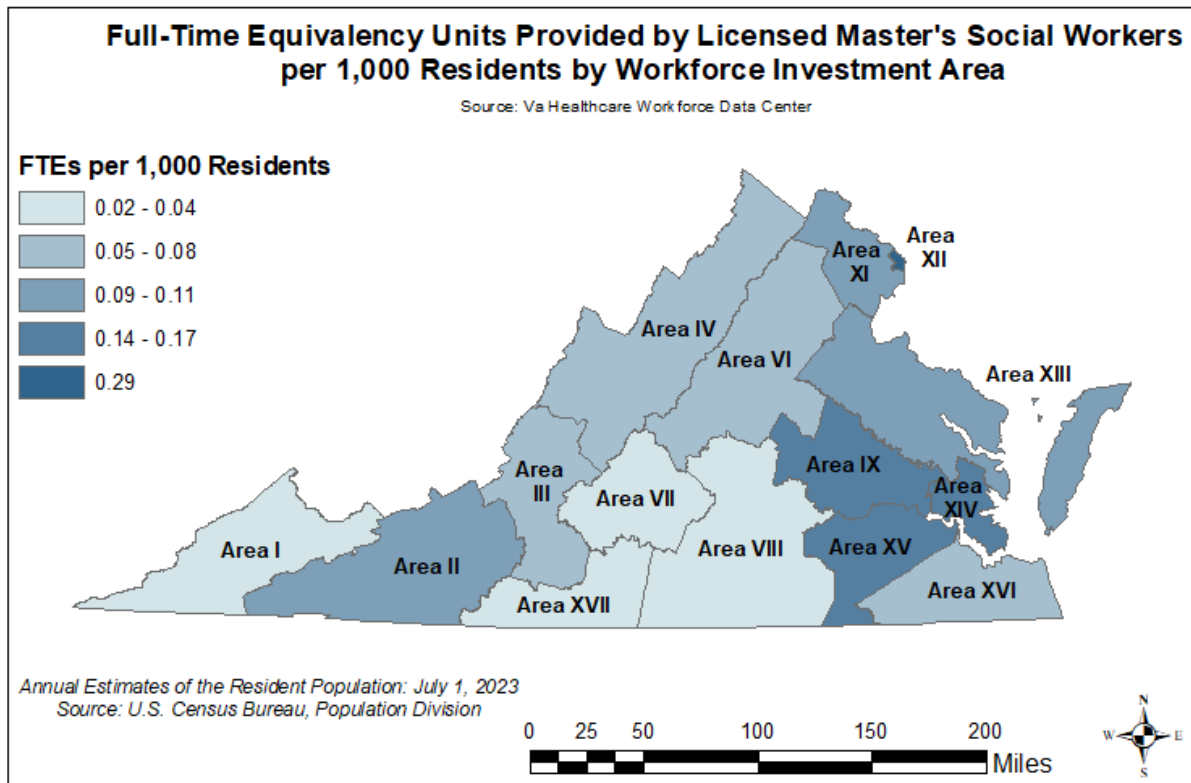
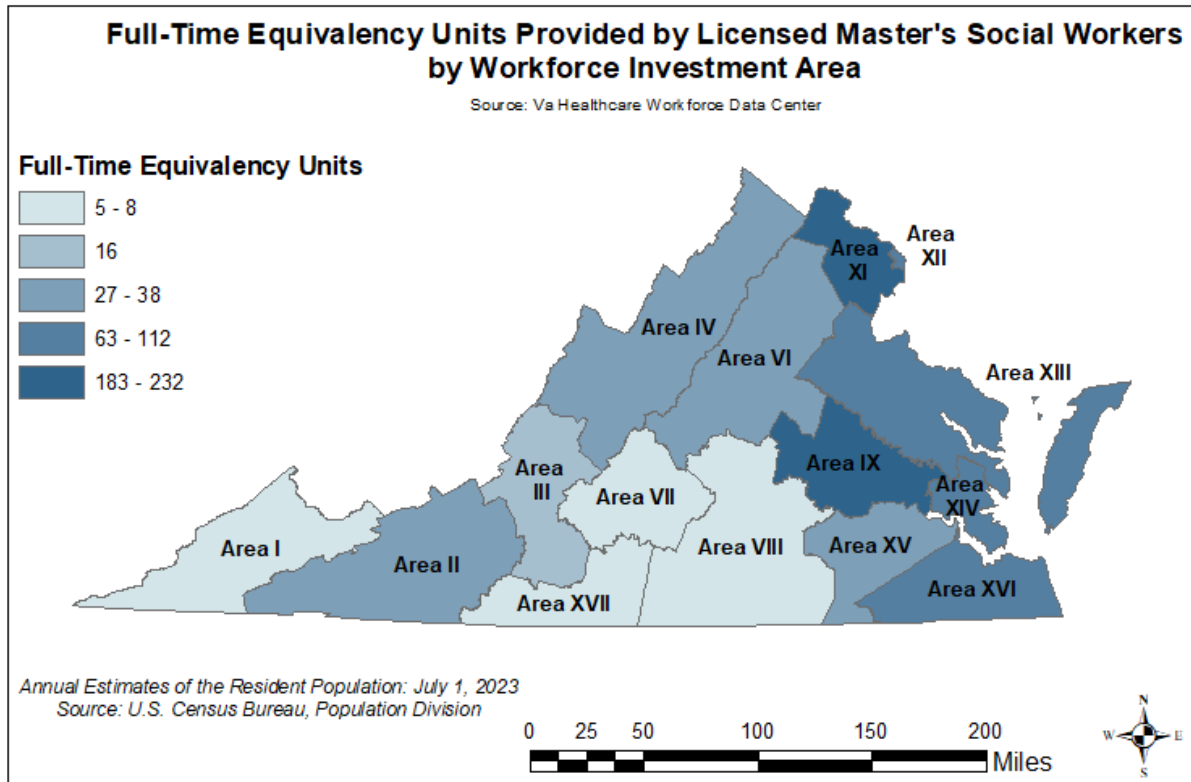


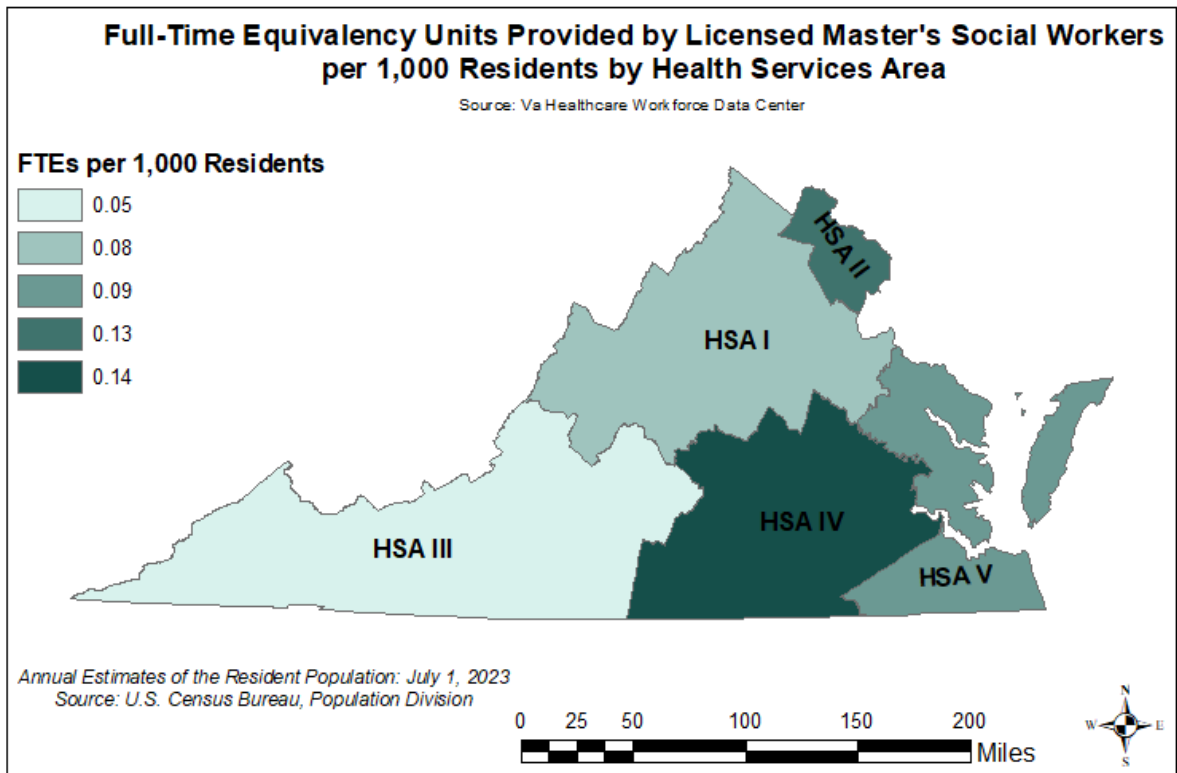
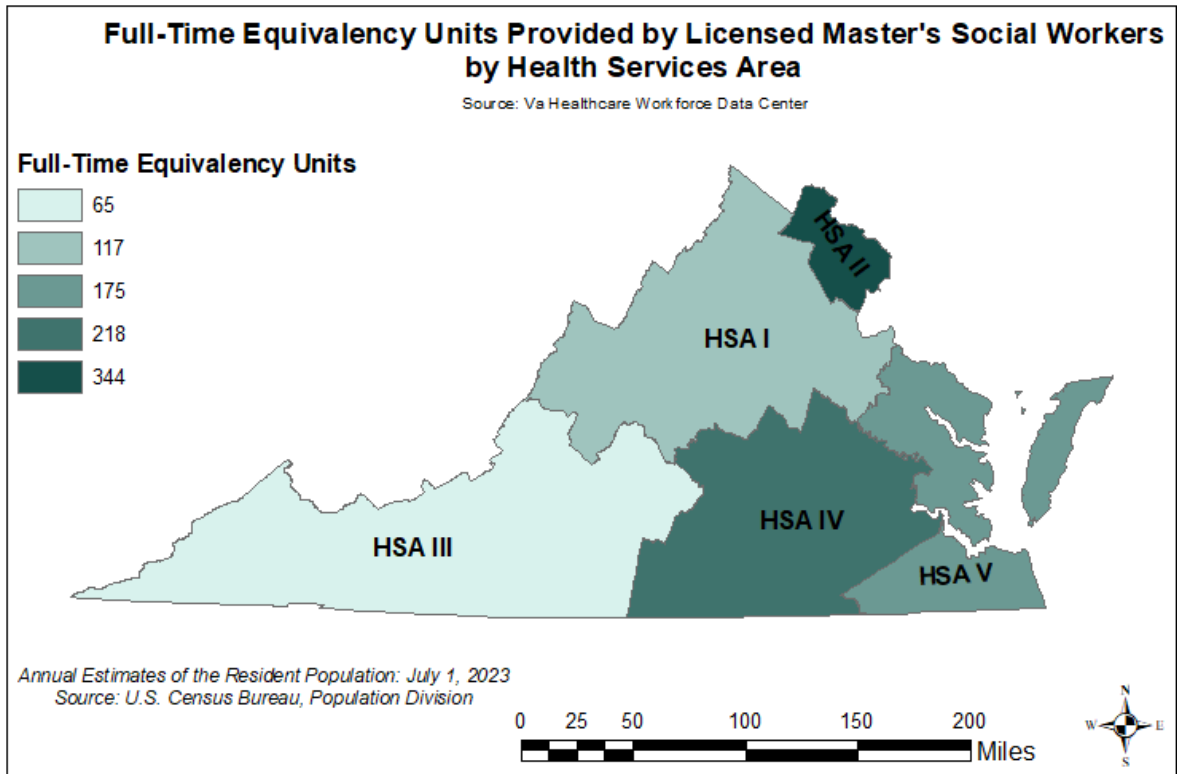
Source: Va. Healthcare Workforce Data Center

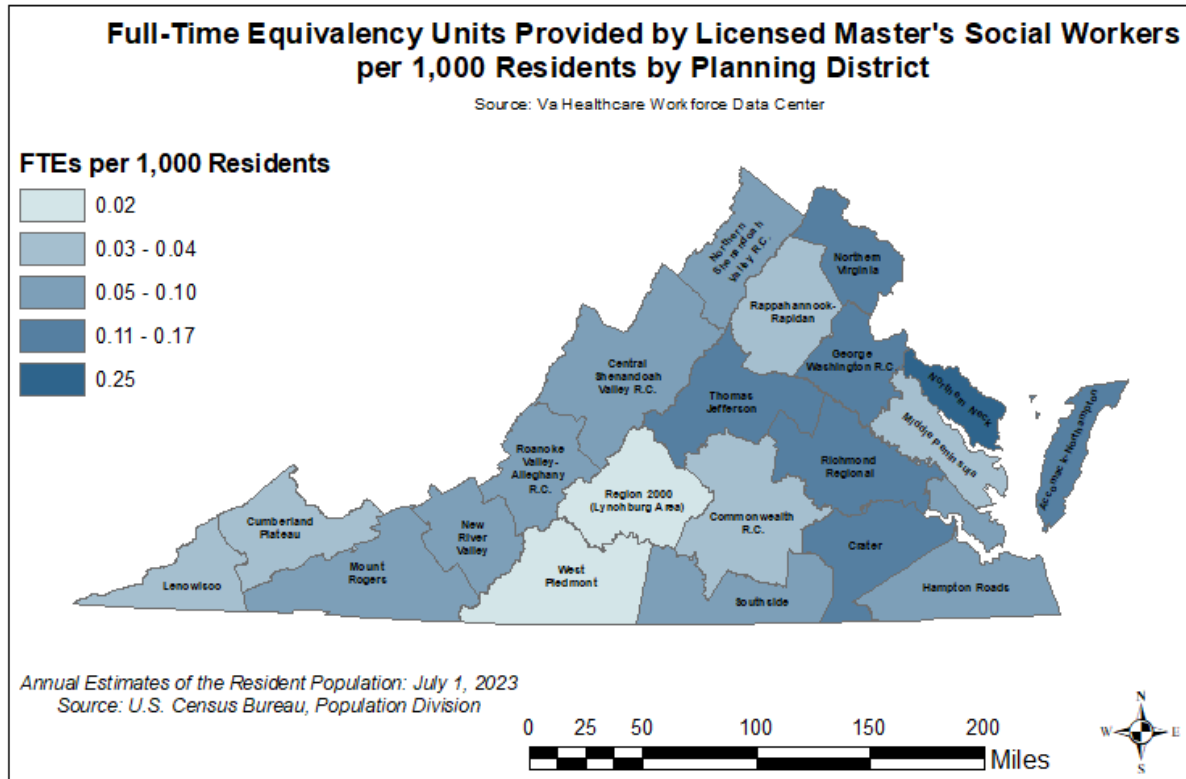
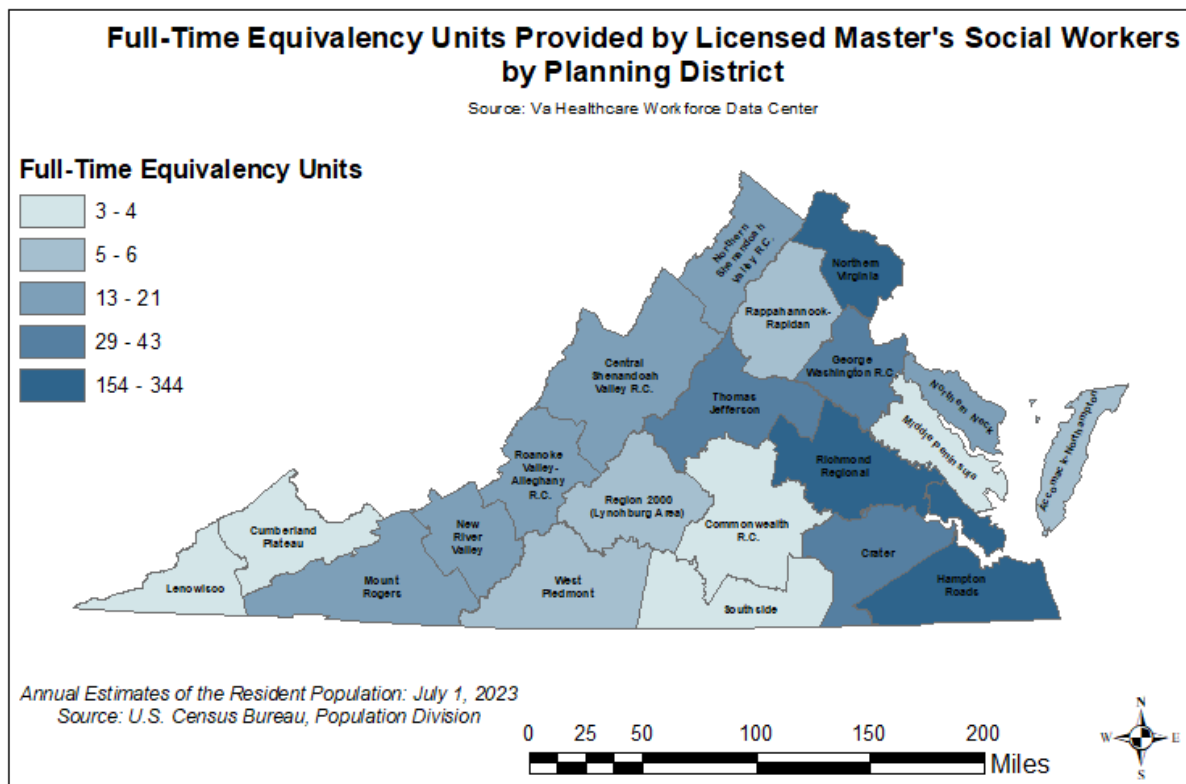
¹ Number of residents in 2023 was used as the denominator.











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	911	75.30%	1.328	1.115	1.557
Metro, 250,000 to 1 Million	55	67.27%	1.486	1.248	1.742
Metro, 250,000 or Less	77	70.13%	1.426	1.198	1.671
Urban, Pop. 20,000+, Metro Adj.	6	83.33%	1.200	1.008	1.407
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	26	69.23%	1.444	1.213	1.693
Urban, Pop. 2,500-19,999, Non-Adj.	8	87.50%	1.143	0.960	1.224
Rural, Metro Adj.	24	83.33%	1.200	1.008	1.407
Rural, Non-Adj.	5	40.00%	2.500	2.319	2.678
Virginia Border State/D.C.	276	55.80%	1.792	1.505	2.101
Other U.S. State	236	55.93%	1.788	1.502	2.096

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	239	58.58%	1.707	1.407	2.101
30 to 34	312	64.10%	1.560	1.224	2.678
35 to 39	250	64.80%	1.543	1.271	1.899
40 to 44	255	69.41%	1.441	1.130	1.773
45 to 49	177	74.01%	1.351	1.060	2.319
50 to 54	150	77.33%	1.293	1.015	1.591
55 to 59	115	74.78%	1.337	1.049	1.645
60 and Over	126	81.75%	1.223	0.960	1.505

Source: Va. Healthcare Workforce Data Center

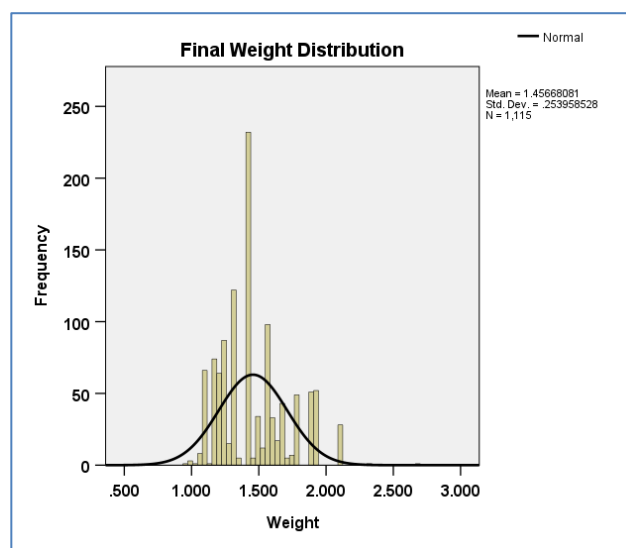
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate
= Final Weight.

Overall Response Rate: 0.686576



Source: Va. Healthcare Workforce Data Center

Virginia Ad Hoc Committee
March 5, 2025



Agenda

- 1 Introduction
- 2 Regulation of the Professional Workforce
- 3 Licensing Examination Development
- 4 Updates and Innovations

Introduction



Stacey D. Hardy-Chandler
Ph.D., J.D., LCSW, PGDip
ASWB Chief Executive Officer



Stacey Owens, LCSW-C
ASWB Item Development
Consultant



Frank Williams, Ph.D.
PSI Director of Psychometrics

Who is ASWB?

ASWB is the nonprofit organization composed of the social work regulatory boards and colleges of all 50 U.S. states, the District of Columbia, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and all 10 Canadian provinces.

Mission: Provide support and services to the social work regulatory community to advance safe, competent, and ethical practices to strengthen public protection.

Vision: All social workers are licensed

The Three Rivers



Association of Social Work Boards

- Supports regulation of the profession
- Members are licensing boards



Council on Social Work Education

- Accredits social work education programs
- Members are social work programs



National Association of Social Workers

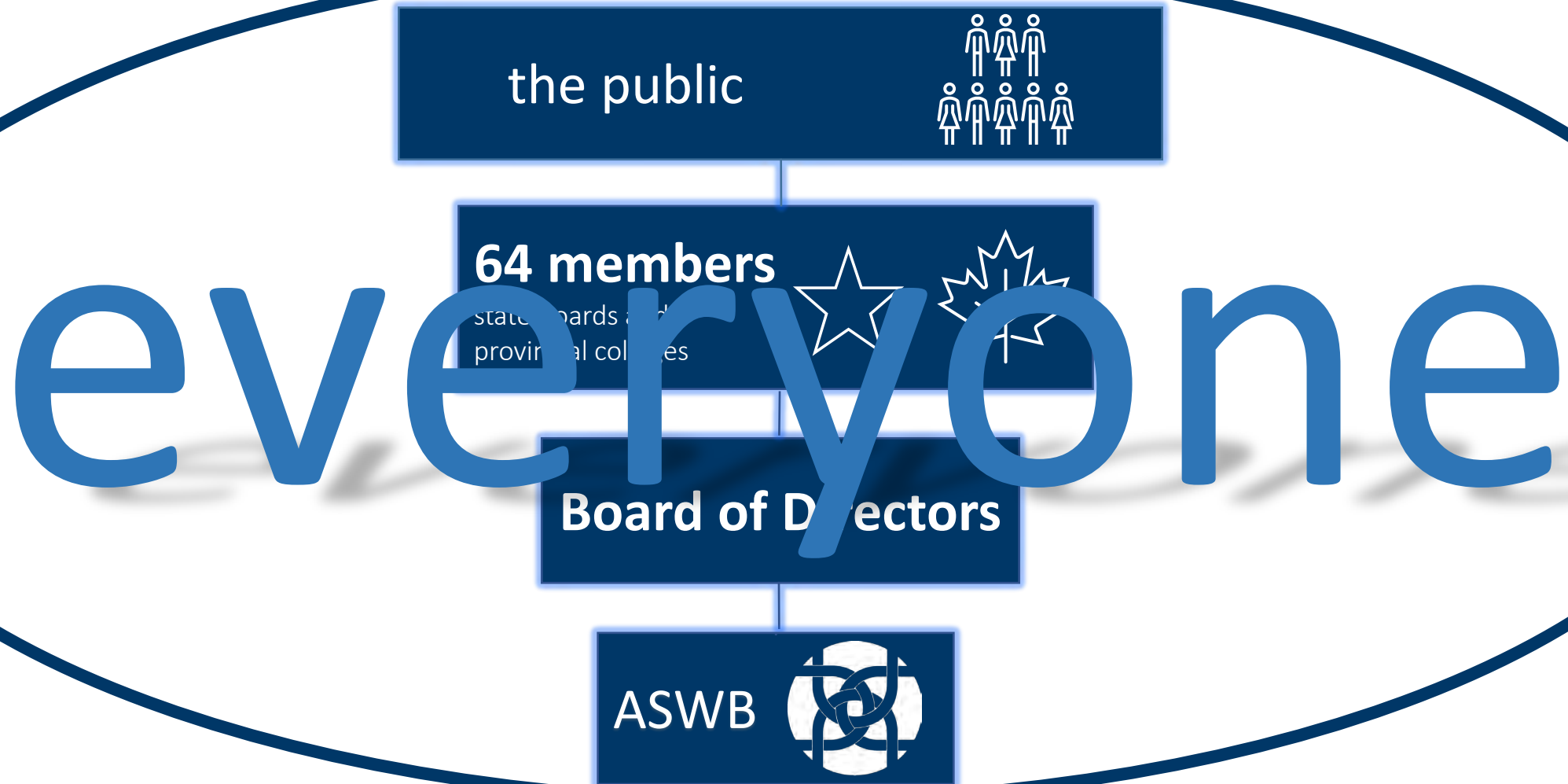
- Advocates for the profession
- Members are individual social workers

What does ASWB do?

Support and services to the social work regulatory community



Accountability to the public

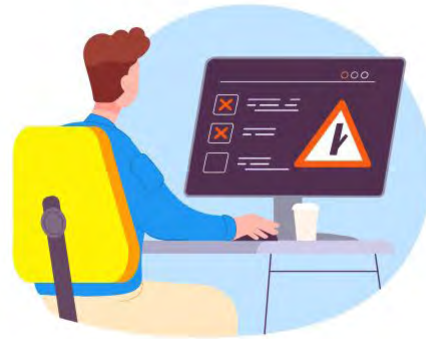


Regulation of the professional workforce

A license we are all familiar with...



Education



Competence assessment



Experience



Why is social work licensed?

PROFESSIONAL

social work is a professional occupation

PROTECTION OF TITLE

only licensees can call themselves social workers

PUBLIC PROTECTION

demonstrates competency to practice safely and ethically at entry to practice

[The Model Social Work Practice Act](#)

Is social work a profession?

YES!

A **profession** is a type of job that requires special training or skill, especially one that needs a high level of applied competence in the practice of **practice standards**.

A **professional** is one engaged in and qualified for a particular profession eligible for compensation commensurate with their specialized training, education, and practice competence.

Professional regulation upholds the public's confidence and trust by verifying minimum competence, investigating complaints, and through compliance with state laws and regulations.

Categories of social work licensure

Example license Title	Requirements for licensure
Licensed Social Worker	BSW, Bachelors exam
Licensed Master Social Worker	MSW, Masters exam
Licensed Independent Social Worker (Macro)	MSW, Masters and Advanced Generalist exams 3,000 hours of supervised practice
Licensed Clinical Social Worker	MSW, Masters and Clinical exams 3,000 hours of supervised practice

Licensing examination development

Social work licensure requirements



a closer look

The purpose of social work licensing competence assessments

The social work exams:

- Are the one **objective measure** of competence that is part of a larger licensing process
- Provide an important element of public protection because they assess **minimum competence** to practice safely and ethically
- Offer **uniformity across** states and jurisdictions

The social work licensure exams are:

VALID

The exam measures what was intended, as defined by the practice analysis.

RELIABLE

Under similar circumstances, scores are consistent over time.

COMPLIANT

The exams meet testing industry standards and can be defended if challenged.



Meets and exceeds
testing standards
for high-stakes
licensing exams

**Social work
subject
matter expertise**



Psychometric measurement



Exam development

ASWB has about 50 staff.

How many are dedicated to writing licensing exam questions?

0

Exam Overview

Computer-delivered exams

Test centers in the United States and Canada

Universal passing score

170 multiple-choice questions, randomly administered

Multiple forms online • Rotated quarterly

Who is involved in exam development?

Personnel

 Staff: 6

 Vendors: 4

 Question development consultants: 7

 Volunteers: 71

 Question writers: 49

Total people involved in exam development:

almost 140

Drafting the exam

Seven item development consultants work with item writers to draft exam questions.



2023 item writers

The gallery below includes information for all item writers contracted to write for the social work licensing exams in 2023.



ASWB Examination Committee

2025

Bachelors exam



Nikki Barfield (FL)



Anita Arenson
(MN)



Nelly Chow (AB)



Cole Hooley (UT)



Morgan McDowell
(MN)



Marquita Thurman
(MS)



Scott
Wilkes (OH)

Masters exam



Alex Zamora (ID)



LeQuandra Hale-
Banks (TN)



Keri Mabry (MN)



Chaundra Randle
(MI)



Jodi Schollaardt
(AB)



Amy Seese-Bieda
(WA)



Betty Voltaire (NY)

Clinical exam



Paul Perales (WI)



Olivia Fojas (CA)



Joseph Harper (IL)



Jean Leong (AB)



Catherine
Simmons (CO)

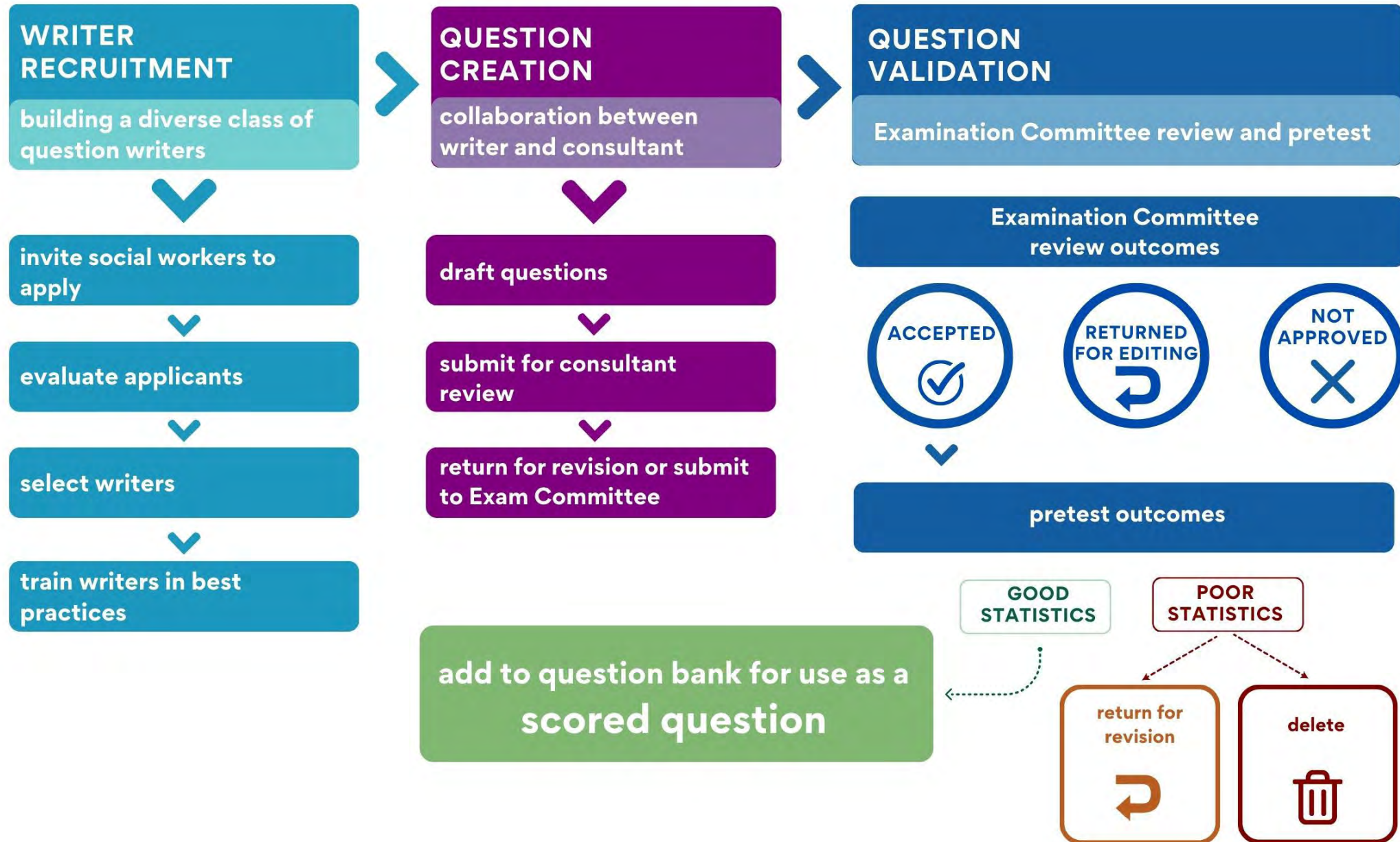


Rhodalyn Thomas
(CA)

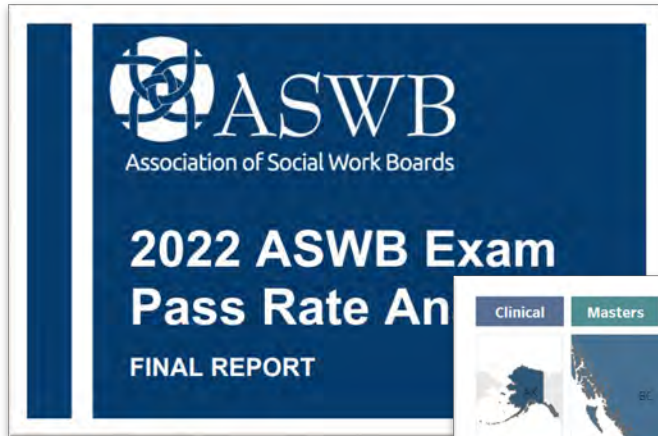


Senetra Wallace
(NC)

ASWB examination question development process

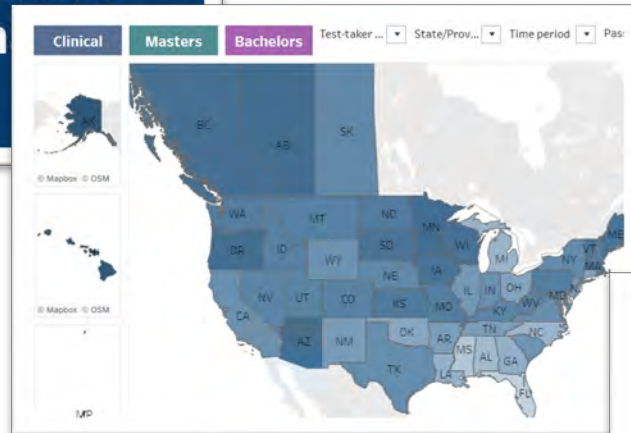


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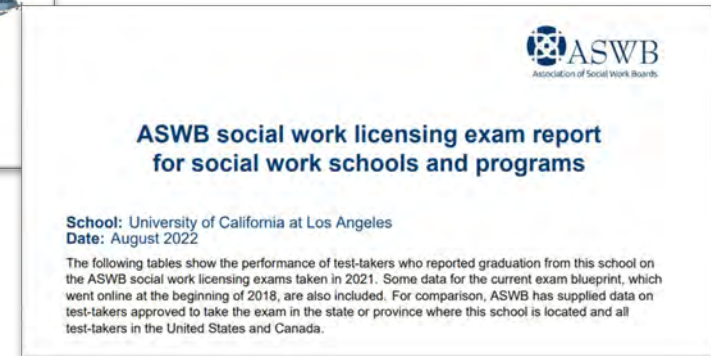
Analysis report

2



Interactive map

3



Social work school reports

Virginia

2023 pass rates

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	12	6	50
Repeat	0	0	-
Total	12	6	50
Masters			
First-time	158	123	77.8
Repeat	55	18	32.7
Total	213	141	66.2
Clinical			
First-time	518	369	71.2
Repeat	397	97	24.4
Total	915	466	50.9

