

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and is available to the public pursuant to Virginia Code Section 2.2-3708(D).

10:00 a.m. Call to Order – Elke Cox, LCSW, Vice-Chairperson

- Welcome/Introductions
- Establishment of a Quorum
- Mission of the Board/Emergency Egress Procedures 3

10:05 a.m. Public Hearing on Proposed Regulations Relating to the 2022 Periodic Review

Adoption of Agenda *

Approval of Minutes * September 26, 2025, Board Meeting 4

Public Comment

The Board will receive public comments related to agenda items. 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.

Agency Director Report – David Brown, D.C., Director of the Department of Health Professions (DHP)

Presentations

- **Association of Social Work Boards (ASWB)**
Dr. Stacey Hardy-Chandler, ASWB
Carl Hokanson, ASWB
Dr. Jennifer Klafehn, HumRRO
Dr. Michael Walker, HumRRO
- **Matthew DeCarlo, PhD., MSW**

Officer, Staff and Committee Reports

- **Legislative and Regulatory Report – Erin Barrett, JD, DHP Director of Legislative and Regulatory Affairs, and Matt Novak, DHP Policy and Economic Analyst**
 - Regulatory Chart 10
 - Revision of Guidance Document 140-2 * 12
 - Adoption of proposed stage regulatory changes for the Social Work Compact * 22

* Indicates a board vote may be required.

** Indicates items to be discussed in a closed session.

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- **Regulatory Committee Report** – Elke Cox, LCSW
- **Executive Director’s Report** – Maria Stransky, LPC, CSOTP, CSAC
- **Discipline Report** – Jennifer Lang, Deputy Executive Director 31
 - Orders 35
- **Licensing Report** – Charlotte Lenart, Deputy Executive Director 51

New Business

- **Social Work Compact** – Maria Stransky, LPC, CSOTP, CSAC
 - Appointment of Commissioner * 54

Next Meeting: July 10, 2026

* Indicates a board vote may be required.

** Indicates items to be discussed in a closed session.



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. Exit the room using one of the doors at the front of the room, turn right, and proceed straight ahead to the emergency exit at the end of the hall. Once you have exited the building, continue to the fence at the back of the parking lot and wait there for further instructions.



DRAFT
Virginia Board of Social Work
Quarterly Board Meeting Minutes
Friday, September 26, 2025, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

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

BOARD MEMBERS PRESENT: Elke Cox, MSW, LCSW, Vice-Chairperson
Kimberly Jackson, Citizen Member
Joan Landolt, MSW, LCSW
Martha Meadows, MA, LCSW
Marshall Pattie, PhD, Citizen Member
Denise Purgold, MSW, LCSW
Sherwood Randolph Jr., MSW, LCSW

BOARD MEMBERS ABSENT: Victoria Cartagena, MSW, LCSW

BOARD STAFF PRESENT: Krystal Blanton, Discipline & Compliance Case Specialist
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director
Sharniece Vaughan, Licensing & Operations Supervisor
Rebecca Walker, Licensing Specialist

DHP STAFF PRESENT: Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions
Matt Novak, Agency Regulatory Coordinator, Department of Health Professions
Arne Owens, Agency Director, Department of Health Professions
Yetty Shobo, Ph.D., Director, DHP Healthcare Workforce Data Center

BOARD COUNSEL PRESENT: James Rutowski, Assistant Attorney General

PUBLIC ATTENDEES: Denise Daly Konrad, Virginia Health Care Foundation (VHCF)
Rebekah Glushefski, LMSW, Supervisee in Social Work
Rachel Mosunmade, LCSW, Bon Secours Mercy Health
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 10:14 a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM: All Board members and staff were introduced. With eight members of the Board being 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 September 26, 2025 meeting. The agenda was approved as presented.

PUBLIC COMMENT: None.

APPROVAL OF MINUTES: The Board reviewed the minutes from the last meeting held on June 6, 2025.

Motion: Ms. Cox moved to approve the minutes from the June 6, 2025 meeting as presented. The motion was properly seconded by Ms. Purgold and passed unanimously.

AGENCY REPORT:

Mr. Owens welcomed everyone back to Richmond. He reiterated that the goal of DHP is to remain focused on its regulatory responsibilities. He emphasized the importance of improving agency operations, particularly in relation to staffing, cost reduction, and overall efficiency.

Mr. Owens also highlighted several key upcoming events, including the General Assembly session in January 2026. He noted that DHP has submitted legislative proposals that are currently awaiting approval from the Secretary and the Governor's Office. In addition, he mentioned ongoing work on the biennial budget.

Lastly, Mr. Owens commended the Board for its efforts in increasing the number of Licensed Clinical Social Workers (LCSWs) across the state.

BOARD CHAIR REPORT:

Ms. Reynolds thanked the Board and DHP staff for their ongoing efforts and commitment to supporting the work of the Board.

LEGISLATION & REGULATORY REPORT:

Chart of Regulatory Actions

Mr. Novak reviewed the regulatory actions chart with the Board and noted that the music therapy regulations are in the final stage and will take effect on December 1, 2025.

Petition for Rulemaking

Mr. Novak directed the Board's attention to the two petitions that were submitted.

The first petition, submitted by Sara Pearce, recommended an amendment to 18VAC140-20-150 to include new subsections requiring the following:

- a. Up to three transitional sessions, delivered in-person or via synchronous telehealth, each lasting no less than 45 minutes.
- b. A written referral list of at least three outpatient providers that the licensee has confirmed are accepting new clients, to be included as part of a written crisis-response plan. This plan must also include 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.

Mr. Novak informed the Board that they have two options: to make a motion to accept and initiate a Notice of Intended Regulatory Action (NOIRA), or to take no action.

Motion: Mr. Randolph moved to recommend that the Board take no action, as the proposal has the potential to be limiting. Ms. Landolt properly seconded the motion. The motion passed unanimously.

Mr. Novak then discusses the second petition submitted by Natalie Both which was included in the agenda packet. This petition would allow Master of Social Work (MSW) students to apply for supervision up to 30 days prior to the conferral of their

degree.

The Regulatory Committee recommended that the full Board take no action on the petition for rulemaking, as tracking the conferral of degrees after the application process has begun would be overly burdensome and could result in a license being issued to an individual whose degree was ultimately not conferred.

Motion: Ms. Purgold motioned to take no action on the petition for rulemaking as recommended by the Regulatory Committee. Ms. Meadows properly seconded the motion. The motion passed unanimously.

Music Therapy Regulations

Ms. Barrett reported that the music therapy regulations have been published and will take effect on December 1, 2025, with applications accepted beginning December 5, 2025. She informed the Board that the executive branch directed staff to develop a guidance document outlining actions that do not constitute the practice of music therapy. Ms. Barrett drafted the guidance document, which was reviewed and approved by the executive branch as meeting their requested clarification. She requested that the Board consider the guidance document as presented by staff.

