Virginia Department of
Health Professions
Board of Social Work

Agenda
Quarterly Board Meeting
July 10, 2026, at 10:00 a.m.
9960 Mayland Dr, 2nd Floor, Board Room 2
Henrico, VA 23233

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 – Teresa Reynolds, LCSW, Chairperson

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

Adoption of Agenda *

Approval of Minutes * March 6, 2026, 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)

Chair Report – Teresa Reynolds, LCSW

Board Counsel Report – Jim Rutkowski, Assistant Attorney General, Office of the Attorney General

Staff and Committee Reports

- **Compact Update** – Victoria Mattis, LCSW
- **Legislative and Regulatory Report** – Matt Novak, DHP Agency Regulatory Coordinator
  - Regulatory Chart 117
  - Legislative Report 118
  - Final stage action to implement 2022 periodic review changes* 122
  - Proposed stage action to combine LMSW and LCSW supervisee status* 148
- **Executive Director's Report** – Maria Stransky, LPC, CSOTP, CSAC
- **Discipline Report** – Jennifer Lang, Deputy Executive Director 168
- **Licensing Report** – Sharniece Vaughan, Licensing Supervisor

* Indicates a board vote may be required.
** Indicates items to be discussed in a closed session.

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Old Business

- Continued discussion of exam alternatives

New Business

- **Elections** – Sherwood Randolph, LCSW, Nominations Committee Chair*

Next Meeting: October 2, 2026

* Indicates a board vote may be required.
** Indicates items to be discussed in a closed session.

Virginia Department of
Health Professions
Board of Counseling

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.

Virginia Department of Health Professions
Board of Social Work

DRAFT
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.

_____

Elke Cox, MSW, LCSW, Vice-Chair

_____

Maria Stransky, LPC, CSAC, CSOTP, Executive Director

Attachment A

2026 social work licensing exam

Initiatives and enhancements

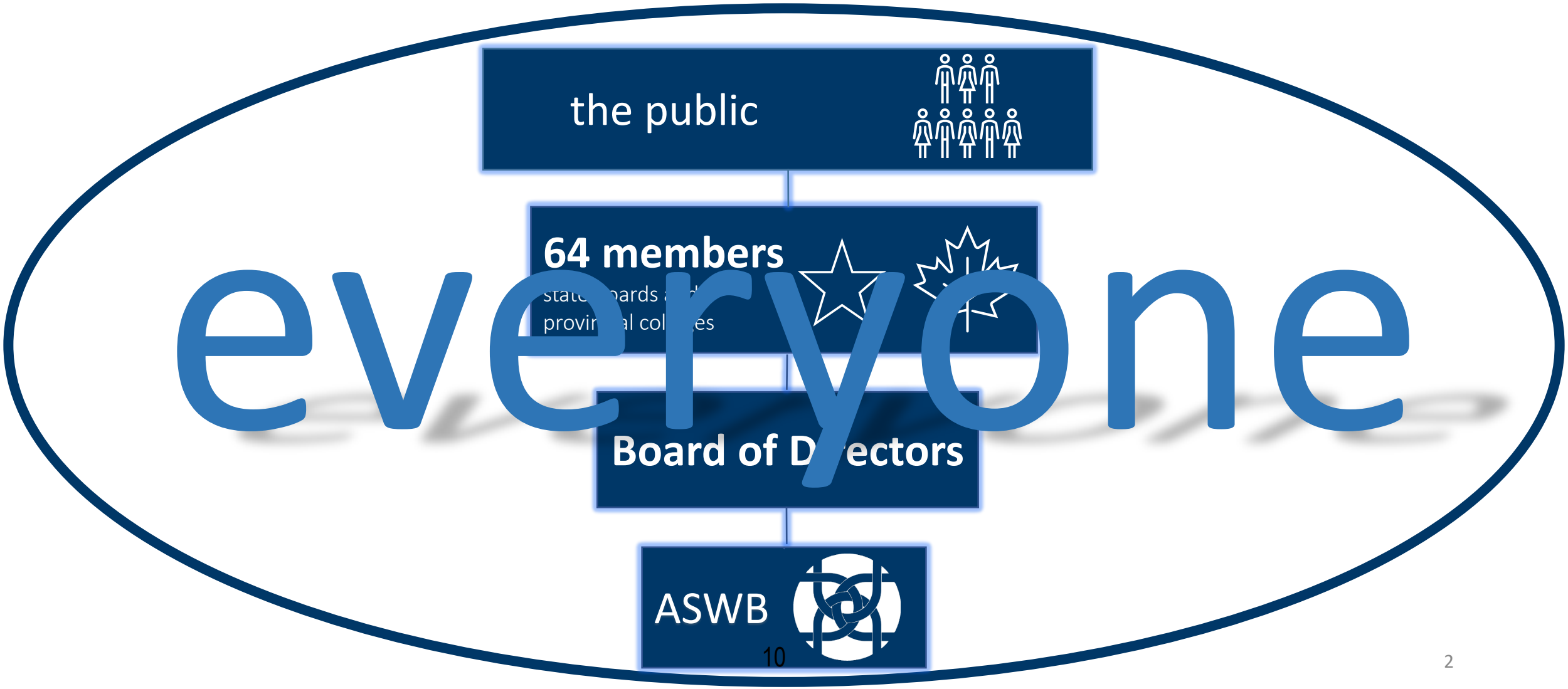
Virginia Board of Social Work
March 6, 2026

Stacey Hardy-Chandler, Ph.D., J.D., LCSW, PGDip
ASWB CEO

Carl Hokanson, LGSW
ASWB Director
of Examination Development

Jennifer Klafehn, Ph.D.
&
Michael Walker, Ph.D.
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

ASPPB
Association of State and Provincial Psychology Boards

NCSBN
Leading Regulatory Excellence

NABP
National Association of Boards of Pharmacy

ASWB
Association of Social Work Boards

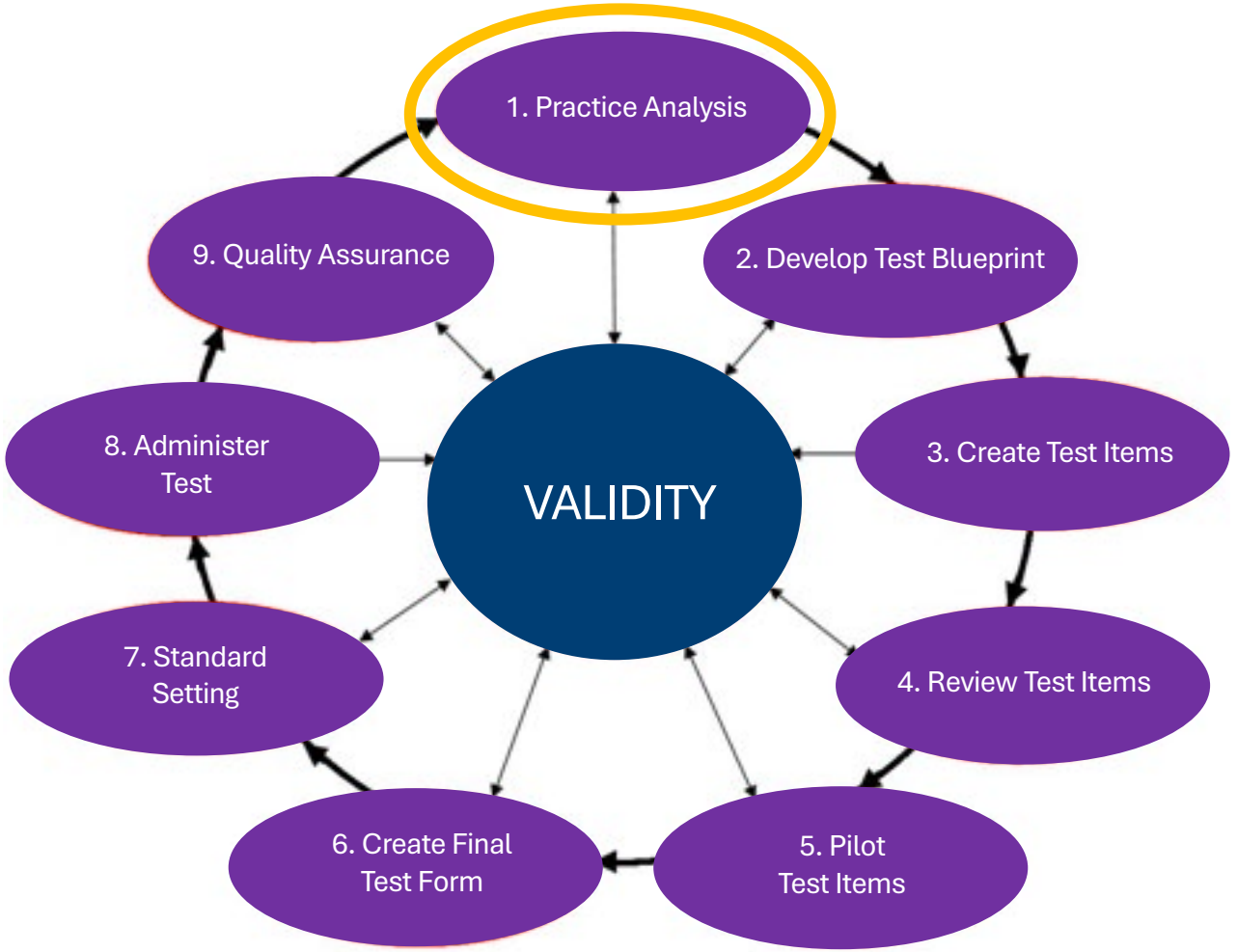
Validity

- “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


1. Practice Analysis
2. Develop Test Blueprint
3. Create Test Items
4. Review Test Items
5. Pilot Test Items
6. Create Final Test Form
7. Standard Setting
8. Administer Test
9. Quality Assurance
VALIDITY

Validity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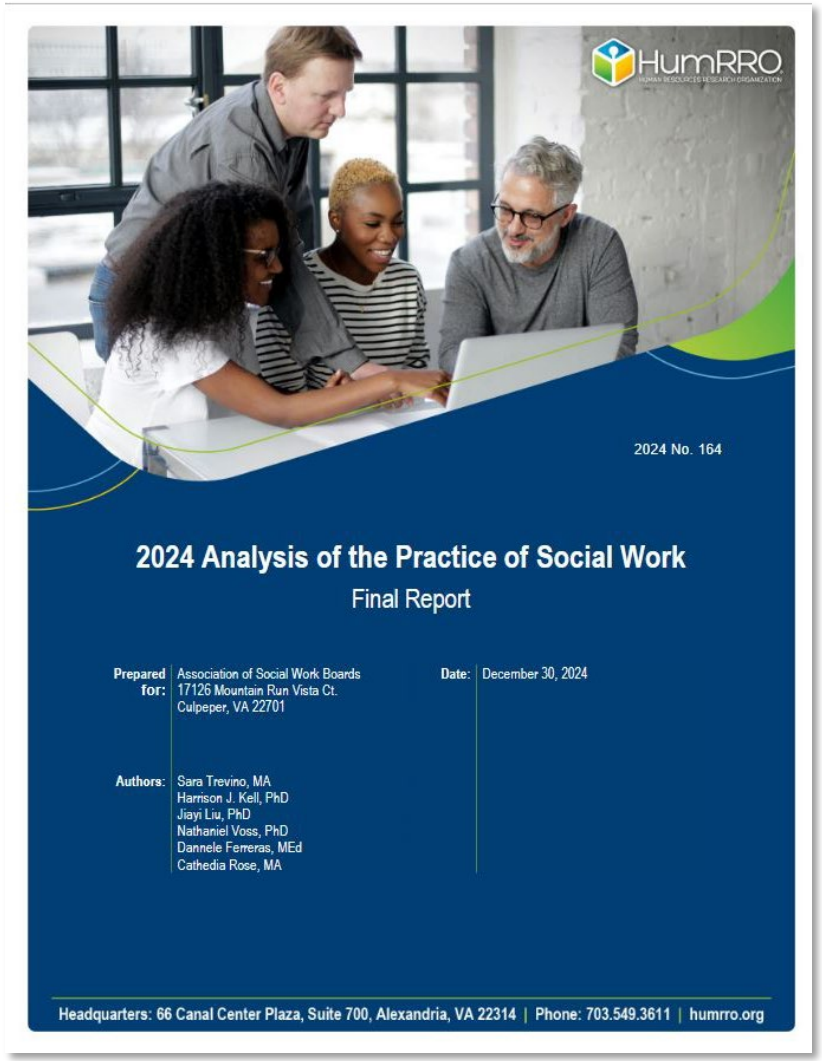
9. Quality Assurance
VALIDITY

Practice Analysis Task Force 2022-2024



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

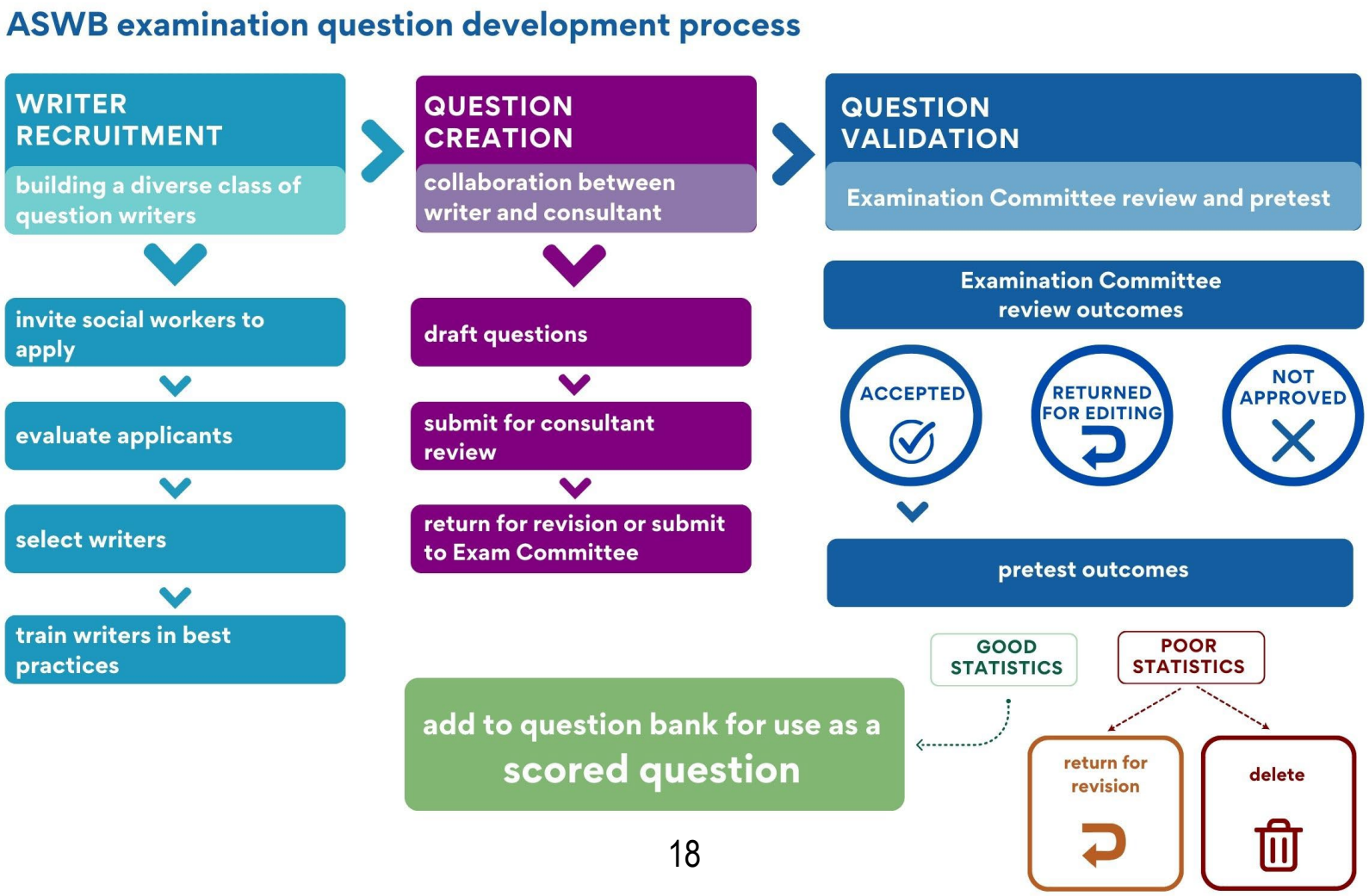
- 27% Professional relationships, values, and ethics
- 23% Human development, diversity, and behavior in the environment
- 32% Intervention processes and techniques for use across systems
- 18% Intervention processes and techniques for use with larger systems

