Virginia Department of Health Professions
Board of Counseling

Agenda
Regulatory Committee Meeting

October 31, 2019
Board Room 4
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 – August 15, 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

- Discussion on supervisor designation and qualifications.
- Discussion on creating didactic training in substance abuse definitions for each required area.
- Criminal Background Checks

New Business

- Discuss Regulatory Committee membership, leadership and scheduling.
- Chart of Regulatory Actions with the status of regulations for the Board as of October 9, 2019.
- Review, discuss and make recommendation for the proposed regulations related to qualified mental health professional – trainees
- Consideration of public comment on the Notice of Intended Regulatory Action (NOIRA) and proposed regulations related to periodic review for Regulations Governing the Practice of Professional Counseling, Marriage and Family Therapy and Substance Abuse Practitioners.*
- Petition for Rulemaking amend regulations to amend 18VAC115-20-52 to eliminate the restriction on residents' ability to directly bill for their services.*
- Petition for Rulemaking to amend regulations to amendment section 18VAC115-50-55 to reduce the required internship number of hours of experience with couples and families from 200 of the 240 to 120 of the required 240 hours.*
- Review Guidance Document 115-1.8: Examinations approved by the Board for Certification as a Rehabilitation Counselor, adopted September 11, 2015.
- Review Guidance Document 115-7: Supervised Experience Requirements for the Delivery of Clinical Services for Professional Counselor Licensure, revised November 13, 2015.

- Review Guidance Document 115-2.2: Guidance on participation by substance abuse counselors in interventions, revised November 13, 2015.
- Discuss and Review Guidance Document 115-2: Impact of Criminal Convictions, Impairment and Past History on Licensure or Certification, revised February 9, 2018.
- Emotional support animals discussion
- Consideration of continuing education hours for counselors deployed as a Disaster Mental Health provider with the Red Cross.

Next Meeting – January 24, 2020

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

August 15, 2019

VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Thursday, August 15, 2019

TIME AND PLACE:	The meeting was called to order at 10:02 a.m. on Thursday, August 15, 2019, in Board Room 2 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Johnston Brendel, Ed.D., LPC, LMFT, Chairperson
COMMITTEE MEMBERS PRESENT:	Kevin Doyle, Ed.D., LPC, LSATP Danielle Hunt, LPC Holly Tracy, LPC, LMFT
COMMITTEE MEMBER ABSENT:	Vivian Sanchez-Jones, Citizen Member
STAFF PRESENT:	Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager Brenda Maida, Licensing Specialist
OTHERS PRESENT:	Barbara Allison-Bryan, DHP Chief Deputy Elaine Yeatts, DHP Senior Policy Analyst
APPROVAL OF MINUTES:	Ms. Tracy moved to approve the minutes of the May 30, 2019 meeting. Ms. Hunt seconded the motion, and it passed unanimously.
PUBLIC COMMENT:	There was no public comment.

DISCUSSIONS:

I. **Unfinished Business:**

Petition for Rulemaking Discussion:

- Aimee Brickner, petitioned the Board to amend the Regulations Governing the Practice of Professional Counseling to allow a licensed counselor to supervise residents without the two-year post-licensure clinical experience requirement, if the licensee has complete a doctoral level supervision course or doctoral level supervision internship as a part of the completion of a doctoral degree. The Board received five public comments in opposition of the petition. Ms. Hunt moved, which was seconded by Ms. Tracy, to recommend the full Board deny the petitioners request for changes to the supervisor requirements. The motion passed unanimously.

- Joyce Samples, petitioned the Board to amend the Regulations Governing the Practice of Professional Counseling to amend the criteria for a supervisor to have a minimum of five years of post-licensure experience or have documentation that the supervisor has experience in all clinical areas. The Committee discussed the petition to amend regulations. The Board concurred with the concept that the qualifications for a supervisor should be examined to ensure a quality clinical experience for residents and protection of the public.

However, the Committee was concerned that requiring additional years of clinical experience or other qualifications would result in reducing the supply of supervisors and restricting the number of residents pursuing licensure. To address all these concerns, the Board will be looking at requirements in other states and at the opportunities for credentialing supervisors.

Ms. Tracy moved, which was seconded by Ms. Hunt, to recommend the full Board approve and initiate regulations per the petitioner's request. After discussion, Ms Tracey moved to withdraw her motion and Ms. Hunt agreed.

Ms. Tracy moved, which was seconded by Ms. Hunt, to recommend the full Board deny the petitioners request for changes to the supervisor requirements. The motion passed unanimously.

II. **New Business:**

- **Recommendation for emergency regulations related to the issuance of temporary licenses engaged in counseling residency.** The Committee reviewed and discussed the draft suggestions from staff and the workgroup. Dr. Doyle moved, which was seconded by Ms. Hunt, to recommend the presented recommended emergency regulations for issuance of temporary resident license to the full Board. The motion passed unanimously.

- **Discussion on a supervisor designation and qualifications.** The Committee discussed this issue and asked staff to research the minimum requirements for supervisors in other states and to research the Board's authority to credential supervisors.

- **Discussion on creating didactic training in substance abuse definitions for each required area.** After discussion, the Committee recommended that staff contact the Board members who hold a substance abuse license or certification to help create definitions for each of the required didactic substance abuse training areas.

Dr. Brendel asked that the requirement of criminal background checks be added to the unfinished business going forward.

NEXT SCHEDULED MEETING: The next Committee meeting is scheduled for October 31, 2019 at 10:00a.m.

ADJOURNMENT: The meeting adjourned at 1:16 p.m.

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

Date

Jaime Hoyle, JD
Executive Director

Date

Creating Didactic Training in Substance Abuse Education Definitions for Certified Substance Abuse Counselors.

Thirteen areas of Didactic Training

(Each area will required a minimum of 16 clock hours)

a. Dynamics of human behavior;

b. Signs and symptoms of substance abuse;

c. Counseling theories and techniques;

d. Continuum of care and case management skills;

e. Recovery process and relapse prevention methods;

f. Professional orientation and ethics;

g. Pharmacology of abused substances; and

h. Trauma and crisis intervention;

i. Co-occurring disorders;

j. Cultural competency;

k. Substance abuse counseling approaches and treatment planning;

l. Group counseling; and

m. Prevention, screening, and assessment of substance use and abuse.

Chart of Regulatory Actions

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**

Staff Note: Attached is a chart with the status of regulations for the Board as of October 9, 2019

Chapter		Action / Stage Information
[18 VAC 115 - 15]	Regulations Governing Delegation to an Agency Subordinate	Periodic review [Action 5301] Fast-Track - *Register Date: 10/28/19* *Effective: 12/12/19*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Resident license [Action 5371] Emergency/NOIRA - *DPB Review in progress*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Periodic review [Action 5230] NOIRA - *Register Date: 8/19/19* *Board to adopt proposed regulation*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Credential review for foreign graduates [Action 5089] Proposed - *Register Date: 7/22/19* *Board to adopt final regulations*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Requirement for CACREP accreditation for educational programs [Action 4259] Proposed - *At Governor's Office for 28 days*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Unprofessional conduct - conversion therapy [Action 5225] Proposed – At Department of Planning & Budget
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Acceptance of doctoral practicum/internship hours towards residency requirements [Action 4829] Final - *Register Date: 9/16/19* *Effective: 10/16/19*
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	Updating and clarifying regulations [Action 4691] Final - *At Governor's Office for 23 days*
[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	Periodic review [Action 5305] NOIRA - *At Governor's Office for 16 days*
[18 VAC 115 - 70]	Regulations Governing the Registration of Peer Recovery Specialists [under development]	Initial regulations for registration [Action 4890] Final - *Register Date: 10/14/19* *Effective: 11/13/19*

[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals [under development]	Initial regulations for registration of Qualified Mental Health Professionals [Action 4891] Final - *Register Date: 10/14/19* *Effective: 11/13/19*

Discussion on the Regulations Governing the Registration of Qualified Mental Health Professions as it relates to QMHP-Trainees

Agenda Item: Recommendations on Regulations for Registration of Qualified Mental Health Professionals

Included in the agenda package:

Copy of Chapter 217 (HB2693) of the 2019 Acts of the Assembly

Copy of final regulations that become effective 11/13/19

Copy of Staff suggestions for amendments to regulations

Action:

Regulatory Committee to review legislation and staff recommendations for proposed changes to full Board

CHAPTER 217

An Act to amend and reenact §§ 54.1-2400.1, 54.1-3500, and 54.1-3505 of the Code of Virginia, relating to the Board of Counseling; qualified mental health professionals.

[H 2693]

Approved March 5, 2019

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2400.1, 54.1-3500, and 54.1-3505 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2400.1. Mental health service providers; duty to protect third parties; immunity.

A. As used in this section:

"Certified substance abuse counselor" means a person certified to provide substance abuse counseling in a state-approved public or private substance abuse program or facility.

"Client" or "patient" means any person who is voluntarily or involuntarily receiving mental health services or substance abuse services from any mental health service provider.

"Clinical psychologist" means a person who practices clinical psychology as defined in § 54.1-3600.

"Clinical social worker" means a person who practices social work as defined in § 54.1-3700.

"Licensed practical nurse" means a person licensed to practice practical nursing as defined in § 54.1-3000.

"Licensed substance abuse treatment practitioner" means any person licensed to engage in the practice of substance abuse treatment as defined in § 54.1-3500.

"Marriage and family therapist" means a person licensed to engage in the practice of marriage and family therapy as defined in § 54.1-3500.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and development.

"Mental health service provider" or "provider" refers to any of the following: (i) a person who provides professional services as a certified substance abuse counselor, clinical psychologist, clinical social worker, licensed substance abuse treatment practitioner, licensed practical nurse, marriage and family therapist, mental health professional, physician, physician assistant, professional counselor, psychologist, qualified mental health professional, registered nurse, registered peer recovery specialist, school psychologist, or social worker; (ii) a professional corporation, all of whose shareholders or members are so licensed; or (iii) a partnership, all of whose partners are so licensed.

"Professional counselor" means a person who practices counseling as defined in § 54.1-3500.

"Psychologist" means a person who practices psychology as defined in § 54.1-3600.

"Qualified mental health professional" ~~means a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, the Department of Corrections, or a provider licensed by the Department of Behavioral Health and Developmental Services~~ *has the same meaning as provided in § 54.1-3500.*

"Registered nurse" means a person licensed to practice professional nursing as defined in § 54.1-3000.

"Registered peer recovery specialist" means a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

"School psychologist" means a person who practices school psychology as defined in § 54.1-3600.

"Social worker" means a person who practices social work as defined in § 54.1-3700.

B. A mental health service provider has a duty to take precautions to protect third parties from violent behavior or other serious harm only when the client has orally, in writing, or via sign language, communicated to the provider a specific and immediate threat to cause serious bodily injury or death to an identified or readily identifiable person or persons, if the provider reasonably believes, or should believe according to the standards of his profession, that the client has the intent and ability to carry out

that threat immediately or imminently. If the third party is a child, in addition to taking precautions to protect the child from the behaviors in the above types of threats, the provider also has a duty to take precautions to protect the child if the client threatens to engage in behaviors that would constitute physical abuse or sexual abuse as defined in § 18.2-67.10. The duty to protect does not attach unless the threat has been communicated to the provider by the threatening client while the provider is engaged in his professional duties.

C. The duty set forth in subsection B is discharged by a mental health service provider who takes one or more of the following actions:

1. Seeks involuntary admission of the client under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2.

2. Makes reasonable attempts to warn the potential victims or the parent or guardian of the potential victim if the potential victim is under the age of 18.

3. Makes reasonable efforts to notify a law-enforcement official having jurisdiction in the client's or potential victim's place of residence or place of work, or place of work of the parent or guardian if the potential victim is under age 18, or both.

4. Takes steps reasonably available to the provider to prevent the client from using physical violence or other means of harm to others until the appropriate law-enforcement agency can be summoned and takes custody of the client.

5. Provides therapy or counseling to the client or patient in the session in which the threat has been communicated until the mental health service provider reasonably believes that the client no longer has the intent or the ability to carry out the threat.

6. In the case of a registered peer recovery specialist, or a qualified mental health professional who is not otherwise licensed by a health regulatory board at the Department of Health Professions, reports immediately to a licensed mental health service provider to take one or more of the actions set forth in this subsection.

D. A mental health service provider shall not be held civilly liable to any person for:

1. Breaching confidentiality with the limited purpose of protecting third parties by communicating the threats described in subsection B made by his clients to potential third party victims or law-enforcement agencies or by taking any of the actions specified in subsection C.

2. Failing to predict, in the absence of a threat described in subsection B, that the client would cause the third party serious physical harm.

3. Failing to take precautions other than those enumerated in subsection C to protect a potential third party victim from the client's violent behavior.

§ 54.1-3500. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Appraisal activities" means the exercise of professional judgment based on observations and objective assessments of a client's behavior to evaluate current functioning, diagnose, and select appropriate treatment required to remediate identified problems or to make appropriate referrals.

"Board" means the Board of Counseling.

"Certified substance abuse counseling assistant" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.2.

"Certified substance abuse counselor" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.1.

"Counseling" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.

"Licensed substance abuse treatment practitioner" means a person who: (i) is trained in and engages in the practice of substance abuse treatment with individuals or groups of individuals suffering from the effects of substance abuse or dependence, and in the prevention of substance abuse or dependence; and (ii) is licensed to provide advanced substance abuse treatment and independent, direct, and unsupervised treatment to such individuals or groups of individuals, and to plan, evaluate, supervise, and direct substance abuse treatment provided by others.

"Marriage and family therapist" means a person trained in the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques.

"Marriage and family therapy" means the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques and delivery of services to individuals, couples, and families, singularly or in groups, for the purpose of treating such disorders.

"Practice of counseling" means rendering or offering to render to individuals, groups, organizations, or the general public any service involving the application of principles, standards, and methods of the counseling profession, which shall include appraisal, counseling, and referral activities.

"Practice of marriage and family therapy" means the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques, which shall include assessment, treatment, and referral activities.

"Practice of substance abuse treatment" means rendering or offering to render substance abuse treatment to individuals, groups, organizations, or the general public.

"Professional counselor" means a person trained in the application of principles, standards, and methods of the counseling profession, including counseling interventions designed to facilitate an individual's achievement of human development goals and remediating mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development.

"Qualified mental health professional" ~~means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, the Department of Corrections, or a provider licensed by the Department of Behavioral Health and Developmental Services~~ *includes qualified mental health professionals-adult and qualified mental health professionals-child.*

"Qualified mental health professional-adult" means a qualified mental health professional who provides collaborative mental health services for adults. A qualified mental health professional-adult shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.

"Qualified mental health professional-child" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for children and adolescents up to 22 years of age. A qualified mental health professional-child shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.

"Qualified mental health professional-trainee" means a person who is receiving supervised training to qualify as a qualified mental health professional and is registered with the Board.

"Referral activities" means the evaluation of data to identify problems and to determine advisability of referral to other specialists.

"Registered peer recovery specialist" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

"Residency" means a post-internship supervised clinical experience registered with the Board.

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

"Substance abuse" and "substance dependence" mean a maladaptive pattern of substance use leading to clinically significant impairment or distress.

"Substance abuse treatment" means (i) the application of specific knowledge, skills, substance abuse treatment theory, and substance abuse treatment techniques to define goals and develop a treatment plan of action regarding substance abuse or dependence prevention, education, or treatment in the substance abuse or dependence recovery process and (ii) referrals to medical, social services, psychological, psychiatric, or legal resources when such referrals are indicated.

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

§ 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, *and for the registration of persons receiving supervised training in order to qualify as a qualified mental health professional.*

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.

Final Text

highlight

Action: Initial regulations for registration of Qualified Mental Health ...

Stage: Final 9/27/19 9:30 AM [latest]

18VAC115-80
CHAPTER 80

REGULATIONS GOVERNING THE REGISTRATION OF QUALIFIED MENTAL HEALTH PROFESSIONALS

18VAC115-80-10
Part I
General Provisions

18VAC115-80-10. Definitions.

"Accredited" means a school that is listed as accredited on the U.S. Department of Education College Accreditation database found on the U.S. Department of Education website. If education was obtained outside the United States, the board may accept a report from a credentialing service that deems the degree and coursework is equivalent to a course of study at an accredited school.

"Applicant" means a person applying for registration as a qualified mental health professional.

"Board" means the Virginia Board of Counseling.

"Collaborative mental health services" means those rehabilitative supportive services that are provided by a qualified mental health professional, as set forth in a service plan under the direction of and in collaboration with either a mental health professional licensed in Virginia or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure.

"DBHDS" means the Virginia Department of Behavioral Health and Developmental Services.

"Face-to-face" means the physical presence of the individuals involved in the supervisory relationship or the use of technology that provides real-time, visual, and audio contact among the individuals involved.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development.

"Qualified mental health professional" or "QMHP" means a person who by education and experience is professionally qualified and registered by the board to provide collaborative mental health services for adults or children. A QMHP shall not engage in independent or autonomous practice. A QMHP shall provide such services as an employee or independent contractor of DBHDS, the Department of Corrections, or a provider licensed by DBHDS.