Virginia social work school pass rates, 2023

School: George Mason University

Date: June 2024

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2023. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Masters			
First-time	43	37	86
Repeat	6	3	50
Total	49	40	81.6
Clinical			
First-time	66	51	77.3
Repeat	20	7	35
Total	86	58	67.4
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

School: James Madison University

Date: June 2024

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2023. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	2	2	100
Repeat	0	0	-
Total	2	2	100
Masters			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Clinical			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

Virginia social work school pass rates, 2023

School: Liberty University

Date: June 2024

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2023. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	25	23	92
Repeat	8	3	37.5
Total	33	26	78.8
Masters			
First-time	8	6	75
Repeat	0	0	-
Total	8	6	75
Clinical			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

School: Longwood University

Date: June 2024

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2023. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	1	1	100
Repeat	0	0	-
Total	1	1	100
Masters			
First-time	1	1	100
Repeat	0	0	-
Total	1	1	100
Clinical			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

Virginia social work school pass rates, 2023

School: Mary Baldwin University
Date: June 2024

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2023. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	1	0	0
Repeat	0	0	-
Total	1	0	0
Masters			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Clinical			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

School: Norfolk State University
Date: June 2024

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2023. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	1	0	0
Repeat	0	0	-
Total	1	0	0
Masters			
First-time	11	6	54.5
Repeat	11	5	45.5
Total	22	11	50
Clinical			
First-time	54	19	35.2
Repeat	113	22	19.5
Total	167	41	24.6
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

Virginia social work school pass rates, 2023

School: Radford University

Date: June 2024

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2023. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	1	0	0
Repeat	0	0	-
Total	1	0	0
Masters			
First-time	3	2	66.7
Repeat	7	0	0
Total	10	2	20
Clinical			
First-time	47	32	68.1
Repeat	38	11	28.9
Total	85	43	50.6
Advanced Generalist			
First-time	1	1	100
Repeat	0	0	-
Total	1	1	100

School: Virginia Commonwealth University

Date: June 2024

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2023. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Masters			
First-time	88	78	88.6
Repeat	13	7	53.8
Total	101	85	84.2
Clinical			
First-time	172	148	86
Repeat	70	21	30
Total	242	169	69.8
Advanced Generalist			
First-time	1	0	0
Repeat	0	0	-
Total	1	0	0

Virginia social work school pass rates, 2023

School: Virginia Intermont College
Date: June 2024

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2023. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	1	0	0
Repeat	0	0	-
Total	1	0	0
Masters			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Clinical			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

School: Virginia State University
Date: June 2024

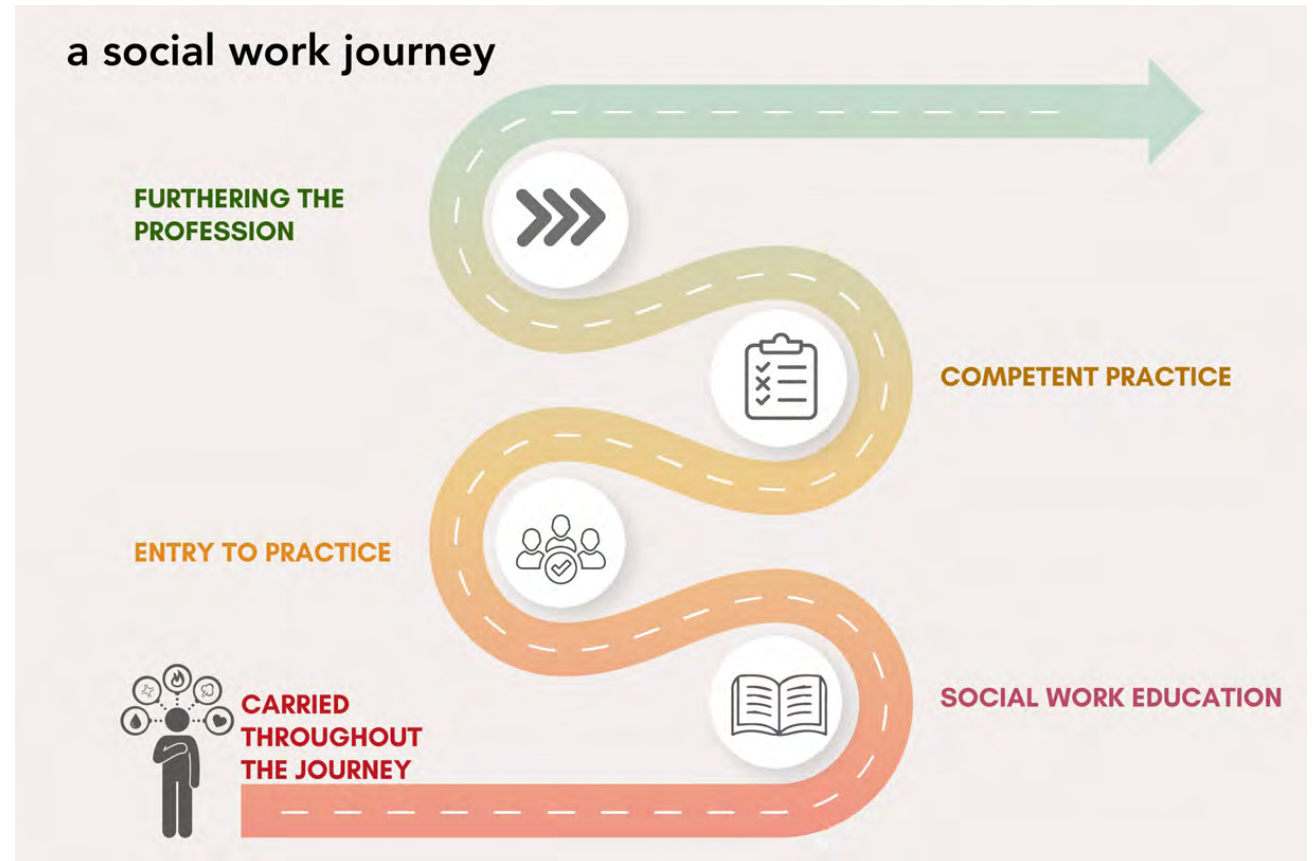
The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2023. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	3	0	0
Repeat	2	0	0
Total	5	0	0
Masters			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Clinical			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

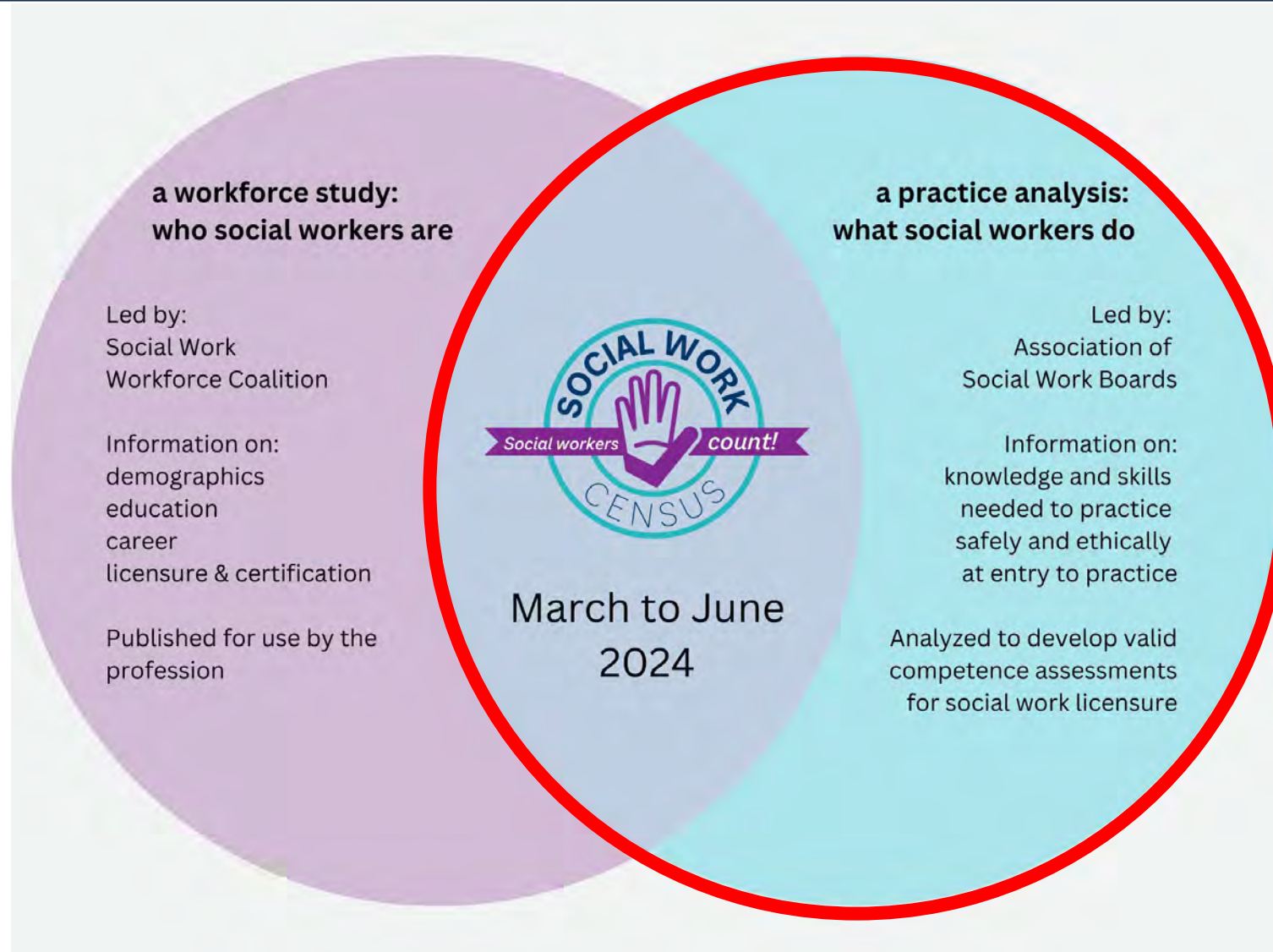
Updates and innovations

What ASWB is doing...

...from our
section of the
professional
system



The Social Work Census



The practice analysis



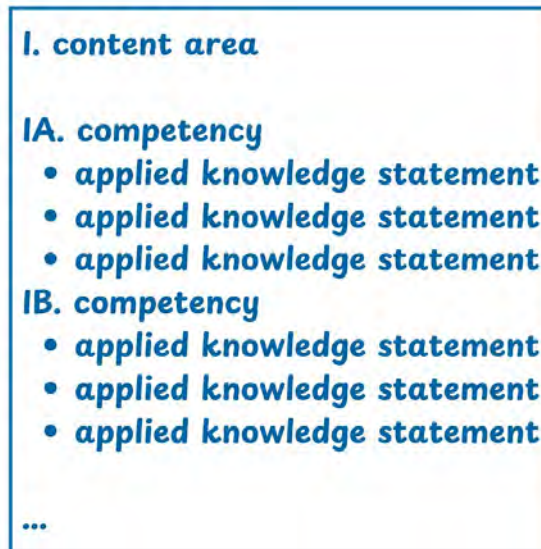
The process of creating the exam begins with the **practice analysis**.

It is a major survey of **thousands of practicing social workers**.

It helps create the blueprint for the exam, determining the **applied knowledge statements necessary to practice safely on day one**.

Building the new exam blueprint

The 2026 social work licensing exam blueprints include the essential information needed to build the competence assessments.



content outline of
competencies and
applied knowledge
statements



weighting of the
content areas



**Three-option
multiple choice**



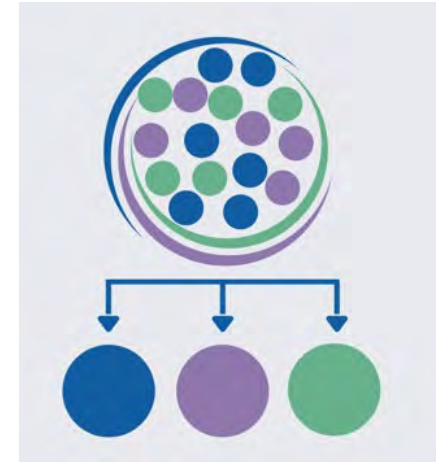
Began in 2023,
gradually adding
more



**Secure remote online
proctoring**



Planning a 2025
pilot with a
limited number
of candidates
&
2026
Implementation



**Modularized exam
format**



Currently in
exploration
phase

Free exam
resources for
educators



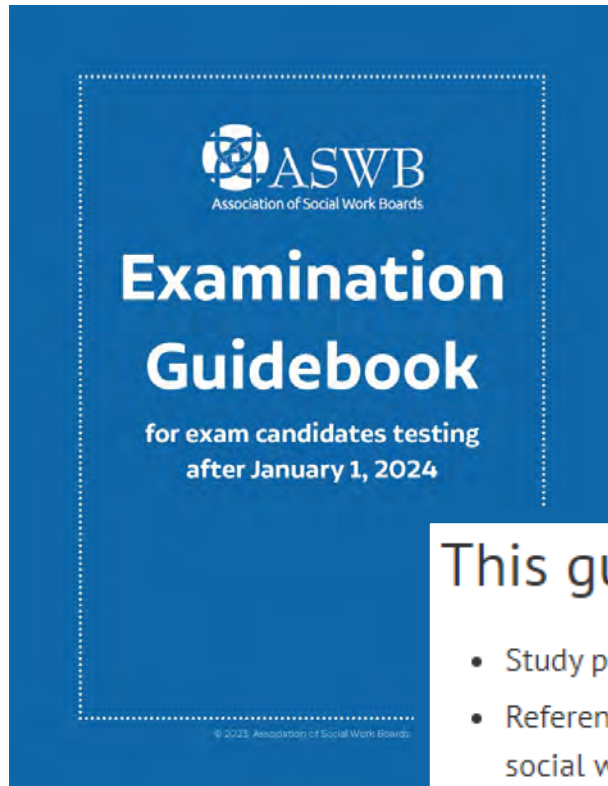
reenvisioning
COMPETENCE ASSESSMENT



Test mastery mindset support



The ONLY ASWB-authorized products



**FREE
DOWNLOAD**

This guidebook includes:

- Study plan template
- Reference lists created with input from social work educators
- Complete content outlines for all exam categories, including KSA (knowledge, skills, and abilities) statements
- Sample questions from each exam category with the correct answer and explanation

Online practice tests **FOR REGISTERED CANDIDATES**



\$85

Learning about the licensing exam

WEBINAR SERIES exam education



Helping students be prepared to show competence on the social work licensing exams



The art and science of exam development: Exploring best practices for building reliable, valid, and fair exams



The testing experience: How ASWB's examination practices support access and equity



Social work journeys:
Qualitative research through
Community Conversations

Video recordings are available.

FifthTheory: Test mastery inclusion program

The Test Mastery Inclusion program:

- A valid and reliable **self-development program** for test-takers preparing for a high-stakes exam offered **free** to **all registered test-takers (as of July 1, 2024)**
- Delivered by an **independent, minority-owned** firm with industrial-organizational psychology experts in social science research, assessment development, and coaching
- Designed to improve **equity and opportunity**
- Composed of a self-assessment tool followed by an **individualized report and resources**

Data and Details:

- More than **10,000 individuals** have accessed the program
 - Nearly **1,000 individuals** responded to a survey and most found the experience positive and helpful.
- This program, and its associated survey, allows ASWB to learn more about:
 - The **usefulness of the program** as reported by its users
 - The **preparation and readiness levels** of candidates
 - The **resource needs** of candidates



On July 1, 2024,
ASWB began offering
this resource to all
registered test-takers.

More than 10,000
test takers have
accessed the program

Social work journeys



Focus groups on developing licensing exams for the future of social work

600 participated in person, online, and through a self-paced survey

ASWB plans based on key findings:

- Continue increasing diversity among exam volunteers
- Educate the public about question development
- Increase access through remote proctoring
- Include more voices through the Social Work Census
- Explore module-based exam structure
- Reduce financial impact
- Consider expanding question types

Determinants of social work licensing exam pass rates

Report #1

The Profile of Social Work License Examinees: A Racially Patterned Educational and Training Journey Before the Exams

Report #2

The Determinants of Licensing Exam Outcomes: The Compounding Effects of Individual, Institutional, and Community Factors

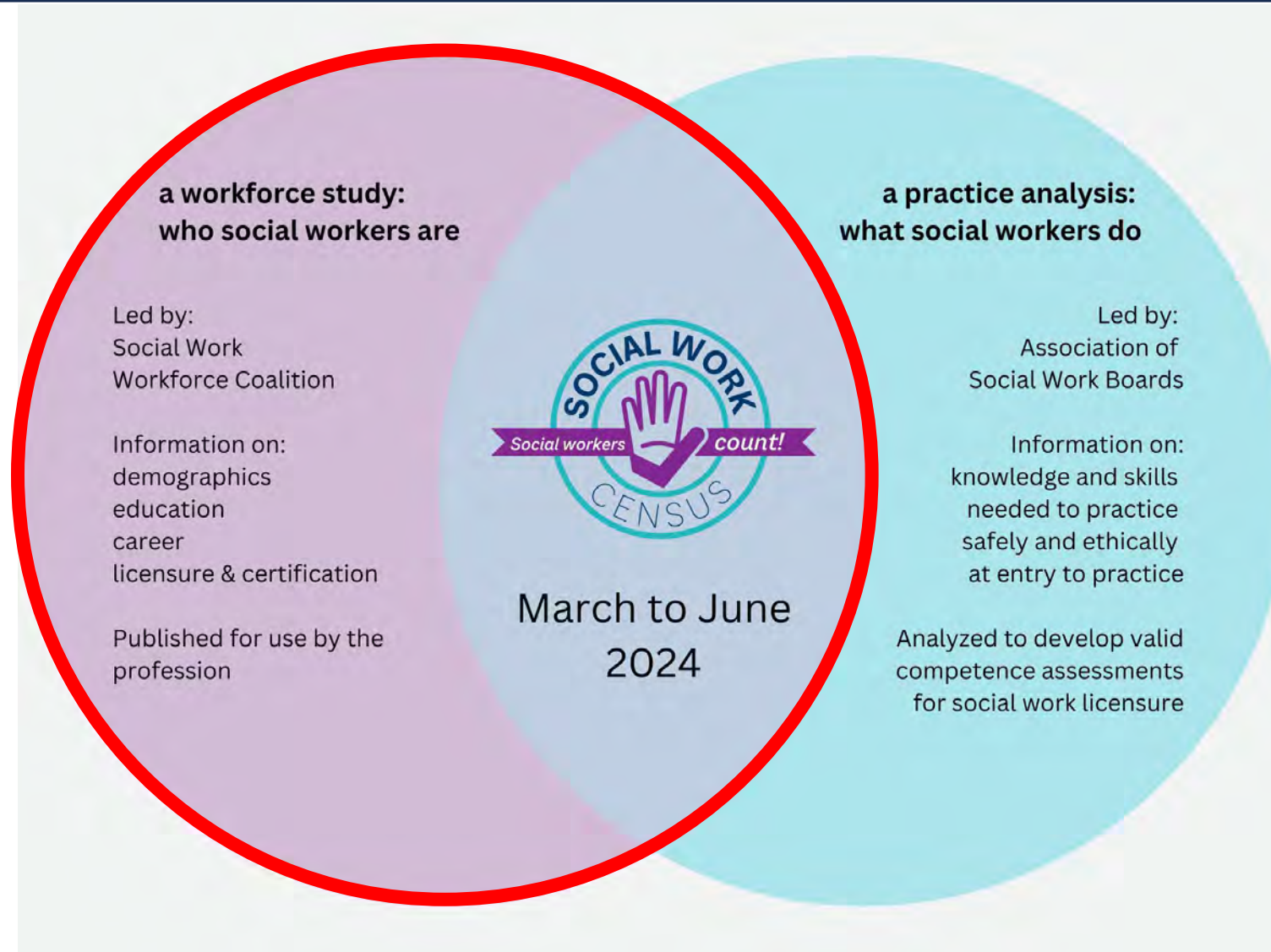
Report #3

The Effects of Race/Ethnicity on Clinical Exam Outcomes: Diminished (yet Persistent) Effects When Other Determinants Are Controlled



Workforce Study

The Social Work Census



Collaborating across the profession



- Baccalaureate Program Directors
- Canadian Association of Social Workers
- Canadian Association of Social Work Education
- Canadian Council of Social Work Regulators
- Clinical Social Work Association
- Council on Social Work Education
- Howard University
- Latino Social Workers Organization
- National Association of Black Social Workers
- National Association of Deans and Directors
- National Association of Social Workers
- U.S. Department of Veterans Affairs
- Association of Social Work Boards



Purposes of a workforce study

A workforce study is meant to provide **professional stakeholders** with knowledge about how to:

- Plan for educational and training programs
- Forecast employment needs and labor shortage areas
- Justify funding requests to governments

It is also meant to provide **aspiring social work candidates** with knowledge about:

- Occupational outlooks
- Career trajectories
- Compensation specific to practice areas and employment settings.

Preliminary workforce study findings

Sign up at **swcensus.org** to be notified of
final report publication.



Joy Kim, Ph.D., MSW
Rutgers, The State University of New Jersey

Census responses

The workforce study was based on **42,345** survey responses.*

- United States: **38,724**
- Canada: **3,621**

*Total workforce study responses received: **52,471**

Most respondents had a clinical license (55.44%), followed by those with a masters (28.10%).

The **Social Work Census** was available in **English, French, and Spanish**.

- French-language survey completions: **195**
- Spanish-language survey completions: **23**

Workforce study topics



education



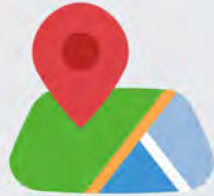
license



employment



work setting
and other
characteristics



geographic
location



student loan
debt



supervision



earnings and
benefits



career plans

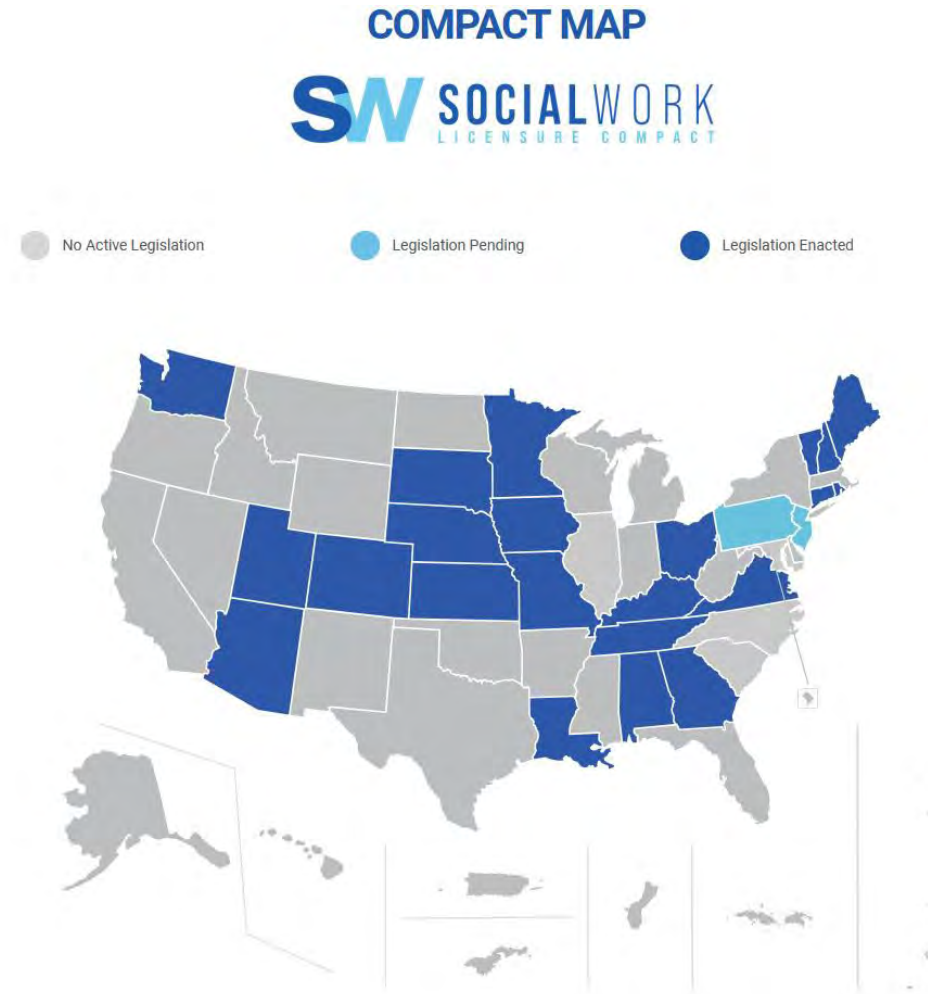


demographics

Social Work Licensure Compact

The Social Work Licensure Compact

22
states



The Compact Commission had its first meeting via Zoom on September 17, 2024, with delegates from each state present and continues to meet on a regular basis.

swcompact.org

Let's stay
connected



Quarterly
Newsletter



Connect on
LinkedIn



aswb.org



info@aswb.org

a social work journey

**FURTHERING THE
PROFESSION**



COMPETENT PRACTICE



ENTRY TO PRACTICE



**CARRIED
THROUGHOUT
THE JOURNEY**



SOCIAL WORK EDUCATION



Thank you!





Summary of Stakeholder Responses

- Richmond Association of Black Social Workers
 - Implement alternative pathways to licensure including: modular testing, conditioning, option of additional hours of supervision in lieu of exam after failing twice, or only needing to retake section of exam instead of whole exam
 - Board members participate in townhalls at MSW programs to address questions, comments, and concerns of students
- Joseph Lynch, LCSW
 - Additional targeted supervision if did not pass
- Social Workers for Equity and Anti-Racism
 - Competency based Alternatives that do not require passage such as supervised experience or portfolio assessments
- Matt DeCarlo
 - Supports alternatives but also advocates for abolition of exam
- Virginia Society for Clinical Social Workers
 - Support retaining clinical exam and giving time to determine if ASWB changes have positively impacted passage rates.
 - Targeted supervision tied to competency area failed

1.14.2025

Dept of Health Professions/Virginia Board of Social Work:

The National Association of Black Social Workers, Inc. (NABSW) is comprised of people of African ancestry. We are committed to enhancing the quality of life and empowering people of African ancestry through advocacy, human services delivery, and research. The Richmond Chapter of NABSW, known as RABSW, was established in 1971 by nine social work professionals in the Richmond area.

NABSW works to create a world in which people of African ancestry will live free from racial domination, economic exploitation, and cultural oppression. The demographic data released by ASWB lacks information that would provide the necessary data relevant to causality or correlation. Therefore, we cannot accept the reported data and outcomes that have resulted in multiple failed attempts and millions of dollars spent by African American professionals.

African Americans have been practicing Social Work professionally for over 100 years. The institutional barriers experienced by thousands of practitioners to receive the highest level of licensure are not a failure of the test takers but a failure of the testing process. We must acknowledge the historical aspect of the information and the discriminatory practices prevalent systemically in Social Work education and licensure.

RABSW stands firm in our collaboration with other appropriate local groups who assume the responsibility of safeguarding the rights of Black people and Black communities. Collectively we must address this profound injustice and historical practice that is integrated into the fabric of truth in disclosure.

The ASWB data demonstrate that racial discrimination is prevalent in assuring equitable opportunities to achieve licensing warrants immediate action. NABSW believes ASWB claims to "provide support and services to the social work regulatory community to advance safe, competent, and ethical practices to strengthen public protection.

To ensure a complete and equitable process from the beginning of the licensure journey to the end, we respectfully request that some impactful changes be made by the Virginia Board of Social Work.

Alternative pathways to licensure should be implemented, including: modular testing, conditioning, option of additional hours of supervision under an approved supervisor in lieu of the exam after failing it twice, or only needing to re-take a section of the exam instead of the whole exam all over again.

We believe the board members should participate in town halls at all the MSW programs around the state to address the questions, comments, and concerns of these students.

We believe ASWB should contract with Professional Social Work organizations, Schools of Social Work, and practitioners to provide culturally appropriate test-taking classes.

RABSW is willing to work with ASWB and other professional Social Work organizations to ensure diversity, equity, and inclusion for all practitioners.

In the Spirit of Togetherness,

Christina Finney, RABSW President

Kevin Holder, RABSW Mentoring Licensure Committee



*Joseph G. Lynch LCSW
3549 Majestic Circle
Broadway, VA 22815*

February 13, 2025

Board of Social Work
Mr. Sherwood Randolph, Jr., MSW, LCSW
Chair Ad Hoc Committee-Alternative Pathways
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico Virginia 23233-1463

Re: Comments on Alternative Pathways

Dear Chair Randolph:

Again, I thank the Board for hearing comments from stakeholders as the Board explores Alternative Pathways to assure competence of LCSWs. I had an opportunity recently to attend a presentation on *Artificial Intelligence in Social Work: Exploring Key Ethical Considerations* by Dr. Frederic Reamer and Dr. Jaime Sundvall. Dr. Sundvall is the Touro University Assistant Provost of Artificial Intelligence and the GSSW Assistant Dean, Director of Distance Education, MSW Online Program. (See contact information at end of my letter) Dr. Sundvall mentioned that using AI she has developed a way to teach and assess some clinical social work skills. I am sure that this AI tool has a way to measure validity and reliability. I think this is one area the Board should explore.

Another suggestion that I hear frequently is to require “X” number of additional hours of supervision for those who have not passed the exam. I don’t think that we have much literature that has demonstrated these additional hours of supervision assure competence. I think a more targeted approach is needed. On the ASWB website they provide an “Examination Guide.” This shows the 4 major content areas on the Clinical Exam.

- | | |
|--|---------------|
| I. HUMAN DEVELOPMENT, DIVERSITY, AND BEHAVIOR IN THE ENVIRONMENT | (24% of exam) |
| II. ASSESSMENT, DIAGNOSIS, AND TREATMENT PLANNING | (30% of exam) |
| III. PSYCHOTHERAPY, CLINICAL INTERVENTIONS, AND CASE MANAGEMENT | (27% of exam) |
| IV. PROFESSIONAL VALUES AND ETHICS | (19% of exam) |

I think the VBSW could offer for the person who did not pass the exam to acquire “X” number of hours in supervision from a supervisor who has strengths in the area of the exam that the MSW did not pass. The Board could ask the Board Approved Supervisors to identify which of these content areas they believe they have good knowledge of and match the supervisors and supervisee on the content area that needs improvement. ASWB provides detailed information on each of these 4 content areas. At the end of “X” number of hours the supervisor would need to sign off on the supervision attesting that the supervisee gained competence in that area.

I think this kind of targeted supervision is in line with the Board assuring that the MSW has at least minimal competency to safely practice clinical social work.

I offer the two above practical specific ideas that might not be unduly burdensome to accomplish.

Sincerely,
Joseph G. Lynch LCSW

“Artificial Intelligence in Social Work: Exploring Key Ethical Considerations”

Frederic G. Reamer, Ph.D., School of Social Work Rhode Island College

Dr. Jaime Sundvall. Dr. Sundvall is the Touro University Assistant Provost of Artificial Intelligence and the GSSW Assistant Dean, Director of Distance Education, MSW Online Program.

Dr. Jamie Sundvall jamie.sundvall@touro.edu

Dr. Jamie Sundvall is the Touro University Assistant Provost of Artificial Intelligence and the GSSW Assistant Dean, Director of Distance Education, MSW Online Program. She serves on the University Institutional AI Advisory Board. Dr. Sundvall is a nationally recognized AI expert, engaging application of AI in higher education programming, governance and policy development and structure, training, and is often invited to speak nationally on ethics and AI integration. She holds a CSWE-accredited MSW, with dual concentrations in Clinical Practice and Gerontology. Dr. Sundvall has earned a PsyD in Clinical Psychology, a research-based PhD in International Psychology with a specialization in Trauma Services. She completed a prestigious and competitive two-year, post-graduate trauma fellowship at The Johns Hopkins Hospital in Baltimore, Maryland. She has engaged in forensic and clinical practice, acting as a consultant, international liaison, an international US diplomatic advisor, and as a commissioned officer in the United States Navy, with a long-standing history of exceptional leadership, program development and oversight, clinical practice, and research during her tenure. She has held roles as a professor, research chair, and program administrator in psychology, social work, counseling, and human service programs. Dr. Sundvall has engaged in government and private institutional program development and management involving planning, analysis, design, implementation, evaluation in national and international behavioral health and academic organizations. She brings operational and strategic business expertise in growing and managing financially scalable, sustainable, cutting edge, and evidence-based programming. She is an expert in online, remote clinical and educational program delivery, national site and team management, and at navigating rigorous, multi-layered legal and accreditation standards. Dr. Sundvall has conducted publication and engaged in public speaking on topics of artificial intelligence, trauma, military and veteran practice, acculturation psychology, cross-cultural psychology, clinical practice, geriatric practice, best practices in online and higher education, ethics, and digital ethics.

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Social Workers for Equity and Anti-Racism

<http://www.swear-md.org>

Dear Virginia Board of Social Work:

We are Social Workers for Equity and Anti-Racism (SWEAR), a grassroots collective of hundreds of Maryland social workers. We formed in 2022 following the ASWB data release that confirmed what we already knew colloquially - ASWB exams have remarkably disparate pass rates and keep out competent social workers, while doing nothing to assess social work competence nor protect the public.

We urge you to support pathways to social work licensure in Virginia that do not require passage of the ASWB licensing exams. ASWB exams do not serve as a competency measure but as a gatekeeping mechanism that keeps out quality social workers from practicing in marginalized communities. Not only is there no evidence that ASWB exams measure social work competency, but a multiple choice exam cannot possibly measure essential and diverse social work skills such as critical thinking and empathy. The outdated exam requirement is exacerbating workforce shortages and preventing skilled professionals from serving our most vulnerable communities.

Instead of relying on standardized tests, Virginia should explore competency-based alternatives such as supervised experience or portfolio assessments. Several states have removed ASWB exams as a requirement, and they have seen their pool of quality social workers increase without any increase in safety concerns.

By reforming the licensure process, Virginia can build a more equitable, inclusive, and effective social work workforce. I urge you to expand licensure pathways and remove harmful barriers to entry.

Thank you for your time and consideration.

Sincerely,

Rachel Doyle, LICSW
On Behalf of SWEAR Leadership

Testimony of Matt DeCarlo, MSW, Ph.D.
February 19, 2025

Distinguished members of the Ad-Hoc Commission on Social Work Licensure,

My name is Matt DeCarlo and I am the MSW Program Director at Saint Joseph's University and co-founder of Open Social Work, which advances open practices in our discipline. I am testifying in my personal capacity as a social worker (not on behalf of my employer) and professional capacity as a social work researcher and advocate.

My policy research focuses on open workforce reforms, and specifically, social work licensure. I appreciate the opportunity to offer the benefit of my experience with ASWB exams to the Commonwealth who supported and educated me from ages 18-36. As a George Mason University MSW graduate and Virginia Commonwealth University PhD graduate and former assistant professor of social work at Radford University, I am grateful to provide service to the state that shaped my social work practice.

Mr. Randolph specifically asked stakeholders to address the potential for examination alternatives at the clinical level. His policy history in the previous meeting minutes is comprehensive and correct to-the-minute. Other states have addressed the issue since the release of the 2022 Exam Pass Rate Analysis, and Virginia may learn from these initiatives:

- 2 States removed LBSW examinations as a requirement for licensure
- 5 States removed LMSW examinations as a requirement for licensure
- 1 State created an alternative pathway (additional supervision) at all levels of licensure (LBSW, LMSW, & LCSW), based on a decades-long pilot program
- 1 State created an alternative pathway (additional supervision) for those who fail the LCSW examination.
- 1 State is in the process creating an alternative pathway (replacing the LCSW examination with a law & ethics examination created by the state)

I support any of these options, based on the attached social equity policy analysis, [published in the *Journal of Evidence-Based Social Work*](#), and archived [open access on the Open Science Framework](#).