Motion: Mr. Randolph motioned to adopt the Music Therapy Guidance Document 140-5 as presented. Ms. Cox properly seconded the motion. The motion passed unanimously.

PRESENTATION:

Dr. Shobo presented the LCSW Workforce Survey. She stated that over the past 12 years, the social work workforce has more than doubled. However, while more individuals are obtaining licenses in Virginia, many are not practicing within the state. She highlighted the following key points:

- The majority of the social work workforce (88%) is female.
- The median age was 54 in 2018; it has now decreased to 34.
- The population under 40 is more diverse.
- Currently, the diversity index stands at 60%.
- Spanish is the most reported language after English, followed by French and Arabic.
- There has been an increase in LCSWs working in private or group practice settings.
- There is a rise in cash or self-pay clients as opposed to private insurance and Medicaid/Medicare.
- The majority of practitioners provide telehealth services.
- There is an increase in the number of practitioners intending to join the social work interstate compact.
- The Southside region of Virginia faces a shortage of LCSWs.

COMMITTEE REPORTS:

Ad Hoc Committee Report

Mr. Randolph thanked the Board, the community, and stakeholders. He briefly discussed the reasons for forming the Ad Hoc Committee. In 2022, data from the Association of Social Work Boards (ASWB) was released, and during public comment, the Board was questioned about why it had not taken action regarding disparities highlighted in the data. The 2022 data revealed multiple disparities including those related to race, ethnicity, and age.

In the 2024 General Assembly session, House Bill 606 proposed alternatives to the social work licensure examination requirement; however, the bill passed the House but failed the Senate. Following this, the Board received a request from Senate

leadership to provide additional information about the effectiveness of the current examination and possible alternatives. In response, the Board detailed systemic strengths and barriers, as well as steps being taken to address disparities.

Mr. Randolph stated that the Ad Hoc Committee was created to investigate disparities, collect data, engage with stakeholders, and recommend potential actions. Stakeholder engagement has included public comments, organizational feedback, and presentations from ASWB and other experts. He noted that Virginia ranks 38th in the mental health workforce and that approximately two million residents lack adequate care due to a shortage of behavioral health practitioners.

Mr. Randolph reviewed the ASWB presentation which was included in the agenda packet with the Board which included information on exam development, item-writing processes, and efforts to improve validity, reliability, and accommodations. ASWB also highlighted recent and upcoming changes to the exam administration, including splitting the four-hour exam into two parts. Some committee members raised concerns about the timing and lack of communication of these changes. In addition, Mr. Randolph reviewed the summary of the stakeholder responses as provided in the agenda.

He referenced testimony from Dr. DeCarlo regarding ASWB's psychometrics and requested input from community-based organizations.

Dr. Shobo presented the findings from the LCSW, LMSW, and LBSW Examination Survey, which was included in the agenda. Most of the respondents agreed that the ASWB exam should be maintained but also supported allowing some form of alternative pathway to licensure.

The Ad Hoc Committee presented its findings on licensure exam disparities and recommendations for possible alternative pathways to licensure. The discussion emphasized that there is minimal support for eliminating the exam entirely, but strong, consistent support from both organizations and survey respondents for alternative pathways to licensure.

Board members acknowledged the complexity of the issue, noting workforce shortages, supervision quality concerns, exam fairness, and cost implications. Several members emphasized the need to balance public safety with equitable access to licensure.

The Board clarified its authority, available actions, and the process for referring recommendations to the regulatory committee. The conversation concluded with recognition that these recommendations represent the beginning of change rather than a final solution.

Mr. Randolph, stated that the Adhoc Committee is recommending the Board consideration of amending the regulations to allow for an alternative pathway to LCSW licensure, permitting one failed exam attempt followed by an additional 3,000 hours of clinical supervision.

The Board engaged in a discussion that included respondent feedback expressing a desire to extend the exam timeline and to increase the amount of required supervision. Ms. Landolt and Mr. Randolph agreed that this was a realistic expansion that will benefit the community.

Ms. Reynolds expressed some hesitation, noting that the majority of respondents supported retaining the exam, as it demonstrates minimum competencies. She emphasized that every profession includes some form of examination and that social

workers have worked hard to establish and develop the profession. She stated that removing the exam could diminish the profession; however, she expressed support for offering an exam alternative while also noting that not all supervision is created equal.

Mr. Randolph emphasized that the proposal regarding an exam alternative would create an opportunity for individuals who face challenges in taking the exam. However, Ms. Cox expressed concern regarding the associated costs of additional supervision and raised the issue of what steps would be taken should a supervisor feel uncomfortable certifying the additional hours.

Motion: Ms. Cox moved, which was properly seconded by Ms. Purgold, to refer the recommendation from the Adhoc Committee to the Regulatory Committee to consider the recommendations and further review, discuss and development potential changes. The motion passed unanimously.

The Board discussed the implications that will happen when considering these changes. They also noted that this is also very intertwined with the NOIRA that will consider changes to the LMSW.

Mr. Randolph stated that the Adhoc Committee recommends inviting the ASWB to return for further dialogue and increase transparency regarding exam procedures and to respond to stakeholder questions.

Motion: Ms. Cox further moved to invite ASWB to back for dialog at the next Full Board Meeting. Ms. Purgold properly seconded the motion. The motion passed unanimously.

Mr. Randolph stated that the Adhoc Committee recommended inviting Dr. Matt DeCarlo to present his data and perspectives on exam psychometrics and processes to the Board.

Motion: Mr. Randolph moved, and Dr. Pattie properly seconded, to have Dr. DeCarlo present his data to the Full Board. The motion passed unanimously.

Regulatory Committee Report

Ms. Cox reported that House Bill 1897 has been officially enacted into law. This legislation authorizes Licensed Master Social Workers (LMSWs) to provide clinical services under the supervision of a Licensed Clinical Social Worker (LCSW). Additionally, Ms. Cox noted that Board staff have proposed merging LMSW clinical supervision and supervisee categories. The Committee recommends that the Board adopt a notice of intended regulatory action (NOIRA) to amend Chapter 20 to merge LMWSs and registered supervisees in social work.

Motion: Ms. Landolt made a motion to accept the recommendation from the Regulatory Committee to amend Chapter 20 and merge LMSWs and supervisees in social work. Ms. Meadows properly seconded the motion. The motion passed unanimously.

LICENSING REPORT:

Ms. Lenart reported that the Board has now licensed and registered over 17,000 individuals. She thanked the staff for their hard work as demonstrated by the 94.3% satisfaction rating and noted that the 2024 pass rate summary report for Virginia, including individual school pass rates, is included in the agenda packet. ASWB has also developed a guide to assist educators and supervisors in preparing their students or supervisees for the licensing exam.

She also shared that the Dean of the School of Social Work at Norfolk State University (NSU), Dr. Isiah Marshall, reached out to offer exam preparation resources. In response, Board staff identified former NSU students and shared the available resources with them via email.