"Qualified mental health professional-adult" or "QMHP-A" means a registered QMHP who is trained and experienced in providing mental health services to adults who have a mental illness. A QMHP-A shall provide such services as an employee or independent contractor of DBHDS, the Department of Corrections, or a provider licensed by DBHDS.

"Qualified mental health professional-child" or "QMHP-C" means a registered QMHP who is trained and experienced in providing mental health services to children or adolescents up to the age of 22 who have a mental illness. A QMHP-C shall provide such services as an employee or independent contractor of DBHDS, the Department of Corrections, or a provider licensed by DBHDS.

"Registrant" means a QMHP registered with the board.

18VAC115-80-20
18VAC115-80-20. Fees required by the board.

A. The board has established the following fees applicable to the registration of qualified mental health professionals:

Registration	$50
Renewal of registration	$30
Late renewal	$20
Reinstatement of a lapsed registration	$75
Duplicate certificate of registration	$10
Returned check	$35
Reinstatement following revocation or suspension	$500

B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC115-80-30
18VAC115-80-30. Current name and address.

Each registrant shall furnish the board his current name and address of record. Any change of name or address of record or public address if different from the address of record shall be furnished to the board within 60 days of such change. It shall be the duty and responsibility of each registrant to inform the board of his current address.

18VAC115-80-40
Part II
Requirements for Registration

18VAC115-80-40. Requirements for registration as a qualified mental health professional-adult.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20; [~~and~~]

2. A current report from the National Practitioner Data Bank (NPDB) [; and

3. Verification of any other mental health or health professional license, certification, or registration ever held in another jurisdiction].

B. An applicant for registration as a QMHP-A shall provide evidence of:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy [, as verified by an official transcript,] from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in human services or a related field [, as verified by an official transcript,] from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A bachelor's degree [, as verified by an official transcript,] from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field and with no less than 3,000 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

4. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

5. A licensed occupational therapist with [an internship or practicum of at least 500 hours with persons with mental illness or] no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. To be registered as a QMHP-A, an applicant who does not have a master's degree as set forth in subdivision B 1 of this section shall provide documentation of experience in providing direct services to individuals as part of a population of adults with mental illness in a setting where mental health treatment, practice, observation, or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-A and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision obtained in another United States jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.

2. Supervision shall consist of face-to-face training in the services of a QMHP-A until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.

4. A person receiving supervised training to qualify as a QMHP-A may register with the board. A trainee registration shall expire five years from its date of issuance.

18VAC115-80-50
18VAC115-80-50. Requirements for registration as a qualified mental health professional-child.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20; [~~and~~]

2. A current report from the National Practitioner Data Bank (NPDB) [; and

3. Verification of any other mental health or health professional license, certification, or registration ever held in another jurisdiction].

B. An applicant for registration as a QMHP-C shall provide evidence of:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy [, as verified by an official transcript,] from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in a human services field or in special education [, as verified by an official transcript,] from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

4. A licensed occupational therapist with [an internship or practicum of at least 500 hours with persons with mental illness or] no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. To be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subdivision B 1 of this section shall provide documentation of 1,500 hours of experience in providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation, or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-C and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision obtained in another United States jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.

2. Supervision shall consist of face-to-face training in the services of a QMHP-C until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.

4. A person receiving supervised training to qualify as a QMHP-C may register with the board. A trainee registration shall expire five years from its date of issuance.

18VAC115-80-60

18VAC115-80-60. [~~Registration of qualified mental health professionals with prior experience~~ Reserved].

[~~Until December 31, 2018, persons who have been employed as QMHPs prior to December 31, 2017, may be registered with the board by submission of a completed application, payment of the application fee, and submission of an attestation from an employer that they met the qualifications for a QMHP-A or a QMHP-C during the time of employment. Such persons may continue to renew their registrations without meeting current requirements for registration provided they do not allow their registrations to lapse or have board action to revoke or suspend, in which case they shall meet the requirements for reinstatement.~~]

18VAC115-80-70
Part III
Renewal of Registration

18VAC115-80-70. Annual renewal of registration.

All registrants shall renew their registrations on or before June 30 of each year. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in 18VAC115-80-20.

18VAC115-80-80
18VAC115-80-80. Continued competency requirements for renewal of registration.

A. Qualified mental health professionals shall be required to have completed a minimum of eight contact hours of continuing education for each annual registration renewal. Persons who hold registration both as a QMHP-A and QMHP-C shall only be required to complete eight contact hours. A minimum of one of these hours shall be in a course that emphasizes ethics.

B. Qualified mental health professionals shall complete continuing competency activities that focus on increasing knowledge or skills in areas directly related to the services provided by a QMHP.

C. The following organizations, associations, or institutions are approved by the board to provide continuing education, provided the hours are directly related to the provision of mental health services:

1. Federal, state, or local governmental agencies, public school systems, licensed health facilities, or an agency licensed by DBDHS; and

2. Entities approved for continuing education by a health regulatory board within the Department of Health Professions.

D. Attestation of completion of continuing education is not required for the first renewal following initial registration in Virginia.

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

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

G. All registrants shall maintain original documentation of official transcripts showing credit hours earned or certificates of participation for a period of three years following renewal.

H. The board may conduct an audit of registrants to verify compliance with the requirement for a renewal period. Upon request, a registrant shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or

2. Certificates of participation.

l. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC115-80-90
Part IV
Standards of Practice, Disciplinary Action, and Reinstatement

18VAC115-80-90. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Persons registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.

2. Practice only within the competency area for which they are qualified by training or experience and shall not provide clinical mental health services for which a license is required pursuant to Chapters 35 (§ 54.1-3500 et seq.), 36 (§ 54.1-3600 et seq.), and 37 (§ 54.1-3700 et seq.) of the Code of Virginia.

3. Report to the board known or suspected violations of the laws and regulations governing the practice of qualified mental health professionals.

4. Neither accept nor give commissions, rebates, or other forms of remuneration for the referral of clients for professional services and make appropriate consultations and referrals based on the interest of patients or clients.

5. Stay abreast of new developments, concepts, and practices that are necessary to providing appropriate services.

C. In regard to confidentiality and client records, persons registered by the board shall:

1. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

2. Disclose client records to others only in accordance with applicable law.

3. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

D. In regard to dual relationships, persons registered by the board shall:

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, that would impair the practitioner's objectivity and professional judgment, or that would increase the risk of client exploitation. This prohibition includes such activities as providing services to close friends, former sexual partners, employees, or relatives or engaging in business relationships with clients.

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five years after cessation or termination of professional services,

practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of, or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

3. Recognize conflicts of interest and inform all parties of obligations, responsibilities, and loyalties to third parties.

E. Upon learning of evidence that indicates a reasonable probability that another mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons registered by the board shall advise their clients of the client's right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC115-80-100
18VAC115-80-100. Grounds for revocation, suspension, restriction, or denial of registration.

In accordance with subdivision 7 of § 54.1-2400 of the Code of Virginia, the board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of qualified mental health professionals, or any provision of this chapter;

2. Procuring, attempting to procure, or maintaining a registration by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public, or if one is unable to practice with reasonable skill and safety to clients by reason of illness or abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition;

4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of qualified mental health professionals or any regulation in this chapter;

5. Performance of functions outside the board-registered area of competency;

6. Performance of an act likely to deceive, defraud, or harm the public;

7. Intentional or negligent conduct that causes or is likely to cause injury to a client;

8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

9. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

10. Failure to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia.

18VAC115-80-110
18VAC115-80-110. Late renewal and reinstatement.

A. A person whose registration has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-80-20 for the year in which the registration was not renewed and by providing documentation of completion of continuing education as prescribed in 18VAC115-80-80.

B. A person who fails to renew registration after one year or more shall:

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration; and

3. Submit evidence of completion of 20 hours of continuing education consistent with requirements of 18VAC115-80-80.

C. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

18VAC115-80-9998
FORMS (18VAC115-80)

The following forms are available online only at **https://www.license.dhp.virginia.gov/apply/**:

Qualified Mental Health Profession-Adult, Application and Instructions

Qualified Mental Health Profession-Child, Application and Instructions

[~~Qualified Mental Health Profession-Adult, Grandfathering Application and Instructions~~

~~Qualified Mental Health Profession-Child, Grandfathering Application and Instructions~~]

Supervised Trainee, Application and Instructions

[**Verification of Supervised Experience for a Qualified Mental Health Profession-Adult (eff. 10/2018)**

Verification of supervised experience for a Qualified Mental Health Profession-Child (eff. 10/2018)

Verification of Internship/Practicum for a Qualified Mental Health Profession (eff. 7/2018)]

QMHP Trainee Regulations Suggestions

Definitions:

- (Update to align with the Code) "Qualified mental health professional" or "QMHP" ~~means a person who by education and experience is professionally qualified and registered by the board to provide collaborative mental health services for adults or children. A QMHP shall not engage in independent or autonomous practice. A QMHP shall provide such services as an employee or independent contractor of DBHDS, the Department of Corrections, or a provider licensed by DBHDS.~~ includes qualified mental health professionals-adult and qualified mental health professionals-child.
- (Add) "Qualified mental health professional-trainee" means a person who is receiving supervised training to qualify as a qualified mental health professional and is registered with the Board.

Fees:

- (Update) Registration to specify Registration for QMHP-A and QMHP-C
    - Fee to remain the same
- (Add) Registration for QMHP-Trainee
    - Applicant must register for QMHP-C and QMHP-A separately
    - Reduce the registration fee for trainees to $25.00

Education Requirements for QMHP-Trainee toward QMHP-A registration

- A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy, as verified by an official transcript, from an accredited college or university;
- A master's or bachelor's degree in human services or a related field, as verified by an official transcript, from an accredited college or university;
- Currently enrolled in a master's in psychology, social work, counseling, substance abuse, marriage and family therapy or human services program, with at least 30 semester or 45 quarter hours as verified by an official transcript,;
- A bachelor's degree, as verified by an official transcript, from an accredited college or university in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field;
- A registered nurse licensed in Virginia; or
- A licensed occupational therapist In Virginia.

Education Requirements for QMHP-Trainee toward QMHP-C registration

- A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy, as verified by an official transcript, from an accredited college or university;

QMHP Trainee Regulations Suggestions

- A master's or bachelor's degree in a human services field or in special education, as verified by an official transcript, from an accredited college or university;
- Currently enrolled in a master's in psychology, social work, counseling, substance abuse, marriage and family therapy, human services or special education program with at least 30 semester or 45 quarter hours as verified by an official transcript;
- A registered nurse licensed in Virginia; or
- A licensed occupational therapist In Virginia.

QMHP-Trainee Expiration

- A trainee registration shall expire five years from its date of issuance.
    - Wording to this effect should be eliminated from QMHP-A and QMHP-C portion of the regulations.

Disciplinary Actions

- Add the following wording for QMHP-A, QMHP-C and QMHP-Trainee: 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.

Clarification Consideration for Supervised Experience

- Supervised experience prior to meeting the minimum education requirements shall not be accepted.

Public comment on the Notice of Intended Regulatory Action (NOIRA) and proposed regulations related to periodic review for Regulations Governing the Practice of Professional Counseling, Marriage and Family Therapy and Substance Abuse Practitioners

Agenda Item: Consideration of proposed regulations – periodic review

Included in agenda package:

NOIRA announcement on Townhall

DRAFT proposed regulations

Comments on the NOIRA

Staff Note:

Regulatory Committee needs to review comments and make recommendation on proposed regulations for adoption by full Board

Action: To recommend proposed regulations as presented or recommend changes to proposed regulations for board adoption

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VIRGINIA REGULATORY TOWN HALL

Agency Department of Health Professions

Board Board of Counseling

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

Action: Periodic review

Notice of Intended Regulatory Action (NOIRA)

Action 5230 / Stage 8544

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Preliminary Draft Text	7/15/2019 10:49 am	Sync Text with RIS
Agency Statement	2/28/2019	Upload / Replace
Governor's Review Memo	7/25/2019	
Registrar Transmittal	7/25/2019	

Status	
Public Hearing	Will be held at the **proposed** stage
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
DPB Review	Submitted on 2/28/2019 Policy Analyst: Cari Corr Review Completed: 3/14/2019 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 6/3/2019
Governor's Review	Review Completed: 7/25/2019 Result: Approved
Virginia Registrar	Submitted on 7/25/2019 **The Virginia Register of Regulations** Publication Date: 8/19/2019 **Volume: 35 Issue: 26**
Comment Period	**Ended 9/18/2019** **140 comments**

Contact Information	
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VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Counseling**

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

Action	**Periodic review**
Stage	**NOIRA**
Comment Period	Ends 9/18/2019

140 comments

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Larry Epp, Ed.D., LCPC, Licensed Clinical Professional Counselors of MD 9/7/19 10:32 pm

Establish Fair Portability Policy for All Maryland Counselors

The Commonwealth of Virginia should correct the proposed policy to insure that all Maryland Counselors, whether graduating from a CACREP or non-CACREP program, should be able to transfer their license after three years of practice. Virtually every school in Maryland up to three years ago was not accredited by CACREP and this included a number of the nation's most respected graduate programs in counseling, such as Johns Hopkins, University of Maryland, Towson, Bowie State, UB, among many other respected universities. CACREP will not recognize the graduates of Counseling Psychology Programs, and this policy stance by the accrediting body marginalizes the graduates of these programs. Counseling Psychology has been a major contributor to the development of professional counseling, and excluding these programs and graduates is puzzling and injurious to the profession, given their immense intellectual contributions.

Commenter: Pamela Foley, Ph.D., Seton Hall University 9/10/19 9:09 pm

Strongly opposed

For over 20 years I have been involved in counselor education, at a university with a long history of graduating responsible and highly qualified practitioners. ACA has provided a reasonable proposal for national licensure portability that would allow counselors from NJ and other states to change their residences while not unreasonably limiting their employability. There is not one shred of evidence to support the need for graduates of non-CACREP programs to practice for 10 years rather than 3 before they are licensable. This cannot be other than a thinly veiled attempt to privilege CACREP programs over other programs that graduate highly qualified counselors, for reasons completely unrelated to the safety of the residents of Virginia. I strongly oppose this proposal.

Commenter: Barbara A. Bradshaw, LCPC 9/10/19 9:22 pm

The fair and simple Portability Model of the American Counseling Association

The Commonwealth of Virginia should correct the proposed policy to insure that all Maryland Counselors, whether graduating from a CACREP or non-CACREP program, should be able to transfer their license after three years of practice. Virtually every school in Maryland up to three years ago was not accredited by CACREP and this included a number of the nation's most respected graduate programs in counseling, such as Johns Hopkins, University of Maryland, Towson, Bowie State, UB, among many other respected universities. CACREP will not recognize the graduates of Counseling Psychology Programs, and this policy stance by the accrediting body marginalizes the graduates of these programs. Counseling Psychology has been a major contributor to the development of professional counseling, and excluding these programs and graduates is puzzling and injurious to the profession, given their immense intellectual contributions.

Commenter: Carol-Ann Trotman 9/10/19 9:35 pm

I oppose this

This is a harmful and limiting policy for professionals and consumers. The Commonwealth of Virginia should correct the proposed policy to insure that all Maryland Counselors, whether graduating from a CACREP or non-CACREP program, should be able to transfer their license after three years of practice. Virtually every school in Maryland up to three years ago was not accredited by CACREP and this included a number of the nation's most respected graduate programs in counseling, such as Johns Hopkins, University of Maryland, Towson, Bowie State, University of Baltimore, among many other respected universities. Also, CACREP will not recognize the graduates of Counseling Psychology Programs, and this policy stance by the accrediting body marginalizes the graduates of these programs. Counseling Psychology has been a major contributor to the development of professional counseling, and excluding these programs and graduates is divisive, puzzling and injurious to the profession, given their immense intellectual contributions.

Commenter: Mark Donovan, Congruent Counseling Services 9/10/19 9:42 pm

I appose the portability plan proposed by Virgnina that gives preferential treatment

I am the owner and director of Congruent Counseling Services, a growing practice in Maryland. If VA imposes such an unfair law, I will not open my planned office in Virginia. There were no CACREP Accredited colleges in MD until after I graduated in 1998. Punishing me, and other licensed counselors for not attuning a CACREP School, particular when Maryland licenser requirement exceeds that of CACREP programs, is unfair, unreasonable, and only political. CACREP only seeks to establish itself as a political entity and has no greater value than other programs. this is all political. I am disgusted by this attempt to disenfranchise experienced licensed therapists.

Commenter: Michelle Schoonmaker, private practice 9/10/19 9:45 pm

Strongly oppose

I oppose any requirement by Virginia to disadvantage licensed counselors who did not attend CACREP-accredited graduate programs. Discrepant requirements for CACREP and Non-CACREP counselors are unfair to Maryland Counselors who did not graduate from CACREP programs, which is the majority of counselors in Maryland. I, and others, are concerned that any CACREP restrictions would further marginalize graduates of Counseling Psychology programs, which CACREP does not recognize as Counseling programs. The Maryland Board of Professional

Counselors recognizes Counseling Psychology as part of the profession of Counseling. We believe this is the correct stance to take, given Counseling Psychology's historic role in the development of our profession.

