
Call to Order – Herb Stewart, Board Chair

- Welcome and Introductions
- Emergency Egress Procedures Page 3
- Mission of the Board Page 4

Approval of Minutes

- Board Meeting – May 8, 2018* Page 5
- Regulatory Committee Meeting – May 7, 2018 Page 9
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Ordering of Agenda

Public Comment

Page 12

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Report - David E. Brown, DC

Staff Reports

- Licensing Manager’s Report – Deborah Harris Page 21
- Discipline Report – Jennifer Lang, Deputy Executive Director Page 22
- Executive Director’s Report – Jaime Hoyle Page 24

Committee and Board Member Reports

- Board of Health Professions Report – Herb Stewart
- Legislative/Regulatory Committee – Jim Werth

Legislation and Regulatory Actions – Elaine Yeatts

- Petition for Rulemaking* Page 32

Unfinished Business

- PSYPACT Update

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New Business

- **Review of Guidance Documents***- Elaine Yeatts Page 75
 - 125-2: Impact of Criminal Convictions, Impairment, and Past History on Licensure or Certification
 - 125-3.1: Submission of Evidence of Completion of Graduate Work
 - 125-3.2: Official Beginning of a Residency
 - 125-3.8: Guidance on Process of Delegating Informal Fact-Finding to an Agency Subordinate
 - 125-3.9: Policy on the Use of Confidential Consent Agreements in Lieu of Disciplinary Action

Next Meeting - October 30, 2018

Meeting Adjournment

**Requires Board Vote*

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

EVACUATION INSTRUCTIONS BOARD ROOM 4

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 4

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

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.



Virginia Department of
Health Professions
Board of Psychology

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.

**Virginia Board of Psychology
Quarterly Board Meeting
Draft Minutes
May 8, 2018**

The Virginia Board of Psychology (“Board”) meeting convened at 10:05 a.m. on Tuesday, May 8, 2018 in Board Room 4 at the Department of Health Professions (“DHP”), 9960 Mayland Drive, Richmond, Virginia. Dr. Herbert Stewart, Ph.D., Board Chair, called the meeting to order.

Board Members Present:

Herbert Stewart, Ph.D., Chair
James Werth, Ph.D., ABPP
J.D. Ball, Ph.D. ABPP
Peter L. Sheras, Ph.D., ABPP
Rebecca Vauter, Ph.D., ABPP
Jennifer Little, Citizen Member

Board Members Absent:

Susan Brown Wallace, Ph.D.

DHP Staff Present:

Jaime Hoyle, Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Jennifer Lang, Deputy Executive Director
Deborah Harris, Licensing Manager
David E. Brown, DC, DHP Director
Barbara Allison, DHP Chief Deputy Director

Board Counsel:

Jim Rutkowski, Assistant Attorney General

Call to Order:

Dr. Stewart called the meeting to order and read the Emergency Egress procedures.

Adoption of Agenda:

The Board adopted the agenda as written.

Public Comment

Jennifer Morgan of the Virginia Academy of Clinical Psychologists (VACP) thanked the members that attended the Conversation Hour with the Board that was held at Hotel Roanoke in April. Dr. Morgan also stated that the VACP has delayed making a decision regarding PSYPACT at this time.

Approval of Minutes

The Board approved the minutes of the February meeting as presented.

Tiffany Anderson, a Capella University student, attended the board meeting to learn more about the proposed regulations.

Agency Director's Report

Dr. Brown updated the Board on the new appointees within the Administration. Dr. Brown confirmed that he was re-appointed as Director of DHP and that Lisa Hahn, former Chief Deputy Director, is the new Chief Operations Officer. He also introduced Dr. Barbara Allison-Bryan as the new Chief Deputy Director of DHP. He stated that she has been a pediatrician for 20 years, and as a former member of the Board of Medicine, she convened two regulatory advisory panels relating to opioids. He also mentioned that DHP has a new logo, that the agency has migrated from Outlook to Google email, and that the Business and IT Departments have relocated to the new office space on the first floor of the building. Dr. Allison-Brown spoke about the Opioid crisis and the new laws regarding restricting the number of Opioid prescriptions. She stated that it appears to be working because the numbers are down about 27 %.

Board Counsel's Report

Mr. Rutkowski had nothing to report.

Chairperson Report

Dr. Stewart updated the Board regarding his attendance at the Association of State and Provincial Psychology Boards (ASPPB) Mid- Year meeting in Savannah this past April. He mentioned that plans to run for the Board of Directors of ASPPB. He gave a presentation on the use of sanction reference points that was well received. He indicated that Ms. Hoyle is on the planning committee for the next mid-year meeting, as well as the Committee on Model Laws. He stated that Alex Seigel agreed to participate in a question and answer session regarding PSYPACT later in the meeting.

Executive Director's Report

Ms. Hoyle thanked Dr. Brown, Lisa Hahn and Dr. Allison-Bryan for initiating the move. She stated our financials are in good order. Renewals are beginning in the next month and will bring more revenue to the Board. Ms. Hoyle stated that the Board of Psychology customer satisfaction survey percentages went back up to 92% for this quarter.

Deputy Executive Director's Report:

Jennifer Lang reported that the Formal Hearing was continued until July's board meeting date. She thanked Dr. Ball for all his help reviewing cases while he was immobile recovering from surgery. She informed the Board that the discipline statistics are available in the agenda packet.

Licensing Manager's Report

Ms. Harris reported the licensing statistics since the last Board meeting in February. She reported there were a total of 5,602 licensees at this time. Ms. Harris reminded that renewal notices were being sent via email in an effort to "Go Green". See included the licensing statistics in the agenda packet.

Committee Reports

Board of Health Professions Report

Dr. Stewart indicated that the Board heard discussions and updates from the other Boards and that he informed the Board that Psychology is reviewing its Regulations and looking into adopting PSYPACT. He asked that each Board include information on Workforce and the PMP with their respective Boards.

Regulatory Report

Dr. Werth indicated that the Committee went through the Regulations line-by-line, and made suggestions to present later in the meeting. Dr. Werth stated that Ms. Hoyle would present the updates on Joint Assessment Guidance Document and PSYPACT. He also indicated that the Telepsychology guidance document has been put on hold until the Board finishes with the periodic review.

Ms. Hoyle reported that the Board sent a letter to the stakeholders asking for input regarding PSYPACT and holding a meeting with the Board regarding PSYPACT in advance of this Board meeting. The VACP, Conversation with the Board, allowed for input from stakeholders. Alex Siegel from the ASPPB presented information on PSYPACT to the VACP and answered questions. The VACP determined they were not ready to make a statement regarding PSYPACT.

Ms. Hoyle also informed the Board that the Board of Counseling decided not to move forward with the Joint Guidance Document on Assessment Titles and Signatures. The Board of Psychology will need to determine if it wants to move forward on its own or attempt more collaboration with the other Boards and that discussion will be take place at future Regulatory Committee meetings once the periodic review is complete.

Unfinished Business

Consideration of PSYPACT

The Board members took the opportunity to ask Dr. Siegel additional questions. Dr. Siegel, from ASPPB, participated via telephone. The Board expressed concern regarding the potential for PSYPACT to allow Masters level licensees to practice in Virginia when Virginia only allows Doctorate level licensees to provide services. The Board members wanted clarification as to which state will adjudicate complaints against licensees, the home state of the licensee or the state in which the client was in or will the ASPPB or Commission adjudicate the licensee.

Upon a motion that was properly seconded, the Board voted to table a vote on PSYPACT until the July meeting.

New Business

Ms. Yeatts walked the Board through the proposed changes to the Regulations. Upon a motion, that was properly seconded, the Board voted unanimously to adopt the Proposed Regulations as recommended.

Upon a motion, that was properly seconded, the Board voted unanimously to recommend legislation to change the requirement that one of the Board seats be filled by an Applied Psychologist. Since there are only 31 Applied Psychologists licensed in the Commonwealth, the board seat has remained vacant. The legislative change would allow the seat to be filled by any license type under the Board.

Ms. Yeatts updated the Board on the legislative session.

Next Meeting

The next meeting will be held on July 10, 2018.

Adjournment

The meeting adjourned at 4:00p.m.

Jaime Hoyle, Executive Director

Herb Stewart, Ph.D., Chair of the Board

**VIRGINIA BOARD OF PSYCHOLOGY
REGULATORY COMMITTEE
DRAFT MEETING MINUTES
May 7, 2018**

- TIME AND PLACE:** The Regulatory Committee of the Virginia Board of Psychology (“Board”) convened a meeting on Monday, May 7, 2018, at the Department of Health Professions (DHP), 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233. A quorum was established.
- PRESIDING OFFICER:** James Werth, Ph.D., ABPP, Regulatory Committee Chair
- MEMBERS PRESENT:** J.D. Ball, Ph.D., ABPP
Herbert Stewart, Ph.D., Board Chair
Susan Wallace Brown, Ph.D., Board Member
Jen Little, Citizen Member
- MEMBERS ABSENT:** None
- STAFF PRESENT:** Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Deborah Harris, Licensing Manager
- OTHERS PRESENT:** Nicole Pugar, Williams Mullins Law Group
A Representative for Walden University
- CALL TO ORDER:** Dr. Werth, Chair, called the meeting to order at 1:00 p.m. and read the emergency evacuation instructions.
- Board members, staff, and members of the public introduced themselves.
- PUBLIC COMMENT PERIOD:** There was no public comment.
- APPROVAL OF MINUTES:** Ms. Little made a motion, which Dr. Stewart properly seconded, to approve the October 30, 2017 Regulatory Meeting minutes. The motion carried unanimously.
- Dr. Stewart made a motion, which Dr. Wallace properly seconded, to approve the February 5, 2018 Regulatory Meeting minutes. The motion carried unanimously.

UNFINISHED BUSINESS:

Joint Guidance Document on Assessment Titles and Signatures

Dr. Werth stated that the Board's Draft Joint Guidance Document on Assessment Titles and Signatures is on hold until the Committee completes the periodic review of the Regulations.

Psychology Interjurisdictional Compact (PSYPACT)

A Stakeholders discussion is on the agenda for the Quarterly Board meeting scheduled for May 8, 2018.

Telepsychology Guidance document

The Committee will discuss the Telepsychology Guidance document at future meetings, after the Committee completes the periodic review.

NEW BUSINESS:

Notice of Intent Regulatory Action- Proposed Regulations

The Committee continued its review of the Regulations and adopted recommendations for the full Board to vote on at the May 8, 2018 meeting.

ADJOURNMENT:

The meeting adjourned at 5:09 p.m.

James Werth, Ph.D., ABPP, Chair

Date

Jaime Hoyle, J.D., Executive Director

Date

**VIRGINIA BOARD OF PSYCHOLOGY
SPECIAL CONFERENCE COMMITTEE
February 27, 2018
MINUTES**

- CALL TO ORDER:** A Special Conference Committee ("Committee") of the Board of Psychology ("Board") convened on February 27, 2018, at 10:01 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, VA, Training Room 2.
- MEMBERS PRESENT:** Susan Brown Wallace, Ph.D., LCP, LSP, Chair
James Werth, Ph.D., LCP, ABPP
- STAFF PRESENT:** Jennifer Lang, Deputy Executive Director, Board of Psychology
Anne Joseph, Deputy Director, Administrative Proceedings Division
- RESPONDENT:** Susan Frank, Ph.D., LCP, CSOTP
Case No.: 181595
Attorney: Timothy Bradley, Esquire
- DISCUSSION:** Dr. Frank appeared before the Committee, with counsel, in accordance with a notice dated January 31, 2018, to review her request to modify a previous Board Order and her petition for termination of the probation imposed on her license to practice clinical psychology in the Commonwealth of Virginia, which was imposed by an Order of the Board entered November 14, 2013. The Committee fully discussed the allegations contained in the Notice with Dr. Frank, and heard witness testimony on her behalf.
- CLOSED MEETING:** Dr. Werth moved that the Committee convene in a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Susan Frank, Ph.D., LCP, CSOTP. Additionally, he moved that Jennifer Lang and Anne Joseph attend the closed meeting because their presence would aid the Committee in its deliberations. The motion was seconded and passed.
- RECONVENE:** Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee reconvened in open session and announced its decision.
- DECISION:** Upon a motion by Dr. Werth, and duly seconded by Dr. Brown Wallace, the Committee voted to deny Dr. Frank's petition for reinstatement of her license and certificate, including early release from HPMP, and deny her request for modification of the prior Board Order.
- ADJOURNMENT:** With all business concluded, the Committee adjourned at 11:58 a.m.

