

August 15, 2019
Board Room 2
10:00 a.m.

Call to Order – Johnston Brendel, Ed.D, LPC, LMFT, Committee Chair

- Welcome and Introductions
- Emergency Egress Procedures
- Mission of the Board

Approval of Minutes

- Regulatory Committee Meeting – May 30, 2019*

Public Comment

The Committee 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.

Unfinished Business

- Petition for Rulemaking amend regulations to allow counselors with doctoral coursework in supervision to supervise with less than two years of post-licensure experience.*
- Petition for Rulemaking to amend regulations to require a supervisor supervising a resident in counseling to complete at least 5 years of post-licensure experience or document experience in all clinical areas.*

New Business

- Recommendation for emergency regulations related to the issuance of temporary licenses to individuals engaged in counseling residency.*
- Discussion on supervisor designation and qualifications.
- Discussion on creating didactic training in substance abuse definitions for each required area.

Next Meeting – October 31, 2019

Meeting Adjournment

*Requires a Committee Vote

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

**Regulatory Committee
Meeting Minutes
May 30, 2019**

**VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Thursday, May 30, 2019**

TIME AND PLACE: The meeting was called to order at 10:13 a.m. on Thursday, May 30, 2019, in Board Room 1 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.

PRESIDING: Kevin Doyle, Ed.D., LPC, LSATP

COMMITTEE MEMBERS PRESENT: Danielle Hunt, LPC
Vivian Sanchez-Jones, Citizen Member
Holly Tracy, LPC, LMFT

COMMITTEE MEMBER ABSENT: Johnston Brendel, Ed.D., LPC, LMFT, Chairperson

STAFF PRESENT: Sandie Cotman, Licensing Specialists
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Manager
Brenda Maida, Licensing Specialist

OTHERS PRESENT: Elaine Yeatts, DHP Senior Policy Analyst

APPROVAL OF MINUTES: Ms. Hunt moved to approve the minutes of the February 7, 2019 meeting. Ms. Tracy seconded the motion, and it passed unanimously.

PUBLIC COMMENT: There was no public comment.

DISCUSSIONS:

- I. **Unfinished Business:**
- **Interstate Compact Agreements:** Dr. Doyle provided updated information on the American Counseling Association (ACA) efforts in developing an Interstate Professional Licensing Compact.
 - **Periodic Review Discussion:** The Committee re-visited its periodic review discussion.

| Chapter | Board of Counseling | Outcome of Discussion |
|---------------|---|---|
| 18 VAC 115-40 | Regulations Governing the Certification of Rehabilitation Providers | The Committee reviewed staff's recommended changes to the Regulations. Ms. Tracy moved, which was properly seconded, that the Committee recommend the draft changes to the Regulations Governing the Certification of Rehabilitation Providers in concept to the full Board which will include the addition of continuing education requirements for each renewal and a Notice of Intended Regulatory Action (NOIRA) be published. The motion passed unanimously. |

II. **New Business:**

- **Consideration of public comment and amendments for final adoption of Regulations Governing the Registration of Peer Recovery Specialists.** The Committee reviewed and discussed the Department of Behavioral Health & Developmental Services (DBHDS) draft suggestions for change to the Regulations Governing the Registration of Peer Recovery Specialists. There was no other public comment. Ms. Holly moved, which was seconded by Ms. Hunt, to approve and recommend to the full Board the suggested changes to the final Regulations Governing the Registration of Peer Recovery Specialists as discussed with minor changes to wording in section 18VAC115-70-60.B. The motion passed unanimously.
- **Consideration of public comment and amendments for final adoption of Regulations Governing the Registration of Qualified Mental Health Professionals.** The Committee reviewed and discussed the public comment and staff draft recommended changes to the regulations.

Ms. Tracy moved, which was properly seconded by Ms. Hunt, to recommend to the full Board to amend sections 18VAC115-80-40.B.5 and 18VAC15-80-50.B.4 to allow licensed occupational therapists with an internship of at least 500 hours with persons with mental illness to meet the requirements for qualified mental health professional-adult (QMHP-A) and qualified mental health professional-child (QMHP-C). The motion passed unanimously.

Ms. Tracy moved, which was properly seconded by Ms. Sanchez-Jones, to recommend to the full Board the staff recommended changes to the final Regulations Governing the Registration of Qualified Mental Health Professionals. The motion passed unanimously.

Petition for Rulemaking Discussion:

- Michelle Morganegg, petitioned the Board to amend the Regulations Governing the Registration of Qualified Mental Health Professionals to accept a bachelor's degree in criminology and criminal justice to qualify for registration as a QMHP-C and to accept supervised experience obtained in another state. There were no public comment. Ms. Yeatts commented that the Board is adopting of final regulations to replace the emergency regulations currently in effect, the Board has already proposed an amendment to accept supervised experience obtained in another U. S. jurisdiction, so a further amendment is unnecessary to respond to that aspect of the petition. Additionally, while the guidance document (115-8) does not list criminology as a related degree for QMHP registration, it does say that: "The Board may consider other degrees in human services or in fields related to the provision of mental health services." Therefore, it is possible that an applicant's coursework may be sufficient to determine that the applicant is qualified in the provision of mental health services.

Ms. Tracy moved, which was properly seconded by Ms. Hunt, that the Committee recommend to the full Board that the Board reject the petitioner's request. The motion passed unanimously.

- Michael Hayter, LCSW, CSAC, petitioned the Board to amend the Regulations Governing the Licensed Substance Abuse Treatment Practitioners to waive the requirement for an examination for licensed clinical social workers who can show clinical experience based in substance abuse service to become licensed substance abuse treatment practitioners. Ms. Yeatts commented that the Board recently conducted a periodic review of regulations and recommended that the exemption from examination currently in place for licensed professional counselors be deleted in regulations governing licensure of substance abuse treatment practitioners.

Ms. Tracy moved, which was properly seconded by Ms. Hunt, that the Committee recommend to the full Board that the Board reject the petitioner's request. The motion passed unanimously.