Commenter: Mollie M. Thorn, LCPC 9/10/19 10:10 pm

I oppose this discriminatory law

I oppose any provision or law that proposes to discriminate counselor license portability.The current proposal in Virginia which favors only CACREP graduate programs unfairly limits counselors who have been practicing for many years from obtaining a Virginia counselor license. Please do not pass this law.

Commenter: Kelric Goodman, LCPC 9/10/19 10:17 pm

I oppose this proposal.

Commenter: Melissa Wesner, LifeSpring Counseling Services 9/10/19 10:47 pm

Strongly opposed

I am strongly opposed to any requirements that would disadvantage clinicians who graduated from non-CACREP schools. Many reputable universities in Maryland, including Johns Hopkins University were previously not CACREP accredited. I am among those graduates.

Pro-CACREP sentiment tries to convince the public that counselors who did not graduate from CACREP programs are not as highly trained. Individuals who don't know any better might actually buy into this misinformation. The reality is that CACREP is invested in this message as it brings significant amounts of money to their table. Pro-CACREP legislation is simply a way for CACREP to keep getting business.

The truth is that there are many highly trained clinicians who did NOT graduate from CACREP programs.

Commenter: Pat Doane 9/11/19 5:47 am

I strongly oppose the portability plan proposed by Virgnia that gives preferential treatment

I oppose any provision or law that proposes to discriminate counselor license portability. The current proposal in Virginia favors only CACREP graduate programs even though many accredited universities meet or exceed the standards of CACREP programs. Virginia needs excellent mental health services for its citizens and this proposal limits availability of highly educated, qualified, and experienced counselors.

Commenter: Paula Catalan 9/11/19 6:14 am

I oppose this law that discriminates counselor license portability

I oppose any provision or law that proposes to discriminate counselor license portability. The current proposal in Virginia favors only CACREP graduate programs even though many accredited

universities meet or exceed the standards of CACREP programs. Virginia needs excellent mental health services for its citizens and this proposal limits availability of highly educated, qualified, and experienced counselors.

Commenter: Kristin Miller, LCPC 9/11/19 6:18 am

I strongly oppose this proposal!

Commenter: Karen Edwards, Corrections 9/11/19 7:36 am

Strongly opposed!

It is patently unfair to make it difficult to find employment for thousands of clinicians.

Commenter: Gina Rassa, LCPC 9/11/19 7:41 am

I strongly oppose this.

I strongly oppose this limitation on qualified, talented therapists..

Commenter: Karla Lawrence, LCPC 9/11/19 8:06 am

I Strongly Oppose this Proposal

I strongly oppose this proposal, which marginalizes highly qualified professionals and limits access to care for the many clients who need their support.

Commenter: Magellan Health 9/11/19 8:07 am

Virginia Counselor License Portability

I am a retired Air Force Colonel with 26 years of active duty service. Following retirement I continue to serve as a mental health counselor licensed in Maryland and Virginia. I have received training at the Beck Institute, the Ellis Institute, the Gottman Institute, and the Baltimore-Washington Center for EFT. However, CACREP was not widely available, nor required, when I received my counseling degree. With the shortage of mental health counselors in the USA, I find it sad that competency is being judged based on the political pundants cry for a relatively new accreditation program that discriminates against highly skilled counselors. I understand the drive for improving the perception of the profession, but portability should not be the tool used to push it. Let the professional organizations work that out with NBCC. Virginia should stay out of the politics and maximize availability to mental health practitioners by supporting counselor portability for those licensed in other states. Let reasoned thought win the day. Thank you.

Commenter: Patricia J. Simpson, MS., LCPC, Pinnacle Center, LLC 9/11/19 8:17 am

I am opposed to Virginia's biased regulatory action that limits professionally educated counselors.

Virginia's limited and biased regulatory decision reduces the numbers of licensed counselors who will provide diagnosis and treatment to the citizens of Virginia. The need for mental health counseling is extremely important with the current opioid epidemic and the stress the American people are experiencing. Please reconsider.

Thank you.

Commenter: Joseph Lemmon, PhD, LCSW-C, CEAP 9/11/19 8:33 am

Adopt a fair and non-discriminatory Portability Act

I strongly favor the adoption of the fair and simple Portability Model of the American Counseling Association.

Commenter: Christopher Hall, LCPC 9/11/19 8:51 am

I strongly oppose this proposal

I oppose this proposal as it limits access of qualified mental health professionals to those in need of services.

Commenter: Allison Pastine 9/11/19 8:59 am

Strongly Appose this proposal

Given that there is quality education provided that is not CACREP affiliated, is reason enough not to pass this regulation. Thousands of very good providers would be affected. A grandfathering approach is more appropriate if necessary.

Commenter: Micaela Beaune 9/11/19 9:13 am

I strongly oppose

This impacts several, highly qualified mental health clinicians from getting employment. Mental health treatment is already hard to find for several seeking these services. Limiting the amount of clinicians, who have the clinical skills, from being able to get employed in the state, would not only impact clinicians, but also people seeking these resources.

Commenter: Holly Sater, LCPC 9/11/19 10:06 am

Virginia should adopt the fair and simple Portability Model of the American Counseling Association

I oppose any requirements by Virginia that disadvantage licensed counselors for not attending CACREP accredited institutions.

Commenter: Gretchen Williams, LCPC-S 9/11/19 10:11 am

I strongly oppose Virginia's biased regulation against licensed counselors

I believe that Virginia should adopt the fair and simple Portability Model of the American Counseling Association:

A counselor who is licensed at the independent practice level in their home state and who has no disciplinary record shall be eligible for licensure at the independent practice level in any state or U.S. jurisdiction in which they are seeking residence. The state to which the licensed counselor is moving may require a jurisprudence examination based on the rules and procedures of that state.

Gretchen Williams, LCPC-S

Commenter: Lillian Audette 9/11/19 10:41 am

Discriminatory towards non-CACREP programs

This proposal is biased and discriminatory against programs of long standing which are not CACREP accredited but fulfill all other requirements of accreditation. By discriminating based on CACREP accreditation, Virginia would be creating a defacto requirement for CACREP accreditation for counseling programs and their graduates.

Commenter: Katie Loomis, PsyD, Loyola University Maryland 9/11/19 11:53 am

I oppose this proposal

I strongly oppose this proposal. I am confident that Virginia would be greatly limiting their access to clinicians who are well-trained and eager to treat their most vulnerable by approving this regulation.

Commenter: Kris Wright, LCPC 9/11/19 12:12 pm

Opposing discrimination against non-CACREP accredited programs

To Whom It May Concern,

I am a resident of Northern Virginia and an LCPC working in Maryland, where I completed my education and first began the licensure process before moving to Alexandria. When I moved to Virginia in 2008, I considered applying for Virginia licensure but was discouraged when I discovered that my accumulated supervision hours would not be honored by my home state. Having been licensed in good standing for many years, I could submit for license now, and would be eligible, but have hesitated because I continue to see examples of VA policies being driven more by lobbyists than by quality practices. In this case, providing preference to a single accrediting body rather than nationally established and accepted guidelines puts Virginia constituents at a disadvantage - there are unmet needs, particularly in Virginia's Public Behavioral Health System, and these needs could be met by qualified and capable counselors educated at non-CACREP accredited schools.

As an Approved Clinical Supervisor in Maryland, I have personally supervised Licensed Graduate Professional Counselors pursuing independent licensure, including several from highly qualified

graduates from Johns Hopkins University and University of Maryland whose counseling psychology programs are not CACREP accredited but continue to provide all the foundational skills and education required to start out in a career as a counseling professional.

Virginia should adopt the fair and simple Portability Model of the American Counseling Association:

A counselor who is licensed at the independent practice level in their home state and who has no disciplinary record shall be eligible for licensure at the independent practice level in any state or U.S. jurisdiction in which they are seeking residence. The state to which the licensed counselor is moving may require a jurisprudence examination based on the rules and procedures of that state.

Thank you for considering the perspectives of clinical professionals working in this field.

Sincerely,

Kris Wright, LCPC

Commenter: Patrick LoPresto, Loyola University MD 9/11/19 12:31 pm

I strongly oppose this!

Commenter: James N. Tanner 9/11/19 12:58 pm

portability

I am in favor of Virginia adopting the Portability put forth by the ACA that includes counselors trained in any accredited institution not just CACREP ones.

James N. Tanner, LCPC

Commenter: Sarah Pargan, M.S. 9/11/19 1:10 pm

I oppose this proposal

I oppose any requirements by Virginia that disadvantage licensed counselors for not attending CACREP accredited institutions and believe that Virginia should adopt the Portability Model of the American Counseling Association (ACA).

Commenter: Emily Rutledge 9/11/19 1:27 pm

I oppose this proposal

Commenter: Madeline Rose, Loyola University Maryland 9/11/19 1:30 pm

I oppose this!

I strongly oppose this!

Commenter: Angelina Tolen, Loyola University Maryland 9/11/19 1:31 pm

I Strongly Oppose this!

I strongly oppose this!

Commenter: Natalie Konig, BS, Loyola University Maryland 9/11/19 1:41 pm

I oppose this proposal.

I strongly oppose this proposal. Virginia would be preventing well-trained clinicians from a multitude of opportunities, as well as limiting their own access to these clinicians.

Commenter: michael misterka, LCSW-C 9/11/19 1:47 pm

Adopt a fair and non-discriminatory Portability Act

Commenter: Courtney Gasser, University of Baltimore 9/11/19 2:11 pm

Strongly oppose

The current proposal, while offering several options for all licensed counselors, falsely suggests that licensed counselors who graduated from programs accredited by CACREP (who would need 3 years post-licensure experience) are more qualified than those who graduated from other programs (who would need 10 years post-licensure experience).

According to the current proposal, licensed counselors from other jurisdictions would be qualified for licensure by endorsement in Virginia if they either 1) meet *all* requirements for initial licensure in Virginia including specific coursework, supervised experience, and residency, or 2) have 2 years post-licensure clinical practice in counseling in the last 5 years, which includes teaching graduate courses in counseling, or 3) hold NBCC's Certified Clinical Mental Health Counselor (CCMHC) for which the NCC and therefore, effective 2024, graduation from programs accredited by CACREP, are prerequisites, or **4) have held an active license in the other jurisdiction for ten years, or 5) have held an active license in another jurisdiction for 3 years and have either graduated from a program accredited by CACREP or hold the NCC credential (which, as above, will be limited to graduates of programs accredited by CACREP effective 2024).**

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! Why then should the majority of licensed counselors who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP?
The ACA Portability Plan (see above) is a significantly better option than this proposal.

Commenter: Madeline Leffler, University of Baltimore 9/11/19 2:22 pm

I Strongly Appose

I **strongly** appose.

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! Why then should the majority of licensed counselors who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP?

The ACA Portability Plan is a significantly better option than this proposal.

Commenter: Christine Gunn, Univeristy of Baltimore 9/11/19 2:40 pm

I strongly oppose!

As as counseling psychology graduate student pursuing licensure in the state of Maryland, I am extremely interested in the possibility of being able to practice in the surrounding states, and the proposed regulations for licensure by endorsement in the state of Virginia are unnecessarily restrictive. Not only are these restrictions founded on exactly zero documented evidence, but the entirely false assumption that CACREP program graduates are more qualified than any other M.S. graduate is insulting and actively harmful to young counselors and the clients they will ultimately be tasked with helping. These "regulations" would provide *unequal* footing for *equally qualified* young counselors in the state of Virginia, unnecessarily restricting the pool of professionals available to the citizens seeking help in that state. There is *no evidence* to support these regulations, and the citizens of Virginia will pay the price for such a grave error in judgement.

Commenter: Lynn Bañez / Bacon Street Youth and Family Services 9/11/19 3:13 pm

Strongly oppose proposal

I strongly oppose this proposal. We need to move the portability of our licenses forward.

Commenter: Rachel Friedman, LGPC 9/11/19 3:19 pm

Strongly opposed

This proposal discrimates against non-CACREP programs and it is unfair. The education and counseling skills acquired through non-CACREP programs is of the highest quality. We need to move forward with license portability and allow counselors to practice where they see fit regardless of the program they attended.

Commenter: Gaudenzia, Inc 9/11/19 3:40 pm

Counseling regulations

I oppose any laws and/or any regulations would prevent or impede anyone the opportunity to provide substance and/or mental health services to any client. Virginia needs to rethink this matter.

9/11/19 4:05 pm

Commenter: Bruke Tadesse Psy. D,LCPC,ACS,CAS. Family Health Center

Fairness in license transfer / LCPC

At least the DC MD VA should get an exemption from re licensing but the requirements to take the respective state seems prudent.

Commenter: Nazie Spurrier, LCPC 9/11/19 4:27 pm

STRONGLY APPOSED

This proposal discriminates against non-CACREP programs and it is unfair. The education and counseling skills acquired through non-CACREP programs is of the highest quality. We need to move forward with license portability and allow counselors to practice where they see fit regardless of the program they attended.

Commenter: DANA GRIMMEL LOYOLA UNIVERSITY OF MARYLAND 9/11/19 5:17 pm

APPOSED

As a current MS student in my last year at Loyola University of Maryland, I am very disheartened to hear that there is even a consideration to provide special privileges to counselors who attended a school with a different accreditation. Students who have attended many years of schooling and spent a tremendous amount of time and heart into their work are being mistreated simply because they did not attend a CACREP approved school? This matter is clearly political and business driven, which has no place in our field of serving others on a humanistic level. Please do not harm our fellow counselors who have worked so hard to get where they are with their only goal in mind to serve our communities. Let us do our job and serve others despite "CACREP" seal. I know this can seem as a challenging issue considering the headquarters in in Richmond, VA. However, my fellow counselors/ therapists/ practitioners and I humbly ask you to let us do our jobs, help others, and treat us all equally. Equality is vital in our profession, it is the core of our profession and our ethical standards.

Commenter: Jon Phillips, LGPC 9/11/19 5:33 pm

Wrong Choice

CACRP is not the only standard bearer in providing excellent counseling services to those in need. Virginia only hurts itself by adopting such a wrong-headed policy and discouraging skilled workers to move inside its borders.

Commenter: Laura Duncan 9/11/19 6:31 pm

What an INJUSTICE

Commenter: Jake Jackson-Wolf 9/11/19 6:58 pm

Strongly Opposed

This type of proposal is not inline with the values of the profession of professional counseling. The profession promotes equity and inclusion of a diversity of approaches. CACREP promoters are acting in ways inconsistent with these values.

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! Why then should the majority of licensed counselors who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP?

The ACA Portability Plan (2016) is a significantly better option than this proposal!

Commenter: Sherry McClurkin, LCPC 9/11/19 8:38 pm

No Evidence for CACREP as Better

I graduated from one of the very few CACREP-accredited Counseling Master's programs in the State of Maryland. While I deeply value the training, knowledge, and education I received, there is absolutely no data supporting the implied idea that a CACREP-accredited program is better than a non-CACREP-accredited program. It baffles me why so many legislative decisions on Counselor licensure, including the current one before you about Portability, are based on CACREP vs. non-CACREP, when there are zero studies providing any evidence that one more fully prepares students to be effective counselors than the other.

It is implied by CACREP-accreditation getting preferential treatment in the current legislation on Portability. Not only is it implied that a CACREP-accredited program is better, it's implied it is immensely more complete by more than tripling the years in practice a Counselor/Therapist must be before they can have Portability if they graduated from a non-CACREP-accredited Counseling program.
Further, CACREP accreditation hasn't been available long enough to be established as a viable option. And it excludes the extensive training of Counseling Psychology programs which are usually Doctorates.

The only winner in favoring those who had the opportunity to graduate from a CACREP-accredited program is the CACREP organization itself. Their powerfully persuasive PAC is trying to earn credibility by swaying legislators. By giving into this manipulation, thousands of highly trained and talented Counselors/Therapists and Counseling Psychologists will be Excluded with no real, valid, fact-based reasoning.

Again, I graduated from a CACREP-accredited Counseling Master's program, so there is no personal or professional benefit to me to ask you to oppose the currently proposed Counselor License Portability Legislation before you.

I ask you to adopt the Fair and Simple Portability Model of the American Counseling Association.

Thank you.

Commenter: James Nelms 9/11/19 10:15 pm

Outrageous proposal

Kindly show us evidence to suggest that students who attended CACREP accredited institutions are better prepared to provide therapeutic services and we'll let this settle. To date there is no substantiated evidence for this. None. Zero.

Your broad based focus should be to promote mental health, to reduce stigmatization of those seeking counseling support, and to act as a catalyst for easier access to quality therapy from professionals who graduated from lauded institutions, like the University of Baltimore.

This proposal will have a wide-reaching impact on not only the lives of professionals and the people who need to be able to easier access therapy services, but will also affect the development of future counseling studies and academic journals that support research on new therapeutic and counseling methods.