However, I want the state to consider another alternative—abolition; replacing all licensing examinations with nothing because they are psychometrically unsound and unfit to purpose. Please see the attached fact sheets for support and future directions for inquiry on exam abolition.

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ASWB's 2024 Report: An Urgent Call for Abolition

Far worse than the descriptive disparities reported in ASWB's 2022 Exam Pass Rate Analysis, Black social workers are 6.5x more likely to fail the exam than White social workers, Latine social workers are 2.8x more likely to fail the exam, and “the odds of exam failure for Asian examinees were 2.055 times higher than the odds for white examinees” (Kim & Joo, 2024, p. 27).

Controlling for external factors in the workforce pipeline reduced these disparities by a mere 10-30% in the report. Kim and Joo's report, clearly indicates external factors are a small factor in exam score inequities across racial, linguistic, and age groups. Here is how Kim & Joo state their findings [on page 28 of their report](#) featured prominently on ASWB's webpage for understanding ASWB exam pass rates:

Table 2. The Effects of Race/Ethnicity on First-Time Clinical Exam Failure, 2018-2022

	Model 1 (M1)		Model 2 (M2)		Model 3 (M3)		Percent (%) reduction in Odds Ratio between models	
	Race/Ethnicity only		Demographic, educational, and employment characteristics		Demographic, educational, employment, institutional, and community characteristics			
	O.R.	<i>p</i>	O.R.	<i>p</i>	O.R.	<i>p</i>	M1 vs. M2	M1 vs. M3
Asian	2.055	***	1.868	***	1.879	***	9.10	8.56
Black	6.483	***	6.019	***	5.193	***	7.16	19.90
Hispanic/Latino	2.771	***	2.199	***	2.009	***	23.53	27.50
(White)								

Notes: (1) O.R.: Odds Ratio; (2) *** $p < 0.001$; (3) Reference group is in parenthesis

“According to the findings of the race/ethnicity–only model (Model 1), **the odds of exam failure for Asian examinees were 2.055 times higher** than the odds for white examinees. **The odds of exam failure were 6.483 times higher for Black examinees** and **2.771 times higher for Hispanic/Latino examinees** than the odds for their white counterparts...

When **the full model (Model 3) added institutional and community-level variables** to the logistic regression, the odds of exam failure for Black examinees — relative to the odds of white examinees’ — were reduced by 19.90% from **6.483 to 5.193**. For Hispanic/Latino examinees, the odds of failure declined by 27.50% from **2.771 to 2.009**...Asian examinees’ odds of failure were reduced by about 9%, regardless of the inclusion of institutional and community-level determinants.”

(I bolded different sections than ASWB).

Developments in Counseling & Nursing Regulation

Consider connecting with colleagues in counseling regulation, which just [successfully pushed back against the EPPP-2](#) and threatened to create an alternative examination.

Wisely, Virginia allowed for the use of alternative examinations in its state regulations after the 2022 release of exam equity data. Virginia and other social work boards would face strong headwinds in demonstrating the equivalence of an alternative examination or even in “fixing” the ASWB examination.

Although the interstate compact commission can technically allow alternative Qualifying National Exams than the ASWB exams, it would be impossible to prove psychometric equivalence with ASWB examinations because their psychometric properties and procedures are not adequately documented.

For reference, here is a screenshot of the psychometric documentation for NCLEX examinations in the nursing discipline. They cite the relevant standard and the statistics from their examination.

Conditional Standard Errors of Measurement

Standard 2.14 – When possible and appropriate, conditional standard errors of measurement should be reported at several score levels unless there is evidence that the standard error is constant across score levels. Where cut scores are specified for selection or classification, the standard errors of measurement should be reported in the vicinity of each cut score.

Conditional standard error of measurement (CSEM) calculated at various scores allows the test user to gauge the expected stability of scores at the levels of greatest interest. The CSEM at eight Probability of Passing NCLEX-RN levels was calculated using a formula derived by [Woodruff \(1990\)](#) and is displayed in Table 10. Note that as scores deviate from the mid-range score (i.e., 50% Individual Score), the CSEM decreases.

Table 10 CSEM at Various Score Levels



Technical Manual for the
RN Comprehensive Predictor® 2019

Probability of Passing (Associated Individual Score)	Interval Sample Size	CSEM
99% Probability (80.7%)	982	1.25%
97% Probability (78.0%)	1,394	1.24%
95% Probability (74.7%)	1,513	1.23%
90% Probability (71.3%)	1,277	1.22%
82% Probability (68.0%)	1,099	1.24%
73% Probability (65.3%)	908	1.21%
62% Probability (60.7%)	631	1.24%
53% Probability (58.7%)	403	1.27%

You will not find this analysis for ASWB examinations in public or private documentation. ASWB assumes the conditional standard error of measurement is equivalent, without explanation in violation of testing standards.

Standard 2.14

When possible and appropriate, conditional standard errors of measurement should be reported at several score levels unless there is evidence that the standard error is constant across score levels. Where cut scores are specified for selection or classification, the standard errors of measurement should be reported in the vicinity of each cut score.

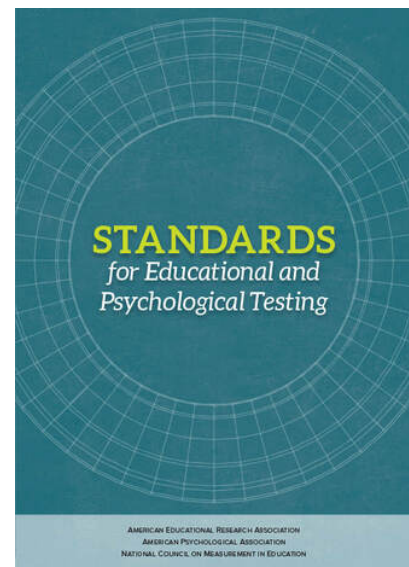
Comment: Estimation of conditional standard errors is usually feasible with the sample sizes that are used for analyses of reliability/precision. If it is assumed that the standard error *is* constant over a broad range of score levels, the rationale for this assumption should be presented. The model on which the computation of the conditional standard errors is based should be specified.

The conditional standard error is likely to differ across demographic groups because these groups demonstrate wide disparities in exam scores in ASWB's 2022 descriptive report. As the next standard indicates, ASWB is required to run these tests immediately!

Standard 2.15

When there is credible evidence for expecting that conditional standard errors of measurement or test information functions will differ substantially for various subgroups, investigation of the extent and impact of such differences should be undertaken and reported as soon as is feasible.

Comment: If differences are found, they should be clearly indicated in the appropriate documentation. In addition, if substantial differences do exist, the test content and scoring models should be examined to see if there are legally acceptable alternatives that do not result in such differences.



I partnered with two social work psychometricians to provide this test for \$0 in an auditable open source program. See [our article in the Journal of Evidence-Based Social Work](#) and archived [open access on the Open Science Framework](#). ASWB refused.

Broken Exams, Broken Workforce

In 2018, after new exams were introduced, the pass rate for *all social workers* reduced by about 10%. According to [ASWB's Exam Pass Rate Analysis](#):

Figure 15. 2011–2021 Bachelors exam first-time pass rates by year and eventual pass rate

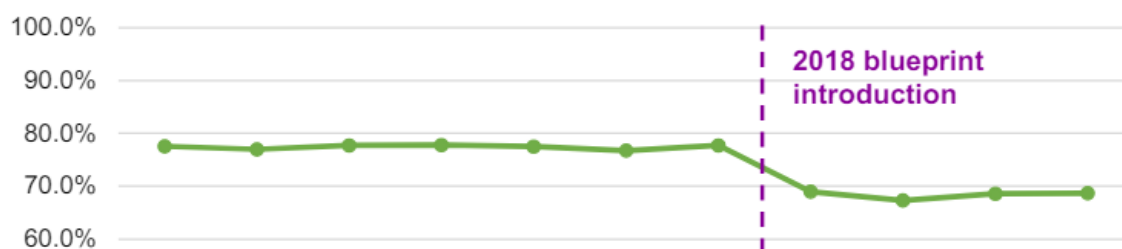
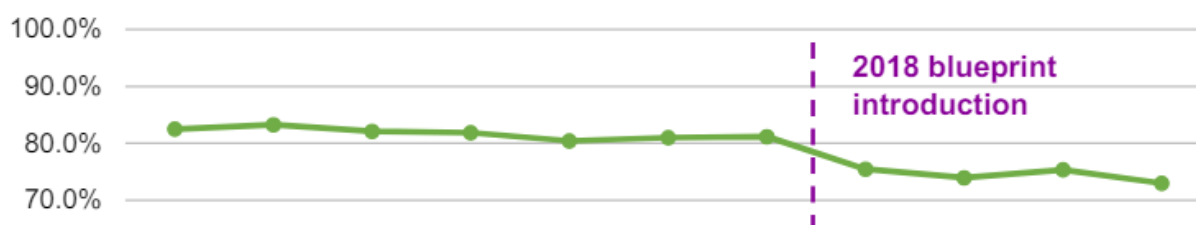


Figure 8. 2011–2021 Masters exam first-time pass rates by year and eventual pass rate



White Test-Takers Improve, Others Worsen

For the MSW exam, first-time and eventual pass rates demonstrate wide disparities across demographic groups from 2018-2021.

- White: 85-88% pass on their first time, regardless of age. Eventually, 91% pass.
- Black: 45% pass on their first time. 30% of over 50 pass first time. Eventually, 52% pass.
- Latine: 64% pass on their first time. 45% of over 50 pass first time. Eventually, 71% pass.
- English-secondary: 52% pass on their first time. Eventually 63% pass.

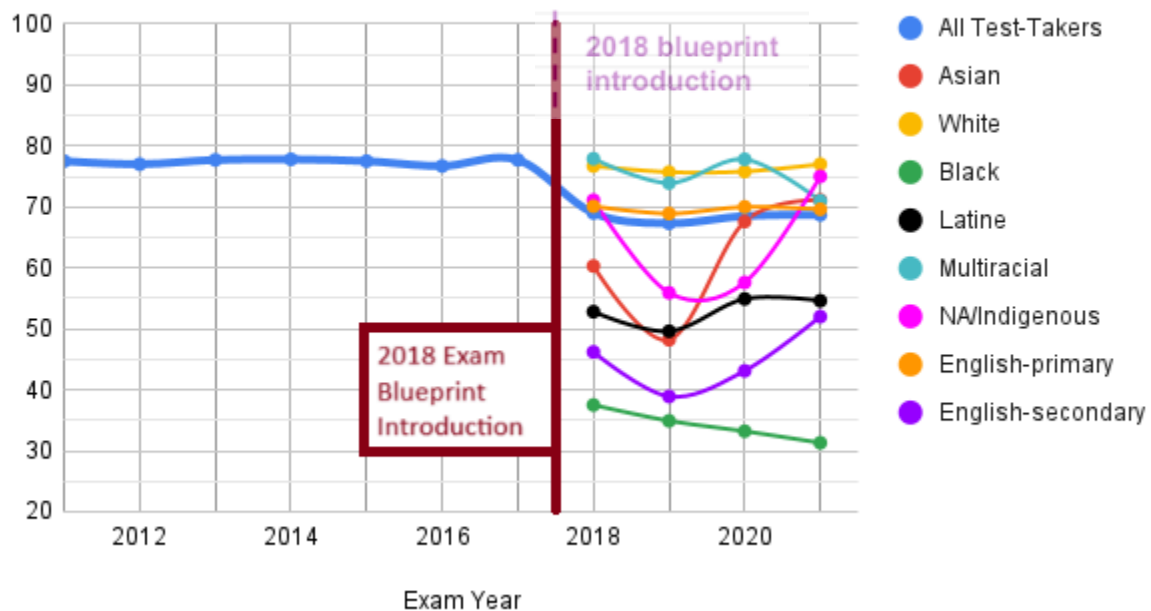
Because ASWB does not report equity data prior to 2018, it is impossible to know precisely how test-takers were impacted by the 2018 blueprint change.

But it is obvious these changes made exam inequity worse! After 2018:

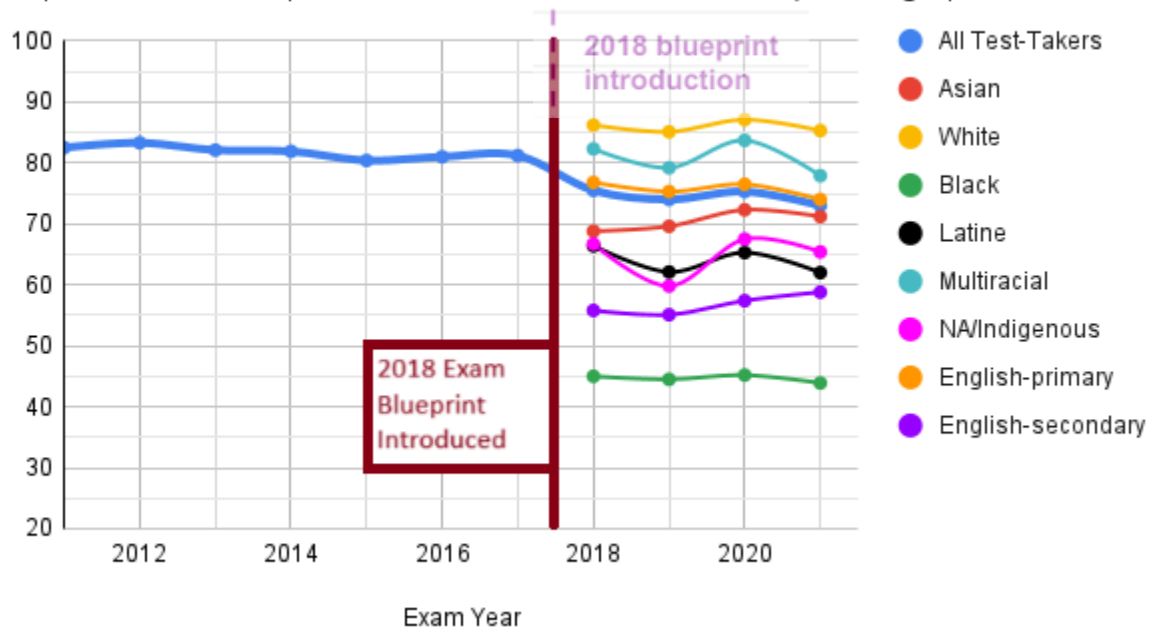
- White social workers' test scores were at least 10% above the national average.
- Minoritized social workers' scores were 20-40% less than the national average.

Here is a visual representation of the gap in exam scores reported by ASWB in their 2022 Exam Pass Rate Analysis by demographics. These indicate that white test-takers were least impacted by the 2018 exam blueprint and minoritized social workers were most impacted.

Impact of 2018 Blueprint on Bachelors Exam Pass Rates by Demographic



Impact of 2018 Blueprint on Masters Exam Pass Rates by Demographic



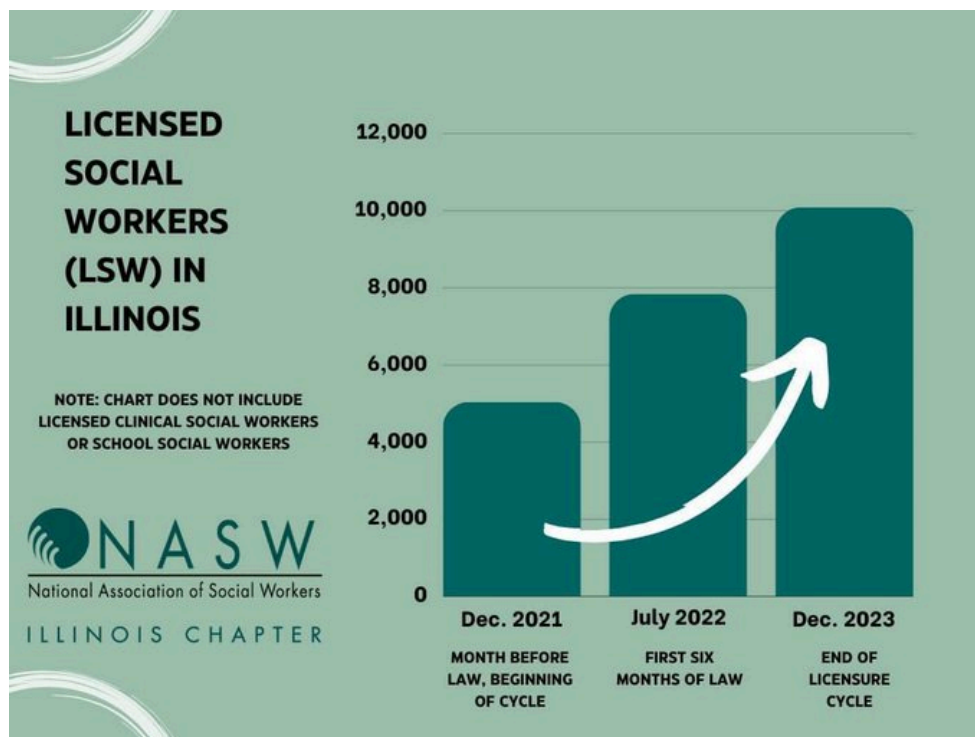
Likely, the 2018 examination blueprint made an already-inequitable exam less valid and fair.

Exam Pass Rates = Licensure Rates

Because exams are required for licensure, the workforce is missing the educated social workers who cannot pass the exams. Licensure and exam pass rates by demographic are highly similar.

Demographic group	ASWB Report First-time Pass Rate for MSW Exam	Senreich & Dale MSW Licensees in New York
White social workers (any age)	86%	78%
Black social workers (any age)	45%	48%
Latine social workers (any age)	64%	60%
Older Black social workers	30%	31%
Older Latine social workers	45%	39%
Older MSWs (any race)	65%	50%

When [Illinois](#) Eliminated the Exam



ASWB: A Uniquely Profitable “nonprofit”

In 2010, [Albright & Thyer](#) found that MSW students could easily guess the correct answer on Association of Social Work Boards (ASWB) practice examinations without knowing the question, simply based on how answers were phrased. In their abstract, they stated:

“The multimillion dollar social work testing industry is big business; both the profession and the public, which relies heavily on the gate-keeping function of these tests, deserve greater transparency and accountability with respect to their legitimacy” (p. 229)

ASWB has not provided any transparency on the validity or reliability of its exams. However, ASWB is required to be transparent in tax reporting.

Using the [ProPublica Nonprofit explorer for ASWB](#), this brief collects data reported by ASWB to the Internal Revenue Service (IRS). It also uses ASWB’s annual reports posted to the [aswbannualreport.org](#) website from 2015-2021. Finally, it uses data from [ASWB’s Exam Pass Rate Analysis](#), which differentiates between first-time and repeat test-takers from 2011-2021.

Recession-Proof Profits

Since 2011, ASWB has posted recession-proof profit margins rivaling Fortune 500 companies.

- From 2011 to 2021, ASWB’s net assets increased by 4.5x.
- ASWB’s net assets in 2021 were over \$40,000,000, up from \$9,000,000 in 2011.
- In 2021, ASWB’s profit margin was 29% with \$24,000,000 in total revenue.
- ASWB’s profit margin has averaged 17% since 2011.
- ASWB holds a \$30 million investment portfolio managed by Morgan Stanley.

How Profitable is ASWB?

	2011	2012	2013	2014	2015	2016
LCSW first-time test-takers	9,100	9,604	10,879	12,217	13,044	14,007
LMSW first-time test-takers	11,260	12,732	13,110	14,184	15,214	15,496
LBSW first-time test-takers	3,164	3,251	3,595	3,873	4,083	4,113
Repeat test-takers	--	--	--	--	11,457	11,127
ASWB exam revenue	--	--	--	--	\$ 11,345,503	\$ 11,689,451
ASWB publishing revenue	--	--	--	--	\$ 1,686,190	\$ 1,489,956
ASWB net assets	\$ 8,995,137	\$ 10,612,898	\$ 13,079,412	\$ 15,680,159	\$ 17,750,104	\$ 19,693,116
ASWB total revenue	\$ 9,461,425	\$ 10,279,908	\$ 11,492,614	\$ 12,692,553	\$ 13,964,190	\$ 13,767,709
ASWB profit margin	10.61%	14.57%	20.64%	22.26%	19.47%	8.45%

	2016	2017	2018	2019	2020	2021
LCSW first-time test-takers	14,007	16,095	16,022	17,207	16,801	20,657
LMSW first-time test-takers	15,496	16,884	16,812	18,231	16,716	21,650
LBSW first-time test-takers	4,113	4,462	3,711	3,583	2,709	3,494
Repeat test-takers	11,127	12,617	13,478	19,526	15,521	20,720
ASWB exam revenue	\$ 11,689,451	\$ 12,996,484	\$ 13,277,694	\$ 14,410,319	\$ 13,735,930	\$ 17,659,247
ASWB publishing revenue	\$ 1,489,956	\$ 1,562,915	\$ 1,704,718	\$ 1,751,079	\$ 1,684,234	\$ 2,123,620
ASWB net assets	\$ 19,693,116	\$ 23,289,150	\$ 24,046,614	\$ 28,831,413	\$ 33,841,553	\$ 40,273,169
ASWB total revenue	\$ 13,767,709	\$ 15,565,636	\$ 16,344,808	\$ 17,595,886	\$ 16,234,758	\$ 24,599,963
ASWB profit margin	8.45%	14.85%	16.52%	15.56%	18.46%	29.08%

Educated but excluded

Exams are a bottleneck for aspiring social workers, and the problem is getting worse.

- Repeat test-takers comprise about 30% of all LCSW, MSW, and BSW examinees
- Since 2011, the number of repeat test-takers grew by 86%.
- Repeat-test takers grew at twice the rate as first-time examinees (43%).
- In 2021 and 2019, there were more repeat test takers than first-time LMSW examinees.

Repeat test-takers calculation: I subtracted first-time test-takers reported in ASWB's Exam Pass rate Analysis from the total test takers reported in ASWB's Annual Report. 2021 was the only year that ASWB reported first-time test-takers of Advanced Generalist and Associate levels of exams, so I applied those figures to previous years as a best guess. There are few test-takers at these levels. All other data are copied directly from ASWB's public reports.

ASWB Secretly Deletes Biased Items

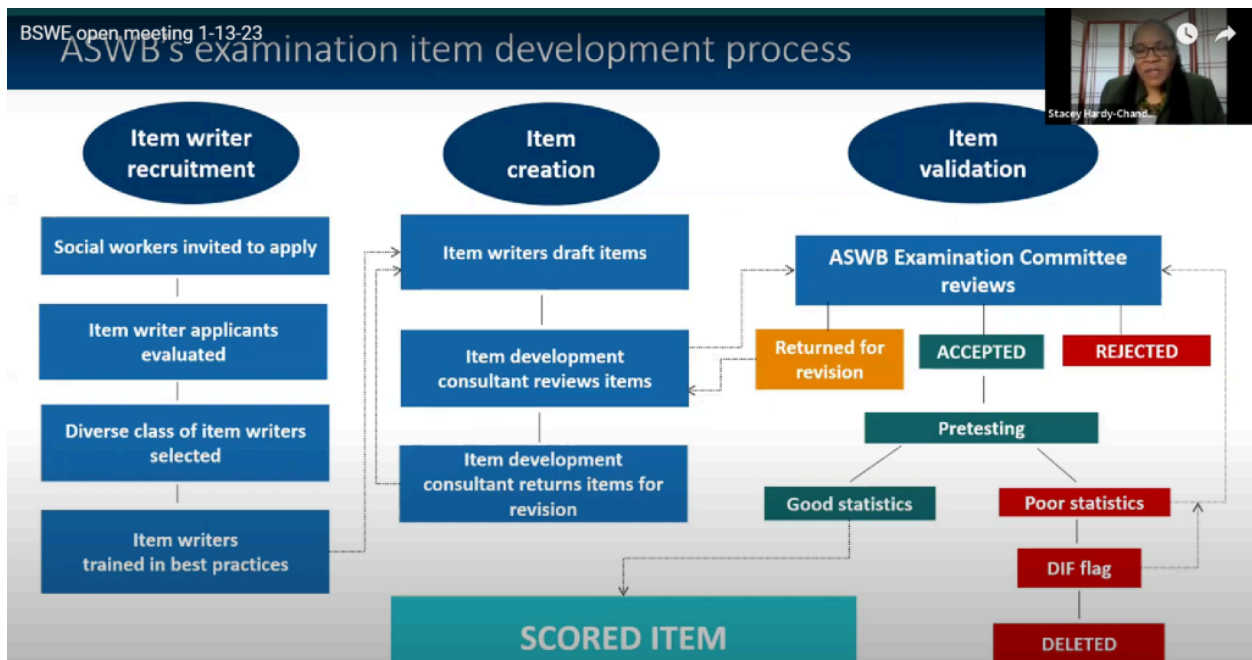
ASWB follows psychometric best practices by pretesting all items for Differential Item Functioning (DIF) before they are used as scored items on the examination. Items that demonstrate DIF are removed or revised by subject matter experts. Revised items are pretested again to demonstrate that DIF has been resolved prior to moving items into the live, scored section of the examination. As ASWB's CEO, Dr. Stacey Hardy Chandler stated [in a zoom webinar with Dr. Jennifer Klafehn](#), a representative from ASWB's psychometrics consultant:

SHC: I actually want to start and clarify because if I were in the audience, I would want clarity on this. You talked about items being flagged for DIF. Can you clarify at what point those items are deleted. In other words, the test item phase in terms of impacting scores.

JK: So they are deleted at the pretesting phase.

SHC: Just wanted to clarify that those do not impact scores when they are identified. (ASWB, 2023b, 53:39)

This is mirrored in the flowchart ASWB provides to its member boards about the DIF procedure.



According to these ASWB sources, scored items are *never* removed for statistical bias.

ASWB Monitors & Removes Scored Items for DIF

Contrary to these statements, ASWB's public statements (a small sample of which are reproduced below) describe the procedure for evaluating *and removing scored items* for bias.

In the [current ASWB examination guidebook](#) ASWB explains:

"psychometric experts use statistical tracking of responses to determine whether each question measures competence effectively and fairly. Exams are built using only scored questions that have met these rigorous standards. **All questions continue to be monitored by psychometric experts to prevent any scored questions from being used that do not meet standards for fairness.**" (p. 8)

"All ASWB examination questions are monitored to ensure that there is nothing in the content that would provide an advantage to one demographic group over another. This evaluation occurs during the pretest phase—before questions are included in the scored question bank—and **continues while they are used as scored questions**" (p. 21).

In a [2021 issue of the New Social Worker](#), Stacey Owens, ASWB Item Development Consultant gave rough statistics:

The first tool ASWB uses is a testing industry statistical measurement called Differential Item Functioning (DIF). DIF indicates whether an exam question shows tendencies to advantage or disadvantage one group of test-takers over another (ASWB, 2020). DIF is identified by statistically analyzing responses to the exam questions—called items—during pretesting. **Scored items are continually monitored for DIF.** On an annual basis, less than 5% of all items released show DIF. Items flagged for DIF are removed from the bank of potential exam questions. (para. 3)

In a [2020 article in Social Work Today](#), ASWB Examination Director Lavina Harless confirmed:

"Monitoring of item performance doesn't end once an item moves out of pretest status. **Scored items are continually monitored** to ensure that performance doesn't slip. **If a scored item demonstrates a statistically significant drop** in performance, it is **taken out of use and returned to the examination committee for review.** Should the committee decide to edit and keep the item, it returns to pretest status" (para. 12).

In ASWB's [2023 Testing Enhancements webinar](#), Examination Director Harless detailed:

"What if then people start to get it wrong? Again, because we do our research ahead of time, that doesn't typically happen. **If we see something that looks like maybe there's a shift in practice or something occurring, we'll pull those test questions down** and take a look at those with our subject matter experts on our Examination Committee" (57:20)

Invalid Licensure Decisions

It is common for social workers to fail the ASWB examination by 1 or 2 points. If 1 or 2 items were later found by ASWB to have bias, it would invalidate the licensure decision for that person.

Test-takers and boards have a right to know when a scored exam item, used to make a licensure decision, was later removed by ASWB because it demonstrated statistical bias. For this reason, ASWB exams are a poor fit for licensure because the true cut score is likely to change over time.

If ASWB followed the code of ethics and reported when exam items removed for bias impacted licensure decisions, social work boards would find it difficult to license social workers in a predictable and legally defensible manner.

A Growing Problem

ASWB publicly reported 5x higher DIF in its 2021 exams than in 2010 exams.

- In 2011, [Marson and colleagues](#) reported less than 1% of exam items showed DIF.
- In 2021, [Stacey Owens](#) reported less than 5% of items were flagged for DIF.

ASWB examinations are 170 questions long, with 20 unscored items.

- DIF appears in up to 8 or 9 questions (5%) of the 170 question exam.

ASWB reports this “usually” does not happen, but that when it does, there is no procedure for notifying the affected parties. This is a grievous ethical lapse.

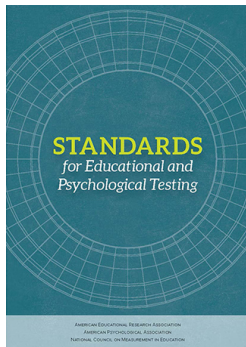
[ASWB's \(2021\) Manual for New Board Members](#) states “when consistent DIF is identified in an item—**usually** [emphasis added] in pretest items that are being pretested for possible scored use—the item is deleted from the item bank” (p. 20).

In their blog post on measurement fairness and [accompanying PowToons video](#) ASWB states that “when an item shows DIF, **usually** [emphasis added] in the pretest stage, the question goes no further” (1:30).

How many scored items has ASWB removed for biased statistical functioning? They won't share data.

ASWB Violates Psychometric Standards

ASWB cites as its principal source of psychometrics the [Joint Standards for Educational and Psychological Testing](#) by the National Council on Measurement in Education, the American Educational Research Association, and the American Psychological Association.



“The purpose of the *Standards* is to provide criteria for the development and evaluation of tests and testing practices and to provide guidelines for assessing the validity of interpretations of test scores for the intended test uses. Although such evaluations should depend heavily on professional judgment, the *Standards* provides a frame of reference to ensure that relevant issues are addressed. All professional test developers, sponsors, publishers, and users should make reasonable efforts to satisfy and follow the Standards and should encourage others to do so. **All applicable standards should be met by all tests and in all test uses unless a sound professional reason is available to show**” (p. 1)

“Although the *Standards* is not enforceable by the sponsoring organizations, it has been repeatedly recognized by regulatory authorities and courts as setting forth the generally accepted professional standards that developers and users of tests and other selection procedures follow. Compliance or noncompliance with **the Standards may be used as relevant evidence of legal liability in judicial and regulatory proceedings**. The Standards therefore merits careful consideration by all participants in the testing process” (p. 2)

ASWB follows some of these standards, but it ignores important standards during the exam validation process. Because of these violations, exam cut scores are systematically biased.

New ASWB Questions are 8% Easier

ASWB announced [Testing Experience Enhancements on their blog](#). Beginning in January 2023, ASWB changed their examination format from 4-option questions (A, B, C, or D) to 3-option questions (A, B, or C) “with the goal of completing the transition by 2025” (para. 3).

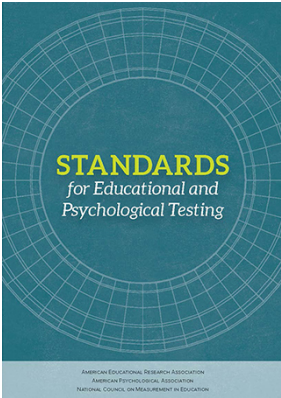
It is true that the choice between 3-option and 4-option questions can be equally valid, but it is statistically unknown what the impact on the validity of cut scores would be.

- Items without a 4th option are 8% easier to guess correctly (25% vs. 33%)
- 3 options take 25% less time to read than 4 options across a 4-hour, 170-item exam.

If the exam is easier, the cut score should increase.

Are 2018 Blueprint Cut Scores Still Valid?

Changing the number of answer options is a major, untested, shift. ASWB did not calculate new cut scores for a mix of 3 & 4-option exams. This is a violation of the *Standards* which require:



Standard 7.14: When substantial changes are made to a test, **the test's documentation should be amended, supplemented, or revised** to keep information for users current and to provide useful additional information or cautions.

Comment: ...**When substantial changes are made to items and scoring, information on the extent to which the old scores and new scores are interchangeable should be included in the test documentation.** Sometimes it is necessary to change a test or testing procedure to remove construct-irrelevant variance that may arise due to the characteristics of an individual that are unrelated to the construct being measured (e.g., when testing individuals with disabilities). **When a test or testing procedures are altered, the documentation for the test should include a discussion of how the alteration may affect the validity and comparability of the test scores, and evidence should be provided to demonstrate the effect of the alteration on the scores** obtained from the altered test or testing procedures, if sample size permits.

Clearly, ASWB makes changes to their examinations without proper psychometric evidence showing the altered test format is psychometrically equivalent to the old examinations.

ASWB is required to test whether these three groups have equivalent scores. They did not do so.

1. Pre-2023 Exams with 170 4-option questions.
2. 2022-2025 Exams with an unknown mix of 3-option and 4-option questions.
3. 2025 Exams and beyond, with 3-option questions.

ASWB announced that eliminating an answer option would address concerns about construct-irrelevant variance—"reducing time pressure and ensur[e] a focus on a test-taker's social work knowledge" (para. 3). Clearly ASWB hoped that using 3-option items would improve test scores.

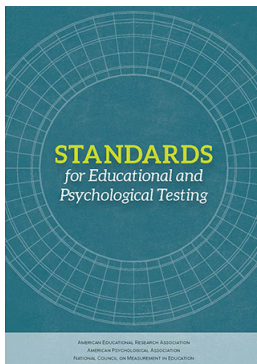
But it never re-calculated cut scores with the new question format. Is it true, as ASWB says in their Exam Guidebook, that "no test-taker receives an advantage or disadvantage because of the version of exam received (p. 20)?

ASWB reports never testing if 3- or 4-option exams are psychometrically equivalent, but ASWB's examination program relies on the equivalency of exams across years.

ASWB Ignores Required Validation & Equity Tests

ASWB started using this new question format in the wake of the 2022 Exam Pass Rate Analysis which demonstrated systematic bias in favor of younger white social workers.

Contrary to ASWB's response to exam inequities, the *Standards* do not direct test-makers like ASWB to eliminate an answer option when systematic biases emerge. Rather, in Standard 2.15, the *Standards* require ASWB to conduct at least one of two specific psychometric tests to estimate the multivariate impact of race, age, and language on scores.

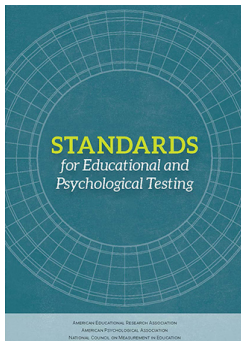


Standard 2.15: When there is credible evidence for expecting that **conditional standard errors of measurement or test information functions** will differ substantially for various subgroups, investigation of **the extent and impact of such differences should be undertaken and reported as soon as is feasible**. (emphasis added)

Comment: If differences are found, they should be clearly indicated in the appropriate documentation. In addition, if substantial differences do exist, **the test content and scoring models should be examined** to see if there are legally acceptable alternatives that do not result in such differences. (p. 46)

ASWB does not calculate the Conditional Standard Error of Measurement or Test Information Function for minoritized social workers. Why is this important? The *Standards* are clear:

“When a test score or composite score is used to make classification decisions (e.g., pass/fail, achievement levels), the standard error of measurement at or near the cut scores has important implications for the trustworthiness of these decisions...