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



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

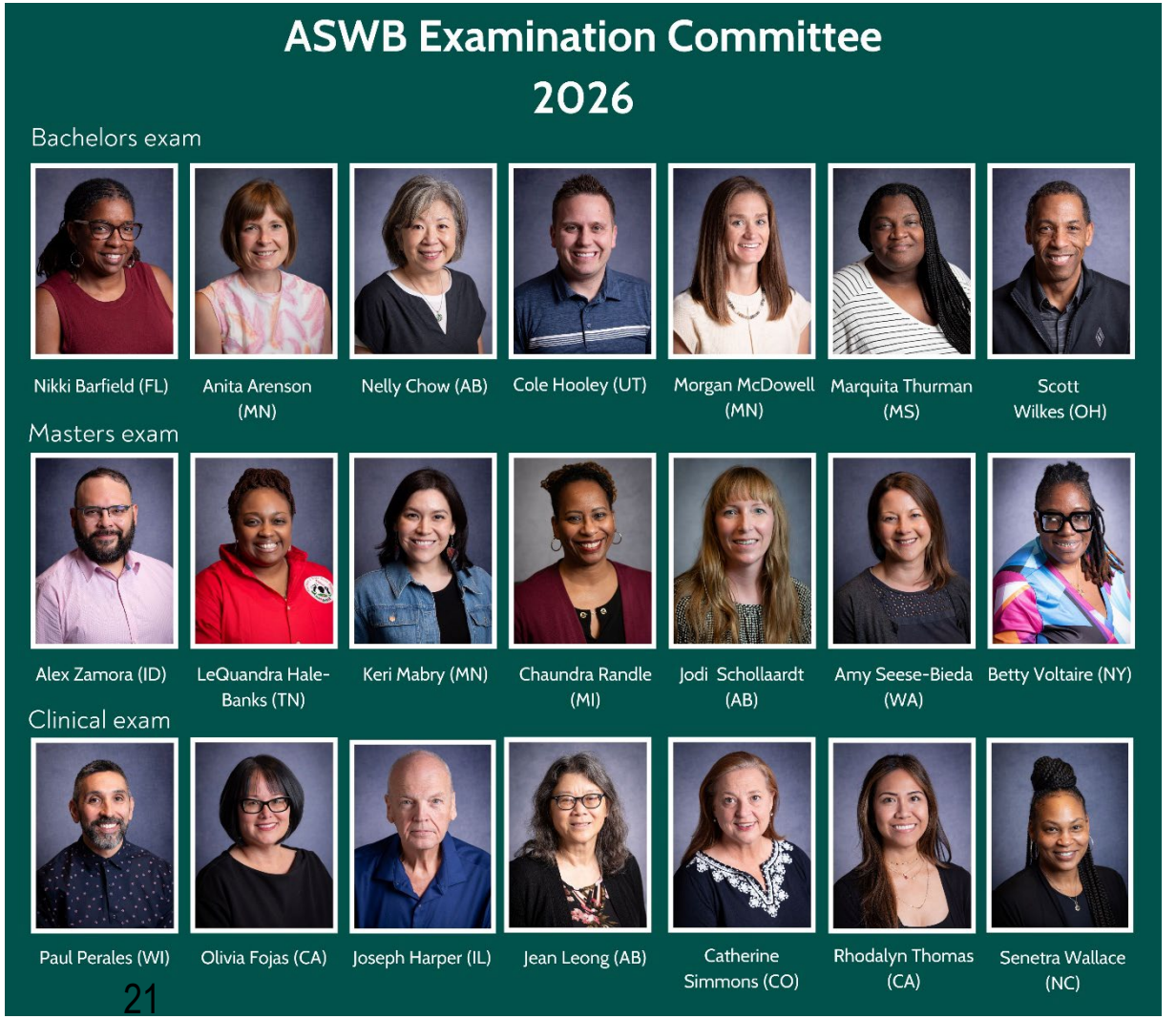
49 paid social workers write questions

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



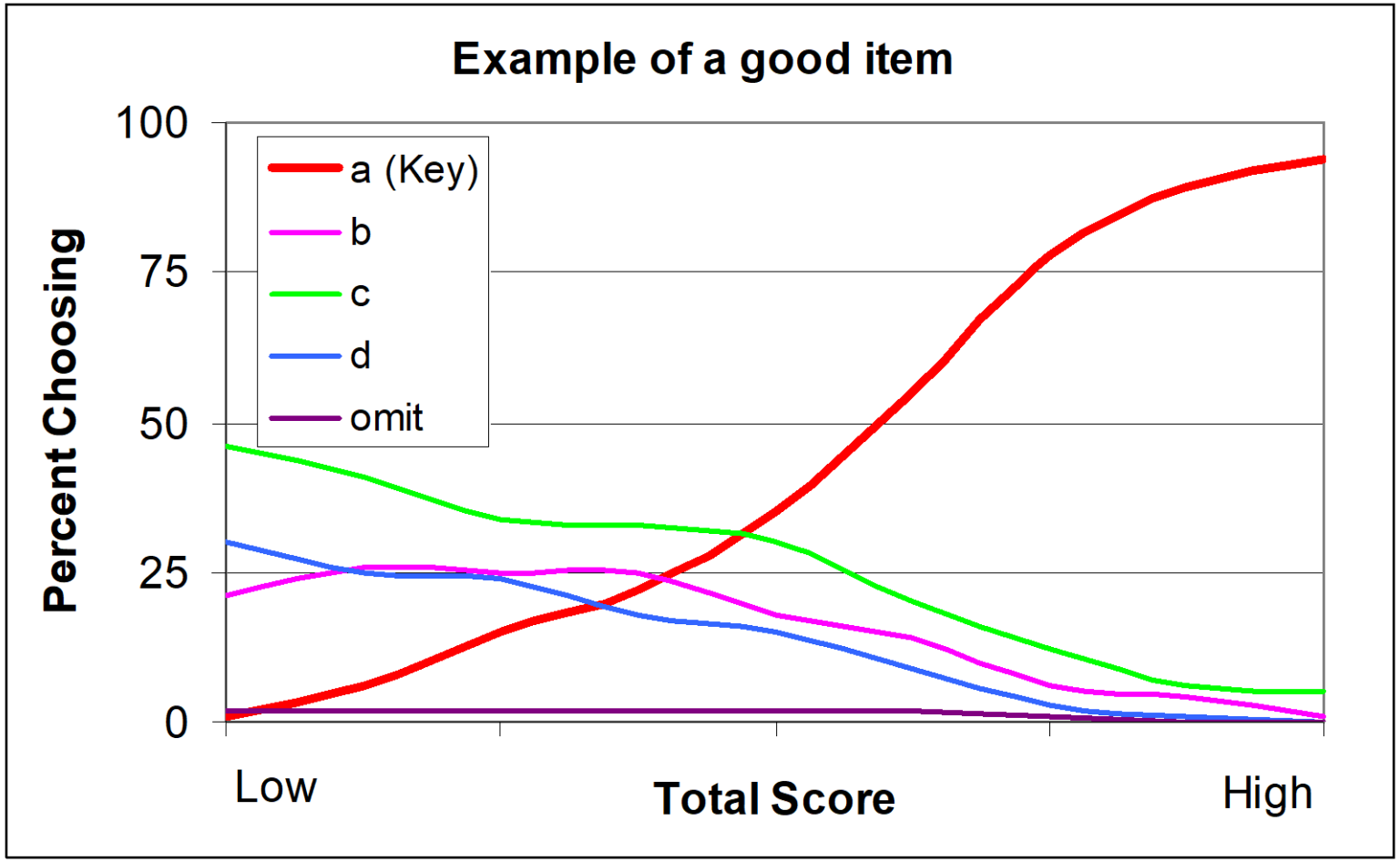
Item analysis

- 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?

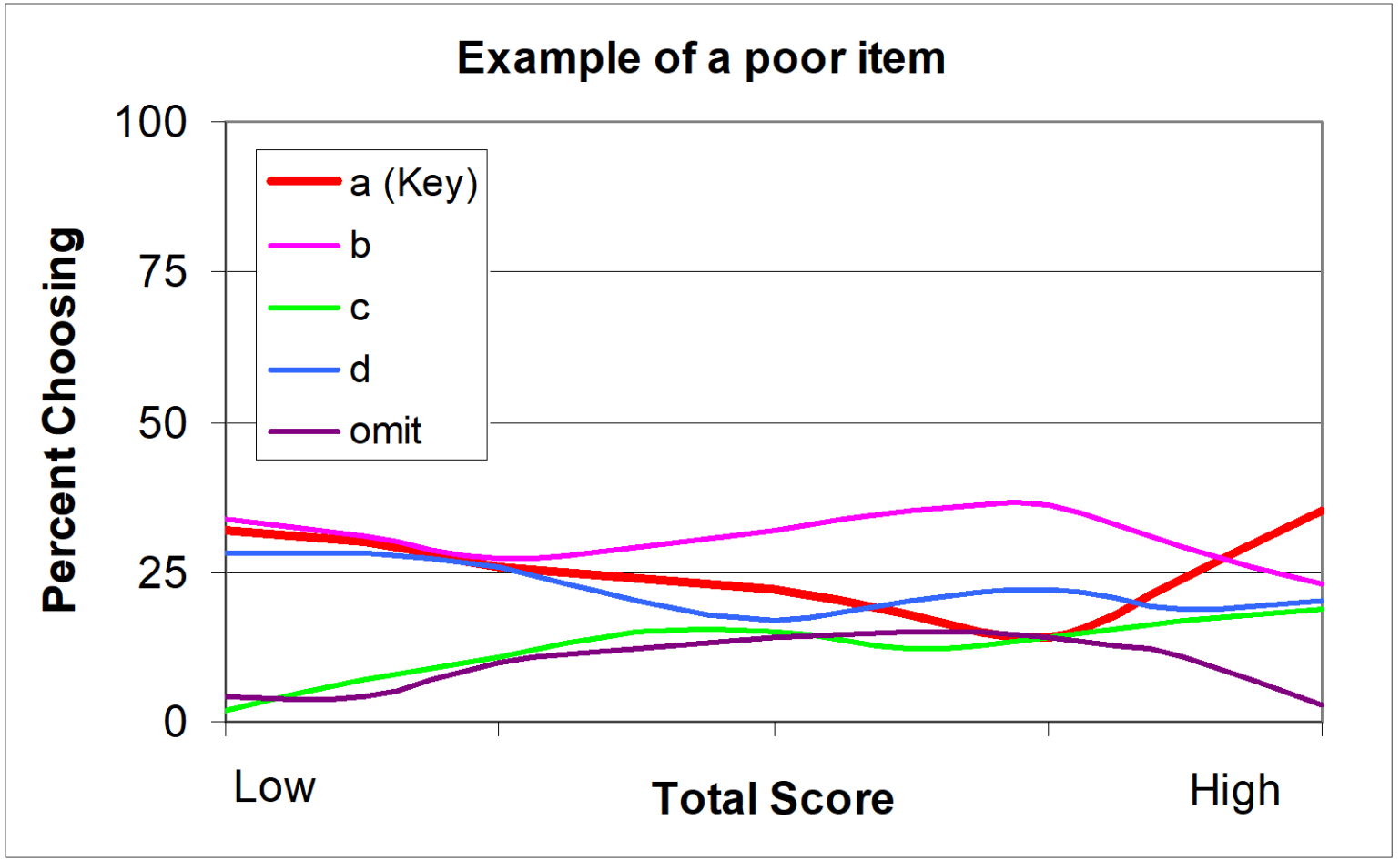
Item analysis

- 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



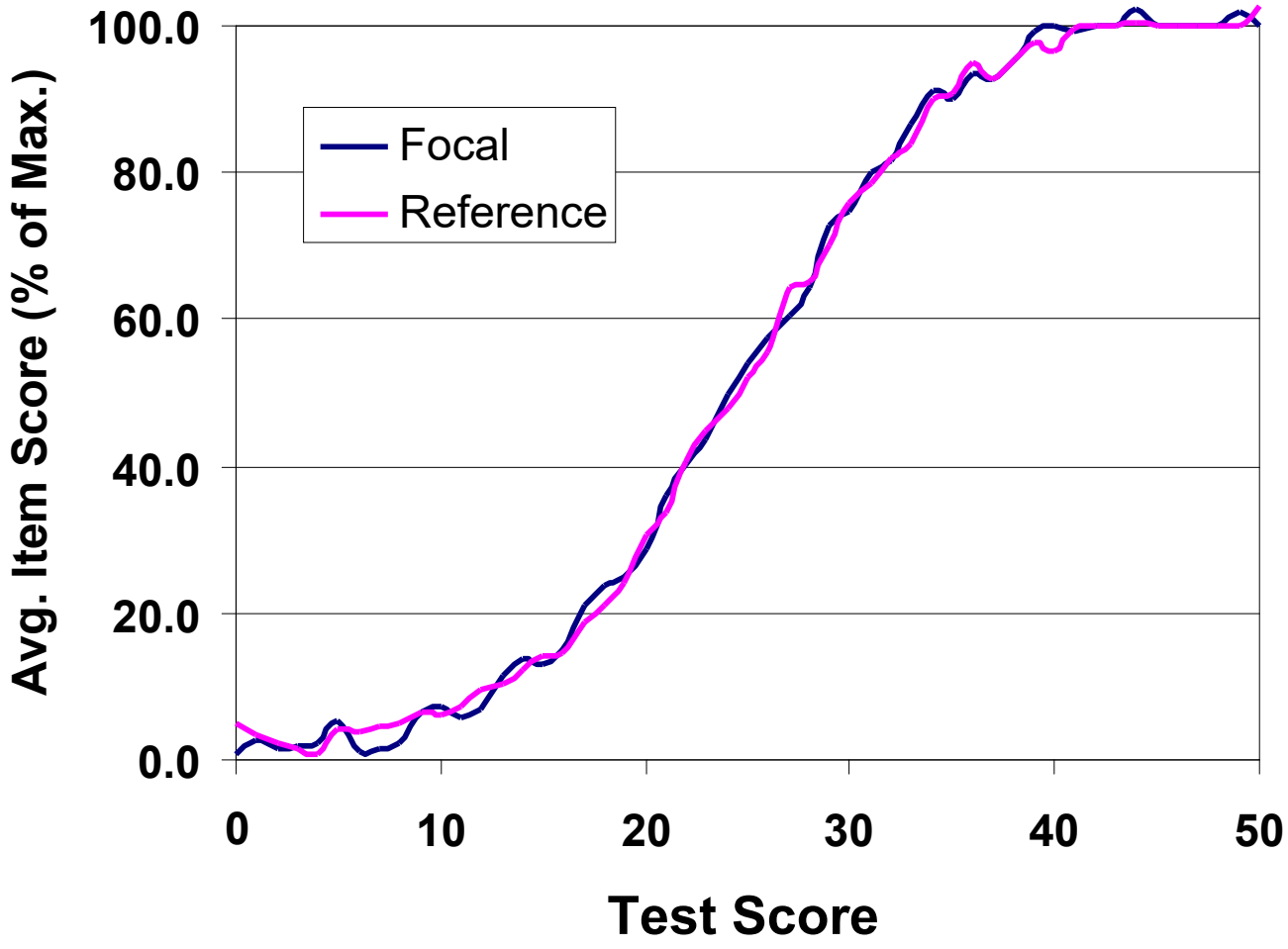
Differential Item Functioning (DIF)

- Does the item perform the same for all groups?

For example:

- Gender
- Race
- Language

Differential item functioning (DIF)



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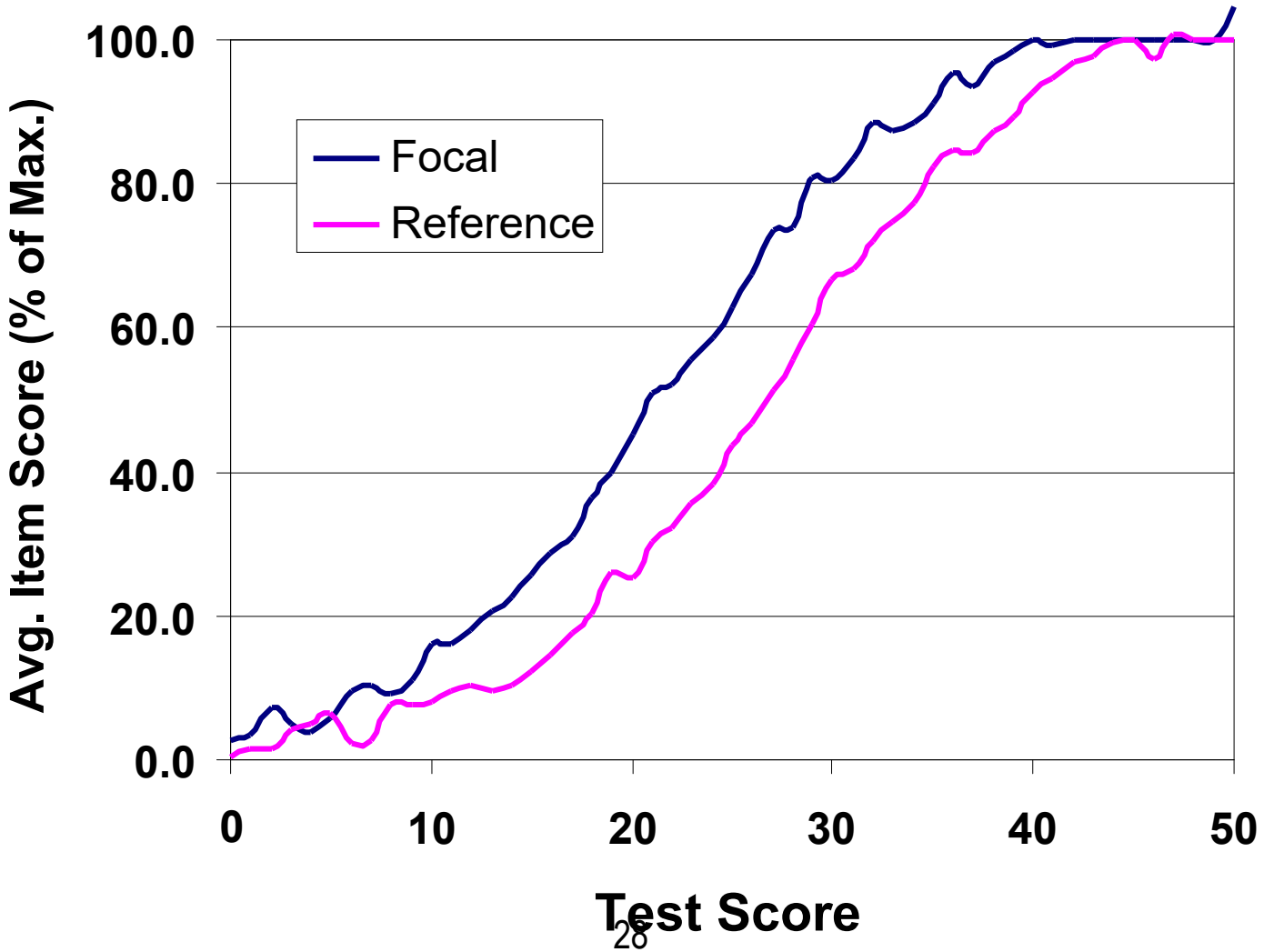
Differential item functioning (DIF)



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)

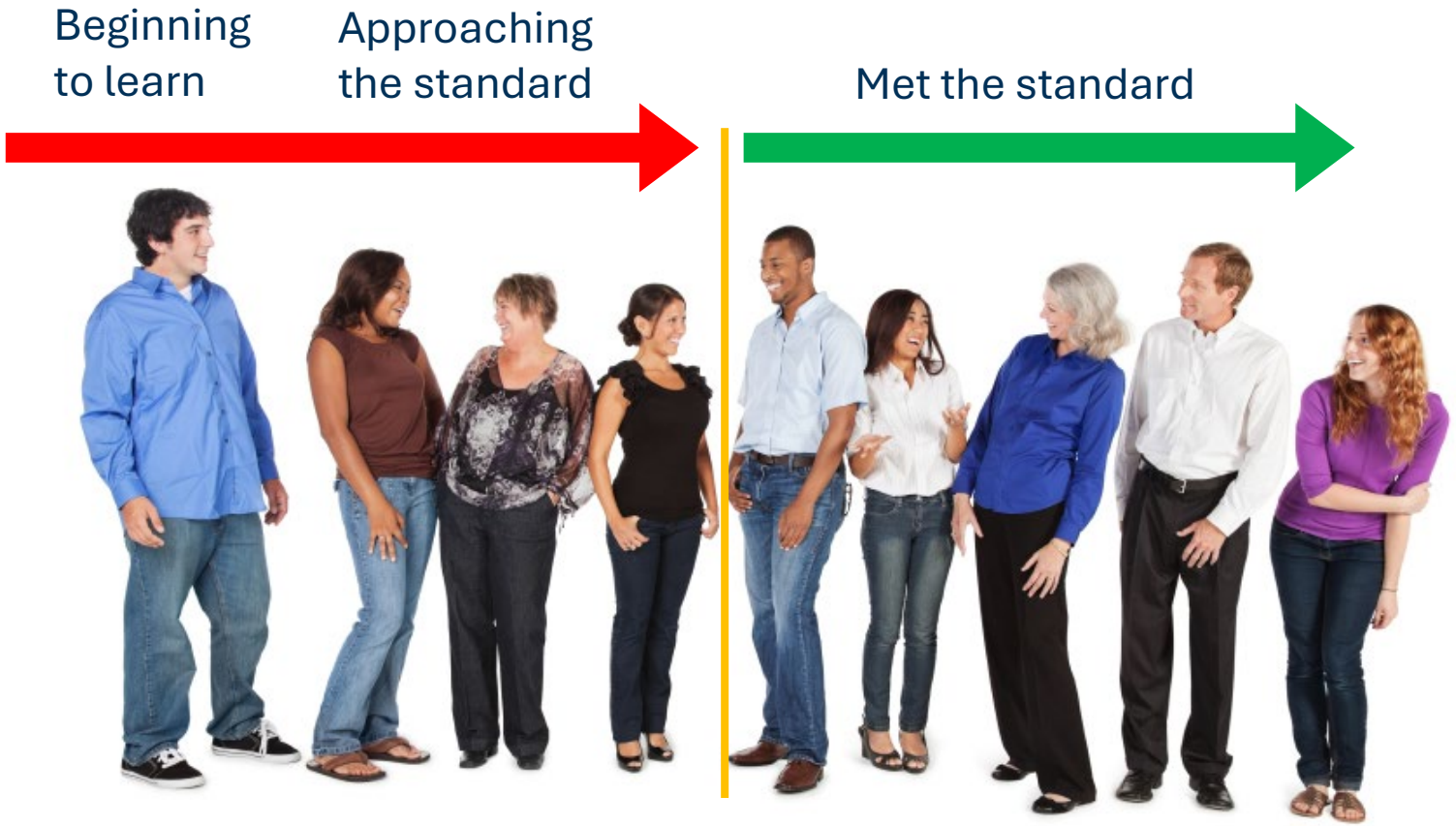
Differential Item Functioning (DIF)