Susan Brown Wallace

Susan Brown Wallace, Ph.D., LCP, LSP, Chairperson

2/27/2018

Date

Jennifer F. Lang

Jennifer Lang, Deputy Executive Director
Board of Psychology

2/27/2018

Date



Hoyle, Jaime <jaime.hoyle@dhp.virginia.gov>

Fwd: VACP Update Regarding Psypact

jmorganpsych@aol.com <jmorganpsych@aol.com>

Sat, Jun 23, 2018 at 11:31 AM

To: Jaime.Hoyle@dhp.virginia.gov

Hi Jaime - hope all is well. I just noticed your name and email address were misspelled in the email below sent from our Exec. Office. Just checking in to see if they corrected that and re-sent the email. Please let me know if not, here it is:)

Best
Jennifer

-----Original Message-----

From: VACP Office <vacpoffice@gmail.com>

To: Jamie.Hoyle <Jamie.Hoyle@dhp.virginia.gov>

Cc: Virginia Board of Psychology <psy@dhp.virginia.gov>; Jennifer Morgan <jmorganpsych@aol.com>; Treven Pickett <TrevenCP@gmail.com>; Bruce Sellars <BruceSellars@psychhealthroanoke.com>; elaine.yeatts <elaine.yeatts@dhp.virginia.gov>; David.Brown <David.Brown@dhp.virginia.gov>

Sent: Thu, Jun 21, 2018 2:31 pm

Subject: VACP Update Regarding Psypact

Jamie:

The Virginia Academy of Clinical Psychologists (VACP) has attached a copy of Psypact related materials developed and approved by the VACP Board. As a result of a motion passed by our membership at their annual meeting, VACP was charged with developing this information for distribution to and input from our membership. Timing is such that completion of that process and subsequent discussion by the VACP governing body will not take place prior to the Psychology Board's upcoming meetings.

We are attaching a copy of the list of issues VACP has identified as related to Psypact, including both positive and negative comments on each.

We believe the "good and bad" points are fairly comprehensive and may be of interest to members of the Board of Psychology. Consequently, we would appreciate your providing the attached to each Board member prior to their July 9 Regulatory and July 10 Quarterly Board meetings.

Additionally, please advise the Board that VACP currently has no position relating to Psypact or possible enabling legislation. That decision will not be made until VACP members have had an opportunity to provide input and our Board of Directors then reviews that input.

Both Bo and I will be on a family vacation during the dates of these meetings and thus will not be in attendance. In our absence, please advise the Board members of VACP's appreciation for their continued service.

Bruce

Bruce B. Keeney, Sr.
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 **VACP PSYPACT good and bad.pdf**
236K

PSYPACT - the **POSITIVE** & the **NEGATIVE**

Prior to proceeding, it may be helpful to review some *background information on telehealth*.

Health care providers (including Virginia **clinical psychologists**) **may currently provide telehealth services to Virginia residents when that patient is located anywhere in Virginia** when services are rendered. Virginia law requires major med plans to cover (reimburse) telehealth services if they are provided using certain methodology (no phone only, no fax, no email, must include face to face visual with patient-doctor ongoing communication, HIPAA compliance, etc.). Insurance plans may still require providers be on their panel, etc.

Health care providers (including Virginia **clinical psychologists**) **may not provide telehealth services to patients out-of-state unless the provider is also licensed by the State where the patient is located** during delivery of services.

By either of the above means (doctor-patient in same state or doctor licensed in additional state where patient is located), the “standard of care” is the same as if care were being provided in your office. At present and for several reasons, many providers using telehealth services are avoiding health insurance reimbursement and instead, rely on fee for service. As such, the means and settings by which services are not defined (as when major medical reimbursement is expected). However, **standard of care is to be the same as provided in office**. Thus, limited consultation over the phone may be acceptable if the same standard of care is as presented in-office (patient confidentiality, ethics, HIPAA compliance, maintenance of records, etc.).

Brief Explanation of Psypact (Psychological Interjurisdictional Compact)

States are not allowed to regulate professions across state lines. Providers wanting to set some type of structure to regulate and allow telehealth (telepsych) services across state lines can do so by states enacting laws allowing one state to enter into a contract or compact with other states to waive their rights to certain regulatory authority and have the compact set and govern care across state lines. Advocates of creating a system to allow telehealth across state lines by psychologists are encouraging states to join “**Psypact**.” More information may be found at <https://www.asppb.net/mpage/micrositehp>. Essentially, Psypact would have a Board of Directors of individuals from each of the member states (or some of them). That Board would then establish criteria to “certify” psychologists to provide telehealth services to patients in other states participating in the compact.

Psychologists providing telehealth services to patients in other state in the compact would be required to comply with the rules set by Psypact and not by their own state nor the state in which the patient was located when services were provided. To fund the operation of Psypact, each participating State Board of Psychology would be required to pay an annual fee, and those psychologists seeking “certification” by Psypact may be required to pay additional fees. Again, states must pass a specific law authorizing their licensed psychologists to be eligible to participate in the compact.

Status in Virginia

The Virginia Board of Psychology is in the process of considering whether to ask the Governor to introduce legislation for Virginia to enter into a “contract” with Psypact (technically with the States participating in Psypact). Normally such legislation would have difficulty in passing unless the State Psychological Association actively supported the legislation. Thus, the State Board has requested VACP’s comments.

At its April 2018 meeting, VACP membership voted that VACP develop a list of the “good” (benefits or positive) and possible “bad” (negative). This information is to be distributed to VACP members with the request that their comments and recommendations be obtained. That information would then be assembled and presented to the VACP Board of Directors prior to the VACP Board considering a formal position on Psypact. The following information is in compliance with the instructions by the membership. **Your positions and comments will be reviewed and considered by the VACP Board prior to any discussions as to adopting a formal VACP position. In this document a link is provided to facilitate your submitting comments.**

*Now for the **POSITIVE** and **NEGATIVE** of Virginia entering into Psypact*

POSITIVE:	Increases patient access to psychological services by allowing out of state psychologists (meeting Psypact requirements) to provide services to Virginia residents via telehealth.
NEGATIVE:	It may be contrary to the proper standard of care for patients, whom may never had any care from a licensed mental health provider, to rely first on telehealth. This may be of concern when the telehealth psychologist is out of state and may not be familiar with any Virginia providers or resources if additional care is needed.
POSITIVE:	Increases access to psychological services for patients in underserved areas (including far southwest Virginia, rural areas along the Virginia/North Carolina border, and inner city), and otherwise less accessible locations.
NEGATIVE:	There are no guarantees that out-of-state psychologists will provide telehealth services to underserved areas. Since those out-of-state are probably not on Virginia provider panels, they can be expected to market services on a fee for service basis, targeting higher income demographics. Also, realizing a large portion of underserved areas in Virginia have no broad-band, Psypact will not increase psychological services to most underserved areas in Virginia.
POSITIVE:	Psypact will certify that psychologists have met acceptable standards of care.
NEGATIVE:	Acceptable standards of care are and should be determined and enforced by State Psychology Boards and State laws rather than a group of individuals committed to have the Psypact succeed. Substandard care are a real concern if Masters degree are included.
POSITIVE:	Allows for psychologists to provide face-to-face or other services to populations outside of their State, including college students and patients who relocate to states which participate in Psypact.
NEGATIVE:	The benefit only is available if the VACP member's patient attends college in or relocates to a state participating in Psypact. Additionally, colleges and universities have "counseling centers" which are on-site for the student, readily available, with a skill-set to address their student population. With the student (patient) permission, communication between the Virginia clinical psychologist and counseling center may be more appropriate for patient care
POSITIVE:	Psypact provides some accountability related to services provided through telehealth.
NEGATIVE:	Rather than relying on State laws, State Boards of Psychology regulations, and State enforcement agencies for accountability related to telehealth services, Psypact accountability standards will be set by their Psypact Board which will most likely consist of 1 representative of each State in Psypact. Problems may result when those standards are in conflict with those in the state in which the psychologist is licensed.
POSITIVE:	Possibility of combining face-to-face with remote care.
NEGATIVE:	None suggested, noting however that face-to-face is not required.
POSITIVE:	Possibility of more frequent therapeutic contacts to assess treatment compliance, progress, etc.
NEGATIVE:	Possibility that telehealth by psychologists will encourage providing therapy for conditions and disorders which need traditional in-office services. Treatment needing more frequent monitoring of compliance and progress may be more appropriate when rendered in an in-office or hospital setting.
POSITIVE:	Increases availability of psychological services including extended hours of service for those in need of or desiring psychological services.
NEGATIVE:	Some presenting may be less appropriate for telehealth. Capacity for crisis intervention may be diminished.

POSITIVE:	When services provided by telehealth, patients may be less inhibited and more willing to disclose information.
NEGATIVE:	Telehealth services limit the psychologists' ability to fully observe physical responses during consultation or therapy which may be of concern relating to evaluation and diagnosis of more moderate or severe conditions. Additionally, misunderstandings may arise due to lack of non-verbal clues.
POSITIVE:	Psypact will establish parameters for use by psychologists in provided telehealth. Having a concise set of telehealth criteria for psychologists may provide helpful guidance for those psychologists interested in rendering telehealth services (including Virginia clinical psychologists who may choose to limit telehealth to patients in Virginia.)
NEGATIVE:	Psypact parameters for use with telehealth will most likely be substandard to that expected of Virginia clinical psychologists. This is because Psypact organizers acknowledge that their criteria for certification, parameters, etc. "needs to be general" since they will be designed to generate significant number of states to participate in Psypact. Psypact organizers state their "certification" requirements will "not (be) too high of a bar to exclude everyone..."
POSITIVE:	Psypact plans on "certifying" psychologists meeting their criteria and licensed in a state participating in Psypact. Such "certification" may result in the public as these psychologists having met additional qualifications.
NEGATIVE:	Psypact "certifying" psychologists may be misleading in that the public will view it as Board Certification (ie: advertising "Psychologists Specially Certified in Teletherapy.")
POSITIVE:	Telehealth, telemedicine, teletherapy already exist and are expected to rapidly increase. At present, there are no standards for psychologists providing telehealth across lines. It's difficult for states to monitor compliance when patients are out of state. Psypact is currently the only known vehicle (and perhaps the first) to establish a standard of care and "certify" psychologists offering telehealth to patients across state lines.
NEGATIVE:	Until such time as all states have compacts for all types of mental health practitioners, there will be a risk of substandard or inappropriate care being offered via telehealth. The "wild west" patient beware atmosphere will not be deterred by existence of compacts.
POSITIVE:	Psypact "certified" psychologists will be allowed to practice, up to 30 consecutive days, in any state which is formally part of Psypact. This may facilitate clinicians obtaining specialty clinical training by practicing in out of state facilities. It may also permit temporary practice in another state to assist out of state colleagues taking vacation, or unable to practice do to personal or health reasons. It would also facilitate a "visiting" psychologist with specialized expertise to practice in academic affiliated clinics as part of that clinic's training.
NEGATIVE:	Out of state psychologist do not need a temporary license to testify in Court or consult with colleagues or attorneys. A Virginia license is required for delivery of care now. There are no prevalent situations which prevent out of state specialists from providing consulting or providing instruction in Virginia.