Standard 2.14: When possible and appropriate, conditional standard errors of measurement should be reported at several score levels unless there is evidence that the standard error is constant across score levels. **Where cut scores are specified for selection or classification, the standard errors of measurement should be reported in the vicinity of each cut score.**

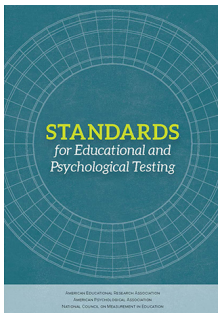
Comment: Estimation of conditional standard errors is usually feasible with the sample sizes that are used for analyses of reliability/precision. **If it is assumed that the standard error is constant over a broad range of score levels, the rationale for this assumption should be presented.** The model on which the computation of the conditional standard errors is based should be specified” (p. 47).

ASWB does not calculate or report conditional standard errors or test information functions of its exams, despite the clear mandate from Standard 2.15 to do so *as soon as is feasible*.

Validation is Key for Exam Precision

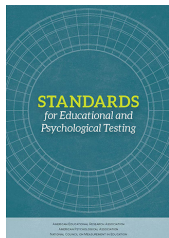
ASWB examinations use Item Response Theory (IRT) to evaluate exam items, but they do not use it to evaluate the exam as a whole. [Bean \(2022\)](#) highlights how IRT tests like those required in the *Standards*—conditional standard error of measurement or test information function—reveal important information for validity, reliability, and fairness.

In common terms, IRT analyzes whether the examination is appropriately precise *for test-takers whose true ability is near the cut score*. An examination for licensure should be most precise at the decision-point. An examination that was most precise for excellent or abysmal social workers would be invalid for use as an examination. For this reason, calculating the test information function and conditional standard error of measurement are crucial to understanding the cause of systematic biases. As the *Standards* describe:



“The **standard error of measurement, as such, provides an indication of the expected level of random error over score points and replications for a specific population**. In many cases, it is useful to have estimates of the standard errors for individual examinees (or for examinees with scores in certain score ranges). These conditional standard errors are difficult to estimate directly, but can be estimated indirectly. For example, the test information functions based on IRT models can be used to estimate standard errors for different values of a latent ability parameter and/or for different observed scores” (p. 37).

The *Standards* also describe the purpose of calculating the test information function:



“The test information function, an important result of IRT, summarizes how well the test discriminates among individuals at various levels of ability on the trait being assessed... The information function may be viewed as **a mathematical statement of the precision of measurement at each level of the given trait**. The IRT information function is based on the results obtained on a specific occasion or in a specific context, and therefore it does not provide an indication of generalizability over occasions or contexts” (p. 38).

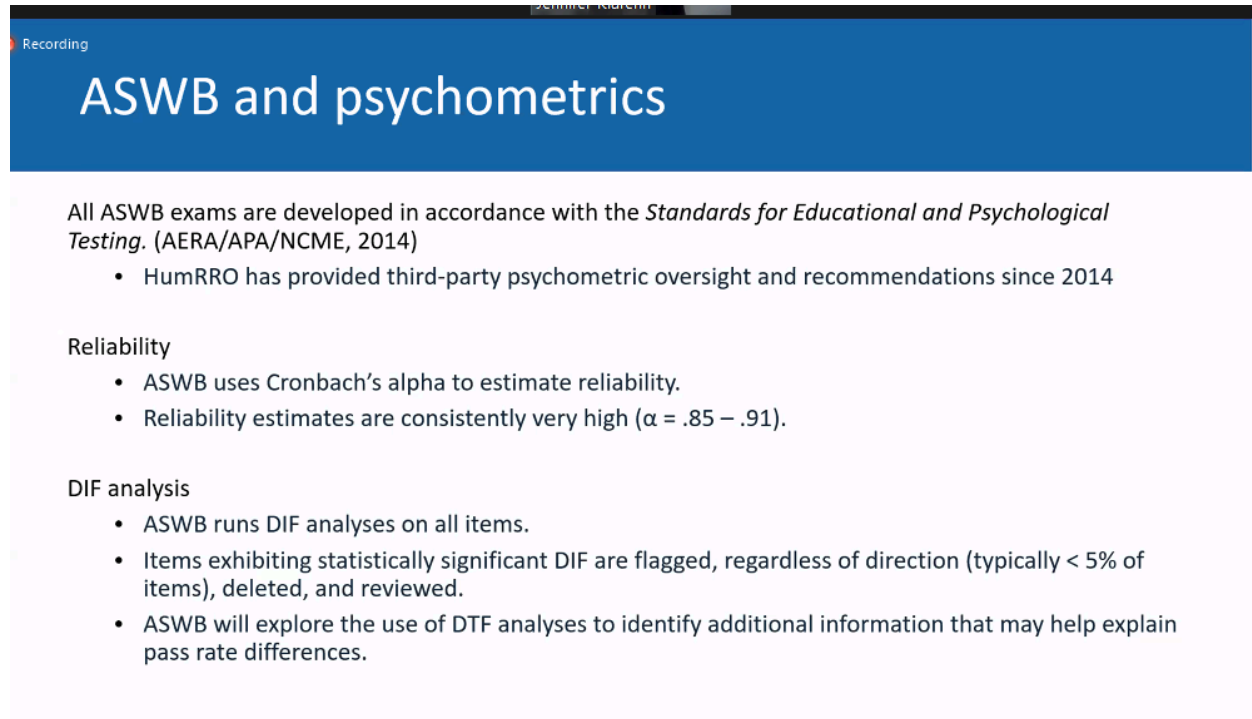
In 2023, ASWB rejected a (\$0) proposal from two social work psychometric experts and this author to perform these tests in the open source R stats program. ASWB did not provide access to their data to conduct the required psychometric validation tests.

Instead, ASWB assumes, without testing, that the conditional standard error of measurement and test information functions are equivalent across demographic groups. As the standards make clear, ASWB must provide evidence to support empirical assumption that these psychometric properties are equivalent across impacted groups.

ASWB Exams Are Inadequately Documented

ASWB provides inadequate documentation of their examination psychometrics, but even these small details reveal a clear explanation for how inequitable exams got worse.

In 2023, ASWB reported the only public psychometrics data since 2011. Here is a screenshot of the only slide in [a 60-minute presentation](#) that addressed validity & reliability:



The screenshot shows a presentation slide with a blue header and a white body. The header contains the text 'Recording' and 'ASWB and psychometrics'. The body contains the following text:

All ASWB exams are developed in accordance with the *Standards for Educational and Psychological Testing*. (AERA/APA/NCME, 2014)

- HumRRO has provided third-party psychometric oversight and recommendations since 2014

Reliability

- ASWB uses Cronbach's alpha to estimate reliability.
- Reliability estimates are consistently very high ($\alpha = .85 - .91$).

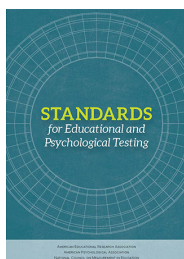
DIF analysis

- ASWB runs DIF analyses on all items.
- Items exhibiting statistically significant DIF are flagged, regardless of direction (typically < 5% of items), deleted, and reviewed.
- ASWB will explore the use of DTF analyses to identify additional information that may help explain pass rate differences.

State boards do not receive any more information. According to a live ASWB's contract:

"ASWB will provide... the number of exams administered; the total number of items on the examination; the range of scores (lowest to highest); the mean and standard deviation taken from the annual technical report; and the Kuder-Richardson Formula 20 (K-R-20) Reliability Coefficient" (California BBS, p. 6).

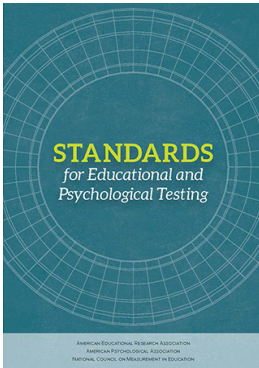
This is plainly inadequate documentation according to the *Standards* for documenting reliability.



The reporting of indices of reliability/precision alone—with little detail regarding the methods used to estimate the indices reported, the nature of the group from which the data were derived, and the conditions under which the data were obtained—**constitutes inadequate documentation**. General statements to the effect that a test is “reliable” or that it is “sufficiently reliable to permit interpretations of individual scores” are rarely, if ever, acceptable...test constructors and publishers are obligated to provide sufficient data to make informed judgments possible.

ASWB Clearly Violates Documentation Standards

ASWB is obligated to provide more psychometric data, as Standard 2.19 documents.

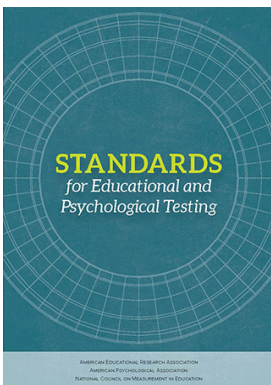


Standard 2.19: Each method of quantifying the reliability/precision of scores should be described clearly and expressed in terms of statistics appropriate to the method. The sampling procedures used to select test takers for reliability/precision analyses and the descriptive statistics on these samples, subject to privacy obligations where applicable, should be reported.

Comment: Information on the method of data collection, sample sizes, means, standard deviations, and demographic characteristics of the groups tested helps users judge the extent to which reported data apply to their own examinee populations...

Because there are many ways of estimating reliability/precision, and each is influenced by different sources of measurement error, **it is unacceptable to say simply, "The reliability/precision of scores on test X is .90."** A better statement would be, "The reliability coefficient of .90 reported for scores on test X was obtained by correlating scores from forms A and B, administered on successive days. The data were based on a sample of 400 10th-grade students from five middle-class suburban schools in New York State. The demographic breakdown of this group was as follows: . . .' (p. 47)

ASWB clearly does not follow the standards for documenting the reliability of its exams. This is a problem for reliably measuring social work competence across racial, cultural, linguistic, and age groups. Because it produces a high-stakes exam, documentation requirements are higher!



Standard 2.0: Appropriate evidence of reliability/precision should be provided for the interpretation for each intended score use.

Comment: The form of the evidence (reliability or generalizability coefficient, information function, conditional standard error, index of decision consistency) for reliability/precision should be appropriate for the intended uses of the scores, the population involved, and the psychometric models used to derive the scores. **A higher degree of reliability/precision is required for score uses that have more significant consequences for test takers.** Conversely, a lower degree may be acceptable where a decision based on the test score is reversible or dependent on corroboration from other sources of information.

Social Work Boards must enforce these standards.

ASWB Ruined Its Exams' Reliability

ASWB did not document why it stopped using Item Response Theory to measure exam reliability and started using Cronbach's Alpha.

In 2011, ASWB's prior psychometricians criticized the use of Cronbach's Alpha and attested that ASWB exams produced during that time were subject to decision consistency analysis:

"The ASWB examinations have shown high reliability estimates, in the nineties, both by the preferred advanced IRT model (decision consistency in pass/fail decisions) and the less relevant classical standards (KR-20, test reliability measure as shown by its internal consistency)" (p. 89)

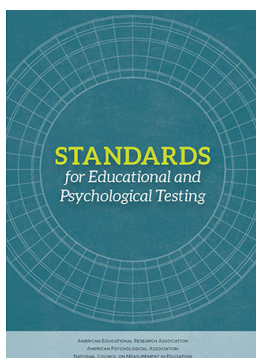
In 2024, ASWB uses less advanced reliability tests than in the 1990s.

ASWB's new psychometric consultants apparently do not agree with their psychometricians from the 1990s through the early 2010s that classical test theory measures are "less relevant" to ASWB exam reliability than decision consistency. Because ASWB does not adequately document its exams, we do not know why this change was made or its impact on the equivalence of exam scores. However, we do know they stopped using decision consistency, which violates the *Standards*.



Standard 2.16: **When a test or combination of measures is used to make classification decisions**, estimates should be provided of the **percentage of test takers who would be classified in the same way** on two replications of the procedure. (p. 46)

Instead of reporting decision consistency, *which ASWB did in the 1990s*, ASWB uses only internal consistency reliability. Moreover, ASWB is required by the *Standards* to report reliability for each relevant subgroup, such as those with different linguistic or cultural backgrounds:



Standard 2.11: Test publishers should provide estimates of reliability/precision as soon as feasible **for each relevant subgroup** for which the test is recommended.

Comment: Reporting estimates of reliability/precision for relevant subgroups is useful in many contexts, but it is especially important if the interpretation of scores involves within-group inferences (e.g., in terms of subgroup norms). For example, **test users who work with a specific linguistic and cultural subgroup** or with individuals who have a particular disability would **benefit from an estimate of the standard error for the subgroup**. (p. 45)

Virginia Society for Clinical Social Workers (VSCSW)
Greater Washington Society for Clinical Social Work (GWSCSW)
February 17, 2025

Virginia Board of Social Work
Mr. Sherwood Randolph, Jr LCSW
Chair, Ad Hoc Committee Alternative Pathways to Exam
Perimeter Center
9960 Maryland Drive, Suite 300
Henrico, Virginia 23233-1463

RE: Comments on Alternative Pathways to LCSW Exam

Dear Chair Randolph,

Thank you for soliciting comments from stakeholders interested in exploring alternative pathways to the ASWB LCSW exam here in Virginia.

As we are all aware, there has been an increased need for mental health care in our country since the pandemic. Clinical Social Workers historically have been the largest group of clinicians providing mental health services in the United States, numbering over 365,000 qualified professionals (Clinical Social Work Association [CSWA], 2024). Since 2004 every state and jurisdiction has had licensure laws and regulations governing psychotherapy services provided by clinical social workers, including scopes of practice that allow LCSWs to practice independently and assess, diagnose and treat mental illness. Each state has developed regulations with a range of standards. However, each state requires a LCSW candidate to have a Master of Social Work degree; a minimum of 2000 hours/two years of post-Masters supervised experience providing psychotherapy services; and the successful passing of the ASWB national exam (CSWA 2024).

VSCSW and GWSCSW worked tirelessly to have the Social Work Compact legislation in Virginia passed and signed into law by Governor Youngkin in the spring of 2024. According to the Clinical Social Work Association (CSWA), 22 states have passed Social Work Compacts and there is legislation currently pending in at least 15 other states. Each member state of the Compact Commission has had to pass the Compact with the same language and with the same requirements. One of these requirements for an LCSW to qualify for a Compact license is passing a Qualifying National Exam (i.e., the Association of Social Work Boards [ASWB] clinical exam is the only nationally recognized exam at this time).

The Compact Commission (formed by a representative from each state that has passed the SW Compact) has begun the process of developing rules for how the Compact will operate. It is anticipated that LCSWs in Virginia and other states that have passed the law will be able to apply for a multi-state license sometime in 2026. Currently, per Social Work Compact legislation, applicants for the multi-state license MUST have taken and passed the ASWB clinical

exam. As the rules currently stand, MSWs that will be licensed as LCSWs in Virginia thru an Alternate Pathways approach will not be able to apply for the multi-state license through the Social Work Compact without also passing the ASWB Clinical exam. This would have a negative economic impact on those LCSWs as they will be unable to expand employment opportunities beyond the state of Virginia nor be able to continue to treat their patients that relocate to other states that are part of the Compact without also passing the exam. The Compact Commission may choose to permit some other nationally recognized exam if one becomes available, although this is not guaranteed. The Compact Commission *may* also permit the substantial equivalency of the passing of a nationally recognized exam requirements which the Commission may determine by Rule, but again, this is not guaranteed.

We support retaining the national clinical exam as one of the requirements for becoming a licensed clinical social worker in Virginia. We recognize that an exam is an imperfect measurement of competence. However, every other mental health profession including psychologists, psychiatrists, professional counselors, marriage and family therapists, and advanced practice psychiatric nurses require passage of a national exam for licensure. ASWB is working on crafting an exam that is free from racial, ethnic, or age-related disparities that contribute to the differences in pass rates among test takers. We understand that one of ASWB's efforts will be to provide additional test taking prep for those that fail to pass the exam. Changes in the exam implementation will take time and it will be awhile before new test taking data provides information on the impact of test changes and strategies on overall pass rates. We support adequate time being given to allow ASWB changes to take effect and to see if these changes will positively impact passage rates.

There is no good research data available to document the number of additional hours of supervision required as an alternate to taking the ASWB clinical exam. However, one strategy might be to determine which competency areas within ASWB exam the test taker failed to pass e.g., human development, diversity, human behavior; assessment, diagnosis, and treatment planning; psychotherapy and clinical interventions; professional values and ethics and target any additional supervision hours to these deficits.

Respectfully Submitted,

Susan Witt, LCSW President VSCSW
Virginia Society for Clinical Social Workers Legislative Committee
Greater Washington Society for Clinical Social Work Legislative Committee



2025 LCSW Requirements Survey Findings

Barbara Hodgdon, PhD and Yetty Shobo, PhD
Healthcare Workforce Data Center
and Data Analytics Division
Board of Social Work Ad Hoc Meeting
September 2nd, 2025



Methods

Survey

- Administered over 2-week period between late June and early July 2025
- 15 questions, self-report

Sample

- Pending and active LCSWs, LMSWs, LBSWs, and supervision registrants
- 9,044 respondents

Questions

- Maintaining ASWB Exam
- Alternative pathways to licensure
- General perceptions about the exam

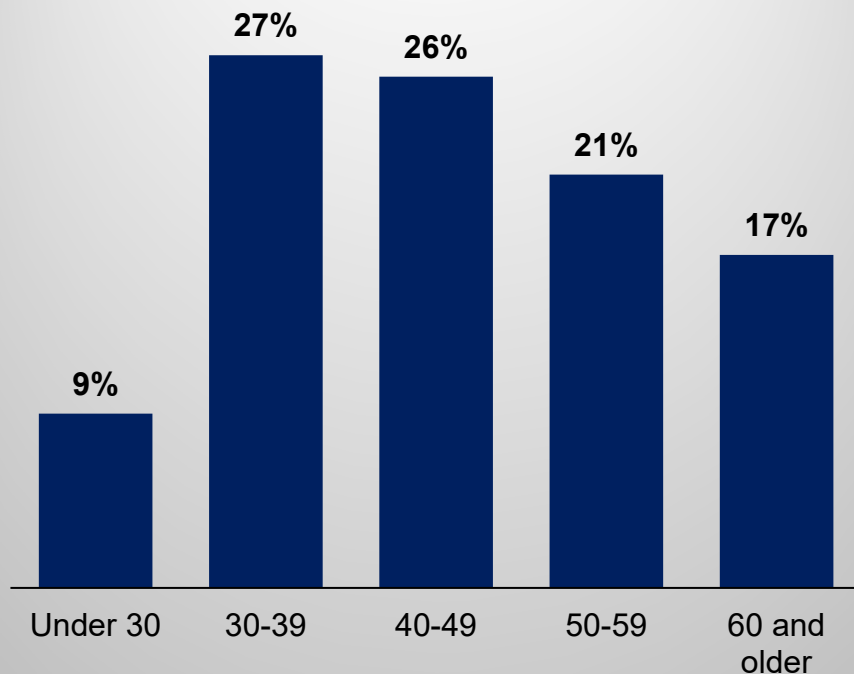


Demographics

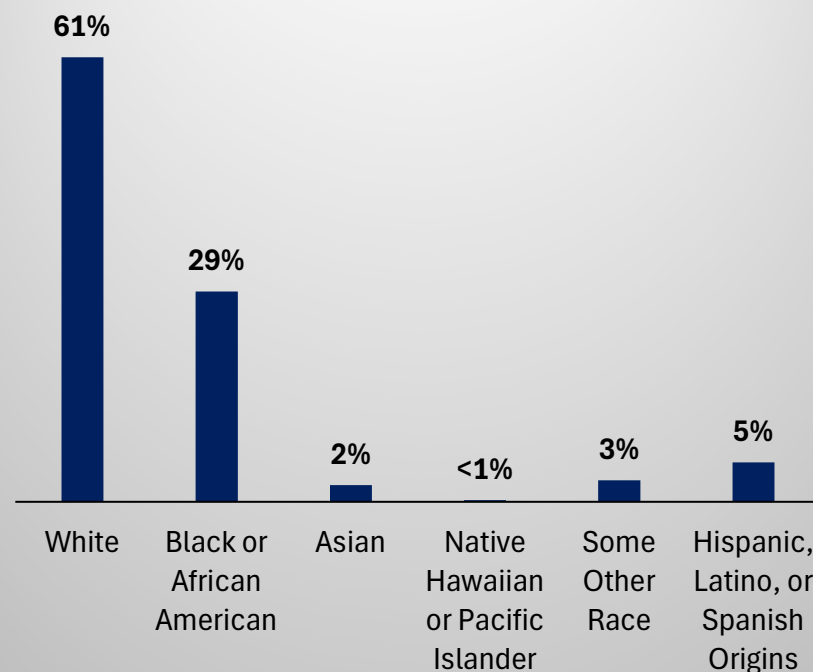


Median age between 40-49; 87% female; 3 in 5 were White

Age



Race and Ethnicity





Virginia Department of Health Professions

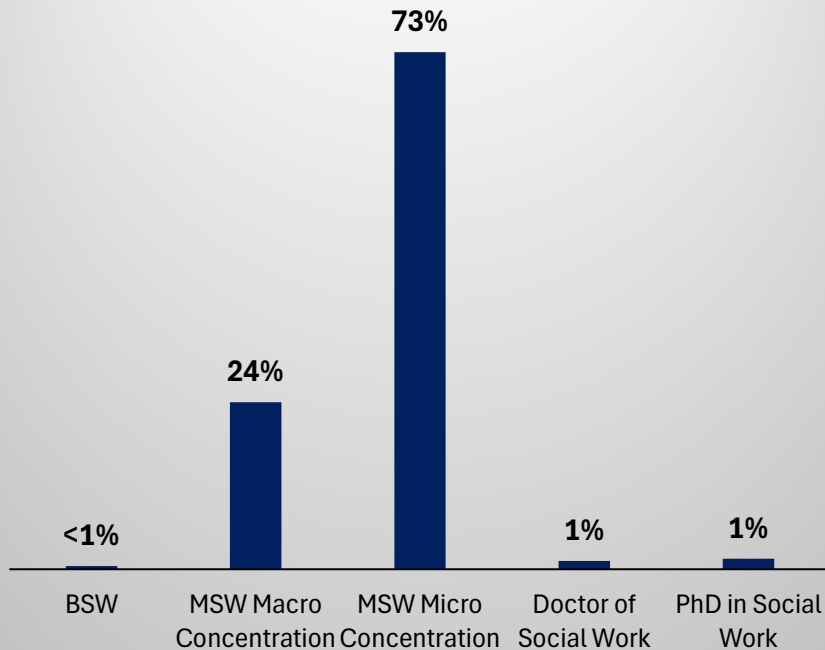


Education

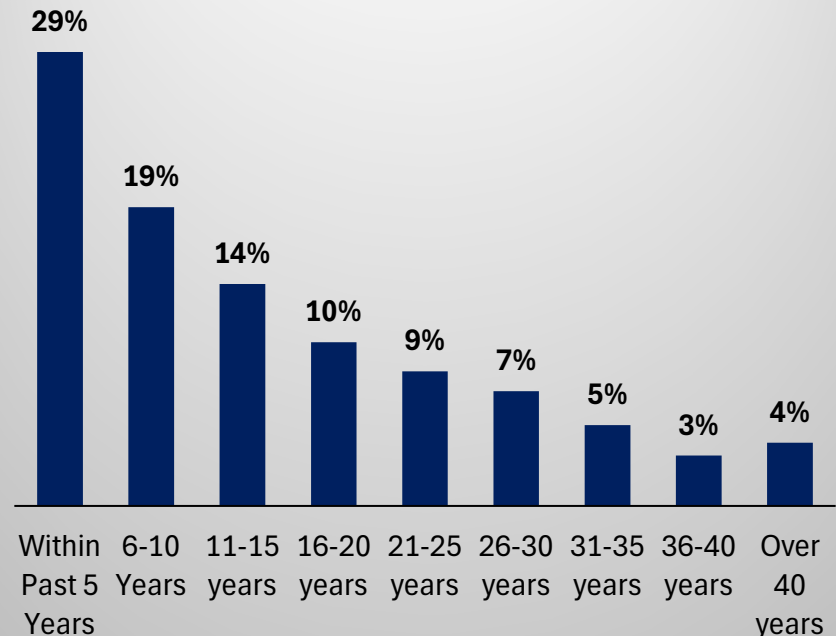


Most hold MSW w/ Micro Concentration; more than half earned degree within last 15 years

Highest Social Work Degree



Time Highest Degree Earned



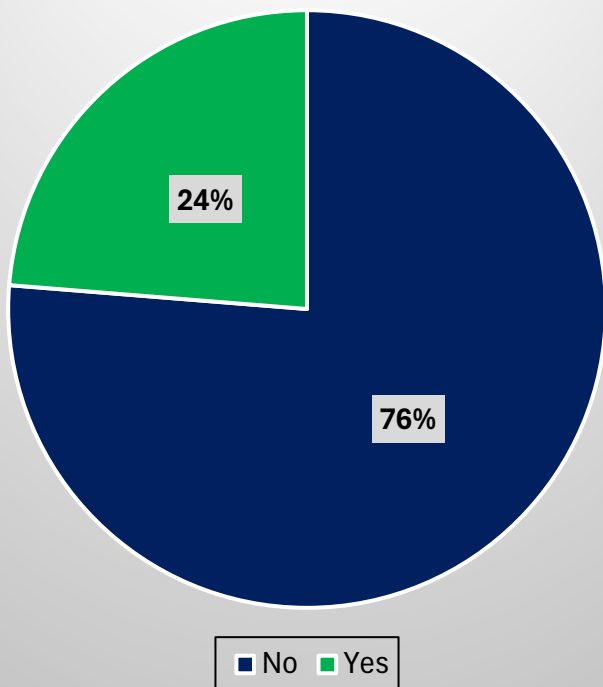


Supervisors

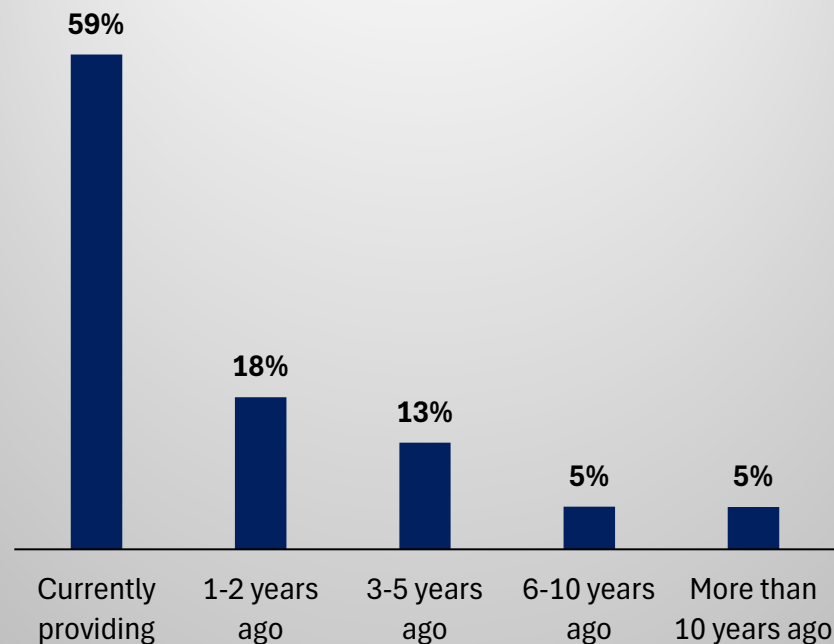


Almost 1 in 4 are supervisors; most of whom are currently providing supervision

Board-Approved Supervisor



Supervision Provided





Maintaining ASWB Exam as Requirement

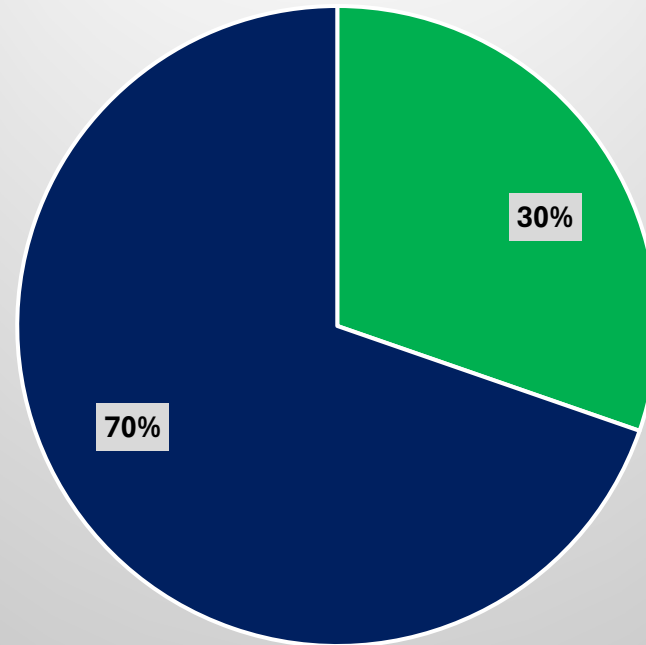


70% think
ASWB exam
should be
maintained as
requirement



3 in 10 against
ASWB as
requirement

ASWB Exam Maintained?



■ No ■ Yes



Allowing an Alternative Licensure Pathway



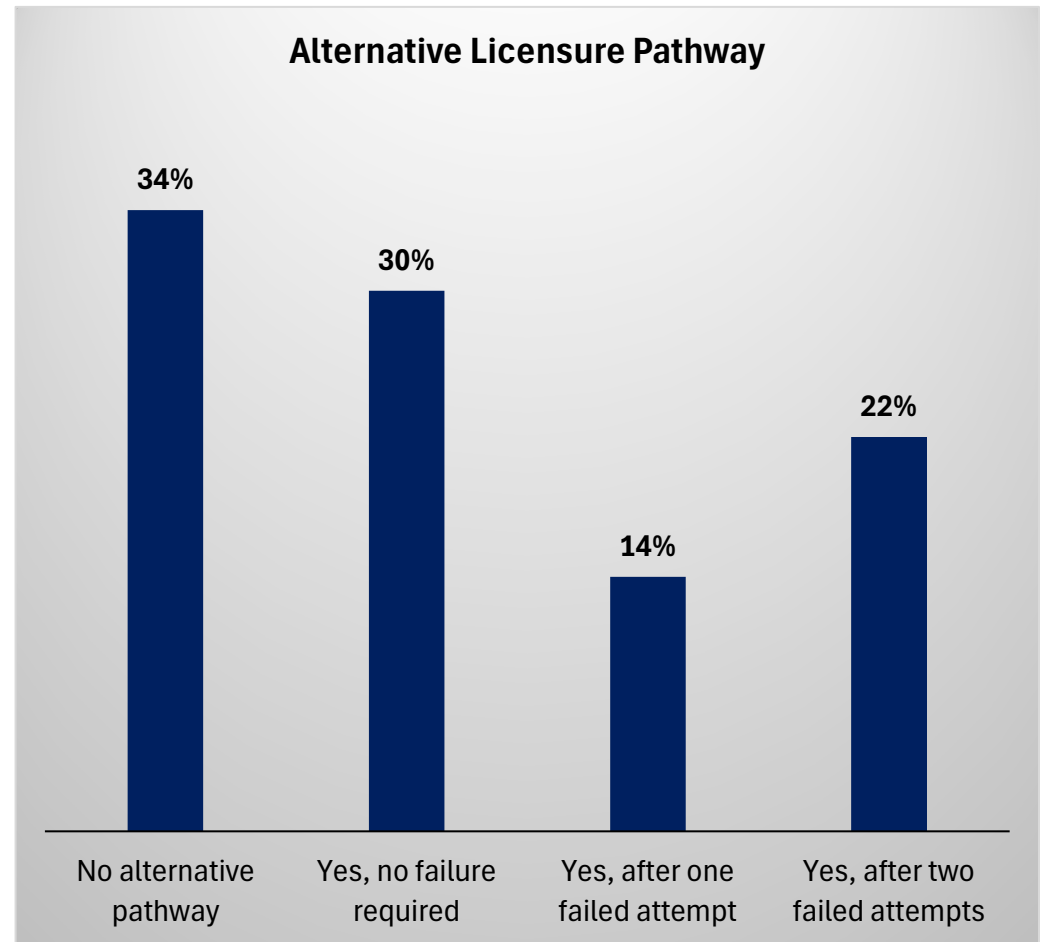
66% in favor of
some kind of alt.
pathway