- **Review Guidance Document 115-1.1: Possible Disciplinary or Alternative Actions for Non-Compliance with Continuing Education Requirements, revised May 1, 2015.** The Committee reviewed and discussed the guidance document. Ms. Tracy moved, which was properly seconded by Ms. Hunt, the Committee recommend to the full Board to amend the possible actions for those who were in non-compliance of 16 to 20 hours of continuing education to an Informal Fact-Finding Conference. The motion passed unanimously.
- **Review public comment or proposed Guidance Document 115-11 on Substance Abuse Treatment Functions by Regulated Professions.** The Committee reviewed and discussed the public comment. Ms. Tracy moved, which was properly seconded by Ms. Hunt, the Committee recommend to the full Board to amend the guidance document as discussed. The motion passed unanimously.
- **Consideration of Virginia Sex Offender Treatment Association as an approved provider of continuing education.** After discussion, Ms. Hunt moved, which was properly seconded by Ms. Tracy, that the Committee recommend to the Board to add Virginia Sex Offender Treatment Association to the list of approved providers for continuing competency to the regulations governing licensed professional counselors, licensed marriage and family therapists and licensed substance abuse treatment practitioners as part of the period review. The motion passed unanimously.
- **Discuss Virginia Code of Virginia § 32.1-127.1:03.F. Health records privacy - release of records.** The Committee discussed the Code. No action taken.
- **Consideration of a Guidance Document for Credential Appeal Process.** The Committee reviewed and discussed the draft guidance document. Ms. Hunt moved, which was properly seconded by Ms. Tracy, that the Committee recommend to the Board approved the guidance document draft as presented. The motion passed unanimously.
- **Degree Program Trend Discussion.** The Committee discussed the trends of degree programs. No action taken.

NEXT SCHEDULED MEETING: The next Committee meeting is scheduled for August 15, 2019 at 10:00a.m.

ADJOURNMENT: The meeting adjourned at 1:46 p.m.

Johnston Brendel, Ed.D., LPC, LMFT
Chairperson

Date

Jaime Hoyle, JD
Executive Director

Date

Agenda Item: Response to Petitions for Rulemaking

Included in your agenda package are:

- 1) A copy of the petition received from **Aimee Brickner**
Copy of comment on petition
Section of regulation

- 2) A copy of petition received from **Joyce Samples**
Copy of comment on petition
Section of regulation

Staff Note:

Each petition should be considered separately.

Action on petition:

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action or a fast-track action; or

To reject the petitioner's request (*The Board needs to discuss or state its reasons for denial*).

Petition for Rule-Making (Brickner)

To amend regulations to allow counselors with doctoral coursework in supervision to supervise with less than two years of post-licensure experience.

Request for Comment on Petition for Rulemaking

Promulgating Board: **Board of Counseling**

Regulatory Coordinator: Elaine J. Yeatts
(804)367-4688
elaine.yeatts@dhp.virginia.gov

Agency Contact: Jaime Hoyle
Executive Director
(804)367-4406
jaime.hoyle@dhp.virginia.gov

Contact Address: Department of Health Professions
9960 Mayland Drive
Suite 300
Richmond, VA 23233

Chapter Affected:

18 vac 115 - **Regulations Governing the Practice of Professional Counseling**
20:

Date Petition Received 05/23/2019

Petitioner Aimee Brickner

Petitioner's Request

Amend the qualifications for supervision to allow a licensed counselor to supervisor residents without the two-year post-licensure clinical experience requirement, if the licensee has completed a doctoral level supervision course or doctoral level supervision internship as a part of the completion of a doctoral degree .

Agency Plan

In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on June 24, 2019 with comment requested until July 23, 2019. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically. At its first meeting following the close of comment, which is scheduled for August 16, 2019, the Board will consider the request to amend regulations and all comment received in support or opposition. The petitioner will be informed of the board's response and any action it approves.

Publication Date 06/24/2019 *(comment period will also begin on this date)*

Comment End Date 07/23/2019



Board of Counseling

DHP

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

(804) 367-4610 (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,)

Brickner, Aimee R.

Street Address

2683 N Garden Ln

City

North Garden

Email Address (optional)

bricknar@jmu.edu

Area Code and Telephone Number

540-421-3223

State

VA

Zip Code

22959

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.

Regulations Governing the Practice of Professional Counseling
18VAC115-20-52. Residency requirements.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;

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

Document two years of post-licensure clinical experience OR complete a doctoral level supervision course or doctoral level supervision internship as part of the completion of a doctoral degree.

Requiring licensed individuals to wait two years before becoming approved supervisors for residents in counseling serves the valuable purpose of allowing them to accrue experience not only working with clients and becoming a more seasoned professional, but to also take any necessary supervision courses/trainings in order to become a supervisor. Currently, this path is the only way to become an approved Supervisor and this petition for rule-making proposes adding a second way to become a Supervisor. All Doctoral level programs in Counselor Education in the state of Virginia require their doctoral students to take a supervision course that has both a theoretical component and a practicum component. Through the practicum component, doctoral students provide supervision to Master's level students and simultaneously receive supervision throughout the course from a licensed counselor educator. By receiving a combination of advanced supervision theory and practice, a licensed individual who has also completed a doctoral level supervision course as part of the completion of a doctoral degree should be able to become a licensed supervisor without the two year post-licensure clinical experience requirement.

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

1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

Signature: *James R. Brickman, PL.D., APC*

Date: 05/09/19

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Agency Department of Health Professions

Board Board of Counseling

Chapter Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]

All good comments for this forum [Show Only Flagged](#)[Back to List of Comments](#)

Commenter: Dr. Suzan Thompson

6/26/19 6:53 pm

Disagree

I completely disagree with this proposal! Most doctoral students have very little clinical experience already, so to permit them to supervise with even less than is required (2 years is not much time all-in-all!) would not serve our profession nor Residents. Although doctoral students MAY have more supervision training, that training MUST be accompanied with significant clinical experience to understand the depth and capacity of the counseling process.

Commenter: Laura Fisher, LMFT

6/28/19 6:26 pm

Opposed

I oppose this petition, despite residing in rural Southwest Virginia, near Virginia Tech's Ph.D. MFT program, which would allow a greater number of licensing supervisors for this area.

This petition places the value of education far above clinical experience. Despite the necessity of both to be successful and effective in this field, both as a counselor and supervisor. While additional education can be beneficial, the amount of time served in obtaining a doctoral degree does not make up for a lack of clinical experience. Clinical experience cannot be taught.

Allowing these individuals to supervise others without having at least 2 years of post-licensure clinical experience themselves is setting up a failing system for future counselors and therapists. Across the country, Virginia has a reputation for its high standards and I do not want to see that reputation diminished through selectively decreasing the amount of clinical experience necessary for some to supervise others.

Commenter: Cynthia Miller

7/11/19 1:57 pm

Oppose

I am opposed to this petition. The possession of a doctoral degree does not automatically prepare one to supervise someone for licensure. Many doctoral programs allow students to go directly from their master's degree to a doctoral degree without having to acquire a license to practice. While a doctoral program may require another internship, it is quite possible for someone to receive a doctoral degree having only had around 1200 hours of experience - with far less than 1,000 hours of direct service to clients. Moreover, at the doctoral level the internship may involve more teaching and supervision of practicum students than actual clinical work. This is not sufficient experience to begin providing supervision for licensure.

