



Virginia Department of
Health Professions
Board of Social Work

Virginia Board of Social Work
Quarterly Board Meeting Minutes
Friday, March 6, 2026, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 3

PRESIDING OFFICER: Elke Cox, MSW, LCSW, Vice-Chairperson

BOARD MEMBERS PRESENT: Kimberly Jackson, Citizen Member (*arrived at 10:02am*)
Joan Landolt, MSW, LCSW
Victoria Mattis, MSW, LCSW
Marshall Pattie, PhD, Citizen Member
Denise Purgold, MSW, LCSW
Sherwood Randolph Jr., MSW, LCSW

BOARD MEMBERS ABSENT: Martha Meadows, MA, LCSW
Teresa Reynold, MSW, LCSW, Board Chairperson

BOARD STAFF PRESENT: Krystal Blanton, Discipline & Compliance Case Specialist
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director (*joined via Webex*)
Maria Stransky, LPC, CSAC, CSOTP, Executive Director
Sharniece Vaughan, Licensing & Operations Supervisor
Rebecca Walker, Licensing Specialist

DHP STAFF PRESENT: David E. Brown, D.C., Agency Director, Department of Health Professions
Matt Novak, Agency Regulatory Coordinator, Department of Health Professions

BOARD COUNSEL PRESENT: Brent Saunders, Senior Assistant Attorney General, Board Counsel

PUBLIC ATTENDEES: Kate A. (*joined via Webex*)
Megan Battaile, Chief of Staff, Association of Social Work Boards (ASWB) (*joined via Webex*)
Matthew DeCarlo, Ph.D., LCSW, MSW Program Director of Saint Joseph's University
Emily DeCarlo (*joined via Webex*)
Rachel Doyle, LICSW (*joined via Webex*)
Rebekah Glushefski, LMSW, Supervisee in Social Work
Stacey Hardy-Chandler, Ph.D., J.D., LCSW, Chief Executive Officer, ASWB
Linda Hogan, Examination Services Program Manager, ASWB (*joined via Webex*)
Carl Hokanson, MSW, LGSW, Director of Examination Development, ASWB (*joined via Webex*)
Kevin Holder, LCSW, Richmond Chapter of the Association of Black Social Workers
Jennifer Klafehn, Ph.D., Center for Organizational Research and Evaluation (CORE), Human Resources Research Organization (HumRRO)
Darien Mason
Rachel Mosunmade, LCSW, (Oncology) Bon Secours Mercy Health
John Richardson-Lauve, LCSW
Mark Smith, Greater Washington Society for Clinical Social Work (GWSCSW), Virginia Society of Clinical Social Work (VSCSW)
Michael Walker, Ph.D., Principal Scientist, HumRRO

CALL TO ORDER: Ms. Cox 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 being present at roll call, a quorum was established.

MISSION STATEMENT:

Ms. Cox 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 March 6, 2026, meeting. The agenda was approved as presented.

APPROVAL OF MINUTES:

The Board reviewed the minutes from the last meeting held on September 26, 2025. With no revisions, the minutes were approved as presented.

PUBLIC COMMENT:

None.

AGENCY DIRECTOR REPORT:

Dr. Brown provided an overview of the roles and responsibilities of Board members, emphasizing that, while changes in administration and political leadership occur, the Board's role remains the same: to protect the public. He explained that Board members are part of the executive branch and that the Governor's position on legislation represents the Board's position.

Drawing on his prior service with the Board of Medicine, Dr. Brown emphasized the commitment required of Board members and underscored that their primary responsibility is public protection. He cautioned members to avoid conflicts of interest related to leadership roles in professional associations and reminded them that individual members may not speak on behalf of the Board or provide unofficial practice guidance. He concluded by noting that the Board speaks through the regulations it promulgates.

PRESENTATIONS:

Dr. Hardy-Chandler opened by wishing everyone a happy Social Work Month and introduced Dr. Klafehn and Dr. Walker.

Dr. Klafehn provided a brief overview of HumRRO, noting its 1951 founding, its work on the ASVAB, and its 75th anniversary.

Dr. Walker introduced himself and noted that he joined HumRRO in 2024.

ASWB's Presentation

Dr. Walker began the presentation on the licensure exams, explaining that ASWB employs 55 staff who report to a Board of Directors elected by its 64 member jurisdictions. Dr. Klafehn added that exam development varies based on need and follows established best practices.

The presenters provided an overview of ASWB's exam structure, and the major components involved in developing and administering the licensure exams, including exam validity, the Practice Analysis Taskforce, item writing and analysis, differential item functioning (DIF), equating, exam updates, non-standard testing arrangements, exam resources, research initiatives, test-taker support, and the 2026 exams (*see Attachment A*).

Mr. Randolph requested additional information about ASWB's position on the clinical exam, and Dr. Hardy-Chandler noted that the Model Practice Act provides the most accurate source for ASWB's views. The Board also briefly discussed passing-rate trends and considerations for test-takers with disabilities.

Dr. DeCarlo's Presentation

Dr. DeCarlo began his presentation by stating that ASWB has violated exam standards. He emphasized that the ASWB exams show significantly lower passing-rates for Black, Latine, and English-as-a-second-language test-takers compared to White examinees and those whose primary language is English. He briefly discussed the specific standards he believes ASWB has violated, including Reliability Testing, Precision Tests, Equating Functions, and Adequate Documentation (*see Attachment B*). Dr. DeCarlo argued for an exam-alternative pathway that does not require passage of the ASWB exam and stated that the current exam is contributing to workforce challenges.

Following the presentation, the Board requested clarification on how ASWB would communicate any missing information not covered during the meeting. Dr. DeCarlo noted that reliability may vary and explained that ASWB removes scored items when biased differential item functioning (DIF) is identified.

Several additional questions were directed to ASWB. They responded by stating that standards can be interpreted in different ways and encouraged everyone to review the full section on standards for proper context. The Board also discussed obtaining further information comparing previous exam formats to the current exams. ASWB indicated they could compile this information and provide it to the Board.

LEGISLATION & REGULATORY REPORT:

Mr. Novak reported that seven days remain in the General Assembly session. He stated that the Agency received two new positions from the Governor. He also distributed a document summarizing House and Senate bills that passed or failed during the session (*see Attachment C*).

Revision Guidance Document 140-2

Mr. Novak discussed proposed changes to Guidance Document 140-2 to include the Music Therapy license. Mr. Saunders informed the Board that last year a law was enacted prohibiting the denial of a license based on criminal convictions unless the conviction is directly related to the profession.

He suggested adding this information under Section 2, as well as clarifying that an individual may obtain either a license or a registration, since those are the two credentials issued by the Board of Social Work. He also recommended removing the section that addressed supervisees separately.

Motion: Ms. Cox moved to approve the amended changes to Guidance Document 140-2. The motion was properly seconded by Dr. Pattie. The motion passed unanimously.

Regulatory changes for the Social Work Compact

Mr. Novak discussed the need for the Board to adopt proposed regulations to implement the Social Work Compact. The Board reviewed how the multistate licensure compact would function and the anticipated timeline. It was noted that the Social Work Compact estimates the Compact will not be active for up to two years.

Motion: Mr. Randolph made a motion to adopt the proposed regulatory changes to the Social Work Compact regulations. The motion was properly seconded by Ms. Landolt. The motion passed unanimously.

REGULATORY COMMITTEE

REPORT:

Ms. Cox summarized the Committee's recent meeting, noting that its primary focus was HB1897, which expands the scope of practice for master's level social workers to permit the provision of clinical services under the supervision of a licensed clinical social worker.

She stated that the Committee is considering combining the LMSW and Supervisee credentials and discussed potential approaches for extending supervision periods and determining appropriate timelines for candidates to sit for the examination.

Ms. Cox concluded by noting that the Committee's next meeting is scheduled for May.

**EXECUTIVE DIRECTOR'S
REPORT:**

Ms. Stransky introduced herself to the Board.

DISCIPLINE REPORT:

Ms. Lang reported that the Board has closed 130 cases and received 38 new cases, though a backlog remains. She thanked Ms. Blanton, noting that much of the recent progress for this Board was due to her assistance. Ms. Lang also stated that the Board now has a second part-time reviewer whose employment has been extended. She reported that cases are currently closed in an average of 660 days. She noted that, since this statistic is not calculated until a case is closed, this number may continue to rise temporarily. However, this indicates that the older cases are being resolved.

She added that the discipline staff is currently managing more than 600 active cases among the three Behavioral Health Boards. Ms. Lang noted a trend of cases submitted by supervisees in social work against supervisors who are not completing required clinical supervision forms.

Board members inquired about ways methods for tracking trends across different disciplinary categories, in an effort to better protect the public. Ms. Lang advised that cases are tracked in the agency's database based on the most serious allegation in each case. Because of this, other allegations in the same case may not be recorded. Additionally, she advised that the most effective way to address potential concerns is by reviewing violations in Board Orders, rather than by complaints that the Board determines to be unfounded. Ms. Lang assured board members that any trends noted by staff will be brought to the Board's attention.

LICENSING REPORT:

Ms. Lenart reported that Virginia now has more than 18,000 social work licensees and 100 music therapy licensees. She thanked Board staff for their continued efforts and noted that the Board maintains a positive survey rating of 94.6. She also reported that the Board receives an average of 300 applications per month, approximately 700 calls, and a high volume of emails.

Ms. Lenart informed the Board that a part-time staff member has accepted a full-time position elsewhere and will be departing. Until the vacancy is filled, the Board will coordinate with other Behavioral Sciences staff to ensure coverage of the additional responsibilities.

She also highlighted upcoming outreach activities, including presentations to social work students at Norfolk State University and George Mason University, as well as participation in the "Rally the Valley" event later this month to discuss the licensure process for social workers and Qualified Mental Health Professionals.

NEW BUSINESS:

Ms. Stransky explained that the Board would need to elect a new Compact Commissioner and noted that members may nominate one another for the role. She

stated that most of the Commission's meetings are currently held virtually.

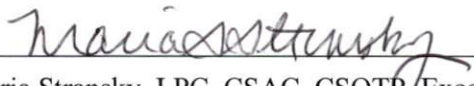
Motion: Dr. Pattie moved to elect Ms. Mattis as the Social Work Compact Commissioner. The motion was properly seconded by Ms. Jackson. The motion passed unanimously.

NEXT MEETING DATES:

The next meeting is scheduled for Friday, July 10, 2026.

ADJOURNMENT:

Ms. Cox adjourned the meeting at 2:08pm.



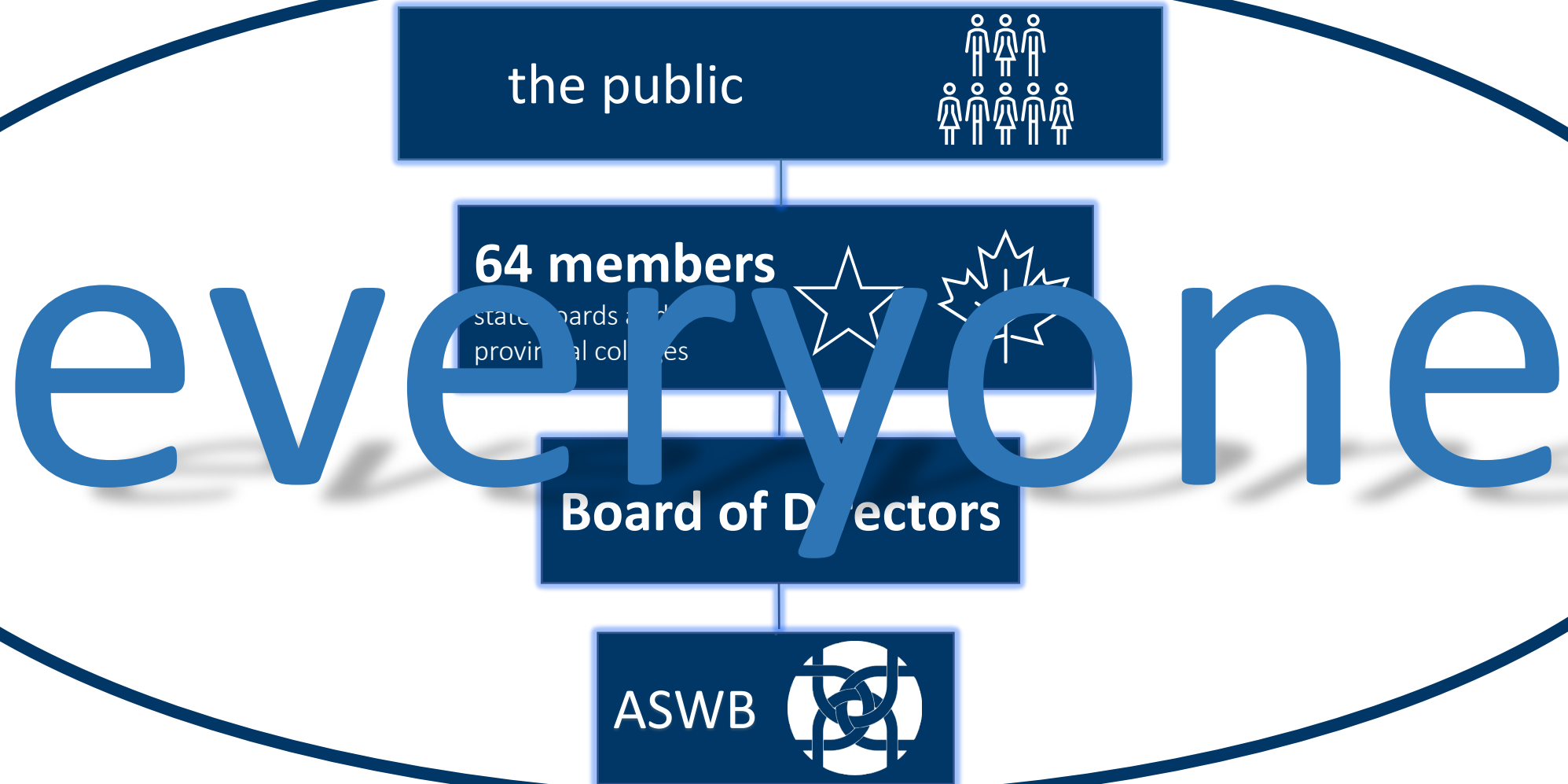
Maria Stransky, LPC, CSAC, CSOTP Executive Director



Human Resources Research Organization



Accountability to the public

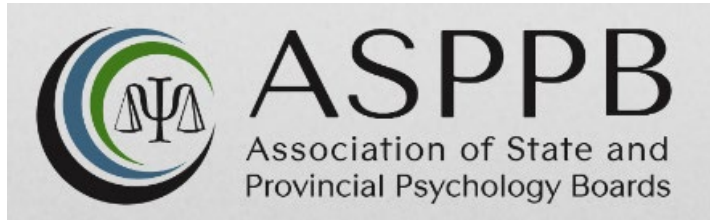


Exam categories

The regulatory board informs ASWB about the exam category that candidates are approved to take based on ASWB policy.