Please reconsider and do the right thing.

Commenter: Joseph R. Schap, LCPC 9/11/19 10:17 pm

Opposed to discrimination based on CACREP

CACREP has attempted to create a second class of counselors out of the most experienced in Maryland. At the time I graduated (only about 10 years ago), there were virtually no CACREP accredited programs in Maryland. The only one in the Baltimore area was the pastoral counseling program at Loyola. By discriminating against graduates from other institutions, you are ensuring that you won't have experienced counselors. And even with a provision for "grandfathering" us more experienced counselors, the discriminatory language makes it clear to me, for one, that my expertise and experience is not welcome in Virginia.

Commenter: Pamela Gibson Jones 9/12/19 3:42 am

Opposed

Terrible idea. How can you justify limiting ones profession especially after they have put time, money and dedication into their counseling career. This proposal not only short changes the counseling professional but also the clients who benefit from the services provided . Please reconsider, it makes new counselors question whether they have made a good career choice and seasoned counselors question whether they want to remain in the counseling field.

Commenter: Tali Elitzur, LCPC, Maryland Counseling and Wellness 9/12/19 8:22 am

Opposed

I strongly oppose this proposed requirement to limit many clinicians who have been upstanding and valuable members and leaders within our field.

Commenter: Sara Battista, LCPC, LPC 9/12/19 9:00 am

Opposed.

Opposed.

9/12/19 9:20 am

Commenter: Susan P White LCPC

Strongly oppose

Virginia should adopt the fair and simple Portability Model of the American Counseling Association.

Commenter: Dominic Williams, Loyola University Maryland 9/12/19 9:26 am

Strongly Oppose

Bad decision

Commenter: Laura Winn, MA LPC NCC 9/12/19 9:55 am

STRONGLY OPPOSED- unfair, biased, and discriminatory proposal

This proposal is discriminatory for qualified professionals who obtained high quality degrees from universities that do not have CACREP accreditation. This proposal not only harms professionals who need to relocate to the state of Virginia but also the abundant amount of clients who are unable to locate professionals to obtain services. This proposal simply further exempts highly qualified professionals from other states and jurisdictions in assisting with the high demand for mental health an substance abuse services in Virginia.

Virginia should adopt the fair and simple Portability Model of the American Counseling Association in which a counselor who is licensed at the independent practice level in their home state and who has no disciplinary record shall be eligible for licensure at the independent practice level in any state or U.S. jurisdiction in which they are seeking residence. The state to which the licensed counselor is moving may require a jurisprudence examination based on the rules and procedures of that state.

Commenter: Victoria Engel 9/12/19 10:04 am

Strongly oppose restrictions

It is absolutely unfair to restrict thousands of excellent therapists who trained at non-CACREP accredited institutions with legislation. CACREP accrediation does not guarantee a therapist is good. That is as much of a personal journey and can be facilitated in many different programs.

Commenter: Lawrence Jones, LCPC 9/12/19 11:05 am

Strongly oppose

Strongly oppose

Commenter: Melissa Rivero 9/12/19 11:10 am

Strongly Opposed

The current proposal, while offering several options for all licensed counselors, falsely suggests that licensed counselors who graduated from programs accredited by CACREP (who would need 3

years post-licensure experience) are more qualified than those who graduated from other programs (who would need 10 years post-licensure experience).

According to the current proposal, licensed counselors from other jurisdictions would be qualified for licensure by endorsement in Virginia if they either 1) meet all requirements for initial licensure in Virginia including specific coursework, supervised experience, and residency, or 2) have 2 years post-licensure clinical practice in counseling in the last 5 years, which includes teaching graduate courses in counseling, or 3) hold NBCC's Certified Clinical Mental Health Counselor (CCMHC) for which the NCC and therefore, effective 2024, graduation from programs accredited by CACREP, are prerequisites, or 4) have held an active license in the other jurisdiction for ten years, or 5) have held an active license in another jurisdiction for 3 years and have either graduated from a program accredited by CACREP or hold the NCC credential (which, as above, will be limited to graduates of programs accredited by CACREP effective 2024).

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! Why then should the majority of licensed counselors who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP?

The ACA Portability Plan is a significantly better option than this proposal! The Alliance for Professional Counselors fully supports portability for all counselors and the American Counseling Association's (ACA) 2016 Portability Plan. The ACA Portability Plan would permit counselors licensed at the independent level in one state (who do not have any disciplinary actions against them) to qualify for independent licensure in any other state in which they are seeking residence. Duly licensed counselors would be treated equally across the nation under this plan.

Commenter: Richard Henrisken Jr., Ph.D., LPCS, Indipendent Texas Counselor 9/12/19 11:10 am

Support the Virginia Portability Model

I want to express my support for the work the Virginia Board has done to address the licensure portability needs of professional counselors. As professional counselors we are a unique and distinct profession with specific training and supervision needs that are encapsulated in the CACREP training model. The fact that you have not only included CACREP as an appropriate training model but also have included a non-CACREP training model that ensures that current and future professionals are trained in the tradition of professional counseling with a professional counseling identity is to be commended. Your training model helps to protect all current licensees and helps to protect professional counseling into the future. In my research on counselor supervision, I have found that there is a tremendous disparity across the 53 licensure jurisdictions when it comes to post-graduate supervised experience requirements. Your requirement for 2 years of post licensure experience can help to bridge that gap in post-graduate supervised experience for licensure and as the profession and Virginia moves toward a more universal post-graduate supervised experience model. Virginia, as the first state to license professional counselors, has always been a leader in the professional development of our unique and distinct profession. It is my hope that you will adopt the present model so that you will stand as the beacon of light for other states and jurisdictions to model.

Commenter: Mark Benander, PhD, LMHC 9/12/19 11:19 am

Strongly Opposed

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! Why then, should the majority of licensed counselors who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP?

I recommend the ACA portability act:

actual text of the ACA plan and FAQs https://www.counseling.org/knowledge-center/aca-licensure-portability-model-faqs#

There is no evidence that CACREP should be the only viable accrediting agency, or that CACREP schools do any better than other regionally accredited schools that follow the original 60-credit training model.

Thank you.

Mark Benander

Commenter: lynn perlman Ph.D Dean of Graduate Studies, Boston Graduate School o Psych, 9/12/19 11:44 am

Stronly oppose

This is a territory and economic issue. There is no evidence that CACREP trained counselors are any better equipped than other counselors and no reason that non CACREP trained counselors should have to meet addition standards.

Commenter: Mayra Schneider, LGPC, CAC-AD 9/12/19 11:48 am

Strongly oppose

Commenter: Quillian Murphy, LMHCA....Graduate of a CACREP program 9/12/19 12:27 pm

OPPOSE!!!!

Consider the more inclusive ACA proposal!

Commenter: Julie MacEvoy 9/12/19 12:27 pm

Strongly Oppose

Commenter: Penny Haney, mental health counseling program, Boston College 9/12/19 1:14 pm

Strong oppose!

I strongly oppose the proposed regulations for portability of license in VA. I support the ACA and Alliance for Professional Counselors fair and inclusive plan. There is simply no data to support the VA proposed regulations requiring professionals from non-CACREP programs to have 7 more

years of work experience than professionals from CACREP programs to make their license portable --- there is absolutely no evidence that CACREP-accredited training programs are better than non-CACREP.

Commenter: Jane Okech, PhD, University of Vermont 9/12/19 1:20 pm

Strongly support

I strongly support the CACREP training model and view our profession of professional counseling as unique and distinct from the other mental health professions. I support rules and standards that further this recognition.

Commenter: Rachel Reinders, LPC 9/12/19 1:25 pm

Counseling is Diverse

I oppose this measure as it puts too strong of an emphasis on CACREP standards and accreditation. CACREP standards are certainly strong, but many different types of programs prepare well-educated and effective counselors. There is no evidence that CACREP educated counselors are more effective or better prepared than counselors who graduate from other programs. Having more restrictions on becoming a counselor does not help address the need for professionals to be able to become licensed in areas that desperately need their services. Adopting a less restrictive timeline for receiving reciprocity would be beneficial.

Commenter: Corey Ward, University of Baltimore 9/12/19 1:31 pm

Oppose

Disparate impact to non CACREP counselors, particularly recent graduates considering NCC qualifications would be dependent on CACREP accreditation in 2024. Since NCC is a prerequisite for the (CCMHC), **endorsement B & D of section 18VAC115-20-45, Prerequisites for licensure by endorsement,** would become invalid.

This would effectively mean within 5 years non CACREP counselors would need 10yrs of experience to be licensed, without supporting evidence CACREP counselors are better prepared than non CACREP counselors.

We advocate for high counseling standards and fair, useful portability. This isn't it.

Commenter: Claudia Pyland, Ph.D., L.P. Texas Woman's University 9/12/19 1:31 pm

Strongly opposed

I am strongly opposed to this proposed regulation. It is discriminatory against competent, qualified counselors who did not graduate from CACREP programs. There is no evidence that CACREP educated counselors are more effective or better prepared than counselors who graduate from other programs.

Commenter: Meg Connor, MA LMHC, Div. Of Counseling and Psychology, Lesley University 9/12/19 1:33 pm

Oppose: Discriminatory, unsubstantiated preference for CACREP grads over other qualified clinicianss

Commenter: Kerri McCullough 9/12/19 1:43 pm

SUPPORT for the CURRENT VIRGINIA PORTABILITY MODEL

I want to express my support for the work the Virginia Board has done to address the licensure portability needs of professional counselors. As a graduate from a CACREP masters and doctorate program I support the steps that the state of Virginia is taking to ensure that they move forward in a fair way. Also want to point out that I am currently licensed as a professional counselor in Virginia, the District of Columbia, and Maryland; I did not have a problem with the two year waiting period.

I wholeheartedly believe that as professional counselors our field is very distinct with specific training and supervision needs. These needs for our field are encompassed in the CACREP training model.

I commend the board on the fact that they have gone to great pains to been sure that currently licensed professional counselors that would want to have a license in Virginia would be able to do so as long as the classes that have been taken meet the requirement.

It is my belief that this board has done the right and fair thing by including CACREP as an appropriate training model but also by including non-CACREP training model that ensures that current and future professionals are trained in the tradition of professional counseling with a professional counseling identity.

This process works to protect all current licensees and helps to protect professional counseling for the future. Virginia, as the first state to license professional counselors, has always been a leader in our profession. It is my hope that you will adopt the present model and continue to be that leader.

Commenter: Jeffrey Crane 9/12/19 2:23 pm

Support for the Virginia Proposal

I support the Virginia State Board proposal addressing the licensure portability needs of professional counselors.

Commenter: Nilda M Laboy, PsyD, William James College 9/12/19 2:24 pm

Strongly opposed to this proposal

I am the Director of the M.A. in Clinical Mental Health Counseling at William James College and the Chair of the Counseling and Behavioral Health Department. We had M.A. programs in Counseling Psychology from 2007 to 2016, when we collapsed and converted them to Clinical Mental Health Counseling. To date, we have graduated over 500 individuals, the great majority of which are licensed mental health counselors or licensed professional counselors in many states. We are not a CACREP accredited program, mainly due to the faculty restrictions they impose.

In Massachusetts, out of the 30+ counseling masters programs in existence, only 2 mental health counseling programs are CACREP accredited. I do not have exact figures (the MA Board of Allied Mental Health and Human Services Professions may have them), but I would venture that the majority of 11,000+ licensed mental health counselors in Massachusetts did not graduate from CACREP accredited programs. **Is the Commonwealth of Virginia then saying that our LMHCs need 10 years experience to equal the qualifications of a recent CACREP accredited program graduate to practice as a counselor in Virginia?**

I support the efforts to maintain a counselor identity without discriminating against those who have studied in counseling programs and are licensed as counselors.

Virginia should adopt the fair and simple Portability Model of the American Counseling Association:

"A counselor who is licensed at the independent practice level in their home state and who has no disciplinary record shall be eligible for licensure at the independent practice level in any state or U.S. jurisdiction in which they are seeking residence. The state to which the licensed counselor is moving may require a jurisprudence examination based on the rules and procedures of that state."

Commenter: Sylvia Marotta-Walters 9/12/19 3:07 pm

LPC Portability

I am opposed to the proposed rule on several grounds. There is no research to support that any number of years' experience, whether two or ten years, can compensate for curricular deficiencies. This is an arbitrary requirement with no data foundation.

Setting a CACREP standard would be a good idea, only if there were provisions for accepting the credentials of counselors who received their education and degrees prior to there even being a CACREP, or in geographic areas where access to CACREP programs was limited or nonexistent. Since there is no such provision, I think it's premature to require this. Most professions when they take this step provide for equivalencies for a set period of time so as not to disenfranchise licensed professionals whose record is exemplary in their current state but who want to re-locate. I see this as a restraint of trade issue.

There is already a shortage of mental health providers across the country. The proposed rule would have the unintended consequence of decreasing the pool even more, at a time when we are experiencing a dire shortage of people qualified to treat the crisis we are in with opioids alone, not to mention school shootings, mass disasters, and rampant child maltreatment.

Commenter: David Julius Ford, Jr., Ph.D., LPC, NCC, ACS 9/12/19 3:14 pm

Strongly support Virginia's model

Greetings, I am a proud LPC in VA and I know that our state has always been at the forefront of establishing and protecting our profession. I am also a graduate of a CACREP-accredited program in VA and taught in another CACREP-accredited program in VA. Currently, I am teaching in the oldest CACREP program in NJ and my students are interested in going to other states, especially VA because of my time there and because of the top-notch CACREP-accredited Doctoral programs. They will also seek licensure in VA. As such, I strongly support Virginia's portability model. It has our profession's identity as its foundation, makes room for currently licensees to remain licensed, and provides a smooth process for others from other states to come to VA. VA has a large military population and graduates from CACREP programs who are impacted by the military will come to VA and not have to jump through so many hoops to get licensed in VA. I hope VA continues to be at the forefront of leadership and adopt this model.

Commenter: Thom Field, PhD, LPC 9/12/19 4:15 pm

In support (Virginia LPC)

I am a Virginia LPC who has sought and attained counseling licensure in two other states (MA, WA). Having gone through the reciprocity process several times as a Virginia LPC, this proposal establishes fair "licensure by endorsement" provisions for licensed counselors who are relocating to Virginia. There are several options given for endorsement, that include (a) 2 years of practice at the highest licensure level, (b) CCMHC credential, (c) NCC credential and CACREP accreditation of educational program. These options appear fair and are roughly consistent with the portability plan endorsed by AACSB-ACES-AMHCA-NBCC. Note that, contrary to most critics, graduation from a CACREP accredited program is only one of three pathways to endorsement. I highly support.

Commenter: Simone Warrick-Bell 9/12/19 4:34 pm

Strongly Oppose

Strongly Oppose. The CACREP system is immensely unfair to those who attended accredited universities.

Commenter: Amy Rottier, Congruent Counseling Svcs 9/12/19 5:30 pm

Strongly Oppose

Commenter: Candace M McLain LPC (MI, CO) ACS 9/12/19 5:31 pm

In support

Commenter: Jennifer Molinari, LCPC, NCC 9/12/19 5:33 pm

Strongly oppose!

Commenter: Christine E. Cassidy, M.A., LMHC, Cambridge College 9/12/19 5:36 pm

Strongly opposed bias toward CACREP

I strongly oppose the current proposal, which is biased toward CACREP program graduates and encourage Virginia to support the American Counseling Association Licensure Portability Model: *A counselor who is licensed at the independent practice level in their home state and who has no disciplinary record shall be eligible for licensure at the independent practice level in any state or U.S. jurisdiction in which they are seeking residence. The state to which the licensed counselor is moving may require a jurisprudence examination based on the rules and procedures of that state.*

Christine E. Cassidy, M.A., LMHC

Assistant Dean of Field Experience
School of Psychology and Counseling
Cambridge College
500 Rutherford Avenue
Boston, MA 02129
617-873-0266

Commenter: Kerri Weise Augusto 9/12/19 6:01 pm

Strongly Oppose. Do not divide. Unite.

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. Why then, should the majority of licensed counselors who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP?

At present our society is experiencing a significant shortage of mental health counselors. The ACA Portability Plan is a significantly better option for addressing this national crisis than the existing proposal.

The existing proposal is clearly a result of a strong CACREP lobby, intended to promote their own agenda rather than address the mental health crisis in this nation.

Case in point, the MHC program at Becker College is only 4 years old. Hence, it is not eligible for CACREP accreditation simply by virtue of its age. This program limits enrollment to 15 students in order to ensure close supervision in its on-site training clinic. Students are involved in supervised (one-way mirror, video and audio) counseling, working as co-therapists with licensed providers with over 25 years experience *before* they begin practicum. Practicum is held in a real clinic, with real clients, and live supervision, not via role play. Students enter internship with well over the required number of supervised practice hours. Further, the courses in the program align with all CACREP standards and meet all learning objectives. Students are engaged in meaningful research with the Department of Public Health or UMASS Medical School, contribute psychoeducational articles to local publications, and receive additional practical experience in DBT and social skill training (social thinking). 100% of the graduates of this program have gone on to be successfully licensed in MA, GA, and NH.