DISCIPLINE REPORT:

Ms. Lang informed the Board that a second part-time reviewer has been hired and is performing well, having already reviewed over 28 cases. She further reported that the formal hearing originally scheduled for October has been canceled and will need to be rescheduled for March or April of the following year. Additionally, she noted that there are currently 664 active cases across the three Boards: Counseling, Psychology, and Social Work.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle announced that Victoria Cartagena has been reappointed to serve a second term on the Board. She also reported that she recently delivered a presentation to the Virginia Association of Social Workers – Roanoke Chapter, during which she provided updates on the Board's activities and the status of the Social Work Compact, which is currently not operational.

Furthermore, Ms. Hoyle stated that she and Ms. Jackson will be attending the upcoming ASWB Conference in November. She also noted that Ms. Jackson has been nominated for a position on the ASWB Board, with voting to take place during the conference.

NEXT MEETING DATES:

The next meeting is scheduled for Friday, December 5, 2025.

ADJOURNMENT:

Ms. Reynolds adjourned the meeting at 12:51pm.

Teresa Reynolds, MSW, LCSW, Chair

Jaime Hoyle, JD, Executive Director

Board of Social Work
Current Regulatory Actions
As of February 13, 2026

In the Governor's office

None.

In the Secretary's office

None.

At the Department of Planning and Budget

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC140-20	Proposed	2022 Periodic review changes to section 37	10/4/2024	7 days days	Includes provision that was removed from the overall periodic review action of Chapter 20 to handle separately.

At the Office of the Attorney General

None.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication Date	Effective Date	Notes
18VAC140-20	NOIRA	Implementation of the Social Work Compact	12/15/2025	N/A	Proposed stage is before the Board for action.
18VAC140-20	NOIRA	Streamlining licensure requirements for LCSW and LMSW	12/15/2025	N/A	Regulatory committee is currently working on a draft of proposed regulations.
18VAC140-20	Proposed	Amendments resulting from 2022 periodic review	2/23/2026	N/A	Final action will be before the Board at the next meeting following close of the comment period

					(2/23/2026 – 4/24/2026)
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Awaiting transmittal to next stage

VAC	Stage	Subject Matter	Next Review	Approximate Submission	Notes
18VAC140-20	Proposed	Acceptance of APA approved training as CE providers	DPB	March 2026	Expands options for CE.

Agenda Item: Revision of Guidance Document 140-2 to reflect statutory changes and include licensed music therapists

Included in your agenda package:

- Redline of changes to Guidance Document 140-2; and
- Clean version of Guidance Document 140-2.

Staff note: Wording related to misdemeanors involving moral turpitude has been removed pursuant to Chapter 505 of the 2025 Acts of Assembly.

Action needed:

- Motion to revise Guidance Document 140-2 as presented.

Virginia Board of Social Work

Impact of Criminal Convictions, Impairment, and History on Licensure or Registration

This document provides information for persons interested in becoming a licensed baccalaureate social worker (“LBSW”), a licensed master’s social worker (“LMSW”), ~~or~~ licensed clinical social worker (“LCSW”), or licensed music therapist. It clarifies how convictions, impairment, and other history may affect the application process, registration as a supervisee, and subsequent licensure by the Board of Social Work.

Until an individual applies for licensure, the Board ~~of Social Work~~ is unable to review, or consider for approval, an individual with a criminal conviction, history of action taken in another jurisdiction, or history of possible impairment. *The Board has no jurisdiction until an application has been filed.*

I. Guidelines for processing applications for supervisee registration or licensure: examination, endorsement, and reinstatement.

Applicants for licensure by examination, endorsement and reinstatement who meet the qualifications set forth in statutes and regulations may be issued a license pursuant to authority delegated to the ~~Executive Director~~ [executive director](#) of the Board in accordance with Board regulations.

An applicant whose license has been revoked or suspended in another jurisdiction is not eligible for licensure in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it. ([See Va. Code § 54.1-2408.](#))

Affirmative responses to questions related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license, or impose sanction on an application for registration of supervision or for licensure ~~shall~~ [will](#) be referred to the ~~Executive Director~~ [executive director](#) to determine how to proceed. The ~~Executive Director~~ [executive director](#), or designee, may approve the application without referral to the Credentials Committee in the following cases:

1. The applicant presents a history of chemical dependence with evidence of continued abstinence and recovery. The ~~Executive Director~~ [executive director](#) cannot approve applicants for reinstatement if the license was revoked or suspended by the Board or if it lapsed while an investigation was pending.
2. The applicant has a history of criminal conviction(s) which does not constitute grounds for denial or Board action or the applicant’s criminal conviction history meets the following criteria:

- The applicant's conviction history consists solely of misdemeanor convictions involving moral turpitude that are greater than 10 years old.
- The applicant's conviction history consists of one misdemeanor conviction involving moral turpitude greater than 5 years old and all court requirements have been met.
- The applicant's conviction history consists of one misdemeanor conviction involving moral turpitude less than 5 years old, the applicant is in full compliance or has met all court requirements, and the applicant has accepted a pre-hearing consent order to approve the application with a reprimand.
- The applicant's conviction history consists of one non-violent felony conviction greater than 10 years old and all court/probationary/parole requirements have been met.
- The applicant's conviction history consists of offenses committed as a juvenile and the applicant has no record of convictions as an adult.

II. Basis for denial of registration or licensure.

The Board ~~of Social Work~~ may refuse to admit a candidate to any examination or refuse to issue a license to any applicant ~~with a conviction of a felony or a misdemeanor involving moral turpitude. Likewise, the Board may refuse registration or licensure to an applicant who is 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 (referred to as a history of impairment):~~ [for the reasons delineated in 18VAC140-20-160.](#)

~~Misdemeanor convictions involving moral turpitude mean convictions related to lying, cheating or stealing. Examples include, but are not limited to: reporting false information to the police, shoplifting or concealment of merchandise, petit larceny, welfare fraud, embezzlement, and writing worthless checks. While information must be gathered regarding all convictions, misdemeanor convictions other than those involving moral turpitude will not prevent an applicant from becoming a LBSW, LMSW or LCSW. However, if the misdemeanor conviction information also suggests a possible impairment issue, such as DUI and illegal drug possession convictions, then there still may be a basis for denial during the licensure application process.~~

Criminal convictions for ANY felony may cause an applicant to be denied ~~Social Work~~ licensure or registration as a supervisee. Each applicant is considered on an individual basis. ~~There are NO~~ [No](#) criminal convictions or impairments ~~that~~ are an absolute bar to ~~Social Work~~ licensure.

III. Additional information needed regarding criminal convictions, past actions, or possible impairment.

Applications for licensure include questions about the applicant's history, specifically:

1. Any and all criminal convictions ever received;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure or certification in another state or jurisdiction; and
3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant's ability to practice.