Category	Requirements	Purpose
Associate	Jurisdiction dependent	For use in jurisdictions that issue licenses to applicants who do not possess a social work degree
Bachelors	Bachelor's degree in social work	Basic generalist practice of baccalaureate social work
Masters	Master's degree in social work	Practice of master's social work including the application of specialized knowledge and advanced practice skills
Advanced Generalist	Master's degree in social work; two years (or commensurate experience as defined by the jurisdiction) of experience in nonclinical settings	Practice of advanced generalist social work that occurs in nonclinical settings and may include macro-level practice
Clinical	Master's degree in social work; two years (or commensurate experience as defined by the jurisdiction) of experience in clinical settings	Practice of clinical social work requiring the application of specialized clinical knowledge and advanced clinical skills

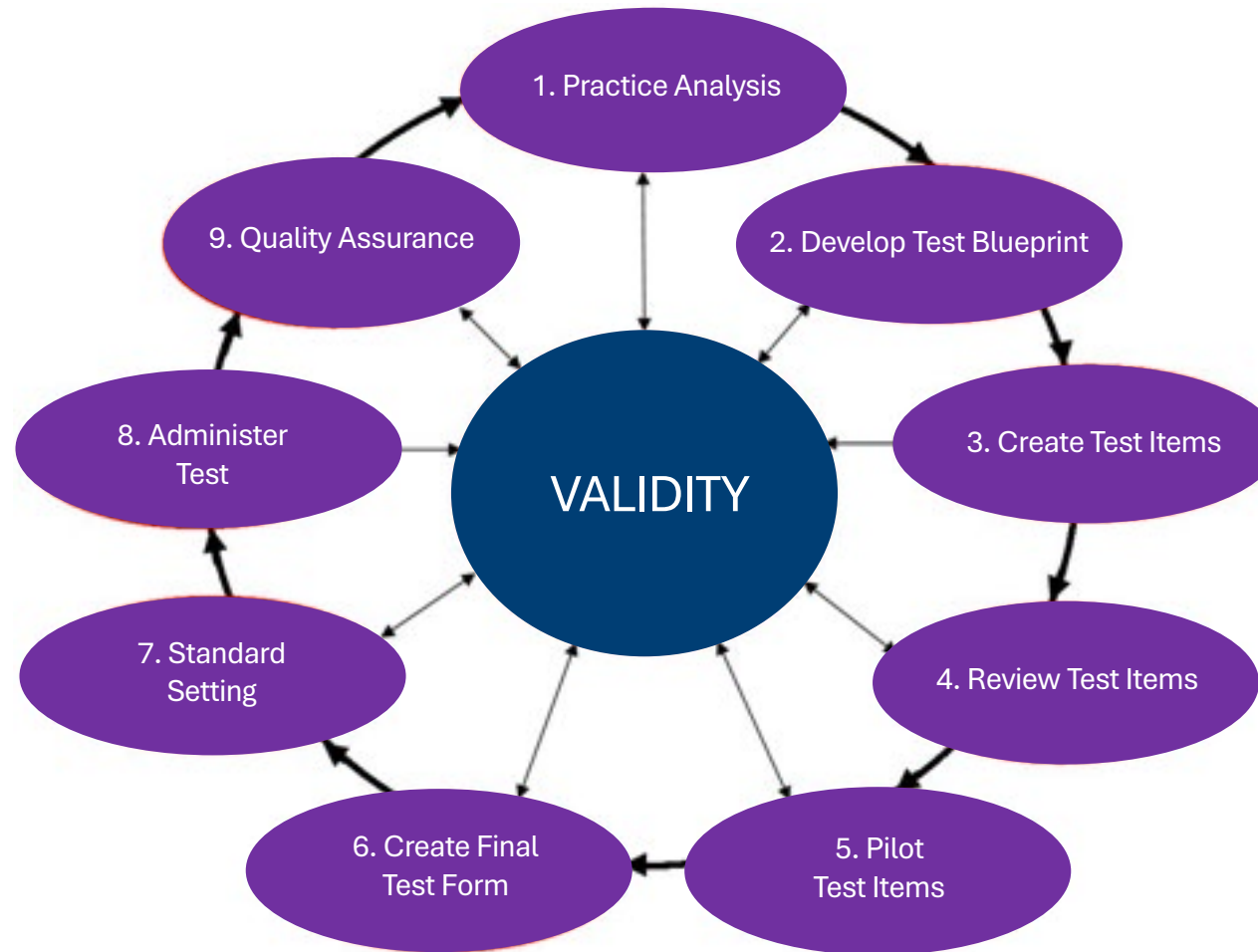
Healthcare Regulatory Associations



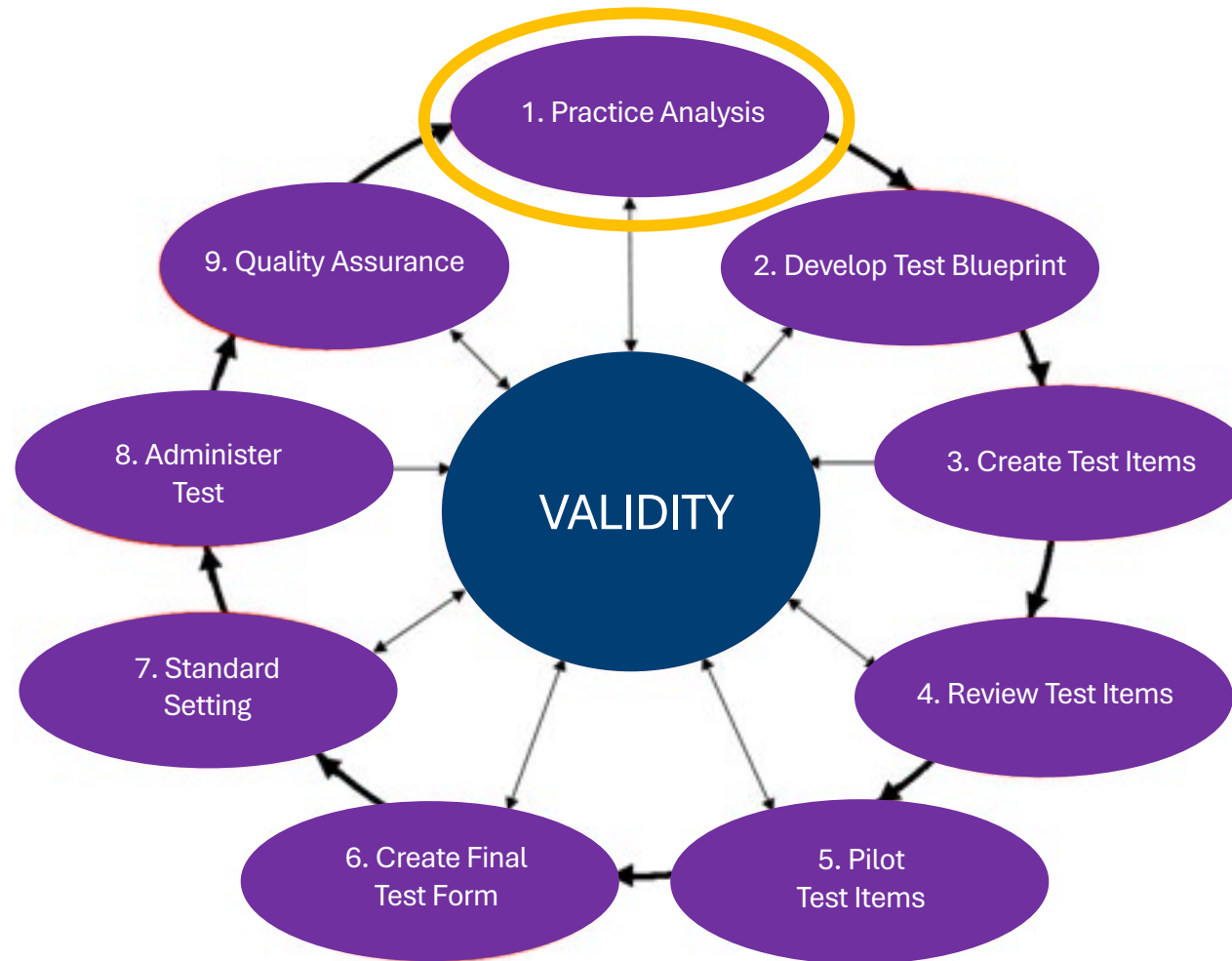
Validity

- “Does the test measure what it purports to measure?”
- Addresses the adequacy and appropriateness of the inferences made from test scores
 - Example: A medical school entrance exam purports to assess the foundational knowledge and skills needed to perform well in medical school and is designed to select students into medical programs.
 - Validity ensures the content of the exam is adequate (reflects medical knowledge and skills) and the use (selection into a medical program) is appropriate.
- Multiple ways validity can be established (depends on test context and use)

Validity



Validity



Practice Analysis Task Force 2022-2024



2024 No. 164

2024 Analysis of the Practice of Social Work Final Report

Prepared for: Association of Social Work Boards
17126 Mountain Run Vista Ct.
Culpeper, VA 22701

Date: December 30, 2024

Authors: Sara Trevino, MA
Harrison J. Kell, PhD
Jiayi Liu, PhD
Nathaniel Voss, PhD
Dannele Ferreras, MEd
Cathedia Rose, MA

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2024 practice analysis

2026 Bachelors exam

2018 Comparison

- 20% Professional relationships, values, and ethics
- 25% Human development, diversity, and behavior in the environment
- 26% Interventions with clients/client systems
- 29% Assessment



2026 Masters exam

2018 Comparison

- 25% Professional relationships, values, and ethics
- 27% Human development, diversity, and behavior in the environment
- 24% Interventions with clients/client systems
- 24% Assessment and intervention planning



2026 Advanced Generalist exam

2018 Comparison

- 27% Professional relationships, values, and ethics
- 23% Human development, diversity, and behavior in the environment
- 32% Intervention processes and techniques for use across systems
- 18% Intervention processes and techniques for use with larger systems



2026 Clinical exam

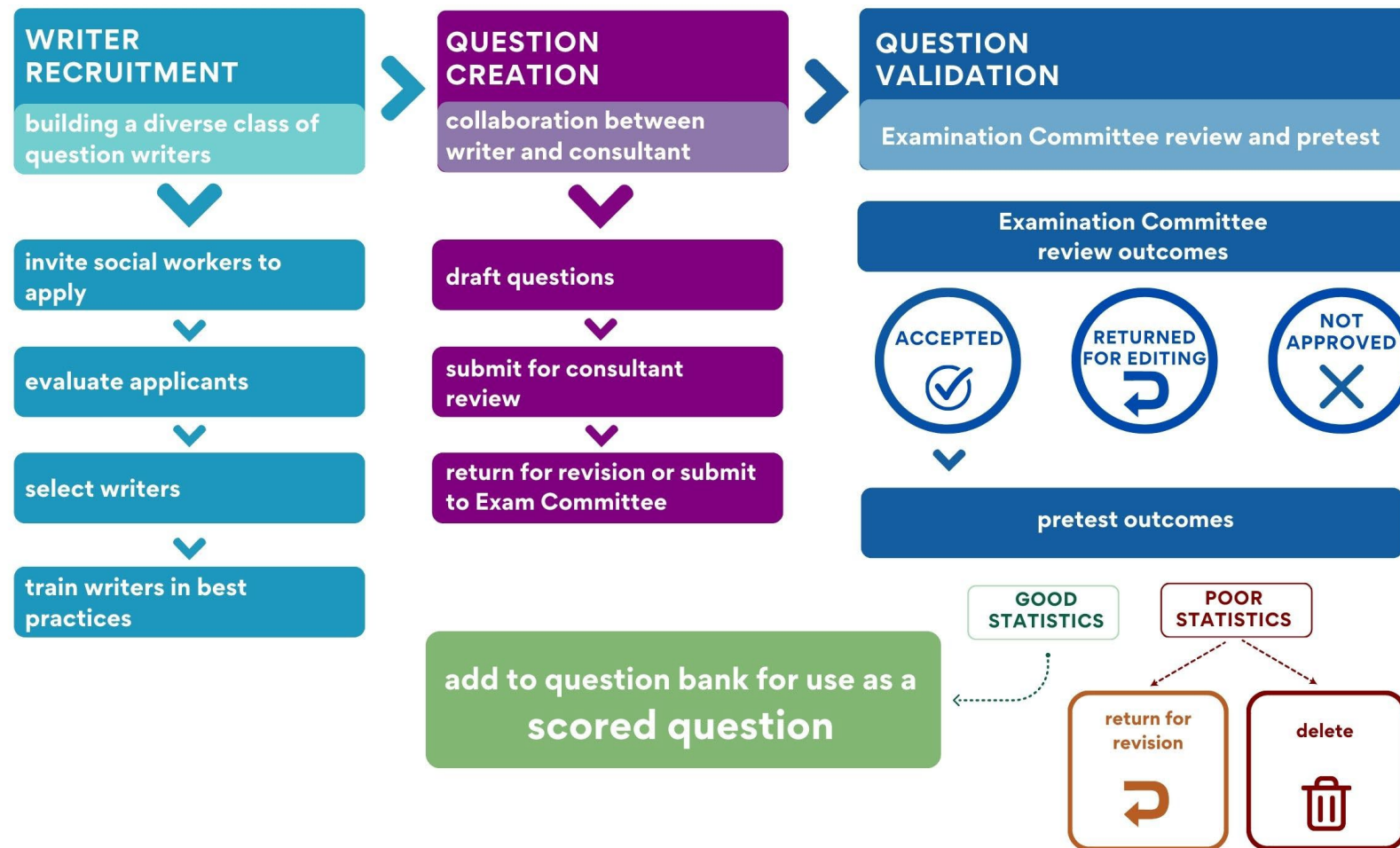
2018 Comparison

- 19% Professional values and ethics
- 24% Human development, diversity, and behavior in the environment
- 27% Psychotherapy, clinical interventions, and case management
- 30% Assessment, diagnosis, and treatment planning



Question development

ASWB examination question development process



Exam development personnel

Who is involved in exam development?

Nearly 150 individuals use input from >23,000 social workers to develop valid, reliable, and fair competence assessments.



6 staff shepherd the process



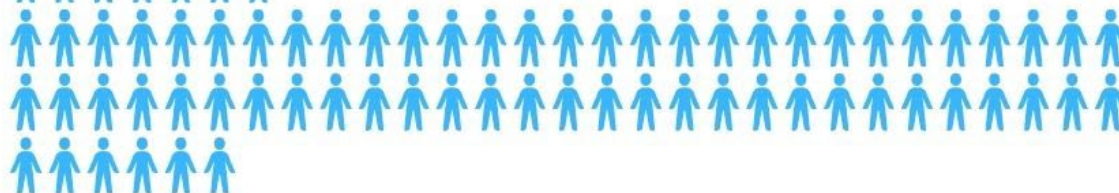
20 individuals from 3 vendor organizations support the program



7 paid social workers with exam development expertise consult with staff, volunteers, and question writers



71 social work subject matter experts volunteer on exam committees and task forces



49 paid social workers write questions



Item writers

- Licensed social workers who represent the diversity of the profession
- Trained on standards, including avoiding bias/microaggression in questions
- Work with exam consultants to ensure every question is:
 - Fair
 - Accurate
 - Meaningful
 - Current
- Approved questions go before the Exam Committee for review



Examination Committee

- Former question writers
- Meets in-person
- Reviews every question written to ensure they are:
 - Fair
 - Accurate
 - Meaningful
 - Current
- Tweaks questions until they do meet criteria.
- Approved questions move on to pretest status to gather psychometric performance data

ASWB Examination Committee

2026

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)

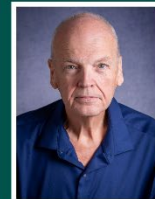
Clinical exam



Paul Perales (WI)



Olivia Fojas (CA)



Joseph Harper (IL)



Jean Leong (AB)



Catherine
Simmons (CO)



Rhodalyn Thomas
(CA)



Senetra Wallace
(NC)

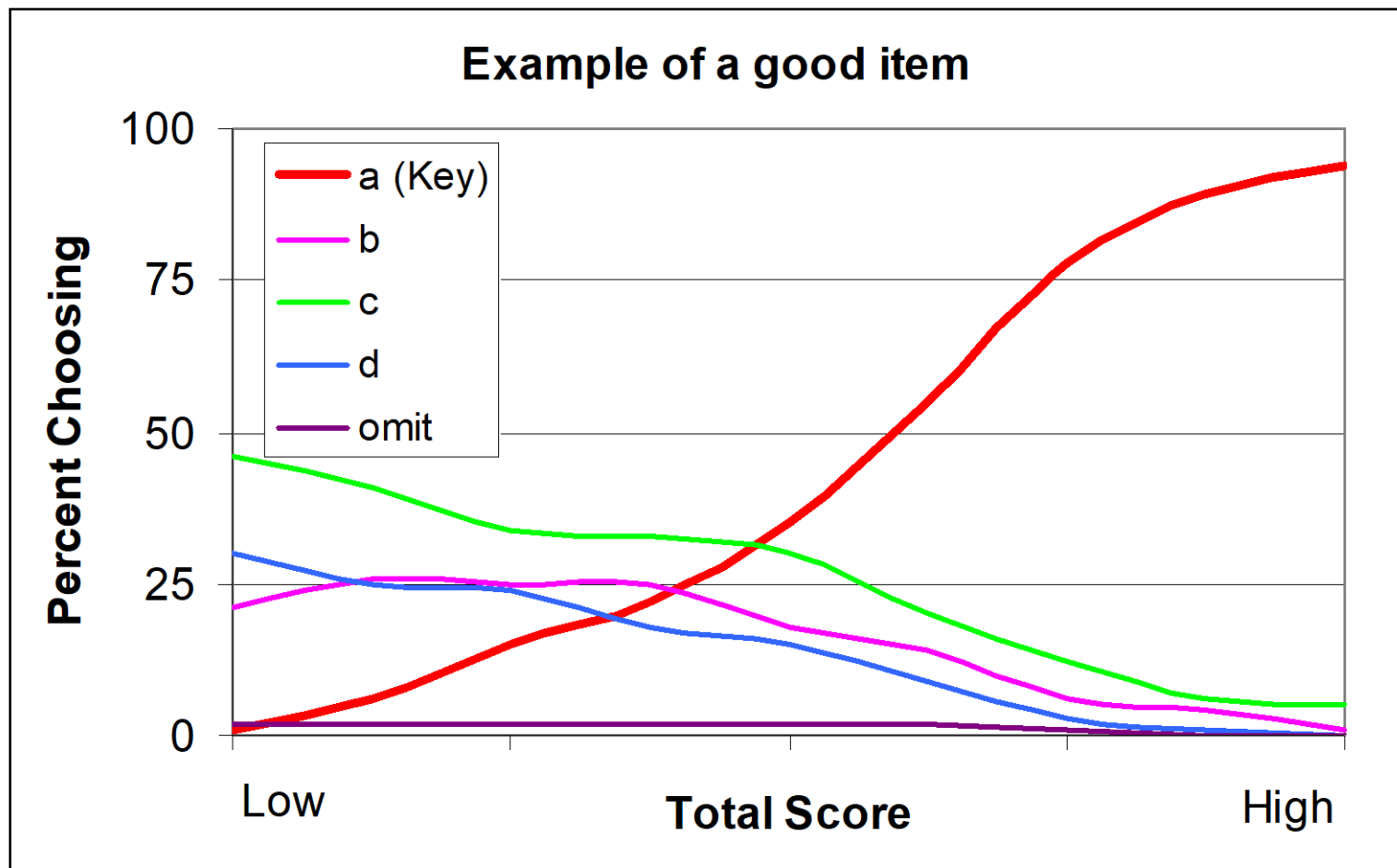
Item analysis

- All items (questions) are carefully evaluated before being included on an exam form (version), including pretested items and items that have previously appeared on an operational form.
 - Does each item behave as expected?
 - How difficult is the item?
 - How well does the item distinguish high from low ability?
 - How do the incorrect options behave?
 - Does the item have a single correct response?