These are not second-class mental health providers, and any patient in VA (or any other state) would be well served by these well-trained professionals.

CACREP must stop lobbying for self-serving causes that do not serve the needs of students, patients, or counselor educators. We must unite as mental health providers, not divide.

Commenter: Mary Carroll, LCPC 9/12/19 7:56 pm

Oppose this stance

I strongly oppose the stance of Virginia which is calling for exclusion of non CACREP independently licensed counselors. My educational background is that I graduated with my Masters Degree from The University of Baltimore's Applied Psychology-Counseling Track in 1997. Finished my Post Masters Certificate in Professional Counseling Studies also from University of Baltimore. I have been an LCPC for 8 yrs. My peers who have graduated from a CACREP program do not have any difference in skill level than I do. To limit my portability to practice in other states based on faulty research regarding CACREP superiority is unjust and criminal. I urge the

state of Virginia to review the research which disputes the claims of CACREP superiority and make their decision based on the facts.

Commenter: Sue Motulsky, Lesley University 9/12/19 8:14 pm

Strongly Oppose

Strongly oppose this measure.

Commenter: Michael Greelis, PhD, LPC, LMFT 9/12/19 8:17 pm

Oppose

Once again, the CACREP organization seems to be restricting public access to counseling by imposing licensing requirements that align with CACREPs accreditation process. This nibbling away at those able to provide services discourages graduate programs not endorsed by CACREP. That, in turn, limits the number of qualified counselors available to provide services.

State licensing is in place and can be used for portability as the ACA proposal makes clear.

Commenter: Eve Adams 9/13/19 12:59 am

Counselor License Portability

There is no evidence that licensed counselors who graduated from CACREP-accredited programs are better prepared than their peers who graduated from other programs. Therefore it is a restraint of trade to make the majority of licensed counselors who did not graduate from CACREP-accredited programs be required to show 7 more years of experience than their peers who graduated from CACREP accredited programs. The ACA Portability Plan is a significantly better option than this proposal!

Commenter: Anthony Isacco, Chatham University 9/13/19 8:46 am

Opposed

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! Why then, should the majority of licensed counselors who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP?

I strongly oppose this plan!

Anthony Isacco, PhD

Chatham University

Commenter: Connie Elkins, Bluefield College 9/13/19 10:01 am

I agree with the CACREP requirements for a portability model

CACREP has created a training model that can strengthen counselor training and unite counselors. Using CACREP training standards as a metric for license portability makes sense. These standards are already in place, and if Virginia Board of Counseling creates its own requirements for portability, they will be almost identical to training standards already set in place by CACREP. I agree that the counseling profession needs more unity in order to achieve the goals of the profession. CACREP is a response to the need for unity. If we do not recognize the validity of CACREP training, then what will be we as a profession? Continue with the status quo of diverse state requirements and definition of services? Or perhaps form differing accreditation standards more palatable to institutions who decline to pursue CACREP standards? Declining the CACREP requirement for license portability makes the process unnecessarily more complicated.

Commenter: Sidney Trantham / Lesley University 9/13/19 10:37 am

OPPOSED

As the head of a master's level mental health counselor program that prepares professionals to work as Licensed Mental Health Counselors (LMHCs) in Massachusetts, ***I am writing to encourage Virginia to oppose the current proposal related to CACREP requirements for counselor license portability.***

The current proposal, while offering several options for all licensed counselors, falsely suggests that licensed counselors who graduated from programs accredited by CACREP (who would need 3 years post-licensure experience) are more qualified than those who graduated from other programs (who would need 10 years post-licensure experience).

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! For example, it is rare to find CACREP accredited programs in all of the New England states, in yet we have many mental health counselor training programs that produce exceptional licensed mental health counselors. There are approximately 36 master's level training programs in Massachusetts and only seven of them are CACREP accredited. We know that programs in Massachusetts that are not CACREP accredited are producing exceptional mental health counselors! In addition, there are other accreditation bodies for mental health counselor training programs such as the Masters in Counseling and Psychology Accreditation Council (MPCAC) that set standards for counselor training and education and have accredited programs in approximately 22 states. Why then, should the majority of licensed counselors who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP? **Finally, at time when there is clear evidence of the need for more mental health counselors across this nation, why support a licensing requirement that prohibits well trained, licensed mental health counselors from practicing? The CACREP proposal does not make sense.**

The Alliance for Professional Counselors fully supports portability for all counselors and the American Counseling Association's (ACA) 2016 Portability Plan. The ACA Portability Plan would permit counselors licensed at the independent level in one state (who do not have any disciplinary actions against them) to qualify for independent licensure in any other state in which they are seeking residence. Duly licensed counselors would be treated equally across the nation under this plan. Please see their website for more information about ACA's model if you have not already done so:

https://www.counseling.org/knowledge-center/aca-licensure-portability-model-faqs#

I hope that Virginia (and other states) will support a more inclusive approach to license portability and oppose CACREP's attempt to unduly and unfairly influence mental health counselor training and the counseling profession.

Sincerely,

Sidney M. Trantham, Ph.D.

Associate Professor / Division Director

Division of Counseling & Psychology

Lesley University

Cambridge, MA

Commenter: Rebekah Gildersleeve 9/13/19 11:00 am

Oppose

Oppose

Commenter: Noreen Ammons, LCPC/LCADC 9/13/19 11:58 am

Oppose discrimination CACREP

Not fair to discriminate because of the schools!!! Why drive practitioners away from the field when so many citizens are in need of mental health assistance now? Need more shootings??

Commenter: Peiwei Li, Lesley University 9/13/19 1:27 pm

Oppose

Students shouldn't carry the burden of power play through legislative meanuvers. We need to ask: how benefit from this proposal? who are getting hurt? and why?

Commenter: Darlene Brannigan Smith, University of Baltimore 9/13/19 1:38 pm

University of Baltimore Opposes Changes

September 10, 2019

To Whom it May Concern:

In response to the NOIRA Action 5230 / Stage 8544 (http://www.townhall.virginia.gov/l/ViewStage.cfm?StageID=8544), we are writing this letter to ask you to reject the changes proposed in this action that would unduly restrict or limit counselors from other jurisdictions from securing licensure in the state of Virginia without unnecessary hardship, thus preventing qualified professional counselors from obtaining Virginia LPC licensure and providing services to Virginia's public.

From our read of the document, these proposed changes to Virginia Board of Counseling regulations for licensure portability suggested in this action would marginalize counselors who do not graduate from CACREP -accredited programs (who are the majority of counselors nationwide). The current proposal, while offering several options for all licensed counselors, falsely suggests that licensed counselors who graduated from programs accredited by CACREP (who would need 3 years post-licensure experience) are more qualified than those who graduated from other programs (who would need 10 years post-licensure experience). A better and more inclusive plan is offered by the American Counseling Association (ACA), the professional organization representing *all counselors.* (https://www.counseling.org/knowledge-center/aca-licensure-portability-model-faqs#)

The current proposal indirectly limits graduates of non-CACREP-accredited programs (the majority of programs in the country) by requiring that they either

1) meet all requirements for initial licensure in Virginia including specific coursework, supervised experience, and residency, (which indirectly preferences CACREP standards) or
2) have 2 years post-licensure clinical practice in counseling in the last 5 years, which includes teaching graduate courses in counseling, or
3) hold NBCC's Certified Clinical Mental Health Counselor (CCMHC) for which the NCC and therefore, effective 2024, graduation from programs accredited by CACREP, are prerequisites, or
4) have held an active license in the other jurisdiction for **10 years**, or
5) have held an active license in another jurisdiction for **3 years** and have either graduated from a program accredited by CACREP or hold the NCC credential (which, as noted above, will be limited to graduates of programs accredited by CACREP effective 2024).

Although not stated explicitly, these restrictions clearly preference graduates of CACREP programs when there is no substantive evidence that CACREP graduates are better prepared than their peers to become licensed counselors. In fact, there are other accrediting bodies (notably, the Masters in Psychology and Counseling Accreditation Council, or MPCAC) that accredit counseling and counseling psychology programs. Moreover, most state licensing boards require only regional accreditation *of the institution* in which the counseling program resides – not accreditation of the program itself.

The University of Baltimore (UB) is an institution with a thriving non-CACREP accredited counseling psychology program that prepares professional counselors for licensure. Our students boast a 98% pass rate on the National Counselor Exam. We have many current and former students who wish to practice in Virginia beyond their time at UB, providing necessary mental health services to the public in Virginia. We are concerned about the continued efforts in Virginia to restrict licensure in ways that would exclude many well-prepared counselors (including our graduates) from around the country from obtaining licensure as easily as their CACREP-graduate peers. Licensure requirements in Maryland do not restrict graduates of Virginia counseling programs from seeking licensure in Maryland based on program accreditation. Furthermore, restrictions between states interrupt the good efforts being made toward national licensure portability for *all counselors*.

Again, we urge you to reject these changes to licensure by endorsement regulations in Virginia's counseling regulations.

Thank you for your time and attention to this matter.

Sincerely,

Darlene Brannigan-Smith, Ph.D.

Executive Vice President and Provost

University of Baltimore

Christine Spencer, Ph.D.

Dean

College of Arts and Sciences

Sharon Glazer, Ph.D.

Chair

Division of Applied Behavioral Sciences

Courtney Gasser, Ph.D., L.P., N.C.C.

Program Director

Master's of Science in Applied Psychology-Counseling Psychology Concentration

Commenter: Dr. Margo Jackson, Fordham University 9/13/19 2:54 pm

Strongly oppose limits to single accreditation body

The aim to support quality mental health care is sound, but it does not serve the public well to limit to a single counselor accreditation body (CACREP only); the need is great for well qualified counselors, including those well prepared by programs with other fine accreditation.

Commenter: Michael Cadaret, Chatham University 9/13/19 8:16 pm

Strongly oppose

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! Why then should the majority of licensed counselors who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP?

The ACA Portability Plan (see above) is a significantly better option than this proposal.

Commenter: Peggy Brady-Amoon, PhD, LPC, Alliance for Professional Counselors 9/14/19 8:38 am

Strong opposition to the current proposal

The Alliance for Professional Counselors (APC), a national organization of counselors and counselor educators that supports interdisciplinary cooperation and licensure portability, strongly urges you to reject the current proposal for licensure by endorsement. The current proposal is an improvement over earlier proposals because it offers options for licensure in Virginia for all licensed counselors.

However, APC strongly objects to current proposal. We particularly object to the provision that licensed counselors who graduated from programs accredited by CACREP would qualify for Virginia licensure with 3 years post-licensure experience while licensed counselors who graduated from programs that are not affiliated with CACREP would need 10 years post-licensure experience. There is no evidence to support this proposed discrepancy.

Furthermore, this proposal would harm the public by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia.

This proposal would also harm the majority of licensed counselors who graduated from programs that are not affiliated with CACREP by making it seem, despite lack of evidence, that they are less qualified. We call your attention to the two successive Virginia Economic Impact Analyses (2016, 2017) for further information. Furthermore, as Virginia has historically been a leader in the profession, this proposal could set a negative precedent.

The American Counseling Association's (ACA) 2016 Portability Plan is a significantly better option for portability than the current (or previous) proposals. The ACA Portability Plan would permit counselors licensed at the independent level in one state (who do not have any disciplinary actions against them) to qualify for independent licensure in any other state in which they are seeking residence. Duly licensed counselors would be treated equally across the nation under this plan. Compared with this – and earlier proposals - the ACA plan respects all counselors, the licenses they hold, and doesn't require a waiting period.

We fully respect that these decisions are within the purview of the Commonwealth of Virginia. However, APC asks your consideration because these proposed regulations are detrimental to the citizens and economy of Virginia. Furthermore, we urge you to consider the national implications of these decisions and take action to prevent the adoption of the current portability proposal in Virginia and all proposals to restrict Virginia counselor licensure to graduates of programs accredited by CACREP.

Thank you for your consideration.

Respectfully,

Peggy Brady-Amoon, PhD, LPC
President, Alliance for Professional Counselors
www.apccounseloralliance.org
&
Associate Professor
Department of Professional Psychology & Family Therapy
Seton Hall University
South Orange, NJ 07079

Commenter: Roger Sandberg, LCPC, LPC Psychotherapy Services, LLC 9/15/19 5:42 pm

Strongly Oppose

I am licensed in Virginia as an LPC, as well as in Maryland as an LCPC. It doesn't make sense why Virginia continues to pursue an alliance with CACREP, which, by it's stated mission statement is discriminatory and excludes well-trained and highly qualified licensees. A number of the most highly recognized graduate programs of counseling psychology in the nation are not CACREP-accredited programs, and yet produce some of the most highly qualified graduates in our profession.

Virginia, please leave it to the regional accrediting organizations (who's purpose is to monitor and accredit undergraduate and graduate programs), as well as the NBCC (who's licensing exam is the standard for professional counselors nationwide), to do their jobs. Additionally, the ACA has a very sensible, inclusive portability plan that works for counselors nationwide. I urge Virginia to reject this CACREP power grab, and instead, lead the pack nationwide by adopting the ACA's portability plan.

9/16/19 9:59 am

Commenter: Beth Greenberg, Becker College

Opposed to Current Proposal

The proposal incorrectly implies that counselors from CACREP accredited programs may be more highly qualified than those from non-CACREP accredited programs. There is no empirical evidence to support this (see the following research results: https://pdfs.semanticscholar.org/c39d/d6d5a4b812687fdca134b5e73d6cd9761732.pdf). The state of Virginia should follow the portability guidelines proposed by the American Counseling Association (ACA). Any alternative restrictions regarding license portability will only serve to reduce the number of qualified mental health counselors who are able to practice in the state, further limiting the availability of mental health services to its citizens.

Commenter: Winnie D. Moore, MA, LCPC, LPC, NCC 9/16/19 12:26 pm

Advocacy Alert - Insure Fairness in License Transfer to Virginia

I oppose this action.

Commenter: Becker College 9/16/19 12:34 pm

Opposed to Current Proposal

The current proposal suggests that there is a need to emphasize the difference between licensed counselors who graduated from programs accredited by CACREP, and those who have not. The focus of the mental health counseling profession would then become skewed and further divide the profession. As mental health counselors, there is a great need for the services provided. There is no evidence to support that CACREP accredited programs provide better professionals to the field. This proposal would be harming the population we swore to protect, and do no harm.

Commenter: Kayla Watson, University of Baltimore 9/16/19 12:49 pm

I strongly Oppose

I oppose any requirements by Virginia that disadvantage licensed counselors for not attending CACREP accredited institutions!

Commenter: Kelly Tyler 9/16/19 1:08 pm

Strongly Oppose!

Your proposal implies that licensed counselors who graduated from programs accredited by CACREP are better prepared for practice than licensed counselors who graduated from programs that are not accredited by CACREP. I **strongly** urge you to re-evaluate this. There is no empirical evidence to prove that this is true. As a student in a fairly new program at Becker College in Massachusetts (that is in line with CACREP standards), you would be contributing to an (already) concerning shortage of mental health professionals. This could create a ripple effect leading to further clinician burnout and increasingly problematic decreases in clinician availability to address the increasing need for mental health services in the United States. It's simply ludicrous to assume that lack of accreditation by CACREP means lack of experience. Please focus your efforts on license portability instead to ensure that licensure can be transferred from state to state.

Commenter: Megan Malandro, Seton Hall University 9/16/19 1:42 pm

Strongly Oppose!

I strongly oppose the current proposal. The importance of mental health professionals in today's society is paramount. Under the provision that licensed counselors who graduate from programs accredited by CACREP would qualify for licensure with 3 years post-licensure experience, while those licensed counselors who are not affiliated with CACREP would need 10 years post-licensure experience would be detrimental to the field. Not only would this harm those licensed counselors who have already graduated from programs that are not affiliated with CACREP, this would further impact students such as me who are now pursuing a career in the field. This would only further deter individuals from pursuing a career in mental health. Considering there is no empirical evidence that licensed counselors who graduated from CACREP accredited programs are better suited that those who did not, is reason enough to forgo this proposal. I support licensure portability and would support reconsidering this current proposal.

Commenter: Jennifer Q. Morse, PhD; Chatham University 9/16/19 2:49 pm

Strongly oppose

I oppose this measure as it over-emphasizes CACREP standards and accreditation. Many different types of programs prepare well-educated and effective counselors, not just CACREP. There is no evidence that CACREP educated counselors are more effective or better prepared than counselors who graduate from other programs. Requiring licensed counselors who did not graduate from CACREP programs show 7 more years of experience than their peers who graduated from programs accredited by CACREP unnecessarily restricts qualified providers.

I strongly oppose this proposal.