Continued on next page

Additional Issues:

MASTER’S DEGREE PSYCHOLOGISTS PROVIDING UNSUPERVISED, PATIENT CARE:

Virginia requires that evaluation, diagnosis and treatment of patients with mental illness or disorders (particularly moderate and severe disorders) be provided by a licensed clinical psychologist (doctorate in accredited program with specific clinical experience). While some other states allow psychologists with a Master’s degree to directly provide patient care, Virginia does not. **Psypact’s own promotional, written documents clearly state Psypact “may” allow delivery of telehealth services by psychologists with a Master’s degree.** Until Psypact becomes operational and sets credentialing criteria, inclusion of Masters’ degree psychologists is undetermined. If Virginia were to join the compact and Psypact then decide to “certify” Master’s degree psychologists, Virginia would then have Master’s degree psychologists (would not be eligible for a Virginia license) delivering direct patient care (by telehealth). For several reasons, **VACP has historically opposed the delivery of patient care by psychologists other than those meeting the requirements for and licensed as clinical psychologists.** Some consequently suggest that VACP should defer taking a position until it could guaranteed that Psypact will not ever credential Master’s degree psychologists to provide telehealth.

Possible Economic Impact on Private Practice Virginia Psychologists:

There is no doubt that telehealth, including psychological service, is on the rise and will grow. This is expected whether or not Virginia affiliates with Psypact.

- Psypact may result in out of state psychologists targeting “fee for service” patients in more populated areas of Virginia. Such may result in reduced income for Virginia practicing clinical psychologists.
- Psypact may result in fewer opportunities for Virginia clinical psychologists to increase earning potential, especially early career, part-time or those retired from private practice. Additionally, Virginia clinical psychologists in areas in which managed care is prevalent, may find that Psypact restricts their opportunities to provide fee for service by telehealth for Virginia patients.-
- Already psychological services by telehealth exist, with many focusing on 15-20 minute “consultations.” The prevalence of “mini-sessions” at a lower fee may result in insurance plans no longer covering services of a longer duration.

Possible Conflict of Interest Concern:

Development of Psypact (Psychological Interjurisdictional Compact) was heavily influenced by leaders of the Association of State and Provisional Psychological Boards (ASPPB). ASPPB is an association of State Boards of Psychology whose purpose is to encourage and facilitate communications between these Boards as to administration, licensure and regulations. Leaders of ASPPB are the “point persons” in making presentations to encourage State Boards of Psychology and State Psychological Associations (including VACP) to embrace Psypact, but never is a relationship with ASPPB suggested. There may be an overlap or conflicts between State Boards being responsible for their licensing and regulatory standards and Psypact having regulatory control over psychological services via telehealth.

UNDERSTANDING TIMING:

Psypact organizers indicate that criteria, organizational details, etc. will be established after 7 States pass legislation allowing their psychologists to participate in Psypact and that those states delegate out of state telehealth by psychologists to Psypact (rather than their State Board of Psychology). It appears that there will be 7 states which pass laws to join Psypact by the end of 2018. At that time, one representative of each of these 7 states will constitute the first Board of Directors for Psypact and make these important policy decisions. The earliest Virginia could consider legislation would be in 2019 and if enacted, not go into effect until July 1, 2019. Some suggest that Virginia should defer any decision about Psypact until they organize and full details are known and can be thoroughly reviewed.

VACP Responses

Commission – one member from each state. They develop by-laws and regulations to govern PSYPACT. Does not certify.

Certificate application fee and renewal fee. However, not licensing and renewal fees for all states wanting to practice in.

1. Pro- Also, allows VA licensed psychologists to offer services to underserved populations in other states.
Con- Research shows telepsychology effective. Also, have to abide by law and regulations of states and guidelines of telepsychology. Informed consent needs to address how emergency and referrals will be handled.
2. Pro- increases access to care in all compact states
Con- not just for underserved areas, also for special areas of practice e.g., addictions, autism,
3. Pro- ASPPB will be vetting psychologists via E.Passport and IPC
Con- all psychologist are licensed by a state licensing board. Certificate ensures that psychologists have standard credentials. Not all licensing boards have the same licensing requirements;
4. Pro- no comment
Con- although colleges do provide counseling centers, many patients wish to continue services with their current practitioner versus starting all over again.
5. Pro- PSYPACT provides a regulatory mechanism for telepsychology where one does not exist today. No way to regulate across state borders
Con - The rules of PSYPACT are only applicable to states that enact PSYPACT. The rules of PSYPACT would only supersede any state law pertaining to the interjurisdictional practice of telepsychology and temporary in-person, face-to-face practice
6. Pro and con...no additional comment
7. Pro – no comment
Con -Telepsychology guidelines require informed consent to address these concerns
8. Pro – no comment
Con – same as above
9. Pro -no comment
Con – research shows as effective if not more so than face to face. I can provide reference
10. Pro – no comment
Con – all are licensed in states; certification adds to that in that they have met criteria and have no disciplinary action; also will have ce requirement to have technology training..something not required now; the PSYPACT language is general. The Regulations and bylaws will be more specific.

11. Pro – the certification will state that they have additional qualifications not set up that way.

Cannot use them as a specialty area;

Con – the regulations of PSYPACT will inform the holder of the certificate what can and cannot be stated regarding the certificate; similar to cpq today. Cannot be voiced as a specialty certificate;

12. Pro – no comment

Con – only applies to psychology so that we can provide a ethical and legal way to conduct telepsychology; other professions are addressing this issue regarding their licensees

13. Pro – no comment

Con – not all states allow temp practice; those that do do not have standard time allowances – this make it easier for VA psychologists to provide temporary services into other compact states. Not just for psychologists coming into VA also for VA psychologists

Not sure where our materials state master's can practice via PSYPACT.

Virginia psychologist will be able to provide services outside of VA with a potential to grow their client base.

PSYPACT was created by a Task Force made up of representatives from various jurisdictional psychology licensing boards. It was presented on several occasions to ASPPB member boards as well as the language was put out for public comment for not only asppb members boards to comment but also for others in the profession of psychology.

At this time, it is not clear that PSYPACT will be operational in 2018.

Psychology Licensing from 4-23-18 until 6-21-18

Clinical Psychologist by examination	27
Clinical Psychologist by endorsement	16
Clinical Psychologist Reinstatements	5
School Psychologist Limited	31
School Psychologist Limited Reinstatements	2
Sex Offender Treatment Provider	1
Sex Offender Treatment Provider Reinstatements	0
Resident in Training	2
Total Issued from 10-17-17 through 1-22-18	85

Virginia Current Active	4292
Virginia Current Inactive	59
Out of State Current Active	1217
Out of State Current Inactive	115
Probation – Current Active	2
Total as of 1-22-2018	5685

Discipline Reports
April 6, 2018 - June 21, 2018

OPEN CASES AT BOARD LEVEL (as of June 21, 2018)

Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	48	32	40	<i>120</i>
Scheduled for Informal Conferences	6	1	2	<i>9</i>
Scheduled for Formal Hearings	1	1	0	<i>2</i>
Consent Orders (offered and pending)	2	1	0	<i>3</i>
Cases with APD for processing (IFC, FH, Consent Order)	6	3	2	<i>11</i>
TOTAL OPEN CASES	63	38	44	<i>145</i>

CASES RECEIVED and ACTIVE INVESTIGATIONS

	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	34	16	22	<i>72</i>
Open Investigations in Enforcement	41	18	25	<i>84</i>

UPCOMING HEARINGS

Hearing/Conference Type	Counseling	Psychology	Social Work
Informal Conferences	July 27, 2018 September 14, 2018 October 19, 2018 November 30, 2018	July 24, 2018 September 18, 2018 December 4, 2018	July 20, 2018 November 16, 2018
Formal Hearings	August 17, 2018 November 2, 2018	October 30, 2018	September 21, 2018 December 7, 2018

Discipline Reports
April 6, 2018 - June 21, 2018

CASES CLOSED

Closure Category	Psychology
Closed – no violation	12
Closed – undetermined	1
Closed – violation	3
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
TOTAL CASES CLOSED	16

HEARINGS HELD and CONSENT ORDERS ENTERED

Board Action	Psychology
Consent Orders Entered	4
Informal Conferences Held Special Conference Committee	0
Formal Hearings Held	0
Summary Suspension Hearings Held	0

AVERAGE CASE PROCESSING TIMES (counted on closed cases)

	Psychology
Average time for case closures	223 days
Avg. time in Enforcement (investigations)	96.67 days
Avg. time in APD (IFC/FH preparation)	127.3 days
Avg. time in Board (includes hearings, reviews, etc).	108 days