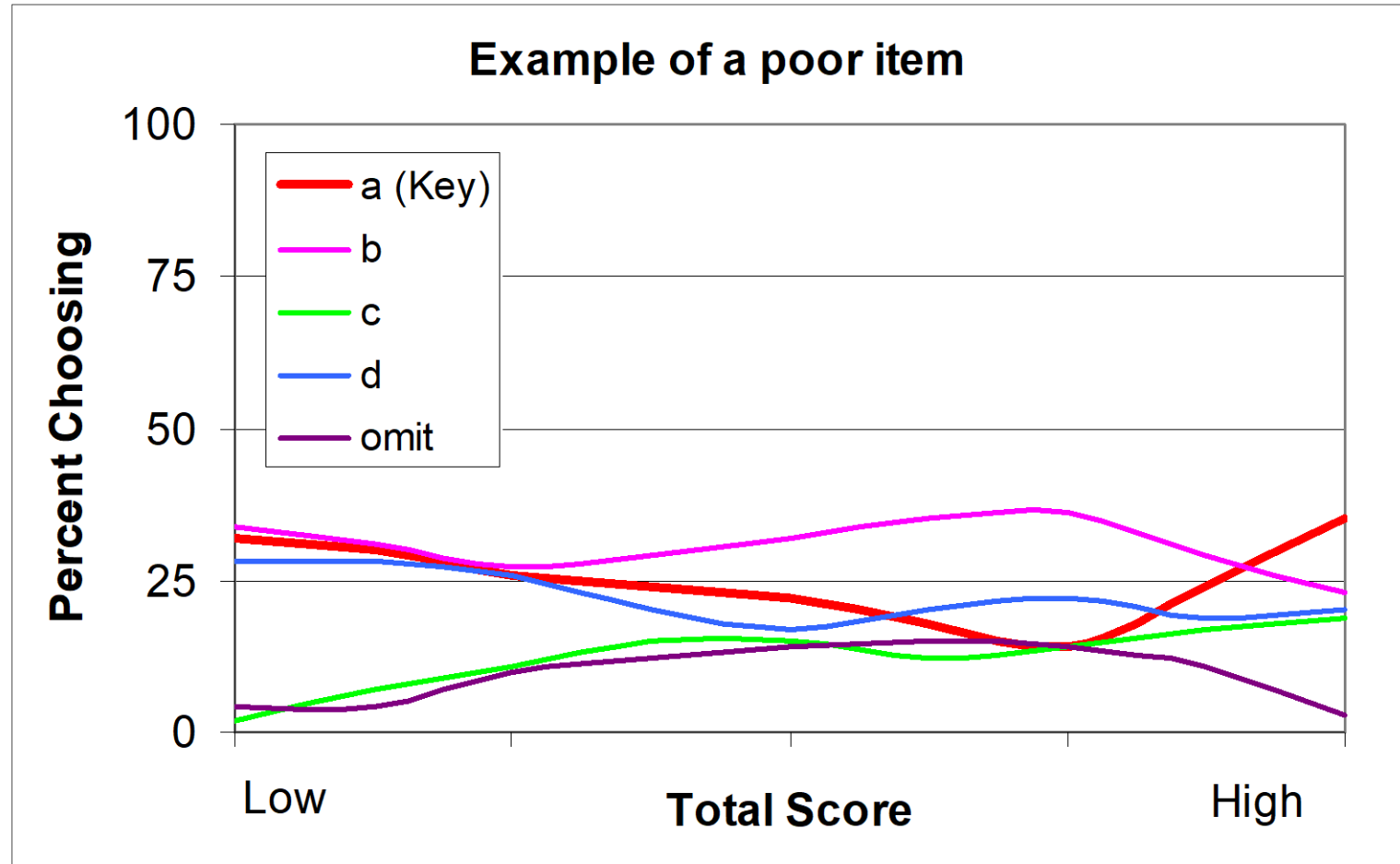
Item analysis

- We routinely monitor for the following:
 - Items that are too easy or too difficult
 - Low correlations between items and total score
 - Large proportion of high ability test-takers selecting an incorrect option
 - High rates of omission/skipping an item

Item analysis



Item analysis



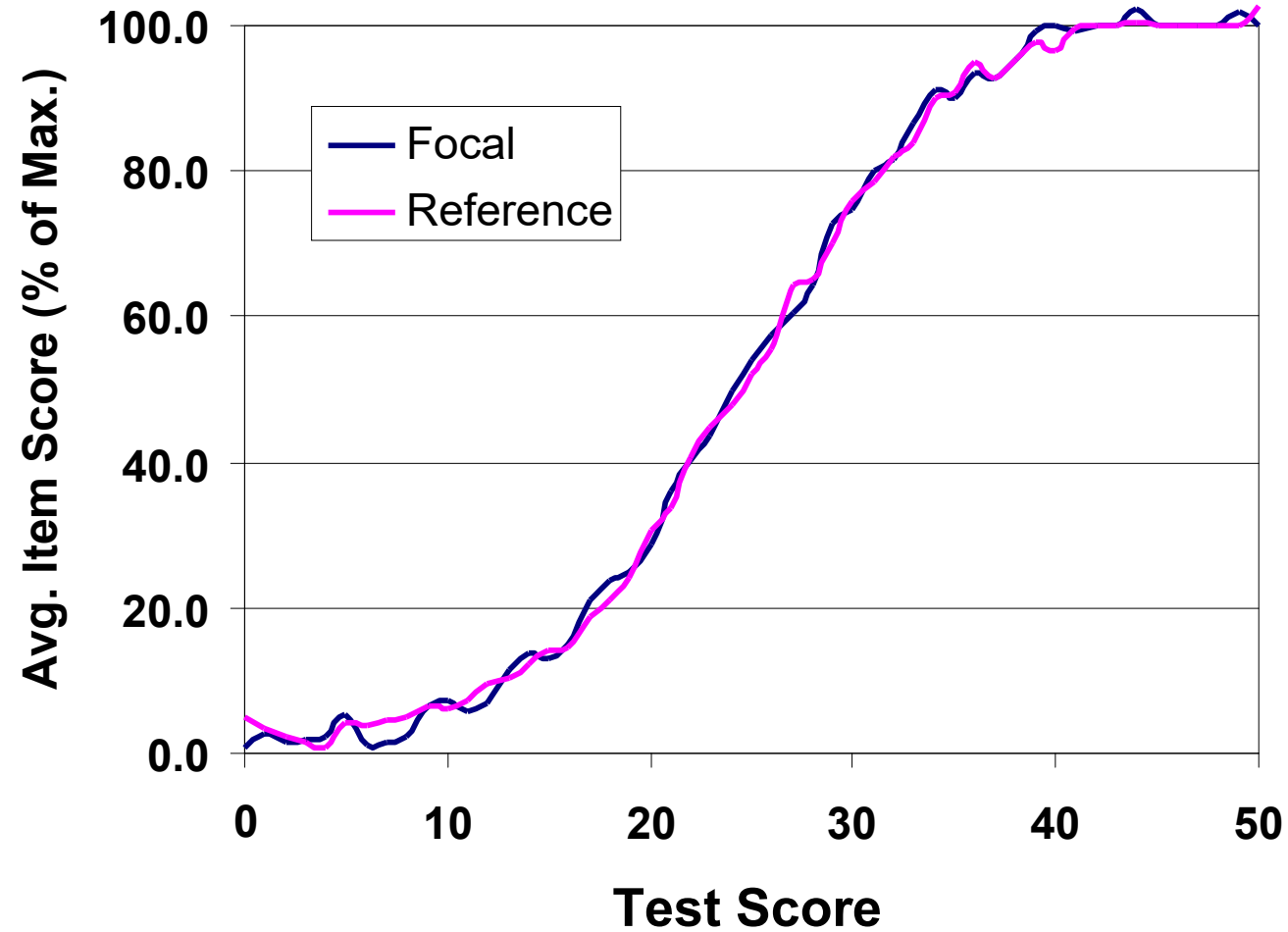
Differential Item Functioning (DIF)

- Does the item perform the same for all groups?

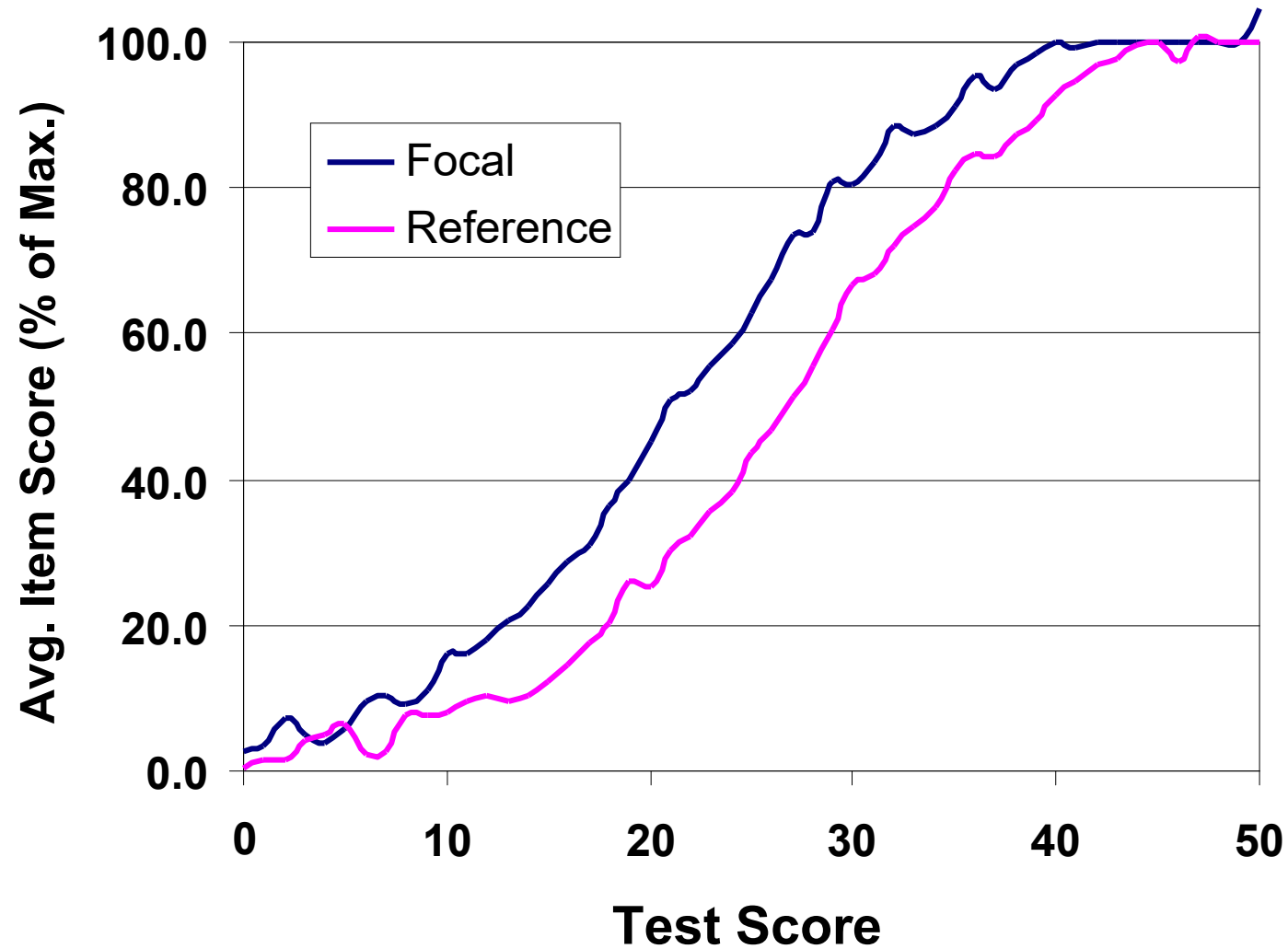
For example:

- Gender
- Race
- Language

Differential item functioning (DIF)



Differential item functioning (DIF)



Differential item functioning (DIF)

- DIF is not the same as impact.
- Impact = Difference in performance across groups
 - Often the result of group ability differences
 - Does not necessarily indicate test bias

Differential Item Functioning (DIF)

- DIF is not the same as bias.
- “Items . . . may function differently for different groups of similarly scoring test-takers. This indicates a kind of multidimensionality that may . . . conform to the test framework.” *(Standards, 2014)*

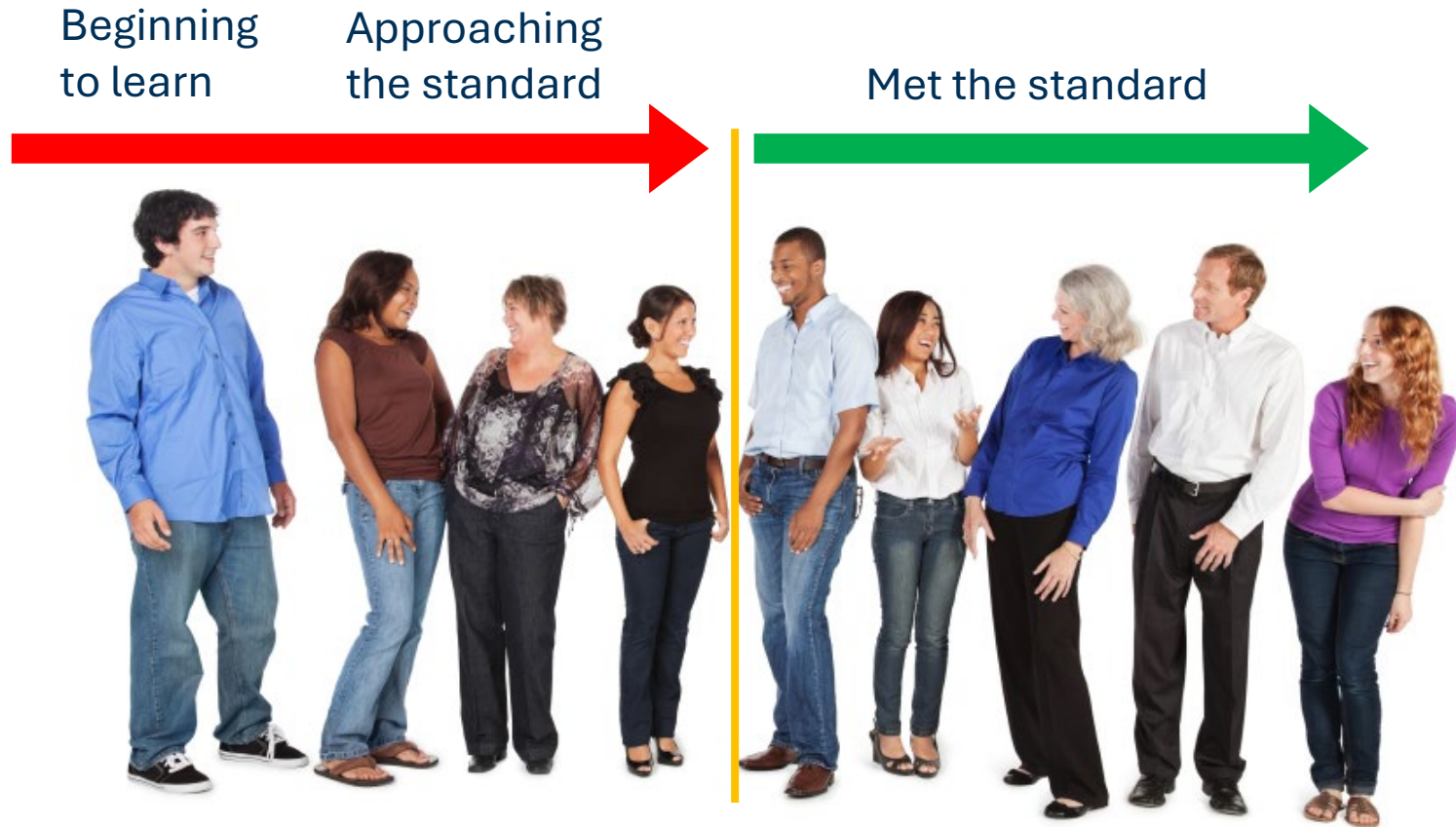
Differential Item Functioning (DIF)

- How to address DIF?
 - Testing programs often rely on SMEs to carefully review and (where possible) revise items.
 - ASWB's approach is to remove the item from the pool (the most conservative approach).