There is no substitute for experience when it comes to providing supervision for licensure. A supervisor needs to have worked with many clients facing many different issues and preferably in multiple settings before being ready to supervise someone for licensure. I believe the requirement that someone have at least two years of post-licensure, independent practice is a good minimum standard to become a supervisor for licensure and should not be watered down.

Commenter: Lynne Jonson

7/12/19 5:14 pm

Opposed

I also live in southern Va where qualified licensed professionals are not readily found. However I found that in my supervised 2 years of experience was essential in fully understanding the responsibility of practice and developed my clinical skills. In my local area we have varied level of skills, education and abilities with QMHPs. I face daily challenges with QMHPs failing to continuing education/knowledge requirements as a direct result of lack of mandated continuing education and they are not bound by a code of ethics to practice. I mention this as an example of the potential clinical level of experience most doctoral candidates have. Without practical experience the "practice" of our profession is based in real practice with a working knowledge of a code of ethics-ethics and legal requirements are not theory.

Commenter: Lynne Jonson

7/12/19 5:17 pm

Opposed

I also live in southern Va where qualified licensed professionals are not readily found. However, my supervised 2 years of experience was essential in my fully understanding the responsibility of practice and developed my clinical skills.

I find varied level of skills, education and abilities with QMHPs. I face daily challenges with QMHPs failing to continuing education/knowledge requirements as a direct result of lack of mandated continuing education and they are not bound by a code of ethics to practice. I mention this as an example of the potential clinical level of experience most doctoral candidates have. Without practical experience the "practice" of our profession is based in real practice with a working knowledge of a code of ethics-ethics and legal requirements are not theory.

18VAC115-20-52. Residency Requirements.

A. Registration. Applicants who render counseling services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;
2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; and
3. Pay the registration fee.

B. Residency requirements.

1. The applicant for licensure shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:
 - a. Assessment and diagnosis using psychotherapy techniques;
 - b. Appraisal, evaluation, and diagnostic procedures;
 - c. Treatment planning and implementation;
 - d. Case management and recordkeeping;
 - e. Professional counselor identity and function; and
 - f. Professional ethics and standards of practice.
2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.
3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.
6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours towards the requirements of a residency.
7. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.
8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.
9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.
10. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.
11. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;
2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and
3. Shall hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.
2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.
3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.
4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.
5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements which were in effect at the time the supervision was rendered.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 16, Issue 13, eff. April 12, 2000; amended, Virginia Register Volume 24, Issue 24, eff. September 3, 2008; Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016.

Petition for Rule-Making (Samples)

To amend regulations to require a supervisor supervising a resident in counseling to complete at least 5 years of post-licensure experience or document experience in all clinical areas.

Request for Comment on Petition for Rulemaking

Promulgating Board: **Board of Counseling**

Regulatory Coordinator: Elaine J. Yeatts
elaine.yeatts@dhp.virginia.gov

Agency Contact: Jaime Hoyle
Executive Director
jaime.hoyle@dhp.virginia.gov

Contact Address: Department of Health Professions
9960 Mayland Drive
Suite 300
Richmond, VA 23233

Chapter Affected:

18VAC115 - 20: Regulations Governing the Practice of Professional
Counseling

Date Petition
Received 05/10/2019

Petitioner Joyce Samples

Petitioner's Request

Requesting that the Board review to amend the requirements to be a supervisor. Currently the requirements are 2 yrs post licensure work and either graduate class or 20 hour supervision training. I am requesting the Board amend the criteria from either 2 years to 5 years post licensure experience OR have the individual document experience in all clinical areas. For example, working 2 yrs post licensure in administration should not be allowed to qualify since no clinical work has been performed.

Agency Plan

In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on June 10, 2019 with comment requested until July 9, 2019. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically. At its first meeting following the close of comment, which is scheduled for August 16, 2019, the Board will consider the request to amend regulations and all comment received in support or opposition.

Publication Date 06/10/2019 *(comment period will also begin on this date)*

Comment End Date 07/09/2019



COMMONWEALTH OF VIRGINIA

Board of Counseling

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 Richmond, Virginia 23233-1463
 527-4435(Fax)

(804) 367-4610

(804)

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) | | |
| Samples, Joyce E, Ms. | | |
| 485 Church St. | 276 613 1414 | |
| Wytheville | Va | 24382 |
| <u>joyce.samples@yahoo.com</u> | Fax (optional) | |
| Respond to the following questions: | | |
| The application for Board Approved Supervisor for LPC | | |
| I am requesting that the Board review to amend the requirements to be a supervisor. Currently the requirements are 2 yrs post licensure work and either graduate class or 20 hour supervision training. I am requesting the Board amend the criteria from either 2 years to 5 years post licensure experience OR have the individual document experience in all clinical areas. For example, working 2 yrs post licensure in administration should not be allowed to qualify since no clinical work has been performed. | | |
| 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 <u>other</u> legal authority for promulgation of a regulation, please provide that Code reference. | | |
| Joyce. E Samples, LPC | | 5-9-19 |
| | | |
| | | |

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**Agency** Department of Health Professions**Board** Board of Counseling**Chapter** Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]All good comments for this forum [Show Only Flagged](#)[Back to List of Comments](#)**Commenter:** Dr. Amy Parks

6/12/19 10:55 am

This is an important and critical change that will improve the delivery of high quality supervision.

Commenter: Carolyn Schoenherr-Crump

6/12/19 5:35 pm

qualifications for supervisors of residents

I do support the proposal submitted by Joyce Samples. I too am concerned about LPC's who do not have clinical experience of actually working with clients, becoming supervisors. This to me, is not providing adequate supervision to resident.

Commenter: Dr. Rick Carroll

6/14/19 11:16 pm

Tightening supervision requirements during Residency

I support the petition to increase the time frame from two to five years of post-licensure experience for supervisors who provide supervision to residents. I've seen a lot of inexperienced supervisors providing supervision to others after only two years of work in the field, which is ultimately to the potential detriment of those we serve. Increasing the time frame (or having the individual document clinical experience in all areas) will enhance the supervision offered to residents (F.2.a) and increase their gatekeeping capacity (F.6.b) to our profession.

Commenter: Loretta Schulz

6/15/19 12:40 pm

Important Change

I have supervised residents who told me that they "didn't get much from their first supervision experience because that supervisor was not knowledgeable about supervision or supervision in that resident's area of interest. I think that the regulation as proposed is a much needed change.