- 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



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+

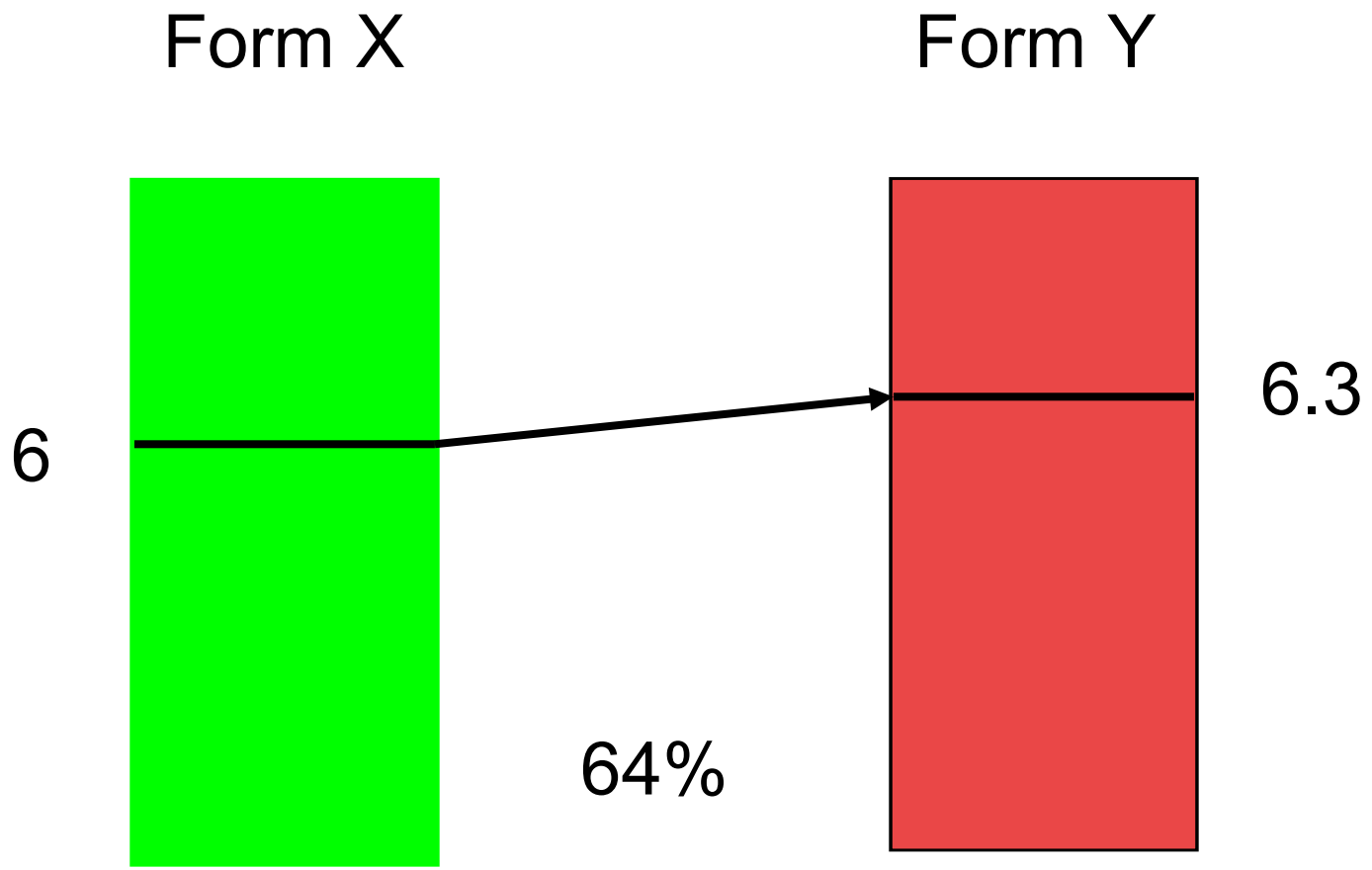
Standard setting panel, 2026 exams

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

Equating

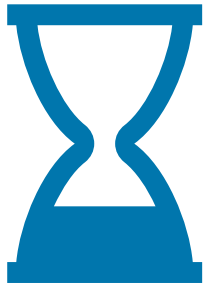
- Ensures reported scores are comparable, regardless of test form (version) that is taken
- Removes score differences based on form difficulty
- Ensures only ability differences are reflected in resulting scores

Equating



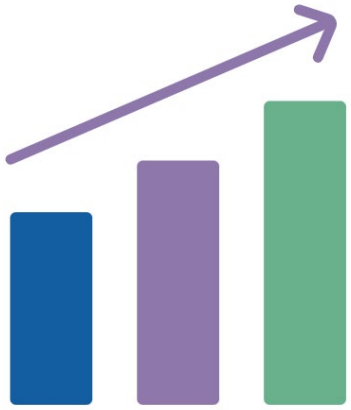
Innovations and enhancements

TESTING experience ENHANCEMENTS



Scheduled Break

Well-received by test-takers

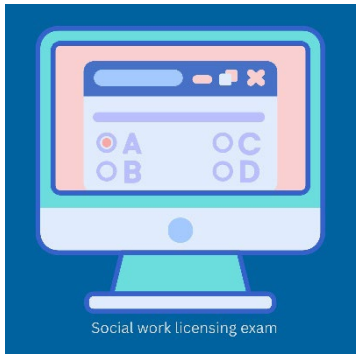


Three-option multiple choice

Began in 2023, gradually adding more

Secure remote online proctoring

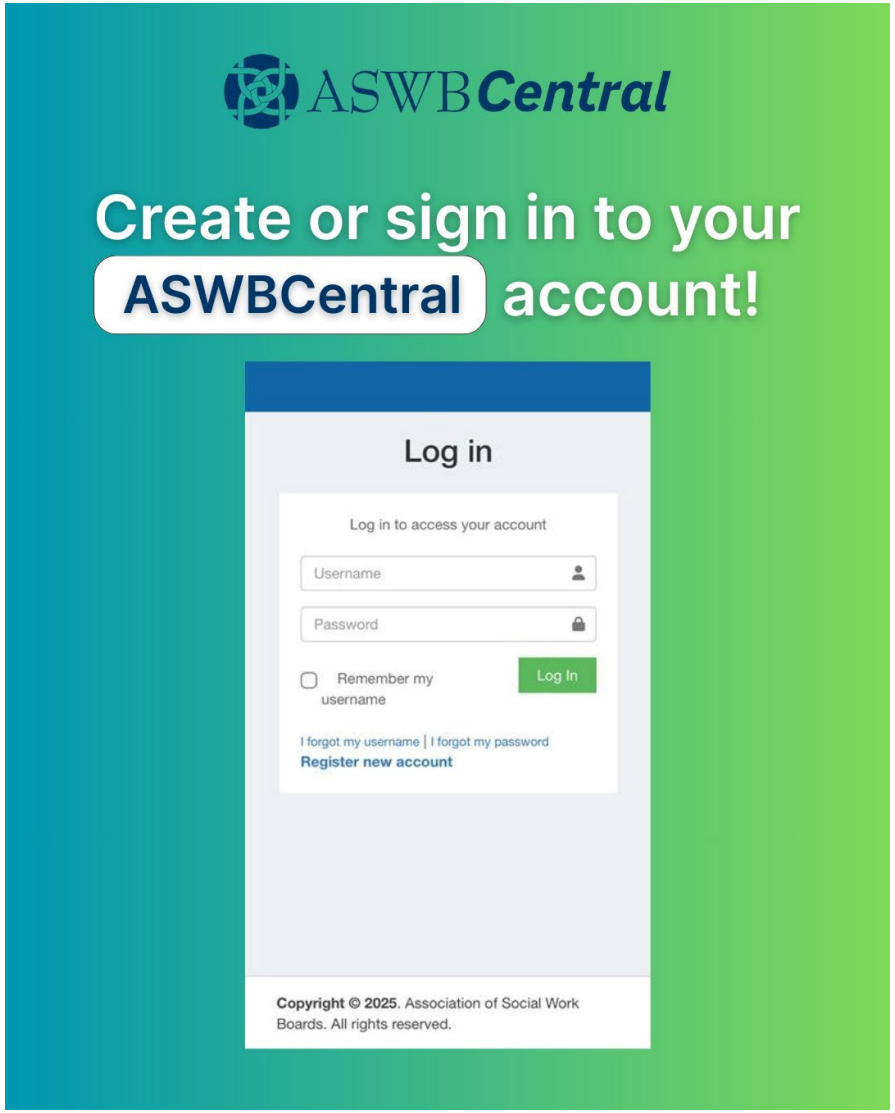
Plan to pilot with a limited group of candidates in 2026



Exam format innovations

Currently in exploration phase

Exam administration updates



ASWBCentral 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

ASWBCentral allows members to:

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

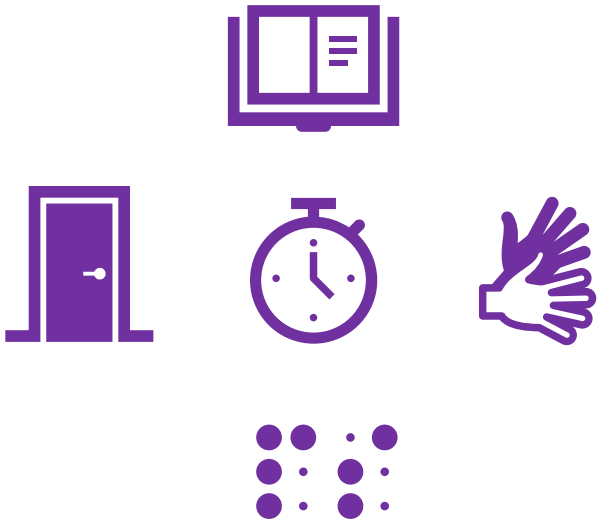
Nonstandard testing arrangements

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)

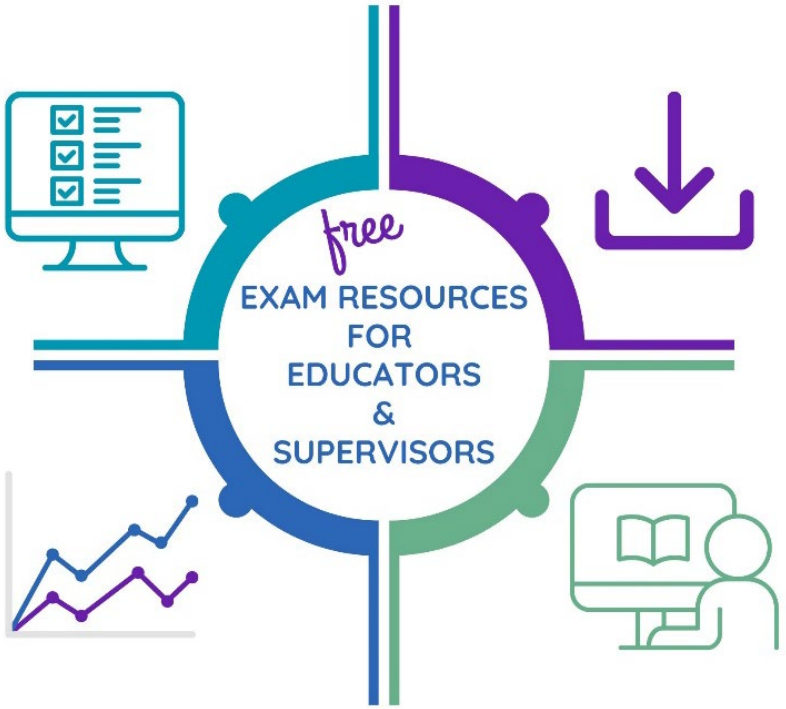


Improving access through nonstandard testing arrangements

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.

COMMUNITY conversations

SOCIAL WORK Social workers count! CENSUS

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

Fifth Theory
Digital Assessments & Surveys

The Test Mastery Inclusion program is:

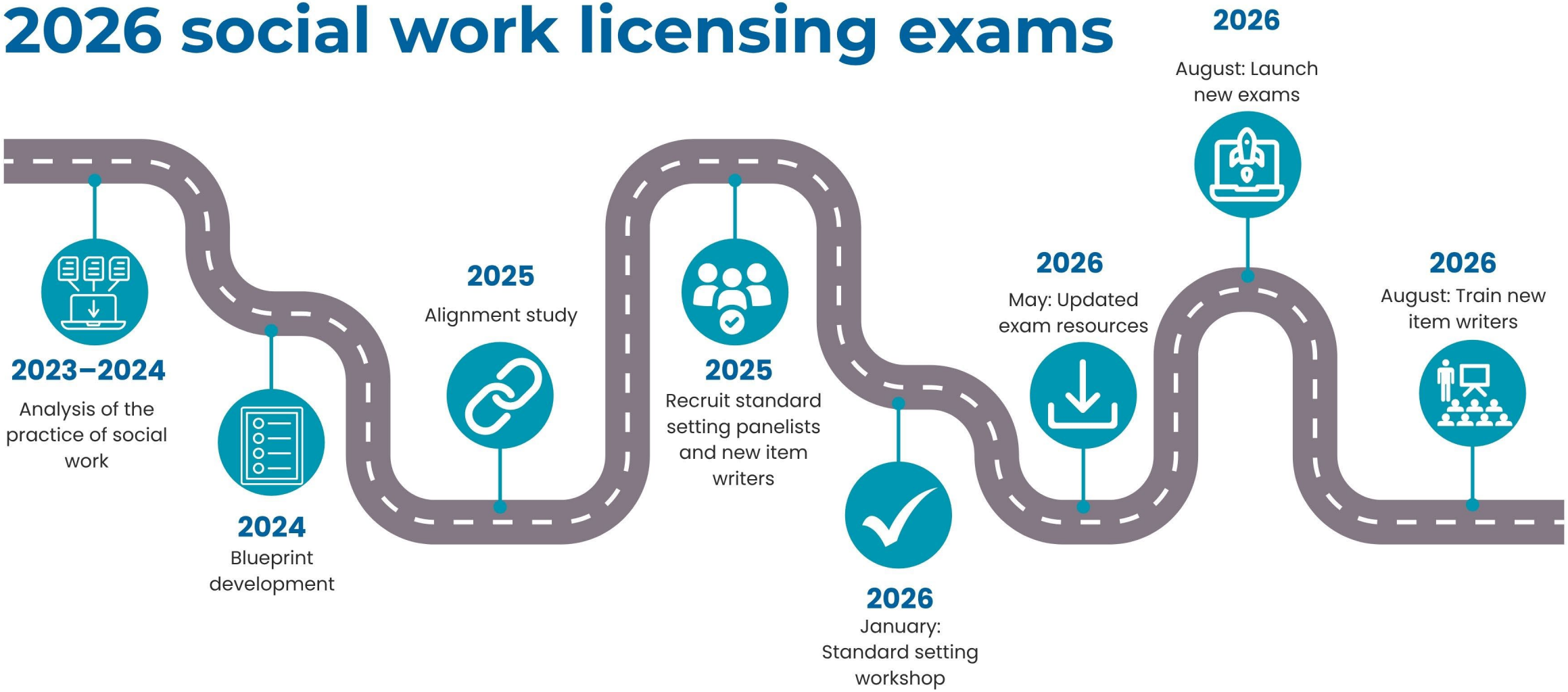
- A valid and reliable **self-development program** for test-takers preparing for a high-stakes exam
- Delivered by an **independent, minority-owned** firm with industrial-organizational psychology experts in social science research, assessment development, and coaching
- Designed to improve **equity 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)

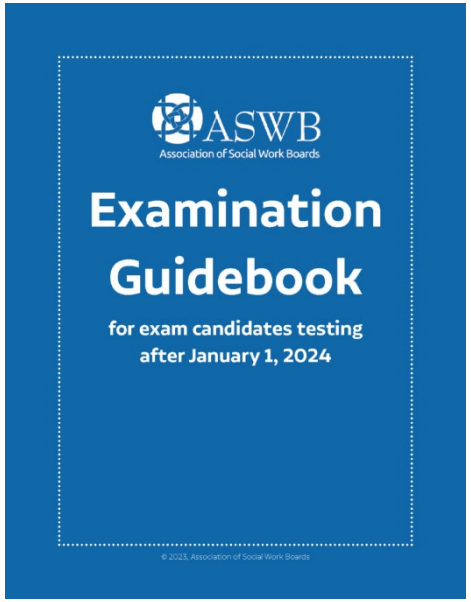
New exams: 110 operational items, 12 pretest

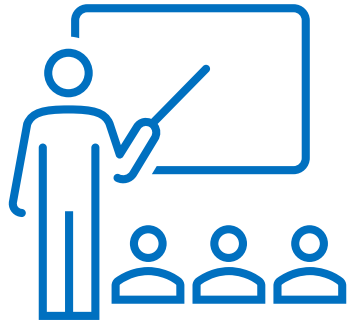
New exams will launch in August 2026.