Indicating “yes” to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The ultimate authority to approve an applicant for testing and subsequent licensure, or to deny approval rests with the Board of Social Work ~~has the ultimate authority to approve an applicant for testing and subsequent licensure, or to deny approval.~~

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the ~~court~~house of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from ~~Social Work~~ social work-related or music therapy-related employers, if possible).

The following information will be requested from ~~the~~ an applicant with past disciplinary action or licensure/certification denial in another state:

- A certified copy of the ~~Order~~ order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (~~Social Work~~ social work-related or music therapy-related preferred) since action.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant’s current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and
- Letters from employers concerning work performance (specifically from ~~Social Work~~ social work-related or music therapy-related employers, if possible).

NOTE: Some applicants may be eligible for participation in the Health Practitioner’s Monitoring Program (“HPMP”), which is a monitoring program for persons with impairments due to chemical dependency, mental illness, or physical disabilities. Willingness to participate in ~~the~~ HPMP is

information the Board ~~of Social Work~~ will consider during the review process for applicants with a history of impairment or a criminal conviction history related to impairment. Information about ~~the Virginia~~ HPMP may be obtained directly from the DHP homepage at www.dhp.virginia.gov.

Once the Board ~~of Social Work~~ has received ~~the~~ all necessary and relevant additional information, the application will be considered. Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board ~~of Social Work~~ representative(s) for an informal fact-finding conference to consider the application. After ~~the~~ an informal fact-finding conference, the application may be: i) approved, ii) approved with conditions or terms, or iii) denied.

~~NOTE:~~ Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for registration or licensure is grounds for disciplinary action by the Board ~~of Social Work~~, even after the registration or license has been issued. (See 18VAC140-20-160.) ~~It is considered to be~~ Such action is “procurement of license by fraud or misrepresentation,” and a basis for disciplinary action that is separate from the underlying conviction, past action, or impairment issue once discovered. (Id.) Possible disciplinary actions that may be taken range from reprimand to revocation of a license.

IV. Mandatory suspension following licensure

Criminal convictions and other actions can also affect an individual already licensed ~~as a LBSW, LMSW, or LCSW~~ by the Board ~~of Social Work~~. Any felony conviction, court adjudication of incompetence, or suspension or revocation of a license or certificate held in another state will result in a “mandatory suspension” of the individual’s license to practice in Virginia. (See Va. Code § 54.1-2409.) This is a nondiscretionary action taken by the ~~Director~~ director of DHP, ~~rather than the Board of Social Work, according to § 54.1-2409 of the Code of Virginia.~~ The mandatory suspension remains in effect until the individual applies for reinstatement and appears at a formal hearing before the Board ~~of Social Work~~ and demonstrates sufficient evidence that ~~he or she~~ the practitioner is safe and competent to return to practice. At the formal hearing, three fourths of the Board members present must agree to reinstate the individual’s license to practice ~~in order for the license to be restored~~ for reinstatement. (Va. Code § 54.1-2409.)

V. Expunging a criminal record.

Pardons, clemency grants, or restoration of civil rights ~~Having been granted a pardon, clemency, or having civil rights restored~~ following a felony conviction does not change ~~the fact that a person has a~~ alter the existence of the criminal conviction. That conviction remains on the individual’s licensure record. Therefore, any criminal conviction *must* be revealed on any application for licensing, unless it has been expunged. Individuals should secure private legal counsel for questions related to criminal conviction expungement, a process over which the Board has no control.

~~Chapter 23.1 of Title 19.2 of the Code of Virginia describes the process for expunging criminal records. If a person wants a conviction to be removed from their record, the individual must seek expungement pursuant to §19.2-392.2 of the Code of Virginia. Individuals should seek legal counsel~~

~~to pursue this course, which involves specific petitions to the court, State Police procedures, and hearings in court.~~

Virginia Board of Social Work

Impact of Criminal Convictions, Impairment, and History on Licensure or Registration

This document provides information for persons interested in becoming a licensed baccalaureate social worker (“LBSW”), a licensed master’s social worker (“LMSW”), licensed clinical social worker (“LCSW”), or licensed music therapist. It clarifies how convictions, impairment, and other history may affect the application process, registration as a supervisee, and subsequent licensure by the Board of Social Work.

Until an individual applies for licensure, the Board is unable to review, or consider for approval, an individual with a criminal conviction, history of action taken in another jurisdiction, or history of possible impairment. *The Board has no jurisdiction until an application has been filed.*

I. Guidelines for processing applications for supervisee registration or licensure: examination, endorsement, and reinstatement.

Applicants for licensure by examination, endorsement and reinstatement who meet the qualifications set forth in statutes and regulations may be issued a license pursuant to authority delegated to the executive director of the Board in accordance with Board regulations.

An applicant whose license has been revoked or suspended in another jurisdiction is not eligible for licensure in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it. (*See* Va. Code § 54.1-2408.)

Affirmative responses to questions related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license, or impose sanction on an application for registration of supervision or for licensure will be referred to the executive director to determine how to proceed. The executive director, or designee, may approve the application without referral to the Credentials Committee in the following cases:

1. The applicant presents a history of chemical dependence with evidence of continued abstinence and recovery. The executive director cannot approve applicants for reinstatement if the license was revoked or suspended by the Board or if it lapsed while an investigation was pending.
2. The applicant has a history of criminal conviction(s) which does not constitute grounds for denial or Board action or the applicant’s criminal conviction history meets the following criteria:

- The applicant's conviction history consists solely of misdemeanor convictions involving moral turpitude that are greater than 10 years old.
- The applicant's conviction history consists of one misdemeanor conviction involving moral turpitude greater than 5 years old and all court requirements have been met.
- The applicant's conviction history consists of one misdemeanor conviction involving moral turpitude less than 5 years old, the applicant is in full compliance or has met all court requirements, and the applicant has accepted a pre-hearing consent order to approve the application with a reprimand.
- The applicant's conviction history consists of one non-violent felony conviction greater than 10 years old and all court/probationary/parole requirements have been met.
- The applicant's conviction history consists of offenses committed as a juvenile and the applicant has no record of convictions as an adult.

II. Basis for denial of registration or licensure.

The Board may refuse to admit a candidate to any examination or refuse to issue a license to any applicant for the reasons delineated in 18VAC140-20-160.

Criminal convictions for ANY felony may cause an applicant to be denied licensure or registration as a supervisee. Each applicant is considered on an individual basis. No criminal convictions or impairments are an absolute bar to licensure.

III. Additional information needed regarding criminal convictions, past actions, or possible impairment.

Applications for licensure include questions about the applicant's history, specifically:

1. Any and all criminal convictions ever received;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure or certification in another state or jurisdiction; and
3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant's ability to practice.

Indicating "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The ultimate authority to approve an applicant for testing and subsequent licensure, or to deny approval rests with the Board.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the court of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);

- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from social work-related or music therapy-related employers, if possible).