Virginia Department of Health Professions
Cash Balance
As of May 31, 2018

	<u>108- Psychology</u>
Board Cash Balance as June 30, 2017	1,037,083
YTD FY18 Revenue	222,296
Less: YTD FY18 Direct and Allocated Expenditures	<u>499,120</u>
Board Cash Balance as May 31, 2018	<u><u>760,258</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
				Budget	
4002400	Fee Revenue				
4002401	Application Fee	69,640.00	41,350.00	(28,290.00)	168.42%
4002406	License & Renewal Fee	143,486.00	519,695.00	376,209.00	27.61%
4002407	Dup. License Certificate Fee	325.00	115.00	(210.00)	282.61%
4002409	Board Endorsement - Out	4,325.00	2,050.00	(2,275.00)	210.98%
4002421	Monetary Penalty & Late Fees	4,450.00	1,130.00	(3,320.00)	393.81%
4002432	Misc. Fee (Bad Check Fee)	70.00	70.00	-	100.00%
	Total Fee Revenue	<u>222,296.00</u>	<u>564,410.00</u>	<u>342,114.00</u>	<u>39.39%</u>
	Total Revenue	<u>222,296.00</u>	<u>564,410.00</u>	<u>342,114.00</u>	<u>39.39%</u>
5011110	Employer Retirement Contrib.	6,596.99	6,894.00	297.01	95.69%
5011120	Fed Old-Age Ins- Sal St Emp	3,784.02	4,398.00	613.98	86.04%
5011140	Group Insurance	640.62	670.00	29.38	95.61%
5011150	Medical/Hospitalization Ins.	7,414.50	7,776.00	361.50	95.35%
5011160	Retiree Medical/Hospitalizatn	576.95	603.00	26.05	95.68%
5011170	Long term Disability Ins	322.84	338.00	15.16	95.51%
	Total Employee Benefits	<u>19,335.92</u>	<u>20,679.00</u>	<u>1,343.08</u>	<u>93.51%</u>
5011200	Salaries				
5011230	Salaries, Classified	48,964.35	51,099.00	2,134.65	95.82%
5011250	Salaries, Overtime	1,370.39	6,371.00	5,000.61	21.51%
	Total Salaries	<u>50,334.74</u>	<u>57,470.00</u>	<u>7,135.26</u>	<u>87.58%</u>
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,400.00	2,350.00	950.00	59.57%
5011380	Deferred Compnstn Match Pmts	460.00	480.00	20.00	95.83%
	Total Special Payments	<u>1,860.00</u>	<u>2,830.00</u>	<u>970.00</u>	<u>65.72%</u>
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	<u>71,530.66</u>	<u>80,979.00</u>	<u>9,448.34</u>	<u>88.33%</u>
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	172.00	172.00	0.00%
5012140	Postal Services	4,511.00	4,560.00	49.00	98.93%
5012150	Printing Services	150.99	82.00	(68.99)	184.13%
5012160	Telecommunications Svcs (VITA)	108.98	425.00	316.02	25.64%
5012190	Inbound Freight Services	0.81	-	(0.81)	0.00%
	Total Communication Services	<u>4,771.78</u>	<u>5,239.00</u>	<u>467.22</u>	<u>91.08%</u>
5012200	Employee Development Services				
5012210	Organization Memberships	2,750.00	5,500.00	2,750.00	50.00%
	Total Employee Development Services	<u>2,750.00</u>	<u>5,500.00</u>	<u>2,750.00</u>	<u>50.00%</u>
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	8,731.93	8,270.00	(461.93)	105.59%
5012440	Management Services	69.84	330.00	260.16	21.16%
5012460	Public Infrmtnl & Relatn Svcs	564.00	-	(564.00)	0.00%
5012470	Legal Services	55.00	250.00	195.00	22.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
	Total Mgmt and Informational Svcs	9,420.77	8,850.00	(570.77)	106.45%
5012600	Support Services				
5012640	Food & Dietary Services	1,147.36	432.00	(715.36)	265.59%
5012650	Laundry and Linen Services	19.05	-	(19.05)	0.00%
5012660	Manual Labor Services	1,706.45	427.00	(1,279.45)	399.64%
5012670	Production Services	793.71	935.00	141.29	84.89%
5012680	Skilled Services	7,898.27	13,815.00	5,916.73	57.17%
	Total Support Services	11,564.84	15,609.00	4,044.16	74.09%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	4,491.59	2,822.00	(1,669.59)	159.16%
5012830	Travel, Public Carriers	1,725.94	-	(1,725.94)	0.00%
5012850	Travel, Subsistence & Lodging	2,457.99	101.00	(2,356.99)	2433.65%
5012880	Trvl, Meal Reimb- Not Rprtble	980.75	139.00	(841.75)	705.58%
	Total Transportation Services	9,656.27	3,062.00	(6,594.27)	315.36%
	Total Contractual Svcs	38,163.66	38,260.00	96.34	99.75%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	466.44	348.00	(118.44)	134.03%
5013130	Stationery and Forms	20.36	1,554.00	1,533.64	1.31%
	Total Administrative Supplies	486.80	1,902.00	1,415.20	25.59%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	0.25	2.00	1.75	12.50%
	Total Repair and Maint. Supplies	0.25	2.00	1.75	12.50%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	26.00	26.00	0.00%
5013630	Food Service Supplies	-	100.00	100.00	0.00%
	Total Residential Supplies	-	126.00	126.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	487.05	2,040.00	1,552.95	23.88%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	32.00	32.00	0.00%
	Total Insurance-Fixed Assets	-	32.00	32.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	478.24	540.00	61.76	88.56%
5015350	Building Rentals	13.23	-	(13.23)	0.00%
5015390	Building Rentals - Non State	2,780.25	3,531.00	750.75	78.74%
	Total Operating Lease Payments	3,271.72	4,071.00	799.28	80.37%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	120.00	120.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
5015540	Surety Bonds	-	8.00	8.00	0.00%
	Total Insurance-Operations	-	128.00	128.00	0.00%
	Total Continuous Charges	3,271.72	4,231.00	959.28	77.33%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	52.00	52.00	0.00%
	Total Educational & Cultural Equip	-	52.00	52.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	70.00	70.00	0.00%
5022620	Office Furniture	631.23	-	(631.23)	0.00%
	Total Office Equipment	631.23	70.00	(561.23)	901.76%
5022700	Specific Use Equipment				
5022710	Household Equipment	6.92	-	(6.92)	0.00%
	Total Specific Use Equipment	6.92	-	(6.92)	0.00%
	Total Equipment	638.15	122.00	(516.15)	523.07%
	Total Expenditures	114,091.24	125,632.00	11,540.76	90.81%
	Allocated Expenditures				
20100	Behavioral Science Exec	105,536.32	126,048.60	20,512.28	83.73%
30100	Data Center	89,193.57	65,999.99	(23,193.58)	135.14%
30200	Human Resources	6,578.78	13,420.84	6,842.06	49.02%
30300	Finance	27,836.56	27,124.90	(711.65)	102.62%
30400	Director's Office	14,930.34	14,392.07	(538.27)	103.74%
30500	Enforcement	94,373.85	86,498.72	(7,875.13)	109.10%
30600	Administrative Proceedings	19,224.37	15,113.01	(4,111.36)	127.20%
30700	Impaired Practitioners	641.81	979.58	337.77	65.52%
30800	Attorney General	6,378.16	6,378.45	0.28	100.00%
30900	Board of Health Professions	7,942.18	8,175.79	233.61	97.14%
31100	Maintenance and Repairs	-	315.52	315.52	0.00%
31300	Emp. Recognition Program	109.75	215.79	106.04	50.86%
31400	Conference Center	4,035.84	4,399.46	363.62	91.73%
31500	Pgm Devlpmnt & Implmentn	8,247.72	8,103.48	(144.23)	101.78%
	Total Allocated Expenditures	385,029.24	377,166.21	(7,863.03)	102.08%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (276,824.48)	\$ 61,611.79	\$ 338,436.27	449.30%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
4002400	Fee Revenue												
4002401	Application Fee	8,490.00	8,565.00	8,680.00	5,890.00	5,425.00	4,970.00	5,870.00	6,045.00	4,475.00	4,200.00	7,030.00	69,640.00
4002406	License & Renewal Fee	7,740.00	2,340.00	975.00	1,635.00	690.00	610.00	945.00	425.00	785.00	323.00	127,018.00	143,486.00
4002407	Dup. License Certificate Fee	105.00	35.00	25.00	35.00	10.00	-	35.00	15.00	10.00	30.00	25.00	325.00
4002409	Board Endorsement - Out	400.00	250.00	350.00	450.00	300.00	300.00	450.00	450.00	400.00	475.00	500.00	4,325.00
4002421	Monetary Penalty & Late Fees	2,750.00	625.00	300.00	150.00	75.00	75.00	100.00	140.00	135.00	-	100.00	4,450.00
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	-	-	-	-	-	-	-	-	70.00
	Total Fee Revenue	19,520.00	11,850.00	10,330.00	8,160.00	6,500.00	5,955.00	7,400.00	7,075.00	5,805.00	5,028.00	134,673.00	222,296.00
	Total Revenue	19,520.00	11,850.00	10,330.00	8,160.00	6,500.00	5,955.00	7,400.00	7,075.00	5,805.00	5,028.00	134,673.00	222,296.00
5011000	Personal Services												
5011100	Employee Benefits												
5011110	Employer Retirement Contrib.	838.59	575.84	575.84	575.84	575.84	575.84	575.84	575.84	575.84	575.84	575.84	6,596.99
5011120	Fed Old-Age Ins- Sal St Emp	469.69	320.17	320.17	328.94	342.77	344.07	331.36	329.95	338.42	324.30	334.18	3,784.02
5011140	Group Insurance	81.42	55.92	55.92	55.92	55.92	55.92	55.92	55.92	55.92	55.92	55.92	640.62
5011150	Medical/Hospitalization Ins.	944.50	647.00	647.00	647.00	647.00	647.00	647.00	647.00	647.00	647.00	647.00	7,414.50
5011160	Retiree Medical/Hospitalizatn	73.35	50.36	50.36	50.36	50.36	50.36	50.36	50.36	50.36	50.36	50.36	576.95
5011170	Long term Disability Ins	41.04	28.18	28.18	28.18	28.18	28.18	28.18	28.18	28.18	28.18	28.18	322.84
	Total Employee Benefits	2,448.59	1,677.47	1,677.47	1,686.24	1,700.07	1,701.37	1,688.66	1,687.25	1,695.72	1,681.60	1,691.48	19,335.92
5011200	Salaries												
5011230	Salaries, Classified	6,278.55	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	48,964.35
5011250	Salaries, Overtime	-	-	-	114.51	295.50	295.50	129.28	110.81	221.63	36.94	166.22	1,370.39
	Total Salaries	6,278.55	4,268.58	4,268.58	4,383.09	4,564.08	4,564.08	4,397.86	4,379.39	4,490.21	4,305.52	4,434.80	50,334.74
5011340	Specified Per Diem Payment	50.00	300.00	-	-	400.00	-	-	150.00	100.00	50.00	350.00	1,400.00
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	460.00
	Total Special Payments	110.00	340.00	40.00	40.00	440.00	40.00	40.00	190.00	140.00	90.00	390.00	1,860.00
	Total Personal Services	8,837.14	6,286.05	5,986.05	6,109.33	6,704.15	6,305.45	6,126.52	6,256.64	6,325.93	6,077.12	6,516.28	71,530.66
5012000	Contractual Svcs												-
5012100	Communication Services												-
5012140	Postal Services	2,250.32	1,062.80	233.16	462.65	45.28	120.72	46.65	84.57	73.16	114.59	17.10	4,511.00
5012150	Printing Services	-	-	90.06	-	-	-	-	-	-	40.57	20.36	150.99
5012160	Telecommunications Svcs (VITA)	17.28	17.97	-	-	9.04	-	9.04	18.08	18.08	9.04	10.45	108.98
5012190	Inbound Freight Services	-	-	-	-	-	-	-	-	-	-	0.81	0.81
	Total Communication Services	2,267.60	1,080.77	323.22	462.65	54.32	120.72	55.69	102.65	91.24	164.20	48.72	4,771.78
5012200	Employee Development Services												
5012210	Organization Memberships	-	-	-	-	2,750.00	-	-	-	-	-	-	2,750.00
	Total Employee Development Services	-	-	-	-	2,750.00	-	-	-	-	-	-	2,750.00
5012400	Mgmnt and Informational Svcs												
5012420	Fiscal Services	4,175.09	4,277.00	185.47	64.46	10.55	-	5.43	-	9.99	3.94	-	8,731.93
5012440	Management Services	-	56.16	-	(0.99)	-	5.13	-	3.65	-	5.89	-	69.84
5012460	Public Infrmtl & Relatn Svcs	-	32.00	86.00	60.00	64.00	66.00	36.00	42.00	42.00	80.00	56.00	564.00