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



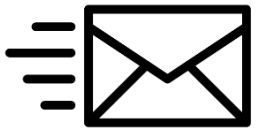


Let’s stay connected

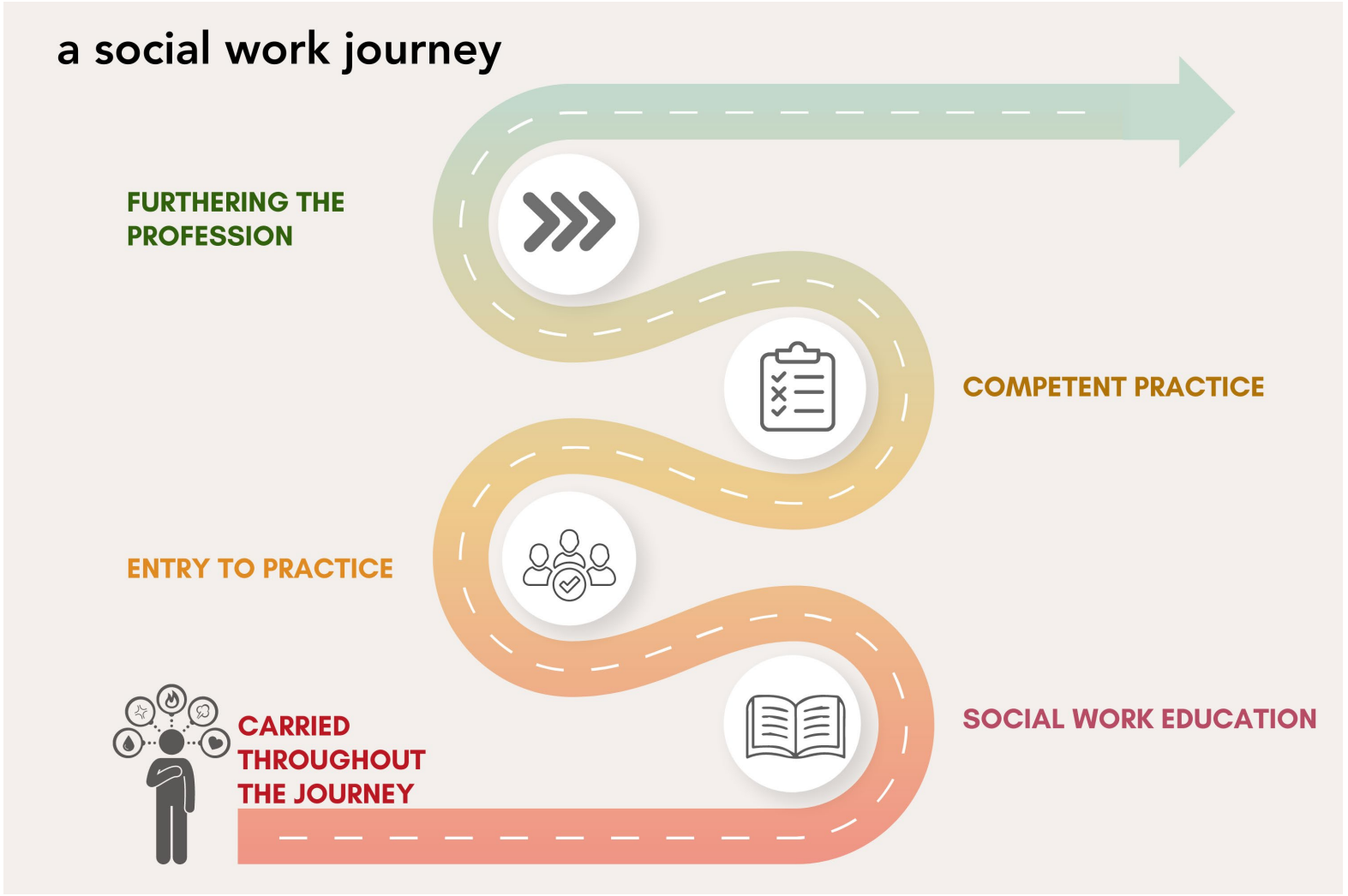
Quarterly Newsletter

Connect on LinkedIn

aswb.org



info@aswb.org


a social work journey
FURTHERING THE PROFESSION
COMPETENT PRACTICE
ENTRY TO PRACTICE
SOCIAL WORK EDUCATION
CARRIED THROUGHOUT THE JOURNEY

Thank you!

Attachment B

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

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 ma
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

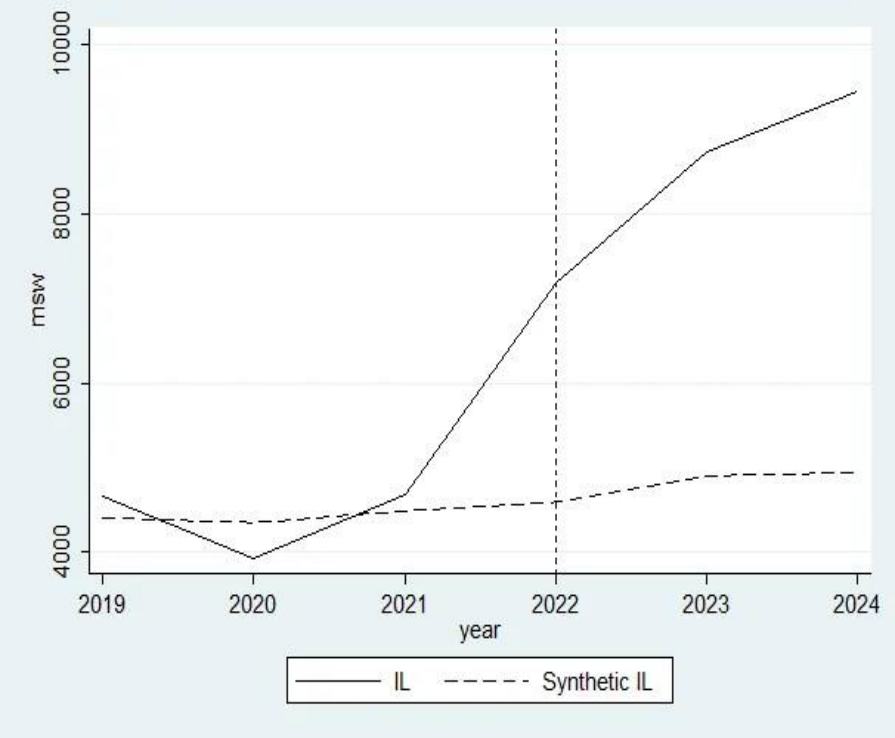
In total, Virginia

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 Narratives

ASWB exams are no less fair than other exams.

Disparities are caused by structural oppression.

“External, pipeline, and upstream factors”

– ASWB

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

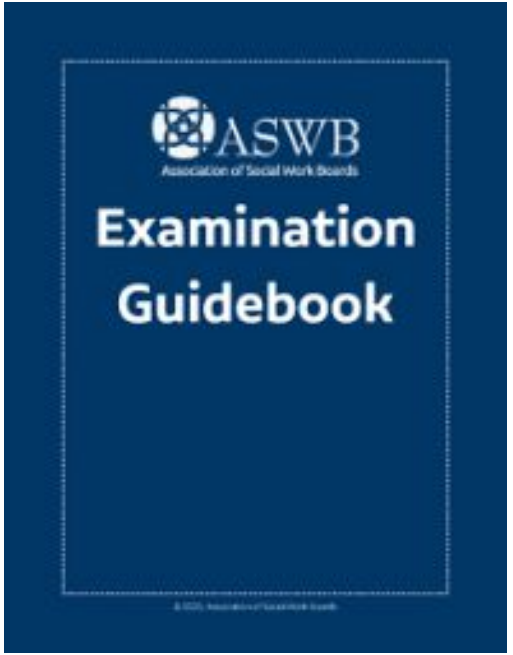
ASWB exams are unfair, invalid, unreliable, & inadequately documented.

ASWB exams violate testing standards & best practices.

- Research community

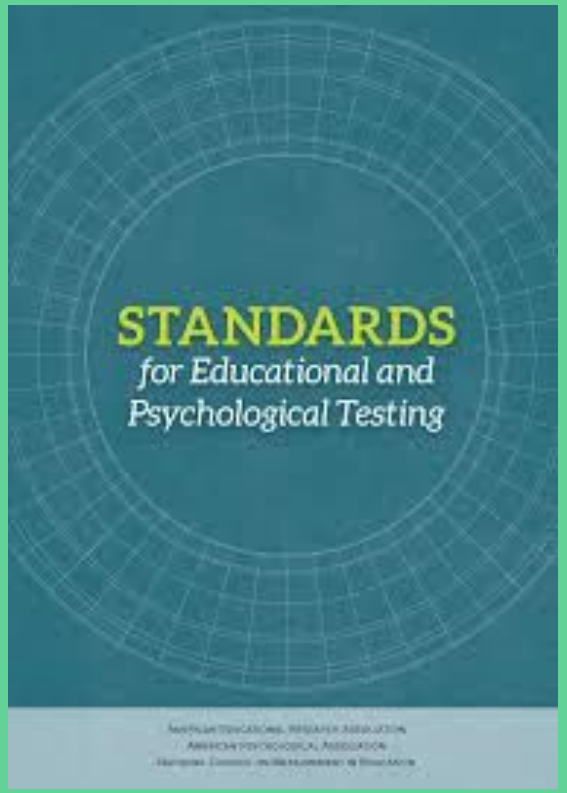
Part 1: Understanding the social work licensing examinations

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 A*merican 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

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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

Equating functions

ASWB exams violate these NCME standards

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Adequate documentation

ASWB exams violate these NCME standards

Standard 2.3- Reliability of subscores, detailed reporting

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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

Agenda: How ASWB violates psychometric standards

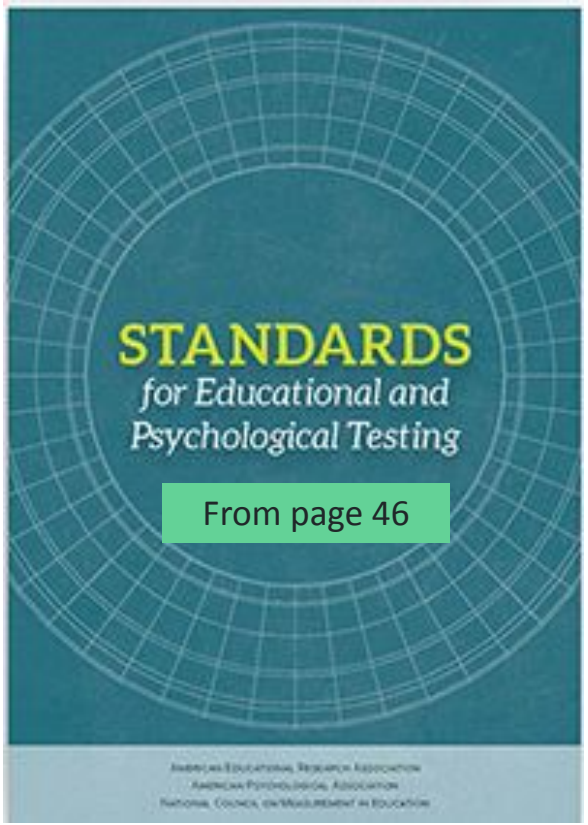
1. Ignores required psychometric tests.

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



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?

From page 24

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 Tae 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%

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

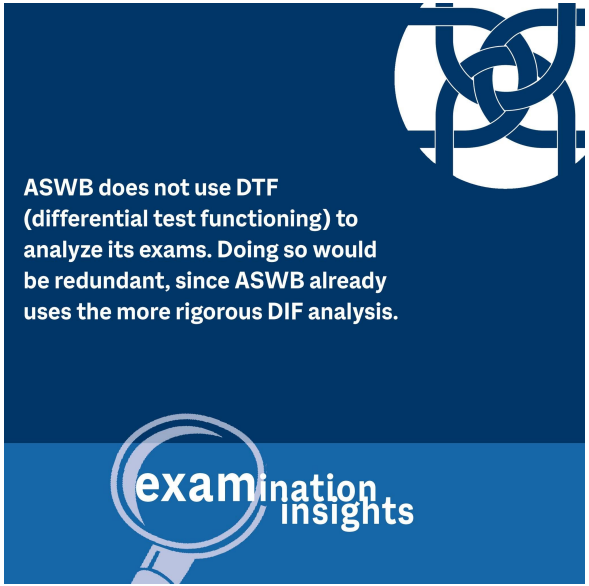
examdev <examdev@aswb.org> wrote:

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

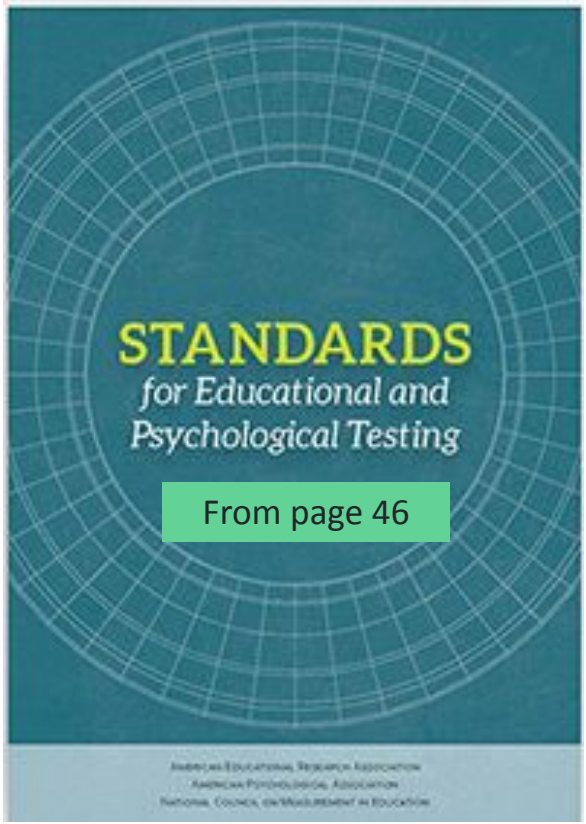
Association of Social Work Boards
May 17, 2023 ·

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.

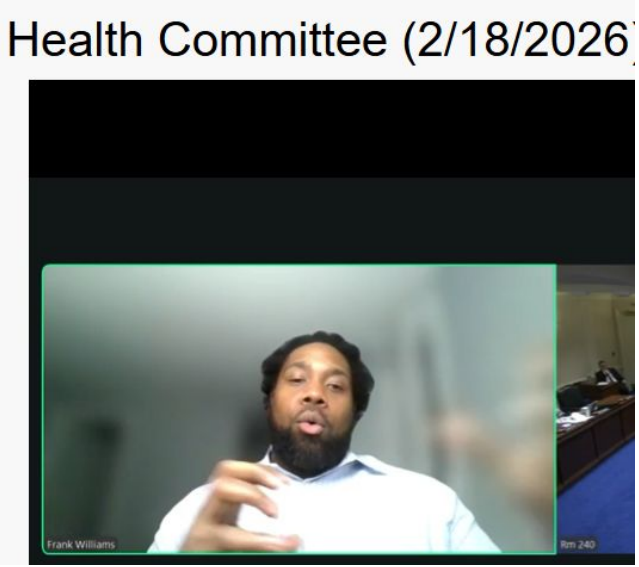
Assessing Measurement Invariance in ASWB Exams: Regulatory Research Proposal to Advance Equity

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"



https://mgaleg.maryland.gov/mgawebsite/Committees/Media/false?cmte=hlt&clip=HLT_2_18_2026_meeting_2&ys=2026rs

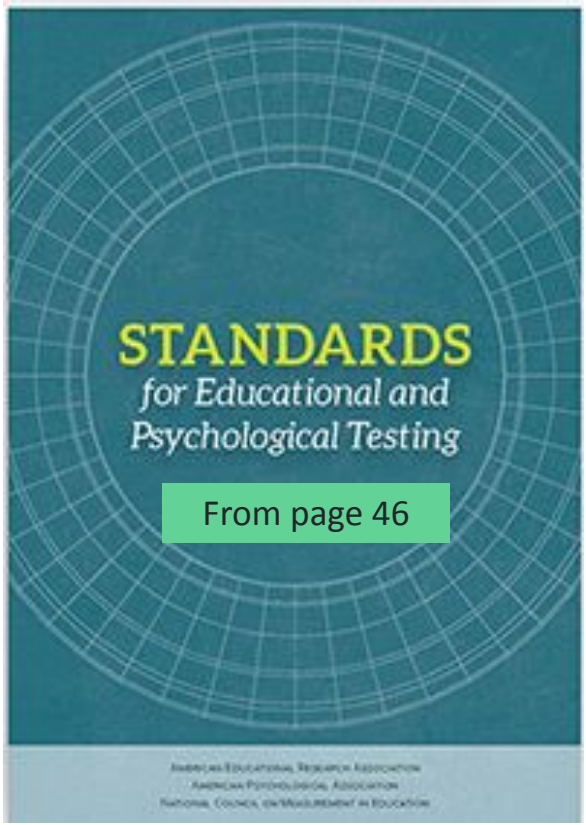
"What the gentleman said about the conditional standard educational [sic] measurement part…I deal with a lot of other clients too through the accreditation process…the standards he raised are **more for educational testing**…

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



From page 46

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

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

"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

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

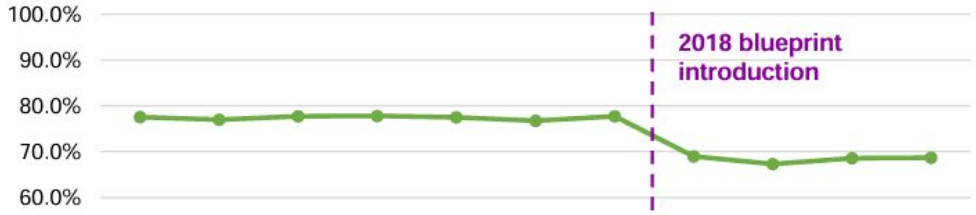
Not factors external to the exam!

ASWB
Association of Social Work Boards

2022 ASWB Exam Pass Rate Analysis

FINAL REPORT

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

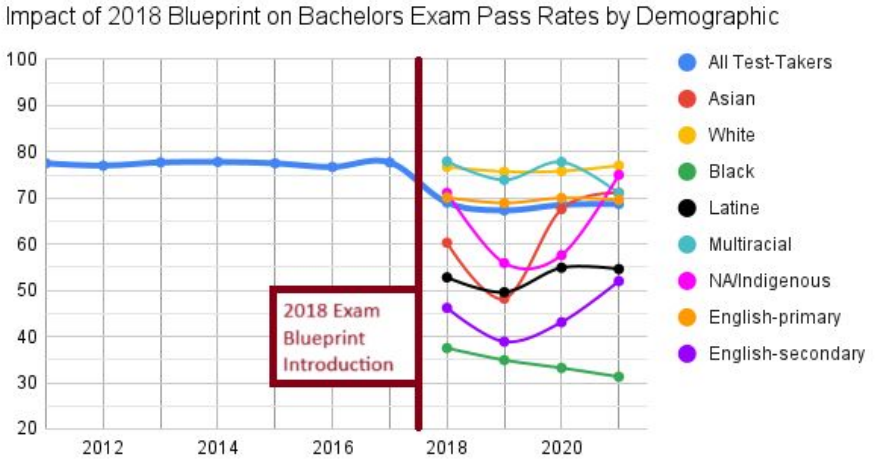
ASWB did not provide equity data from 2011-2018 to “allow[] for more direct comparisons across similar testing experiences”

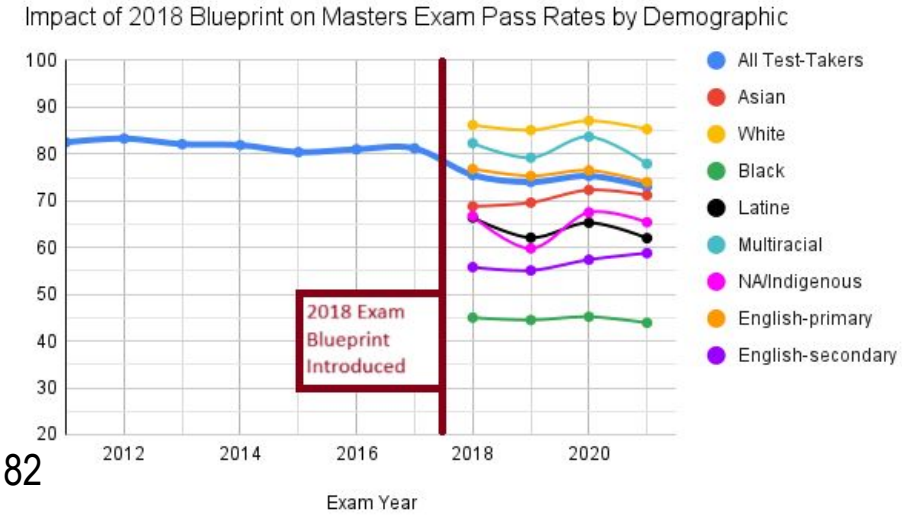
- ASWB, 2022

ASWB
Association of Social Work Boards

2022 ASWB Exam Pass Rate Analysis

FINAL REPORT





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

June 2014-June 2022

July 2022- Present

“Results over several years have shown that ASWB exams ar[illegible] from race[illegible] (p. 3)

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

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

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**”

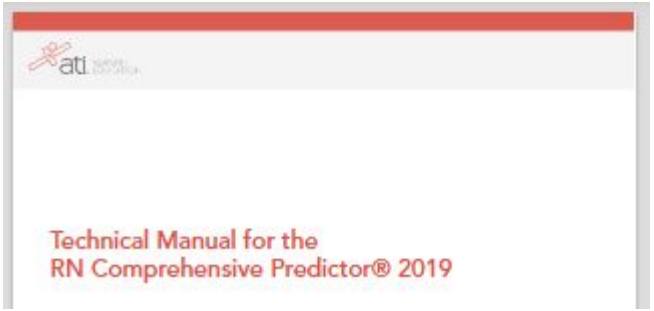
Social work now has worst pass rate for clinical exams

	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			

BBS
Board of Behavioral Sciences

Part 2: Inadequate documentation

What does compliant documentation look like? NCLEX



From page i

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

The art and science of exam development

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

WEBINAR SERIES
exam education

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

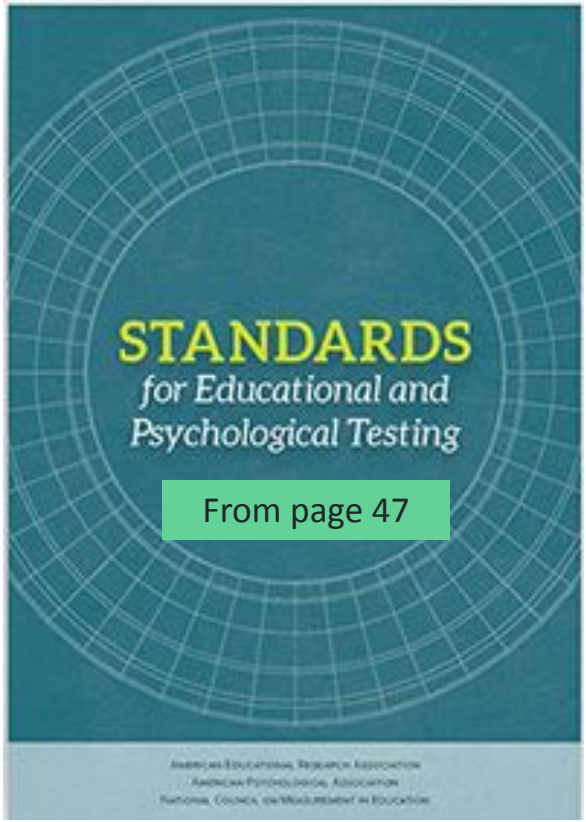
Reliability

- ASWB uses Cronbach's alpha to estimate reliability.
- Reliability estimates are consistently very high (α = .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.