Commenter: Rebecca Hogg

6/15/19 1:42 pm

Pushing too far

As it stands, it can be difficult for a new graduate to locate a supervisor. I think pushing the requirement out to 5 years would put an unnecessary burden on these new counselors.

New supervisors are already required to submit evidence for 20 continuing hours which should cover all clinical areas.

I would suggest that instead of increasing the requirements to become a supervisor, instead add a requirement to remain a supervisor by requiring 5 continuing education hours annually in supervision.

I can agree with new supervisors needing to document working in various clinical areas during the 2 years post-licensure.

Commenter: Michelle Mays Center for Relational Recovery

6/16/19 4:28 pm

Supervision Petition

I support this change in supervision requirements as I believe supervisors need the five year time period to develop their own clinical skills and understanding as well as continue their training prior to supervising other clinicians. Clinical skills are developed in the doing of counseling far more than in classroom/book training or learning (not that these aren't vital as well). Supervisors need to have had the time to hone and deepen their clinical skills experientially prior to supervising other clinicians.

Commenter: Jane Fetterman

6/17/19 9:02 pm

Supervision Proposal

I am strongly opposed to the proposed changes to the qualifications for supervisors of residents in counseling. Increasing requirements to 5 years post licensure would result in fewer qualified supervisors making it harder for prospective residents to get supervision. Secondly, this proposal doesn't specify that the increase to 5 years include clinical practice, so the concern may not even be changed with the proposed additional time. Lastly, supervisors should not supervise outside her/his areas of expertise and this is what should be stressed and monitored to address the presented concern.

Commenter: Jim Brewer

6/19/19 6:36 pm

Supervision 2 to 5 years will need a interim in order to maintain supervisors.

A interim time frame will need to be established to maintain a level of supervision vice the immediate enforcement of the new regulation.. Also, 5 years of seniority in the field doesn't always provide the best candidate, especially if only minimally successful applicants are available to apply.

Commenter: Kristen Hart, LPC

6/26/19 11:46 am

Increased concerns

It seems inappropriate to implement this change to all providers as each individual's experience may vary during their time in the field. Many individuals submerge themselves in various fields, working with a diverse clientele, making them completely qualified and competent to supervise

within a 2 year time period. To date, many residents experience difficulty locating and maintaining clinical supervisors. Making this change, would increase these challenges for residents and present more barriers during residency. A better approach would be increasing the amount of continuing education needed for those in a clinical supervisor role

Commenter: Dr. Suzan Thompson

6/26/19 6:48 pm

Amend

Amending the requirements for qualified supervisors from 2 to up to 5 would be helpful to training Residents appropriately. Supervisors should have a clinical caseload to assist them with continuing to develop their clinical skills.

Commenter: Andrew Peddy

6/28/19 10:23 am

Lack of supervisor availability

An increase of experience after licensure in order to provide supervision is ideal, but would prove very detrimental in Southwest Virginia for increasing the workforce. The workforce shortage limits service availability for the individuals we serve currently and expanding the requirements now would limit this further. According to the Virginia Medicaid Continuum of Behavioral Health Services report by the Farley Center, "Of the 133 counties in Virginia, 87 (65%) were designated by the Health Resources and Services Administration as Mental Health Professional Shortage Areas in 2018. Significant regional variation exists, with the greatest workforce shortages in the Southwest and Southside regions." Because of this workforce shortage, many people who become licensed do move into administrative roles due to requirements for supervisors to be LMHP type staff. It is difficult to fill LMHP type positions in Southwest Virginia and it is difficult for staff to find supervisors. I would also like to point out this information from the Continuum report as well, "Virginia ranks 40th in terms of access to behavioral health care in the nation. Virginia also ranks 41st in terms of availability of mental health providers, as measured by a ratio of population to providers." I believe this would be better served as a long term goal for the board as we build our work force.

Commenter: Jackie Morris

7/1/19 12:29 pm

We will miss out on some excellent supervision if this is changed

Early in my career, I was privileged to work with someone who came late in life to her Masters/license, but had a long history of working in addictions and mental health. Her experience was invaluable, and the quality of the supervision she provided was unparalleled in an area already starving for qualified supervisors. This proposal would likely have been a deterrent for her to even seek a Master's degree/license, and the residents she has supervised over the years would have missed out. To burden this area of far southwest Virginia by more than doubling requirements we are already struggling to meet seems to serve the purpose of making those available supervisors EXTREMELY marketable, perhaps increasing opportunities to do nothing more than provide supervision, but I fail to see how it will help us meet ever increasing Medicaid requirements for licensed providers by creating a bottleneck for residents needing supervision.

Commenter: Sharon Watson, LPC, LMFT, LSATP, NCC, ACS

7/9/19 2:26 am

Opposed - Petition does not adequately address supervisor competency - There are better options

- I agree that a supervisor should document clinical rather than administrative work experience in order to be a supervisor. I disagree that the experience should be extended to 5 years before being allowed to supervise. There are other alternatives to addressing supervisor competency.
- First, I would like to explain how I've come to my response to this petition: I have been a supervisor in Virginia for over 20 years and I am a provider of the 20 hours of Clinical Supervision Training required for LPCs and LMFTs to supervise residents and as such have trained many supervisors over the years. I have been the Supervision Chair of Northern Virginia Licensed Professional Counselors (NVLPC) for 6 years, a NVLPC Resident Support Group leader for several years, and have researched and written multiple NVLPC newsletter articles on Virginia supervision topics. In these volunteer positions I have assisted many supervisors and residents in navigating the process of attaining licensure. (Note that the opinions I express here are my own and do not reflect the opinions of NVLPC.)
- I have heard about many situations of inadequate supervision based on ignorance, misunderstanding, and/or misinterpretation of the regulations by supervisors (and residents). So, I understand the need for amendments to the requirements.
- However, I believe that extending the requirements for supervising from two years to five years is too extreme at the present time. There are currently about 8,700 LPC residents and about 300 LMFT residents according to the Board with the caveat this number may be inaccurate. There are about 2000 supervisors listed on the Board website which I also think is not accurate, but in lieu of any other numbers, I'm using them. That's a 4 to 1 ratio. With more students graduating every year there are already not enough supervisors to meet the need and there would be a shortfall during a 3-year extension period. I've been told multiple times by graduates that it has taken them months to find a supervisor because those they contact don't return their calls and if they do, say they have no openings. Extending the time-frame to 3-5 years of experience can be revisited when there are more licensed clinicians available to provide supervision.
- I believe the answer to assuring quality supervision is in the supervisor training requirement itself. My recommendations are: 1. Require only in-person post-graduate Clinical Supervision Training in Virginia because graduate courses and on-line training (which are currently allowed) are generic and not state specific and therefore don't address the Virginia requirements; 2. Require that the Clinical Supervision Training concentrate at least 5 of the 20 hours specifically on the Virginia regulations and requirements, review of the Virginia forms, and navigating the Board of Counseling website; and 3. Require a new supervisor to have a specific number of supervision of supervision hours (for example, 10 hours) from a supervisor who has 5 + years of supervision experience or who has the ACS (Approved Clinical Supervisor) credential. An alternative to #3 would be to require that LPC/LMFT supervisors take a minimum of 5 hours of the yearly required 20 continuing education hours specifically on the topic of supervision every year.
- Lastly, the 2-year requirement should be defined more clearly. I recommend that the experience be redefined and based on 2 years of full-time, 40 hours a week, clinical experience or the equivalent if part-time (for example, 4 years if the experience is half-time clinical work).