Standard setting

- Form a panel of SMEs.
- SMEs discuss the qualifications of the Minimally Competent Candidate (MCC).
- SMEs estimate how MCCs would perform on the exam.

Minimally Competent Candidate



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Standard setting

The January 2026 standard setting workshop was facilitated by psychometricians.

More panelists =
increased inclusion of
perspectives

Year	Applied	Appointed
2017	1,365	50
2026	1,700+	75+



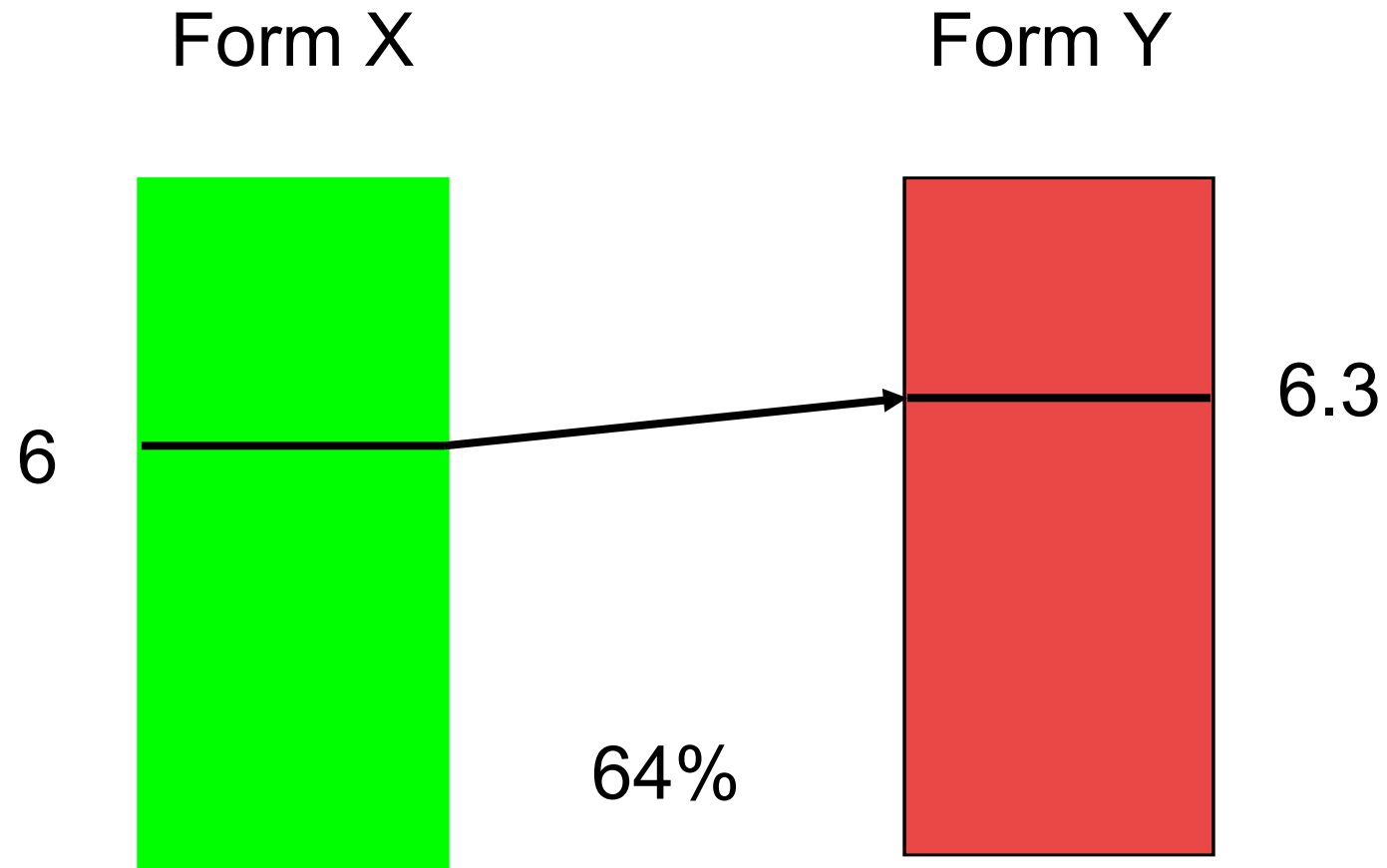
Standard setting panel, 2026 exams

- Review anchor exams
- Rate and discuss each question
- Generate important information needed to compute the passing score

Equating

- Ensures reported scores are comparable, regardless of test form (version) that is taken
- Removes score differences based on form difficulty
- Ensures only ability differences are reflected in resulting scores

Equating



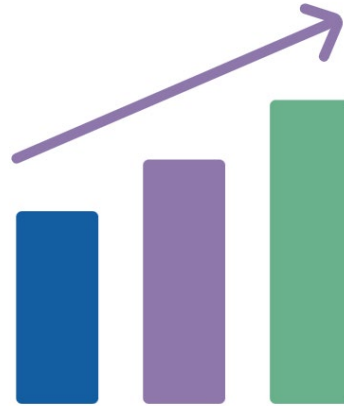
Innovations and enhancements



Scheduled Break



Well-received by
test-takers



Three-option multiple choice



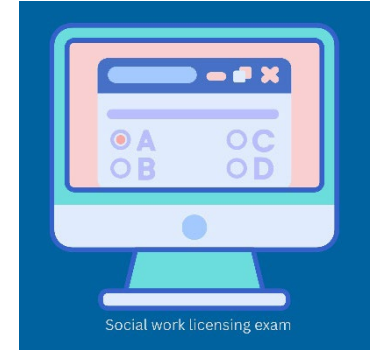
Began in 2023,
gradually adding
more



Secure remote online proctoring



Plan to pilot with a
limited group of
candidates in 2026

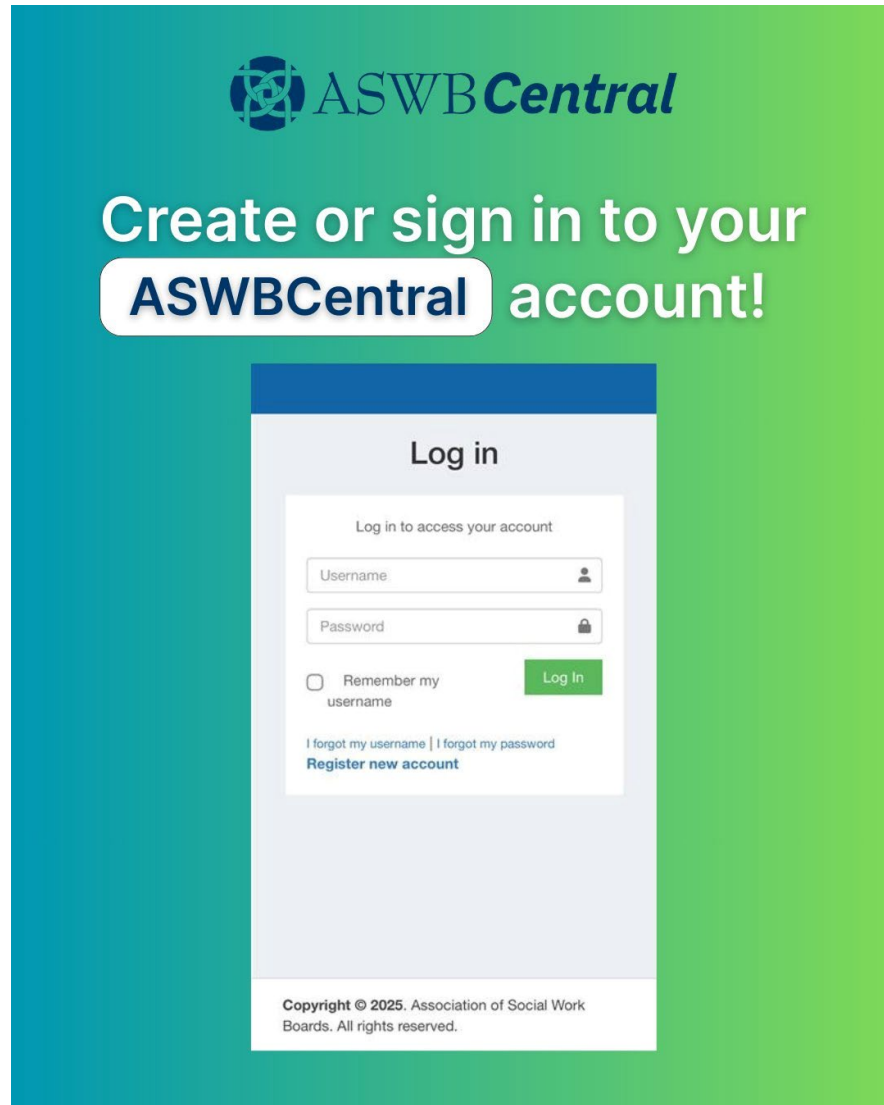


Exam format innovations



Currently in
exploration
phase

Exam administration updates



ASWB Central allows candidates to:

- Request nonstandard testing arrangements
- Register for the social work licensing exam
- Schedule an exam appointment with Pearson VUE
- Purchase the Online Practice Test
- View and send past exam results to another jurisdiction

ASWB Central allows members to:

- Enter exam approvals
- Access official score reports
- Access score transfers

Nonstandard testing arrangements

ADA accommodations

- Disability
- Other health conditions

Nonstandard testing arrangements

- English as a second language
- Lactation

Arrangements may include:

- Extra time
- Private room
- Lactation arrangements
- Braille/Screen reader
- ASL interpreter
- Reader/Recorder
- ESL arrangements (word-to-word and/or English dictionary)



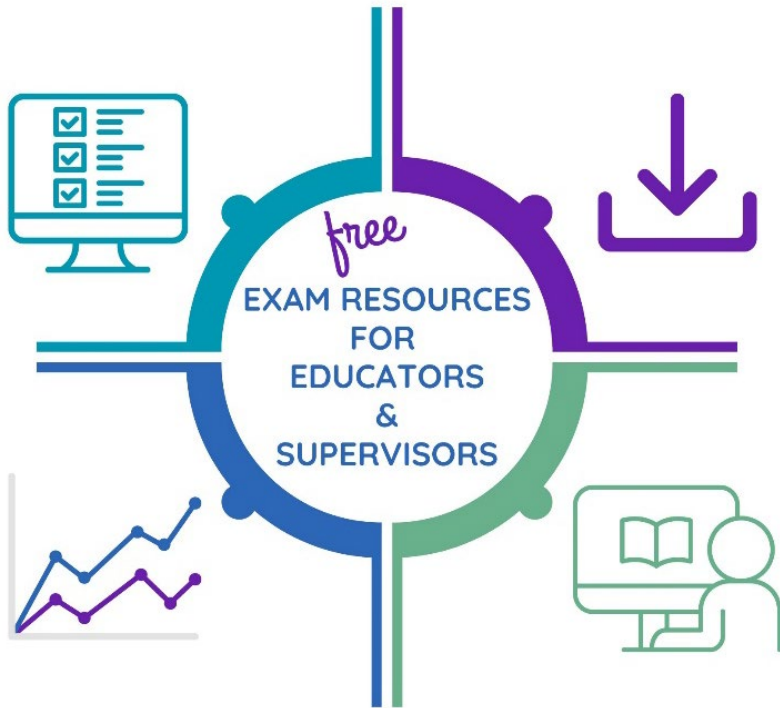
Improving access through nonstandard testing arrangements

Open-ended approvals for arrangements

- Responsive to feedback
- Applies to long-term or permanent disabilities or conditions



Exam resource development



- The free, downloadable **ASWB Examination Guidebook** makes exam information accessible, enhancing candidate understanding and preparedness.
- Faculty and supervisor resources, including a set of **group review practice questions**, are available for free to accredited schools of social work and social work supervisors.

Research initiatives

The **Community Conversations**, a series of focus groups, invited social workers to offer input and share their social work journeys.



The **Social Work Census**:

- The **Analysis of the Practice of Social Work** updated exam content for the 2026 social work licensing exams to ensure relevance and currency.
- The **Social Work Workforce Study** helped define the social work workforce and produced data for use by the profession.