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
5012470	Legal Services	-	-	-	-	-	-	-	-	-	-	55.00	55.00
	Total Mgmt and Informational Svcs	4,175.09	4,365.16	271.47	123.47	74.55	71.13	41.43	45.65	51.99	89.83	111.00	9,420.77
5012600	Support Services												
5012640	Food & Dietary Services	-	-	151.35	174.85	-	264.75	-	-	229.86	55.75	270.80	1,147.36
5012650	Laundry and Linen Services	-	-	-	-	-	-	-	19.05	-	-	-	19.05
5012660	Manual Labor Services	0.88	14.20	19.24	64.63	-	-	4.59	-	1,585.33	13.02	4.56	1,706.45
5012670	Production Services	5.12	88.80	115.10	293.90	-	153.10	40.64	-	-	71.90	25.15	793.71
5012680	Skilled Services	516.26	516.26	628.76	516.26	774.39	961.89	774.39	774.39	886.89	774.39	774.39	7,898.27
	Total Support Services	522.26	619.26	914.45	1,049.64	774.39	1,379.74	819.62	793.44	2,702.08	915.06	1,074.90	11,564.84
5012800	Transportation Services												
5012820	Travel, Personal Vehicle	325.82	804.64	-	-	870.45	-	-	440.36	594.05	332.45	1,123.82	4,491.59
5012830	Travel, Public Carriers	-	-	-	1,049.81	-	-	-	-	-	642.00	34.13	1,725.94
5012850	Travel, Subsistence & Lodging	103.10	396.54	-	-	526.85	-	-	210.74	98.57	-	1,122.19	2,457.99
5012880	Trvl, Meal Reimb- Not Rprtble	59.25	187.75	-	-	265.00	-	-	87.25	59.25	-	322.25	980.75
	Total Transportation Services	488.17	1,388.93	-	1,049.81	1,662.30	-	-	738.35	751.87	974.45	2,602.39	9,656.27
	Total Contractual Svcs	7,453.12	7,454.12	1,509.14	2,685.57	5,315.56	1,571.59	916.74	1,680.09	3,597.18	2,143.54	3,837.01	38,163.66
5013000	Supplies And Materials												
5013100	Administrative Supplies												-
5013120	Office Supplies	-	15.16	(52.92)	87.57	78.68	27.67	18.45	18.77	81.25	78.43	113.38	466.44
5013130	Stationery and Forms	-	-	-	-	-	-	-	-	-	-	20.36	20.36
	Total Administrative Supplies	-	15.16	(52.92)	87.57	78.68	27.67	18.45	18.77	81.25	78.43	133.74	486.80
5013500	Repair and Maint. Supplies												
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	-	-	-	0.25	-	0.25
	Total Repair and Maint. Supplies	-	-	-	-	-	-	-	-	-	0.25	-	0.25
	Total Supplies And Materials	-	15.16	(52.92)	87.57	78.68	27.67	18.45	18.77	81.25	78.68	133.74	487.05
5015000	Continuous Charges												
5015300	Operating Lease Payments												
5015340	Equipment Rentals	-	44.08	44.08	44.08	45.82	44.08	44.08	41.88	41.88	86.38	41.88	478.24
5015350	Building Rentals	-	2.43	-	-	3.60	-	-	3.60	-	3.60	-	13.23
5015390	Building Rentals - Non State	236.45	276.78	242.04	236.45	263.54	236.45	236.45	254.30	236.58	267.59	293.62	2,780.25
	Total Operating Lease Payments	236.45	323.29	286.12	280.53	312.96	280.53	280.53	299.78	278.46	357.57	335.50	3,271.72
	Total Continuous Charges	236.45	323.29	286.12	280.53	312.96	280.53	280.53	299.78	278.46	357.57	335.50	3,271.72
5022000	Equipment												
5022620	Office Furniture	-	-	-	-	-	-	-	-	631.23	-	-	631.23
	Total Office Equipment	-	-	-	-	-	-	-	-	631.23	-	-	631.23
5022710	Household Equipment	-	-	-	-	-	-	-	-	-	6.92	-	6.92
	Total Specific Use Equipment	-	-	-	-	-	-	-	-	-	6.92	-	6.92

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
	Total Equipment	-	-	-	-	-	-	-	-	631.23	6.92	-	638.15
	Total Expenditures	16,526.71	14,078.62	7,728.39	9,163.00	12,411.35	8,185.24	7,342.24	8,255.28	10,914.05	8,663.83	10,822.53	114,091.24
	Allocated Expenditures												
20100	Behavioral Science Exec	13,383.57	9,499.45	8,837.75	8,843.57	9,104.99	8,851.48	9,346.85	9,016.66	9,127.10	9,320.81	10,204.10	105,536.32
20200	Opt/Vet-Med/ASLP Executive Dir	-	-	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-	-	-	-	-	-
20600	Funeral/LTCA/PT	-	-	-	-	-	-	-	-	-	-	-	-
30100	Data Center	9,456.09	4,308.36	9,509.72	8,308.72	3,061.10	10,657.11	8,276.77	7,633.08	14,607.88	4,047.67	9,327.06	89,193.57
30200	Human Resources	38.81	48.45	38.96	43.79	6,028.50	90.49	43.03	43.67	51.45	81.15	70.48	6,578.78
30300	Finance	5,191.26	2,677.75	2,631.86	1,393.96	3,349.46	2,641.53	1,810.85	3,849.33	1,404.75	283.18	2,602.62	27,836.56
30400	Director's Office	1,678.35	1,319.83	1,224.40	1,236.56	1,193.68	1,277.38	1,335.01	1,253.48	1,399.50	1,543.15	1,469.00	14,930.34
30500	Enforcement	10,944.14	10,365.40	10,376.01	10,685.35	7,701.17	6,798.31	8,182.72	8,823.08	8,827.18	6,086.89	5,583.61	94,373.85
30600	Administrative Proceedings	232.41	5,524.58	608.58	-	-	660.99	-	-	3,201.45	3,122.11	5,874.24	19,224.37
30700	Impaired Practitioners	57.88	43.12	39.60	59.85	58.53	61.83	59.88	63.41	59.94	75.01	62.75	641.81
30800	Attorney General	-	-	1,594.54	1,594.54	-	-	1,594.54	-	-	1,594.54	-	6,378.16
30900	Board of Health Professions	973.45	685.74	619.68	671.00	685.65	626.01	720.21	755.02	778.35	541.65	885.41	7,942.18
31000	SRTA	-	-	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-	-	-	-	-	-
31300	Emp. Recognition Program	-	-	-	-	-	-	52.63	-	2.81	39.79	14.52	109.75
31400	Conference Center	5.02	9.52	7,378.99	(871.48)	(2,568.40)	39.76	4.46	(4.95)	7.48	21.13	14.31	4,035.84
31500	Pgm Devlpmt & Implmentn	759.52	662.20	614.46	624.20	712.15	664.81	636.59	636.97	1,077.36	783.51	1,075.95	8,247.72
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-	-	-
	Total Allocated Expenditures	42,720.51	35,144.40	43,474.56	32,590.04	29,326.82	32,369.70	32,063.53	32,069.75	40,545.26	27,540.60	37,184.06	385,029.24
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (39,727.22)	\$ (37,373.02)	\$ (40,872.95)	\$ (33,593.04)	\$ (35,238.17)	\$ (34,599.94)	\$ (32,005.77)	\$ (33,250.03)	\$ (45,654.31)	\$ (31,176.43)	\$ 86,666.41	(276,824.48)

Number of Licenses, Certifications, and Registrations (To Date)

Applied	32
Resident	889
School	105
School – Limited	606
Sex Offender Treatment Provider	440
LCP	3615
Total	5,687

Total Licensees as of June 30, 2016: 5,103

Number of Applications Received

	FY18 (to date)	FY17	FY16	FY15	FY14	FY13	FY12
Applied	5	4	3	6	2	1	4
Resident	99	97	106	86	79	81	25
Clinical	274	300	254	226	228	222	206
School	6	6	7	8	5	6	8
School – Limited	89	55	112	90	70	58	37
SOTP	25	25	32	15	24	17	18
Total	498	487	514	431	408	385	298

Agenda Item: Petition for rulemaking

Staff Note:

The Board received a petition for rulemaking from Andrew Byrnes with PrescenceLearning, Inc.

Included in your package:

A copy of the petition

A copy of applicable sections of Code and regulation

Board action:

The Board can decide to take no regulatory action (should explain why petition is rejected; OR

The Board can decide to initiate rulemaking with a Notice of Intended Regulatory Action



COMMONWEALTH OF VIRGINIA Board of Psychology

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4697 (Tel)
(804) 527-4435 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

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

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

Andrew Byrnes, Executive Vice President, General Counsel & Chief Compliance Officer, PresenceLearning, Inc.

Street Address

180 Montgomery Street, 20th Floor

Area Code and Telephone Number

(415) 666-2793

City

San Francisco

State

California

Zip Code

94104

Email Address (optional)

Andrew.Byrnes@PresenceLearning.com

Fax (optional)

Respond to the following questions:

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

18VAC125-20-43(A)(3) and 18VAC125-20-43(B). Requirements for Licensure As a School Psychologist-Limited.

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Board of Psychology

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

Substance of Change Request:

PresenceLearning requests a modification of the language concerning the Employment Verification Form that an applicant for licensure as a school psychologist-limited must submit to the Board under 18VAC 125-20-43(A)(3).

The modification would clarify that a school system under the Virginia Department of Education may complete an Employment Verification Form on behalf of an applicant for school psychologist-limited licensure upon the execution of a valid services agreement with a third party company that, in turn, contracts with the individual service provider to deliver school psychology services, i.e., when the applicant is not "employed" by the school system.

Specifically, PresenceLearning requests that 18VAC 125-20-43(A)(3) be modified as follows:

"A completed Employment Verification Form which verifies either (a) current employment by, or (b) status as party to a contract with a third party to provide services to, a school system under the Virginia Department of Education."

The proposed modification would not change the scope of practice of school psychology, as defined in § 54.1-3600. Further, the location of practice for a school psychologist-limited licensee would continue to be confined to the public schools of the Commonwealth. This modification is consistent with 18VAC125-20-10, which defines "school psychologist-limited" as "person licensed pursuant to § 54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions."

Additionally, PresenceLearning requests that the language pertaining to school psychologists-limited licensure renewal be modified to clarify that a school psychologist-limited applicant under a contract with a third party may obtain an Employment Verification Form from a school system to which the applicant intends to provide services.

Specifically, PresenceLearning requests that the 18VAC 125-20-43(B) be modified as follows:

"At the time of licensure renewal, school psychologists-limited shall be required to submit an updated Employment Verification Form if there has been a change in school district in which the licensee is currently employed or provides services pursuant to a contract with a third party."

This modification ensures compliance with section 18VAC 125-20-43(A)(3).

The Rationale:

Currently, 18VAC 125-20-43(A)(3) precludes school psychologist-limited applicants from being licensed if they cannot provide "[a] completed Employment Verification Form of current employment by a school system under the Virginia Department of Education," such as when they are contracted to provide services to a school system pursuant to a contract with a third party, non-public entity, which has contracted with the school.

PresenceLearning's requested revisions, which would permit licensure of an identically qualified applicant who is a contractor instead of a school employee, will help schools address the shortage of providers available to deliver in-person mental health services. An increasing number of school systems rely on non-public entities, many of which provide services via telepractice, to ensure that mandated mental health services are provided. These non-public entities, in turn, typically contract directly with licensed mental health providers in a manner that is similar to a typical professional services agreement into which a school system may enter directly with a provider. In accordance with §54.1-3606(B), this proposed rule change does not permit the mental health provider to engage in private practice or "practice outside the school setting or in any setting other than the public schools of the Commonwealth."

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Board of Psychology

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

§ 54.1-2400 and §54.1-3605(3) [Powers & Duties of the Board] of the Code of Virginia.

Signature:



Date:

4/11/2018

¹ The National Association of School Psychologists (NASP) recommends a ratio of no more than 1,000 students per school psychologist. The ratio of students per school psychologist was estimated to be 1,381 to 1 in the United States in the 2014–2015 school year. *Shortages in School Psychology: Challenges to Meeting the Growing Needs of Students and Schools*. NASP <http://www.nasponline.org/research-and-policy/nasp-research-center>

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Board of Psychology

Colleagues, I wanted to update you on PSYPACT, the interstate psychology practice compact which we have discussed at length over the past year and which we will discuss at the regulatory meeting on July 9 and the full board meeting on July 10. I'd like to summarize some of the recent developments on this for current and new members. The primary source for updates is the www.psypact.com website maintained by ASPPB.