Commenter: Candice Arnold

7/9/19 11:41 am

increase supervisor requirements

I agree that the requirements to become a board approved supervisor in VA does need to be amended. I agree that the requirements need to require the supervisor having more clinical experience post licensure. Perhaps, if it is 5 years post licensure, that could include someone who has had their 5 years post licensure experience in VA, or if part of their years of post licensure experience was in another state, then that should be added into the 5 years. I would consider

grandfathering any currently registered supervisors to stay supervisors if they have under 5 years if this goes into place in near future.

Commenter: Dr. Simone Lambert, Capella University

7/9/19 1:44 pm

Opposition

Due to the vast mental health workforce shortage and increased need for mental health and addiction counseling, I strongly oppose this proposed regulation. This is a time when we need more qualified supervisors to launch LPCs who can address such issues as community violence prevention, trauma informed care, and increased suicidal ideation. We need more supervisors to ready our next cohort of licensed professional counselors. Do these supervisors need to be trained and experienced? Absolutely! Raising the number of years of experience post licensure does not guarantee that quality supervision will be provided. Instead of further restricting the job possibilities of LPC's, let's invest as a state in training top notch Virginia supervisors.

Commenter: Chris Belcher

7/9/19 9:47 pm

Qualifications for supervision of residents

I would have to agree increasing the clinical experience and education required to supervise residents would in the long run benefit both the profession and the population served in the state of Virginia. I understand there will be challenges and this would likely take some time to implement however that does not mean we should not consider making some needed changes.

18VAC115-20-52. Residency Requirements.

A. Registration. Applicants who render counseling services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;
2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; and
3. Pay the registration fee.

B. Residency requirements.

1. The applicant for licensure shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:

- a. Assessment and diagnosis using psychotherapy techniques;
- b. Appraisal, evaluation, and diagnostic procedures;
- c. Treatment planning and implementation;
- d. Case management and recordkeeping;
- e. Professional counselor identity and function; and
- f. Professional ethics and standards of practice.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.
6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours towards the requirements of a residency.
7. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.
8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.
9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.
10. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.
11. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;
2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and
3. Shall hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.
2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.
3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.
4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.
5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements which were in effect at the time the supervision was rendered.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 16, Issue 13, eff. April 12, 2000; amended, Virginia Register Volume 24, Issue 24, eff. September 3, 2008; Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016.

**Adoption of recommendation
for emergency regulations
related to the issuance of
temporary licenses to
individuals engaged in
counseling residency.**

Agenda Item: Adoption of Amendments for a Resident License

Included in the agenda package:

Copy of 2019 legislation – HB2282

A copy of the DRAFT emergency regulations

Action:

Adoption of amendments to regulations as emergency regulations and a Notice of Intended Regulatory Action to replace them with permanent regulations

VIRGINIA ACTS OF ASSEMBLY -- 2019 SESSION

CHAPTER 428

An Act to amend and reenact § 54.1-3505 of the Code of Virginia, relating to issuance of temporary licenses; individuals engaged in counseling residency.

[H 2282]

Approved March 18, 2019

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3505 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-3505. Specific powers and duties of the Board.

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.

2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.

3. To designate specialties within the profession.

4. To administer the certification of rehabilitation providers pursuant to Article 2 (§ 54.1-3510 et seq.) of this chapter, including prescribing fees for application processing, examinations, certification and certification renewal.

5. [Expired.]

6. To promulgate regulations for the qualifications, education, and experience for licensure of marriage and family therapists. The requirements for clinical membership in the American Association for Marriage and Family Therapy (AAMFT), and the professional examination service's national marriage and family therapy examination may be considered by the Board in the promulgation of these regulations. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for marriage and family therapists shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for professional counselors.

7. To promulgate, subject to the requirements of Article 1.1 (§ 54.1-3507 et seq.) of this chapter, regulations for the qualifications, education, and experience for licensure of licensed substance abuse treatment practitioners and certification of certified substance abuse counselors and certified substance abuse counseling assistants. The requirements for membership in NAADAC: the Association for Addiction Professionals and its national examination may be considered by the Board in the promulgation of these regulations. The Board also may provide for the consideration and use of the accreditation and examination services offered by the Substance Abuse Certification Alliance of Virginia. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed substance abuse treatment practitioners shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed professional counselors. Such regulations also shall establish standards and protocols for the clinical supervision of certified substance abuse counselors and the supervision or direction of certified substance abuse counseling assistants, and reasonable access to the persons providing that supervision or direction in settings other than a licensed facility.

8. To maintain a registry of persons who meet the requirements for supervision of residents. The Board shall make the registry of approved supervisors available to persons seeking residence status.

9. To promulgate regulations for the registration of qualified mental health professionals, including qualifications, education, and experience necessary for such registration.

10. To promulgate regulations for the registration of peer recovery specialists who meet the qualifications, education, and experience requirements established by regulations of the Board of Behavioral Health and Developmental Services pursuant to § 37.2-203.

11. To promulgate regulations for the issuance of temporary licenses to individuals engaged in a counseling residency so that they may acquire the supervised, postgraduate experience required for licensure.

2. That the Board of Counseling shall promulgate regulations to implement the provisions of this act within 280 days of enactment.

BOARD OF COUNSELING

Resident license

Part I

General Provisions

18VAC115-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Counseling"

"Professional counselor"

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

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

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a professional counselor.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical counseling services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"CORE" means Council on Rehabilitation Education.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of counseling according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical counseling services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited college or university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Jurisdiction" means a state, territory, district, province, or country that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of counseling as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with~~ approved by the board.