Other assessment research:

- FifthTheory **Test Mastery Inclusion** program
- **Pass Rates in Context** exam report series
- Alignment study



Test-taker support

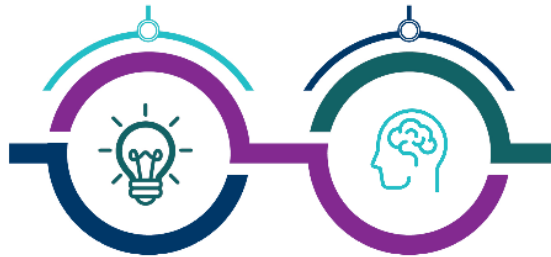


The Test Mastery Inclusion program is:

- A valid and reliable **self-development program** for test-takers preparing for a high-stakes exam
- 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**

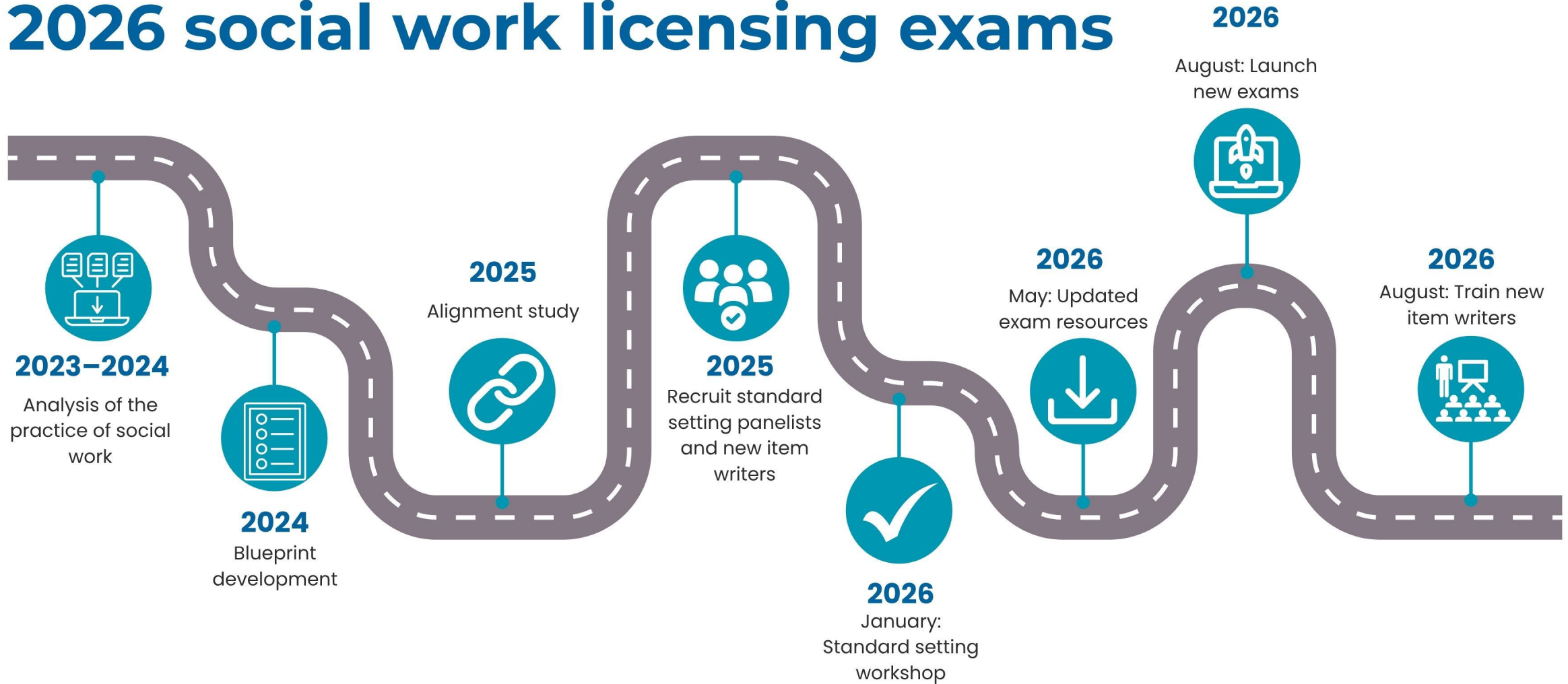
Exams for the future of social work

reenvisioning COMPETENCE ASSESSMENT



The **2026 social work licensing exams**, based on the new blueprints and using a new exam structure, launch in 2026.

The road to the **2026 social work licensing exams**



Alignment study

Social work educators compare educational standards and examination content

An alignment study was facilitated by experts from HumRRO.

Subject matter experts, all of whom are social work educators, evaluated each applied knowledge statement on the ASWB Masters exam and determined whether it was covered by one or more of the competencies outlined in the EPAS.

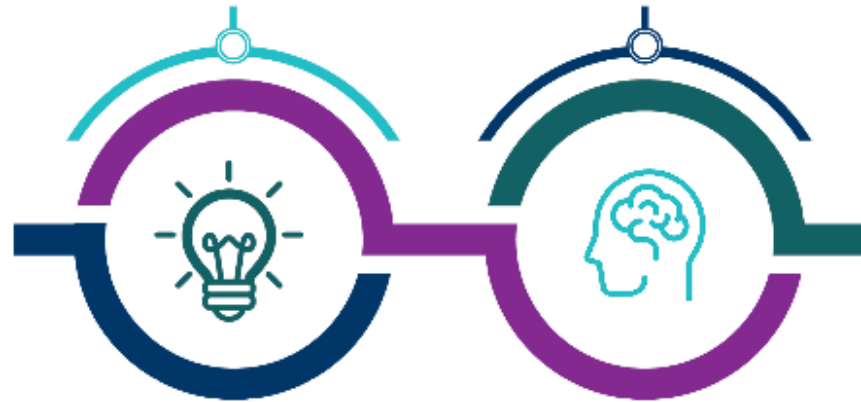
[Read When Standards Align and download the full report](#)



The volunteer participants were, left to right, Tammy Sung, MSSW, LMSW, Texas A&M University-Commerce; Patricia Desrosiers, Ph.D., LCSW, Western Kentucky University (retired); Dianna Cooper-Bolinskey, DHSc, MSW, ACSW, LCSW, Campbellsville University; Victoria Gray, MSW, LCSW, Florida International University; Lindsey Rinehart, MSW, LICSW, West Virginia University; Veronica Knowles, MSW, LCSW, Mississippi State University; Kiana Dibo-Armstrong, DSW, MSW, LMSW, Savannah State University; Nancy Sidell, Ph.D., LGSW, Mansfield University of Pennsylvania, emeritus, Capella University; Amanda Duffy Randall, Ph.D., LICSW, University of Nebraska Omaha, emeritus; Cheryl Fergerson, DSW, LMSW, ACHP-SW, University of Mississippi; and Stephanie Washington, Ed.D., MSW, LCSW, Steven F. Austin State University.

2026 social work licensing exams

reenvisioning COMPETENCE ASSESSMENT



Exam structure

The 2026 social work licensing exam structure will:

- Include more three-option multiple-choice questions
- Include fewer questions
- Expand emphasis on applying knowledge, problem-solving, and reasoning
- Allow for the addition of innovative question types (e.g., case scenarios)
- Continue to offer four hours to complete the exam



2026 social work licensing exams

Current exams: 150 operational (scored) items, 20 pretest (unscored)

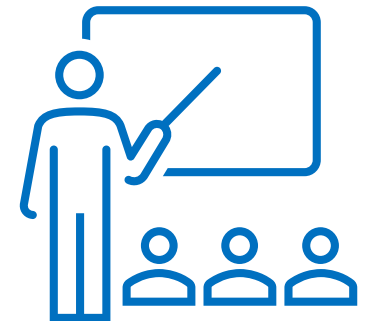
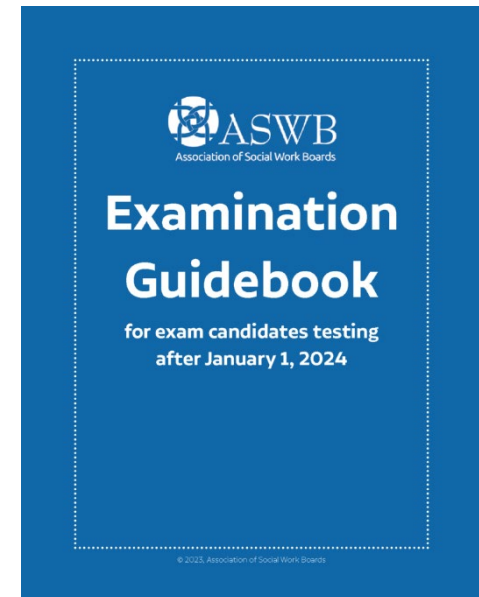
New exams: 110 operational items, 12 pretest
New exams will launch in August 2026.



Exam resources

Exam resources will be updated about three months before exams launch in August.

- *ASWB Examination Guidebook*
- Guide to the Exams for Educators and Supervisors
- Online practice tests



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!



ASWB Exams Violate Psychometric Standards

Matt DeCarlo, MSW PhD
MSW Program Director, St. Joseph's University
Presentation to Virginia Board of Social Work
March 6, 2026



ASWB Exams Are Systematically Biased

It's Broken The Workforce

Pass rates for MSW exams in 2018-2021

Demographic	First-time pass rate	Eventual pass rate
White MSW examinees	86%	91%
Black MSW examinees	45%	52%
Latine MSW examinees	64%	71%
English-primary	76%	80%
English-secondary	57%	63%

Averaged across 4 years.

Pass rates for MSW exams in 2018-2021

Demographic	Under 30 pass rate	Over 30 pass rate
White MSW examinees	86%	86%
Black MSW examinees	51%	30%
Latine MSW examinees	68%	45%
English-primary	not reported	not reported
English-secondary	not reported	not reported

Averaged across 4 years.

ASWB exams first-time pass rates = SWB licensure rates

2022 ASWB Exam Pass Rate Analysis FINAL REPORT

JOURNAL ARTICLE

Racial and Age Disparities in Licensing Rates among a Sample of Urban MSW Graduates [Get access >](#)

Evan Senreich ✉, Travis Dale

Social Work, Volume 66, Issue 1, January 2021, Pages 19–28, <https://doi-org.ezproxy.sju.edu/10.1093/sw/swaa045>

Published: 04 January 2021 **Article history** ▼

White MSWs (any age)	86% passed	78% licensed
Black MSWs (any age)	45% passed	48% licensed
Latine MSWs (any age)	64% passed	60% licensed
Older Black MSWs	30% passed	31% licensed
Older Latine MSWs	45% passed	39% licensed
Older MSWs (any race)	65% passed	50% licensed

A growing problem...repeat examinees

Table 2. *First-time and Repeat Test-Takers*

Test-Takers	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
LCSW 1st	9,100	9,604	10,879	12,217	13,044	14,007	16,095	16,022	17,207	16,801	20,657
LMSW 1st	11,260	12,732	13,110	14,184	15,214	15,496	16,884	16,812	18,231	16,716	21,650
LBSW 1st	3,164	3,251	3,595	3,873	4,083	4,113	4,462	3,711	3,583	2,709	3,494
Repeat	No data	No data	No data	No data	11,457*	11,127*	12,617*	13,478*	19,526*	15,521*	20,720

To calculate repeat test-takers, researchers subtracted first-time test-takers reported in ASWB's 2022 *Exam Pass Rate Analysis* from the total test-takers in ASWB's *Annual Report* from the corresponding year.

*Because 2021 was the only year that ASWB reported the number of first-time test-takers for the Advanced Generalist and Associate social work exams, it is the only year for which repeat test-taker figures are based on the exact reporting from ASWB. For other years listed, the number of test-takers for Associates and Advanced Generalist from 2021 was imputed in place of the missing data.

1 in 3 ASWB exams was administered to a repeat test-taker

2024 pass rate summary report

n: Virginia
st 2025

ents the numbers of examinations administered to candidates who were authoriz
ed above. Figures indicate the percentage of first-time, repeat, and total test-take
n categories during the year 2024. Note that test-takers who are unsuccessful m
ore 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

Summary pass rate reports by state/province

Select a state, province, or territory to download 2024 pass rate data (PDF) for that jurisdiction.

Virginia

VA's 2024 ASWB exams

44% of LCSWs examinees previously failed

Only 28% passed their retest

315 LCSW applicants need re-re-tests

29% of LMSW examinees previously failed

Only 30% passed their retest

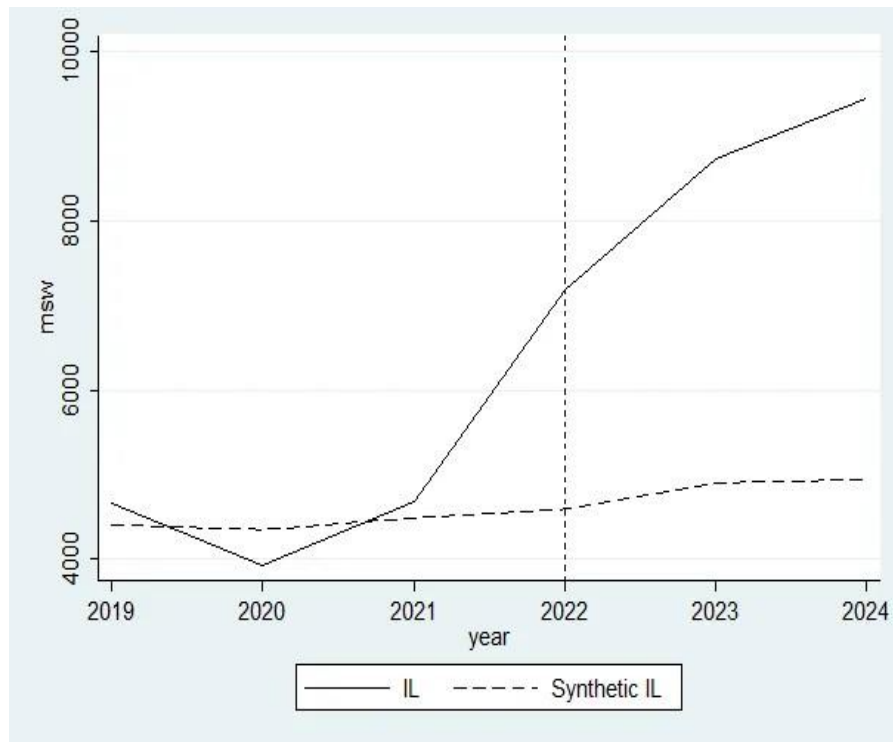
In total, Virginia

Rejected 58.3% of LBSW examinees

Rejected 39.8% of LMSW examinees

Rejected 47.4% of LCSW examinees

Removing MSW exams doubled the Illinois LMSW workforce



Illinois policy analysis (Timmons et al., 2025)

For licensed, masters social workers...

Within 4 months +50% in licensed practitioners

Within 2 years, +100% in licensed practitioners

Synthetic illinois was created by “directly consult[ing] state licensing boards and carefully match social workers whose state requirements closely match up with IL’s requirements. Thus we have the universe of licensed social workers in IL and each of our comparisons states.”

DC: +18% in just 72 days post-reform

Two Competing

ASWB exams are no less fair than other exams.

Disparities are caused by structural oppression.

“External, pipeline, and upstream factors”

– ASWB

Narratives

ASWB has it backwards. Bias in test scores causes structural workforce inequity.

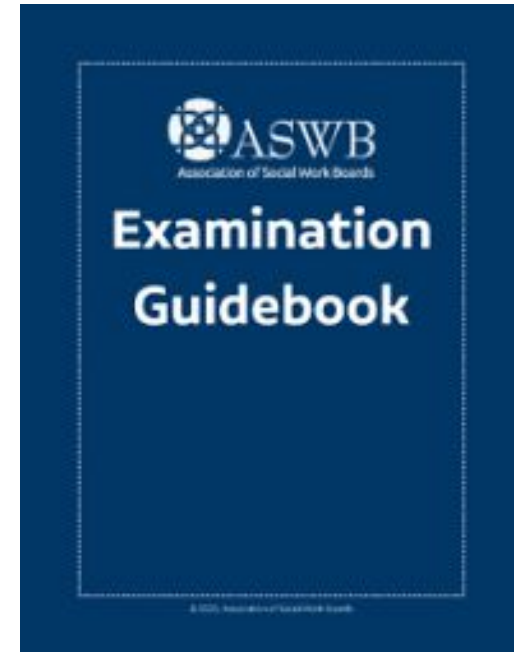
ASWB exams are unfair, invalid, unreliable, & inadequately documented.

ASWB exams violate testing standards & best practices.

- Research community

Part 1: Understanding the social work licensing examinations

The social work licensing exams follow nationally recognized test development standards to ensure validity, reliability, and fairness. These testing industry standards are set by the *American Psychological Association, the Joint Commission on Standards for Educational and Psychological Testing, the American Educational Research Association, and the National Council on Measurement in Education*. (ASWB, 2025, p. 3)



ASWB: We
“meet or exceed”
testing standards

Boards...let's check!



No, ASWB exams violate these standards

These standards protect validity,
reliability, and fairness.