The following information will be requested from an applicant with past disciplinary action or licensure/certification denial in another state:

- A certified copy of the order for disciplinary action or denial from the other state licensing entity and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (social work-related or music therapy-related preferred) since action.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and
- Letters from employers concerning work performance (specifically from social work-related or art therapy-related employers, if possible).

Some applicants may be eligible for participation in the Health Practitioner's Monitoring Program ("HPMP"), which is a monitoring program for persons with impairments due to chemical dependency, mental illness, or physical disabilities. Willingness to participate in HPMP is information the Board will consider during the review process for applicants with a history of impairment or a history of criminal conviction related to impairment. Information about HPMP may be obtained directly from the DHP homepage at www.dhp.virginia.gov.

Once the Board has received all necessary and relevant additional information, the application will be considered. Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board representative(s) for an informal fact-finding conference to consider the application. After an informal fact-finding conference, the application may be: i) approved, ii) approved with conditions or terms, or iii) denied.

Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for registration or licensure is grounds for disciplinary action by the Board, even after the registration or license has been issued. (See 18VAC140-20-160.) Such action is "procurement of license by fraud or misrepresentation" and a basis for disciplinary action that is

separate from the underlying conviction, past action, or impairment issue once discovered. (*Id.*) Possible disciplinary actions that may be taken range from reprimand to revocation of a license.

IV. Mandatory suspension following licensure

Criminal convictions and other actions can also affect an individual already licensed by the Board. Any felony conviction, court adjudication of incompetence, or suspension or revocation of a license or certificate held in another state will result in a mandatory suspension of the individual's license to practice in Virginia. (*See* Va. Code § 54.1-2409.) This is a nondiscretionary action taken by the director of DHP. The mandatory suspension remains in effect until the individual applies for reinstatement and appears at a formal hearing before the Board and demonstrates sufficient evidence that the practitioner is safe and competent to return to practice. At the formal hearing, three fourths of the Board members present must agree to reinstate the individual's license to practice for reinstatement. (Va. Code § 54.1-2409.)

V. Expunging a criminal record.

Pardons, clemency grants, or restoration of civil rights following a felony conviction does not alter the existence of the criminal conviction. That conviction remains on the individual's licensure record. Therefore, any criminal conviction *must* be revealed on any application for licensing, unless it has been expunged. Individuals should secure private legal counsel for questions related to criminal conviction expungement, a process over which the Board has no control.

Agenda Item: Adoption of proposed stage regulatory changes for the Social Work Compact

Included in your agenda package:

- Town Hall summary page for the NOIRA stage showing no comments; and
- Proposed regulatory changes to account for the Compact.

Staff note: The Social Work Compact is a multistate licensure compact. This means that there will be no issuance of a *compact privilege* by Virginia. This is similar to the Nurse Licensure Compact and regulatory changes have been modeled on Nursing regulatory changes for the NLC.

Action needed:

- Motion to adopt proposed regulations to implement the Social Work Compact.



Agency Department of Health Professions

Board Board of Social Work

Chapter Regulations Governing the Practice of Social Work [\[18 VAC 140 - 20\]](#)

Action: Implementation of the Social Work Compact

Notice of Intended Regulatory Action (NOIRA)

Action 6606 / Stage 10517

[Edit Stage](#) [Withdraw Stage](#) [Go to RIS Project](#)

Documents		
Preliminary Draft Text	None submitted	Sync Text with RIS
Agency Background Document	10/4/2024	Upload / Replace
Governor's Review Memo	10/28/2025	
Registrar Transmittal	11/13/2025	

Status	
Public Hearing	No plan for a public hearing at the proposed stage.
DPB Review	Submitted on 10/10/2024 Policy Analyst: Jeannine Rose Review Completed: 10/18/2024
Secretary Review	Secretary of Health and Human Resources Review Completed: 10/15/2025
Governor's Review	ORM Review: ORM Approved 10/28/2025 Governor Review Completed: 10/28/2025 Result: Approved
Virginia Registrar	Submitted on 11/13/2025 The Virginia Register of Regulations Publication Date: 12/15/2025 Volume: 42 Issue: 9
Comment Period	Ended 1/14/2026 0 comments

Contact Information	
Name / Title:	Jaime Hoyle / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Richmond, VA 23233-1463

Email Address:	jaime.hoyle@dhp.virginia.gov
Telephone:	(804)367-4406 FAX: (804)527-4435 TDD: (-)

This person is the primary contact for this chapter.

This stage was created by [Matthew Novak](#) on 09/30/2024 at 11:31am

This stage was last edited by [Matthew Novak](#) on 09/30/2024 at 11:31am

Project 8103 - Proposed

Board of Social Work

Implementation of the Social Work Compact

Chapter 20

Regulations Governing the Practice of Social Work

18VAC140-20-61. Issuance of a license with a multistate licensure privilege.

An applicant shall comply with the rules adopted by the Social Work Licensure Compact Commission and provisions of § 54.1-3709.4 of the Code of Virginia in effect at the time of application.

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 or practicing pursuant to a multistate licensure privilege 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 or practicing pursuant to a multistate licensure privilege 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 or practicing pursuant to a multistate licensure privilege 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 or practicing pursuant to a multistate licensure privilege 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, multistate licensure privilege, 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 or multistate licensure privilege 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;
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.

Staff Discipline Reports

Sep 13, 2025 to Jan 23, 2026

NEW CASES RECEIVED BY BOARD Sep 13, 2025 to Jan 23, 2026
38

TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
35

OPEN CASE STAGES As of Jan 23, 2026	
Probable Cause Review	199
Scheduled for Informal Conferences	1
Scheduled for Formal Hearings	14
Other (pending CCA, PHCO, hold, etc.)	8
Cases with APD for processing (IFC, FH, Consent Order)	2
TOTAL CASES AT BOARD LEVEL	224

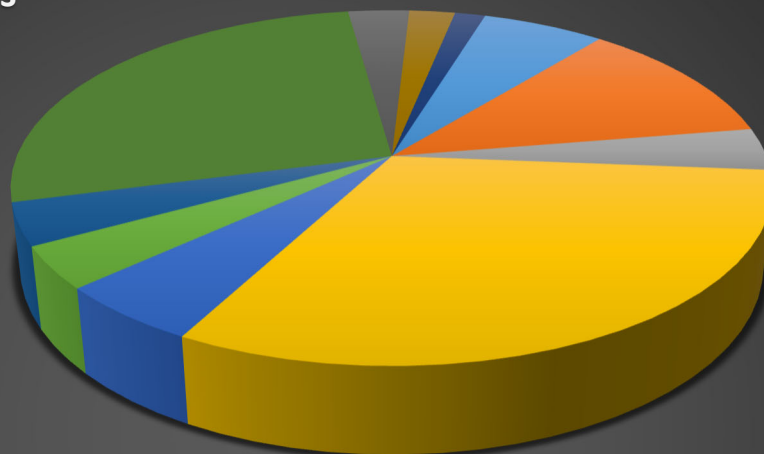
CASES CLOSED Sep 13, 2025 to Jan 23, 2026	
No violation	118
Undetermined	10
Violation (1) Confidential Consent Agreement (1) Mandatory Suspension	2
Application Appeal Approved	0
Application Appeal Denied	0
Application Appeal Withdrawn	0
TOTAL CASES CLOSED	130