"Resident" means an individual who has submitted a supervisory contract and has ~~received board approval~~ been licensed by the board to provide clinical services in professional counseling under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

18VAC115-20-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a professional counselor or a resident in counseling:

| | |
|---|-----------------------------|
| Active annual license renewal <u>for professional counselor</u> | \$130 |
| Inactive annual license renewal <u>for professional counselor</u> | \$65 |
| | <u>\$30</u> |
| <u>Annual renewal for resident in counseling</u> | |
| Initial licensure by examination: Application processing and initial licensure <u>as professional counselor</u> | \$175 <u>\$150</u> |
| Initial licensure by endorsement: Application processing and initial licensure <u>as professional counselor</u> | \$175 |
| Registration of supervision <u>Application and initial licensure as a resident in counseling</u> | \$65 <u>\$100</u> |
| Add or change supervisor <u>Pre-review of education only</u> | \$30 <u>\$75</u> |
| Duplicate license | \$10 |
| Verification of licensure to another jurisdiction | \$30 |
| Late renewal <u>for professional counselor</u> | \$45 |
| <u>Late renewal for resident in counseling</u> | <u>\$10</u> |
| Reinstatement of a lapsed license | \$200 |
| Replacement of or additional wall certificate | \$25 |

| | |
|--|-------|
| Returned check | \$35 |
| Reinstatement following revocation or suspension | \$600 |

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

Part II

Requirements for Licensure as a Professional Counselor

18VAC115-20-40. Prerequisites for licensure by examination.

Every applicant for licensure examination by the board shall:

1. Meet the degree program requirements prescribed in 18VAC115-20-49, the course work requirements prescribed in 18VAC115-20-51, and the experience requirements prescribed in 18VAC115-20-52;
2. Pass the licensure examination specified by the board;
3. Submit the following to the board:
 - a. A completed application;
 - b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-20-49 and 18VAC115-20-51. Transcripts previously submitted for ~~registration of supervision~~ board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;
 - c. Verification of Supervision forms documenting fulfillment of the residency requirements of 18VAC115-20-52 and copies of all required evaluation forms, including verification of current licensure of the supervisor if any portion of the residency occurred in another jurisdiction;

- d. Verification of any other mental health or health professional license or certificate ever held in another jurisdiction;
 - e. The application processing and initial licensure fee as prescribed in 18VAC115-20-20; and
 - f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-20-52. Residency Resident license and requirements for a residency.

A. ~~Registration.~~ Resident license. ~~Applicants who render counseling services for licensure as a resident in counseling shall:~~

- 1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include (a) verification of a supervisory contract; (b) the name and licensure number of the supervisor and location for the supervised practice; and (c) an attestation that the applicant will be providing clinical counseling services.
- 2. Have submitted an official transcript documenting a graduate degree ~~as~~ that meets the requirements specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; and
- 3. Pay the registration fee; and

4. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a professional counselor shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:

- a. Assessment and diagnosis using psychotherapy techniques;
- b. Appraisal, evaluation, and diagnostic procedures;
- c. Treatment planning and implementation;
- d. Case management and recordkeeping;
- e. Professional counselor identity and function; and
- f. Professional ethics and standards of practice.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.
5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.
6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours towards the requirements of a residency.
7. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.
8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.
9. Residents may not call themselves professional counselors, ~~directly bill for services rendered,~~ or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, their resident license number, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.

10. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

11. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;

2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and

3. Shall hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.

5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements which were in effect at the time the supervision was rendered.

Part III

Examinations

18VAC115-20-70. General examination requirements; schedules; time limits.

A. Every applicant for initial licensure by examination by the board as a professional counselor shall pass a written examination as prescribed by the board. An applicant is required to pass the prescribed examination within six years from the date of initial approval of the residency or within no more seven years if the board has granted an interruption or extension of the residency.

~~B. Every applicant for licensure by endorsement shall have passed a licensure examination in the jurisdiction in which licensure was obtained.~~

~~C. A candidate approved to sit for the examination shall pass the examination within two years from the date of such initial approval. If the candidate has not passed the examination by the end of the two-year period here prescribed:~~

~~1. The initial approval to sit for the examination shall then become invalid; and~~

~~2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two year period, a new application will not be accepted.~~

~~D.~~ The board shall establish a passing score on the written examination.

~~E.C.~~ A candidate for examination or an applicant shall not provide clinical counseling services unless he is under supervision approved by the board.

Part IV

Licensure Renewal; Reinstatement

18VAC115-20-100. Annual renewal of licensure.

A. All ~~licensees~~ licensed professional counselors shall renew licenses on or before June 30 of each year.

B. Every ~~license holder~~ licensed professional counselor who intends to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-20-20.

C. A ~~licensee~~ licensed professional counselor who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-20-20.

No person shall practice counseling in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-20-110 C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. Practice with an expired license is prohibited and may constitute grounds for disciplinary action.

F. For renewal of a resident license in counseling, the following shall apply:

1. A resident license shall expire annually on the date it was initially issued and may be renewed up to six times.

2. On the annual renewal form, the resident shall identify all current practice locations and supervisors for that practice and verify that a supervisory contract is in effect with each of those supervisors.

3. On the annual renewal form, residents in counseling shall attest to completion of three hours in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-20-105.

18VAC115-50-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia: (i) "board," (ii) "marriage and family therapy," (iii) "marriage and family therapist," and (iv) "practice of marriage and family therapy."

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

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

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Clinical marriage and family services" means activities such as assessment, diagnosis, and treatment planning and treatment implementation for couples and families.

"Face-to-face" means the in-person delivery of clinical marriage and family services for a client.

"Internship" means a formal academic course from a regionally accredited university in which supervised practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with~~ approved ~~by the board.~~

"Resident" means an individual who has submitted a supervisory contract to the board and ~~has received board approval~~ been licensed by the board to provide clinical services in marriage and family therapy under supervision.

"Supervision" means an ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented, individual or group consultation, guidance and instruction with respect to the clinical skills and competencies of the person or persons being supervised.

18VAC115-50-20. Fees.