3 in 10 endorse
an alt. pathway
with no exam
failure



1 in 5 think alt.
pathway allowed
after 2 failed
attempts





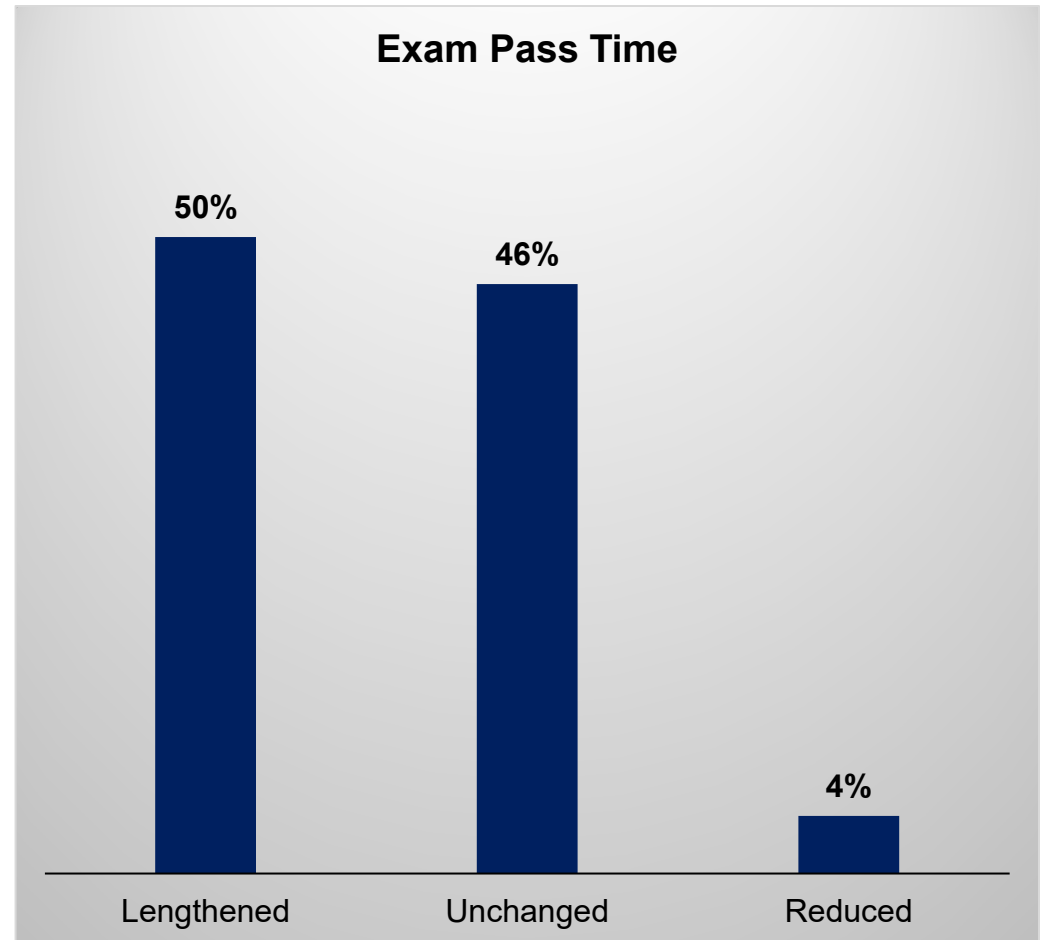
Timeline to Pass the ASWB Exam



Half think the
time to pass
exam should be
lengthened



Close to half think
time to pass
exam should
remain
unchanged



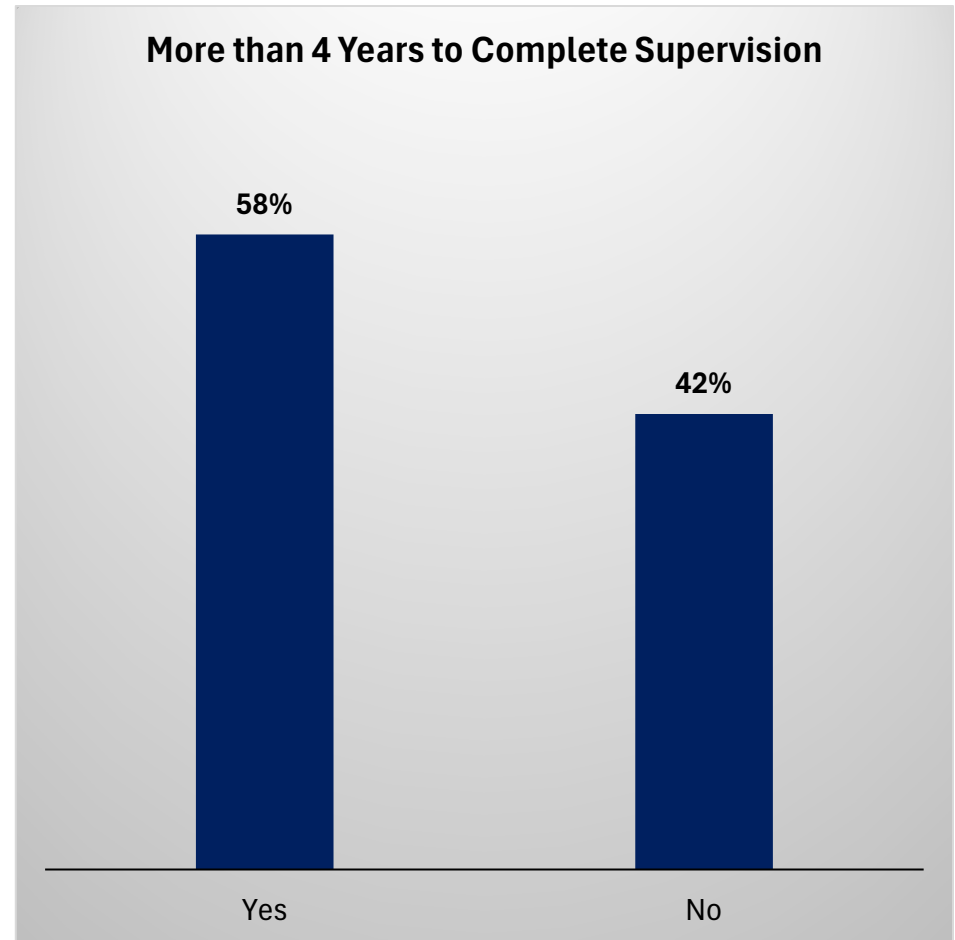


Timeline to Complete Supervision



Close to 3 in 5 think
time to complete
supervision should
be increased

More than 4 Years to Complete Supervision



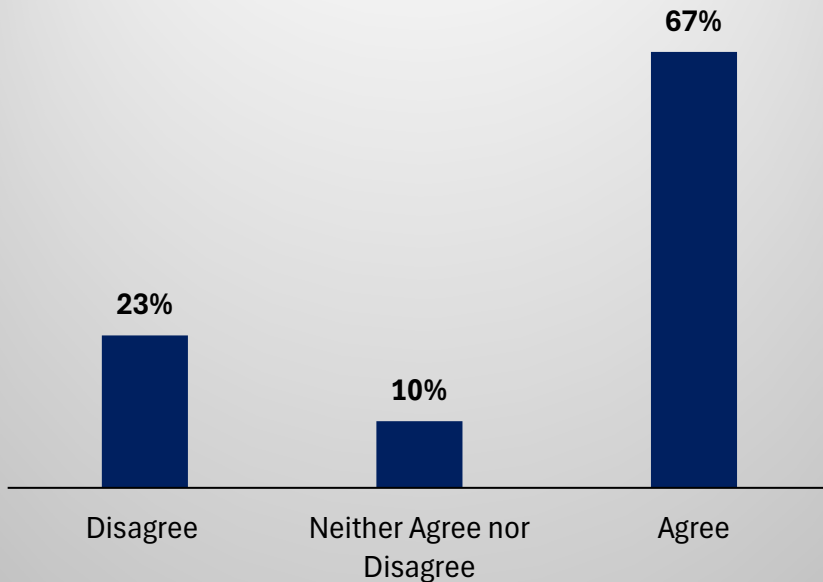


ASWB, Minimal Qualifications, and Public Trust

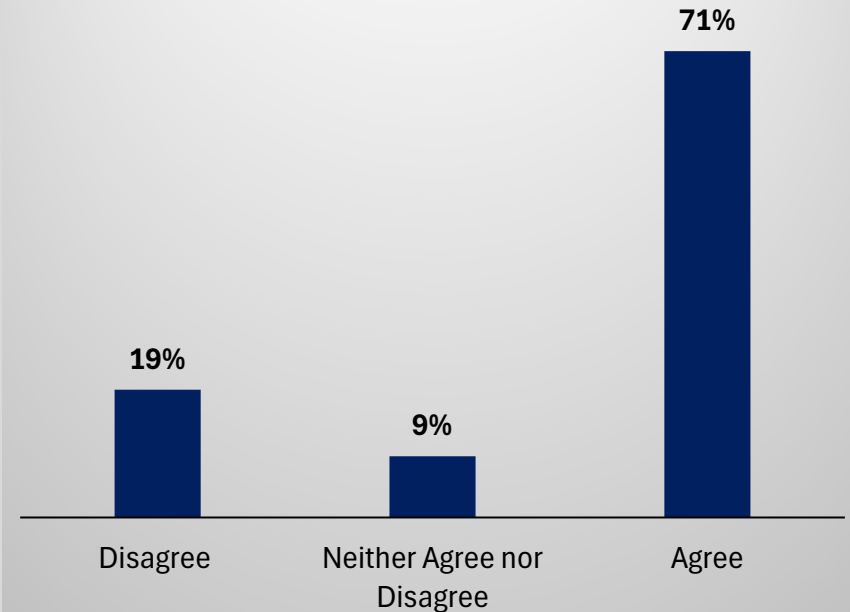


Majority agree that ASWB ensure minimal qualifications and builds public trust

ASWB Exam Ensures Minimal Qualifications



ASWB Exam Builds Public Trust



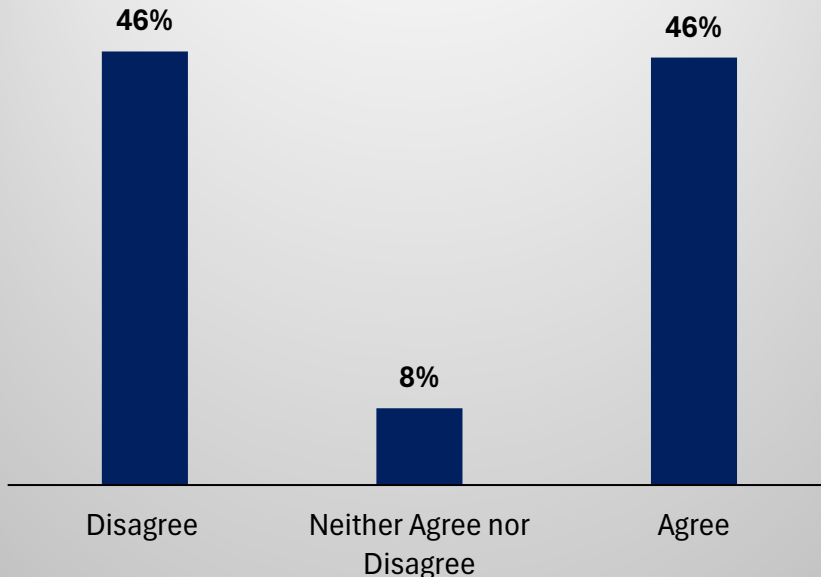


ASWB, Supervision, and Documentation

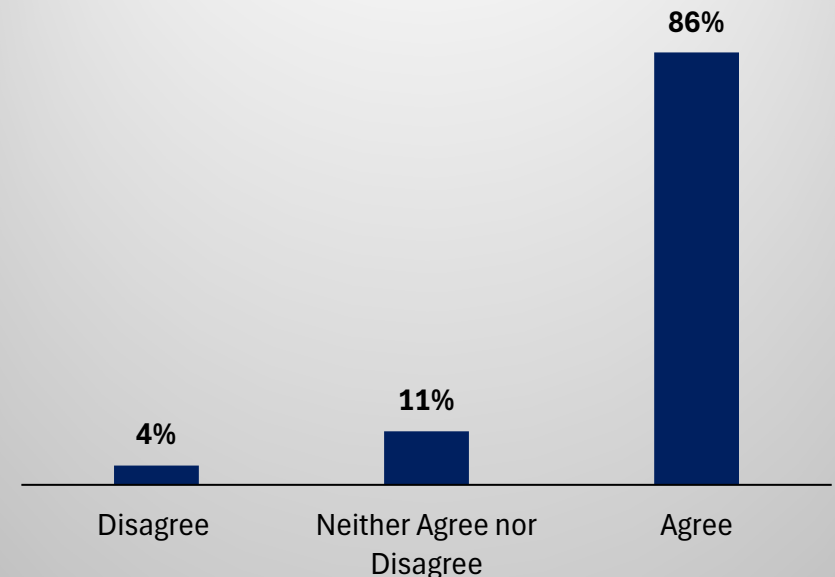


Even split in terms of supervision as an acceptable substitute

**Supervised Practice as Substitute for ASWB
Exam**



ASWB Provision of Documentation





Licensure Requirements: Breakdown by Important Factors



Virginia Department of Health Professions



Licensure Requirements by Age



Majority of those <30 want to remove ASWB exam requirement



As age increases so do % who want no alt. pathway;
half of those <30 want an alt. pathway with no failure required



Majority of those <60 want increased time to pass exam and to
complete supervision requirements



Majority of those under 40, and close to half of those 40-49,
agree that supervised practice can substitute the exam



Majority agree ASWB ensures minimal qualifications and
increases public trust; % increase as age categories increase



Virginia Department of Health Professions



Licensure Requirements by Sex



Majority of males and females think the ASWB exam should be maintained



Majority of males and females agree that an alternative pathway should be allowed



Majority endorse that time to pass exam and complete supervision be increased



Higher % of male respondents disagree that supervised practice can substitute the ASWB exam compared to female



Majority agree ASWB ensures minimal qualifications and increases public trust



Licensure Requirements by Race/Ethnicity



Majority think the ASWB exam should be maintained, a little over 2 in 5 respondents who selected Hispanic/Latino do not



Majority of respondents across all race/ethnicity categories agree that an alternative pathway should be allowed



Majority of Non-White respondents want more time to pass exam; most want more time to complete supervision reqs.



Majority of Non-White respondents agree that supervised practice can substitute ASWB exam



Majority of White and Non-White respondents agree that ASWB exam ensures minimal qualifications and builds public trust



Licensure Requirements by Education



Majority think the ASWB exam should be maintained; increase in % as degree level increases



Half of those with PhD want an alt. pathway; higher % among those with other degrees



Compared to other degree holders, higher % of BSWs want time requirement to pass the exam reduced



Majority of those with BSW and Macro Concentration MSW agree that supervised practice can substitute the ASWB exam



Majority agree that ASWB exam ensures minimal qualifications and builds public trust; increase in % as degree level increases



Licensure Requirements by Supervision



Majority agree with maintaining the ASWB Exam, higher % of supervisors agree with maintaining exam



Half of supervisors agree alt. pathway should be allowed



Higher % of supervisors think time to pass exam should remain unchanged and that 4 years is sufficient to complete supervision



Higher % of supervisors do not agree that supervised practice can substitute the ASWB exam



Majority agree that ASWB exam ensures minimal qualifications and builds public trust



Virginia Department of
Health Professions



LMSW and LBSW Licensure Requirements



Methods

Survey

- Administered over 2-week period between mid and late August 2025
- 21 questions, self-report

Sample

- Pending and active LCSWs, LMSWs, LBSWs, and supervision registrants
- 2,532 respondents

Questions

- Maintaining ASWB Exam
- Alternative pathways to licensure
- General perceptions about the exam

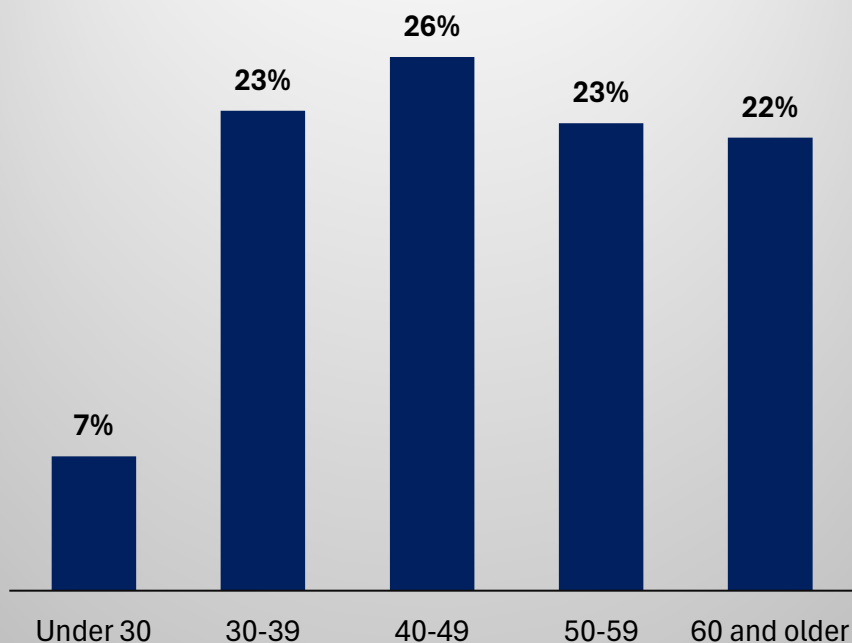


Demographics

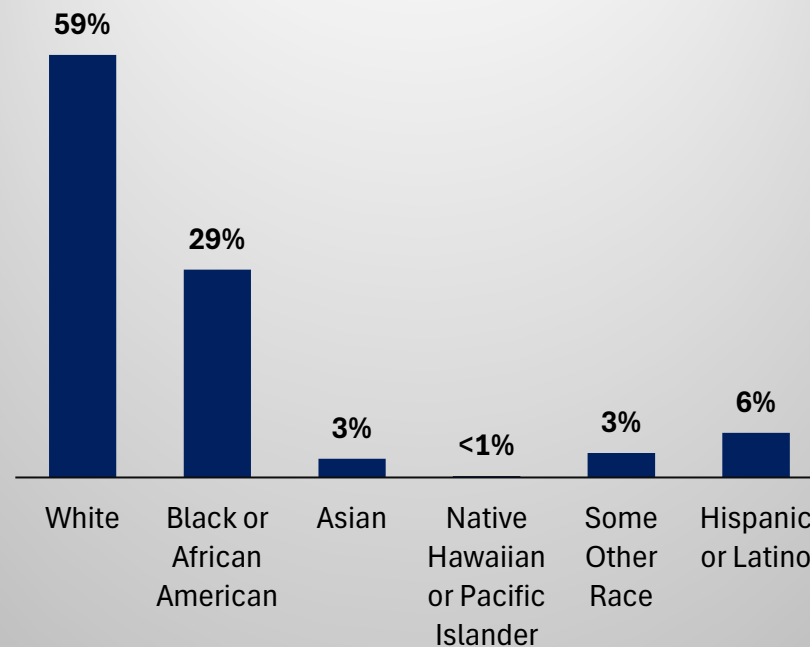


Median age between 40-49; 86% female; over half were White

Age



Race and Ethnicity



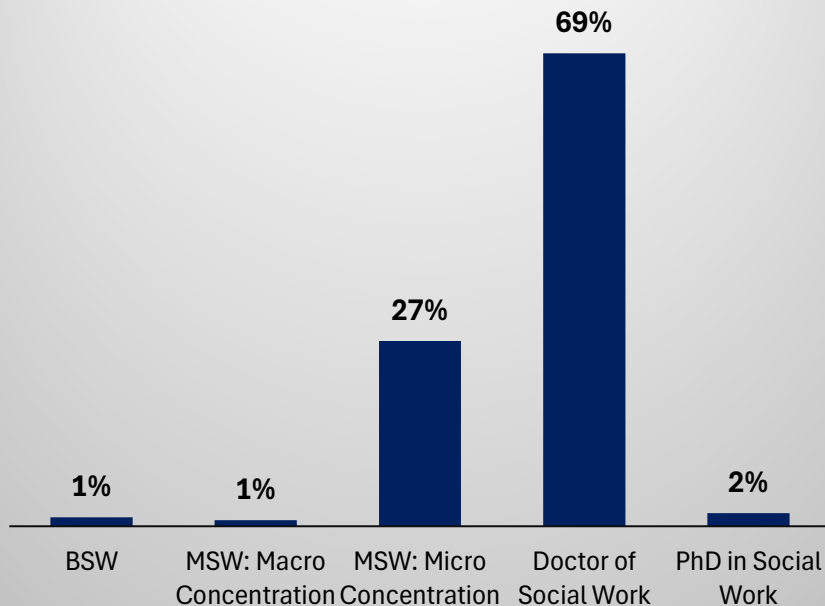


Education

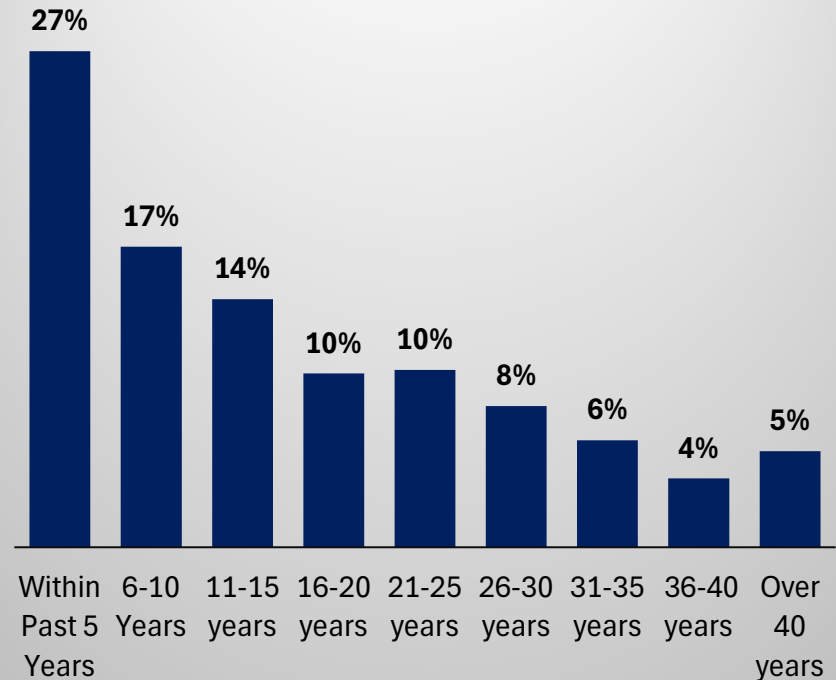


Most hold Doctor of Social Work; more than half earned degree within last 15 years

Highest Social Work Degree



Time Highest Degree earned



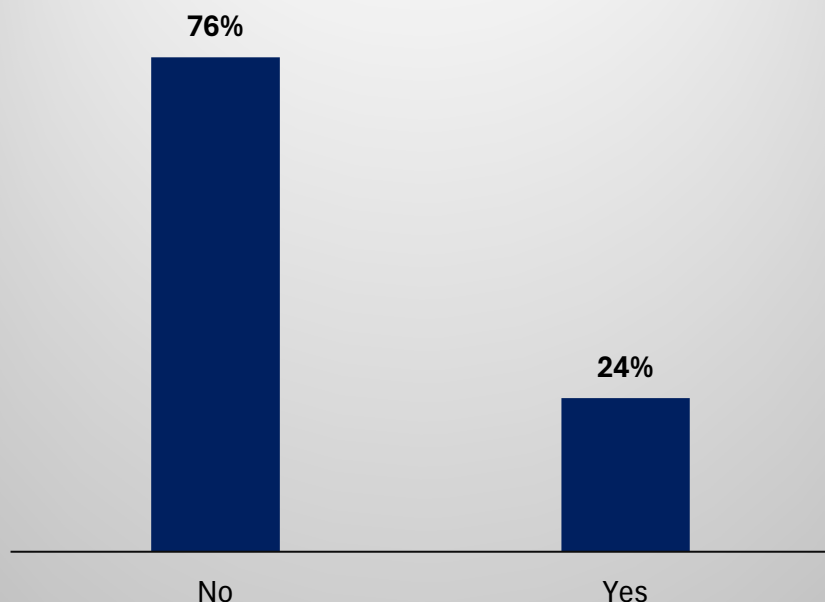


Supervisors

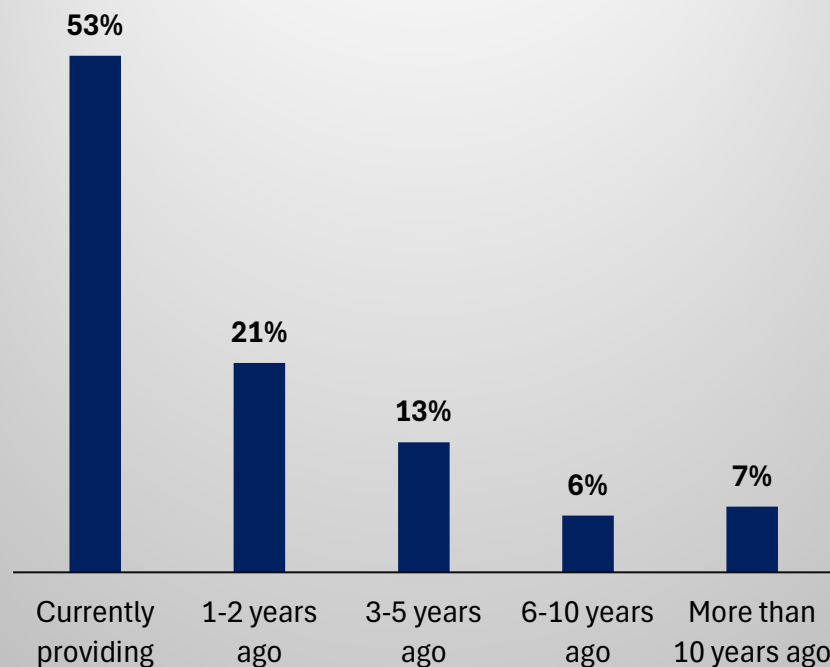


Almost 1 in 4 are supervisors; most of whom are currently providing supervision

Board-Approved Supervisor



Supervision Provided





Virginia Department of
Health Professions



LMSW Licensure Requirements



Virginia Department of Health Professions



Maintaining ASWB Master's Exam

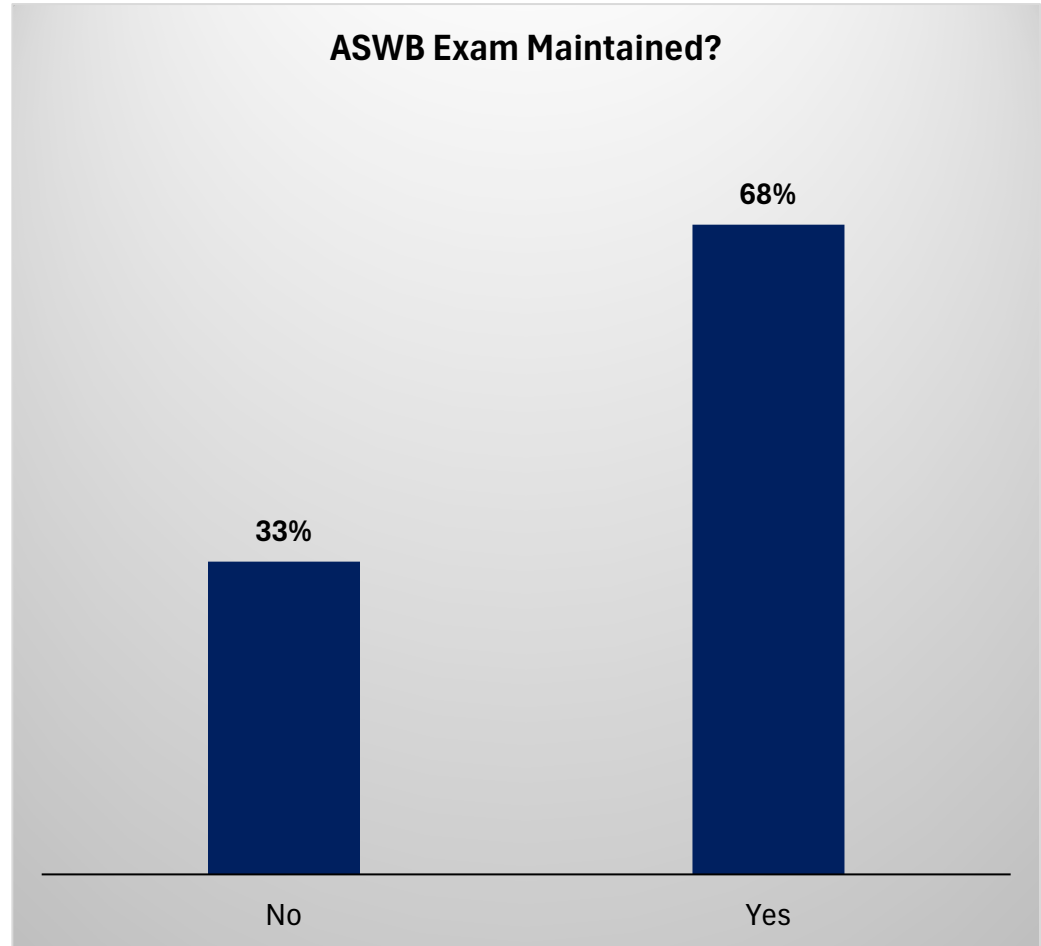


68% think exam
should be
maintained as
requirement



1 in 3 against
exam
requirement

ASWB Exam Maintained?





Allowing an Alternative Licensure Pathway



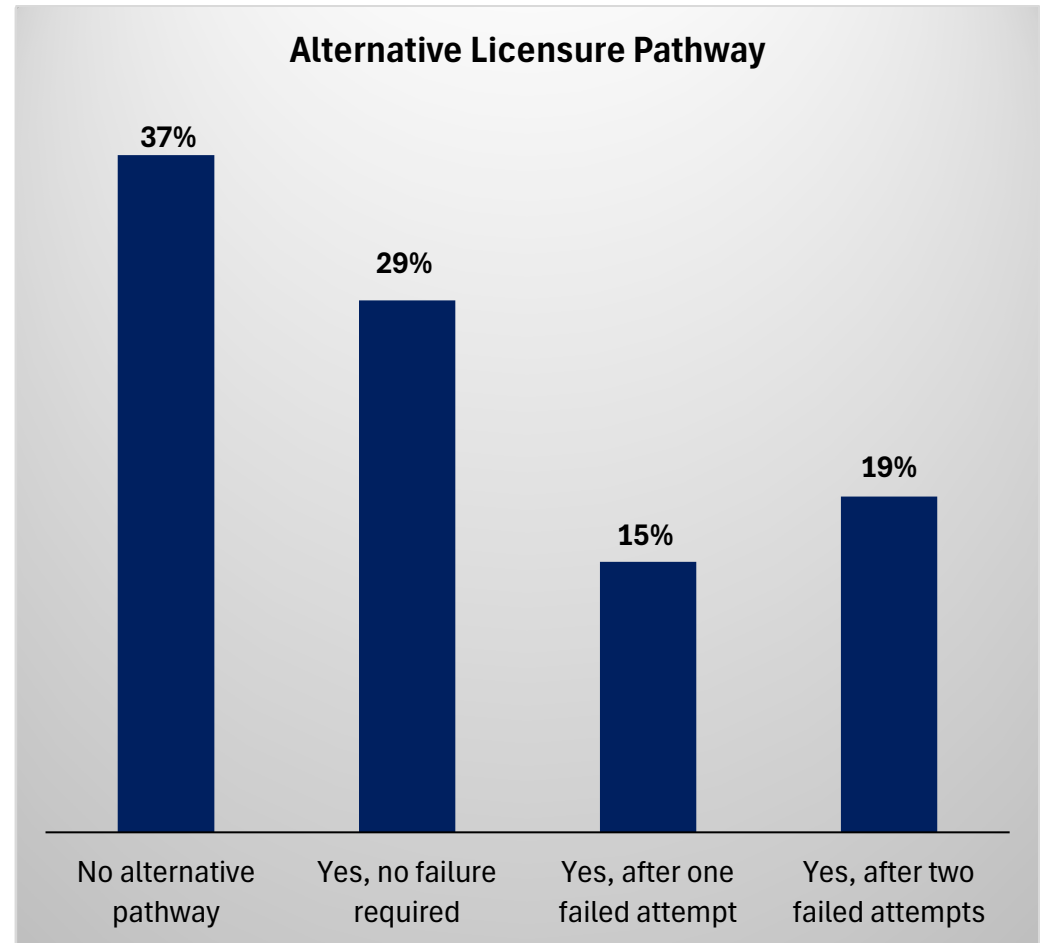
63% in favor of
some kind of alt.
pathway



Close to 3 in 10
endorse an alt.
pathway with no
exam failure.



Almost 1 in 5 think
alt. pathway
allowed after 2
failed attempts





Virginia Department of Health Professions



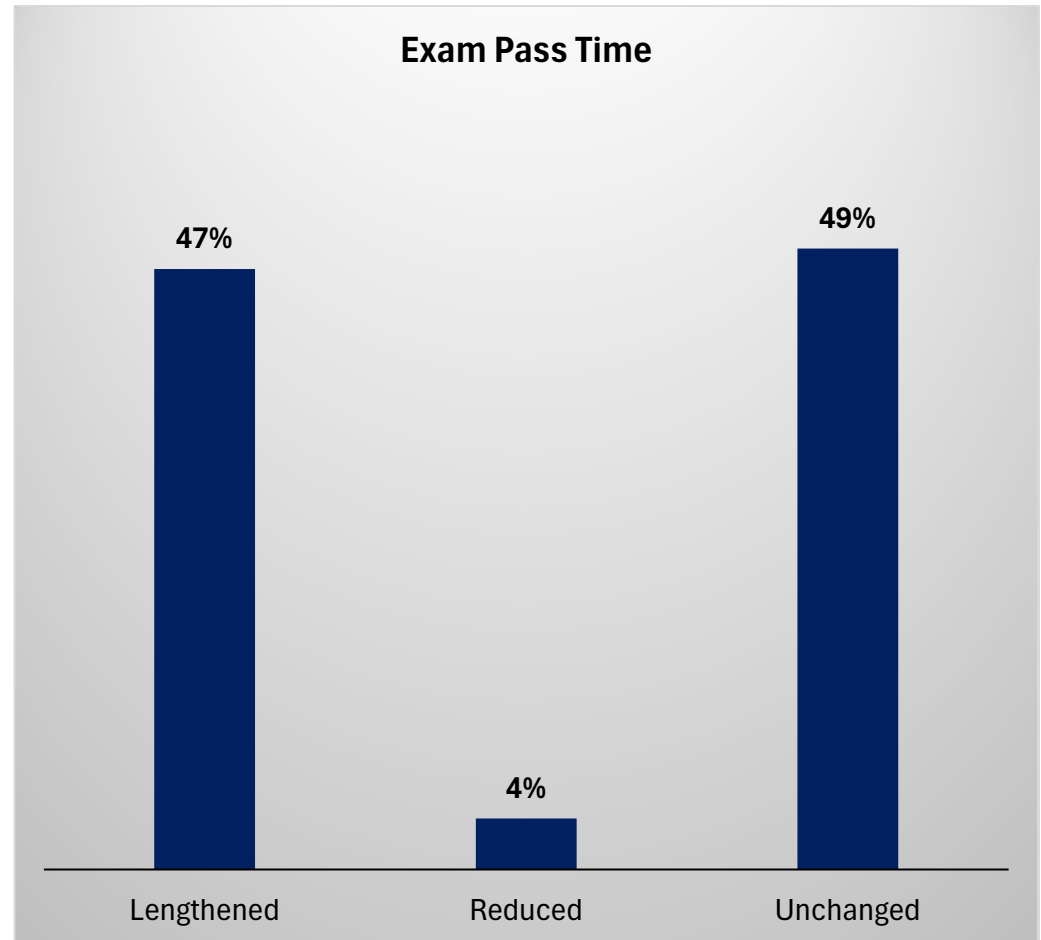
Timeline to Pass the Exam



47% think the time to pass exam should be lengthened



Close to half think time to pass exam should remain unchanged



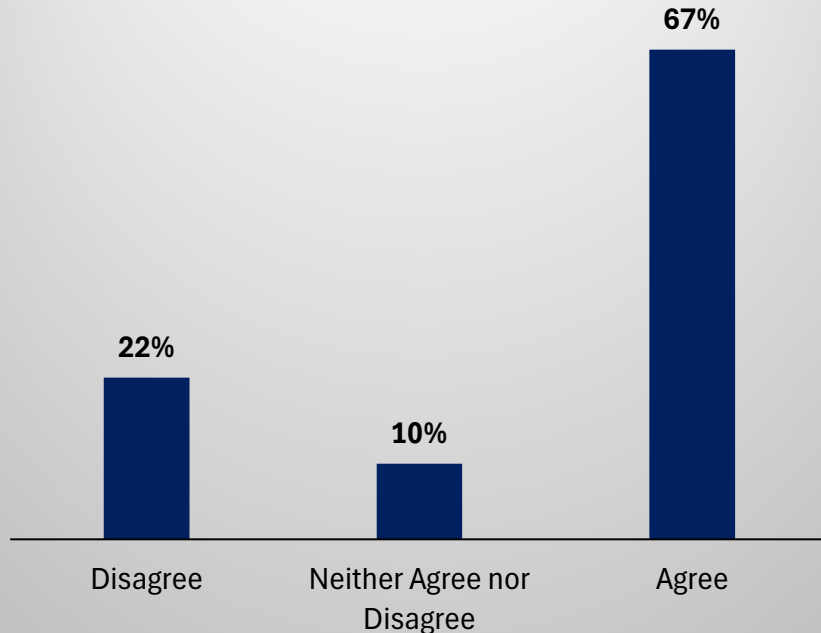


Exam, Minimal Qualifications, and Public Trust

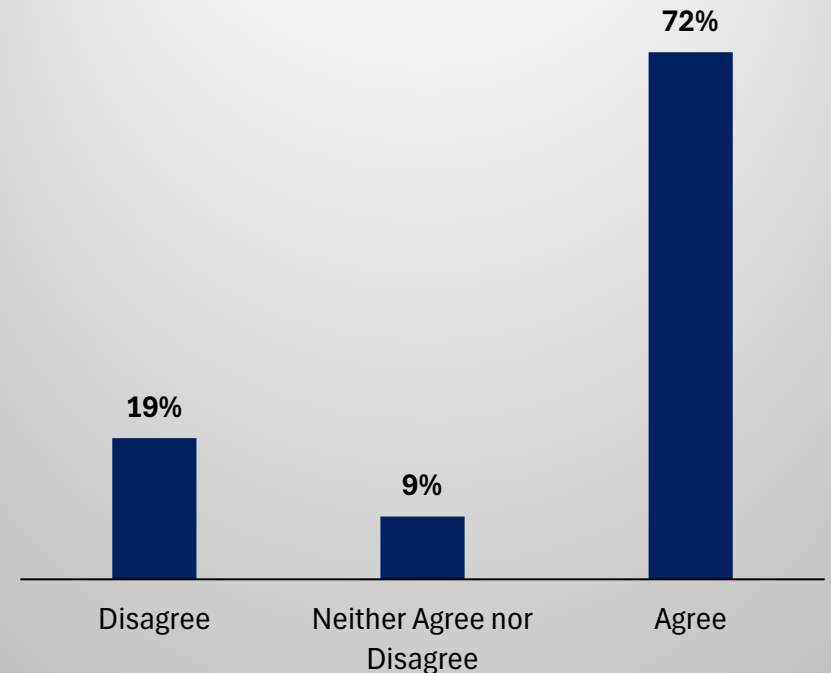


Majority agree that exam ensures minimal qualifications and builds public trust

Exam Ensures Minimal Qualifications



Exam Builds Public Trust



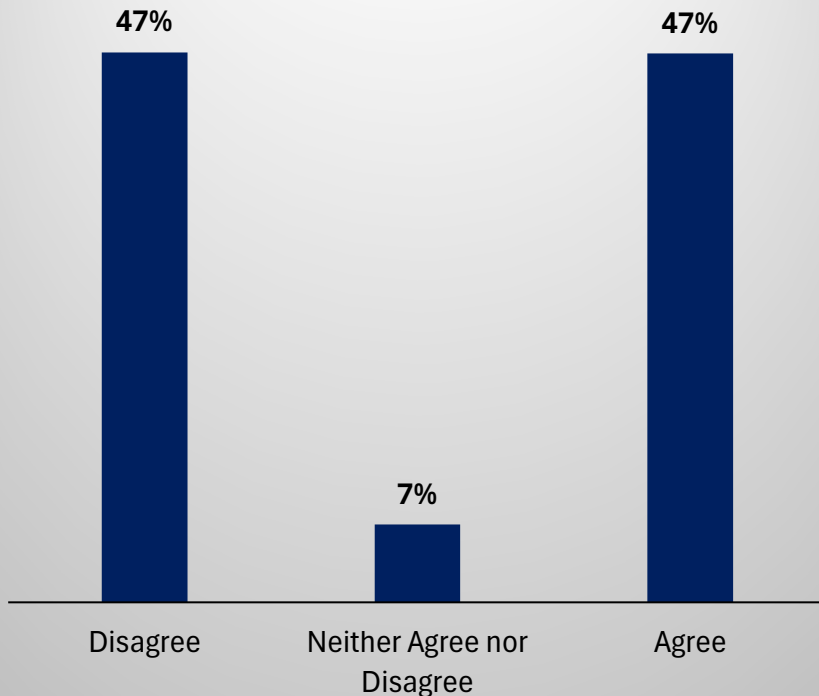


Exam, Supervision, and Documentation

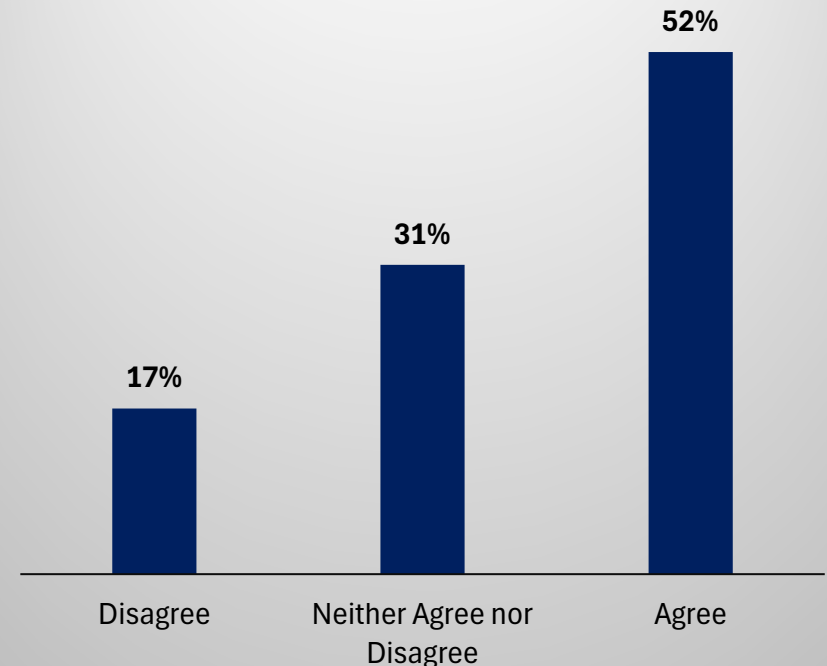


Even split in terms of supervision as an acceptable substitute; over half think it improves public protection