Standard 2.3- Reliability of subscores, detailed reporting

Standard 2.6- Cannot substitute Cronbach's Alpha for IRT precision

Standard 2.11- Reliability for subgroups by language & culture

Standard 2.14- Conditional standard error of measurement (CSEM)

Standard 2.15- Immediate CSEM analysis if bias is suspected

Standard 2.16- Test-retest reliability, decision consistency

Standard 2.19- Detailed reporting of reliability procedure

Standard 3.6- Precision studies required if bias is suspected

Standard 4.4- Equate exam versions across blueprints

Standard 5.13- Report equating functions and their accuracy

Standard 7.0- Detailed reporting & replication studies

Standard 7.13- Updating guidebooks and practice exams

Standard 7.14- Date of publication, comparability of scores after changes

Standard 8.2- Notifying test-takers of important changes

Reliability tests

ASWB exams
violate these
NCME
standards

Standard 2.3- Reliability of subscores, detailed reporting

Standard 2.6- Cannot substitute Cronbach's Alpha for IRT precision

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Precision tests

ASWB exams
violate these
NCME
standards

Standard 2.3- Reliability of subscores, detailed reporting

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Equating functions

ASWB exams
violate these
NCME
standards

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Adequate documentation

ASWB exams
violate these
NCME
standards

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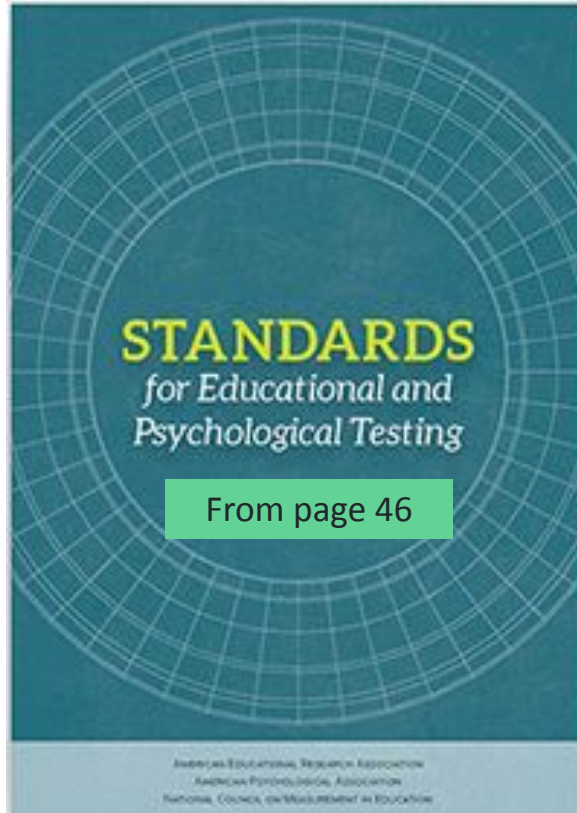
Standard 8.2- Notifying test-takers of important changes

Agenda: How ASWB violates psychometric standards

1. Ignores required psychometric tests.
2. Ignores psychometric reporting standards.
3. Secretly deletes biased items without updating the cut score & test report.

Part 1: Missing psychometric tests

Standards for Cut Scores



From page 46

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.

NCLEX reports precision, why doesn't ASWB?

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%

From page 24

Key psychometric flaw: ASWB defines bias at the *item-level only*

examdev <examdev@aswb.org> wrote:

Protocols for standardized testing require that bias be accounted for throughout the exam development process at the individual test question level. It is not the final pass rate data that is used to identify bias in exams. Every question on an ASWB examination is reviewed for signs of potential bias at each step in the process and is thoroughly and continually reviewed by testing experts and by ASWB's Examination Committee to make sure the exams meet and exceed standards for licensing exams. The social work licensing exams follow strict test development standards—set by the American Psychological Association, the Joint Commission on Standards for Educational and Psychological Testing, the American Educational Research Association, and the National Council on Measurement in Education. Questions identified as failing to accurately test candidates' knowledge, as well as those with potential bias, are not included on the exams.

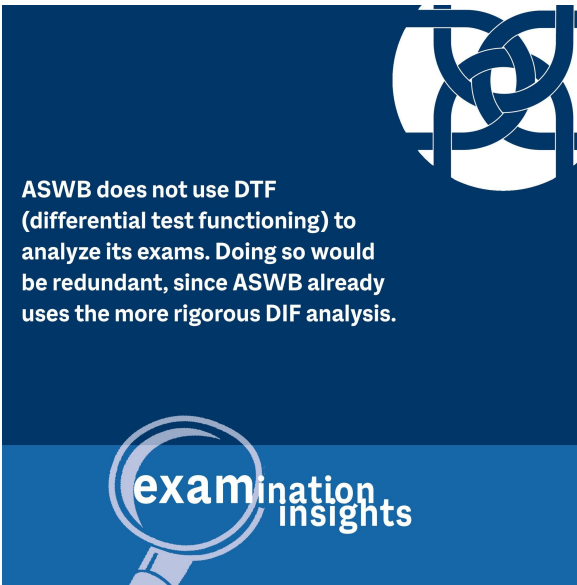
Source: Personal conversation
shared with #StopASWB campaign

Jacqueline Braxton, MSW, LCSW

she/her

Licensed Examination Development Project Coordinator

Key psychometric flaw: ASWB defines bias at the *item-level only*



<https://www.facebook.com/photo/?fbid=7278593852167485&set=pcb.7278594275500776>



Association of Social Work Boards

May 17, 2023 · 🌐

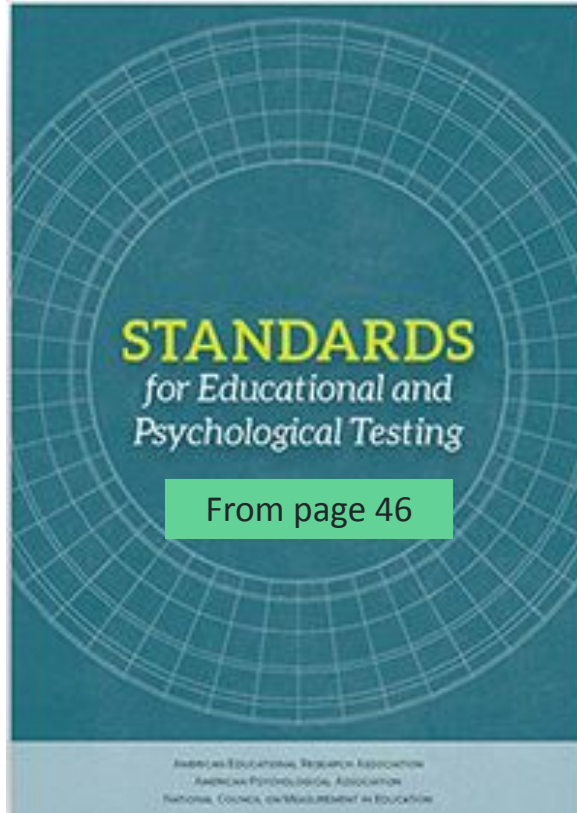


DIF vs. DTF

ASWB, like most high-stakes exam developers, relies on DIF (differential item functioning) analysis to assess for measurement bias at the item (question) level, as opposed to DTF (differential test functioning) analysis, which assesses for measurement bias at the test level.

Impossible to reconcile with Standard 2.14

Standards: DTF analyses required *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.

ASWB rejected this study!

2 esteemed social work psychometricians

\$0 budget.

Open source software. (RStats)

Auditable, reusable

CSEM for different groups

Test information curves for diff. groups

Test characteristic curves for diff. groups

Dependability indices for pass/fail
decisions based on passing scores.

Using R for Social Work Research

Jerry Bean, College of Social Work, The Ohio State University

2021-02-26

Journal of the Society for Social Work and Research > Volume 8, Number 2



< PREVIOUS ARTICLE

FREE

Understanding DIF and DTF: Description, Methods,
and Implications for Social Work Research

William R. Nugent

> J Evid Based Soc Work (2019). 2024 Mar-Apr;21(2):214-235. doi: 10.1080/26408066.2024.2308814.
Epub 2024 Feb 12.

Assessing Measurement Invariance in ASWB Exams: Regulatory Research Proposal to Advance Equity

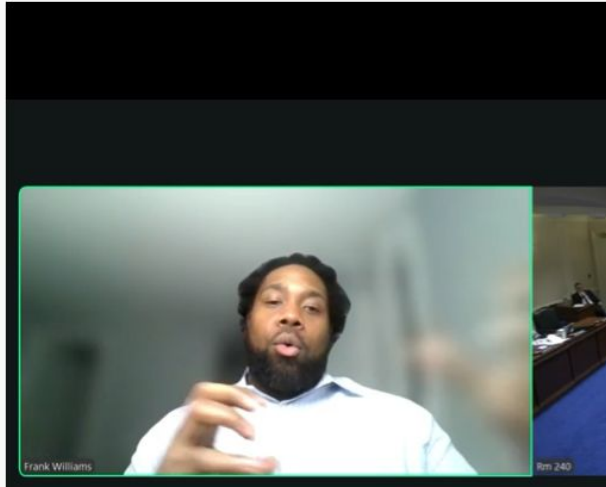
Matthew DeCarlo ¹, Gerald Bean ²

Affiliations + expand

PMID: 38345106 DOI: 10.1080/26408066.2024.2308814

ASWB's consultant: Cronbach's alpha is “good enough”

Health Committee (2/18/2026



https://mgaleg.maryland.gov/mgaweb/Committees/Media/false?cmte=HLT&clip=HLT_218_2026_meeting_2&ys=2026rs

“What the gentleman said about the conditional standard educational [sic] measurement part...I deal with a lot of other clients too through the accreditation process...the standards he raised are **more for educational testing...**

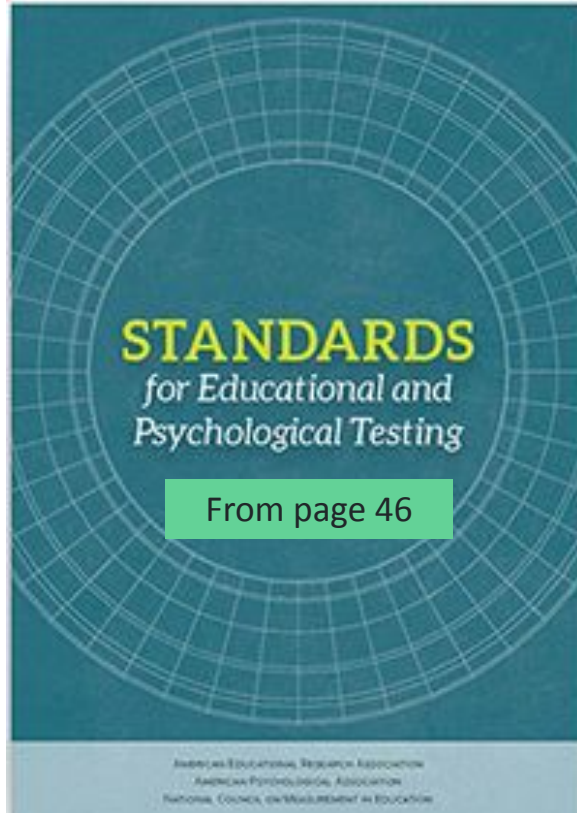
When it comes to the reliability of most credential and licensure exams, **what’s deemed good enough is just the overall reliability.**

Although they don’t have, **they are not showing the conditional standard errors of measurement, they actually are showing that their exam is reliable enough**—what we would normally deem as good enough for an accreditation exam

(State of Maryland, 2026, 4:06:20)

Standards: You cannot substitute Cronbach for CSEM

Standard 2.6



A reliability or generalizability coefficient (or standard error) that addresses one kind of variability should not be interpreted as interchangeable with indices that address other kinds of variability, unless their definitions of measurement error can be considered equivalent.

Comment: Internal-consistency, alternate-form, and test-retest coefficients should not be considered equivalent, as each incorporates a unique definition of measurement error. Error variances derived via item response theory are generally not equivalent to error variances estimated via other approaches.

Test developers should state the sources of error that are reflected in, and those that are ignored by, the reported reliability or generalizability coefficients.

Who agrees with me? ASWB's pre-2014 psychometricians!

Research on Social Work Practice

<http://rsw.sagepub.com>

The Association of Social Work Boards' Licensure Examinations: A Review of Reliability and Validity Processes

Stephen M. Marson, Donna DeAngelis and Nisha Mittal
Research on Social Work Practice 2010; 20; 87
DOI: 10.1177/1049731509347858

“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)”

ASWB used more advanced psychometric tools in the 1990s than they do today!

No justification for 2014 change

ASWB stop measuring precision for 2018 blueprint, then a *huge* drop in test scores

“First-time pass rates decreased slightly (~9 percent) between 2017 and 2018... most likely because of the introduction of a new exam blueprint”

- ASWB, 2022

Not factors external to the exam!

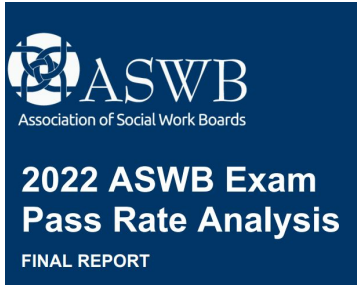


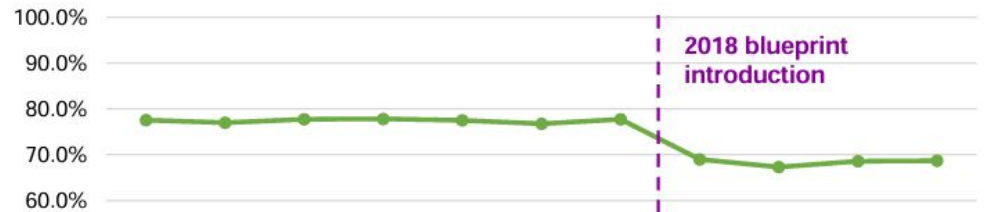
Figure 1. 2011–2021 Clinical exam first-time pass rates by year and eventual pass rate



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



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

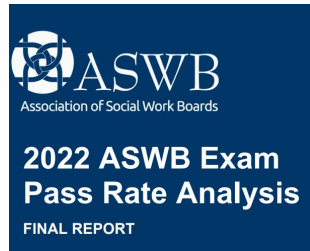


After the 2018 dropoff...

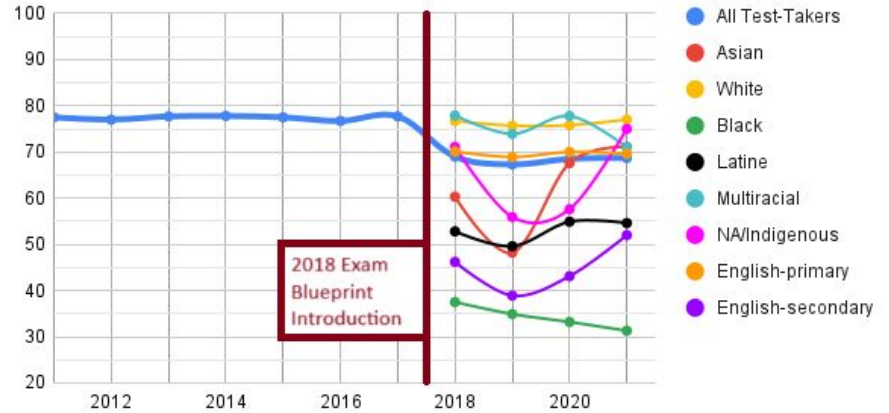
Only minoritized social workers had below average pass rates

ASWB did not provide equity data from 2011-2018 to “allow[] for more direct comparisons across similar testing experiences”

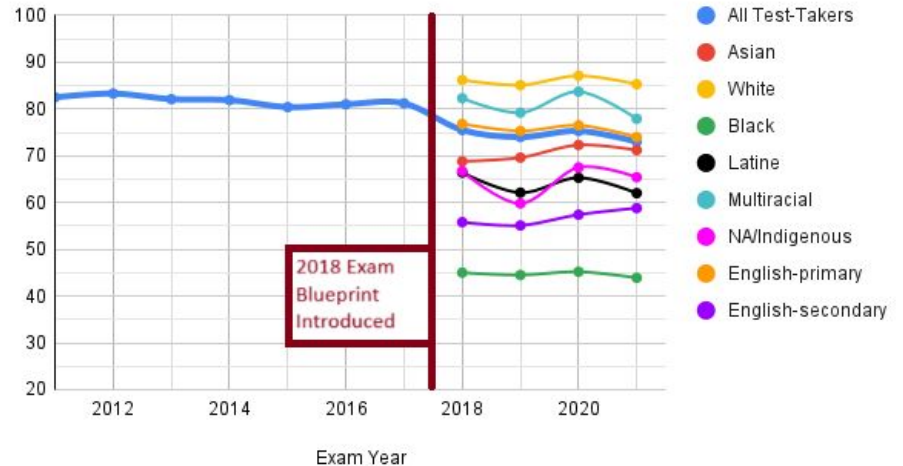
- ASWB, 2022



Impact of 2018 Blueprint on Bachelors Exam Pass Rates by Demographic



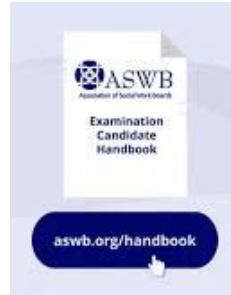
Impact of 2018 Blueprint on Masters Exam Pass Rates by Demographic



From “free from bias”...to “external factors” cause bias

June 2014-June 2022

“Results over several years have shown that ASWB exams are free from race bias.” (p. 3)



[CITATION NEEDED]

July 2022- Present

“There may be differences in exam performance outcomes for members of different demographic groups because exam performance is influenced by many factors external to the exams.” (p. 12)

ASWB: 1.8-5.2x is SO MUCH BETTER than 2.1-6.2x!