A. The board has established fees for the following:

| | |
|--|-------------------------------|
| Registration of supervision <u>Application and initial licensure as a resident</u> | \$65 <u>\$100</u> |
| Add or change supervisor <u>Pre-review of education only</u> | \$30 <u>\$75</u> |
| Initial licensure by examination: Processing and initial licensure <u>as a marriage and family therapist</u> | \$175 <u>\$150</u> |
| Initial licensure by endorsement: Processing and initial licensure <u>as a marriage and family therapist</u> | \$175 |
| Active annual license renewal <u>for marriage and family therapist</u> | \$130 |
| Inactive annual license renewal <u>for marriage and family therapist</u> | \$65 |
| <u>Annual renewal for resident in marriage and family therapy</u> | <u>\$30</u> |
| Penalty for late renewal <u>for marriage and family therapist</u> | \$45 |
| <u>Late renewal for resident in marriage and family therapy</u> | <u>\$10</u> |
| Reinstatement of a lapsed license | \$200 |
| Verification of license to another jurisdiction | \$30 |
| Additional or replacement licenses | \$10 |
| Additional or replacement wall certificates | \$25 |
| Returned check | \$35 |
| Reinstatement following revocation or suspension | \$600 |

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-50-30. Application for licensure as a marriage and family therapist by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the education and experience requirements prescribed in 18VAC115-50-50, 18VAC115-50-55 and 18VAC115-50-60;

2. Meet the examination requirements prescribed in 18VAC115-50-70;
3. Submit to the board office the following items:
 - a. A completed application;
 - b. The application processing and initial licensure fee prescribed in 18VAC115-50-20;
 - c. Documentation, on the appropriate forms, of the successful completion of the residency requirements of 18VAC115-50-60 along with documentation of the supervisor's out-of-state license where applicable;
 - d. Official transcript or transcripts submitted from the appropriate institutions of higher education, verifying satisfactory completion of the education requirements set forth in 18VAC115-50-50 and 18VAC115-50-55. Previously submitted transcripts for ~~registration of supervision~~ board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;
 - e. Verification on a board-approved form of any mental health or health out-of-state license, certification, or registration ever held in another jurisdiction; and
 - f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-50-60. Residency Resident license and requirements for a residency.

A. ~~Registration.~~ Resident license. Applicants who ~~register~~ apply for a resident license in marriage and family therapy services shall:

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include (a) verification of a supervisory contract; (b) the name and licensure number of the supervisor and location for the supervised practice; and (c) an attestation that the applicant will be providing marriage and family services.
2. Have submitted an official transcript documenting a graduate degree as that meets the requirements specified in 18VAC115-50-50 to include completion of the coursework and internship requirement specified in 18VAC115-50-55; ~~and~~
3. Pay the registration fee; and
4. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a marriage and family therapist shall have completed no fewer than 3,400 hours of supervised residency in the role of a marriage and family therapist, to include 200 hours of in-person supervision with the supervisor in the consultation and review of marriage and family services provided by the resident. For the purpose of meeting the 200 hours of supervision required for a residency, in-person may also include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.
 - a. Residents shall receive a minimum of one hour and a maximum of four hours of supervision for every 40 hours of supervised work experience.

- b. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
 - c. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed marriage and family therapist or a licensed professional counselor.
2. The residency shall include documentation of at least 2,000 hours in clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.
 3. The residency shall consist of practice in the core areas set forth in 18VAC115-50-55.
 4. The residency shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18VAC115-50-50.
 5. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-50-50, may count for up to an additional 300 hours towards the requirements of a residency.
 6. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability which limits the resident's access to qualified supervision.
 7. Residents shall not call themselves marriage and family therapists, ~~directly bill for services rendered,~~ or in any way represent themselves as marriage and family therapists.

During the residency, they may use their names, the initials of their degree, their resident license number, and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing of the resident's status, along with the name, address and telephone number of the resident's supervisor.

8. Residents shall not engage in practice under supervision in any areas for which they do not have appropriate education.

9. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

10. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in marriage and family therapy shall:

1. Hold an active, unrestricted license as a marriage and family therapist or professional counselor in the jurisdiction where the supervision is being provided;

2. Document two years post-licensure marriage and family therapy experience; and

3. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-50-

96. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist. Supervisors who are clinical psychologists, clinical social

workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall report the total hours of residency and evaluate the applicant's competency to the board.
2. Supervision by an individual whose relationship to the resident is deemed by the board to compromise the objectivity of the supervisor is prohibited.
3. The supervisor shall provide supervision as defined in 18VAC115-50-10 and shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract, for the duration of the residency.

18VAC115-50-70. General examination requirements.

A. All applicants for initial licensure shall pass an examination, as prescribed by the board, with a passing score as determined by the board. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

~~B. The examination shall concentrate on the core areas of marriage and family therapy set forth in subsection A of 18VAC115-50-55. An applicant is required to pass the prescribed examination within six years from the date of initial approval of the residency or within no more than seven years if the board has granted an interruption or extension of the residency.~~

~~C. A candidate approved to sit for the examination shall pass the examination within two years from the initial notification date of approval. If the candidate has not passed the examination within two years from the date of initial approval:~~

- ~~1. The initial approval to sit for the examination shall then become invalid; and~~

~~2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the candidate shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.~~

D. Applicants or candidates for examination shall not provide marriage and family services unless they are under supervision approved by the board.

18VAC115-50-90. Annual renewal of license.

A. All licensees licensed marriage and family therapists shall renew licenses on or before June 30 of each year.

B. All licensees licensed marriage and family therapists who intend to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and
2. The renewal fee prescribed in 18VAC115-50-20.

C. A licensee licensed marriage and family therapist who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-50-20. No person shall practice marriage and family therapy in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-50-100 C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

F. For renewal of a resident license in marriage and family therapy, the following shall apply:

1. A resident license shall expire annually on the date it was initially issued and may be renewed up to six times.

2. On the annual renewal form, the resident shall identify all current practice locations and supervisors for that practice and verify that a supervisory contract is in effect with each of those supervisors.

3. On the annual renewal form, residents in marriage and family therapy shall attest to completion of three hours in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-50-96.

Part I

General Provisions

18VAC115-60-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

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

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

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a substance abuse treatment practitioner.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical substance abuse treatment services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of substance abuse treatment according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical substance abuse treatment services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods and techniques.

"Jurisdiction" means a state, territory, district, province or country which has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting which does not meet the conditions of exemption from the requirements of licensure to engage in the practice of substance abuse treatment as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with~~ approved by the board.

"Resident" means an individual who has submitted a supervisory contract and has ~~received board approval~~ been licensed by the board to provide clinical services in substance abuse treatment under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance and instruction with respect to the clinical skills and competencies of the person supervised.