Supervision as a Substitute for Exam



Exam Improves Public Protection



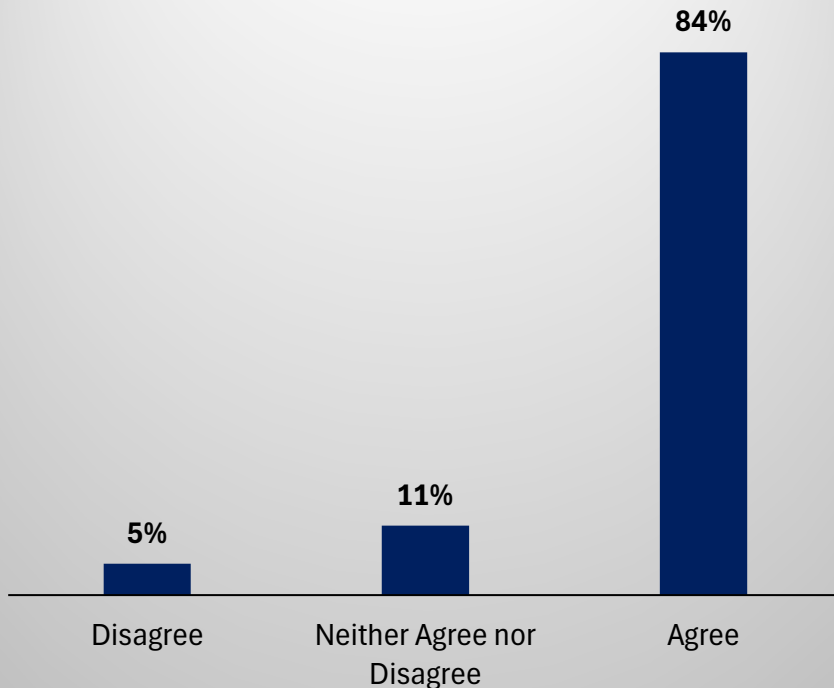


Exam, Documentation, and NASW Release

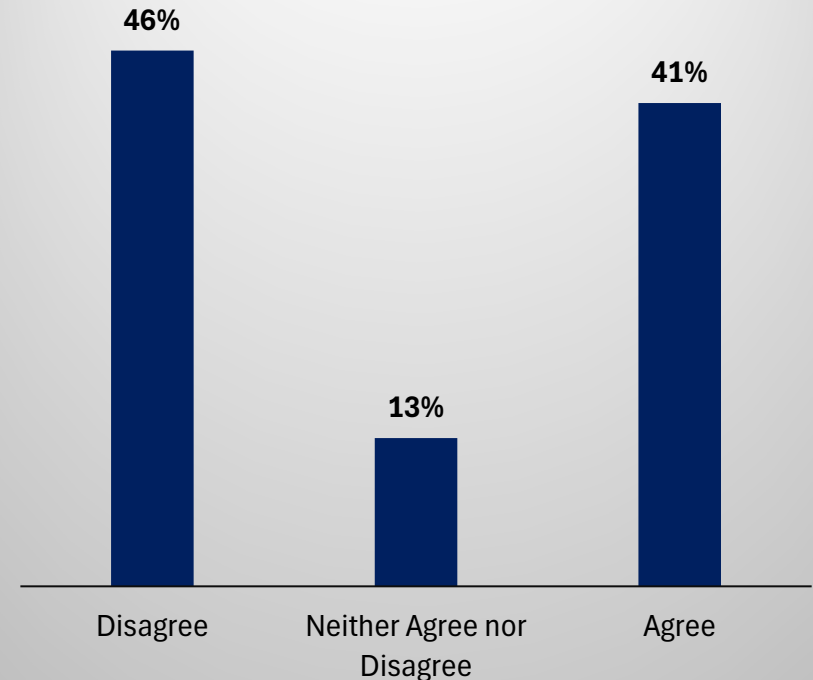


Most agree that ASWB must provide documentation;
slightly higher % disagrees with the NASW press release

ASWB Provision of Documentation



NASW Press Release





Virginia Department of
Health Professions



LBSW Licensure Requirements



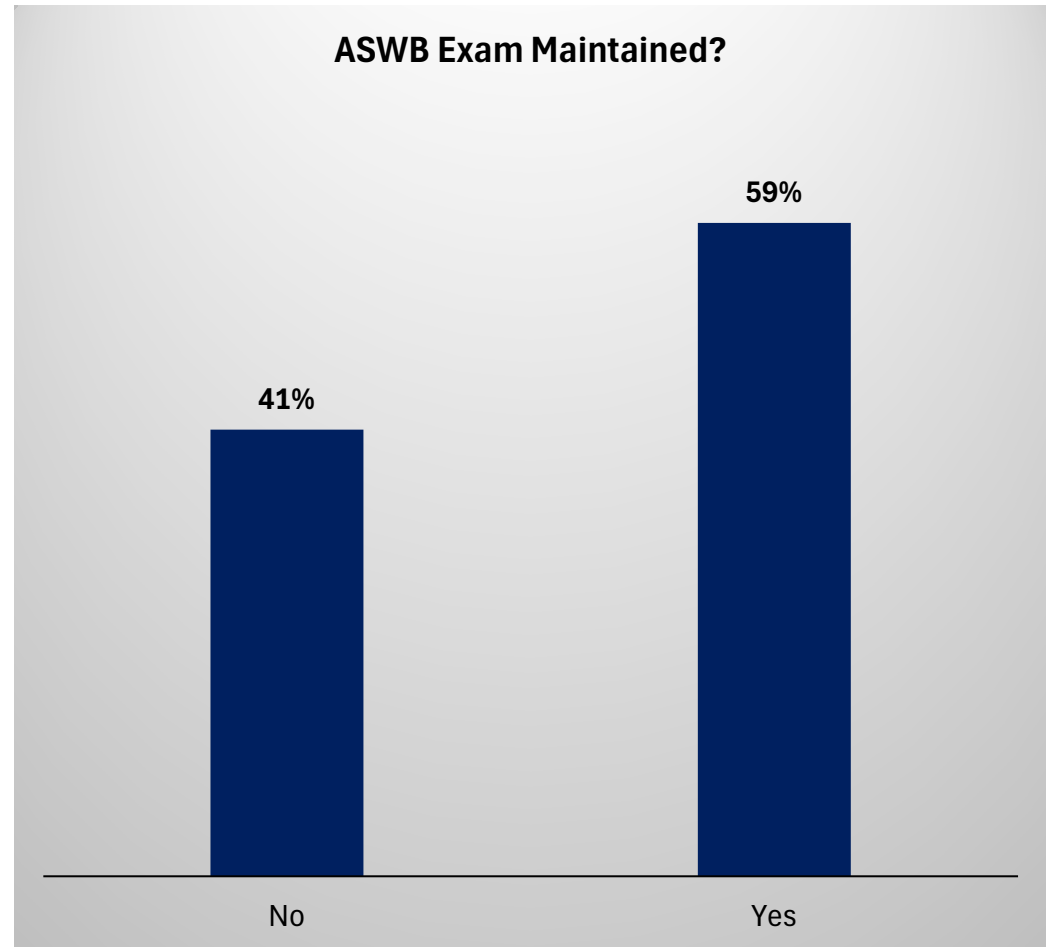
Maintaining ASWB Bachelor's Exam



59% think ASWB exam should be maintained as requirement



A little over 2 in 5 against ASWB exam requirement





Allowing an Alternative Licensure Pathway



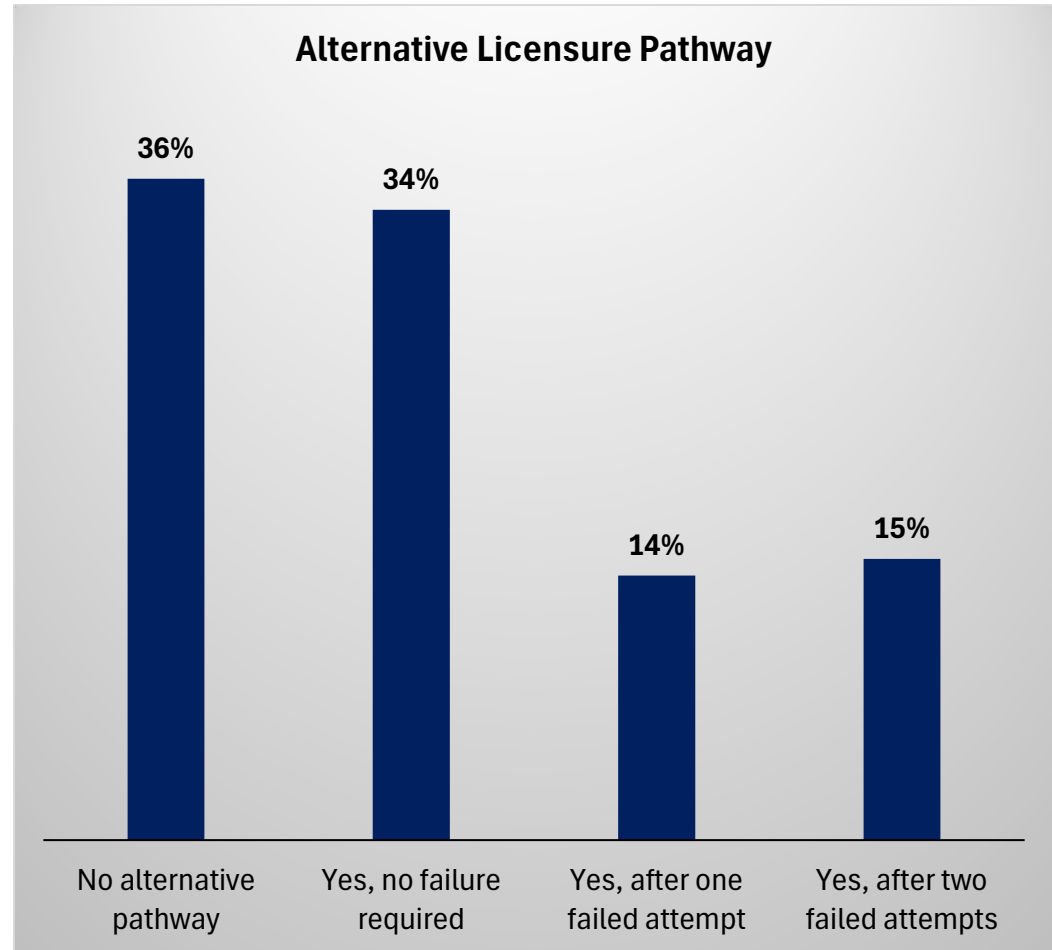
64% in favor of
some kind of alt.
pathway



More than 1 in 3
endorse an alt.
pathway with no
exam failure



15% think alt.
pathway allowed
after 2 failed
attempts





Virginia Department of Health Professions



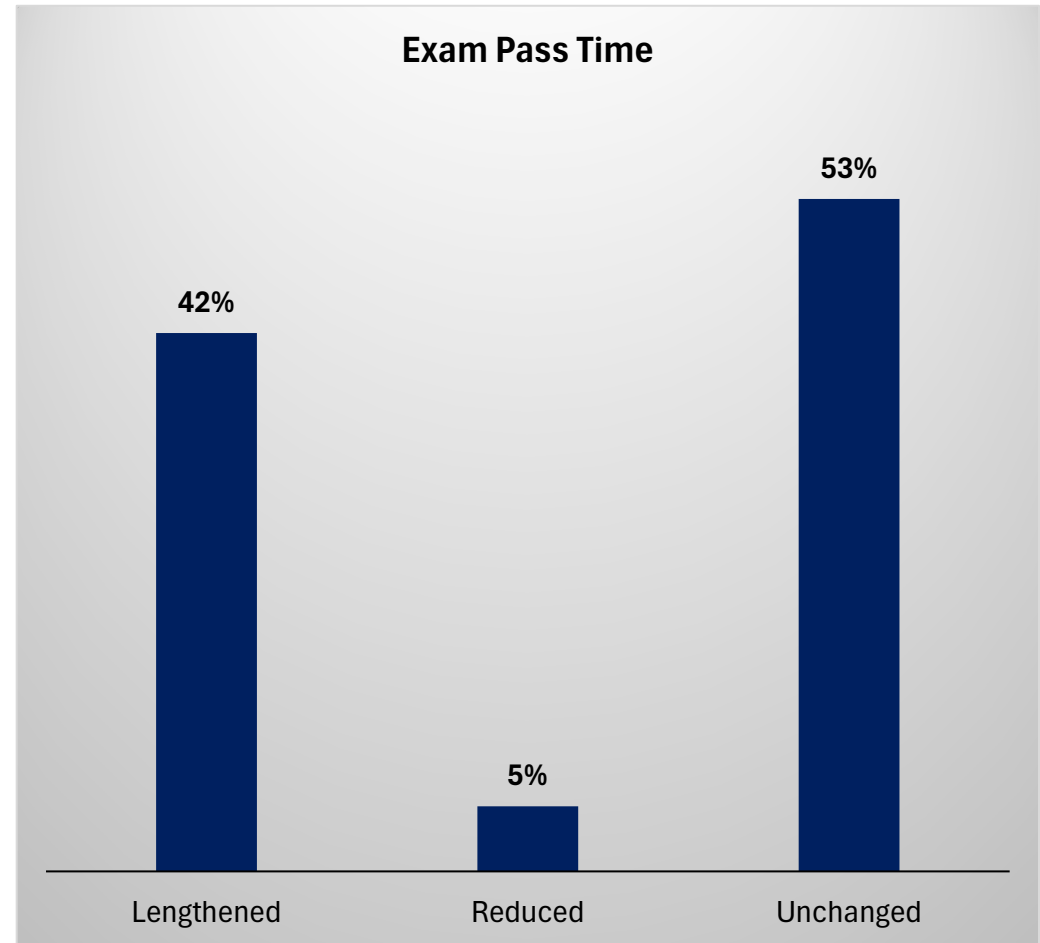
Timeline to Pass the Exam



2 in 5 think the
time to pass
exam should be
lengthened



Over half think
time to pass
exam should
remain
unchanged



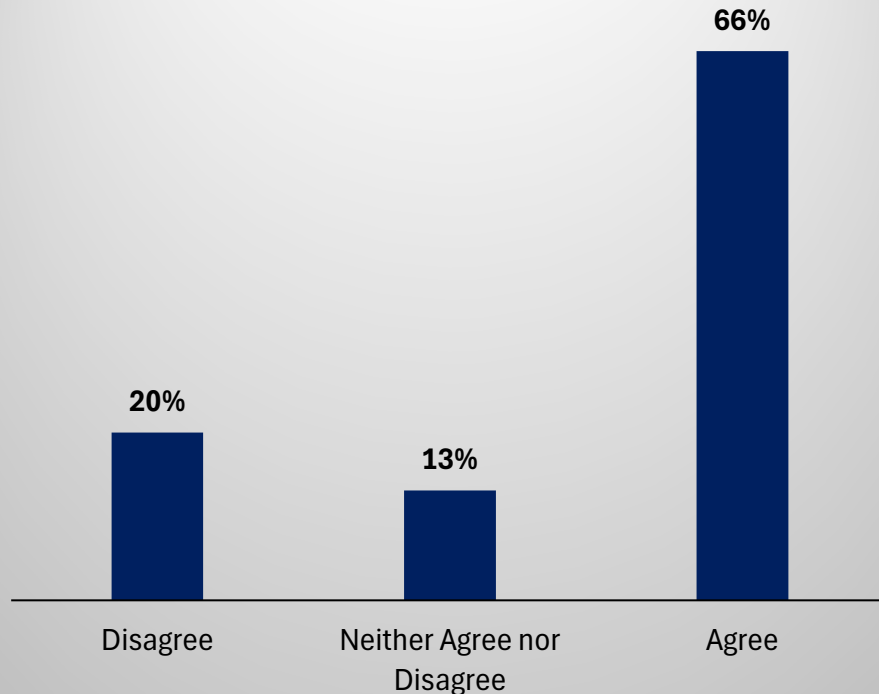


Exam, Minimal Qualifications, and Public Trust

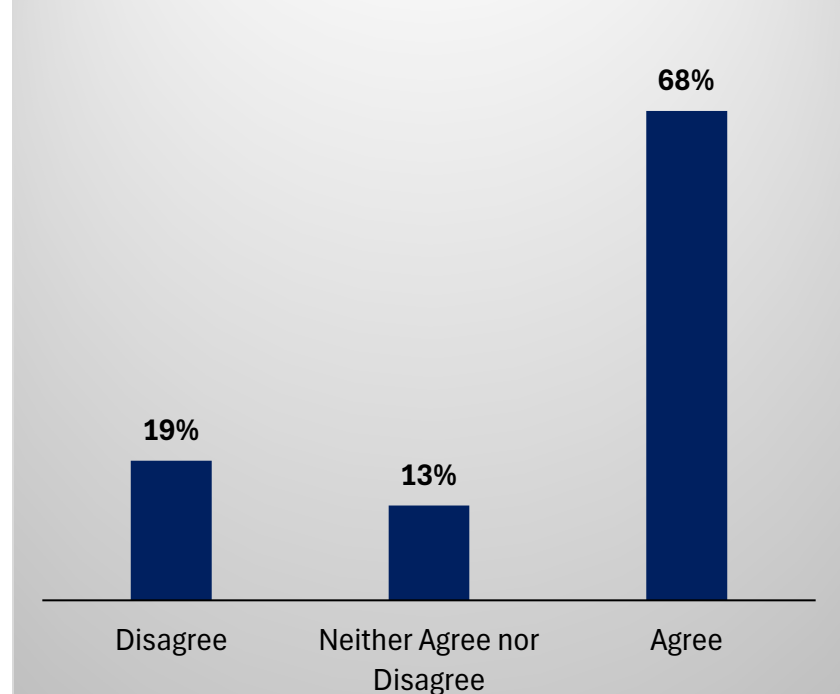


Majority agree that exam ensures minimal qualifications and builds public trust

Exam Ensures Minimal Qualifications



Exam Builds Public Trust



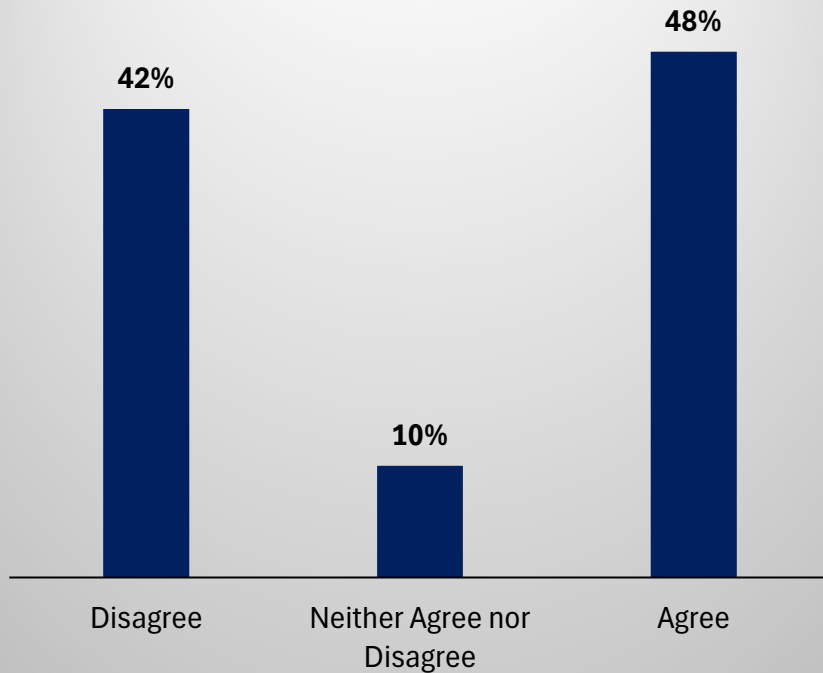


Supervision and Public Protection

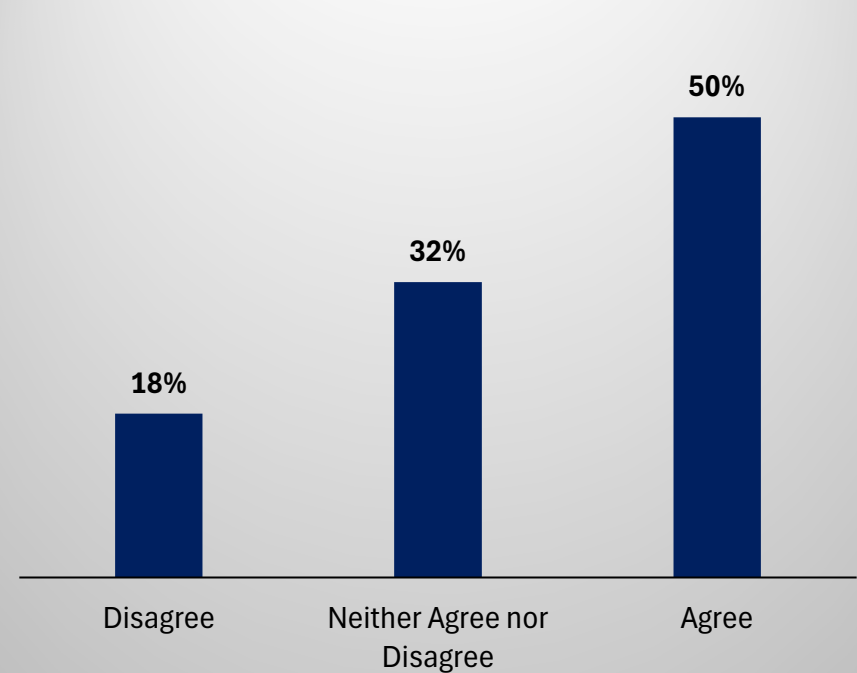


Slightly higher % agree that supervision can be an acceptable substitute to exam; half agree it improves public protection

Supervision can Substitute ASWB Exam



Exam Improves Public Protection



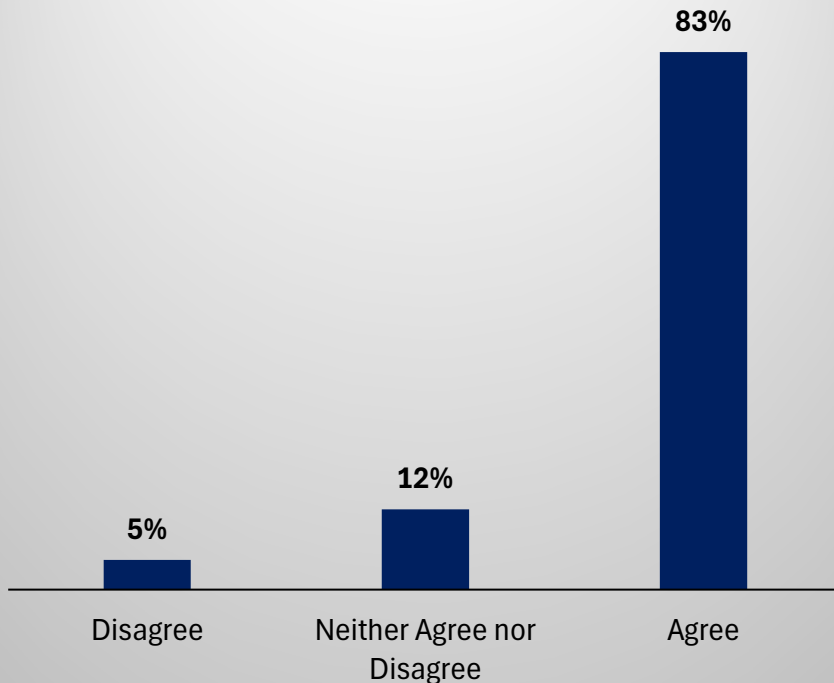


ASWB Documentation and NASW Release

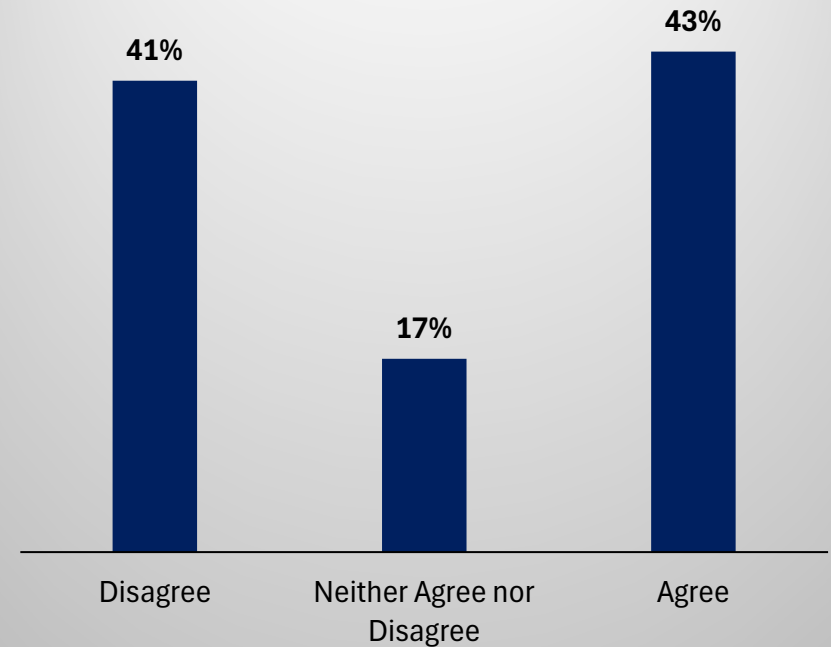


Majority agree that ASWB should provide documentation;
Slightly higher % agree with NASW press release

ASWB Provision of Documentation



NASW Press Release





Virginia Department of Health Professions



Conclusion



Majority agree that ASWB exam should be kept as a requirement; under 30 are less likely to support requirement



Most agree that some alternative pathway to licensure should be allowed



In terms of supervision substituting the exam, responses vary by age, education, race/ethnicity, and supervisory role



Most agree that ASWB Exam ensures minimal qualifications and builds public trust; some variation by race/ethnicity



Majority agree that the ASWB needs to provide documentation on reliability, validity, and fairness



Similar patterns of preliminary findings among LMSW and LBSW requirements

1. How many *scored* exam items has ASWB eliminated for biased functioning since 2018? If the answer is zero, why does ASWB not remove scored items it flags as biased (DIF)?

On page 23 in [ASWB's \(2023\) examination guidebook](#):

"All ASWB examination questions are monitored to ensure that there is nothing in the content that would provide an advantage to one demographic group over another. This evaluation occurs during the pretest phase—before questions are included in the scored question bank—and **continues while they are used as scored questions**" (ASWB, 2023, p. 21).

In a [2020 article in Social Work Today](#), ASWB Examination Director Lavina Harless confirmed:

"Monitoring of item performance doesn't end once an item moves out of pretest status. **Scored items are continually monitored** to ensure that performance doesn't slip. **If a scored item demonstrates a statistically significant drop** in performance, it is **taken out of use and returned to the examination committee for review**. Should the committee decide to edit and keep the item, it returns to pretest status" (para. 12).

In a [2021 issue of the New Social Worker](#), Stacey Owens, ASWB Item Development Consultant gave rough statistics:

DIF is identified by statistically analyzing responses to the exam questions—called items—during pretesting. **Scored items are continually monitored for DIF**. On an annual basis, less than 5% of all items released show DIF. Items flagged for DIF are removed from the bank of potential exam questions. (para. 3)

In ASWB's [2023 Testing Enhancements webinar](#), Examination Director Harless detailed:

"What if then people start to get it wrong? Again, because we do our research ahead of time, that doesn't typically happen. **If we see something that looks like maybe there's a shift in practice or something occurring, we'll pull those test questions down** and take a look at those with our subject matter experts on our Examination Committee" (57:20)

Former CEO Dwight Hymans concurred with this policy in 2020 in an [NASW Facebook Live](#):

"**when an item is live on an exam, we continue to look at [DIF] statistics** and if it begins to show bias in one direction or another it's pulled from the exams and goes right back through all the steps." (NASW, 2020, 35:00).

2. When ASWB removes scored items for biased functioning, does it update the cut score and score report for test-takers whose prior calculations included biased, *scored* items?

3. Do other exam developers remove *scored* items for biased functioning, or just ASWB?

4. In ASWB's response during the live session, the representative from PSI stated that ASWB calculated (but did not publicly report) the conditional standard errors of measurement as part of exam validation.

Here is a screenshot of how the NCLEX examinations report their test validity. Can you please provide the equivalent table for ASWB examinations at each license level as well as the procedure ASWB uses to calculate it?

Conditional Standard Errors of Measurement

Standard 2.14 – When possible and appropriate, conditional standard errors of measurement should be reported at several score levels unless there is evidence that the standard error is constant across score levels. Where cut scores are specified for selection or classification, the standard errors of measurement should be reported in the vicinity of each cut score.

Conditional standard error of measurement (CSEM) calculated at various scores allows the test user to gauge the expected stability of scores at the levels of greatest interest. The CSEM at eight Probability of Passing NCLEX-RN levels was calculated using a formula derived by [Woodruff \(1990\)](#) and is displayed in Table 10. Note that as scores deviate from the mid-range score (i.e., 50% Individual Score), the CSEM decreases.

Table 10 *CSEM at Various Score Levels*

Probability of Passing (Associated Individual Score)	Interval Sample Size	CSEM
99% Probability (80.7%)	982	1.25%
97% Probability (78.0%)	1,394	1.24%
95% Probability (74.7%)	1,513	1.23%
90% Probability (71.3%)	1,277	1.22%
82% Probability (68.0%)	1,099	1.24%
73% Probability (65.3%)	908	1.21%
62% Probability (60.7%)	631	1.24%
53% Probability (58.7%)	403	1.27%

5. In your presentation, ASWB discussed that calculating the conditional standard errors of measurement was already a part of the test validation procedure. Can ASWB provide the document and page number in their documentation where they cite and apply this standard?

6. The most current ASWB test documentation states that ASWB does not use CSEM, but uses a "modified Angoff method" to set passing scores. (CSEM would be used to validate and continuously monitor an already-set cut score.) Can you explain this gap in documentation?

In the 2021 [Manual for New Board members](#), it states:

In the final step, examinations are created to fit the blueprints, and passing scores (or cut scores) are set using a psychometric process called a modified Angoff method. In this method, **social work experts review** examination questions on the basis of the abilities

of a “minimally competent” practitioner. Each expert then makes decisions on the probability that this practitioner will answer questions correctly. The judgments are averaged, and the averages are used to compute a recommended cut score for the examination as a whole.

The Conditional Standard Errors of Measurement are required validation [standards for licensing examinations](#):

Standard 2.14

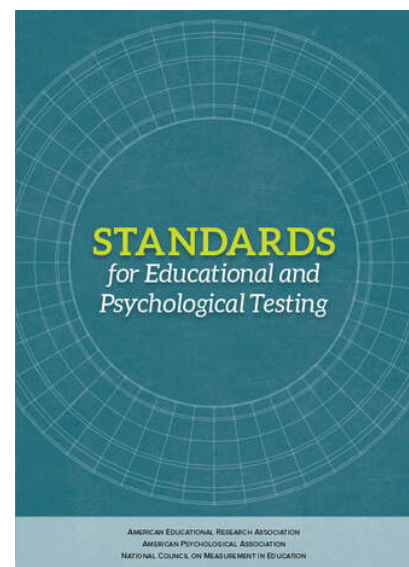
When possible and appropriate, conditional standard errors of measurement should be reported at several score levels unless there is evidence that the standard error is constant across score levels. Where cut scores are specified for selection or classification, the standard errors of measurement should be reported in the vicinity of each cut score.