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)

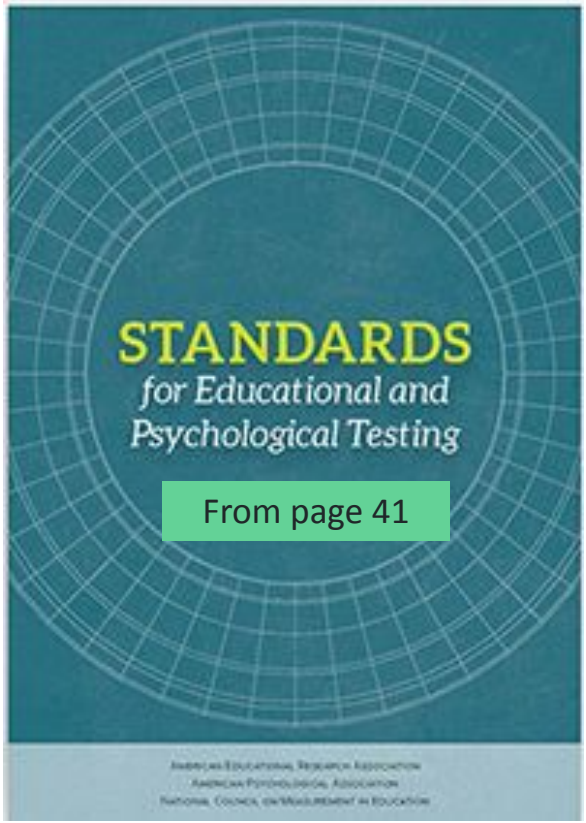
- HumRRO has provided third-party psychometric oversight and recommendations since 2014

Reliability

- ASWB uses Cronbach's alpha to estimate reliability.
- Reliability estimates are consistently very high (α = .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



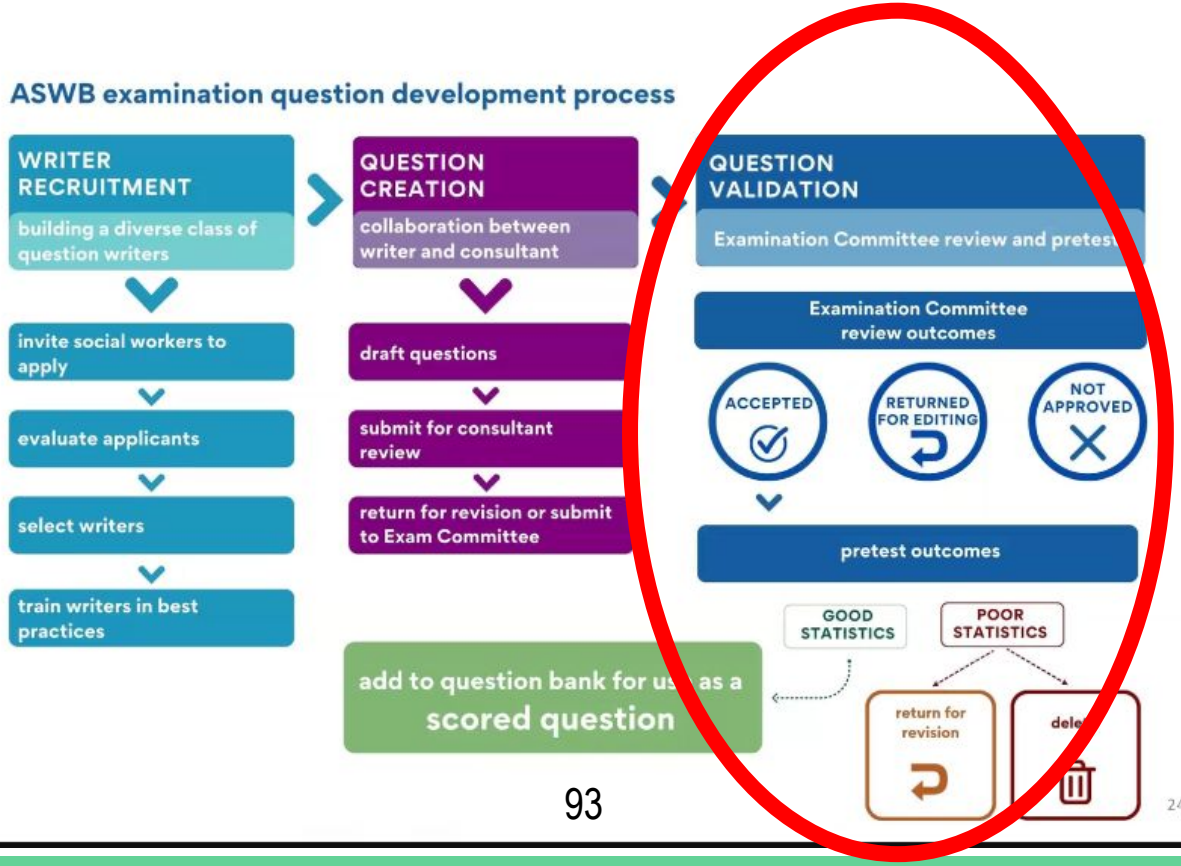
Cluster 8. Documenting Reliability/Precision

Standard 2.19

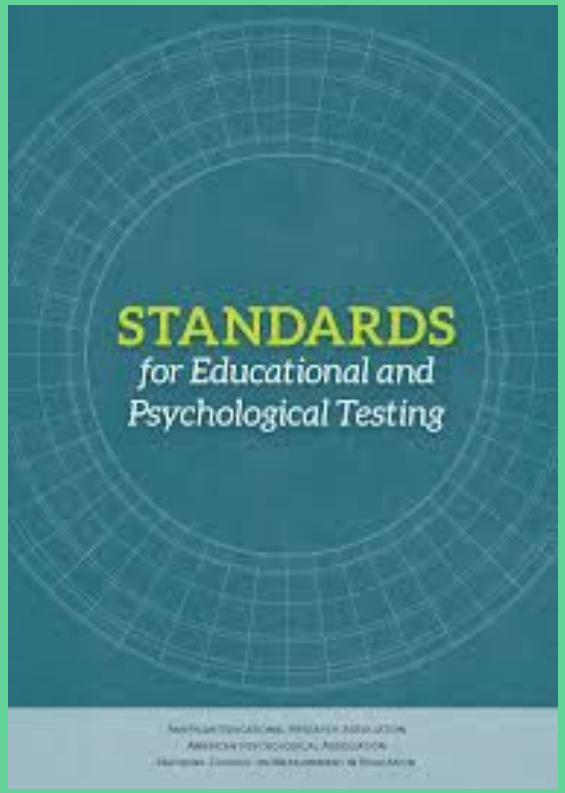
The reporting of indices of reliability/precision alone—with little detail regarding the methods used to estimate the indices reported, the nature of the group from which the data were derived, and the conditions under which the data were obtained—constitutes inadequate documentation.

Part 3: Deleting scored, biased items

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



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

The New Social Worker®
the social work careers magazine

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)

NASW's National Roundtable with Dywight Hymans, ASWB CEO

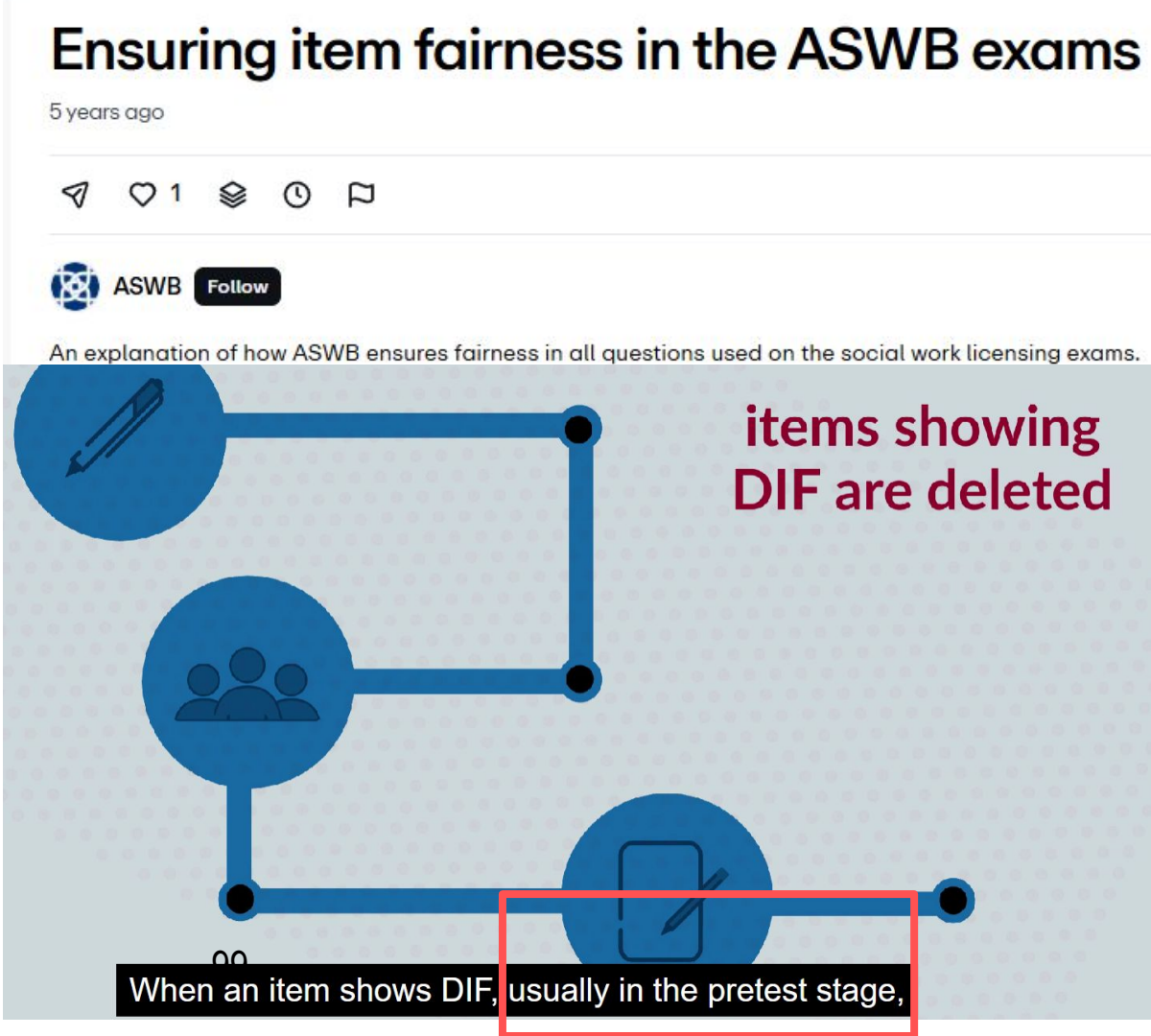
> "when an **item is live on an exam, we continue to look at [DIF] statistics** and if it begins to show **bias in one direction or another it's pulled from the exams** and goes right back through all the steps. In some cases, it's completely eliminated and we don't use it anymore" (NASW, 2020, 35:00)

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



Research on Social Work Practice
http://rsw.sagepub.com

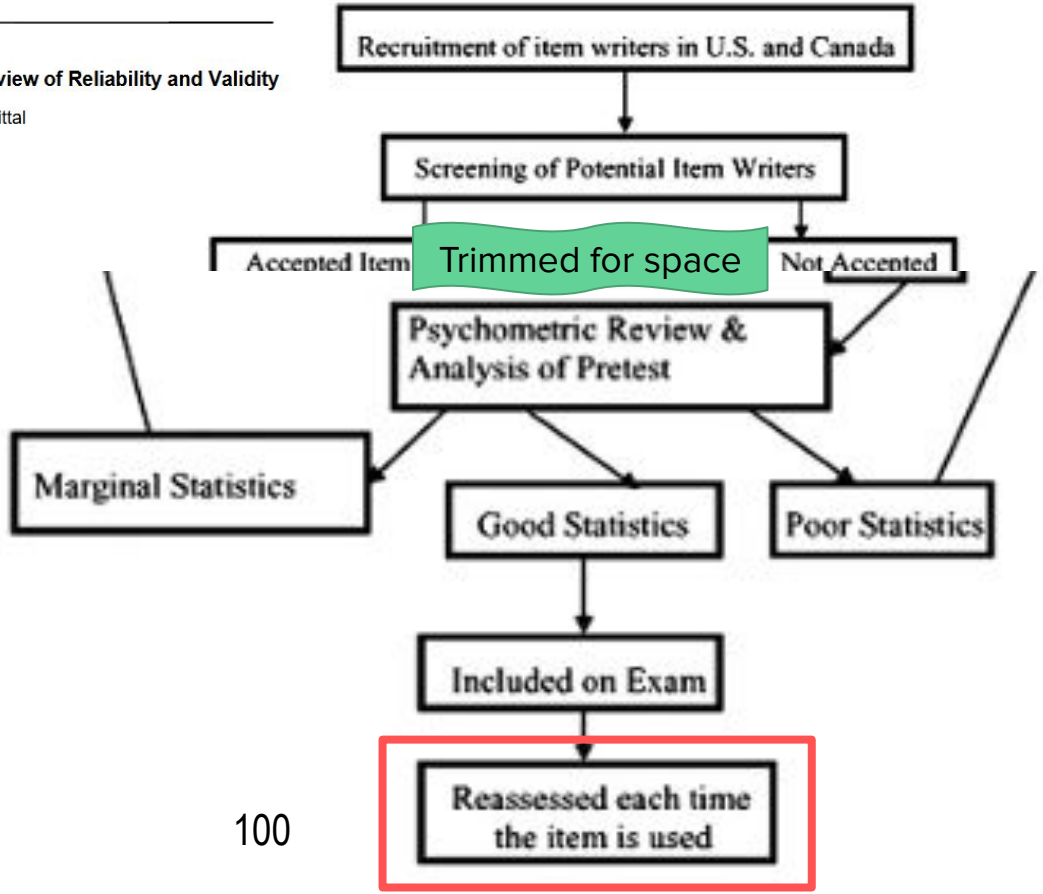
The Association of Social Work Boards' Licensure Examinations: A Review of Reliability and Validity Processes

Stephen M. Marson, Donna DeAngelis and Nisha Mittal

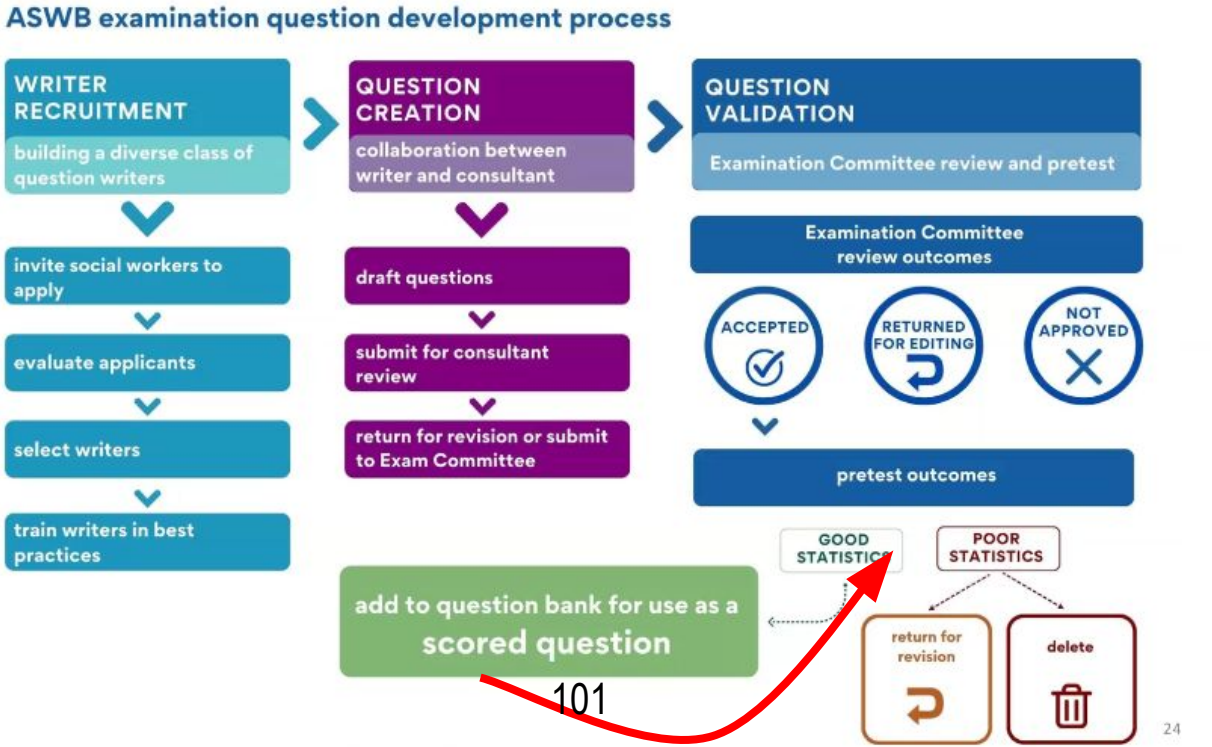
Research on Social Work Practice 2010; 20; 87
DOI: 10.1177/1049731509347858

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



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)

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?