Commenter: Rex Stockton, Indiana University 9/16/19 2:56 pm

Counselor Licensure

I am a counselor educator and I have trained school counselors and mental health counselors at the masters level for many years. I also serve on the Indiana state board, Professional Licensing Agency, that licenses mental health workers including counselors. I strongly believe in license portability. We have done that in Indiana. We did it without questioning the status of the program that is licensed by another state. I fully support the ACA plan that allows licensed counselors to be treated equally across the nation. I have participated in many accreditation site visits for CACREP. I have also done a few for non CACREP programs. I have not found any difference in the quality of the training.

Rex Stockton

Chancellors Professor

Commenter: Trish Hernandez 9/16/19 3:50 pm

Oppose

I oppose this proposal.

This proposal prevents well trained and competent professionals from providing services. This proposal will likely hamper relocating credentialed professionals.

Ultimately, this proposal limits resources for constituents.

Trish Hernandez, PsyD, LISAC
Ottawa University
Director, Graduate Studies in Counseling
Professor of Counseling

Commenter: Wendy Kraus, LCPC/Owner Coastal Counseling & Wellness 9/16/19 4:44 pm

Opposed to legislation

Strongly opposed to this legislation as it unfairly limits counselors from Maryland.

Commenter: Seton Hall University 9/16/19 5:04 pm

Stongly opposed

I strongly oppose the current proposal to favor license candidates from CACREP accrediited programs over qualified candidates from other counseling training programs. There is **no empirical evidence** to support the notion that graduates from a program that is CACREP accredited are better prepared than graduates from other programs. Therefore it is not only egregious and unsubstatiated to discriminate between license applicants in this way, but it is also creating a falsehood and actively misleading the public. I strongly urge you to opposed that proposal!

Sincerely,

Margaret Farrelly, PhD

Commenter: Jody Kulstad, Seton Hall University 9/16/19 5:18 pm

Oppose

There is no evidence to support that a CACREP graduate is better prepared than non-CACREP graduates. Further, testing data reveals that Non CACREP students score higher than CACREP graduates on the NCE and NCMHCE (King), which further shows that this action is ill advised with no clear basis.

Commenter: Mary Harrell 9/16/19 8:40 pm

Strongly oppose

I strongly oppose this legislation. It is discriminatory and has no basis in research. It assume facts not in evidence, that graduates from non CACREP universities are lacking in expertise compared to those graduating from CACREP programs despite the rigorous review of coursework, practice and intern experience they undergo to obtain their license. It does nothing but promote division within our profession. Many elite schools in Maryland are not CACREP. I have supervised interns from CACREP and non CACREP institutions and have not found a difference in their course preparation.

Commenter: Austin Widmer 9/16/19 9:02 pm

Strongly Oppose

Good policy should follow established research, and established research does not endorse the need for a program to be CACREP accredited to be a strong program. Virginia will deny itself competent clinicians with the suggested legislation, and by extension deny its people access to mental health services.

Commenter: MaxBet 9/17/19 7:08 am

Best

MaxBet Casino https://maxbetcasino.net/ allows you to play for real money and for free. If you want to play for free, just log in to the portal and select this function in the game. For gambling for money registration is required. The advantage of entering personal information into the MaxBet system is that all the latest news and upcoming promotional offers come to visitors via e-mail or SMS notification to the number indicated when registering on the website.

Commenter: Deanna Hamilton, Chatham University 9/17/19 10:02 am

I strongly oppose this plan!

Requiring 7 more years of experience for counselors who did not graduate from CACREP accredited programs is **BAD** for counselors, for the many people (and their families) who are in need of services, and for the field of counseling/psychology. Additionally, there is **NO** documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs.

This requirement is misguided, does more harm than good, and I strongly oppose it.

Deanna Hamilton, PhD

Chatham University

Commenter: Michael Ellis, University at Albany, SUNY 9/17/19 10:14 am

Strongly Oppose

I strongly oppose the proposed regulations for licensure by endorsement. In essence, this proposal is an attempt by CACREP to restrict trade by clearly favoring counselors to be eligible for licensure if they graduated from a program accredited by CACREP or hold the NCC credential (access to which will be limited to graduates of programs accredited by CACREP effective 2024). The current proposal, while offering several options for all licensed counselors, falsely suggests that licensed counselors who graduated from programs accredited by CACREP (who would need 3 years post-licensure experience) are more qualified than those who graduated from other programs (who would need 10 years post-licensure experience).

There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! Why then, should the majority of licensed counselors (who did not graduate from programs

accredited by CACREP) be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP?

The ACA Portability Plan is a significantly better option than this proposal!

The Alliance for Professional Counselors fully supports portability for all counselors and the American Counseling Association's (ACA) 2016 Portability Plan. The ACA Portability Plan would permit counselors licensed at the independent level in one state (who do not have any disciplinary actions against them) to qualify for independent licensure in any other state in which they are seeking residence. Duly licensed counselors would be treated equally across the nation under this plan.

See this link for a brief intro, actual text of the ACA plan and FAQs
https://www.counseling.org/knowledge-center/aca-licensure-portability-model-faqs#

Thank you for the opportunity to comment on the proposed legislation.

Sincerely,

Michael Ellis, Ph.D.

Commenter: Heidi Hutman 9/17/19 10:32 am

Strongly OPPOSE

There is no evidence to suggest that counselors who graduate from CACREP programs are more qualified than those graduating from non-CACREP programs. Please stop this divisive proposed legislature and consider the ACA Portability Plan, which is a significantly better option than this proposal.

For more info: https://www.counseling.org/knowledge-center/aca-licensure-portability-model-faqs#

Thank you for the opportunity to comment,

Heidi Hutman, Ph.D.

Commenter: Cory Cascalheira 9/17/19 10:47 am

Strongly opposed

There is no evidence that counselors who graduated from CACREP-accredited programs perform better than their peers.

This law severely restricts the ability of qualified counselor to provide services and direct their lives.

Given the current mental health issues in our country, I do not see how this law is helpful for anyone.

Commenter: C. Jacob 9/17/19 11:25 am

Oppose

As a counselor educator with multiple identities in the mental health profession, I oppose this action.

Commenter: Tina Russell-Brown, Chatham University 9/17/19 11:40 am

Strongly oppose

I strongly oppose because the proposal implies that CACREP programs produce better prepared counselors (which has not been empirically verified) and applies undue credentialing hardship on professionals that have degrees from other credentialing organizations. As a graduate from a CACREP program in Virginia, I am disappointed that my home state is interested in exclusionary practices. I have lived and worked in several states simply because they did not penalize me for a CACREP approved degree. In addition, Virginia has many transient residents from the military and other walks of life. I hope that Virginia counselors want to provide a **reasonable** pathway to licensure for well trained counselors from other states which would demonstrate a respect for colleagues outside of the state of Virginia and an attitude of inclusion not exclusion.

Commenter: Susan Woodhouse, Lehigh University 9/17/19 12:00 pm

Opposed to the discriminatory proposal

Portability of licensure is an important issue to address. This proposal, however, is discriminatory. This proposal gives preferential treatment to graduates of CACREP-accredited programs. There is simply no evidence that graduates of CACREP training programs are better trained or do better work than graduates of non-CACREP accredited programs. There are other accrediting bodies, other than CACREP, that are also very good and do a great job of ensuring excellent training. As of 2024 the NCC credential will be limited to graduates of CACREP accredited programs. This means that if this proposal were to be accepted, ultimately graduates of CACREP programs from other states would only need to have 3 years of experience whereas graduate of programs accredited by other bodies would need to have 10 years of experience. This simply does not make sense. CACREP does not have a monopoly on excellence in training. It would be better to have a more sensible licensure portability plan in order to ensure there are sufficient mental health support options available for Virginians.

Commenter: Rich Davino, Becker College 9/17/19 12:11 pm

I oppose this plan for its shortsighted thinking

I implore Virginia not to pursue this preferential treatment, and limitation of licence portability proposal. As a graduate of a CACREP accredited college, and a current instructor in a non CACREP accredited college, I can attest that the barrier to allowing for high quality practitioners in all 50 states will be a disaster. The mental health crisis is severe and the CACREP aspect of an individual's professional development is not the key--deeply caring individuals who are in the profession for the long haul, regardless of where they reside, or will need to reside in the future, is far more important. From the standpoint of the profession, and basic economics, counselors need to be able to live, and as needed, relocate, where the jobs, family, and other factors take them. Virginia will go down a very slippery slope and ultimately will lose more than you gain.

Commenter: Michael J Peters Sr., Becker College 9/17/19 12:26 pm

strongly opposed.

As a current provider of counseling who has graduated from a college that is not CACREP certified and who is seeking licensure I will state emphatically that I am opposed to this legislation. There has been no evidenced gathered that shows a difference between CACREP accredited and non-CACREP accredited colleges.

https://pdfs.semanticscholar.org/c39d/d6d5a4b812687fdca134b5e73d6cd9761732.pdf

As a professional in this field, we struggle to fill needs of communities that are at risk, as there are far more clients than counselors available to service these individuals, who are often on state provided insurance and in the greatest need of services. Putting roadblocks in the way of getting services will further contribute to the crisis of mental health that this country faces. This legislation will also discourage many people from entering the field knowing the amount of time that it will take to get to licensure.

Please consider the long term effects of this legislation and vote not toass ths bill.

Commenter: Lynn Gilman 9/17/19 12:52 pm

Opposed

I oppose this legislation as there is no compelling evidence that counselors who graduate from CACREP programs are more qualified than those graduating from non-CACREP programs. Please consider the ACA Portability Plan, which is a significantly better, more inclusive, and a less fracturing option than this proposal. With the tremendous need for qualified mental health providers the exclusionary nature of this portability proposal is detrimental to the well being of future clients. For more info: https://www.counseling.org/knowledge-center/aca-licensure-portability-model-faqs#

Commenter: Kevin Davis, Seton Hall University 9/17/19 2:41 pm

Strongly Oppose!

I strong oppose the suggestion in making license portability into the state of Virginia more stringent. I believe this proposal is not only counter productive, as it will cause more unnecessary friction within an already underserved field, but it will also deter interest in professionals becoming more involved in the mental health counseling industry. Also, in a rapidly evolving educational sector, where online programs are becoming more effective and efficient, CACREP should not be the only satisfactory accreditation. This should NOT be passed!

Commenter: Timothy Melchert 9/17/19 2:50 pm

Strongly oppose discriminatory plan

Thank you for the opportunity to state my strong opposition to the plan to institute a discriminatory policy for licensed professional counselors. The blatant discrimination requiring a major hurdle for those who don't graduate from a CACREP-accredited program is an embarrassment for the

profession. I worry about the continued viability of the profession when parties such as CACREP pursue such divisive and self-serving policies. Please reject the proposed plan.

Timothy Melchert

Commenter: Cristina Nicolau, Seton Hall University 9/17/19 3:11 pm

Strongly Oppose

I strongly oppose this proposal. This will prevent competent professionals from providing services as well as prevent them from relocating. This in turn will limit the services available for communities that are in need.

Cristina Nicolau

Commenter: Charlotte Bailey, LCPC, Sheppard Pratt Health System 9/17/19 4:57 pm

STRONGLY OPPOSE PROPOSED, BIASED CHANGES

I oppose the changes because they are clearly discriminatory and exclusionary! Shameful!

Commenter: Suzanne Lease, University of Memphis 9/17/19 5:38 pm

Strongly oppose proposal unsupported by data

I teach classes in a CACREP-accredited program, but I know that there are no data supporting that students graduating from the program have better clinical skills than students graduating from other rigorous counselor training programs (either those that are MPCAC accredited or are otherwise designed to follow accepted training standards). Therefore, there is no support for a proposal that requires different amounts of post-licensure experiences for counselors graduating from CAREP programs versus counselors from other programs. To require seven additional years of post-licensure experience for some individuals with no rationale for doing so is ludicrous and likely invites legal challenge.

Commenter: Jess Balk-Huffines, LCPC 9/17/19 6:35 pm

Oppose

Implementing CACREP accreditation is unneeded in the licensing of qualified mental health professionals. Despite my experience and full current independent licensure within the Maryland Board, I would be unable to legally practice in the State of Virginia. While I can appreciate what CACREP accreditation offers schools and their graduates, I feel this is a drastic measure to separate and limit qualified mental health professionals from serving the people of Virginia.

I do approve of additional education if a state's population has specific needs, but these should be more from a continuing education standpoint (must complete this 6-credit course with a provisional license, for example) versus mandating seven additional years of practice before being fully licensed. I believe it is mind-boggling that Virginia is limiting its potential counselor pool, especially from neighboring states, such as Maryland, which have robust and extensive graduate school programs. I oppose including CACREP standards into licensing protocols, and suggest Virginia moves along the lines of full reciprocity for independently licensed clinicians from other states.

Commenter: John Dimoff, Chatham University 9/17/19 7:21 pm

Oppose

To Whom It May Concern:

I am writing to encourage Virginia to oppose the current proposal related to CACREP requirements for counselor license portability.

As others have already commented, the current proposal is dangerous to our profession because it suggests that licensed counselors who graduated from programs accredited by CACREP are more qualified than those who graduated from other programs, for which there is no documented evidence. Counseling psychology relies upon treatments that have been supported by science and so too should its licensing requirements.

John Dimoff, Ph.D.

Chatham University

Commenter: Dan Walinsky, Temple University 9/17/19 8:04 pm

Strongly object

I strongly object to this proposal. It unfairly discriminates against well trained counselors who did not attend programs endorsed by CACREP. There is no evidence *supported by rigorous, well-conducted research* that demonstrates that graduates from CACREP accredited programs are better counselors.

The license portability plan endorsed by the American Counseling Association (ACA) is superior to this proposal, and is more fair to all counselors.

Commenter: Noelany Pelc, Ph.D., LP, Seton Hall University 9/17/19 9:16 pm

Strongly Oppose

As a licensed psychologist, and counseling educator, I strongly oppose the current proposal. The current proposal grants greater license portability and access to licensure in Virginia in a manner that disproportionately impacts clinicians graduated from non-CACREP programs. To date, there is no empirical evidence or body of literature that supports limitations that are disparate based on accreditation status and the quality of services provided by graduates. Offering shorter pathways to licensure for CACREP graduates limits the services that are available to communities in needs and who greatly benefit from having greater access to mental health providers.

Commenter: Samantha Daniel, Ph.D, Private Practice 9/18/19 10:40 am

Strongly oppose

While I strongly support licensure portability laws, I strongly oppose this one that poses an unfair second class citizen status to counselors that have not attended the "right" program. There is absolutely no research evidence to suggest that skills differ among those in CACREP vs non-CACREP programs. Indeed many in non-CACREP are taught by clinicians with the highest skill

level in mental health, those who are licensed psychologists. ACA's rigid rules in accrediting programs based on faculty background have unfairly marginalized programs ran by doctoral level psychologists that have gone to APA accredited programs. It would be a huge disservice to VA to allow ACA's lobbying and increasingly restricted approach to accrediting programs unfairly impose additional loops for those taught in programs headed by psychologists. And until ACA can prove CACREP students are better than non-CACREP this is unfair and could lead to litigation. Do the right thing and apply licensure mobility equally.

Commenter: John E. Smith, Ed.D. 9/18/19 11:04 am

I very strongly oppose

This proposal is a "restraint of trade/practice" proposal which discriminates against non-CACREP GRADUATES. I am not aware of data which demonstrates that CACREP graduates are more effective counselors than others. Such a regulation limits the options for practitioners who may choose where they will live, based on the opportunities that would be available to them.

Commenter: Augusto C. Garcia Vizcarrondo, University of Baltimore 9/18/19 1:26 pm

I Strongly Oppose

Although licensure portability laws are a step in the right direction in improving the behavioral health care of our clients, I strongly oppose the stipulations outlined in this particular proposal. It is evident that this proposal seeks to limit the ability of behavioral health care professionals graduating from non-CACREP programs to provide counseling to clients across state lines and favors CACREP endorsed programs. There is no evidence to indicate that graduates from CACREP accredited programs provide better care that those who are not, and the fact that most programs in the US are not CACREP accredited, severely limits our client's options for care. Even more concerning is the fact that we are also limiting the care provided to our service members returning from overseas. Virginia is one of the top five states with the highest concentration of veterans as well as Active Duty service members, being home to several military installations such as FT Eustis and FT Lee. When considering future proposals for licensure portability, we must ensure that we are always placing the needs of our clients first.

Commenter: Jake Jackson, National Board for Certified Counselors 9/18/19 9:05 pm

NBCC supports Petition for 18VAC115-20-45, Prerequisites for Licensure by Endorsement

Dr. Johnston Brendle, LPC, LMFT
Chairperson
Virginia Department of Health Professions
Virginia Board of Counseling
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Dear Dr. Brendle:

The National Board for Certified Counselors (NBCC) is writing express our support for the proposed rule change for 18VAC115-20-45. Prerequisites for licensure by endorsement. At NBCC, we support and respect the important work that state regulatory boards do to protect the public and identify appropriate qualifications for competence and integrity of practice by counselors. Furthermore, we understand the need

for increased access to qualified counselors and expanded mobility for counselors in the contemporary job market. We believe the proposed rule change helps to advance these aims.