Model 1: “the **odds of exam failure** for Asian examinees were **2.055x higher** than the odds for white examinees... and **6.483x higher** for Black examinees and **2.771x** for Hispanic/Latino examinees than the odds for their white counterparts...

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 (White)	2.771	***	2.199	***	2.009	***	23.53	27.50

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

Model 3: **odds of exam failure** for Black examinees relative to the odds of white examinees’ reduced by 19.90% from **6.483x to 5.193x**. For Hispanic /Latino examinees, the odds of failure declined 27.50% from **2.771x to 2.009x**”

Social work now has worst pass rate for clinical exams

	4th QTR FY 2024/2025				1st QTR FY 2025/2026			
	Total	Pass %	TOTAL 1st Time	Pass % 1st Time	Total	Pass %	TOTAL 1st Time	Pass % 1st Time
LMFT								
Law & Ethics	1,444	77%	1,136	83%	1,586	73%	1,251	77%
Clinical	1,040	73%	764	86%	1,133	71%	853	81%
LCSW								
Law & Ethics	1,706	77%	1,364	80%	1,686	58%	1,276	62%
ASWB	1,205	59%	696	76%	1,446	49%	742	69%
LPCC								
Law & Ethics	646	52%	498	58%	729	66%	551	69%
NCMHCE	264	70%	182	79%	307	67%	206	76%
LEP								
LEP	62	69%	48	79%	73	73%	51	82%
TOTALS								
Total	6,367				6,960			



Part 2: Inadequate documentation

What does compliant documentation look like? NCLEX



From page i

III. Test Development Process	7
Test Specifications	7
Item Formats	8
Item Writer Training	9
Item Writing	9
Item Review	10
Test Administration	12
IV. Item Calibration and Test Equating	13
Checking Rasch Assumptions	13
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Conditional Standard Errors of Measurement	24
Validity	25
Evidence Based on Test Content	25
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What does compliance look like? Praxis

From page 36

If the test is not highly speeded, the KR 20 reliability estimate will be an adequate estimate of alternate-form reliability. However, because *Praxis* tests are used to make pass/fail decisions, information about the reliability of classification (RELCLASS) also is relevant to the issue of test reliability. RELCLASS is described in more detail on page 36.

The Conditional Standard Error of Measurement (CSEM) is specific to each score level and, therefore, can reflect the errors of measurement associated with low-scoring test takers or high-scoring test takers. CSEMs for *Praxis* tests are computed using Lord's (1984) Method IV and are included in the *Praxis* Test Analysis Reports.

Reliability of Classification

Since *Praxis* tests are intended for certification, assessing the consistency and accuracy of pass/fail decisions is very important. *Praxis* statistical analysts use the Livingston and Lewis method (1995) to estimate decision accuracy and consistency at each cut-score level. *Classification accuracy* is the extent to which the decisions made based on a test would agree with the decisions made from all possible forms of the test (i.e., an estimate of the test taker true score). *Classification consistency* is the extent to which decisions made based on one form of a test would agree with the decisions made based on a parallel, alternate form of the test.

Noncompliance: ASWB's only psychometric reporting since 2011

Recording

ASWB and psychometrics

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

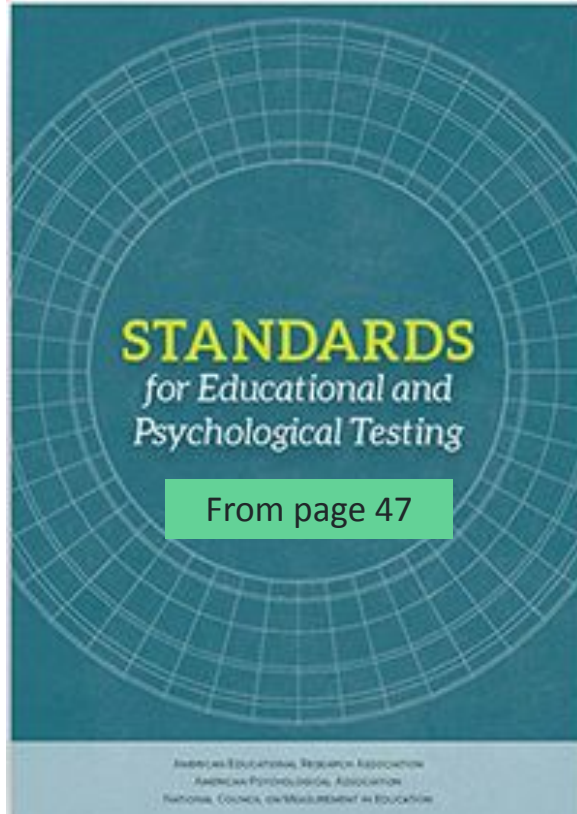
- ASWB runs DIF analyses on all items.
- Items exhibiting statistically significant DIF are flagged, regardless of direction (typically < 5% of items), deleted, and reviewed.
- ASWB will explore the use of DTF analyses to identify additional information that may help explain pass rate differences.

 **The art and science of exam development**

Join ASWB as we dive deeper into the psychometrics of examination development.

WEBINAR SERIES
exam education


Standards forbid ASWB's exact wording!



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

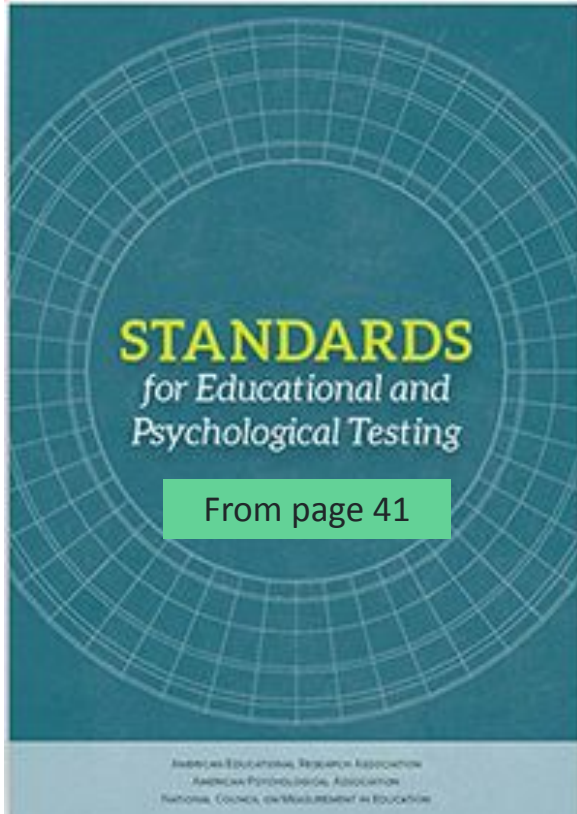
- HumRRO has provided third-party psychometric oversight and recommendations since 2014

Reliability

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

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: . . ." In some cases, for example, when

ASWB's documentation is blatantly inadequate



Cluster 8. Documenting Reliability/Precision

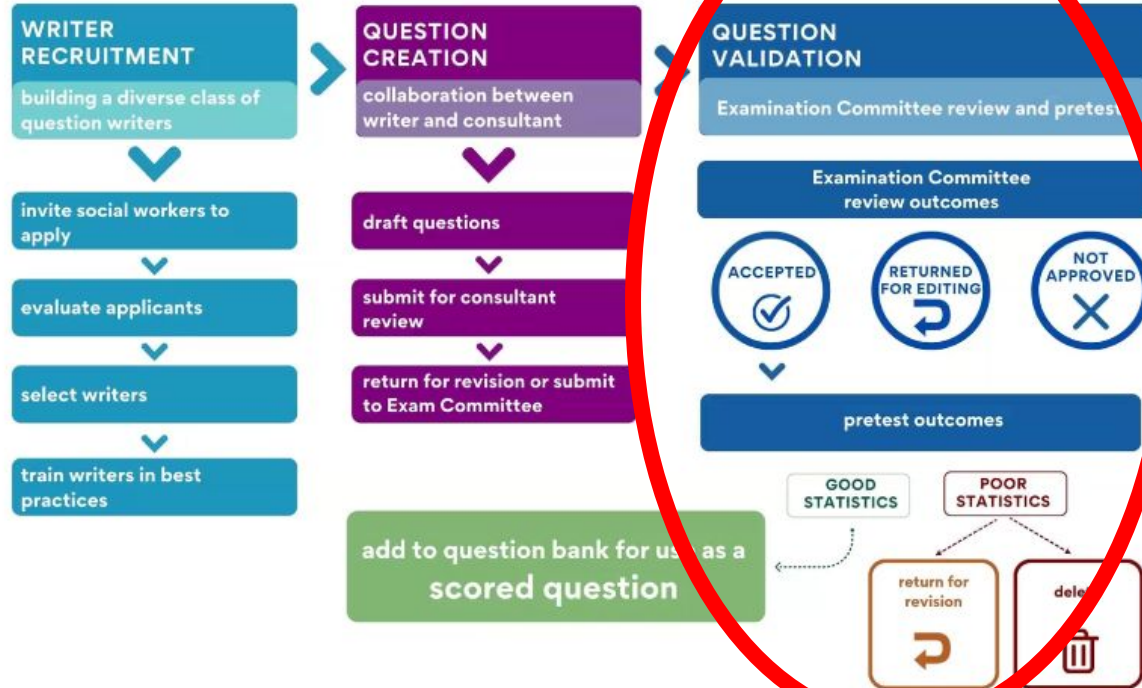
Standard 2.19

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.

Part 3: Deleting scored, biased items

ASWB: Only **pretest** items are evaluated for DIF (bias)

ASWB examination question development process

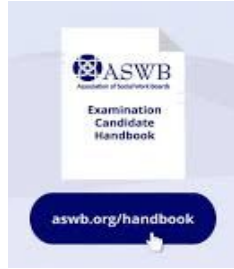


But, ASWB also performs a validation test not in the NCME Standards or other license exam programs' test specifications.



ASWB: We also remove **scored** items for biased functioning (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).

Putting Social Work Values to the Test — ASWB’s Commitment to Diversity, Equity, and Inclusion
By Lavina Harless, MSW, LCSW
Social Work Today
Vol. 20 No. 3 P. 24

The role of the Association of Social Work Boards is to maintain the high quality and rigor of social work licensing exams, but it is also tasked with ensuring that social work’s mission, values, and ethics are reflected in the exams.

The licensing examinations for social workers across the country

How often does this happen?

How Does ASWB Guard Against Bias on the Social Work Licensing Exams?

Like this article? Thank you for sharing!



by Stacey Owens, MSW, LCSW-C



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.

5% of 170 items = Up to 8 items per test.

ASWB: We
also remove
scored
items for
biased
functioning
(DIF)

Social Work Leadership Roundtable Town Hall on Racial Equity

This conversation focuses on Black Lives Matter and what social work organizations are doing to advance anti-racism.

[Watch a recording of the August 14, 2020, town hall](#)

[NASW's National Roundtable](#) with Dywight Hymans, ASWB CEO
“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. In some cases, it's completely eliminated and we don't use it anymore” (NASW, 2020, 35:00)

ASWB already
informed
board
members of
scored DIF
analysis

ASWB's 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)

ASWB discussed
scored DIF
analysis in video
communications
about exam pass
score disparities

Ensuring item fairness in the ASWB exams

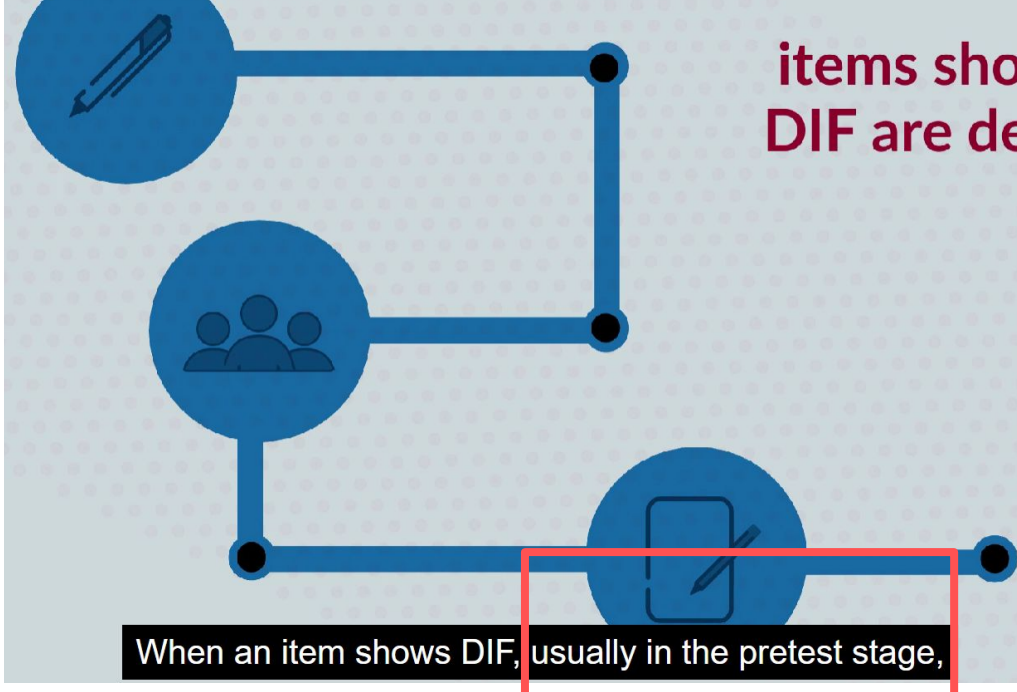
5 years ago



ASWB

Follow

An explanation of how ASWB ensures fairness in all questions used on the social work licensing exams.