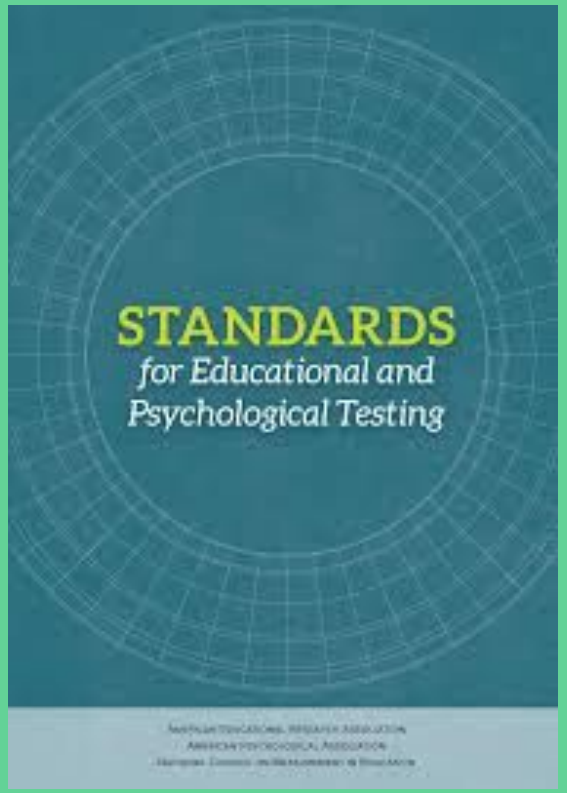
In conclusion

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.



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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?

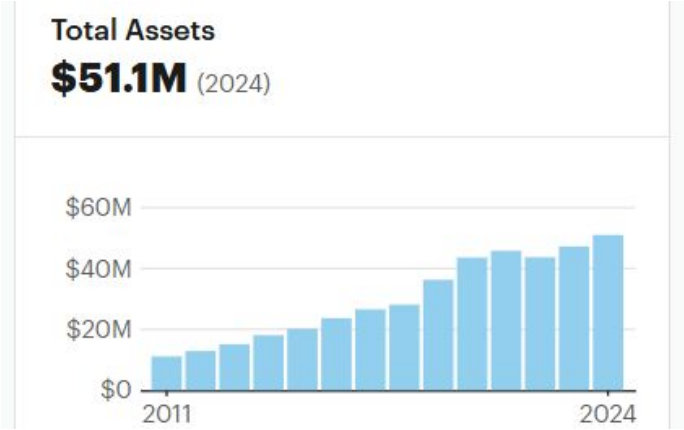

Table 3. *ASWB Revenue, Assets, and Profit*

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.

Association Of Social Work Boards

Culpeper, VA • Tax-exempt since Oct. 1996 • EIN: 22-2414510

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Receive an email when new data is available for this organization.

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

Attachment C

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)

Board of Social Work
Current Regulatory Actions
As of June 25, 2026

In the Governor's office

None.

In the Secretary's office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC140-20	Proposed	2022 Periodic review changes to section 37	10/4/2024	98 days	Includes provision that was removed from the overall periodic review action of Chapter 20 to handle separately.
18VAC140-20	Proposed	Acceptance of APA approved training as CE providers	10/4/2024	77 days	Expands options for CE.
18VAC140-20	Proposed	Implementation of the Social Work Compact	3/16/2026	9 days	Facilitates entry into the Social Work Compact.

At the Department of Planning and Budget

None.

At the Office of the Attorney General

None.

Recently effective or awaiting publication

None.

Board of Social Work

Legislative Report

July 10, 2026

Companion bills not included

HB 451

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.

2/18/2026: Left in Committee Health and Human Services

2/04/2026: Subcommittee recommends striking from the docket (10-Y 0-N)

HB 577

Chief Patron: Glass

Status: **Passed**

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.

4/13/2026: Approved by Governor

3/11/2026: Passed Senate (40-Y 0-N)

2/16/2026: Passed House (97-Y 0-N)

HB 668

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.

2/18/2026: Left in Committee Communications, Technology and Innovation

2/04/2026: Subcommittee recommends laying on the table (6-Y 4-N)

HB 1282

Chief Patron: Cole, J.G.

Status: **Passed**

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 as a licensed substance abuse treatment practitioner 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.

4/13/2026: Approved by Governor

3/9/2026: Passed Senate (40-Y 0-N)

2/17/2026: Passed House (97-Y 0-N)

SB 210

Chief Patron: DeSteph

Status: **Failed**

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.

3/10/2026: Left in Health and Human Services

SB 269

Chief Patron: Favola

Status: **Failed**

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.

3/02/2026: Continued to next session in House Communications, Technology and Innovation (Voice Vote)

2/3/2026: Passed Senate (39-Y 0-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. 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 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.

4/22/2026: Approved by Governor

3/4/2026: Passed Senate (40-Y 0-N)

2/17/2026: Passed House (68-Y 28-N)

Action Item: Consideration of Final Stage Action to Implement Provisions from the 2022 Periodic Review

Included in your Agenda Package:

- Final stage amendments to 18VAC140-20; and
- TownHall page showing no comments received during the proposed stage

Action Needed:

- Motion to adopt final stage regulatory amendments to 18VAC140-20 to implement provisions from the periodic review.

Project 7250 - Final

Board of Social Work

Amendments resulting from 2022 periodic review

18VAC140-20-10. Definitions.

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

Baccalaureate social worker

Board

Casework

Casework management and supportive services

Clinical social worker

Master's social worker

Practice of social work

Social worker

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

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

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

"Ancillary services" means activities such as ~~case management,~~ recordkeeping, referral, ~~and~~ coordination of services, intervention into situations on a client's behalf with the objectives of meeting the client's needs, and participation in required staff meetings.

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

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

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

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

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

"LBSW" means a licensed baccalaureate social worker.

<u>"LCSW" means a licensed clinical social worker.</u>

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

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

"NPDB" means the U.S. Department of Health and Human Services National Practitioner Data Bank.

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

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

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

18VAC140-20-30. Fees.

A. The board has established fees for the following:

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

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

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

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

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

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

1. Meet the education requirements prescribed in 18VAC140-20-49 and experience requirements prescribed in 18VAC140-20-50.

2. Submit a completed application to the board office within two years of completion of supervised experience to include:

a. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-50 along with documentation of the supervisor's out-of-state license where applicable. Applicants whose former

supervisor is deceased, or whose whereabouts ~~is~~ are unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation, or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision;

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

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

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

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

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

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

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

1. A completed application and the application fee prescribed in 18VAC140-20-30.

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

3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia. The board may accept evidence that a

national examination was not required for licensure by the other jurisdiction at the time the applicant was initially licensed.

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

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

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

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

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

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

B. The requirement for a clinical practicum in a clinical course of study shall be a minimum of 600 hours, which shall be integrated with clinical course of study coursework and supervised by a person who is ~~a licensed clinical social worker~~ an LCSW or who holds a master's or doctor's degree in social work and has a minimum of three years of experience in clinical social work services after earning the graduate degree. An applicant who has otherwise met the requirements

for a clinical course of study, but who ~~did~~ does not have a minimum of 600 hours in a supervised field placement/practicum in clinical social work services, may meet the requirement by obtaining an equivalent number of hours of supervised practice in clinical social work services in addition to the experience required in 18VAC140-20-50.

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

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

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

a. Register on a form provided by the board;

b. Submit a copy of a supervisory contract completed by the supervisor and the supervisee;

c. Submit an official transcript documenting a graduate degree and clinical practicum as specified in 18VAC140-20-49; and

d. Pay the registration of supervision fee set forth in 18VAC140-20-30.

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

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

a. Supervised experience shall be acquired in no less than two nor more than four consecutive years.

b. Supervisees shall obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of clinical social work services. The remaining hours may be spent in ancillary services supporting the delivery of clinical social work services.

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

B. Requirements for supervisors of candidates for LCSW.

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

2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under 18VAC140-20-105. After the initial graduate course or 14 hours of continuing education in supervision, at least seven hours

of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.

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

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

C. Responsibilities of supervisors of candidates for LCSW. The supervisor shall:

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

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

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

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

5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional

relationship, assessing the client for risk of imminent danger, understanding the requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients;

6. Be available to the applicant on a regularly scheduled basis for supervision;

7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision; ~~and~~

8. Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor; and

9. Clarify the billing fee for supervision.

D. Responsibilities of supervisees.

1. Supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or ~~licensed clinical social workers~~ LCSWs.

2. During the supervised experience, supervisees shall use their names and the initials of their degree, and the title "Supervisee in Social Work" in all written communications.

3. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and telephone number.

4. Supervisees shall not supervise the provision of clinical social work services provided by another person.

5. While providing clinical social work services, a supervisee shall remain under board-approved supervision until licensed in Virginia as ~~a licensed clinical social worker~~ an LCSW.

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

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

1. Meet the education requirements prescribed in 18VAC140-20-60.

2. Submit a completed application to the board office to include:

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

b. Official transcripts submitted from the appropriate institutions of higher education.

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

1. Meet the requirements prescribed in 18VAC140-20-60; and

2. Submit, in addition to the application requirements of subsection A of this section, the following:

a. Verification of a passing score on the board-approved national examination;

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

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

18VAC140-20-70. Examination requirement.

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

~~1. The examination prescribed for licensure as a clinical social worker shall be the licensing examination of the Association of Social Work Boards at the clinical level.~~

~~2.~~ 1. The examination prescribed for licensure as an LBSW shall be the licensing examination of the Association of Social Work Boards at the bachelor's level.

~~3.~~ 2. The examination prescribed for licensure as an LMSW shall be the licensing examination of the Association of Social Work Boards at the master's level.

3. The examination prescribed for licensure as an LCSW shall be the licensing examination of the Association of Social Work Boards at the clinical level.

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

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

18VAC140-20-100. Licensure renewal.

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

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

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

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

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

A. ~~Licensed clinical social workers~~ To renew an active license, an LBSW shall ~~be required to have completed~~ complete a minimum of ~~30~~ 10 contact hours of continuing education~~. LBSWs and LMSWs shall be required to have completed a minimum of 15 contact hours of continuing education~~ prior to ~~licensure~~ the renewal ~~in~~ date for even years. A minimum of two of those hours shall pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in the Commonwealth.

B. To renew an active license, an LMSW shall complete a minimum of 15 contact hours of continuing education prior to the renewal date for even years. A minimum of four of those hours shall pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in the Commonwealth.

C. To renew an active license, an LCSW shall complete a minimum of 30 contact hours of continuing education prior to the renewal date in even years. A minimum of six of those hours shall pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in the Commonwealth.

D. Courses or activities for all license types shall be directly related to the practice of social work or another behavioral health field. ~~A minimum of six of those hours for licensed clinical social workers and a minimum of three of those hours for licensed social workers must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia.~~ Up to two continuing education hours required for renewal may be

satisfied through delivery of social work services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services, as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

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

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

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

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

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

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

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local social service agencies, public school systems, or licensed health facilities and licensed hospitals.

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

(1) The Child Welfare League of America and its state and local affiliates.

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

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

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

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

(6) The American Association for Psychoanalysis in Clinical Social Work and its state and local affiliates.

(7) The Virginia Association of Sex Offender Treatment Providers.

~~(6)~~ (8) The Association of Social Work Boards.

~~(7)~~ (9) Any state social work board.

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

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

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

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

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

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

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

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

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

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

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

1. Providing evidence of having met all applicable continuing education requirements.

2. Paying the penalty for late renewal and the renewal fee as prescribed in 18VAC140-20-30.

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

1. Documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years;

2. Documentation of any other health or mental health licensure or certification held in another United States jurisdiction, if applicable; and

3. A current report from the ~~U.S. Department of Health and Human Services National Practitioner Data Bank~~ NPDB.

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

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

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

1. Each registrant shall return the completed application before the expiration date, accompanied by the payment of the renewal fee prescribed by the board.

2. Failure to receive the renewal notice shall not relieve the registrant from the renewal requirement.

18VAC140-20-150. 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~~ LCSWs 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~~ the licensee is qualified by education and experience.

4. Report ~~to the board~~ any known or suspected violations of the laws and regulations governing the practice of social work to the board.

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. Billing arrangements must clearly state the credentials of the person rendering services. Supervisees in social work may not bill clients directly for the supervisee's 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 confidential 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~~ the 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~~ the licensee'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.~~ 14. 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.

15. Not diagnose third parties.

C. ~~In regard to client records, persons~~ Persons licensed by the board shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia ~~on~~ regarding the privacy of 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: (i) a diagnosis and treatment plan, (ii) progress notes for each case activity, (iii) information received from all collaborative contacts and the treatment implications of that information, and (iv) 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~~ the client's express written consent ~~or that of their~~, the express written consent of the client's 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~~ the client or ~~their~~ the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third-party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.

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 child attains 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~~ maintaining professional boundaries, persons licensed by the board shall:

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. ~~(~~Examples of such a relationship include: familial~~,~~ relationships; social~~,~~

relationships; financial~~,~~ or business relationships~~,~~; bartering~~,~~; inappropriate physical contact, such as cradling or caressing; assuming the role of a parent without consent; or a close personal relationship with a client, former 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~~ the social worker has 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~~ exploitative nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, adverse impact on the client. A client's consent to, initiation of, or participation in sexual behavior or involvement with a social worker does not change the nature of the conduct nor lift the regulatory prohibition.

3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Social workers shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student, or the potential for interference with the supervisor's professional judgment.

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

5. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the social worker in the social worker's professional capacity.

E. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons licensed by the board shall advise ~~their~~ clients of ~~their~~ the client's right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC140-20-160. Grounds for disciplinary action or denial of issuance of a license or registration.

The board may refuse to admit an applicant to an examination; refuse to issue a license or registration to an applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke a license or registration for one or more of the following grounds:

1. Conviction of a felony or of a misdemeanor involving moral turpitude;

2. Procurement of license by fraud or misrepresentation;

3. Conducting ~~one's~~ practice in such a manner ~~so~~ as to make the practice a danger to the health and welfare of ~~one's~~ the person'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~~ care 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.

18VAC140-20-170. Reinstatement following disciplinary action.

~~Any~~ To be eligible for reinstatement, any person whose license has been suspended, revoked, or denied renewal by the board under the provisions of 18VAC140-20-160 shall~~, in order to be eligible for reinstatement,~~ (i) submit a new application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

VIRGINIA REGULATORY TOWN HALL

Agency Department of Health Professions

Board Board of Social Work

Chapter **Regulations Governing the Practice of Social Work [18 VAC 140 - 20]**

Action: Amendments resulting from 2022 periodic review

Proposed Stage

Action 5965 / Stage 9880

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Proposed Text	2/6/2026 10:27 am	Sync Text with RIS
Agency Background Document	12/9/2022 (modified 11/3/2023)	Upload / Replace
ORM Economic Review Form	1/9/2023	Upload / Replace
Attorney General Certification	4/23/2024	
DPB Economic Impact Analysis	6/21/2024	
Agency Response to EIA	7/8/2024	Upload / Replace
Governor's Review Memo	1/13/2026	
Registrar Transmittal	2/2/2026	

Status	
Incorporation by Reference	No
Attorney General Review	Submitted to OAG: 12/19/2022 Returned to Agency: 7/12/2023 Resubmitted to OAG: 11/3/2023 Review Completed: 4/23/2024 Result: Certified
DPB Review	Submitted on 5/9/2024 Economist: Jini Rao Policy Analyst: Jeannine Rose Review Completed: 6/21/2024
Secretary Review	Secretary of Health and Human Resources Review Completed: 1/8/2026
Governor's Review	ORM Review: ORM Approved 1/13/2026 Governor Review Completed: 1/13/2026 Result: Approved
Virginia Registrar	Submitted on 2/2/2026 The Virginia Register of Regulations

	Publication Date: 2/23/2026 Volume: 42 Issue: 14
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This person is the primary contact for this chapter.

This stage was created by Erin Barrett on 12/09/2022 at 3:57pm
This stage was last edited by Erin Barrett on 12/09/2022 at 3:57pm

Action Item: Consideration of Proposed Stage Action to Combine LMSW and LCSW Supervisee

Included in your Agenda Package:

- Draft regulatory changes to 18VAC140-20 as recommended by the regulatory committee; and
- TownHall page showing no comments received during the NOIRA stage

Staff Note: At its May 22, 2026 meeting, the regulatory committee recommended the changes included herein for approval by the full board. One addition has been made to those recommendations to accommodate a statement specifying that upon the effective date of the regulations, all individuals who hold a supervisee registration will be automatically issued an LMSW.

Action Needed:

- Motion to accept the recommendation of the regulatory committee and approve proposed stage amendments to 18VAC140-20.

Project 8484 - Proposed

Board of Social Work

Streamlining licensure requirements for LCSW and LMSW

18VAC140-20-10. Definitions.

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

Baccalaureate social worker

Board

Casework

Casework management and supportive services

Clinical social worker

Master's social worker

Practice of social work

Social worker

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

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

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

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

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

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

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

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

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

"LBSW" means a licensed baccalaureate social worker.

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

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

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

license as a LMSW, has entered into a supervisory contract with a board-approved LCSW supervisor, and provides clinical social work services under supervision.

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

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

18VAC140-20-30. Fees.

A. The board has established fees for the following:

~~1. Registration of supervision~~	~~$50~~
~~2. Addition to or change in registration of supervision~~	~~$25~~
~~3.~~ 1. Application processing	
a. Licensed clinical social worker	$165
b. LBSW c. LMSW	$100 $115
~~4.~~ 2. Annual license renewal	
a. Registered social worker	$25
b. Associate social worker	$25
c. LBSW d. LMSW	$55 $65
e. Licensed clinical social worker	$90
~~5.~~ 3. Penalty for late renewal	
a. Registered social worker	$10
b. Associate social worker	$10
c. LBSW d. LMSW	$20 $20

e. Licensed clinical social worker	$30
~~6.~~ 4. Verification of license to another jurisdiction	$25
~~7.~~ 5. Additional or replacement licenses	$15
~~8.~~ 6. Additional or replacement wall certificates	$25
~~9.~~ 7. Handling fee for returned check or dishonored credit or debit card	$50
~~10.~~ 8. Reinstatement following disciplinary action	$500

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

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

18VAC140-20-40. Requirements for licensure by examination as a licensed clinical social worker or a licensed master's social worker.

A. Every applicant for examination for licensure as a licensed clinical social worker or as a licensed master's social worker shall:

1. Meet the education requirements prescribed in 18VAC140-20-49; and ~~experience requirements prescribed in 18VAC140-20-50.~~

2. Submit a completed application to the board office ~~within two years of completion of supervised experience~~ to include:

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

~~the total number of hours spent by the applicant with the supervisor in face-to-face supervision;~~

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

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

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

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

e. Evidence of passage of the examination prescribed in 18VAC140-20-70.

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

B. Applicants for licensure by examination as a clinical social worker shall also provide documentation on the appropriate forms of the successful completion of the supervised experience requirements of 18VAC140-20-50 along with copies of semi-annual evaluation forms and documentation of the supervisor's out-of-state license, where applicable.