Virginia Department of
Health Professions
Board of Social Work

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	661
Avg. time in Enforcement (investigations)	117
Avg. time in APD (IFC/FH preparation)	34
Avg. time in Board (includes hearings, reviews, etc).	543

Closed Case Categories



■ Abuse/Abandonment/Neglect (8)

■ Business Practice Issues (15)

■ Confidentiality Breach (5)

■ Diagnosis/Treatment (41)

■ Fraud, patient care (7)

■ Inability to Safely Practice (5)

■ Inappropriate Relationship (5)
1 violation (LCSW)

■ No jurisdiction (35)

■ Records Release (4)

■ Scope of Practice (3)

■ Unlicensed Activity (2)
1 violation (LCSW)

Behavioral Science Unit (BSU)

Boards of Counseling, Psychology, and Social Work

CURRENT OPEN CASES PER BOARD As of Jan 23, 2026	
Board of Counseling	256
Board of Psychology	149
Board of Social Work	259
TOTAL CASES WITH BOARD STAFF	664

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	486	152	207	845
2026 As of Jan 23, 2026	68	23	38	129

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)
 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: KELLIE MICHELLE SHEETS, L.C.S.W.
License Number: 0904-016837
Case Number: 242373

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 Indiana Behavioral Health and Human Services Licensing Board suspended the license of Kellie Michelle Sheets, L.C.S.W., to practice clinical social work in the State of Indiana. A copy of the Final Order Accepting Proposed Settlement 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 right of Kellie Michelle Sheets to renew her license to practice clinical social work in the Commonwealth of Virginia is hereby SUSPENDED.

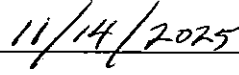
Upon entry of this Order, the license of Kellie Michelle Sheets, L.C.S.W., will be recorded as suspended. Should Ms. Sheets seek reinstatement of her license pursuant to Virginia Code § 54.1-2409, she shall be responsible for any fees that may be required for the reinstatement of the license prior to 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

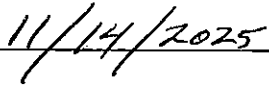
ENTERED:



CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Final Order Accepting Proposed Settlement Agreement entered May 20, 2025, regarding Kellie Michelle Sheets, L.C.S.W., is a true copy of the records received from the Indiana Behavioral Health and Human Services Licensing Board.


Arne W. Owens


Date

CAUSE NO.: 202408 BHS 0049

KELLIE M. SHEETS, L.C.S.W.
LICENSE NO.: 34010724A



FINAL ORDER ACCEPTING PROPOSED SETTLEMENT AGREEMENT

This Order constitutes a Final Order of the Behavioral Health and Human Services Licensing Board under Ind. Code § 4-21.5-3-27. The Behavioral Health and Human Services Licensing Board is the ultimate authority under Ind. Code § 4-21.5-1-15, and this Final Order should be considered notice of the final agency action and determination in this matter. If a party to this matter wishes to seek judicial review, the party must file a petition with an appropriate court within thirty (30) days of the date of the issuance of this Order and must otherwise comply with Ind. Code § 4-21.5-5.

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Autumn R. Murphy, and Respondent, Kellie M. Sheets, L.C.S.W., by counsel, Laura Iosue, signed a Proposed Settlement Agreement (“Agreement”), which purports to resolve all issues involved in the action regarding Respondent’s license before the Indiana Behavioral Health and Human Services Licensing Board (“Board”), and which Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at its Monday, April 21, 2025, meeting held at the Indiana Government Center South, Conference Room W064, 402 West Washington Street, Indianapolis, Indiana 46204, now finds it has been entered into fairly and without fraud, duress, or undue influence, and was fair and equitable between the parties. The Board hereby incorporates the Agreement, which is attached hereto and incorporated herein as **Exhibit A** and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this Agreement by

a vote of **8-0-0**. Incorporated into the Agreement was the consensus of both parties to Stipulated Facts, Stipulated Mitigating Factors, Stipulated Conclusions of Law, and Agreed Disposition.

WHEREFORE, the Board hereby accepts and approves the Agreement, settling all matters in this case consistent with the terms of the Agreement between the parties, and Respondent is hereby **ORDERED** to abide by all the terms of the Agreement.

SO ORDERED, this 20th day of May 2025

By: *Cindy A. Vaught* *for*
Jon M. Ferguson, M.S., L.M.F.T., L.C.A.C.
Board President
Indiana Behavioral Health and Human Services
Licensing Board

DISTRIBUTION

I certify that a copy of the "Final Order Accepting Proposed Settlement Agreement" has been duly served upon:

Kellie M. Sheets, L.C.S.W.
401 W. North St.
Winchester, IN 47394
kellie.sheets1266@gmail.com
Service by E-mail

Laura Iosue
IOSUE LAW LLC
10475 Crosspoint Blvd., Suite 250
Indianapolis, IN 46256
laura@iosuelaw.com
Service by E-mail

Autumn R. Murphy
Deputy Attorney General
OFFICE OF ATTORNEY GENERAL TODD ROKITA
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
Autumn.Murphy@atg.in.gov
Service by E-mail

20 May 2025

Date

Connie Adams

Connie Adams, Litigation Coordinator

Indiana Professional Licensing Agency
Indiana Behavioral Health and Human Services Licensing Board
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-232-2960
Fax: 317-233-4236
Email: Clerk@pla.in.gov

Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

EXHIBIT A

**BEFORE THE INDIANA
BEHAVIORAL HEALTH AND HUMAN
SERVICES LICENSING BOARD
CAUSE NUMBER: 202408 BHS 0049**

IN THE MATTER OF THE LICENSE OF:)
)
KELLIE M. SHEETS, L.C.S.W.)
LICENSE NO.: 34010724A (ACTIVE))



PROPOSED SETTLEMENT AGREEMENT

The State of Indiana (“Petitioner”), by counsel, Deputy Attorney General Autumn R. Murphy, and Kellie M. Sheets, L.C.S.W. (“Respondent”), by counsel, Laura Iosue, hereby execute this Proposed Settlement Agreement (“Agreement”) as a disposition of the Administrative Complaint (“Complaint”) filed in this cause with the Indiana Behavioral Health and Human Services Licensing Board (“Board”). The parties received input on the proposed sanctions in this Agreement from Board member, Charles Martin Justice, MA, LMHC, LCAC, during a prehearing settlement conference held on November 1, 2024. This Agreement, submitted by Petitioner and Respondent (collectively, “the Parties”), is subject to the review and approval of the Board pursuant to Ind. Code §§ 25-1-9-1 *et seq.* and the Administrative Orders and Procedures Act, Ind. Code §§ 4-21.5-3-1 *et seq.*

STIPULATED FACTS

The Parties stipulate to the facts as follows:

Parties

1. Indiana Code § 25-1-7-7 authorizes the Consumer Protection Division of the Office of the Attorney General (“OAG”) to prosecute this action on behalf of Petitioner against Respondent’s license.