Comment: Estimation of conditional standard errors is usually feasible with the sample sizes that are used for analyses of reliability/precision. If it is assumed that the standard error *is* constant over a broad range of score levels, the rationale for this assumption should be presented. The model on which the computation of the conditional standard errors is based should be specified.

Standard 2.15

When there is credible evidence for expecting that conditional standard errors of measurement or test information functions will differ substantially for various subgroups, investigation of the extent and impact of such differences should be undertaken and reported as soon as is feasible.

Comment: If differences are found, they should be clearly indicated in the appropriate documentation. In addition, if substantial differences do exist, the test content and scoring models should be examined to see if there are legally acceptable alternatives that do not result in such differences.



7. What statistical techniques does ASWB use to demonstrate that exam blueprints are equivalent to one another?

In 2018, after new exams were introduced, the pass rate for all social workers reduced by about 10%. According to ASWB's 2022 report, the bachelors examination first-time pass rate for all social workers reduced from 77.5% in 2011 to 68.7% in 2021. A comparable decline was noted in masters exam first-time pass rates from 82.5% to 73.0% across the 11 years reported. Despite marketing all examinations as comparable across years, ASWB (2022b) directly attributes the 10-13% drop in exam pass rates "between 2017 and 2018...most likely occurred because of the introduction of a new exam blueprint" (p. 8).

In its Exam Pass Rate Analysis, ASWB (2022b) did not report equity data prior to 2017 because "the introduction of a new exam blueprint can result in slight changes to exam content. Focusing on test-takers between 2018 and 2021 allows for more direct comparisons across similar testing experiences" (p. 3).

This explanation is confounding, as scores on 2017 and 2018 examinations are required to be directly comparable in the policy context. Although all test scores declined, Asian, Black, Latine, Indigenous, and English-secondary test-takers never made it above the average...only White and multiracial test-takers perform above average.

Agenda Item: Consideration of Regulatory Committee recommendation regarding implementation of HB1897 and streamlining of licensure

Included in your agenda package:

- 18VAC140-20;
- HB1897.

Staff notes: The Regulatory Committee discussed the need to implement HB1897, issues differentiating LMSWs providing clinical services and those not providing clinical services, and the duplicative nature of a registration as a supervisee prior to applying for licensure as an LCSW.

The Committee recognized the potential benefits of combining the clinical LMSW with the current requirements for registration as a supervisee, requiring *only* that a future LCSW applicant obtain licensure as an LMSW.

The Committee will be performing significant drafting work over the next year. To begin the regulatory process for implementation, the Committee made the following recommendation:

The Regulatory Committee recommends that the full Board adopt a notice of intended regulatory action to amend Chapter 20 to merge LMSWs and registered supervisees. Changes to be considered by the Board will include exam requirements, non-clinical LMSW requirements, and supervision timing. All changes made will ensure compliance with Compact requirements for those that would like Compact eligibility.

Action needed:

- Adoption of NOIRA as recommended by the Regulatory Committee.

Commonwealth of Virginia



REGULATIONS

GOVERNING THE PRACTICE OF SOCIAL WORK

VIRGINIA BOARD OF SOCIAL WORK

Title of Regulations: 18 VAC 140-20-10 et seq.

**Statutory Authority: Va. Code § 54.1-2400 and Chapter 37 of Title 54.1
of the Code of Virginia**

Revised Date: July 17, 2024

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Part I. General Provisions.

18VAC140-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-3700 of the Code of Virginia:

Baccalaureate social worker

Board

Casework

Casework management and supportive services

Clinical social worker

Master's social worker

Practice of social work

Social worker

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

"Accredited school of social work" means a school of social work accredited by the Council on Social Work Education.

"Active practice" means post-licensure practice at the level of licensure for which an applicant is seeking licensure in Virginia and shall include at least 360 hours of practice in a 12-month period.

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Clinical course of study" means graduate course work that includes specialized advanced courses in human behavior and the social environment, social justice and policy, psychopathology, and diversity issues; research; clinical practice with individuals, families, and groups; and a clinical practicum that focuses on diagnostic, prevention, and treatment services.

"Clinical social work services" include the application of social work principles and methods in performing assessments and diagnoses based on a recognized manual of mental and emotional disorders or recognized system of problem definition, preventive and early intervention services, and treatment services, including psychosocial interventions, psychotherapy, and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.

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

"Exempt practice" is that which meets the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.

"Face-to-face " means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision or in the delivery of clinical social work services by a supervisee and may include the use of technology that provides real-time, interactive contact among the individuals involved.

"LBSW" means a licensed baccalaureate social worker.

"LMSW" means a licensed master's social worker.

"Nonexempt practice" means that which does not meet the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.

"Supervisee" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in social work under supervision.

"Supervision" means a professional relationship between a supervisor and supervisee in which the supervisor directs, monitors and evaluates the supervisee's social work practice while promoting development of the supervisee's knowledge, skills and abilities to provide social work services in an ethical and competent manner.

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

18VAC140-20-20. [Repealed]

18VAC140-20-30. Fees.

A. The board has established fees for the following:

1. Registration of supervision	\$50
2. Addition to or change in registration of supervision	\$25
3. Application processing	
a. Licensed clinical social worker	\$165
b. LBSW	\$100
c. LMSW	\$115
4. Annual license renewal	
a. Registered social worker	\$25
b. Associate social worker	\$25
c. LBSW	\$55
d. LMSW	\$65
e. Licensed clinical social worker	\$90

5. Penalty for late renewal	
a. Registered social worker	\$10
b. Associate social worker	\$10
c. LBSW	\$20
d. LMSW	\$20
e. Licensed clinical social worker	\$30
6. Verification of license to another jurisdiction	\$25
7. Additional or replacement licenses	\$15
8. Additional or replacement wall certificates	\$25
9. Handling fee for returned check or dishonored credit or debit card	\$50
10. Reinstatement following disciplinary action	\$500

B. Fees shall be paid by check or money order made payable to the Treasurer of Virginia and forwarded to the board. All fees are nonrefundable.

C. Examination fees shall be paid directly to the examination service according to its requirements.

18VAC140-20-35. Sex offender treatment provider certification.

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

18VAC140-20-37. Licensure; general.

LBSWs and LMSWs may practice in exempt practice settings under appropriate supervision. In accordance with § 54.1-3700 of the Code of Virginia, an LBSW shall engage in the practice of social work under the supervision of a master's social worker. Only licensed clinical social workers may practice at the autonomous level.

Part II. Requirements for Licensure.

18VAC140-20-40. Requirements for licensure by examination as a clinical social worker.

Every applicant for examination for licensure as a licensed clinical social worker shall:

1. Meet the education requirements prescribed in 18VAC140-20-49 and experience requirements prescribed in 18VAC140-20-50.
2. Submit a completed application to the board office within two years of completion of supervised experience to include:

a. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-50 along with documentation of the supervisor's out-of-state license where applicable. Applicants whose former supervisor is deceased, or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision;

b. The application fee prescribed in 18VAC140-20-30;

c. Official transcript or documentation submitted from the appropriate institutions of higher education that verifies successful completion of educational requirements set forth in 18VAC140-20-49;

d. Documentation of any other health or mental health licensure or certification, if applicable; and

e. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

3. Provide evidence of passage of the examination prescribed in 18VAC140-20-70.

18VAC140-20-45. Requirements for licensure by endorsement.

A. Every applicant for licensure by endorsement shall submit in one package:

1. A completed application and the application fee prescribed in [18VAC140-20-30](#).

2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.

3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia. The board may accept evidence that a national examination was not required for licensure by the other jurisdiction at the time the applicant was initially licensed.

4. Documentation of any other health or mental health licensure or certification, if applicable.

5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

6. Certification that the applicant is not the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim.

B. If an applicant for licensure by endorsement has not passed a board-approved national examination at the level for which the applicant is seeking licensure in Virginia, the board may approve the applicant to sit for such examination.

18VAC140-20-49. Educational requirements for a licensed clinical social worker.

A. The applicant for licensure as a clinical social worker shall document successful completion of one of the following: (i) a master's degree in social work with a clinical course of study from a program accredited by the Council on Social Work Education, (ii) a master's degree in social work with a nonclinical concentration from a program accredited by the Council on Social Work Education together with successful completion of the educational requirements for a clinical course of study through a graduate program accredited by the Council on Social Work Education, or (iii) a program of education and training in social work at an educational institution outside the United States recognized by the Council on Social Work Education.

B. The requirement for a clinical practicum in a clinical course of study shall be a minimum of 600 hours, which shall be integrated with clinical course of study coursework and supervised by a person who is a licensed clinical social worker or who holds a master's or doctor's degree in social work and has a minimum of three years of experience in clinical social work services after earning the graduate degree. An applicant who has otherwise met the requirements for a clinical course of study but who did not have a minimum of 600 hours in a supervised field placement/practicum in clinical social work services may meet the requirement by obtaining an equivalent number of hours of supervised practice in clinical social work services in addition to the experience required in 18VAC140-20-50.

18VAC140-20-50. Experience requirements for a licensed clinical social worker.

A. Supervised experience. Supervised post-master's degree experience without prior written board approval will not be accepted toward licensure, except supervision obtained in another United States jurisdiction may be accepted if it met the requirements of that jurisdiction. Prior to registration for supervised experience, a person shall satisfactorily complete the educational requirements of [18VAC140-20-49](#).

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision, or whenever there is an addition or change of a supervisor to a supervisor not currently approved by the board:

- a. Register on a form provided by the board;
- b. Submit a copy of a supervisory contract completed by the supervisor and the supervisee;
- c. Submit an official transcript documenting a graduate degree and clinical practicum as specified in [18VAC140-20-49](#); and
- d. Pay the registration of supervision fee set forth in [18VAC140-20-30](#).

2. Hours. The applicant shall have completed a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of clinical social work services and in ancillary services that support such delivery. A minimum of one hour and a maximum of four hours of face-to-face supervision shall be provided per 40 hours of work experience for a total of at least 100 hours. No more than 50 of the 100 hours may be obtained in group supervision, nor shall there be more than six persons being supervised in a group unless approved in advance

by the board. The board may consider alternatives to face-to-face supervision if the applicant can demonstrate an undue burden due to hardship, disability, or geography.

- a. Supervised experience shall be acquired in no less than two nor more than four consecutive years.
- b. Supervisees shall obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of clinical social work services. The remaining hours may be spent in ancillary services supporting the delivery of clinical social work services.

3. An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years.

B. Requirements for supervisors.

1. The supervisor shall hold an active, unrestricted license as a licensed clinical social worker in the jurisdiction in which the clinical services are being rendered with at least two years of post-licensure clinical social work experience. The board may consider supervisors with commensurate qualifications if the applicant can demonstrate an undue burden due to geography or disability or if supervision was obtained in another United States jurisdiction.

2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under [18VAC140-20-105](#). After the initial graduate course or 14 hours of continuing education in supervision, at least seven hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.

3. The supervisor shall not provide supervision for a family member or provide supervision for anyone with whom the supervisor has a dual relationship.

4. The board may consider supervisors from jurisdictions outside of Virginia who provided clinical social work supervision if they have commensurate qualifications but were either (i) not licensed because their jurisdiction did not require licensure or (ii) not designated as clinical social workers because the jurisdiction did not require such designation.

C. Responsibilities of supervisors. The supervisor shall:

1. Be responsible for the social work activities of the supervisee as set forth in this subsection once the supervisory arrangement is accepted;

2. Review and approve the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, diagnosis, length of treatment, and treatment method within the client population seen by the applicant. It is the applicant's responsibility to ensure the representativeness of the sample that is presented to the supervisor;

3. Provide supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients;

4. Provide supervision only for those activities for which the supervisor is qualified by education, training, and experience;

5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, understanding the requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients;
6. Be available to the applicant on a regularly scheduled basis for supervision;
7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision; and
8. Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor.

D. Responsibilities of supervisees.

1. Supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or licensed clinical social workers.
2. During the supervised experience, supervisees shall use their names and the initials of their degree, and the title "Supervisee in Social Work" in all written communications.
3. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and telephone number.
4. Supervisees shall not supervise the provision of clinical social work services provided by another person.
5. While providing clinical social work services, a supervisee shall remain under board-approved supervision until licensed in Virginia as a licensed clinical social worker.

18VAC140-20-51. Requirements for licensure by examination as an LBSW or LMSW.

A. In order to be approved to sit for the board-approved examination as an LBSW or an LMSW, an applicant shall:

1. Meet the education requirements prescribed in 18VAC140-20-60.
2. Submit a completed application to the board office to include:
 - a. The application fee prescribed in 18VAC140-20-30; and
 - b. Official transcripts submitted from the appropriate institutions of higher education.

B. In order to be licensed by examination as an LBSW or an LMSW, an applicant shall:

1. Meet the requirements prescribed in 18VAC140-20-60; and
2. Submit, in addition to the application requirements of subsection A of this section, the following:
 - a. Verification of a passing score on the board-approved national examination;

- b. Documentation of any other health or mental health licensure or certification, if applicable; and
- c. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

18VAC140-20-60. Education requirements for an LBSW or LMSW.

The applicant for licensure as an LBSW shall hold a bachelor's degree from an accredited school of social work. The applicant for licensure as an LMSW shall hold a master's degree from an accredited school of social work. Graduates of foreign institutions must establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education.

**Part III
Examinations**

18VAC140-20-70. Examination requirement.

A. An applicant for licensure by the board as an LBSW, an LMSW, or clinical social worker shall pass a written examination prescribed by the board.

1. The examination prescribed for licensure as a clinical social worker shall be the licensing examination of the Association of Social Work Boards at the clinical level.
2. The examination prescribed for licensure as an LBSW shall be the licensing examination of the Association of Social Work Boards at the bachelor's level.
3. The examination prescribed for licensure as an LMSW shall be the licensing examination of the Association of Social Work Boards at the master's level.

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

C. If an applicant for clinical social work licensure has not passed the examination within the second two-year approval period, the applicant shall be required to register for supervision and complete one additional year as a supervisee before approval for another two-year period in which to re-take the examination may be granted.

18VAC140-20-80 to 18VAC140-20-90. [Repealed]

Part IV. Licensure Renewal; Reinstatement.

18VAC140-20-100. Licensure renewal.

A. Beginning with the 2017 renewal, licensees shall renew their licenses on or before June 30 of each year and pay the renewal fee prescribed by the board.

B. Licensees who wish to maintain an active license shall pay the appropriate fee and document on the renewal form compliance with the continued competency requirements prescribed in 18VAC140-20-105. Newly licensed individuals are not required to document continuing education on the first renewal date following initial licensure.

C. A licensee who wishes to place his license in inactive status may do so upon payment of a fee equal to one-half of the annual license renewal fee as indicated on the renewal form. No person shall practice social work or clinical social work in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC140-20-110.

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

18VAC140-20-105. Continued competency requirements for renewal of an active license.

A. Licensed clinical social workers shall be required to have completed a minimum of 30 contact hours of continuing education and LBSWs and LMSWs shall be required to have completed a minimum of 15 contact hours of continuing education prior to licensure renewal in even years. Courses or activities shall be directly related to the practice of social work or another behavioral health field. A minimum of six of those hours for licensed clinical social workers and a minimum of three of those hours for licensed social workers must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia. Up to two continuing education hours required for renewal may be satisfied through delivery of social work 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, as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

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

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

B. Hours may be obtained from a combination of board-approved activities in the following two categories:

1. Category I. Formally Organized Learning Activities. A minimum of 20 hours for licensed clinical social workers or 10 hours for licensed social workers shall be documented in this category, which shall include one or more of the following:

a. Regionally accredited university or college academic courses in a behavioral health discipline. A maximum of 15 hours will be accepted for each academic course.

b. Continuing education programs offered by universities or colleges accredited by the Council on Social Work Education.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state or local social service agencies, public school systems 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 Child Welfare League of America and its state and local affiliates.

(2) The National Association of Social Workers and its state and local affiliates.

(3) The Association of Black Social Workers and its state and local affiliates.

(4) The Family Service Association of America and its state and local affiliates.

(5) The Clinical Social Work Association and its state and local affiliates.

(6) The Association of Social Work Boards.

(7) Any state social work board.

2. Category II. Individual Professional Activities. A maximum of 10 of the required 30 hours for licensed clinical social workers or a maximum of five of the required 15 hours for licensed social workers may be earned in this category, which shall include one or more of the following:

a. Participation in an Association of Social Work Boards item writing workshop. (Activity will count for a maximum of two hours.)

b. Publication of a professional social work-related book or initial preparation or presentation of a social work-related course. (Activity will count for a maximum of 10 hours.)

c. Publication of a professional social work-related article or chapter of a book, or initial preparation or presentation of a social work-related in-service training, seminar or workshop. (Activity will count for a maximum of five hours.)

d. Provision of a continuing education program sponsored or approved by an organization listed under Category I. (Activity will count for a maximum of two hours and will only be accepted one time for any specific program.)

e. Field instruction of graduate students in a Council on Social Work Education-accredited school. (Activity will count for a maximum of two hours.)

f. Serving as an officer or committee member of one of the national professional social work associations listed under subdivision B 1 d of this section or as a member of a state social work licensing board. (Activity will count for a maximum of two hours.)

g. Attendance at formal staffings at federal, state or local social service agencies, public school systems or licensed health facilities and licensed hospitals. (Activity will count for a maximum of five hours.)

h. Individual or group study including listening to audio tapes, viewing video tapes, or reading professional books or articles. (Activity will count for a maximum of five hours.)

18VAC140-20-106. Documenting compliance with continuing education requirements.

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

B. The board may conduct an audit of licensees to verify compliance with the requirement for a renewal period.

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

1. Documentation of Category I activities by submission of:
 - a. Official transcripts showing credit hours earned; or
 - b. Certificates of participation.
2. Attestation of completion of Category II activities.

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

18VAC140-20-110. Late renewal; reinstatement; reactivation.

A. An LBSW, LMSW, or clinical social worker whose license has expired may renew that license within one year after its expiration date by:

1. Providing evidence of having met all applicable continuing education requirements.
2. Paying the penalty for late renewal and the renewal fee as prescribed in [18VAC140-20-30](#).

B. An LBSW, LMSW, or clinical social worker who fails to renew the license after one year and who wishes to resume practice shall apply for reinstatement and pay the reinstatement fee, which shall consist of the application processing fee and the penalty fee for late renewal, as set forth in [18VAC140-20-30](#). An applicant for reinstatement shall also provide:

1. Documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years;
2. Documentation of any other health or mental health licensure or certification held in another United States jurisdiction, if applicable; and
3. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank.

C. An LBSW, LMSW, or clinical social worker wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.

18VAC140-20-120. [Repealed]

18VAC140-20-130. Renewal of registration for associate social workers and registered social workers.

The registration of every associate social worker and registered social worker with the former Virginia Board of Registration of Social Workers under former §54-775.4 of the Code of Virginia shall expire on June 30 of each year.

1. Each registrant shall return the completed application before the expiration date, accompanied by the payment of the renewal fee prescribed by the board.
2. Failure to receive the renewal notice shall not relieve the registrant from the renewal requirement.

18VAC140-20-140. [Repealed]

Part V. Standards of Practice.

18VAC140-20-150. Professional conduct.

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

B. Persons licensed as LBSWs, LMSWs, and clinical social workers shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for diagnostic or therapeutic purposes.
2. Provide for continuation of care when services must be interrupted or terminated.
3. Practice only within the competency areas for which they are qualified by education and experience.
4. Report to the board known or suspected violations of the laws and regulations governing the practice of social work.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.
6. Ensure that clients are aware of fees and billing arrangements before rendering services.
7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.
8. Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.

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

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

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

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

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

14. Not engage in physical contact with a client when there is a likelihood of psychological harm to the client. Social workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.

15. Not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; requests for sexual favors; and other verbal, written, electronic, or physical contact of a sexual nature.

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

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

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

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

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

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

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

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

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

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

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Social workers shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

2. Not have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Social workers shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Social workers who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitive nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, adverse impact on the client. A client's consent to, initiation of, or participation in sexual behavior or involvement with a social worker does not change the nature of the conduct nor lift the regulatory prohibition.

3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Social workers shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student, or the potential for interference with the supervisor's professional judgment.

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

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

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

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

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

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

2. Procurement of license by fraud or misrepresentation;
3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.
4. Being unable to practice social work with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;
5. Conducting one's practice in a manner contrary to the standards of ethics of social work or in violation of 18VAC140-20-150, standards of practice;
6. Performing functions outside the board-licensed area of competency;
7. Failure to comply with the continued competency requirements set forth in 18VAC140-20-105; and
8. Violating or aiding and abetting another to violate any statute applicable to the practice of social work or any provision of this chapter; and
9. Failure to provide supervision in accordance with the provisions of 18VAC140-20-50 or 18VAC140-20-60.

18VAC140-20-170. Reinstatement following disciplinary action.

Any person whose license has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC140-20-160 shall, in order to be eligible for reinstatement, (i) submit a new application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

18VAC140-20-171. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in 18 VAC 140-20-150, except as may otherwise be determined by the probable cause committee in consultation with the board chair.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue

of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

For Discussion Only

VIRGINIA ACTS OF ASSEMBLY - 2025 SESSION

CHAPTER 146

An Act to amend and reenact § 54.1-3700 of the Code of Virginia, relating to Board of Social Work; Board of Counseling; master's social worker; scope of practice; qualified mental health professional-trainee; regulations.

[H 1897]

Approved March 19, 2025

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3700 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-3700. Definitions.

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

"Administration" means the process of attaining the objectives of an organization through a system of coordinated and cooperative efforts to make social service programs effective instruments for the amelioration of social conditions and for the solution of social problems.

"Baccalaureate social worker" means a person who, *consistent with such person's education and training*, engages in the practice of social work under the supervision of a master's social worker and provides basic generalist services, including casework management and supportive services and consultation and education.

"Board" means the Board of Social Work.

"Casework" means both direct treatment, with an individual or several individuals, and intervention in the situation on the client's behalf with the objectives of meeting the client's needs, helping the client deal with the problem with which he is confronted, strengthening the client's capacity to function productively, lessening his distress, and enhancing his opportunities and capacities for fulfillment.

"Casework management and supportive services" means assessment of presenting problems and perceived needs, referral services, policy interpretation, data gathering, planning, advocacy, and coordination of services.

"Clinical social worker" means a social worker who, by education and experience, is professionally qualified at the autonomous practice level to provide direct diagnostic, preventive and treatment services where functioning is threatened or affected by social and psychological stress or health impairment.

"Consultation and education" means program consultation in social work to agencies, organizations, or community groups; academic programs and other training such as staff development activities, seminars, and workshops using social work principles and theories of social work education.

"Group work" means helping people, in the realization of their potential for social functioning, through group experiences in which the members are involved with common concerns and in which there is agreement about the group's purpose, function, and structure.

"Master's social worker" means a person who, *consistent with such person's education and training*, engages in the practice of social work and provides non-clinical, generalist services, ~~including~~ staff supervision and management, *and clinical services under the supervision of a licensed clinical social worker*.

"Planning and community organization" means helping organizations and communities analyze social problems and human needs; planning to assist organizations and communities in organizing for general community development; and improving social conditions through the application of social planning, resource development, advocacy, and social policy formulation.

"Practice of social work" means rendering or offering to render to individuals, families, groups, organizations, governmental units, or the general public service which is guided by special knowledge of social resources, social systems, human capabilities, and the part conscious and unconscious motivation play in determining behavior. Any person regularly employed by a licensed hospital or nursing home who offers or renders such services in connection with his employment in accordance with patient care policies or plans for social services adopted pursuant to applicable regulations when such services do not include group, marital or family therapy, psychosocial treatment or other measures to modify human behavior involving child abuse, newborn intensive care, emotional disorders or similar issues, shall not be deemed to be engaged in the "practice of social work." Subject to the foregoing, the disciplined application of social work values, principles and methods includes, but is not restricted to, casework management and supportive services, casework, group work, planning and community organization, administration, consultation and education, and research.

"Research" means the application of systematic procedures for the purpose of developing, modifying, and expanding knowledge of social work practice which can be communicated and verified.

"Social worker" means a person trained to provide service and action to effect changes in human behavior, emotional responses, and the social conditions by the application of the values, principles, methods, and procedures of the profession of social work.

2. That the Board of Social Work shall promulgate regulations to allow master's social workers to engage in clinical services under the supervision of a licensed clinical social worker.
3. That the Board of Counseling (the Board) shall amend its regulations to state that a licensed baccalaureate social worker shall not be required to (i) register with the Board or (ii) fulfill any additional training or education requirements in order to serve as a qualified mental health professional-trainee.
4. That the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services shall amend their regulations to (i) deem the services provided by a licensed baccalaureate social worker to be equivalent to the services provided by a qualified mental health professional-trainee and (ii) provide licensed baccalaureate social workers with reimbursement for such services at a rate comparable to the rate that is provided to qualified mental health professional-trainees.
5. That the Department of Medical Assistance Services (the Department) shall seek federal authority through any necessary waivers and state plan for medical assistance services amendments under Titles XIX and XXI of the Social Security Act to (i) deem the services provided by a licensed baccalaureate social worker to be equivalent to the services provided by a qualified mental health professional-trainee and (ii) provide licensed baccalaureate social workers with reimbursement for such services at a rate comparable to the rate that is provided to qualified mental health professional-trainees. The Department shall have the authority to implement these changes prior to completion of any regulatory process to effect such change.



Virginia Department of
Health Professions
Board of Social Work

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9960 Mayland Drive, Suite 300
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LICENSING REPORT

Satisfaction Survey Results

2025 4th Quarter (April 1, 2025 – June 30, 2025)	94.3%
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Total as of September 18, 2025*

Current Active Licenses/Registrations

Associate Social Worker	1
Licensed Baccalaureate Social Worker	66
Licensed Clinical Social Work	12,586
Licensed Master's Social Worker	1,416
Registered Social Worker	4
Supervisees in Social Work	3,595
Total	17,668

*Unofficial numbers (for informational purposes only)



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Licenses and Registrations Issued

Licenses and Registrations Issued	April 2025	May 2025	June 2025	July 2025	August 2025*
Licensed Baccalaureate Social Worker (LBSW)	2	0	2	1	1
Licensed Clinical Social Worker (LCSW)	188	145	205	186	171
Licensed Master's Social Worker (LMSW)	29	32	41	56	29
Supervisees in Social Work	85	43	160	123	114
Total	304	220	408	358	315

Applications Received

Licenses and Registrations Issued	April 2025*	May 2025*	June 2025*	July 2025*	August 2025*
Licensed Baccalaureate Social Worker (LBSW)	2	2	3	3	2
Licensed Clinical Social Worker (LCSW)	200	193	209	189	209
Licensed Master's Social Worker (LMSW)	41	62	43	47	54
Supervisees in Social Work	68	88	151	133	105
Total	311	345	406	372	370

*Unofficial numbers (for informational purposes only)



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Additional Information:

- **Board of Social Work Staffing Information:**

- The Board currently has two full-time, and one part-time staff members to answer phone calls, emails and to process applications across all license types.
 - Licensing Staff:
 - Sharniece Vaughan – Licensing Supervisor (Full-Time)
 - Rebecca Walker – Licensing Specialist (Full-Time)
 - Gabriella Smith – Licensing Administration Assistant (Part-Time)
 - Sharon Daniel - Licensing Administration Assistant (Part-Time)

- **Examination Information**

- 2024 Virginia overall pass rate summary results
- 2024 school pass rate summary results
- ASWB Guide to Social Work Exams for Educators and Supervisors

2024 pass rate summary report

Jurisdiction: Virginia

Date: August 2025

The table presents the numbers of examinations administered to candidates who were authorized by the state or jurisdiction listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2024. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	11	5	45.5
Repeat	1	0	0.0
Total	12	5	41.7
Masters			
First-time	175	127	72.6
Repeat	71	21	29.6
Total	246	148	60.2
Clinical			
First-time	555	401	72.3
Repeat	435	120	27.6
Total	990	521	52.6
Advanced Generalist			
First-time	1	0	0.0
Repeat	0	0	-
Total	1	0	0.0
Associate			
First-time	6	1	16.7
Repeat	0	0	-
Total	6	1	16.7

2024 school pass rate summary report

School: George Mason University

Date: August 2025

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2024. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	1	1	100.0
Repeat	0	0	-
Total	1	1	100.0
Masters			
First-time	30	23	76.7
Repeat	7	2	28.6
Total	37	25	67.6
Clinical			
First-time	57	48	84.2
Repeat	37	10	27.0
Total	94	58	61.7
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

2024 school pass rate summary report

School: Hampton University

Date: August 2025

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2024. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	1	0	0.0
Repeat	0	0	-
Total	1	0	0.0
Masters			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Clinical			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

2024 school pass rate summary report

School: James Madison University

Date: August 2025

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2024. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	4	4	100.0
Repeat	0	0	-
Total	4	4	100.0
Masters			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Clinical			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

2024 school pass rate summary report

School: Liberty University

Date: August 2025

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2024. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	22	14	63.6
Repeat	7	2	28.6
Total	29	16	55.2
Masters			
First-time	21	15	71.4
Repeat	7	5	71.4
Total	28	20	71.4
Clinical			
First-time	1	0	0.0
Repeat	1	0	0.0
Total	2	0	0.0
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

2024 school pass rate summary report

School: Longwood University

Date: August 2025

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2024. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	1	0	0.0
Repeat	1	0	0.0
Total	2	0	0.0
Masters			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Clinical			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

2024 school pass rate summary report

School: Norfolk State University

Date: August 2025

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2024. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	3	0	0.0
Repeat	0	0	-
Total	3	0	0.0
Masters			
First-time	13	6	46.2
Repeat	12	3	25.0
Total	25	9	36.0
Clinical			
First-time	49	24	49.0
Repeat	106	28	26.4
Total	155	52	33.5
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

2024 school pass rate summary report

School: Radford University

Date: August 2025

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2024. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Masters			
First-time	1	0	0.0
Repeat	3	1	33.3
Total	4	1	25.0
Clinical			
First-time	41	29	70.7
Repeat	37	12	32.4
Total	78	41	52.6
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

2024 school pass rate summary report

School: Virginia Commonwealth University

Date: August 2025

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2024. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	1	1	100.0
Repeat	0	0	-
Total	1	1	100.0
Masters			
First-time	71	58	81.7
Repeat	13	3	23.1
Total	84	61	72.6
Clinical			
First-time	183	153	83.6
Repeat	64	16	25.0
Total	247	169	68.4
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

2024 school pass rate summary report

School: Virginia Intermont College

Date: August 2025

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2024. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	0	0	-
Repeat	1	1	100.0
Total	1	1	100.0
Masters			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Clinical			
First-time	1	1	100.0
Repeat	0	0	-
Total	1	1	100.0
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-

2024 school pass rate summary report

School: Virginia State University

Date: August 2025

The table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total test-takers who passed the indicated exam categories during the year 2024. Note that test-takers who are unsuccessful may repeat the examination more than once.

Exam category and group type	Total number of examinations	Pass rate	
		Number	Percent
Bachelors			
First-time	0	0	-
Repeat	3	0	0.0
Total	3	0	0.0
Masters			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Clinical			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-
Advanced Generalist			
First-time	0	0	-
Repeat	0	0	-
Total	0	0	-



Guide to the Social Work Exams for Educators and Supervisors

The *Guide to the Social Work Exams for Educators and Supervisors* with group review practice questions helps educators and supervisors prepare students and supervisees to demonstrate their competence on the licensing exams.

A handbook for teaching about the licensing exams

This free guide includes extensive information on the exam development process, including insights on question writing and psychometrics.

The guide also includes access to a set of group review practice questions. Each group review practice question is a retired question from an ASWB exam and includes the rationale for the correct answer.

About the exam

170 items (questions) • 150 scored, 20 pretest

Four-option multiple choice • Four-hour time limit

Universal passing score

Items randomly administered

Multiple forms online • Rotated quarterly

Computer-delivered at 300+ Pearson VUE centers in the United States and Canada

Standardized administration under equal conditions

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Staff Discipline Reports

Feb 22, 2025 to Sep 12, 2025

NEW CASES RECEIVED BY BOARD Feb 22, 2025 to Sep 12, 2025
119

TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
23

OPEN CASE STAGES as of Sep 12, 2025	
Probable Cause Review	228
Scheduled for Informal Conferences	1
Scheduled for Formal Hearings	14
Other (pending CCA, PHCO, hold, etc.)	14
Cases with APD for processing (IFC, FH, Consent Order)	2
TOTAL CASES AT BOARD LEVEL	259

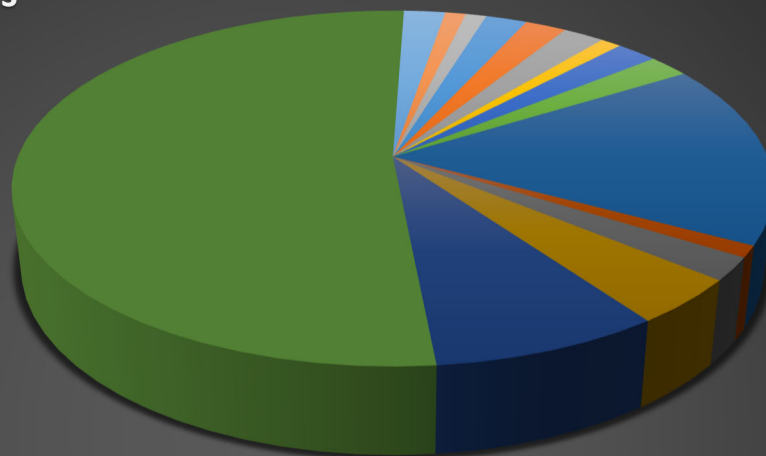
CASES CLOSED Feb 22, 2025 to Sep 12, 2025	
No violation	81
Undetermined	9
Violation (1) Informal Conference (1) Consent Order (4) Mandatory Suspension	6
Application Appeal Approved	0
Application Appeal Denied	0
Application Appeal Withdrawn	0
TOTAL CASES CLOSED	96



Virginia Department of
Health Professions
 Board of Social Work

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	327
Avg. time in Enforcement (investigations)	69
Avg. time in APD (IFC/FH preparation)	17
Avg. time in Board (includes hearings, reviews, etc).	258

Closed Case Categories



- Abuse/Abandonment/Neglect (2)
- Action taken by another board (2)
2 violations
- Business Practice Issues (2)
- Compliance (1)
1 violation (Sup in SW)
- Confidentiality Breach (2)
- Criminal Activity (2)
2 violations
- Diagnosis/Treatment (16)
- Fraud, non-patient care (1)
- Fraud, patient care (2)
- Inability to Safely Practice (4)
- Inappropriate Relationship (8)
1 violation (Sup in SW)
- No jurisdiction (50)
- Records Release (2)
- Scope of Practice (1)
- Unlicensed Activity (1)

Behavioral Science Unit (BSU)

Boards of Counseling, Psychology, and Social Work

CURRENT OPEN CASES PER BOARD as of Sep 12, 2025	
Board of Counseling	256
Board of Psychology	149
Board of Social Work	259
TOTAL CASES WITH BOARD STAFF	664

2024 BSU Cases Received from Enforcement

	COUNSELING	PSYCHOLOGY	SOCIAL WORK	BSU TOTAL
2021	344	132	94	570
2022	381	127	108	616
2023	440	124	160	724
2024	493	193	198	884
2025 as of Sep 12, 2025	330	105	145	580

Discipline Staff for BSU

Jennifer Lang, Deputy Executive Director
 Christy Palmore, Discipline and Compliance Case Specialist
 Krystal Blanton, Discipline and Compliance Case Specialist
 Discipline Reviewer, Board of Counseling (part-time)
 Discipline Reviewer, Board of Psychology (part-time)
 Discipline Reviewer, Board of Social Work (part-time)

Recent Orders entered by the Board of Social Work

*For informational purposes only.
Board action is not required.