C. For applicants whose former supervisor is deceased or otherwise incapable of verifying supervision, they shall submit to the board an affidavit from the present chief executive officer or top leadership official of the agency, corporation, or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, the total number of face-to-face client contact hours and hours spent by the applicant with the supervisor in face-to-face supervision.

D. As of [June 28,2027], all individuals who hold an active registration as a supervisee will be issued a license as a Licensed Masters Social Worker by the board.

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

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

1. A completed application and the application fee prescribed in 18VAC140-20-30.

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

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

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

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

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

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

18VAC140-20-49. Educational requirements for a licensed clinical social worker and a licensed master's social worker.

A. The applicant for licensure as a clinical social worker or as a licensed master's social worker shall document successful completion of one of the following: (i) a master's degree in social work

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

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

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

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

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

~~a. Register on a form provided by the board;~~

~~b. Submit a copy of a supervisory contract completed by the supervisor and the supervisee;~~

~~c. Submit an official transcript documenting a graduate degree and clinical practicum as specified in 18VAC140-20-49; and~~

~~d. Pay the registration of supervision fee set forth in 18VAC140-20-30.~~

~~2. Hours.~~ The applicant shall have completed a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of clinical social work services and in ancillary services that support such delivery. ~~A minimum of one hour and a maximum of four hours of face-to-face supervision shall be provided per 40 hours of work experience for a total of at least 100 hours. No more than 50 of the 100 hours may be obtained in group supervision, nor shall there be more than six persons being supervised in a group unless approved in advance by the board. The board may consider alternatives to face-to-face supervision if the applicant can demonstrate an undue burden due to hardship, disability, or geography.~~ Of the 3,000 hours, a minimum of 1,380 hours shall be in face-to-face client contact hours.

a. ~~Supervised experience shall be acquired in no less than two nor more than four consecutive years.~~ During the supervised experience, the applicant shall maintain an active LMSW issued by the Virginia Board of Social Work and be actively under supervision. Hours accrued without a license, or with a license in an inactive or expired status, shall not be accepted.

~~b. Supervisees shall obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of clinical social work services. The remaining hours may be spent in ancillary services supporting the delivery of clinical social work services.~~

~~3. An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years.~~ 2. Supervised experience completed in Virginia shall be under the supervision of a licensed clincial social worker designated on the board's website as an approved supervisor. If post-master's supervision was completed outside of Virginia, the applicant shall submit evidence that the supervised experience met the requirements of the jurisdiction towards licensure as an independent social worker in which it was completed.

3. The applicant shall complete a minimum of 100 hours of face-to-face supervision.

a. Supervision shall occur at minimum of one hour and a maximum of four hours per 40 hours of work experience.

b. No more than 50 of the 100 hours may be obtained in group supervision, nor shall there be more than six persons being supervised in a group.

4. Supervised experience shall be obtained in no less than two years.

5. A minimum of 500 hours of face-to-face client contact and 35 hours of supervision shall be completed within four years immedietally prior to application to the board for licensure as a licensed clinical social worker.

6. Supervisees shall meet the renewal requirements 18VAC140-20-105 in order to maintain a license in current, active status.

B. Requirements for supervisors.

1. The supervisor shall hold an active, unrestricted license as a licensed clinical social worker in the jurisdiction in which the clinical services are being rendered with at least two years of post-licensure clinical social work experience. The board may consider supervisors with commensurate qualifications if ~~the applicant can demonstrate an undue~~

~~burden due to geography or disability or if~~ supervision was obtained in another United States jurisdiction.

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

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

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

C. Responsibilities of supervisors. The supervisor shall:

1. Be responsible for the social work activities of the supervisee and for ensuring that the supervisee only practices within the scope of the supervisee's education and training as set forth in this subsection once the supervisory ~~arrangement~~ contract is accepted;

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

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

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

5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, understanding the requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients;

6. Be available to the applicant on a regularly scheduled basis for supervision;

7. Maintain a copy of all supervisory contracts and supervision documentation, for five years post-supervision~~, of which clients were the subject of supervision; and~~;

8. ~~Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor.~~ Complete evaluation forms to be given to the supervisee at the end of each six-month period; and

9. Provide documentation to the board within 60 days of termination of the supervised experience or upon completion of the required number of hours for licensure as an LCSW.

D. Responsibilities of supervisees.

1. Supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or licensed clinical social workers.

2. During the supervised experience, supervisees shall use their names and the ~~initials of their degree, and the title "Supervisee in Social Work"~~ abbreviation of their license in all written communications.

3. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and telephone number.

4. Supervisees shall not supervise the provision of clinical social work services provided by another person.

5. While providing clinical social work services, a supervisee shall remain under board-approved supervision until licensed in Virginia as a licensed clinical social worker.

6. Supervisees shall maintain a copy of all supervisory contracts and supervision documentation for a period of five years.

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

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

1. Meet the education requirements prescribed in 18VAC140-20-60.

2. Submit a completed application to the board office to include:

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

b. Official transcripts submitted from the appropriate institutions of higher education.

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

1. Meet the requirements prescribed in 18VAC140-20-60; and

2. Submit, in addition to the application requirements of subsection A of this section, the following:

a. Verification of a passing score on the board-approved national examination;

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

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

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

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

18VAC140-20-70. Examination requirement.

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

1. The examination prescribed for licensure as a clinical social worker shall be the licensing examination of the Association of Social Work Boards at the clinical level.

2. The examination prescribed for licensure as an LBSW shall be the licensing examination of the Association of Social Work Boards at the bachelor's level.

3. The examination prescribed for licensure as an LMSW shall be the licensing examination of the Association of Social Work Boards at the master's or clinical level.

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

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

18VAC140-20-100. Licensure renewal.

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

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

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

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

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

A. Licensed clinical social workers shall be required to have completed a minimum of 30 contact hours of continuing education. LBSWs and LMSWs shall be required to have completed a minimum of 15 contact hours of continuing education prior to licensure renewal in even years. Courses or activities shall be directly related to the practice of social work or another behavioral health field. A minimum of six of those hours for licensed clinical social workers and a minimum of three of those hours for licensed social workers must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in

Virginia. Up to two continuing education hours required for renewal may be satisfied through delivery of social work services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services, as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

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

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

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

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

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

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

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state or local social service agencies, public school systems, or licensed health facilities and licensed hospitals.

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

(1) The Child Welfare League of America and its state and local affiliates.

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

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

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

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

(6) The Association of Social Work Boards.

(7) Any state social work board.

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

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

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

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

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

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

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

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

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

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Social Work**

Chapter **Regulations Governing the Practice of Social Work [18 VAC 140 - 20]**

Action: Streamlining licensure requirements for LCSW and LMSW

Notice of Intended Regulatory Action (NOIRA)

Action 6901 / Stage 10987

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Preliminary Draft Text	None submitted	Sync Text with RIS
Agency Background Document	9/30/2025 (modified 10/8/2025)	Upload / Replace
Governor's Review Memo	11/7/2025	
Registrar Transmittal	11/13/2025	

Status	
Public Hearing	No plan for a public hearing at the **proposed** stage.
DPB Review	Submitted on 9/30/2025 Policy Analyst: Georgia Allin Review Completed: 10/9/2025
Secretary Review	Secretary of Health and Human Resources Review Completed: 11/5/2025
Governor's Review	ORM Review: ORM Approved 11/7/2025 Governor Review Completed: 11/7/2025 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	
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This person is the primary contact for this chapter.

This stage was created by Matthew Novak on 09/30/2025 at 2:09pm
This stage was last edited by Matthew Novak on 09/30/2025 at 2:09pm

Virginia Department of
Health Professions
Board of Social Work

Staff Discipline Reports

Jan 24, 2026 to Jun 19, 2026

NEW CASES RECEIVED BY BOARD Jan 24, 2026 to Jun 19, 2026
95

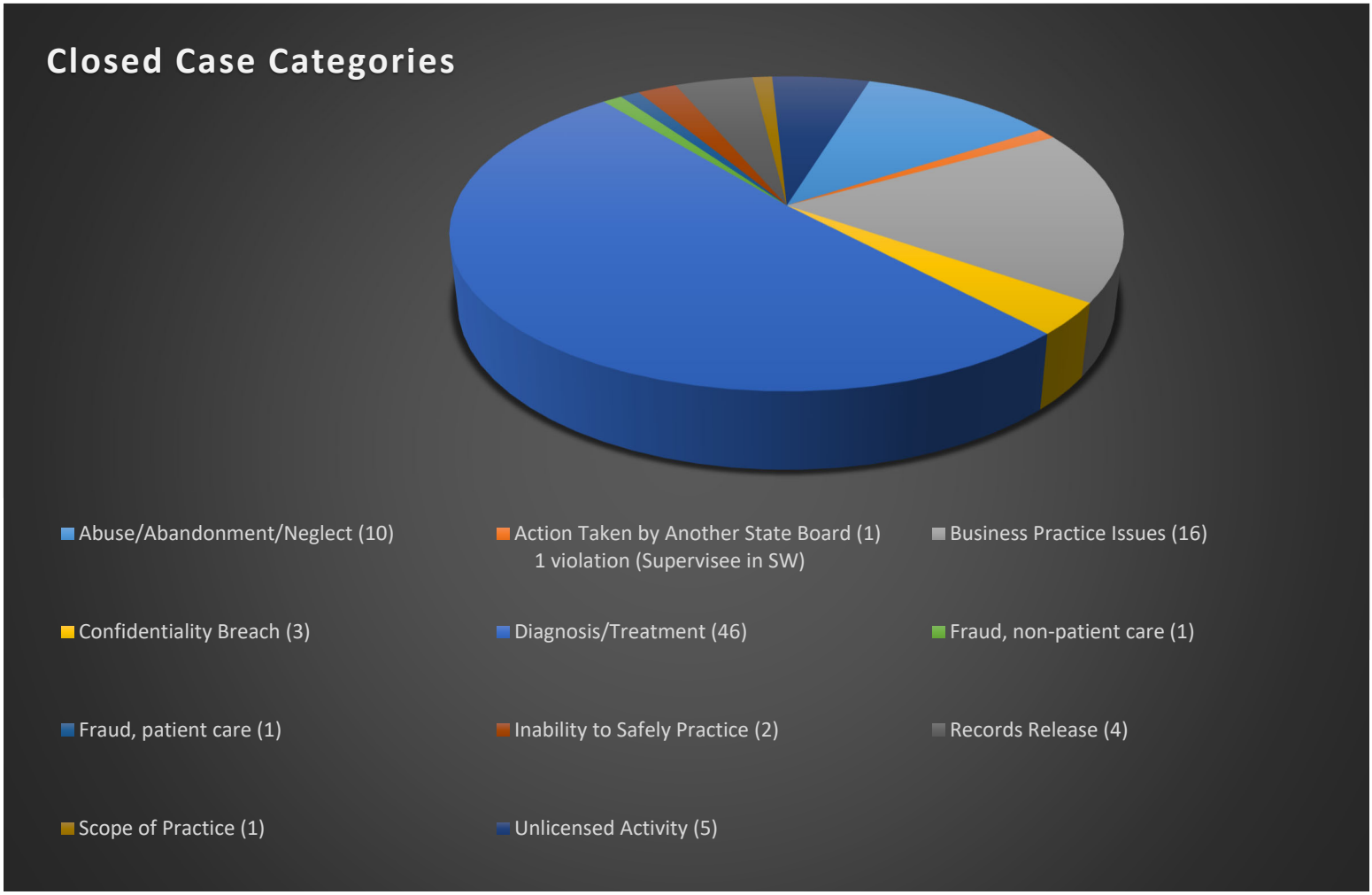
TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
36

OPEN CASE STAGES As of Jun 19, 2026	
Probable Cause Review	177
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)	8
TOTAL CASES AT BOARD LEVEL	**208**

CASES CLOSED Jan 24, 2026 to Jun 19, 2026	
No violation	81
Undetermined	8
Violation (1) Mandatory Suspension	1
Application Appeal Approved	0
Application Appeal Denied	0
Application Appeal Withdrawn	0
TOTAL CASES CLOSED	**90**

Virginia Department of
Health Professions
Board of Social Work

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	**569**
Avg. time in Enforcement (investigations)	113
Avg. time in APD (IFC/FH preparation)	49
Avg. time in Board (includes hearings, reviews, etc).	456



Virginia Department of
Health Professions
Board of Social Work

Behavioral Science Unit (BSU)

Boards of Counseling, Psychology, and Social Work

CURRENT OPEN CASES PER BOARD As of Jun 19, 2026	
Board of Counseling	369
Board of Psychology	164
Board of Social Work	**208**
TOTAL CASES WITH BOARD STAFF	**741**

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 Jun 19, 2026	251	83	112	**446**

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: ALEXANDER EDGAR ARCHER BROWN, SUPERVISEE IN SOCIAL WORK
Registration Number: 0906-017196
Case Number: 255723

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 California Board of Behavioral Sciences revoked the registration of Alexander Edgar Archer Brown, Supervisee in Social Work, to practice as an associate clinical social worker in the State of California. A copy of the Petition to Revoke Probation 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 registration of Alexander Edgar Archer Brown, Supervisee in Social Work, to practice as a supervisee in social work in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the registration of Alexander Edgar Archer Brown, Supervisee in Social Work, will be recorded as suspended. Should Mr. Archer Brown seek reinstatement of his registration pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the registration prior to issuance of the registration to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.

David E. Brown, D.C., Director
Virginia Department of Health Professions

ENTERED:

4/15/2026

CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Petition to Revoke Probation dated October 29, 2025, regarding Alexander Edgar Archer Brown, Supervisee in Social Work, is a true copy of the records received from the California Board of Behavioral Sciences.

David E. Brown, D.C.

4/15/2026
Date

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Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General
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Attorneys for Complainant

BEFORE THE
BOARD OF BEHAVIORAL SCIENCES
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke Probation Against: **ALEXANDER EDGAR ARCHER BROWN** 909 W. Temple St, 610A Los Angeles, CA 90012-3981 **Associate Clinical Social Worker** **Registration No. ASW 110998** Respondent.	Case No. 2002025002962 **PETITION TO REVOKE PROBATION**

Complainant alleges:

PARTIES

1. Steve Sodergren (Complainant) brings this Petition to Revoke Probation solely in his official capacity as the Executive Officer of the Board of Behavioral Sciences (Board), Department of Consumer Affairs.

2. On or about October 13, 2022, the Board issued Associate Clinical Social Worker Registration Number ASW 110998 to Alexander Edgar Archer Brown (Respondent). The Associate Clinical Social Worker Registration was in effect at all times relevant to the charges brought herein and will expire on October 31, 2025, unless renewed.

3. In a disciplinary action titled "*In the Matter of Statement of Issues Against Alexander Edgar Archer Brown*," Case No. 2002022001331, the Board of Behavioral Sciences, issued a

decision and order, effective October 13, 2022, in which Respondent's Associate Clinical Social Worker Registration was revoked. However, the revocation was stayed and Respondent's Associate Clinical Social Worker Registration was placed on probation for a period of five (5) years with certain terms and conditions. A copy of that decision is attached as Exhibit A and is incorporated by reference.

JURISDICTION

4. This Petition to Revoke Probation is brought before the Board, under the authority of the decision and order *In the Matter of Accusation Against Alexander Edgar Archer Brown*, Case No. 2002022001331. Probation Term and Condition 16 states:

> **Violation of Probation**
>
> If respondent violates the conditions of her probation, the Board, after giving respondent notice and the opportunity to be heard, may set aside the stay order and impose the discipline (revocation/suspension) of respondent's license provided in the Decision.
>
> If during the period of probation, an accusation, petition to revoke probation, or statement of issues has been filed against respondent's license or application for licensure, or the Attorney General's office has been requested to prepare such an accusation, petition to revoke probation, or statement of issues, the probation period set forth in this Decision shall be automatically extended and shall not expire until the accusation, petition to revoke probation, or statement of issues has been acted upon by the Board. Upon successful completion of probation, respondent's license shall be fully restored.

5. On or about May 28, 2025, the Board requested the Attorney General's Office to prepare a Petition to Revoke Probation against Respondent's license, thereby automatically extending the probationary period, which shall not expire until the Petition has been acted upon by the Board.

FIRST CAUSE TO REVOKE PROBATION

(Failure to Comply with Probation Program)

6. At all times after the effective date of Respondent's probation, Condition 9 stated:

> **Comply with Probation Program**
>
> Respondent shall comply with the probation program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of respondent's compliance with the program.

///

7. Respondent's probation is subject to revocation because he failed to comply with Probation Condition 9, referenced above. The facts and circumstances regarding this violation are that Respondent failed to fully comply with the probation program as further alleged below.

SECOND CAUSE TO REVOKE PROBATION

(Failure to Practice)

8. At all times after the effective date of Respondent's probation, Condition 11 stated:

Failure to Practice

In the event Respondent stops practicing in California, Respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Non-practice is defined as any period of time exceeding thirty calendar days in which Respondent is not engaging in any activities defined in Sections 4980.02, 4989.14, 4996.9, or 4999.20 of the Business and Professions Code. Any period of non-practice, as defined in this condition, will not apply to the reduction of the probationary term and will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition· and the following terms and conditions of probation: Obey All Laws; File Quarterly Reports; Comply With Probation Program; Maintain Valid License/Registration; and Cost Recovery. Respondent's license shall be subject to cancellation if Respondent's periods of non-practice total two years.

9. Respondent's probation is subject to revocation because he failed to comply with Probation Condition 11, referenced above, in that in that Respondent tolled his probation on October 13, 2022 (the effective date of probation) and has failed to practice as an Associate Clinical Social Worker for over two (2) years. Further, Respondent has not practiced as an Associate Clinical Social Worker at any time during his probation term.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Behavioral Sciences issue a decision:

1. Revoking the probation that was granted by the Board of Behavioral Sciences in Case No. 2002022001331 and imposing the disciplinary order that was stayed thereby revoking Associate Clinical Social Worker Registration No. ASW 110998 issued to Alexander Edgar Archer Brown;

2. Revoking or suspending Associate Clinical Social Worker Registration No. ASW 110998, issued to Alexander Edgar Archer Brown; and,

3. Taking such other and further action as deemed necessary and proper.

DATED: 10/29/2025

Steve Sodergren

STEVE SODERGREN
Executive Officer
Board of Behavioral Sciences
Department of Consumer Affairs
State of California
Complainant

LA2025602593
67999148.docx

Exhibit A

Decision and Order

Board of Behavioral Sciences Case No. 2002022001331

BEFORE THE
BOARD OF BEHAVIORAL SCIENCES
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Statement of Issues Against: **ALEXANDER E. ARCHER** **Associate Clinical Social Worker Registration Applicant** Respondent.	Case No. 2002022001331 OAH No. 2022051013

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Behavioral Sciences, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on October 13, 2022.

It is so ORDERED September 13, 2022.

FOR THE BOARD OF BEHAVIORAL SCIENCES
DEPARTMENT OF CONSUMER AFFAIRS

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ARMANDO ZAMBRANO
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Attorneys for Complainant

BEFORE THE
BOARD OF BEHAVIORAL SCIENCES
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Statement of Issues Against: **ALEXANDER E. ARCHER** Associate Clinical Social Worker Registration Applicant Respondent.	Case No. 2002022001331 OAH No. 2022051013 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Steve Sodergren (Complainant) is the Executive Officer of the Board of Behavioral Sciences (Board), Department of Consumer Affairs. He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Stephanie J. Lee, Deputy Attorney General.