EXHIBIT A

2. Respondent is a licensed Clinical Social Worker in the State of Indiana. The Board issued Respondent license number 34010724A on October 10, 2023, and that license will expire on April 1, 2026.

3. Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 401 West North Street, Winchester, Indiana 47394.

Jurisdiction

4. At all times relevant herein, Respondent was a "practitioner" as that term is defined by Ind. Code § 25-1-9-2.

5. On February 16, 2024, the OAG received a consumer complaint filed against Respondent and conducted an investigation as authorized by Ind. Code § 25-1-7-5(b)(4).

6. After investigation, the OAG determined that the consumer complaint had merit. Accordingly, a copy of that consumer complaint was attached to Petitioner's Administrative Complaint as State's Exhibit 1.

7. As the OAG has tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1) and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

Respondent Misconduct

8. At all times relevant herein, Respondent was employed as Executive Director at Recovery Works, a subsidiary of Pinnacle Treatment Centers Inc.

9. In or around the fall of 2023, Respondent saw a client, Client A, once every week or two weeks while he was in an inpatient rehabilitation program at Recovery Works.

EXHIBIT A

10. On or about October 9, 2023, allegations were reported to Recovery Works/Pinnacle Human Resources regarding Kellie Sheets, L.C.S.W. ("Respondent") related to potential boundary violations with a Client A.

11. Colleagues reported that they noticed changes in Respondent's behavior, describing her as flighty, unable to focus very long on one task, hyperactive.

12. During Client A's treatment, Respondent approached a colleague about a "dilemma," stating that Client A had opened up to her, and she did not think he would open up to another counselor in a partial hospitalization program.

13. In early October 2023, Client A was discharged from the inpatient program and decided to pursue an intensive outpatient treatment program instead of a partial hospitalization program.

14. Shortly after Client A's discharge, Respondent disclosed to a colleague that she had given Client A her personal phone number.

15. In or around mid-October 2023, Respondent admitted to a colleague that she had gone to Client A's house.

16. On or about January 12, 2024, during an HR investigation, Respondent admitted to having a personal relationship with Client A. At the conclusion of the interview process, Respondent tendered her resignation.

17. As of on or about July 26, 2024, Respondent's publicly accessible Facebook profile contains multiple photographs, set as Respondent's profile pictures, of Respondent and Client A together in close proximity.

EXHIBIT A

18. Additionally, as of on or about July 26, 2024, Respondent had updated her Facebook relationship status to "Engaged."

STIPULATED MITIGATING FACTORS

The Parties stipulate to the mitigating factors as follows:

19. Since leaving Recovery Works, Respondent altered her practice to ensure safeguards in her practice. She no longer provides in-person care. She is now employed full-time for Linqcare, providing therapy remotely, focusing on women's healthcare issues including postpartum and pregnancy, self-esteem, PTSD, and relationship challenges. In addition, Respondent serves in part-time positions, providing remote therapy through Brightside Health, ThriveWorks, Bend Health, and Grow Therapy.

20. Prior to this experience, Respondent had enjoyed a career-long pattern of professionalism and integrity as evidenced by letters of support from colleagues.

21. Since March 2024, Respondent has completed over twenty (20) continuing education units focusing on ethics and boundaries.

STIPULATED CONCLUSIONS OF LAW

The Parties further stipulate to the conclusions of law as follows:

Count 1 Violation of Position of Trust and Dependency 839 Ind. Admin. Code 1-3-4(b)(6)

22. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated a state rule regulating the behavioral health profession, as evidenced by Respondent's violation of 839 Ind. Admin. Code 1-3-4(b)(6). Specifically, Respondent violated that rule by Respondent's exploitation of her therapeutic relationship with

EXHIBIT A

Client A for personal gain by being in a romantic relationship with Client A, thereby violating her position of trust and dependency by committing a detrimental act to Client A.

Count 2
Failure to Keep Abreast
Ind. Code § 25-1-9-4(a)(4)(B)

23. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, as evidenced by Respondent's failure to keep abreast of the National Association of Social Workers Code of Ethics section 1.06(c) ("NASW 1.06(c)"). Specifically, Respondent failed to keep abreast of NASW 1.06(c) by Respondent's entering into a dual relationship with a risk of exploitation to the client by being in a romantic relationship with Patient A.

AGREED DISPOSITION

It is now therefore agreed by the Parties as follows:

24. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.

25. The Parties execute this Agreement voluntarily.

26. The Parties voluntarily waive their rights to a public hearing on the Complaint and all other proceedings in this action to which either party may be entitled by law, including judicial review.

27. The Parties agree the terms of this Agreement will resolve any and all pending claims or allegations relating to the Complaint filed in the above-referenced cause against Respondent's Indiana behavioral health license.

EXHIBIT A

28. Respondent's Indiana Clinical Social Worker license (34010724A) shall be placed on **INDEFINITE SUSPENSION** for a period of **NOT LESS THAN EIGHTEEN (18) MONTHS**, beginning the date of the Final Order Accepting Proposed Settlement Agreement.

29. Prior to petitioning for reinstatement, and as minimum requirements for reinstatement,¹ Respondent shall:

- a. Complete at least **ONE (1) YEAR** of documented **therapy sessions** at a frequency of not less than monthly—according to the following terms:
 - i. The individual providing therapeutic services to Respondent shall not have a prior personal or professional relationship with Respondent, but they may have a prior therapeutic relationship with Respondent;
 - ii. The individual providing therapeutic services to Respondent shall hold a **full,² unencumbered³** license as a mental health counselor, clinical social worker, or health service provider in psychology;
 - iii. Within ten (10) days before Respondent's first scheduled session with her therapist, Respondent shall provide a copy

¹ The phrase "as minimum requirements for reinstatement" is not intended to, nor does it have the effect of limiting, the statutory standard applicable to reinstatement of suspended licenses, as contained in Ind. Code § 25-1-9-11, which states as follows: "The board may reinstate a license which has been suspended under this chapter if, after a hearing, the board is satisfied that the applicant is able to practice with reasonable skill and safety to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under this chapter."

² The parties agree that the term "full" as used in this Agreement excludes individuals holding a temporary or provisional ("associate") license.

³ The parties agree that the term "unencumbered" as used in this Agreement excludes individuals holding a license that has been revoked, is on suspension, or is on probation.