18VAC115-60-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a substance abuse treatment practitioner or resident in substance abuse treatment:

| | |
|--|-------------|
| Registration of supervision (initial) <u>Application and initial licensure as a resident in substance abuse treatment</u> | \$65 \$100 |
| Add/change supervisor <u>Pre-view of education only</u> | \$30 \$75 |
| Initial licensure by examination: Processing and initial licensure <u>as a substance abuse treatment practitioner</u> | \$175 \$150 |
| Initial licensure by endorsement: Processing and initial licensure <u>as a substance abuse treatment practitioner</u> | \$175 |
| Active annual license renewal <u>for a substance abuse treatment practitioner</u> | \$130 |
| Inactive annual license renewal <u>for a substance abuse treatment practitioner</u> | \$65 |
| <u>Annual renewal for resident in substance abuse treatment</u> | \$30 |
| Duplicate license | \$10 |
| Verification of license to another jurisdiction | \$30 |
| Late renewal <u>for a substance abuse treatment practitioner</u> | \$45 |
| <u>Late renewal for a resident in substance abuse treatment</u> | \$10 |
| Reinstatement of a lapsed license | \$200 |
| Replacement of or additional wall certificate | \$25 |
| Returned check | \$35 |
| Reinstatement following revocation or suspension | \$600 |

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

Part II

Requirements for Licensure as a Substance Abuse Treatment Practitioner

18VAC115-60-40. Application for licensure by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the degree program, coursework, and experience requirements prescribed in 18VAC115-60-60, 18VAC115-60-70, and 18VAC115-60-80;
2. Pass the examination required for initial licensure as prescribed in 18VAC115-60-90;

3. Submit the following items to the board:

- a. A completed application;
- b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70. Transcripts previously submitted for ~~registration of supervision~~ board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;
- c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-60-80 and copies of all required evaluation forms, including verification of current licensure of the supervisor of any portion of the residency occurred in another jurisdiction;
- d. Documentation of any other mental health or health professional license or certificate ever held in another jurisdiction;
- e. The application processing and initial licensure fee as prescribed in 18VAC115-60-20; and
- f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-60-80. Residency Resident license and requirements for a Residency.

A. ~~Registration~~ Licensure. Applicants who ~~render~~ for a resident license in substance abuse treatment services shall:

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include (a) verification of a supervisory contract; (b) the name and licensure number of the supervisor and location for the supervised practice; and (c) an attestation that the applicant will be providing substance abuse treatment services;
2. Have submitted an official transcript documenting a graduate degree ~~as~~ that meets the requirements specified in 18VAC115-60-60 to include completion of the coursework and internship requirement specified in 18VAC115-60-70; ~~and~~
3. Pay the registration fee; and
4. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

B. Applicants who are beginning their residencies in exempt settings shall register supervision with the board to assure acceptability at the time of application.

C. Residency requirements.

1. The applicant for licensure as a substance abuse treatment practitioner shall have completed no fewer than 3,400 hours in a supervised residency in substance abuse treatment with various populations, clinical problems and theoretical approaches in the following areas:

- a. Clinical evaluation;
- b. Treatment planning, documentation and implementation;
- c. Referral and service coordination;
- d. Individual and group counseling and case management;

- e. Client family and community education; and
- f. Professional and ethical responsibility.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident occurring at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency.

- a. No more than half of these hours may be satisfied with group supervision.
- b. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
- c. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.
- d. For the purpose of meeting the 200-hour supervision requirement, in-person supervision may include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.
- e. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical substance abuse treatment services with individuals, families, or groups of individuals suffering from the effects of substance abuse or dependence. The remaining hours may be spent in the performance of ancillary services.

4. A graduate level degree internship in excess of 600 hours, which is completed in a program that meets the requirements set forth in 18VAC115-60-70, may count for up to an additional 300 hours towards the requirements of a residency.

5. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

6. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability which limits the resident's access to qualified supervision.

7. Residents may not call themselves substance abuse treatment practitioners, ~~directly bill for services rendered,~~ or in any way represent themselves as independent, autonomous practitioners or substance abuse treatment practitioners. During the residency, residents shall use their names and the initials of their degree, their resident license number, and the title "Resident in Substance Abuse Treatment" in all written communications. Clients shall be informed in writing of the resident's status, the supervisor's name, professional address, and telephone number.

8. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

9. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

D. Supervisory qualifications.

1. A person who provides supervision for a resident in substance abuse treatment shall hold an active, unrestricted license as a professional counselor or substance abuse treatment practitioner in the jurisdiction where the supervision is being provided. Supervisors who are marriage and family therapists, school psychologists, clinical

psychologists, clinical social workers, clinical nurse specialists, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

2. All supervisors shall document two years post-licensure substance abuse treatment experience and at least 100 hours of didactic instruction in substance abuse treatment. Supervisors must document a three-credit-hour course in supervision, a 4.0-quarter-hour course in supervision, or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-60-116.

E. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision C 1 of this section.

F. Documentation of supervision. Applicants shall document successful completion of their residency on the Verification of Supervision form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet.

Part III

Examinations

18VAC115-60-90. General examination requirements; schedules; time limits.

A. Every applicant for ~~initial~~ licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board. Such applicant is required to pass the prescribed examination within six years from the date of initial approval of the residency or within no more seven years if the board has granted an interruption of extension of the residency.

B. Every applicant for licensure as a substance abuse treatment practitioner by endorsement shall have passed a substance abuse examination deemed by the board to be substantially equivalent to the Virginia examination.

~~C. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.~~

~~D. A candidate approved by the board to sit for the examination shall pass the examination within two years from the date of such initial board approval. If the candidate has not passed the examination within two years from the date of initial approval:~~

~~1. The initial board approval to sit for the examination shall then become invalid; and~~

~~2. The applicant shall file a complete new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.~~

E. The board shall establish a passing score on the written examination.

F.D. A candidate for examination or an applicant shall not provide clinical substance abuse or addiction counseling services unless he is under supervision ~~approved~~ and holds a resident license issued by the board.

Part IV

Licensure Renewal; Reinstatement

18VAC115-60-110. Renewal of licensure.

A. All licensees substance abuse treatment practitioners shall renew licenses on or before June 30 of each year.

B. Every ~~license holder~~ substance abuse treatment practitioner who intends to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and
2. The renewal fee prescribed in 18VAC115-60-20.

C. A licensee substance abuse treatment practitioner who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-60-20. No person shall practice substance abuse treatment in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-60-120 C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

F. For renewal of a resident license in substance abuse treatment, the following shall apply:

1. A resident license shall expire annually on the date it was initially issued and may be renewed up to six times.

2. On the annual renewal form, the resident shall identify all current practice locations and supervisors for that practice and verify that a supervisory contract is in effect with each of those supervisors.

3. On the annual renewal form, residents in substance abuse treatment shall attest to completion of three hours in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-60-116.