NBCC provides national certification for the counseling profession, representing over 66,000 National Certified Counselors (NCCs) in the United States. NBCC also develops and administers the licensure examinations for professional counselors in all 50 states, Puerto Rico, and the District of Columbia. Professional counselors, counselor educators, regulators and counseling stakeholders are engaged throughout all facets of the development of the national models for counseling, the NCC and the Certified Clinical Mental Health Counselor (CCMHC). These stakeholders are engaged in the development of the assessments, ethics processes, identification of educational eligibility requirements and service and supervision elements. Engaging the profession in defining core eligibility requirements and processes for certification is critically important for ensuring a cohesive model informed by the profession's voice. National certification provides a model and a pathway for the profession to respond to the evolving needs of the public while ensuring that the sustained core requirements include the elements necessary to protect the public and frame the profession.

It is our intention that certification and the national model be a help to our partners on the regulatory boards. Being able to refer to and utilize a national model developed and maintained by counselors for the profession is intended to help facilitate the work of the state boards. We were pleased to see that model and those intentions in action in the proposed rule change. Including the Certified Clinical Mental Health Counselor (CCMHC) credential and the National Certified Counselor (NCC) credential as pathways for the educational and experience requirements allows the Virginia Board to be assured that counselors seeking licensure by endorsement have obtained the education and experience necessary for competent practice, ensuring the ongoing protection of the public. We believe that utilizing the national credentials as a pathway to verify educational and

experience requirements will simplify administration, increasing efficiency and reducing costs for the Board. NBCC also supports the inclusion of a CACREP accredited degree in the proposed endorsement rule. CACREP is the premier accrediting body for mental health counseling graduate programs and the inclusion of its standards here will help to further ensure that candidates for endorsement have the educational preparation necessary to provide quality counseling services to the citizens of Virginia.

Furthermore, we enthusiastically support the inclusion of the broad range of clearly articulated options for documenting educational preparation and counseling experience set forth in the proposed rule change. The proposal your Board is offering will appropriately protect the citizens of Virginia, while also achieving critically important aims, including:

- Significantly increasing public access to qualified care.
- Establishing minimum standards for safe practice.
- Reducing administrative burdens for both the state regulatory board and licensees.

The proposed rule change will support portability and continue the strong history of Virginia leading on meaningful, impactful regulatory processes for counselors. We believe that the proposed rule change facilitates portability for the vast majority of licensed counselors while establishing quality assurances for your citizens.

In closing, NBCC supports the proposed rule change and urges others to support the proposed changes to the licensure by endorsement process in Virginia. The proposed change will continue the long history of Virginia's leadership for the counseling profession, promote counselor portability and facilitate the flow of qualified counselors into the state. The plan balances the priorities of public protection with the demand for increased access to behavioral health services.

Thank you for your consideration of our letter of support. If you have any questions or comments about this letter or about counselor certification, the NCC or the CCMHC, please contact Kylie Dotson-Blake, NBCC's

Interim President and CEO or Jacob Jackson, Manager, Government Affairs for NBCC, at dotson-blake@nbcc.org or jjackson@nbcc.org.

Sincerely,

Kylie Dotson-Blake
Interim President & CEO
National Board for Certified Counselors

Jacob Jackson
Manager, Government Affairs
National Board for Certified Counselors

Commenter: Elisabeth Liptak, Seton Hall University 9/18/19 9:18 pm

Strongly Oppose

I am strongly opposed to the proposed regulation regarding licensure by endorsement that would advantage graduates of CACREP accredited programs. There is no evidence that such graduates are better prepared than counselors from non-CACREP accredited programs. This is a short-sighted move at a time of increased need for mental health professionals and should not be approved.

Commenter: Cynthia Miller 9/18/19 10:00 pm

In support of these updates

I support the proposed regulatory changes and commend the Board of Counseling for expanding the avenues by which counselors from other states can transfer their licenses to Virginia.

Commenter: Cynthia Miller, Ph.D. LPC 9/18/19 10:01 pm

In support of these updates

I support the proposed regulatory changes and commend the Board of Counseling for expanding the avenues by which counselors from other states can transfer their licenses to Virginia.

Commenter: Elaine Johnson, Ph.D. Retired, University of Baltimore 9/18/19 10:29 pm

Opposition to this proposal

The current proposal offers a pathway to licensure that recognizes the value of professional experience in the development of skill and expertise among mental health professionals. This is a laudable effort, however the huge discrepancy in years of experience required, depending on the accreditation of one's graduate program, is highly problematic. For this reason, the proposal should not advance.

License portability is a concern of every practicing professional in our highly mobile society. Barriers for those attached to the military deserve particular attention. Most professional mental health counselors in the U.S. were not trained in CACREP-accredited programs. Thus, most professionals in the country would face a huge roadblock in obtaining a license to practice in Virginia under this proposal. If a candidates is short on any of the state's requirements (such as fewer than 600 hours in supervised internship, a relatively recent development in the field), and the

master's program was not CACREP-accredited, the candidate would have to show 10 years of post-license experience, as opposed to 3 years for an otherwise identically-prepared graduate of a CACREP-accredited degree program.

Given that there is no credible evidence that CACREP training leads to greater competence or faster accumulation of skills in post-license years, the requirement s contained in this proposal are not justifiable.

Other program accreditation exists (see mpcacaccreditation.org) to support excellence in training for master's-level mental health professionals. Marginalizing graduates of programs with this accreditation, or the vast majority of licensed professionals trained before program accreditation became common, lacks empirical justification, undercuts the mobility of duly licensed professionals and does not serve a public with huge and diverse mental health needs. I urge the rejection of this proposal in its current form.

Commenter: Fred Bemak, George Mason University 9/18/19 10:53 pm

Strongly Oppose

To Whom It May Concern:

I am writing to strongly oppose the proposal for licensure by endorsement.. I am writing in my capacity as a faculty member and previous Academic Program Coordinator in the Counseling & Development Program at George Mason University as well as a 2018 recipient of the State Council of High Education of Virginia (SCHEV) Outstanding Faculty Award and a Fellow of the American Counseling Association. The proposed regulation includes a provision that counseling graduates from CACREP accredited programs would be qualified for Virginia licensure 3 years after graduation while non-CACREP counseling graduates would require 10 years of post-licensure practice in order to quality for licensure in Virginia. This proposed regulation is in direct contradiction to the report by the Mental Health America (MHA) 2018 The State of Mental Health Report that noted the serious overall shortage in America in the mental health workforce. Notably, Virginia was rated 42nd nationally in this report, comparatively poor with respect to other states, with a ratio of 730:1 clients to mental health providers. This figure combined with the fact that there is no research to support the determination of waiting 10 years for licensure in Virginia if one does not graduate from a CACREP program raises critical questions regarding the proposed regulation.

As noted by the Dean, Mark Ginsberg, at the College of Education & Human Development at George Mason University, in a recent letter to Kevin Doyle, former Chair and current member of the Virginia Board of Counseling, regarding the current proposal, "We [George Mason University] have been consistent in our view, which remains our perspective, that the intended restrictions of this proposed requirement (which has been proposed and not affirmed multiple times in Virginia) remain of concern and are NOT representative of a Virginia public policy we support. In our view, the proposal unnecessarily limits the availability of mental health professionals in the Commonwealth." Dean Ginsberg continued in his letter, "...Thus, the revised proposal is not a revision at all, rather it is a circular restatement of the original proposal, which was opposed virtually by all persons who submitted comments in response to an invitation for public comments." In fact, when we reviewed the public comments for the proposal out of 446 comments 412, or 92%, were against the proposed CACREP licensure regulations, leading to the withdraw of the proposed by the Virginia Board of Counseling.

Rex Stockton, the Chancellor's Professor in Indiana State University, and a Charter Member of CACREP and a longstanding member of the Indiana Counseling Licensure Board, noted in his public comments to the Virginia Board of Counseling during the public commentary period in 2017 to Governor McAuliffe and the Virginia Board of Counseling, "I urge you to veto the Virginia's Counseling Board Resolution requiring graduating from a Council for Accreditation of Counseling & Related Educational Programs (CACREP) accredited institution in order to obtain a license. I am a proud Charter Member of CACREP and have supported them throughout my career. However, I do not approve of their advocating the position that only CACREP accredited institution graduates

are qualified for licensure. That is simply not true. There are many quality graduate programs that, for one reason or another, don't chose to affiliate with CACREP... All counseling boards have curriculum requirements that ensure that candidates come from a quality program. As a long-time member of the Indiana Board (although not speaking for the Board), I can assure you that there's no sentiment on our Board for requiring CACREP accreditation for our applicants. I every much hope you will veto the Virginia's Board's Counseling Resolution."

I am highly concerned that the proposed regulations are a replication of the two previously proposed CACREP licensure regulations by the Virginia Board of Counseling and are in direct conflict with the documentation of increasing and under-served mental health needs in Virginia. Furthermore, there is no research or scientific base to support the position for a difference between CACREP and non-CACREP graduates. Based on these facts I strongly urge that this regulation is rejected.

Fred Bemak, Ed.D. Professor, George Mason University

BOARD OF COUNSELING

Periodic review

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 or the use of visual, real-time, interactive, secured technology for delivery of such services.

"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 the board~~.

"Resident" means an individual who has ~~submitted~~ a supervisory contract and has ~~received board approval~~ been issued a temporary license 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.

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

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

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

~~Active annual license renewal~~	~~$130~~
~~Inactive annual license renewal~~	~~$65~~
Initial licensure by examination: Application processing and ~~initial~~ licensure as a professional counselor	$175
Initial licensure by endorsement: Application processing and ~~initial~~ licensure as a professional counselor	$175
~~Registration of supervision~~ Application and licensure as a resident in counseling	$65
~~Add or change supervisor~~ Pre-review of education only	~~$30~~ $75
Duplicate license	$10
Verification of licensure to another jurisdiction	$30
Active annual license renewal for a professional counselor	$130
Inactive annual license renewal for a professional counselor	$65
Annual renewal for a resident in counseling	$30

Late renewal for a professional counselor	$45
Late renewal for a resident in counseling	$10
Reinstatement of a lapsed license for a professional counselor	$200
Reinstatement of a lapsed license for a resident in counseling	$75
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

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, or registration held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-20-45. Prerequisites for licensure by endorsement.

A. Every applicant for licensure by endorsement shall hold or have held a professional counselor license for independent clinical practice in another jurisdiction of the United States and shall submit the following:

1. A completed application;

2. The application processing fee and initial licensure fee as prescribed in 18VAC115-20-20;

3. Verification of all mental health or health professional licenses, ~~or~~ certificates, or registrations the applicant holds or has ever held in any other jurisdiction. In order to qualify

for endorsement the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. Documentation of having completed education and experience requirements as specified in subsection B of this section;

5. Verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained;

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

7. An ~~affidavit~~ attestation of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.

B. Every applicant for licensure by endorsement shall meet one of the following:

1. Educational requirements consistent with those specified in 18VAC115-20-49 and 18VAC115-20-51 and experience requirements consistent with those specified in 18VAC115-20-52. If 60 graduate hours in counseling were completed prior to April 12, 2000, the board may accept those hours if they meet the regulations in effect at the time the 60 hours were completed; or

2. ~~If an applicant does not have~~ In lieu of documentation of educational and experience credentials consistent with those required by this chapter, ~~he shall~~ the applicant may provide:

a. ~~Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and~~

~~b.~~ Evidence of post-licensure clinical practice in counseling, as defined in § 54.1-3500 of the Code of Virginia, at the highest level for independent practice for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical counseling services, or clinical supervision of counseling services or teaching graduate-level courses in counseling; or

~~3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification~~

b. Verification ~~from the credentials registry of the American Association of State Counseling Boards,~~ of the Certified Clinical Mental Health Counselor (CCMHC) credential from the National Board of Certified Counselors (NBCC) or any other board-recognized entity~~.~~;

c. Evidence of an active license at the highest level of counselor licensure for independent practice for at least 10 years prior to the date of application; or

d. Evidence of an active license at the highest level of counselor licensure for independent practice for at least three years prior to the date of application and one of the following:

(1) The National Certified Counselor (NCC) credential, in good standing, as issued by the National Board of Certified Counselors (NBCC); or

(2) A graduate-level degree from a program accredited in clinical mental health counseling by CACREP.

18VAC115-20-51. Coursework requirements.

A. The applicant shall have successfully completed the requirements for a degree in a program accredited by CACREP in clinical mental health counseling or any other specialty approved by the board; or

B. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study in the following core coursework with a minimum of three semester hours or 4.0 quarter hours in each of subdivisions 1 through 12 of this subsection:

1. Professional counseling identity, function, and ethics;

2. Theories of counseling and psychotherapy;

3. Counseling and psychotherapy techniques;

4. Human growth and development;

5. Group counseling and psychotherapy theories and techniques;

6. Career counseling and development theories and techniques;

7. Appraisal, evaluation, and diagnostic procedures;

8. Abnormal behavior and psychopathology;

9. Multicultural counseling theories and techniques;

10. Research;

11. Diagnosis and treatment of addictive disorders;

12. Marriage and family systems theory; and

13. Supervised internship as a formal academic course of at least 600 hours to include 240 hours of face-to-face client contact. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours. If the academic

course was less than 600 hours, the board may approve completion of the deficient hours to be added to the hours required for residency.

~~B. If 60 graduate hours in counseling were completed prior to April 12, 2000, the board may accept those hours if they meet the regulations in effect at the time the 60 hours were completed.~~

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

A. ~~Registration.~~ Resident license. Applicants ~~who render counseling services~~ for temporary 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 the following: (a) verification of a supervisory contract; (b) the name and licensure number of the clinical 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;

4. Submit a current report from the U. S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. 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 the 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. Supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a professional counselor.

8. The residency shall be completed in not less than 21 months or more than ~~four~~ six years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, ~~2020~~ 2022. ~~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.~~ A resident shall meet the renewal requirements of subsection C of 18VAC115-20-100 in order to maintain a license in current, active status.

9. 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.

10. 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~~

that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and phone number.

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

12. 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. 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, regardless of whether the supervisor is on-site or off-site at the location where services are provided by the resident.

3. The supervisor shall ensure accountability for the resident's adherence to residency requirements of this section.

~~3.~~4. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

~~4.~~5. 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.~~6. The supervisor shall provide supervision as defined in 18VAC115-20-10.

7. The supervisor shall maintain copies of quarterly reports to the board for five years after termination or completion of supervision.

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 issuance of a resident license by the board.

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.~~D. A ~~candidate for examination or an applicant shall not provide clinical counseling services unless he is under supervision approved by the board~~ resident shall remain in a residency practicing under supervision until he has passed the licensure examination and been granted a license as a professional counselor.

Part IV

Licensure Renewal; Reinstatement

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

A. ~~All licensees 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.~~ B. 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.

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

1. A resident license shall expire annually in the month the resident license was initially issued and may be renewed up to five times within six years from the date of initial issuance by submission of the renewal form and payment of the fee prescribed in 18VAC115-20-20.

2. On the annual renewal, the resident shall attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which he is currently providing clinical counseling services.

3. On the annual renewal, the resident in counseling shall attest to completion of three hours in continuing education 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 18VAC115-20-106.

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.

18VAC115-20-106. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice, or laws governing behavioral science professions;

2. Counseling theory;

3. Human growth and development;

4. Social and cultural foundations;

5. The helping relationship;

6. Group dynamics, processing, and counseling;

7. Lifestyle and career development;

8. Appraisal of individuals;

9. Research and evaluation;

10. Professional orientation;

11. Clinical supervision;

12. Marriage and family therapy; or

13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:

a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.

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

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(2) The American Association for Marriage and Family Therapy and its state affiliates.

(3) The American Association of State Counseling Boards.

(4) The American Counseling Association and its state and local affiliates.

(5) The American Psychological Association and its state affiliates.

(6) The Commission on Rehabilitation Counselor Certification.

(7) NAADAC, The Association for Addiction Professionals and its state and local affiliates.

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

(11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

(12) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. Publication/presentation/new program development.

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development. Activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

(5) Attendance at board meetings or disciplinary proceedings. Activity shall count for actual time of meeting or proceeding for a maximum of two hours during one renewal period.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of ~~10~~ six hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision provided to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officer of state or national counseling organization; editor ~~and/or~~ or reviewer of professional

counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; or other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include language courses, software training, and medical topics, etc.

18VAC115-20-107. Documenting compliance with continuing competency requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities, the licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

d. Letters from educational institutions or agencies approving continuing education programs;

e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

f. Documentation of attendance at formal staffing or participation in clinical supervision/consultation by a signed ~~affidavit~~ attestation on a form provided by the board.

D. Continuing competency hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC115-20-110. Late renewal; reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-20-20 as well as the license renewal fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a professional counselor license after one year or more and wishes to resume practice shall: (i) apply for reinstatement~~,~~; (ii) pay the reinstatement fee for a

lapsed license~~,~~; (iii) submit verification of any mental health license he holds or has held in another jurisdiction, if applicable~~,~~ (iv) provide a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and (v) provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive professional counselor license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

D. A person who fails to renew a resident license after one year or more and wishes to resume his residency within the six-year limitation from the date of initial issuance of a resident license shall: (i) apply for reinstatement; (ii) pay the initial licensure fee for a resident in counseling; and (iii) provide evidence of having met continuing competency requirements not to exceed a maximum of 12 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the resident license.