EXHIBIT A

of the Final Order Accepting Proposed Settlement Agreement (along with this Agreement itself) to her therapist. Respondent shall cause her therapist to submit a signed copy of the Order and Agreement to the Board via email at probation@pla.in.gov with ten (10) days after the first scheduled session with her therapist; and,

iv. At the conclusion of the one (1) year of sessions, Respondent shall cause her therapist to submit to the Board via email at probation@pla.in.gov a report indicating to the Board the following: the frequency of visits completed; whether Respondent engaged in good faith in the ordered therapy; and whether the therapist recommends continued receipt of therapy.

b. Within ninety (90) days prior to petitioning for the reinstatement of her license, Respondent shall complete a fitness-for-duty evaluation according to the following terms:

i. Respondent shall immediately begin to follow any and all treatment recommendations stemming from the fitness-for-duty evaluation, and Respondent agrees that any treatment recommendations shall be incorporated into this Agreement;

EXHIBIT A

- ii. The individual performing the fitness-for-duty evaluation shall hold a **full, unencumbered** license as a **health service provider in psychology (“HSPP”)**;
 - iii. The HSPP performing the fitness-for-duty evaluation shall not have a prior personal, professional, or therapeutic relationship with Respondent; and,
 - iv. Within **sixty (60) days** prior to petitioning for reinstatement of her license, Respondent shall cause the HSPP performing the fitness-for-duty evaluation to submit to the Board via email at probation@pla.in.gov a copy of their fitness-for-duty evaluation; and,
 - v. Respondent hereby agrees that the Board may discuss the contents of the fitness-for-duty evaluation report during any future reinstatement hearing requested by Respondent.
- c. Complete at least **TWENTY-FOUR (24) Continuing Education Units (“CEUs”)** in the following topics:
- i. Twelve (12) CEUs in Professionalism/Ethics; and,
 - ii. Twelve (12) CEUs in Boundaries.

30. Within **NINETY (90) DAYS** of the date of the Final Order Accepting Proposed Settlement Agreement, pursuant to Ind. Code § 4-6-14-10(b), Respondent shall pay a **FEE** of **FIVE DOLLARS (\$5.00)** to be deposited into the Health Records and Personal Identifying

EXHIBIT A

Information Protection Trust Fund. This fee shall be paid by check or money order payable to the State of Indiana, and submitted to the following address:

Office of the Indiana Attorney General
Attn: Executive Assistant, Consumer Protection
302 West Washington Street, 5th Floor
Indianapolis, IN 46204

31. Respondent has carefully read and examined this agreement and fully understands its terms and that, subject to a Final Order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

32. Respondent agrees to allow the Office of the Indiana Attorney General to review her licensing file located at the Indiana Professional Licensing Agency at any time in the future to review compliance with this Agreement.

33. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of behavioral health, or any violation of this Agreement may result in Petitioner requesting a summary suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

34. The Parties agree to the continuing jurisdiction of the Board.

[continued on next page]

EXHIBIT A

IN WITNESS WHEREOF, the Petitioner and the Respondent have each approved and executed this Agreement as of the date listed below.

Kellie Sheets
Not a State Agent, IN 00000000

Kellie M. Sheets, L.C.S.W.
401 W. North Street
Winchester, IN 47394
Respondent

Apr 7, 2025

DATE

Laura Iosue

Laura Iosue (No. 18389-49)
IOSUE LAW, LLC
10475 Crosspoint Blvd., Suite 250
Indianapolis, IN 46256
Phone: 317-220-6947
laura@iosuelaw.com
Counsel for Respondent

4-7-2025

DATE

Autumn R. Murphy

Autumn R. Murphy (No. 36914-53)
Deputy Attorney General
OFFICE OF THE ATTORNEY GENERAL TODD ROKITA
302 West Washington Street, Fifth Floor
Indianapolis, Indiana 46204-2770
Phone: 317-232-2079
Autumn.Murphy@atg.in.gov
Counsel for Petitioner

4/9/25

DATE



Virginia Department of
Health Professions
Board of Social Work

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

Email: socialwork@dhp.virginia.gov
Phone: (804) 367-4441
E-Fax: (804) 977-9915
Website: www.dhp.virginia.gov/social

LICENSING REPORT

Satisfaction Survey Results

2026 1st Quarter (July 1, 2025 – September 30, 2025)	94.6%
2026 2nd Quarter (October 1, 2025 – December 31, 2025)	94.6%

Total as of February 20, 2026*

Current Active Licenses/Registrations	
Associate Social Worker	1
Licensed Baccalaureate Social Worker	71
Licensed Clinical Social Work	13,462
Licensed Master's Social Worker	1,575
Registered Social Worker	4
Supervisees in Social Work	3,498
Licensed Music Therapist	99
Total	18,710

*Unofficial numbers (for informational purposes only)



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Licenses and Registrations Issued

Licenses and Registrations Issued	September 2025	October 2025	November 2025	December 2025	January 2026*
Licensed Baccalaureate Social Worker (LBSW)	3	0	1	2	1
Licensed Clinical Social Worker (LCSW)	167	219	144	171	134
Licensed Master's Social Worker (LMSW)	24	34	22	28	26
Supervisees in Social Work	115	97	69	57	81
Licensed Music Therapist	0	0	0	68	21
Total	309	350	236	326	263

Applications Received

Licenses and Registrations Issued	September 2025*	October 2025*	November 2025*	December 2025*	January 2026*
Licensed Baccalaureate Social Worker (LBSW)	6	3	5	4	2
Licensed Clinical Social Worker (LCSW)	176	199	154	152	175
Licensed Master's Social Worker (LMSW)	43	32	32	35	44
Supervisees in Social Work	123	98	69	81	106
Licensed Music Therapist	0	0	0	74	27
Total	311	332	260	346	354

*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)



Subject: Delegate Appointment

Dear Commissioners,

As we continue to learn to do rulemaking and improve Commission operations, I want to take this opportunity to ensure all Member States have a clear and shared understanding of the statutory framework governing delegate appointments. This is intended as a helpful reference, not a critique of any specific situation.

Under Section 10.B.1 of the Compact, each Member State is responsible for selecting its own delegate through its Licensing Authority. The Compact provides two pathways for eligible delegates under Section 10.B.2. A delegate shall be either a current member of the Licensing Authority at the time of appointment who is a Regulated Social Worker or public member, or an administrator of the Licensing Authority or their designee.

The authority to appoint, maintain, and change a delegate rests with the Member State. The Commission's role in this regard is administrative, i.e., to maintain accurate records of delegate appointments as provided by Member States. Under Bylaws Article II, Section 2, it is the responsibility of the Member State to inform the Commission of any vacancy or change. Should a vacancy occur, the Member State's Licensing Authority has 60 days to fill it under Section 10.B.5.

If you have any questions about your state's current delegate designation or wish to make any changes, please contact Kaitlyn Bison, kbison@csg.org.

Thank you for your continued commitment to the work of the Commission.

Sincerely,

A handwritten signature in black ink that reads 'Hank Cecil, LCSW'.

Hank Cecil, LCSW
Chair, Social Work Licensure Compact