Progress nationally as of 7/6/18:

- *Legislation passed:*
 - Arizona – AZ HB 2503 (Enacted on 5/17/2016)
 - Nevada - NV AB 429 (Enacted on 5/26/2017)
 - Utah - UT SB 106 (Enacted on 3/17/2017)
 - Colorado - CO HB 1017 (Enacted 4/12/2018)
 - Nebraska - NE L 1034 (Enacted 4/23/2018)
 - Missouri - MO HB 1719/MO SB 660 (Enacted 6/1/2018)
- *Legislation pending:*
 - Illinois - IL HB 1853 (Click [here](#) for more information)
 - North Carolina - NC HB 1046/NC SB 748 (Click [here](#) for more information)
- *Endorsed by Psychology Licensing Board:*
 - Texas
 - New Mexico
 - Georgia

Endorsements of PSYPACT by national organizations:

- [American Board of Professional Psychology \(ABPP\)](#)
- American Psychological Association (APA)
 - Division 31 State, Provincial and Territorial Affairs (SPTAs)
 - Division 42 Psychologists in Independent Practice
- [American Telemedicine Association \(ATA\)](#)
- [Association of Psychology Postdoctoral and Internship Centers \(APPIC\)](#)
- [Citizen Advocacy Center \(CAC\)](#)
- [The Trust](#)

(source: <https://www.asppb.net/mpage/resources>)

- From the APA Practice Organization: "PSYPACT was developed by ASPPB and is supported by APA and the Practice Organization. It gives psychologists a way to provide ethical and regulated psychological services across state lines, whether that's in-person on a temporary basis, or via telecommunication technologies." <http://www.apapracticecentral.org/update/2018/05-03/practicing-state-lines.aspx>. APA has put resources into training and promoting PSYPACT. For example, see this recent webinar <http://psyciq.apa.org/telepsychology-the-psychology-interjurisdictional-compact-psypact/>

Endorsements of PSYPACT by adjoining states:

- **North Carolina:** In 2017, NC completed a year-long legislative study per <https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H283v4.pdf> and issued this Report on

Telemedicine Study and Recommendations SL 2017-133, Section 2: https://d3n8a8pro7vhmx.cloudfront.net/fiscalhealthnc/pages/1443/attachments/original/1507145896/SL_2017-133_Section_2_DHHS_Study_and_Recommend_a_Telemedicine_Policy_10-2-17_%28002%29.pdf?1507145896. Findings re: PSYPACT included (emphases mine):

...D. PSYPACT. To promote a Psychology Interjurisdictional Compact (PSYPACT), the Association of State and Provincial Psychology Boards created model language in February 2015 for state legislatures to consider. If passed by seven states, PSYPACT would become effective, allowing psychologists to apply for "Interjurisdictional Practice Certificates" or "E-Passports" from participating states. These credentials would permit psychologists to provide telepsychology services or to temporarily practice psychology in states different from their home state. If PSYPACT became effective, a Commission would be created to provide additional guidance and regulation for the compact.⁵⁸ **The North Carolina Psychological Association (NCPA) reached out to DHHS for comment regarding PSYPACT. Leaders of NCPA felt that their members would be in support of PSYPACT, as the Compact would provide flexibility for psychologists to provide services over state lines. DHHS agrees with this recommendation, as PSYPACT has the potential to address behavioral health workforce shortages.** [p. 21]

The study concluded:

DHHS is considering innovative strategies to meet the needs of rural and underserved communities who do not have adequate access to physicians and other healthcare providers. The focus is [to] not only treat illness, but provide an opportunity for improved health. The 1115 Waiver is designed to encourage whole-person care and adequate workforce is an essential core component to our success in that objective. **North Carolina can improve access to the healthcare workforce by participating in Interstate Licensure Compacts such as PSYPACT and increasing incentives for providers to use telemedicine to reach patients in underserved areas.** [p. 3]

PSYPACT legislation was introduced in the North Carolina General Assembly earlier this year and is in process (see link above).

I would add that PSYPACT fits with system reform efforts in Virginia (see, for example, Creigh Deeds' recent column: "...We have made progress on issues such as alternative transportation and telemental health..." <https://bit.ly/2IXjJlv>, and headlines such as: "Governor announces new initiative to bring high speed internet to rural areas" <https://bit.ly/2tWJ0AA> and "FCC commissioner visits UVa to learn more about telemedicine" <https://bit.ly/2zeXDEn>).

- **Maryland.** The Maryland Psychological Association has recently voted to endorse PSYPACT.
- **District of Columbia.** Familiar with PSYPACT and reportedly interested.
- **Tennessee.** Reportedly interested.

Status in Virginia:

The Virginia Board of Psychology has now been discussing PSYPACT for over a year. We had Dr. Alex Siegel of ASPPB speak with the Board and engage in extensive Q and A, in person and by phone, both last year and this year. As background, ASPPB is a federation of regulatory bodies, with a membership comprising the psychology boards in the US, its territories, and Canada. Dr. Siegel is an attorney/psychologist, a former chair of the PA Board of Psychology, and Director of Professional Affairs for ASPPB (<https://bit.ly/2KHcicS>). He is the author of PSYPACT and co-author of the ASPPB Model

Licensure Act and Model Regulations, which the board is currently referencing in its comprehensive review of Virginia's regulations.

The board has given formal and informal notice of its interest in PSYPACT to major stakeholders over the past year, and in January asked stakeholders for comment. In lieu of a stakeholders' meeting, the board held a three-hour town hall style meeting at the April meeting of the Virginia Academy of Clinical Psychologists (VACP), including a one hour presentation by Dr. Siegel with Q&A from the audience. After that meeting the board asked VACP to provide comment prior to the July 10 scheduled Board meeting. Included in your packet is a response from VACP dated June 21, which included a "positive/negative" document which has been previously distributed to you and which for convenience is again attached. VACP asked that the Board be advised that "VACP currently has no position relating to PSYPACT or possible enabling legislation. That decision will not be made until VACP members have had an opportunity to provide input and our Board of Directors then reviews that input."

Also attached is a document outlining ASPPB's initial response to some of the issues raised in VACP's "positive/negative" document. I would ask that you refer to it as you review VACP's document, in preparation for our discussion. I'm not aware of input from any other stakeholders at this time.

With regard to timing, you'll recall that the board tabled a decision from the May meeting until the July meeting to allow for further review and stakeholder input. It was noted that this meeting would be the last opportunity for the board to endorse PSYPACT in time to introduce legislation in the January 2019 General Assembly session and possibly have Virginia be eligible for membership in the initial regulation-writing commission for PSYPACT.

As always, thank you for your hard work and service to the Commonwealth.

Herb

Herbert L. Stewart, Ph.D.
Chair, Virginia Board of Psychology

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PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

ARTICLE I

PURPOSE

Whereas, states license psychologists, in order to protect the public through verification of education, training and experience and ensure accountability for professional practice; and

Whereas, this Compact is intended to regulate the day to day practice of telepsychology (i.e. the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority;

Whereas, this Compact is intended to authorize State Psychology Regulatory Authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state;

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety;

Whereas, this Compact does not apply when a psychologist is licensed in both the Home and Receiving States; and

Whereas, this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, this Compact is designed to achieve the following purposes and objectives:

1. Increase public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services into a state which the psychologist is not licensed to practice psychology;
2. Enhance the states' ability to protect the public's health and safety, especially client/patient safety;
3. Encourage the cooperation of Compact States in the areas of psychology licensure and regulation;
4. Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions and disciplinary history;

5. Promote compliance with the laws governing psychological practice in each Compact State; and
6. Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.

ARTICLE II

DEFINITIONS

- A. “Adverse Action” means: Any action taken by a State Psychology Regulatory Authority which finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.
- B. “Association of State and Provincial Psychology Boards (ASPPB)” means: the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.
- C. “Authority to Practice Interjurisdictional Telepsychology” means: a licensed psychologist’s authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.
- D. “Bylaws” means: those Bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Section X for its governance, or for directing and controlling its actions and conduct.
- E. “Client/Patient” means: the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.
- F. “Commissioner” means: the voting representative appointed by each State Psychology Regulatory Authority pursuant to Section X.
- G. “Compact State” means: a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or been terminated pursuant to Article XII, Section B.
- H. “Coordinated Licensure Information System” also referred to as “Coordinated Database” means: an integrated process for collecting, storing, and sharing information on psychologists’ licensure and enforcement activities related to psychology licensure laws,

which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

- I. “Confidentiality” means: the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.
- J. “Day” means: any part of a day in which psychological work is performed.
- K. “Distant State” means: the Compact State where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.
- L. “E.Passport” means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.
- M. “Executive Board” means: a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.
- N. “Home State” means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.
- O. “Identity History Summary” means: a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

- P. “In-Person, Face-to-Face” means: interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.
- Q. “Interjurisdictional Practice Certificate (IPC)” means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the State Psychology Regulatory Authority of intention to practice temporarily, and verification of one’s qualifications for such practice.
- R. “License” means: authorization by a State Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.
- S. “Non-Compact State” means: any State which is not at the time a Compact State.
- T. “Psychologist” means: an individual licensed for the independent practice of psychology.
- U. “Psychology Interjurisdictional Compact Commission” also referred to as “Commission” means: the national administration of which all Compact States are members.
- V. “Receiving State” means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.
- W. “Rule” means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Section XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the amendment, repeal or suspension of an existing rule.
- X. “Significant Investigatory Information” means:
1. investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if

required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

2. investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.
- Y. “State” means: a state, commonwealth, territory, or possession of the United States, the District of Columbia.
- Z. “State Psychology Regulatory Authority” means: the Board, office or other agency with the legislative mandate to license and regulate the practice of psychology.
- AA. “Telepsychology” means: the provision of psychological services using telecommunication technologies.
- BB. “Temporary Authorization to Practice” means: a licensed psychologist’s authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State.
- CC. “Temporary In-Person, Face-to-Face Practice” means: where a psychologist is physically present (not through the use of telecommunications technologies), in the Distant State to provide for the practice of psychology for 30 days within a calendar year and based on notification to the Distant State.

ARTICLE III**HOME STATE LICENSURE**

- A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.
- B. A psychologist may hold one or more Compact State licenses at a time. If the psychologist is licensed in more than one Compact State, the Home State is the Compact State where the psychologist is physically present when the services are delivered as authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.
- C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.
- D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice under the terms of this Compact.
- E. A Home State's license authorizes a psychologist to practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only if the Compact State:
 - 1. Currently requires the psychologist to hold an active E.Passport;
 - 2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;
 - 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
 - 4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation FBI, or

other designee with similar authority, no later than ten years after activation of the Compact; and

5. Complies with the Bylaws and Rules of the Commission.
- F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State:
1. Currently requires the psychologist to hold an active IPC;
 2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;
 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
 4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation FBI, or other designee with similar authority, no later than ten years after activation of the Compact; and
 5. Complies with the Bylaws and Rules of the Commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

- A. Compact States shall recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice telepsychology in other Compact States (Receiving States) in which the psychologist is not licensed, under the Authority to Practice Interjurisdictional Telepsychology as provided in the Compact.
- B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:
1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:
 - a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial Statute or Royal Charter to grant doctoral degrees; OR
 - b. A foreign college or university deemed to be equivalent to 1 (a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; AND
 2. Hold a graduate degree in psychology that meets the following criteria:
 - a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;
 - b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;
 - c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

- d. The program must consist of an integrated, organized sequence of study;
 - e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;
 - f. The designated director of the program must be a psychologist and a member of the core faculty;
 - g. The program must have an identifiable body of students who are matriculated in that program for a degree;
 - h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;
 - i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree;
 - j. The program includes an acceptable residency as defined by the Rules of the Commission.
3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;
 4. Have no history of adverse action that violate the Rules of the Commission;
 5. Have no criminal record history reported on an Identity History Summary that violates the Rules of the Commission;
 6. Possess a current, active E.Passport;
 7. Provide attestations in regard to areas of intended practice, conformity with standards of practice, competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the home and receiving states, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.
- C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.
 - D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology will be subject to the Receiving State's scope of practice. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission.
 - E. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

- A. Compact States shall also recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice temporarily in other Compact States (Distant States) in which the psychologist is not licensed, as provided in the Compact.
- B. To exercise the Temporary Authorization to Practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:
1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:
 - a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial Statute or Royal Charter to grant doctoral degrees; OR
 - b. A foreign college or university deemed to be equivalent to 1 (a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; AND
 2. Hold a graduate degree in psychology that meets the following criteria:
 - a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;
 - b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;
 - c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

- d. The program must consist of an integrated, organized sequence of study;
 - e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;
 - f. The designated director of the program must be a psychologist and a member of the core faculty;
 - g. The program must have an identifiable body of students who are matriculated in that program for a degree;
 - h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;
 - i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degree;
 - j. The program includes an acceptable residency as defined by the Rules of the Commission.
3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;
 4. No history of adverse action that violate the Rules of the Commission;
 5. No criminal record history that violates the Rules of the Commission;
 6. Possess a current, active IPC;
 7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and
 8. Meet other criteria as defined by the Rules of the Commission.