Research on Social Work Practice

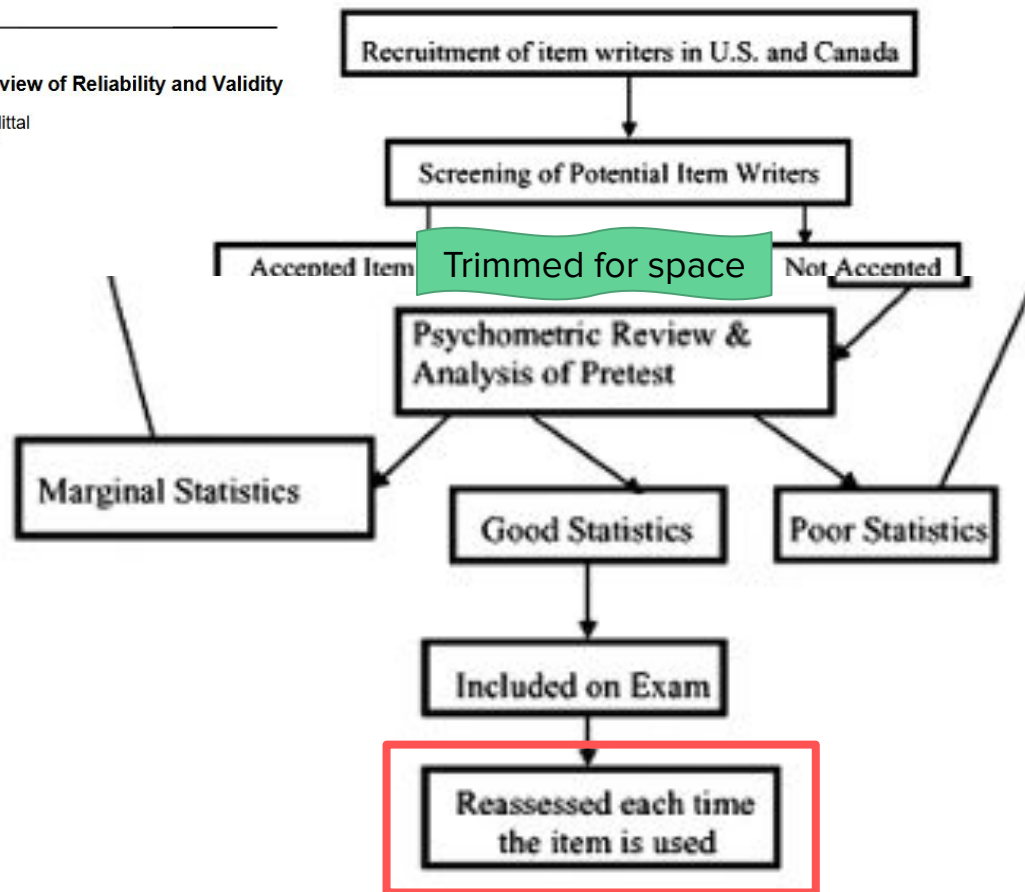
<http://rsw.sagepub.com>

The Association of Social Work Boards' Licensure Examinations: A Review of Reliability and Validity Processes

Stephen M. Marson, Donna DeAngelis and Nisha Mittal
Research on Social Work Practice 2010; 20; 87
DOI: 10.1177/1049731509347858

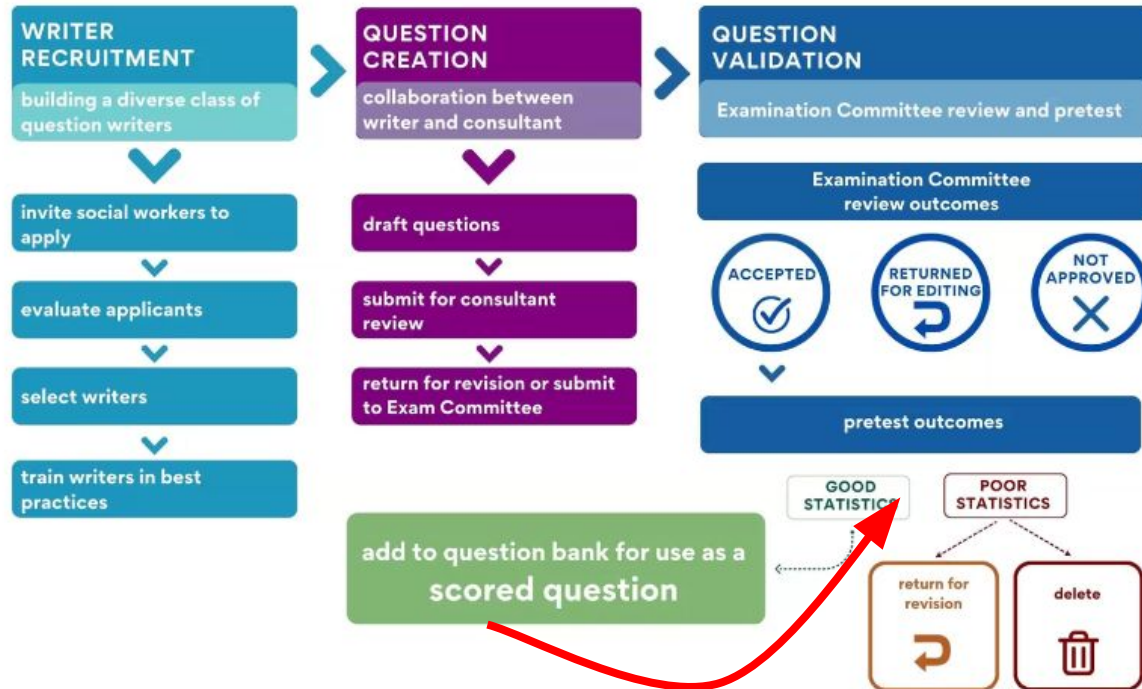
ASWB used to
report scored
DIF analysis in
their flowchart

Figure 6
Flowchart for Item Development



Used to be a strength. Now scored DIF analysis is missing

ASWB examination question development process



The *true cut score* changes over time.

2023 Exam Result

Failed by 1 question



2024 Exam Committee
removes 1 scored
question from your
2023 exam for DIF (bias)

How Does ASWB Guard Against Bias on the
Social Work Licensing Exams?

Like this article? Thank you for sharing!
[Facebook](#) [Twitter](#) [LinkedIn](#) [Pinterest](#) [Email](#)
by Sherry Owens, MSW, LCSW-C

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

2025 Exam Report

Should be a pass!



Unanswered questions

DIF is “usually” found in pretest items, not scored items.

How many “unusual” cases have there been in the past 15 years?

How many scored items have been removed from ASWB’s examination item pool for biased functioning?

How many test-takers would have passed and attained licensure if the cut score were updated based on DIF analysis of scored items?

Which set of ASWB statements is true?

Pretest-only? Or scored & pretest DIF?

In conclusion

1. Ignores many required psychometric tests.
2. Ignores psychometric reporting standards.
3. Secretly deletes biased items without updating the cut score & test report.

Virginia's board
relies on *Standards*
compliance...
for legally defensible
licensure decisions.



For more information...

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Appendices

Extractive profit with no purpose

\$51 million in assets

17% average annual profit margin

Larger endowment than my last university. Why?

Total Assets
\$51.1M (2024)

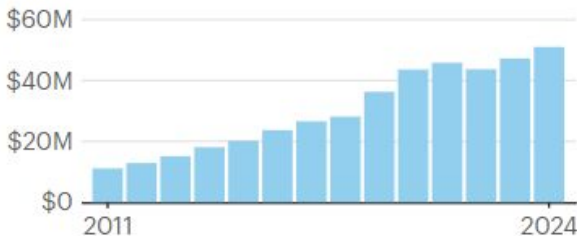


Table 3. ASWB Revenue, Assets, and Profit

ASWB	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Revenue											
Publishing	--	--	--	--	\$1,686,190	\$1,489,956	\$1,562,915	\$1,704,718	\$1,751,079	\$1,684,234	\$2,123,620
Exam	--	--	--	--	\$11,345,503	\$11,689,451	\$12,996,484	\$13,277,694	\$14,410,319	\$13,735,930	\$17,659,247
Total	\$9,461,425	\$10,279,908	\$11,492,614	\$12,692,553	\$13,964,190	\$13,767,709	\$15,565,636	\$16,344,808	\$17,595,886	\$16,234,758	\$24,599,963
Net Assets	\$8,995,137	\$10,612,898	\$13,079,412	\$15,680,159	\$17,750,104	\$19,693,116	\$23,289,150	\$24,046,614	\$28,831,413	\$33,841,553	\$40,273,169
Profit Margin	10.61%	14.57%	20.64%	22.26%	19.47%	8.45%	14.85%	16.52%	15.56%	18.46%	29.08%

Note: Financial information is reported from ASWB’s tax returns, as published in the ProPublica Nonprofit Explorer.

Examination reform: A national snapshot

of states not requiring examination doubled 2022-2025

15 states do not use BSW exams

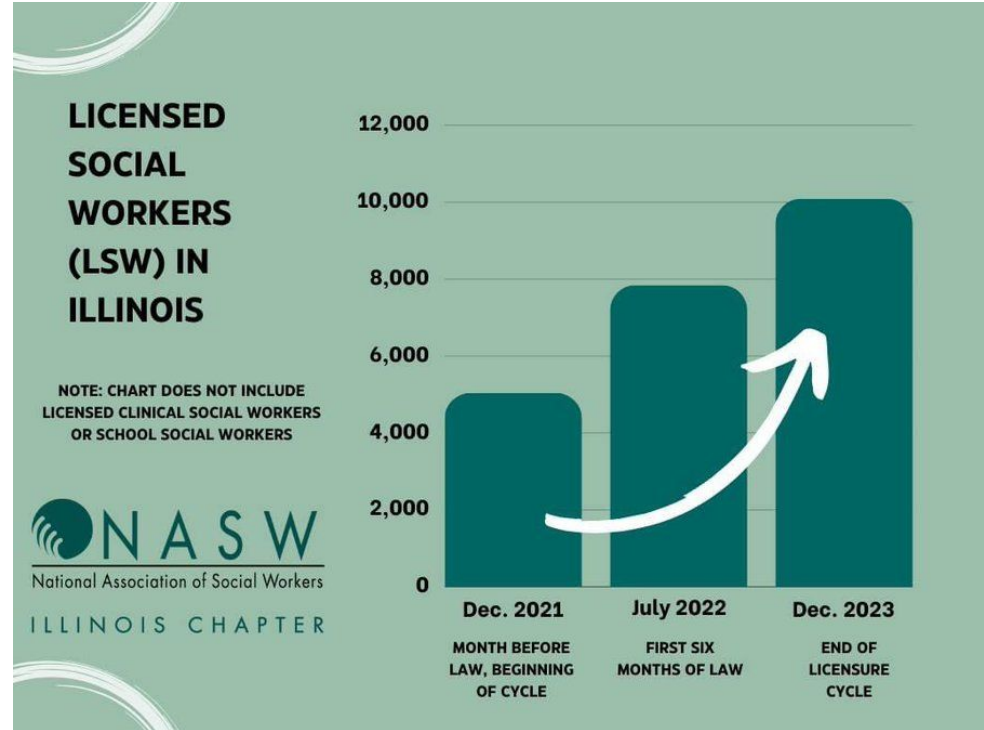
12 states do not use MSW exams

2 states offer alt. LCSW pathways

Most common reform:

No BSW & MSW Exams

Additional clinical supervision



Board of Social Work**Legislative Report****March 6, 2026****HB 451 (DEAD)**

Chief Patron: Willett

Status: Failed

SUMMARY AS INTRODUCED

Board of Social Work; Doctor of Social Work degree; education requirements for licensure. Directs the Board of Social Work to amend its regulations to specify that a Doctor of Social Work degree satisfies the education requirements for certain social work licenses.

02/18/2026: Left in Committee Health and Human Services

01/22/2026: Subcommittee recommends striking from the docket (10-Y 0-N)

HB 577

Chief Patron: Glass

Status: In Committee

SUMMARY AS PASSED HOUSE

Social work; licensure; criminal background check. Requires applicants for licensure as a baccalaureate social worker, master's social worker, or clinical social worker to provide fingerprints and personal identifying information for a criminal background check, directs the Central Criminal Records Exchange to disseminate criminal history record information obtained to the Board of Social Work, and establishes the process by which an applicant may obtain his criminal history record in the event that such applicant disputes the criminal history information on which a denial of licensure privilege is based. The bill removes the requirement that an individual's request for conviction data from the Central Criminal Records Exchange must be sworn to under oath and specifies that no criminal history record information obtained through a national background check may be further disseminated, even if such information is maintained in the records of a Commonwealth agency or entity.

03/02/2026: Reported from Courts of Justice with substitute and rereferred to Finance and Appropriations (15-Y 0-N)

HB 668 (DEAD)

Chief Patron: Maldonado

Status: Failed

SUMMARY AS INTRODUCED

Use of artificial intelligence system by mental health service providers; civil penalty. Permits the use of an artificial intelligence system by mental health service providers for administrative support and supplementary support, as those terms are defined in the bill, and prohibits the use of an artificial intelligence system to provide therapy or counseling services without a mental health service provider. The bill specifies that records kept by mental health service providers must comply with health records privacy requirements; creates an exception for religious counseling, peer support, or self-help materials and educational resources; and establishes a civil penalty not to exceed \$10,000 for violations of the statute.

02/18/2026: Left in Committee Communications, Technology and Innovation

02/04/2026: Subcommittee recommends laying on the table (6-Y 4-N)

HB 796 (AGENCY BILL)

Chief Patron: Hayes

Status: Passed

SUMMARY AS PASSED HOUSE

Professions and occupations; adjustment of fees by regulatory boards; recovery of disciplinary and monitoring costs. Repeals the provision of law that requires, following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation (DPOR) shows revenue to be a certain percentage greater than expenses, such regulatory board to distribute excess revenue to current regulants and reduce its licensure or certification fees so that fees are sufficient but not excessive to cover expenses. The bill also repeals the provision with respect to the Department of Health Professions (DHP) that requires, following the close of any biennium, when the account for any regulatory board shows expenses allocated to it for the past biennium to be a certain percentage greater than moneys collected by the board, the board to revise its fees so that such fees are sufficient but not excessive to cover expenses. The bill makes it permissive for the regulatory boards within DPOR and DHP to annually revise the fees levied by it for certification, licensure, registration, or permit and renewal so that the fees are sufficient but not excessive to cover expenses. The bill specifies that each regulatory board must report such revisions to DPOR or DHP and requires each agency to report such revisions to the Chairs of the House Committee on Appropriations and the Senate Committee on Finance and Appropriations by November 1, 2026, and annually thereafter. Regulatory boards are also permitted to recover reasonable administrative costs associated with investigation, disciplinary proceedings, monitoring, and confirming compliance with any terms and conditions imposed from any person who is (i) licensed, registered, certified, or issued a multistate or compact licensure privilege by any regulatory or health regulatory board and (ii) issued a finding of a violation of law or regulation from such regulatory or health regulatory

board. Such administrative costs shall not exceed \$500 for regulatory boards within DPOR and \$1,500 for health regulatory boards within DHP.

03/04/2026: Senate substitute agreed to by House (69-Y 26-N 0-A)

03/04/2026: Passed Senate with substitute Block Vote (40-Y 0-N 0-A)

HB 1223 (DEAD)

Chief Patron: Delaney

Status: Continued

SUMMARY AS INTRODUCED

Health professionals; mandatory suicide training required. Requires health care professionals to complete training in suicide assessment, treatment, and management. The bill requires counselors, licensed substance abuse treatment practitioners, marriage and family therapists, behavioral health technicians, qualified mental health professionals, occupational therapists, psychologists, and social workers to complete such training at least once every six years and requires other health professionals to complete such training once. The bill requires the Commissioner of Health and the Department of Health Professions to develop a model list of training programs in suicide assessment, treatment, and management and update such list at least once every two years.

02/12/2026: Continued to next session in Health and Human Services (Voice Vote)

HB 1282

Chief Patron: Cole, J.G.

Status: In Senate

SUMMARY AS PASSED HOUSE

Licensed substance abuse treatment practitioners; licensure by endorsement; licensure without examination. Directs the Board of Counseling to establish a pathway to licensure by endorsement for applicants who have held certification as a certified substance abuse counselor for at least 10 years without a history of disciplinary action, have completed at least five years of documented supervised experience, hold at least a master's degree in an appropriate field of counseling, and hold a Master Addiction Counselor credential issued by NAADAC, the Association for Addiction Professionals. The bill provides that such pathway to licensure by endorsement does not require examination.

03/05/2026: Reported from Education and Health (15-Y 0-N)

SB 210 (DEAD)

Chief Patron: DeSteph

Status: In Committee

SUMMARY AS INTRODUCED

Positive behavior support facilitators; scope of practice, supervision, and qualifications. Adds positive behavior support facilitators to the professions governed by the Board of Counseling. The bill establishes qualification, scope of practice, and supervision requirements and directs the Board of Counseling to adopt regulations governing positive behavior support facilitators. The bill also directs the Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services to promulgate regulations that align with the regulations adopted by the Board of Counseling in accordance with the bill.

02/26/2026: Subcommittee recommends continuing to 2026 (Voice Vote)

SB 269

Chief Patron: Favola

Status: Continued

SUMMARY AS PASSED SENATE

Use of artificial intelligence system by mental health service providers; civil penalty. Permits the use of an artificial intelligence system by mental health service providers to assist in providing therapy or counseling services if such mental health service provider maintains full responsibility for all interactions, outputs, and data use associated with the system. The bill prohibits the use of an artificial intelligence system to provide therapy or counseling services without a mental health service provider. The bill specifies that records kept by mental health service providers must comply with health records privacy requirements; creates an exception for religious counseling, peer support, or self-help materials and educational resources; and establishes a civil penalty not to exceed \$10,000 for violations of the statute.

03/02/2026: Continued to next session in Communications, Technology and Innovation (Voice Vote)

SB 699

Chief Patron: Ebbin

Status: Passed

SUMMARY AS INTRODUCED

Virginia Freedom of Information Act; public bodies to post meeting agendas. Requires public bodies subject to the Virginia Freedom of Information Act (FOIA) to post the proposed agenda on the public body's official government website, if any, prior to the meeting. The bill provides

that no final action may be taken on any items added to an agenda after a meeting commences unless the matter is time-sensitive or is the subject of a closed meeting properly identified in a motion in accordance with FOIA requirements and defines "final action." This bill is a recommendation of the Virginia Freedom of Information Advisory Council.

03/03/2026: Passed House (98-Y 0-N 0-A)