2. Respondent Alexander E. Archer (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about October 29, 2021, Respondent filed an application dated October 25, 2021, with the Board to obtain an Associate Clinical Social Worker Registration. The Board denied the application on February 8, 2022.

JURISDICTION

4. Statement of Issues No. 2002022001331 was filed before the Board, and is currently pending against Respondent. The Statement of Issues and all other statutorily required documents were properly served on Respondent on May 4, 2022.

5. A copy of Statement of Issues No. 2002022001331 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Statement of Issues No. 2002022001331. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Statement of Issues; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Statement of Issues No. 2002022001331.

10. Respondent agrees that his application for an Associate Clinical Social Worker Registration is subject to denial and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Behavioral Sciences. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Behavioral Sciences may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Respondent Alexander E. Archer be issued a Registration as an Associate Clinical Social Worker upon successful completion of all registration requirements. Said registration shall be revoked. The revocation will be stayed and Respondent placed on five (5) years probation on the following terms and conditions. Probation shall

continue on the same terms and conditions if Respondent is granted a subsequent registration, becomes licensed, or is granted another registration or license regulated by the Board during the probationary period.

For the purposes of this Order, and consistent with Business and Professions Code section 23.7, all references to the word "license" contained in any term or condition below shall also be interpreted as meaning "registration."

1. **Psychological / Psychiatric Evaluation**

Within 90 days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee, Respondent shall complete a psychological or psychiatric evaluation by such licensed psychologists or psychiatrists as are appointed by the Board. The cost of such evaluation shall be borne by Respondent. Failure to pay for the report in a timely fashion constitutes a violation of probation.

Such evaluator shall furnish a written report to the Board or its designee regarding Respondent's judgment and ability to function independently and safely as a counselor and such other information as the Board may require. Respondent shall execute a Release of Information authorizing the evaluator to release all information to the Board. Respondent shall comply with the recommendations of the evaluator.

If a psychological or psychiatric evaluation indicates a need for supervised practice, (within 30 days of notification by the Board), Respondent shall submit to the Board or its designee, for its prior approval, the name and qualification of one or more proposed supervisors and a plan by each supervisor by which the Respondent's practice will be supervised.

If Respondent is determined to be unable to practice independently and safely, upon notification, Respondent shall immediately cease practice and shall not resume practice until notified by the Board or its designee. Respondent shall not engage in any practice for which a license issued by the Board is required, until the Board or its designee has notified the Respondent of its determination that Respondent may resume practice.

///

///

2. **Psychotherapy**

Respondent shall participate in ongoing psychotherapy with a California licensed mental health professional who has been approved by the Board. Within 15 days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval the name and qualifications of one or more therapists of Respondent's choice. Such therapist shall possess a valid California license to practice and shall have had no prior business, professional, or personal relationship with Respondent, and shall not be Respondent's supervisor. Counseling shall be at least once a week unless otherwise determined by the Board. Respondent shall continue in such therapy at the Board's discretion. Cost of such therapy is to be borne by Respondent.

Respondent may, after receiving the Board's written permission, receive therapy via videoconferencing if Respondent's good faith attempts to secure face-to-face counseling are unsuccessful due to the unavailability of qualified mental health care professionals in the area. The Board may require that Respondent provide written documentation of his or her good faith attempts to secure counseling via videoconferencing.

Respondent shall provide the therapist with a copy of the Board's Decision no later than the first counseling session. Upon approval by the Board, Respondent shall undergo and continue treatment until the Board or its designee determines that no further psychotherapy is necessary.

Respondent shall take all necessary steps to ensure that the treating psychotherapist submits quarterly written reports to the Board concerning Respondent's fitness to practice, progress in treatment, and to provide such other information as may be required by the Board. Respondent shall execute a Release of Information authorizing the therapist to divulge information to the Board.

If the treating psychotherapist finds that Respondent cannot practice safely or independently, the psychotherapist shall notify the Board within three (3) working days. Upon notification by the Board, Respondent shall immediately cease practice and shall not resume practice until notified by the Board or its designee that Respondent may do so. Respondent shall not thereafter engage in any practice for which a license issued by the Board is required until the

Board or its designee has notified Respondent that he may resume practice. Respondent shall document compliance with this condition in the manner required by the Board.

3. **Dependency Support Program**

Respondent shall attend a dependency support program approved by the Board no less than 3 times per week. Respondent shall provide proof of attendance at said program with each quarterly report that Respondent submits during the period of probation. Failure to attend, or to show proof of such attendance, shall constitute a violation of probation.

4. **Education**

Respondent shall take and successfully complete the equivalency of two semester units in: substance use/abuse. All course work shall be taken at the graduate level at an accredited or approved educational institution that offers a qualifying degree for licensure as a marriage and family therapist, clinical social worker, educational psychologist, or professional clinical counselor or through a course approved by the Board. Classroom attendance must be specifically required. Course content shall be pertinent to the violation and all course work must be completed within 18 months (or as approved by the Board) from the effective date of this Decision.

Within 90 days of the effective date of the Decision Respondent shall submit a plan for prior Board approval for meeting these educational requirements. All costs of the course work shall be paid by Respondent. Units obtained for an approved course shall not be used for continuing education units required for renewal of licensure.

5. **Abstain from Controlled Substances / Submit to Drug and Alcohol Testing**

Respondent shall completely abstain from the use or possession of controlled or illegal substances unless lawfully prescribed by a medical practitioner for a bona fide illness.

Respondent shall immediately submit to random and directed drug and alcohol testing, at Respondent's cost, upon request by the Board or its designee. Respondent shall be subject to a minimum number of random tests per year for the duration of the probationary term, as prescribed in the Uniform Standards Related to Substance Abuse listed herein. There will be no confidentiality in test results. Any confirmed positive finding will be immediately reported to Respondent, Respondent's current employer, and the supervisor, if any, and shall be a violation of

probation.

If Respondent tests positive for a controlled substance, Respondent's license shall be automatically suspended. Respondent shall make daily contact as directed by the Board to determine if he must submit to testing. Respondent shall submit his test on the same day that he is notified that a test is required. All alternative testing sites due to vacation or travel outside of California must be approved by the Board prior to the vacation or travel.

6. **Abstain from Use of Alcohol / Submit to Alcohol and Drug Testing**

Respondent shall completely abstain from the intake of alcohol during the period of probation.

Respondent shall immediately submit to random and directed drug and alcohol testing, at Respondent's cost, upon request by the Board or its designee. Respondent shall be subject to a minimum number of random tests per year for the duration of the probationary term, as prescribed in the Uniform Standards Related to Substance Abuse listed herein. There will be no confidentiality in test results. Any confirmed positive finding will be immediately reported to Respondent, Respondent's current employer, and to the supervisor, if any, and shall be a violation of probation.

If Respondent tests positive for alcohol and/or a controlled substance, Respondent's license shall be automatically suspended. Respondent shall make daily contact as directed by the Board to determine if he must submit to testing. Respondent shall submit his test on the same day that he is notified that a test is required. All alternative testing sites due to vacation or travel outside of California must be approved by the Board prior to the vacation or travel.

7. **Obey All Laws**

Respondent shall obey all federal, state and local laws, all statutes and regulations governing the licensee, and remain in full compliance with any court ordered criminal probation, payments and other orders. A full and detailed account of any and all violations of law shall be reported by Respondent to the Board or its designee in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this term, Respondent shall submit fingerprints through the Department of Justice and Federal Bureau of Investigation within 30 days

of the effective date of the Decision, unless previously submitted as part of the licensure application process. Respondent shall pay the cost associated with the fingerprint process.

8. **File Quarterly Reports**

Respondent shall submit quarterly reports, to the Board or its designee, as scheduled on the "Quarterly Report Form" (rev. 07/2016). Respondent shall state under penalty of perjury whether he has been in compliance with all the conditions of probation. Notwithstanding any provision for tolling of requirements of probation, during the cessation of practice Respondent shall continue to submit quarterly reports under penalty of perjury.

9. **Comply with Probation Program**

Respondent shall comply with the probation program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of Respondent's compliance with the program.

10. **Interviews with the Board**

Respondent shall appear in person for interviews with the Board or its designee upon request at various intervals and with reasonable notice.

11. **Failure to Practice**

In the event Respondent stops practicing in California, Respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Non-practice is defined as any period of time exceeding thirty calendar days in which Respondent is not engaging in any activities defined in Sections 4980.02, 4989.14, 4996.9, or 4999.20 of the Business and Professions Code. Any period of non-practice, as defined in this condition, will not apply to the reduction of the probationary term and will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; File Quarterly Reports; Comply With Probation Program; Maintain Valid License/Registration; and Cost Recovery. Respondent's license shall be subject to cancellation if Respondent's periods of non-practice total two years.

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12. **Change of Place of Employment or Place of Residence**

Respondent shall notify the Board or its designee in writing within 30 days of any change of place of employment or place of residence. The written notice shall include the address, the telephone number and the date of the change.

13. **Supervision of Unlicensed Persons**

While on probation, Respondent shall not act as a supervisor for any hours of supervised practice required for any license issued by the Board. Respondent shall terminate any such supervisorial relationship in existence on the effective date of this Decision.

14. **Notification to Clients**

Respondent shall notify all clients when any term or condition of probation will affect their therapy or the confidentiality of their records, including but not limited to supervised practice, suspension, or client population restriction. Such notification shall be signed by each client prior to continuing or commencing treatment. Respondent shall submit, upon request by the Board or its designee, satisfactory evidence of compliance with this term of probation.

15. **Notification to Employer**

Respondent shall provide each of his current or future employers, when performing services that fall within the scope of practice of his license, a copy of this Decision and the Statement of Issues or Accusation before commencing employment. Notification to Respondent's current employer shall occur no later than the effective date of the Decision or immediately upon commencing employment. Respondent shall submit, upon request by the Board or its designee, satisfactory evidence of compliance with this term of probation.

Respondent shall provide to the Board the names, physical addresses, and telephone numbers of all employers, supervisors, and contractors.

Respondent shall complete the required consent forms and sign an agreement with the employer and supervisor, or contractor, and the Board to allow the Board to communicate with the employer and supervisor or contractor regarding the licensee or registrant's work status, performance, and monitoring.

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16. **Violation of Probation**

If Respondent violates the conditions of his probation, the Board, after giving Respondent notice and the opportunity to be heard, may set aside the stay order and impose the discipline (revocation/suspension) of Respondent's license provided in the Decision.

If during the period of probation, an accusation, petition to revoke probation, or statement of issues has been filed against Respondent's license or application for licensure, or the Attorney General's office has been requested to prepare such an accusation, petition to revoke probation, or statement of issues, the probation period set forth in this Decision shall be automatically extended and shall not expire until the accusation, petition to revoke probation, or statement of issues has been acted upon by the Board. Upon successful completion of probation, Respondent's registration shall be fully restored.

17. **Maintain Valid License**

Respondent shall, at all times while on probation, maintain a current and active license with the Board, including any period during which suspension or probation is tolled. Should Respondent's license, by operation of law or otherwise, expire, upon renewal Respondent's license shall be subject to any and all terms of this probation not previously satisfied.

18. **License Surrender**

Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons, or is otherwise unable to satisfy the terms and conditions of probation, Respondent may voluntarily request the surrender of his license to the Board. The Board reserves the right to evaluate Respondent's request and to exercise its discretion whether to grant the request or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 30 calendar days deliver Respondent's license and certificate and if applicable wall certificate to the Board or its designee and Respondent shall no longer engage in any practice for which a license is required. Upon formal acceptance of the tendered license, Respondent will no longer be subject to the terms and conditions of probation.

Voluntary surrender of Respondent's license shall be considered to be a disciplinary action

and shall become a part of Respondent's license history with the Board. Respondent may not petition the Board for reinstatement of the surrendered license. Should Respondent at any time after voluntary surrender ever reapply to the Board for licensure Respondent must meet all current requirements for licensure including, but not limited to, filing a current application, meeting all current educational and experience requirements, and taking and passing any and all examinations required of new applicants.

19. **Instruction of Coursework Qualifying for Continuing Education**

Respondent shall not be an instructor of any coursework for continuing education credit required by any license issued by the Board.

20. **Notification to Referral Services**

Respondent shall immediately send a copy of this Decision to all referral services registered with the Board in which Respondent is a participant. While on probation, Respondent shall send a copy of this decision to all referral services registered with the Board that Respondent seeks to join.

21. **Reimbursement of Probation Program**

Respondent shall reimburse the Board for the costs it incurs in monitoring the probation to ensure compliance for the duration of the probation period. Reimbursement costs shall be $1,200.00 per year.

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ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Associate Clinical Social Worker Registration. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Behavioral Sciences.

DATED: 7/10/2022

Alexander Archer

ALEXANDER E. ARCHER
Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Behavioral Sciences.

DATED: 7/11/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General

STEPHANIE J. LEE
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Statement of Issues No. 2002022001331

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BEFORE THE
BOARD OF BEHAVIORAL SCIENCES
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Statement of Issues Against: **ALEXANDER E. ARCHER** **Associate Clinical Social Worker Registration Applicant** Respondent.	Case No. 2002022001331 **STATEMENT OF ISSUES**

PARTIES

1. Steve Sodergren (Complainant) brings this Statement of Issues solely in his official capacity as the Executive Officer of the Board of Behavioral Sciences (Board), Department of Consumer Affairs.

2. On or about October 29, 2021, the Board received an application for an Associate Clinical Social Worker Registration from Alexander E. Archer (Respondent). On or about October 25, 2021, Alexander E. Archer certified under penalty of perjury to the truthfulness of all statements, answers, and representations in the application. The Board denied the application on February 8, 2022.

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JURISDICTION

3. This Statement of Issues is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

STATUTORY PROVISIONS

4. Section 480 of the Code states, in pertinent part:

> (a) Notwithstanding any other provision of this code, a board may deny a license regulated by this code on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline only if either of the following conditions are met:
>
> (1) The applicant has been convicted of a crime within the preceding seven years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding seven years from the date of application. . .

5. Section 4992.3 of the Code states, in pertinent part:

> The board may deny a license or a registration, or may suspend or revoke the license or registration of a licensee or registrant if the licensee or registrant has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:
>
> (a) The conviction of a crime substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. A conviction has the same meaning as defined in Section 7.5. The board may order any license or registration suspended or revoked, or may decline to issue a license or registration when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or, when an order granting probation is made suspending the imposition of sentence. All actions pursuant to this subdivision shall be taken pursuant to Division 1.5 (commencing with Section 475).
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> . . .
>
> (c) Administering to themself any controlled substance or using any of the dangerous drugs specified in Section 4022 or any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a registration or license or holding a registration or license under this chapter, or to any other person, or to the public, or, to the extent that the use impairs the ability of the person

applying for or holding a registration or license to conduct with safety to the public the practice authorized by the registration or license. The board shall deny an application for a registration or license or revoke the license or registration of any person who uses or offers to use drugs in the course of performing clinical social work. This provision does not apply to any person also licensed as a physician and surgeon under Chapter 5 (commencing with Section 2000) or the Osteopathic Act who lawfully prescribes drugs to a patient under the person's care.

. . .

(k) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee or registrant.

. . .

REGULATORY PROVISIONS

6. California Code of Regulations, title 16, section 1812(a):

For purposes of denial, suspension, or revocation of a license pursuant to Section 141, Division 1.5 (commencing with Section 475), or Section 4982, Section 4989.54, Section 4992.3, or Section 4999.90 of the Code, a crime, professional misconduct, or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license under Chapters 13, 13.5, 14, and 16 of Division 2 of the Code if to a substantial degree it evidences present or potential unfitness of a person holding a license to perform the functions authorized by the license in a manner consistent with the public health, safety or welfare. For purposes of this section, "license" shall mean license or registration.

FIRST CAUSE FOR DENIAL OF APPLICATION

(November 17, 2021 Criminal Conviction - DUI on April 4, 2021)

7. Respondent's application is subject to denial under Code sections 480(a)(1) and 4992.3(a), in conjunction with California Code of Regulations, title 16, section 1812(a), in that on or about November 17, 2021, in a criminal proceeding entitled *The People of the State of California v. Alexander Edgar Archer*, in Superior Court of California, County of Riverside, Case Number RIM2107069, Respondent was convicted of violating Vehicle Code section 23152(b) (driving under the influence alcohol/0.08 percent or more), a misdemeanor. Respondent also admitted to a prior misdemeanor DUI conviction. Respondent was sentenced to serve 20 days in jail, placed on probation for 60 months with terms and conditions, ordered to complete an impaired driver program, complete the alcohol monitoring program, attend 22 alcoholics anonymous meetings, and pay fines and fees.

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The circumstances surrounding the conviction are that on or about April 4, 2021, a Riverside Police Department officer was dispatched to a vehicle collision involving Respondent. Respondent collided into an electrical box on the curbside. Upon speaking to Respondent, the officer noticed a heavy odor of an alcoholic beverage emitting from his person, watery and blood shot eyes, and slow and slurred speech. Respondent admitted to drinking an alcoholic beverage prior to driving. Respondent submitted to a blood sample that revealed a blood alcohol concentration of 0.231%.

SECOND CAUSE FOR DENIAL OF APPLICATION

(February 19, 2019 Criminal Conviction - DUI on July 4, 2018)

8. Respondent's application is subject to denial under Code sections 480(a)(1) and 4992.3(a), in conjunction with California Code of Regulations, title 16, section 1812(a), in that on or about February 19, 2019, in a criminal proceeding entitled *The People of the State of California v. Alexander Edgar Archer*, in Superior Court of California, County of San Bernardino, Case Number MSB18017829, Respondent was convicted of violating Vehicle Code section 23152(b) (driving under the influence alcohol/0.08 percent or more), a misdemeanor. Respondent was sentenced to serve 20 days in jail, placed on probation for three (3) years, ordered to complete a nine (9) month DUI program, and pay fines and fees.

The circumstances surrounding the conviction are that on or about July 4, 2018, a California Highway Patrol officer was dispatched to a single vehicle traffic collision involving Respondent. Upon speaking to Respondent, the officer noticed red and watery eyes, a strong odor of an alcoholic beverage emitting from his breath and person, unable to stand unassisted, and slurred speech. Respondent submitted to a blood sample that revealed a blood alcohol concentration of 0.259%.

THIRD CAUSE FOR DENIAL OF APPLICATION

(Dangerous Use of Alcohol)

9. Respondent's application is subject to denial under Code section 4992.3(c), on the grounds of unprofessional conduct, in that Respondent used alcoholic beverages to the extent, or

in a manner, as to be dangerous or injurious to himself or others, as alleged above in paragraphs 7 and 8.

FOURTH CAUSE FOR DENIAL OF APPLICATION

(Dishonest Acts)

10. Respondent's application is subject to denial under Code section 4992.3(k), on the grounds of unprofessional conduct, in that on or about October 25, 2021, Respondent knowingly make a false statement of fact that is required to be revealed in the application for an Associate Clinical Social Worker Registration as follows:

a. Background Question A states, "Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country?" Respondent marked "No," when in fact, he had been convicted of a misdemeanor, as alleged above in paragraph 8.

b. Background Question B states, "Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?" Respondent marked "No," when in fact, he had a pending criminal action, as alleged above in paragraph 7.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Behavioral Sciences issue a decision:

1. Denying the application of Alexander E. Archer for an Associate Clinical Social Worker Registration; and

2. Taking such other and further action as deemed necessary and proper.

DATED: April 27, 2022

Steve Sodergren

STEVE SODERGREN
Executive Officer
Board of Behavioral Sciences
Department of Consumer Affairs
State of California
Complainant

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