- C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.
- D. A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.
- E. If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

- A. A psychologist may practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate State Psychology Regulatory Authority, as defined in the Rules of the Commission, and under the following circumstances:
1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State;
 2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

ARTICLE VII

ADVERSE ACTIONS

- A. A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home State. A Distant State shall have the power to take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State.
- B. A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.
- C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.
1. All Home State disciplinary orders which impose adverse action shall be reported to the Commission in accordance with the Rules promulgated by the Commission. A Compact State shall report adverse actions in accordance with the Rules of the Commission.
 2. In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the Rules of the Commission.
 3. Other actions may be imposed as determined by the Rules promulgated by the Commission.
- D. A Home State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a Receiving State as it would if such conduct had occurred by a licensee within the Home State. In such cases, the Home State's law shall control in determining any adverse action against a psychologist's license.

- E. A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization Practice which occurred in that Distant State as it would if such conduct had occurred by a licensee within the Home State. In such cases, Distant State's law shall control in determining any adverse action against a psychologist's Temporary Authorization to Practice.
- F. Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State's law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.
- G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C, above.

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

- A. In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:
1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for the attendance and testimony of witnesses, and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
 2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.
 3. During the course of any investigation, a psychologist may not change his/her Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his/her Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or

disciplinary matters. The Commission may create additional rules for mandated or discretionary sharing of information by Compact States.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

- A. The Commission shall provide for the development and maintenance of a Coordinated Licensure Information System (Coordinated Database) and reporting system containing licensure and disciplinary action information on all psychologists individuals to whom this Compact is applicable in all Compact States as defined by the Rules of the Commission.
- B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the Coordinated Database on all licensees as required by the Rules of the Commission, including:
1. Identifying information;
 2. Licensure data;
 3. Significant investigatory information;
 4. Adverse actions against a psychologist's license;
 5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked;
 6. Non-confidential information related to alternative program participation information;
 7. Any denial of application for licensure, and the reasons for such denial; and
 8. Other information which may facilitate the administration of this Compact, as determined by the Rules of the Commission.
- C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse action taken against, or significant investigative information on, any licensee in a Compact State.

- D. Compact States reporting information to the Coordinated Database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.

- E. Any information submitted to the Coordinated Database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the Coordinated Database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

- A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.
1. The Commission is a body politic and an instrumentality of the Compact States.
 2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.
- B. Membership, Voting, and Meetings
1. The Commission shall consist of one voting representative appointed by each Compact State who shall serve as that state's Commissioner. The State Psychology Regulatory Authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the Compact State. This delegate shall be limited to:
 - a. Executive Director, Executive Secretary or similar executive;
 - b. Current member of the State Psychology Regulatory Authority of a Compact State;
OR
 - c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State.
 2. Any Commissioner may be removed or suspended from office as provided by the law of the state from which the Commissioner is appointed. Any vacancy occurring in

- the Commission shall be filled in accordance with the laws of the Compact State in which the vacancy exists.
3. Each Commissioner shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of Bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A Commissioner shall vote in person or by such other means as provided in the Bylaws. The Bylaws may provide for Commissioners' participation in meetings by telephone or other means of communication.
 4. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the Bylaws.
 5. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article XI.
 6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:
 - a. Non-compliance of a Compact State with its obligations under the Compact;
 - b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - c. Current, threatened, or reasonably anticipated litigation against the Commission;
 - d. Negotiation of contracts for the purchase or sale of goods, services or real estate;
 - e. Accusation against any person of a crime or formally censuring any person;
 - f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;
 - g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

- opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the Commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each Commissioner with no proxy votes allowed;
4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
 5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar law of any Compact State, the Bylaws shall exclusively govern the personnel policies and programs of the Commission;
 6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;
 7. Providing a mechanism for concluding the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
 8. The Commission shall publish its Bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the Compact States;
 9. The Commission shall maintain its financial records in accordance with the Bylaws;
and
 10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the Bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rule shall have the force and effect of law and shall be binding in all Compact States;
2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State Psychology Regulatory Authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;
3. To purchase and maintain insurance and bonds;
4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a Compact State;
5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
8. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;
9. To establish a budget and make expenditures;
10. To borrow money;

11. To appoint committees, including advisory committees comprised of Members, State regulators, State legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the Bylaws;
12. To provide and receive information from, and to cooperate with, law enforcement agencies;
13. To adopt and use an official seal; and
14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of psychology licensure, temporary in-person, face-to-face practice and telepsychology practice.

E. The Executive Board

The elected officers shall serve as the Executive Board, which shall have the power to act on behalf of the Commission according to the terms of this Compact.

1. The Executive Board shall be comprised of six members:
 - a. Five voting members who are elected from the current membership of the Commission by the Commission;
 - b. One ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.
2. The ex-officio member must have served as staff or member on a State Psychology Regulatory Authority and will be selected by its respective organization.
3. The Commission may remove any member of the Executive Board as provided in Bylaws.
4. The Executive Board shall meet at least annually.
5. The Executive Board shall have the following duties and responsibilities:

- a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;
- b. Ensure Compact administration services are appropriately provided, contractual or otherwise;
- c. Prepare and recommend the budget;
- d. Maintain financial records on behalf of the Commission;
- e. Monitor Compact compliance of member states and provide compliance reports to the Commission;
- f. Establish additional committees as necessary; and
- g. Other duties as provided in Rules or Bylaws.

F. Financing of the Commission

1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities.
2. The Commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services.
3. The Commission may levy on and collect an annual assessment from each Compact State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all Compact States.
4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Compact States, except by and with the authority of the Compact State.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified Immunity, Defense, and Indemnification

1. The members, officers, Executive Director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.
2. The Commission shall defend any member, officer, Executive Director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.
3. The Commission shall indemnify and hold harmless any member, officer, Executive Director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission

employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE XI
RULEMAKING

- A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
- B. If a majority of the legislatures of the Compact States rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any Compact State.
- C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- D. Prior to promulgation and adoption of a final rule or Rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:
1. On the website of the Commission; and
 2. On the website of each Compact States' Psychology Regulatory Authority or the publication in which each state would otherwise publish proposed rules.
- E. The Notice of Proposed Rulemaking shall include:
1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
 2. The text of the proposed rule or amendment and the reason for the proposed rule;
 3. A request for comments on the proposed rule from any interested person; and
 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

- F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
 - 1. At least twenty-five (25) persons who submit comments independently of each other;
 - 2. A governmental subdivision or agency; or
 - 3. A duly appointed person in an association that has having at least twenty-five (25) members.
- H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.
 - 1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
 - 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
 - 3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.
 - 4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

- I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
- L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
 1. Meet an imminent threat to public health, safety, or welfare;
 2. Prevent a loss of Commission or Compact State funds;
 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
 4. Protect public health and safety.
- M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule.

A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight

1. The Executive, Legislative and Judicial branches of state government in each Compact State shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.
2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a Compact State pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.
3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a Compact State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:
 - a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default and/or any other action to be taken by the Commission; and
 - b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to remedy the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the Compact States, and all rights, privileges and benefits conferred by this Compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the Compact States.
4. A Compact State which has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination.
5. The Commission shall not bear any costs incurred by the state which is found to be in default or which has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.
6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the state of Georgia or the federal district where the Compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution

1. Upon request by a Compact State, the Commission shall attempt to resolve disputes related to the Compact which arise among Compact States and between Compact and Non-Compact States.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the commission.

D. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact.
2. By majority vote, the Commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

- A. The Compact shall come into effect on the date on which the Compact is enacted into law in the seventh Compact State. The provisions which become effective at that time shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.
- B. Any state which joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule which has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.
- C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.
 - 1. A Compact State's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.
 - 2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.
- D. Nothing contained in this Compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a Compact State and a Non-Compact State which does not conflict with the provisions of this Compact.

- E. This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining Compact States.

VIRGINIA BOARD OF PSYCHOLOGY

Impact of Criminal Convictions, Impairment, and Past History on Licensure or Certification by the Virginia Board of Psychology

INTRODUCTION

This document provides information for persons interested in becoming a clinical psychologist, school psychologist, applied psychologist, school psychologist-limited, or certified sex offender treatment provider. It clarifies how convictions, impairment, and other past history may affect the application process and subsequent licensure or certification by the Board of Psychology.

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

GUIDELINES FOR PROCESSING APPLICATIONS FOR LICENSURE OR CERTIFICATION: EXAMINATION, ENDORSEMENT, AND REINSTATEMENT

Applicants for licensure or certification by examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations may be issued a license or certificate pursuant to authority delegated to the Executive Director of the Board in accordance with the Board of Psychology Regulations.

An applicant whose license has been revoked or suspended in another jurisdiction is not eligible for licensure or certification in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it.

Affirmative responses to any questions on applications related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license or certificate or impose sanction shall be referred to the Executive Director to determine how to proceed. The Executive Director, or designee, may approve the application without referral to the Credentials Committee in the following cases:

1. The applicant presents a history of chemical dependence with evidence of continued abstinence and recovery. The Executive Director cannot approve applicants for reinstatement if the license or certificate was revoked or suspended by the Board or if it lapsed while an investigation was pending.
2. The applicant has a history of criminal conviction(s) which does not constitute grounds for denial or Board action or the applicant's criminal conviction history meets the following criteria:
 - The applicant's conviction history consists solely of misdemeanor convictions that are greater than 10 years old.

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

BASIS FOR DENIAL OF LICENSURE OR CERTIFICATION

The Board of Psychology may refuse to admit a candidate to any examination or refuse to issue a license or certificate to any applicant with a conviction of a felony or a misdemeanor involving moral turpitude. The Board may also refuse licensure to an applicant for misuse of drugs or alcohol to the extent that it interferes with professional functioning, or mental, emotional, or physical incompetence to practice the profession. Similarly, the Board may refuse certification to an applicant for misuse of drugs or alcohol which interferes with professional functioning, or mental or physical illness which interferes with professional functioning.

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

Criminal convictions for ANY felony may cause an applicant to be denied licensure or certification. *Each applicant is considered on an individual basis. There are NO criminal convictions or impairments that are an absolute bar to licensure or certification by the Board of Psychology.*

ADDITIONAL INFORMATION NEEDED REGARDING CRIMINAL CONVICTIONS, PAST ACTIONS, OR POSSIBLE IMPAIRMENTS

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

1. Any and all criminal convictions ever received;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure or certification in another state or jurisdiction; and

3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant's ability to practice.