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: BRITTANY GROVE, L.C.S.W.
License Number: 0904-015888
Case Number: 244678

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that Brittany Grove, L.C.S.W., was convicted of a felony offense, to wit: unauthorized use, in the Circuit Court of Bedford County, Virginia. A copy of the Conviction and Sentencing Order is attached hereto as Commonwealth's Exhibit 1.

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Brittany Grove, L.C.S.W., to practice clinical social work in the Commonwealth of Virginia is hereby SUSPENDED.

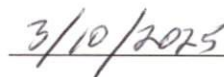
Upon entry of this Order, the license of Brittany Grove, L.C.S.W., will be recorded as suspended. Should Ms. Grove seek reinstatement of her license pursuant to Virginia Code § 54.1-2409, she shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.



Arne W. Owens, Director
Virginia Department of Health Professions

ENTERED:



CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Conviction and Sentencing Order entered March 6, 2025, regarding Brittany Grove, L.C.S.W., is a true copy of the records received from the Circuit Court of Bedford County, Virginia.



Arne W. Owens



Date

CONVICTION AND SENTENCING ORDER

VIRGINIA: IN THE CIRCUIT COURT OF BEDFORD COUNTY

Federal Information Processing
Standards Code: 019

Hearing Date: February 28, 2025

Judge: James W. Updike, Jr.

COMMONWEALTH OF VIRGINIA

v.

BRITTANY ANN GROVE, DEFENDANT

This day came the defendant, Brittany Ann Grove, who was led to the Bar in the custody of the jailer of this Court, and also came her attorney, W. Cameron Warren, previously appointed. The Commonwealth was represented by Jason Wolfrey.

Upon a motion by the Attorney for the Commonwealth, the Court Orders the Indictment for Grand Larceny, a felony, be amended to Unauthorized Use, a felony and amends the offense date to October 30, 2024.

Whereupon the defendant waived reading of the Amended Indictment, and after being advised by counsel pleaded guilty to the Amended Indictment, which plea was tendered by the defendant in person, and after being first advised by his counsel and by the Court of his right to trial by jury, the defendant in person, knowingly and voluntarily waived trial by jury, and with the concurrence of the Attorney for the Commonwealth and of the Court, the Court proceeded to try the case without the intervention of a jury as provided by law.

Having heard the evidence and upon the oral agreement of counsel, the Court finds the defendant guilty of the following offense:

CASE NUMBER	OFFENSE DESCRIPTION AND INDICATOR (F/M)	OFFENSE DATE	VA. CODE SECTION
CR25000005-00	Unauthorized Use (F) VC Code LAR-2412-F6	10/30/24	18.2-102

The defendant having waived a presentence report, and pursuant to the provisions of Code Section 19.2-298.01, the Court has considered and reviewed the applicable discretionary sentencing guidelines and the guidelines worksheets. The sentencing guidelines worksheets and the written explanation of any departure from the guidelines are ORDERED filed as a part of the record in this case.

Before pronouncing the sentence, the Court inquired if the defendant desired to make a statement and if the defendant desired to advance any reason why judgment should not be pronounced.



The Court **SENTENCES** the defendant to:

Incarceration with the **Virginia Department of Corrections** for the term of 3 years in the penitentiary, suspended after the service of 4 months in jail.

The Court **SUSPENDS** the 3 year sentence after the service of 4 months in jail, upon the following condition(s):

Substance Abuse Screening. The Defendant shall complete any substance abuse screening, assessment, testing and treatment as directed by the Department of Corrections. The Defendant may be subject to payment of any fees associated with substance abuse treatment or intervention as required by the treatment or intervention program on an ability to pay basis.

Supervised probation. The defendant is placed on probation to commence upon her release from incarceration under the supervision of a Probation Officer for 2 years, or unless sooner released by the Court or by the Probation Officer. The defendant shall comply with all the rules and requirements set by the Probation Officer.

Costs. The defendant shall pay costs of \$606.00, plus court appointed attorney fees.

Credit for time served. The defendant shall be given credit for time spent in confinement while awaiting trial pursuant to Code Section 53.1-187.

3/6/2025
Date Order Entered

James W. Updike, Jr., Judge

DEFENDANT IDENTIFICATION:

BRITTANY ANN GROVE

SSN: [REDACTED]

DOB: 02/21/1986

Sex: F

SENTENCING SUMMARY:

TOTAL SENTENCE IMPOSED:	3 years
TOTAL SENTENCE SUSPENDED:	2 years 8 months
TOTAL TIME TO SERVE:	4 months in jail

cc: Comm. Atty.; Atty.; P.O. Jail
emm



BEDFORD CO CIRCUIT COURT
A TRUE COPY - TESTE
JUDY E. REYNOLDS, CLERK

BY: *[Signature]*
Jyn Stinnette, Deputy Clerk
Electronic Certification Pursuant
To §17.1-258.3:2 and §17.1-258.4

BEFORE THE VIRGINIA BOARD OF SOCIAL WORK

IN RE: JUSTIN SAGE, SUPERVISEE IN SOCIAL WORK
Registration Number: 0906-011267
Case Number: 239571

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Social Work (“Board”) and Justin Sage, Supervisee in Social Work, as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Mr. Sage’s registration to practice as a supervisee in social work in the Commonwealth of Virginia.

FINDINGS OF FACT

1. Justin Sage, was issued Registration Number 0906-011267 to practice as a supervisee in social work on May 20, 2021, which is scheduled to expire on May 20, 2025.
2. By Consent Order of the Board entered August 15, 2023, Mr. Sage was placed on indefinite probation, with terms and conditions, as a result of findings that he engaged in a dual romantic and sexual relationship with a client.
3. On January 19, 2024, during a telephone call with the Board’s compliance case manager, Mr. Sage reported that his employment was suspended from Pyramid Healthcare, Newport News, Virginia, due to inappropriate communication with a female client, which involved answering the client’s questions and allowing her to use the telephone in his office. In a self report dated March 30, 2024, Mr. Sage reported that his employment with Pyramid Healthcare was terminated in January 2024, for working outside of his scope of practice.
4. On June 13, 2024, Mr. Sage submitted an email to the Board’s compliance case manager stating that he wanted to voluntarily surrender his supervisee registration.

Justin SageSupervisee in Social Work

CONSENT ORDER

Page 2 of 3

CONCLUSIONS OF LAW

This matter is properly before the Board.

CONSENT

Justin Sage, Supervisee in Social Work, by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;
2. I am fully aware that without my consent, no legal action can be taken against me or my registration except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;
4. I waive my right to an informal conference;
5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;
6. I consent to the entry of the following Order affecting my registration to practice as a supervisee in social work in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Social Work hereby ORDERS as follows:

1. The Board accepts the VOLUNTARY SURRENDER of Justin Sage's registration to practice as a supervisee in social work in the Commonwealth of Virginia IN LIEU OF FURTHER DISCIPLINARY ACTION.

Justin SageSupervisee in Social Work

CONSENT ORDER

Page 3 of 3

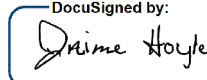
2. The registration of Mr. Sage will be recorded as SURRENDERED IN LIEU OF DISCIPLINARY ACTION.

3. Should Mr. Sage seek reinstatement of his registration, an administrative proceeding shall be convened to consider such application. At such time, the burden shall be on Mr. Sage to demonstrate that he is safe and competent to return to practice as a supervisee in social work. Mr. Sage shall be responsible for any fees that may be required for the reinstatement and/or renewal of the registration prior to issuance of the registration to resume practice.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:



E858AEB08A9F4A4...

Jaime Hoyle, J.D.

Executive Director

Virginia Board of Social Work

ENTERED: 3/18/2025

SEEN AND AGREED TO:

Signed by:



D2A8E3E94D9D48B...

Justin Sage, Supervisee in Social Work

Date Signed: 3/18/2025

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: DAN A. JACOBSEN, L.C.S.W.
License Number: 0904-000603
Case Number: 246362

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that Dan A. Jacobsen, L.C.S.W., also known as Daniel Jacobsen, was convicted of a felony offense, to wit: health care fraud, in the United States District Court for the Eastern District of Virginia. A copy of the Judgment in a Criminal Case is attached hereto as Commonwealth's Exhibit 1.

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Dan A. Jacobsen, L.C.S.W., to practice clinical social work in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Dan A. Jacobsen, L.C.S.W., will be recorded as suspended. Should Mr. Jacobsen seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.



Arne W. Owens, Director
Virginia Department of Health Professions

ENTERED:



CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Judgment in a Criminal Case entered March 17, 2025, regarding Dan A. Jacobsen, L.C.S.W., also known as Daniel Jacobsen, is a true copy of the records received from the United States District Court for the Eastern District of Virginia.



Arne W. Owens



Date

UNITED STATES DISTRICT COURT
Eastern District of Virginia
Richmond Division

UNITED STATES OF AMERICA

v.

DANIEL JACOBSEN,

) **JUDGMENT IN A CRIMINAL CASE**
)
)
) Case Number: 3:24CR00140-001
)
) USM Number: 41855-511
) Jeffrey Everhart, Esquire
) Defendant's Attorney
)
)

The defendant pleaded guilty to Count One of the Criminal Information.

The defendant is adjudged guilty of:

<u>Title and Section</u>	<u>Nature of Offense</u>	<u>Offense Ended</u>	<u>Count</u>
18 U.S.C. § 1347	Health Care Fraud	12/2022	1

The defendant is sentenced as provided in pages 2 through 7 of this Judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

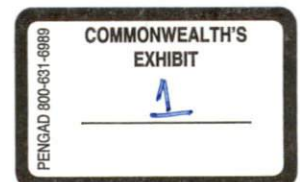
It is ordered that the defendant must notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the Court and United States Attorney of material changes in economic circumstances.

March 13, 2025

Date of Imposition of Judgment

/s/ [Signature]
John A. Gibney, Jr.
Senior United States District Judge

17 March 2025
Date



Case Number: 3:24CR00140-001
Defendant's Name: JACOBSEN, DANIEL

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a term of THREE (3) MONTHS.

- ☒ The Court makes the following recommendations to the Bureau of Prisons:
1. The defendant shall be designated to a facility near Richmond, Virginia.
- ☒ The defendant is remanded to the custody of the United States Marshal.
- ☐ The defendant shall surrender to the United States Marshal for this district:
- ☐ at _____ ☐ a.m. ☐ p.m. on _____.
 - ☐ as notified by the United States Marshal.
- ☐ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:
- ☐ before 2 p.m. on _____.
 - ☐ as notified by the United States Marshal.
 - ☐ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows: _____

Defendant delivered on _____ to _____
at _____, with a certified copy of this Judgment.

UNITED STATES MARSHAL

By

DEPUTY UNITED STATES MARSHAL

Case Number: 3:24CR00140-001
Defendant's Name: JACOBSEN, DANIEL

STANDARD CONDITIONS OF SUPERVISION

As part of your supervised release, you must comply with the following standard conditions of supervision. These conditions are imposed because they establish the basic expectations for your behavior while on supervision and identify the minimum tools needed by probation officers to keep informed, report to the court about, and bring about improvements in your conduct and condition.

1. You must report to the probation office in the federal judicial district where you are authorized to reside within 72 hours of your release from imprisonment, unless the probation officer instructs you to report to a different probation office or within a different time frame.
2. After initially reporting to the probation office, you will receive instructions from the court or the probation officer about how and when you must report to the probation officer, and you must report to the probation officer as instructed.
3. You must not knowingly leave the federal judicial district where you are authorized to reside without first getting permission from the court or the probation officer.
4. You must answer truthfully the questions asked by your probation officer.
5. You must live at a place approved by the probation officer. If you plan to change where you live or anything about your living arrangements (such as the people you live with), you must notify the probation officer at least 10 days before the change. If notifying the probation officer in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
6. You must allow the probation officer to visit you at any time at your home or elsewhere, and you must permit the probation officer to take any items prohibited by the conditions of your supervision that he or she observes in plain view.
7. You must work full time (at least 30 hours per week) at a lawful type of employment, unless the probation officer excuses you from doing so. If you do not have full-time employment you must try to find full-time employment, unless the probation officer excuses you from doing so. If you plan to change where you work or anything about your work (such as your position or your job responsibilities), you must notify the probation officer at least 10 days before the change. If notifying the probation officer at least 10 days in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
8. You must not communicate or interact with someone you know is engaged in criminal activity. If you know someone has been convicted of a felony, you must not knowingly communicate or interact with that person without first getting the permission of the probation officer.
9. If you are arrested or questioned by a law enforcement officer, you must notify the probation officer within 72 hours.
10. You must not own, possess, or have access to a firearm, ammunition, destructive device, or dangerous weapon (i.e., anything that was designed, or was modified for, the specific purpose of causing bodily injury or death to another person such as nunchakus or tasers).
11. You must not act or make any agreement with a law enforcement agency to act as a confidential human source or informant without first getting the permission of the court.
12. If the probation officer determines that you pose a risk to another person (including an organization), the probation officer may require you to notify the person about the risk and you must comply with that instruction. The probation officer may contact the person and confirm that you have notified the person about the risk.
13. You must follow the instructions of the probation officer related to the conditions of supervision.

U.S. Probation Office Use Only

A U.S. probation officer has instructed me on the conditions specified by the court and has provided me with a written copy of this judgment containing these conditions. For further information regarding these conditions, see *Overview of Probation and Supervised Release Conditions*, available at: www.uscourts.gov

Defendant's Signature _____ Date _____

Case Number: 3:24CR00140-001
Defendant's Name: JACOBSEN, DANIEL

SPECIAL CONDITIONS OF SUPERVISION

1. The defendant shall not incur new credit card charges or open additional lines of credit without the approval of the probation officer.
2. The defendant shall provide the probation officer with access to requested financial information.
3. The defendant shall apply all monies received from income tax refunds, lottery winnings, inheritances, judgments, settlements, and any anticipated or unexpected financial gains, to the outstanding Court-ordered financial obligations.
4. Any balance remaining unpaid on the special assessment at the inception of supervision shall be paid by the defendant in monthly installments of not less than \$10.00, until paid in full. Said payments shall commence 60 days after defendant's supervision begins.
5. The defendant shall be on home confinement for a period of 274 days, which shall include location monitoring. The defendant is restricted to his residence at all times, except for employment, education; religious services; medical, substance abuse, or mental health treatment; attorney visits; court appearances; court-ordered obligations; court-ordered community service; wife's medical appointments; or other activities preapproved by the supervising officer. The defendant shall abide by all technology requirements and shall pay all or part of the costs of monitoring, all as directed by the supervising officer.
6. The defendant may not practice any form of therapy.
7. The defendant shall surrender his license to practice when released from incarceration or within a week, whichever comes first.
8. The defendant shall perform community service during the period of supervision for a term of 300 hours at Richmond, Virginia area food banks and/or homeless shelters.

Case Number: 3:24CR00140-001
Defendant's Name: JACOBSEN, DANIEL

SUPERVISED RELEASE

Upon release from imprisonment, you will be on supervised release for a term of THREE (3) YEARS.

MANDATORY CONDITIONS

1. You must not commit another federal, state or local crime.
2. You must not unlawfully possess a controlled substance.
3. You must refrain from any unlawful use of a controlled substance. You must submit to one drug test within 15 days of release on supervised release and at least two periodic drug tests thereafter, as determined by the court.
4. ☐ The above drug testing condition is suspended, based on the court's determination that you pose a low risk of future substance abuse. *(check if applicable)*
5. ☒ You must make restitution in accordance with 18 U.S.C. §§ 3663 and 3663A or any other statute authorizing a sentence of restitution. *(check if applicable)*
6. ☐ You must cooperate in the collection of DNA as directed by the probation officer. *(check if applicable)*
7. ☐ You must comply with the requirements of the Sex Offender Registration and Notification Act (34 U.S.C. § 20901, et seq.) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in the location where you reside, work, are a student, or were convicted of a qualifying offense. *(check if applicable)*
8. ☐ You must participate in an approved program for domestic violence. *(check if applicable)*

You must comply with the standard conditions listed in this judgment as well as with any other special conditions listed in this judgment.

Case Number: 3:24CR00140-001
 Defendant's Name: JACOBSEN, DANIEL

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	<u>Assessment</u>	<u>Restitution</u>	<u>Fine</u>	<u>AVAA</u> <u>Assessment*</u>	<u>JVTA</u> <u>Assessment**</u>
TOTALS	\$ 100.00	\$ 316,338.31	\$ 100,000.00	\$	\$

☐ The determination of restitution is deferred until _____. An *Amended Judgment in a Criminal Case (AO 245C)* will be entered after such determination.

☒ The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

****SEE RESTITUTION ORDER ENTERED 3/13/2025 (ECF NO. 26)****

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

<u>Name of Payee</u>	<u>Total Loss***</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
Medicare		\$22,428.39	
CMS			
Division of Accounting Operations			
P.O. Box 7520			
Baltimore, MD 21207-0520			
Medicaid		\$293,909.92	
Department of Medical Assistance Services			
(DMAS)			
c/o Jill Coston, Director,			
Medicaid Fraud Control Unit			
202 N. 9 th Street			
Richmond, VA 23219			
TOTALS		\$316,338.31	

☒ Restitution amount ordered pursuant to plea agreement **\$316,338.31**

☐ The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the Judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

☒ The Court determined that the defendant does not have the ability to pay interest and it is ordered that:

☒ the interest requirement is waived for the ☐ fine ☒ restitution.

☐ the interest requirement for the ☐ fine ☐ restitution is modified as follows:

* Amy, Vicky, and Andy Child Pornography Victim Assistance Act of 2018, Pub. L. No. 115-299.

** Justice for Victims of Trafficking Act of 2015, Pub. L. No. 114-22.

*** Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996. Payments of Restitution are to be made payable to the Clerk, United States District Court, Eastern District of Virginia.

Case Number: 3:24CR00140-001
 Defendant's Name: JACOBSEN, DANIEL

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A ☐ Lump sum payment of \$_____ due immediately, balance due
☐ not later than _____, or
☐ in accordance with ☐ C, ☐ D, ☐ E, or ☐ F below; or
- B ☒ Payment to begin immediately (may be combined with ☐ C, ☐ D, or ☒ F below); or
- C ☐ Payment in equal (e.g., weekly, monthly, quarterly) installments of \$_____ over a period of _____ (e.g., months or years), to commence (e.g., 30 or 60 days) after the date of this judgment; or
- D ☐ Payment in equal (e.g., weekly, monthly, quarterly) installments of \$_____ over a period of _____ (e.g., months or years), to commence (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E ☐ Payment during the term of supervised release will commence within _____ (e.g., 30 or 60 days) after release from imprisonment. The Court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F ☒ Special instructions regarding the payment of criminal monetary penalties:

Any balance remaining unpaid on the special assessment at the inception of supervision shall be paid by the defendant in monthly installments of not less than \$10.00, until paid in full. Said payments shall commence 60 days after the defendant's supervision begins.

Unless the Court has expressly ordered otherwise, if this Judgment imposes imprisonment, payment of criminal monetary penalties is due during the period of imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the Clerk of the Court.

☐ Joint and Several

Case Number Defendant and Co-Defendant Names (including defendant number)	Total Amount	Joint and Several Amount	Corresponding Payee, if appropriate
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☐ The defendant shall pay the cost of prosecution.

☐ The defendant shall pay the following court cost(s):

☒ The defendant shall forfeit the defendant's interest in the following property to the United States:

****SEE CONSENT ORDER OF FORFEITURE ENTERED 3/13/2025 (ECF NO. 25)****

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) AVAA assessment, (5) fine principal, (6) fine interest, (7) community restitution, (8) JVT A assessment, (9) penalties, and (10) costs, including cost of prosecution and court costs.

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: CHUKWUMA EKEH, L.C.S.W.
License Number: 0904-017590
Case Number: 247643

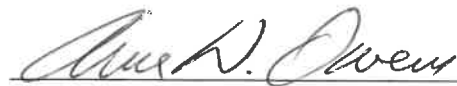
ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that the Arkansas Social Work Licensing Board suspended the license of Chukwuma Ekeh, L.C.S.W., to practice social work in the State of Arkansas. A copy of the Order is attached hereto as Commonwealth's Exhibit 1.

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Chukwuma Ekeh, L.C.S.W., to practice clinical social work in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Chukwuma Ekeh, L.C.S.W., will be recorded as suspended. Should Mr. Ekeh seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.



Arne W. Owens, Director
Virginia Department of Health Professions

ENTERED:

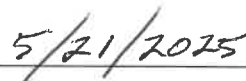


CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Order entered November 18, 2024, regarding Chukwuma Ekeh, L.C.S.W., is a true copy of the records received from the Arkansas Social Work Licensing Board.



Arne W. Owens



Date

BEFORE THE SOCIAL WORK LICENSING BOARD

IN THE MATTER OF CHUKWUMA EKEH, LCSW

ORDER

The Social Work Licensing Board (Board) conducted a formal hearing on October 14, 2024 at 9:00 a.m. in the 9th Floor Conference Room of the Freeway Medical Tower, 5800 West 10th Street, Little Rock, AR 72204 to determine whether Mr. Chukwuma Ekeh, LCSW (Respondent) violated the Arkansas Social Work Licensing Act, Ark. Code Ann. § 17-103-101 et seq. (Act) or any Board rules promulgate thereunder (Rules). Respondent appeared in-person and was represented by counsel. Assistant Attorney General Michael Bynum appeared on behalf of the Board.

Finding proper notice had been given Respondent, the Board, from all the evidence presented, makes the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Respondent is a licensed certified social worker in the State of Arkansas, License No. 7187-C.
2. Respondent was at all relevant times engaged in the practice of social work at "One Step at a Time" in Little Rock, AR.
3. The Social Work Licensing Board received a formal complaint from Antonio Green alleging multiple violations of the Act and Board Rules.
4. During all relevant times, Antonio Green and Hertie Lunnie were married.
5. Mr. Green and Ms. Lunnie had eight (8) marital therapy sessions with the Respondent from June 23, 2021 to November 19, 2021. Mr. Green states that his



wife didn't want to continue sessions with the Respondent because she felt he was biased towards the complainant.

6. Respondent and Mr. Green continued individual therapy sessions, with the last recorded session reported by Respondent as occurring on May 22, 2023.
7. Respondent and Mr. Green discussed multiple subjects during these individual sessions, including the current state of Mr. Green and Ms. Lunnie's marriage and navigating the possibility of the marriage ending. Mr. Green also disclosed personal and intimate details about himself and Ms. Green.
8. Respondent began a relationship with Ms. Lunnie while Mr. Green was a client and without Mr. Green's knowledge. The relationship included communications through text message and other messaging apps.
9. During this ongoing relationship, Respondent and Ms. Lunnie discussed multiple facets of Mr. Green and Ms. Lunnie's relationship, intimacy, family, and home life while discussing subjects personal to each other. During these discussions, Respondent initiated conversations with Ms. Lunnie, offering advice about the couple's intimacy, communication, and other issues while inquiring about events in Ms. Lunnie's life and sending unsolicited words of encouragement and praise.
10. On or about May 11, 2024, Ms. Lunnie inquired as to whether Respondent used the app Snapchat, a phone messaging app that allows users to send and receive "self-destructing" photos and videos. In response, Respondent downloaded Snapchat, which was used as part of Respondent and Ms. Lunnie's ongoing communications.

11. On or around July 12, 2023, Respondent and Ms. Lunnie began attempts through text messages to arrange an in-person meeting without Mr. Green's knowledge. During this scheduling, Ms. Lunnie indicated that she had therapy during times that Respondent offered to meet. Subsequent text messages indicate their attempts to meet were successful and they met that day at Respondent's office.
12. Upon review of Ms. Lunnie's text messages, Mr. Green confronted Respondent about the text messages. Respondent replied to Mr. Green via text message as follows:

"Brother, look like we discussed yesterday. I know this looks and sounds bad. However, I didn't do anything physically with your wife. Could there be some inappropriate things said definitely and I apologize for that happen. However, there was never any physical contact. Like I told you yesterday when she came to my office, she talked about it also relationship how she was 1 foot in 1 foot out. She was only there for 20 minutes and then she left because she was late. Later on if you want to sit and talk, we definitely can. I sincerely apologize for breaking your trust but I definitely did not cross that boundary. Whenever you got to talk to Herti or if you even talk to her, she will tell you the same thing that I am."

13. Respondent shortly thereafter followed up with a text message stating:

"I take responsibility for this. I should've had those discussions with her and I shouldn't have met with her separately even though again, it was about yall relationship mostly about you."

14. Respondent confirmed via text message he had at least one meeting with Ms. Lunnie without Mr. Green's knowledge.
15. On July 13, 2023, Ms. Lunnie disclosed to Mr. Green that she and Respondent had a physical and sexually explicit encounter at Respondent's office.
16. Following the incident, Ms. Lunnie went to the University of Arkansas for Medical Sciences Emergency Room where a sexual assault exam was administered to her and she gave a statement to the Little Rock Police Department. In her statement to the police, she indicated she was concerned about the sexual encounter due to Respondent's position of trust.

CONCLUSIONS OF LAW

The Board considered charges that Respondent violated Board rules and relevant statutes set forth in the notice of hearing. The Board found the following charges to be proven:

1. Unprofessional Conduct Section A: Violations of The Social Work Licensing Act or the Rules published by the Board.
2. Unprofessional Conduct Section B. Negligence in the practice of social work or practicing fraudulently or incompetently.
3. Unprofessional Conduct Section G: Intentionally or recklessly causing physical or emotional harm to any client or former client.
4. Unprofessional Conduct Section L: Violating the Code of Ethics adopted by the Board.

5. Unprofessional Conduct Section R: Failing to terminate the professional relationship when it is apparent that the service no longer serves the needs of the client.
6. Violation of Standard G.2 – violating such positions of trust and dependency by committing any act detrimental to a client, former client, student or supervisee.
7. Violation of Standard G.3 – engaging in an inappropriate relationship and/or sexual activity with a client or with a former client within two years after termination of the professional relationship.
8. Violation of Standard G.4.a – Failure to refrain from either entering into or promising a relationship with such persons if it appears the relationship might impair the social worker's objectivity or his/her ability to effectively perform social work functions or failure to refrain from either entering into or promising a relationship with such persons if it appears that the relationship might harm or exploit the other party.
9. Violation of Standard G.4.b – Failure to refrain from taking on professional obligations when preexisting relationships would create a risk of such harm.
10. Violation of Standard G.4.c – Failure to resolve a potentially harmful dual relationship with due regard for the best interest of the affected person and maximum compliance with the Code of Ethics.
11. Violation of Standard G.5 – Violation of client-therapist boundaries.
12. Violation of Ark. Code Ann § 17-103-305(a)(1): Violation of a provision of the Act.

13. Violation of Ark. Code Ann § 17-103-305(a)(3): Engaging in a course of unprofessional conduct as defined by the rules established by the board or violation of the code of ethics made and published by the board.

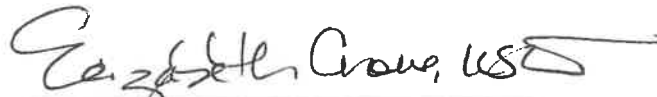
ORDER

Based upon the Findings of Fact and Conclusions of Law herein, the Board hereby orders the following:

1. Respondent's License is hereby SUSPENDED for a period of three (3) years beginning on the date this Order is approved by the Board.
2. Respondent must complete 8 CEUs on client/therapist boundaries annually. These are to be completed in addition to the 30 hours already required by the board.
3. As a condition of reinstating Respondent's License to active status, Respondent shall complete a course of treatment or counseling by a healthcare professional with the appropriate competence, training, and scope of practice to certify that Respondent would not pose a risk to the public, clients, or former clients if allowed to continue the practice of social work. The professional must be preapproved by the Board.
4. As a condition of reinstating Respondent's License to active status, the treating healthcare professional in paragraph 3 of the Order must certify that Respondent would not pose a risk to the public, clients, or former clients if allowed to continue the practice of social work.
5. Respondent shall be prohibited from engaging in the practice of couples therapy of any kind.

6. The above disciplinary action will be reported to the National Practitioner Data Bank (NPDB).
7. Any further violations of law or the rules and regulations of the Board or failure on the part of the Respondent to comply with the terms and conditions of this Order may result in further disciplinary action.
8. Pursuant to the Arkansas Administrative Procedure Act, Ark. Code Ann. § 25-15-212, Respondent may petition for judicial review of this decision by filing a petition in the Circuit Court in the county in which he resides or does business or in the Circuit Court of Pulaski County within thirty (30) days after service of this order.

IT IS SO ORDERED this 18 day of November, 2024.

A handwritten signature in black ink, appearing to read "Elizabeth Crone, LSW". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Elizabeth Crone, Chair
Arkansas Social Work Licensing Board

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: DONALD JOSEPH HUPP, JR., L.C.S.W.
License Number: 0904-016113
Case Number: 249263

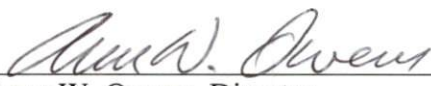
ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that the State of Ohio Counselor, Social Worker, Marriage and Family Therapist Board suspended the license of Donald Joseph Hupp, Jr., L.C.S.W., to practice social work in the State of Ohio. A copy of the Consent Agreement is attached hereto as Commonwealth's Exhibit 1.

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Donald Joseph Hupp, Jr., L.C.S.W., to practice clinical social work in the Commonwealth of Virginia is hereby SUSPENDED.

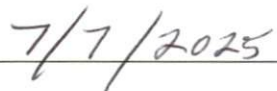
Upon entry of this Order, the license of Donald Joseph Hupp, Jr., L.C.S.W., will be recorded as suspended. Should Mr. Hupp seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.



Arne W. Owens, Director
Virginia Department of Health Professions

ENTERED:



CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Consent Agreement entered May 8, 2025, regarding Donald Joseph Hupp, Jr., L.C.S.W., is a true copy of the records received from the State of Ohio Counselor, Social Worker, Marriage and Family Therapist Board.


Arne W. Owens


Date

**CONSENT AGREEMENT
BETWEEN
DONALD HUPP
AND THE
STATE OF OHIO COUNSELOR, SOCIAL WORKER, MARRIAGE AND FAMILY
THERAPIST BOARD**

This CONSENT AGREEMENT is entered into by and between **DONALD HUPP**, hereinafter, "**HUPP**," and the STATE OF OHIO COUNSELOR, SOCIAL WORKER, MARRIAGE AND FAMILY THERAPIST BOARD, hereinafter "**BOARD**," the state agency charged with enforcing Chapter 4757 of the Ohio Revised Code and all rules promulgated therein.

HUPP hereby acknowledges that he has read and understands this CONSENT AGREEMENT and has voluntarily entered into it without threat or promise by the **BOARD** or any of its members, employees or agents.

HUPP is fully aware of his rights, including his right to be advised by counsel and his right to a hearing pursuant to Chapter 119 of the Ohio Revised Code on the issues which are the subject of this CONSENT AGREEMENT.

This CONSENT AGREEMENT contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this CONSENT AGREEMENT.

This CONSENT AGREEMENT is entered into on the basis of the following stipulations, admissions and understandings:

1. **HUPP** is a licensed independent social worker (I.0700263-SUPV) licensed to practice social work in the State of Ohio and is subject to the laws and rules of Ohio regulating the practice of social work as outlined in Ohio Revised Code Chapter 4757 and Ohio Administrative Code Chapter 4757. **HUPP** received his independent social worker license on August 15, 2007.
2. On or about October 5-7, 2023, **HUPP** abruptly closed his agency practice without providing appropriate termination for agency clients or clinical staff. This action is a violation of Ohio Revised Code 4757.36(C)(1) and Ohio Administrative Code Section OAC 4757-5-02(E).
3. **HUPP** admits to the statement referenced above.

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any other formal disciplinary proceedings, **HUPP** knowingly and voluntarily agrees with the **BOARD** to the following terms and conditions:

1. **HUPP'S** license to practice as an independent social worker (L0700263-SUPV) is hereby **SUSPENDED** for two (2) years. **HUPP** must renew his license during the period of suspension if he intends to re-enter the field.
2. **HUPP** must be monitored in all aspects of his social work practice and receive weekly face to face supervised monitoring for one (1) year. **HUPP'S** monitor must be pre-approved by the **BOARD** and should not have a prior relationship with **HUPP**. All costs, if any, associated with the supervised monitoring are at **HUPP'S** expense. The request for monitor approval must be submitted in writing and include a copy of the monitor's résumé or curriculum vitae to the **BOARD'S** Compliance Officer. **HUPP** may not start any employment as an **independent social worker** until this supervised monitoring requirement is in place. **HUPP'S** monitor must be an on-site supervisor at the agency where **HUPP** is employed. The mandated supervising monitor must have access to all of **HUPP'S** client charts and files.

Supervised monitoring should focus on, but not be limited to, ethical decision making, personal accountability, record keeping, professional boundaries and treatment issues. Supervised monitoring should be considered training in nature and should not be limited to simply approving or denying case plans. **HUPP'S** supervised monitor must submit reports quarterly to the **BOARD'S** Compliance Officer for the entire monitoring period detailing topics discussed in monitoring sessions, areas of concern, and areas of improvement and make a recommendation with regards to **HUPP'S** suitability to practice.

It is **HUPP'S** responsibility to ensure that the **BOARD** receives all monitoring reports. If at any time **HUPP'S** monitor believes that **HUPP'S** ability to practice as an **independent social worker** is compromised, **HUPP'S** monitor must report this to the **BOARD** immediately. **HUPP'S** failure to obtain mandatory supervised monitoring at the required rate shall be considered non-compliant with this requirement.

HUPP must immediately notify the **BOARD** in writing if he leaves his employment for any reason.

3. **HUPP** is not permitted to be in solo private practice until he successfully completes the required one (1) year period of supervised monitoring.
4. **HUPP** is not eligible to provide supervision with his "S" designation until the terms of this consent agreement are completed.

It is hereby agreed by and between both parties that this **CONSENT AGREEMENT** hereby settles all issues concerning this matter.

Consent Agreement between Donald Hupp and the State of Ohio Counselor, Social Worker, Marriage and Family Therapist Board

By his signature on this CONSENT AGREEMENT, HUPP acknowledges that in the event the **BOARD**, in its discretion, does not approve this CONSENT AGREEMENT, this settlement offer is withdrawn and shall be of no evidentiary value and shall not be relied upon or introduced in any disciplinary action or appeal by either party. HUPP agrees that should the **BOARD** reject this CONSENT AGREEMENT and if this case proceeds to hearing, he will assert no claim that the **BOARD** was prejudiced by its review and discussion of this CONSENT AGREEMENT or of any information relating thereto. HUPP hereby releases the members of the **BOARD**, its officers and employees, jointly and severally, from any and all liability arising from the matter within.

This CONSENT AGREEMENT shall be considered a public record as that term is used in Section 149.43 of the Ohio Revised Code. All parties to this Consent Agreement understand that this information will be sent to the United States Department of Health and Human Services' National Practitioner Data Bank (NPDB), pursuant to Title IV of Public Law 99-660, the Healthcare Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act, as amended by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996. The **BOARD** shall incorporate this CONSENT AGREEMENT into a formal journal entry at its May 2025 meeting.

This CONSENT AGREEMENT shall take effect upon the date of the Board's Executive Director's signature below:



Donald Hupp, LISW-S



Brian Carnahan
Executive Director, Counselor, Social Worker,
Marriage and Family Therapist Board

03/23/2025

Date

5/8/2025

Date