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

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

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

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

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

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

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

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

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

NOTE: Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for licensure or certification is grounds for disciplinary action by the Board of Psychology, even after the license or certification has been issued. It is considered to be “procurement of license by fraud or misrepresentation,” and a basis for disciplinary action that is separate from the underlying conviction, past action, or impairment issue once discovered. Possible disciplinary actions that may be taken range from reprimand to revocation of a license or certificate.

FOLLOWING LICENSURE OR CERTIFICATION

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

GETTING A CRIMINAL RECORD EXPUNGED

Having been granted a pardon, clemency, or having civil rights restored following a felony conviction does not change the fact that a person has a criminal conviction. That conviction remains on the individual’s licensure or certification record. Therefore, any criminal conviction *must* be revealed on any application for licensure or certification, unless it has been expunged.

Chapter 23.1 of Title 19.2 of the Code of Virginia describes the process for expunging criminal records. If a person wants a conviction to be removed from their record, the individual must seek expungment pursuant to §19.2-392.2 of the Code of Virginia. Individuals should seek legal counsel to pursue this course, which involves specific petitions to the court, State Police procedures, and hearings in court.

Board of Psychology

Submission of Evidence of Completion of Graduate Work

Regulations for licensure in psychology (18VAC125-20-41) require every applicant for examination for licensure to submit the following:

- a. A completed application on forms provided by the board;
- b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65;
- c. The application processing fee prescribed by the board; and
- d. *Official transcripts documenting the graduate work completed and the degree awarded.*

If an applicant has completed ALL degree requirements, but the graduate transcript does not document that the degree has been awarded solely because of the institution's schedule for conferring degrees, the requirement may be met by submission of an official letter from the institution's graduate psychology program's chair attesting that the applicant has successfully fulfilled all educational requirements to earn the degree, but that due to the institution's schedule, the degree has not yet been conferred. The graduate transcript and the program chair's letter must be sent in sealed envelopes directly to the office of the Board of Psychology.

All other required application and registration of residency documentation must be provided to satisfy the application and registration of residency requirements.

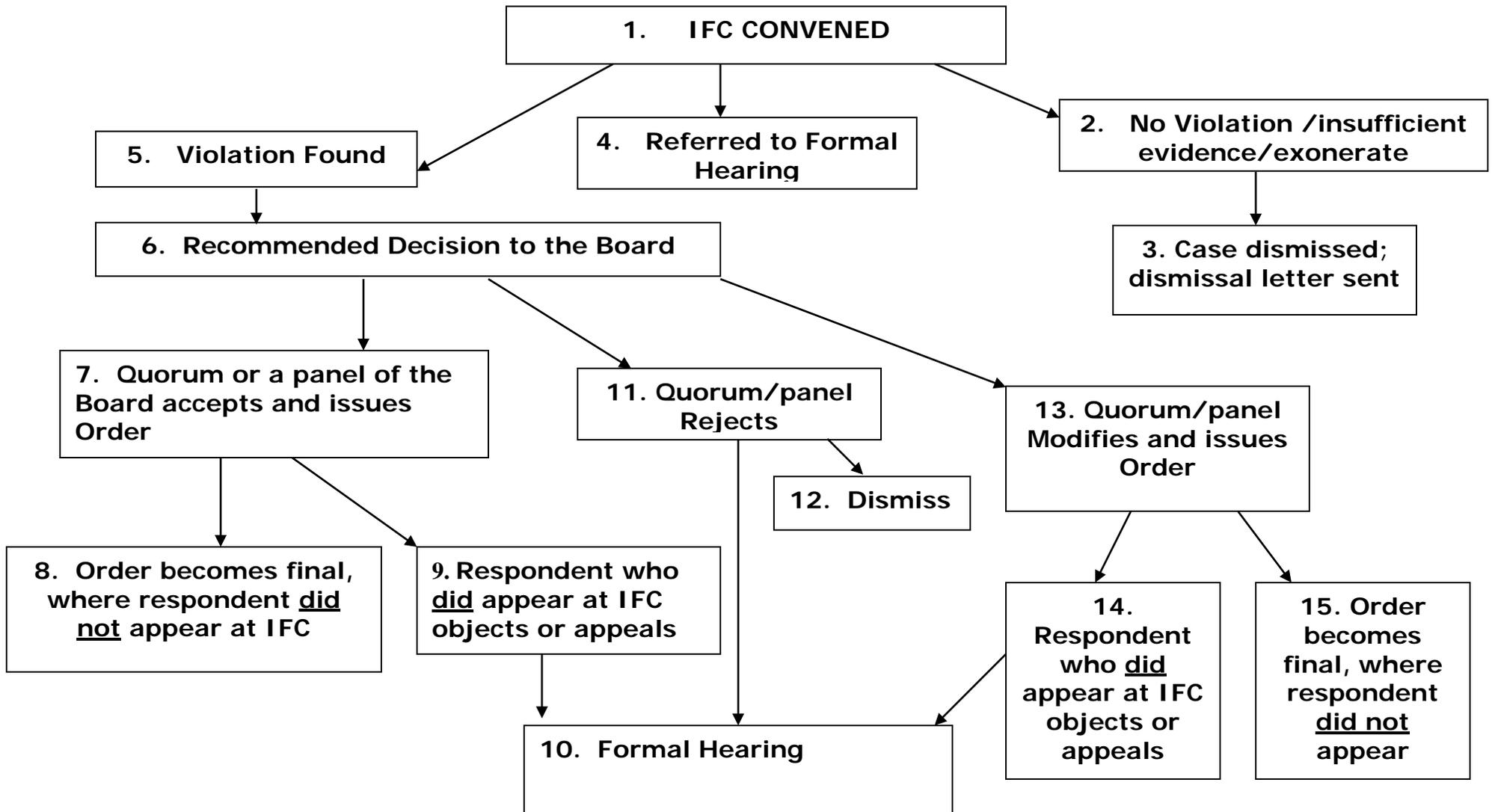
Board of Psychology

Official Beginning of a Residency

Applicants who plan to obtain post-graduate training in Virginia must register as a resident in psychology prior to beginning supervision and make application at the time of the registration of residency by submitting the required forms and the official transcript.

The effective date for the beginning of the approved residency will be the date the completed Registration of Residency Form is received in the office of the Board of Psychology, accompanied by either an official transcript documenting that the required degree has been conferred or by an official letter from the program chair attesting that the applicant has completed all degree requirements, but that the degree has not yet been conferred due to the institution's degree-awarding schedule.

Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



Narrative explanation of Flow Chart on Delegation to an Agency Subordinate

This describes the process in which a subordinate hears a case at an informal conference up to a case that may be referred to a formal hearing.

- 1.** Pursuant to a notice, the designated agency subordinate (“subordinate”) will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
- 2.** The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory and/or regulatory violation has occurred.
 - 3.** If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
- 4.** The subordinate may decide that the case should be referred to a formal hearing. A hearing before the board would then be scheduled and notice sent to the respondent.
- 5.** The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
 - 6.** With the assistance of APD, the subordinate drafts a recommended decision, which includes the findings of fact, conclusions of law and sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board or a panel consisting of at least five members of the board.
- 7.** If the quorum or panel of the board accepts the recommended decision and:
 - 8.** If the respondent did not appear at the IFC, the board’s decision becomes a final order that can only be appealed to a circuit court; or
 - 9-10.** If the respondent did appear at the IFC and objects to and appeals the order, he may request a

formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

11. A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:

The quorum/panel may decide to refer the case for a formal hearing **(10)**; or the quorum/panel may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him of the decision of the board **(12)**.

13. A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.

15. If the respondent did not appear at the informal conference, then the board's decision becomes a final order that can only be appealed to a circuit court.

14-10. If the respondent did appear at the informal conference and objects to and appeals the order, he may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

CONFIDENTIAL CONSENT AGREEMENTS

Legislation enacted in 2003 authorizes the health regulatory boards to resolve certain allegations of practitioner misconduct by means of a *Confidential Consent Agreement* (“CCA”). This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner.

A CCA shall not be used if the board determines there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients, or (ii) conducted his/her practice in a manner as to be a danger to patients or the public.

A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.

A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. The entry of a CCA in the past may be considered by a board in future disciplinary proceedings. A practitioner may only enter into only two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period, unless the board finds there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.

Confidential Consent Agreements Board of Psychology

At the January 13, 2004 meeting, the Board voted unanimously to adopt guidelines for possible uses of Confidential Consent Agreements. These guidelines were taken from recommendations resulting from work done on this issue by the Chairs of the Behavioral Science Boards of the Department of Health Professions.

The **Board of Psychology** adopted the following list of violations of Regulation or Statute that may qualify for resolution by a Confidential Consent Agreement:

1. Advertising

Example: A licensee or certificate holder using the title “Dr.” without specifying “Ph.D.,” “Ed.D.,” or such similar designation after his or her name.

2. Continuing education

Example: Insufficient or improper coursework to meet the requirements. Confidential Consent Agreements will not, however, be used in instances where a licensee is found to have untruthfully reported compliance.

3. Record keeping

Example: To include such infractions as failure to record in a timely fashion; omission or inaccurate recording of dates, names, or times; and illegibility to the point of reasonably being unreadable.

4. Inadvertent breach of confidentiality

Example: Providing information about a client to another person without authorization, such as responding to, “what time is my wife’s appointment?” By acknowledging the appointment the licensee has verified that he or she is treating someone.

5. Failure to report a known violation

Example: A licensee working at an agency is “instructed” by a supervisor (non-licensee) not to report a violation. As a result, the licensee does not report the violation under fear of action from his or her employer.

6. Fees and billing issues

Example: The licensee charges more than originally agreed upon. This would also apply in situations of unintentionally billing for the wrong date(s).

VIRGINIA BOARD OF PSYCHOLOGY

Acceptance of CPQ submitted by Applicants for Licensure by Endorsement

Regulations of the Board (18VAC125-20-42) require that an applicant for licensure by endorsement provide documentation of one of the following:

- a. A current listing in the National Register of Health Service Psychologists;
- b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
- c. Ten years of active licensure in a category comparable to the one in which licensure is sought, with an appropriate degree as required in this chapter documented by an official transcript; or
- d. If less than 10 years of active licensure, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following:
 - (1) Documentation of post-licensure active practice for at least 24 of the last 60 months immediately preceding licensure application;
 - (2) Verification of a passing score on the Examination for Professional Practice of Psychology as established in Virginia for the year of that administration; and
 - (3) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

If an applicant has obtained the Certificate of Professional Qualification in Psychology (CPQ), the Board may accept that in lieu of:

1. An official transcript, as specified in (c) or (d), and
2. Verification of a passing score on the Examination for Professional Practice of Psychology.

All other application requirements for licensure by endorsement must also be met.

Virginia Board of Psychology

Possible Disciplinary or Alternative Actions For Non-Compliance with Continuing Education Requirements

The Board has adopted the following guidelines for resolution of cases of non-compliance with continuing education requirements. In all cases of non-compliance, the licensee will also be audited for the next renewal cycle.

CAUSE

Short due to unacceptable hours

Short 1 - 14 hours

Did not respond to audit request

False attestation of continuing education completion

Repeat offense in subsequent year

POSSIBLE ACTION

Confidential Consent Agreement; 30 day make up

Confidential Consent Agreement; 30 day make up

Informal Fact-Finding Conference

Informal Fact-Finding Conference

Informal Fact-Finding Conference

If requested prior to the renewal date, the board may grant an extension for good cause of up to one year for the completion of continuing education requirements. Such extension does not relieve the licensee of the continuing education requirement.