Part V

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC115-20-130. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone, or electronically, these standards shall apply to the practice of counseling.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience, and appropriate professional experience and represent their education, training, and experience accurately to clients;

3. Stay abreast of new counseling information, concepts, applications, and practices that are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service ~~provider~~ professional, and if so, ~~refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional~~ document efforts to coordinate care;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; ~~and~~

13. Advertise professional services fairly and accurately in a manner that is not false, misleading, or deceptive, including adherence to provision of 18VAC115-20-52 on requirements for representation to the public by residents in counseling;

14. Make appropriate referrals based on the interest of the client; and

15. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law, or is beyond the control of the practitioner, shall not be considered negligent or willful.

C. In regard to patient records, persons licensed or registered by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain timely, accurate, legible, and complete client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with the client's expressed written consent or that of the client's legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations; and

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client or his legally authorized representative.

D. In regard to dual or multiple relationships, persons licensed or registered by the board shall:

1. Avoid dual or multiple relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation or neglect occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Counselors shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Counselors who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of, or participation in sexual behavior or involvement with a counselor does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationship or sexual intimacy or establish a counseling or psychotherapeutic relationship with a ~~supervisee~~ person under supervision or student. Counselors shall avoid any nonsexual dual relationship with a ~~supervisee~~ person under supervision or student in which there is a risk of exploitation or potential harm to the ~~supervisee~~ person under supervision or student or the potential for interference with the supervisor's professional judgment; and

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

E. Persons licensed or registered by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of professional counseling.

F. Persons licensed or registered by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent, or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-20-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license or registration.

A. Action by the board to revoke, suspend, deny issuance or renewal of a license, or take disciplinary action may be taken in accordance with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of professional counseling, or any provision of this chapter;

2. ~~Procurement of~~ Procuring, attempting to procure, or maintaining a license or registration~~, including submission of an application or supervisory forms,~~ by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or to the public~~, or if one is unable~~;

4. Demonstrating an inability to practice counseling with reasonable skill and safety to clients by reason of illness~~, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental~~ or substance misuse, or as a result of any mental, emotional, or physical condition~~.~~;

~~4.~~5. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

~~5.~~6. Performance of functions outside the demonstrable areas of competency;

~~6.~~7. Failure to comply with the continued competency requirements set forth in this chapter;

~~7.~~8. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of counseling, or any part or portion of this chapter; ~~or~~

~~8.~~9. Performance of an act likely to deceive, defraud, or harm the public~~.~~;

10. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility;

11. Having an action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

12. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

13. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or abuse of aged or incapacitated adults as required in § 63.2-1606 of the Code of Virginia.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

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 or the use of visual, real-time, interactive, secured technology for delivery of such services.

"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 the board~~.

"Resident" means an individual who has ~~submitted~~ a supervisory contract ~~to the board and has received board approval~~ and has been issued a temporary license 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.

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

18VAC115-50-20. Fees.

A. The board has established fees for the following:

~~Registration of supervision~~ Application and initial licensure as a resident	$65
~~Add or change supervisor~~ Pre-renew of education only	~~$30~~ $75
Initial licensure by examination: Processing and ~~initial~~ licensure as a marriage and family therapist	$175
Initial licensure by endorsement: Processing and ~~initial~~ licensure as a marriage and family therapist	$175

Active annual license renewal as a marriage and family therapist	$130
Inactive annual license renewal as a marriage and family therapist	$65
Annual renewal as a resident	$30
~~Penalty for late~~ Late renewal for a marriage and family therapist	$45
Late renewal for a resident	$10
Reinstatement of a lapsed license for a marriage and family therapist	$200
Reinstatement of a lapsed license for a resident	$75
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 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, or registration held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-50-40. Application for licensure by endorsement.

A. Every applicant for licensure by endorsement shall hold or have held a license for the independent clinical practice of marriage and family ~~license~~ therapy in another jurisdiction in the United States and shall submit:

1. A completed application;

2. The application processing and initial licensure fee prescribed in 18VAC115-50-20;

3. Documentation of licensure as follows:

a. Verification of all mental health or health professional licenses, ~~or~~ certificates, or registrations the applicant holds or has ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis; and

b. Documentation of a marriage and family therapy license obtained by standards specified in subsection B of this section;

4. Verification of a passing score on a marriage and family therapy licensure examination in the jurisdiction in which licensure was obtained;

5. An ~~affidavit~~ attestation of having read and understood the regulations and laws governing the practice of marriage and family therapy in Virginia; and

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

B. Every applicant for licensure by endorsement shall meet one of the following:

1. Educational requirements consistent with those specified in 18VAC115-50-50 and 18VAC115-50-55 and experience requirements consistent with those specified in 18VAC115-50-60;

2. ~~If an applicant does not have~~ In lieu of documentation of educational and experience credentials consistent with those required by this chapter, ~~he shall~~ the applicant may provide:

a. ~~Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and~~

~~b.~~ Evidence of post-licensure clinical practice as a marriage and family therapist for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical services in marriage and family therapy, ~~or~~ clinical supervision of marriage and family services, or teaching graduate level courses in marriage and family therapy; ~~or~~

b. Evidence of an active license at the highest level of licensure for independent practice of marriage and family therapy for at least 10 years prior to the date of application; or

c. Evidence of an active license at the highest level of licensure for independent practice of marriage and family therapy for at least three years prior to the date of application and a graduate-level degree from a program accredited in marriage and family therapy by COAMFTE or CACREP.

~~3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board-recognized entity.~~

18VAC115-50-55. Coursework requirements.

A. The applicant shall have successfully completed the requirements for a degree in a program accredited by COAMFTE or a marriage and family therapy program accredited by CACREP; or

B. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate coursework with:

1. ~~a~~ A minimum of ~~six~~ 12 semester hours or ~~nine~~ 18 quarter hours completed in ~~each of the core areas identified in subdivisions 1 and 2 of this subsection, and~~ marriage and family therapy

(marital and family development, family systems, theory systemic therapeutic interventions, and application of major theoretical approaches).

2. ~~three~~ Three semester hours or 4.0 quarter hours in each of the following core areas ~~identified in subdivisions 3 through 9 of this subsection~~:

~~1. Marriage and family studies (marital and family development; family systems theory);~~

~~2. Marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches);~~

~~3.~~a. Human growth and development across the lifespan;

~~4.~~b. Abnormal behaviors;

~~5.~~c. Diagnosis and treatment of addictive behaviors;

~~6.~~d. Multicultural counseling;

~~7.~~e. Professional identity and ethics;

~~8.~~f. Research (research methods; quantitative methods; statistics);

~~9.~~g. Assessment and treatment (appraisal, assessment and diagnostic procedures); and

~~10.~~3. ~~Supervised~~ A supervised internship as a formal academic course of at least 600 hours to include 240 hours of direct client contact, of which 200 hours shall be with couples and families. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours. If the academic course was less than 600 hours, the board may approve completion of the deficient hours to be added to the hours required for residency.

B. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study~~,~~. ~~including~~ However, the applicant

must provide evidence of a minimum of ~~six~~ 12 semester hours or ~~nine~~ 18 quarter hours completed in marriage and family ~~studies (marital and family development; family systems theory) and six semester hours or nine quarter hours completed in marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches)~~ therapy (marital and family development, family systems, theory systemic therapeutic interventions, and application of major theoretical approaches).

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

A. ~~Registration~~ Resident license. Applicants ~~who render~~ for temporary licensure as a resident 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 the following: (a) verification of a supervisory contract; (b) the name and licensure number of the clinical supervisor and location for the supervised practice; and (c) an attestation that the applicant will be providing clinical 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~~ resident license fee;

4. Submit a current report from the U. S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. 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 the 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 3,400-hour residency shall include documentation of at least 2,000 hours in face-to-face 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 of the 3,400-hour residency 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~~ applicant for licensure shall have completed a 3,400-hour supervised residency in the role of a marriage and family therapist 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. Marriage and family therapy identity and function; and

f. Professional ethics and standards of practice.

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. Supervised practicum and internship hours in a COAMFTE-accredited or a CACREP-accredited doctoral program in marriage and family therapy or counseling may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a marriage and family therapist or professional counselor.

7. 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.

8. 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, residents 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~~ that the resident does not have authority for independent practice and is under supervision, along with the name, address and telephone number of the resident's board-approved supervisor.

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

10. The residency shall be completed in not less than 21 months or more than ~~four~~ six years from the start of residency. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, ~~2020~~ 2022. A resident shall met the renewal requirements of subsection C of 18VAC115-50-95 in order to maintain a license in current, active status. ~~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.~~

11. Residency hours ~~that are~~ shall be accepted if they were approved by the licensing board in another United States jurisdiction and ~~that meet~~ completed in that jurisdiction and if those hours are consistent with the requirements of subsection B of this section ~~shall be accepted~~.

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

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. The supervisor shall maintain copies of quarterly reports to the board for five years after termination or completion of supervision.

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~~ until completion or termination of the residency, regardless of whether the supervisor is on-site or off-site at the location where services are provided by the resident.

4. The supervisor shall ensure accountability for the resident's adherence to residency requirements of this section.

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 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 shall renew licenses on or before June 30 of each year.~~

~~B.~~ All licensees 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.~~ B. A ~~licensee~~ 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.

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

1. A resident license shall expire annually in the month the resident license was initially issued and may be renewed up to five times within six years from the date of initial issuance by submission of the renewal form and payment of the fee prescribed in 18VAC115-50-20.

2. On the annual renewal, the resident shall attest that a supervisory contract is in effect with a board-approved supervisor for each of the locations at which he is currently providing clinical marriage and family services.

3. On the annual renewal, the resident in marriage and family therapy shall attest to completion of three hours in continuing education 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.

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.

18VAC115-50-96. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;

2. Counseling theory;

3. Human growth and development;

4. Social and cultural foundations;

5. The helping relationship;

6. Group dynamics, processing and counseling;

7. Lifestyle and career development;

8. Appraisal of individuals;

9. Research and evaluation;

10. Professional orientation;

11. Clinical supervision;

12. Marriage and family therapy; or

13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:

a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.

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

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(2) The American Association for Marriage and Family Therapy and its state affiliates.

(3) The American Association of State Counseling Boards.

(4) The American Counseling Association and its state and local affiliates.

(5) The American Psychological Association and its state affiliates.

(6) The Commission on Rehabilitation Counselor Certification.

(7) NAADAC, The Association for Addiction Professionals. and its state and local affiliates.

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

(11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

(12) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. Publication/presentation/new program development.

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

(5) Attendance at board meetings or disciplinary proceedings. Activity shall count for actual time of meeting or proceeding for a maximum of two hours during one renewal period.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of ~~10~~ six hours. Continuing competency can only be granted for clinical supervision/consultation

received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officers of state or national counseling organization; editor or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include language courses, software training, medical topics, etc.

18VAC115-50-97. Documenting compliance with continuing competency requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities, licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

d. Letters from educational institutions or agencies approving continuing education programs;

e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

f. Documentation of attendance at formal staffing or participation in clinical supervision/consultation ~~shall be~~ by signed ~~affidavit~~ attestation on a form provided by the board.

D. Continuing competency hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC115-50-100. Late renewal, reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-50-20 as well as the license fee prescribed for the period the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person seeking reinstatement of a license one year or more after its expiration date must:

1. Apply for reinstatement and pay the reinstatement fee;

2. Submit ~~documentation~~ verification of any mental health license he holds or has held in another jurisdiction, if applicable;

3. Submit evidence regarding the continued ability to perform the functions within the scope of practice of the license if required by the board to demonstrate competency; ~~and~~

4. Provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement; and

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

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal and (ii) documentation of continued competency hours equal to the number of years the license has been inactive, not to exceed a maximum of 80 hours, obtained within the four years immediately preceding application for reinstatement. The board may require additional evidence regarding the person's continued ability to perform the functions within the scope of practice of the license.

D. A person who fails to renew a resident license after one year or more and wishes to resume his residency within the six-year limitation from the date of initial issuance of a resident license shall: (i) apply for reinstatement; (ii) pay the initial licensure fee for a resident in counseling; and (iii) provide evidence of having met continuing competency requirements not to exceed a maximum of 12 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the resident license.

18VAC115-50-110. Standards of practice.

A. The protection of the public's health, safety and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of marriage and family therapy.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training, and experience accurately to clients;

3. Stay abreast of new marriage and family therapy information, concepts, applications and practices that are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform client of the risks and benefits of any such treatment. Ensure that the welfare of the client is not compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service ~~provider~~ professional, and if so, ~~refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional~~ document efforts to coordinate care;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; ~~and~~

13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive, including adherence to provision of 18VAC115-50-60 on requirements for representation to the public by residents in marriage and family therapy;

14. Make appropriate referrals based on the interest of the client; and

15. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law, or is beyond the control of the practitioner, shall not be considered negligent or willful.

C. In regard to patient records, persons licensed or registered by the board shall:

1. Maintain timely, accurate, legible, and complete written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release client records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations; and

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have transferred to another mental health service provider or given to the client or his legally authorized representative.

D. In regard to dual or multiple relationships, persons licensed or registered by the board shall:

1. Avoid dual or multiple relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Marriage and family therapists shall take appropriate professional precautions when a dual or multiple relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and also not counsel persons with whom they have had a sexual intimacy or romantic relationship. Marriage and family therapists shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Marriage and family therapists who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a marriage and family therapist does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationships or sexual relationship or establish a counseling or psychotherapeutic relationship with a ~~supervisee~~ person under supervision or student. Marriage and family therapists shall avoid any nonsexual dual relationship with a ~~supervisee~~ person under supervision or student in which there is a risk of exploitation or potential harm to the ~~supervisee~~ person under supervision or student or the potential for interference with the supervisor's professional judgment; and

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

E. Persons licensed or registered by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of marriage and family therapy.

F. Persons licensed or registered by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-50-120. Disciplinary action.

A. Action by the board to revoke, suspend, deny issuance or removal of a license or registration, or take other disciplinary action may be taken in accordance with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of marriage and family therapy, or any provision of this chapter;

2. ~~Procurement of~~ Procuring, attempting to procure, or maintaining a license or registration~~, including submission of an application or supervisory forms,~~ by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or the general public ~~or if one is unable to practice marriage and family therapy with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition~~;

4. Demonstrating an inability to practice marriage and family therapy with reasonable skill and safety to clients by reason of illness or substance misuse, or as a result of any mental, emotional, or physical condition;

~~4.~~5. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

~~5.~~6. Performance of functions outside the demonstrable areas of competency;

~~6.~~7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of marriage and family therapy, or any part or portion of this chapter;

~~7.~~8. Failure to comply with the continued competency requirements set forth in this chapter; ~~or~~

~~8.~~9. Performance of an act likely to deceive, defraud, or harm the public;

10. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility;

11. Having an action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

12. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

13. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or abuse of aged or incapacitated adults as required in § 63.2-1606 of the Code of Virginia.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

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 or the use of visual, real-time, interactive, secured technology for delivery of such services.

"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 the board~~.

"Resident" means an individual who has ~~submitted~~ a supervisory contract and has ~~received board approval~~ been issued a temporary license 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.

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

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:

~~Registration of supervision (initial)~~ Application and initial licensure as a resident	$65
~~Add/change supervisor~~ Pre-review of education only	~~$30~~ $75
Initial licensure by examination: Processing and ~~initial~~ licensure as a substance abuse treatment practitioner	$175
Initial licensure by endorsement: Processing and ~~initial~~ licensure as a substance abuse treatment practitioner	$175
Active annual license renewal as a substance abuse treatment practitioner	$130
Inactive annual license renewal as a substance abuse treatment practitioner	$65
Annual renewal of a resident license	$30
Duplicate license	$10
Verification of license to another jurisdiction	$30
Late renewal as a substance abuse treatment practitioner	$45
Late renewal of a resident license	$10
Reinstatement of a lapsed license as a substance abuse treatment practitioner	$200
Reinstatement of a resident license	$75
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

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~~ 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 18VAC115-60-20; 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, or registration held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-60-50. Prerequisites for licensure by endorsement.

Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing and initial licensure fee as prescribed in 18VAC115-60-20;

3. Verification of all mental health or health professional licenses, ~~or~~ certificates, or registrations ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved disciplinary action against a license, ~~or~~ certificate, or registration. The board will consider history of disciplinary action on a case-by-case basis;

4. Further documentation of one of the following:

a. A current license for the independent practice of substance abuse treatment or addiction counseling ~~license~~ in good standing in another jurisdiction ~~obtained by meeting requirements substantially equivalent to those set forth in this chapter~~; or

b. A mental health license in good standing from Virginia or another United States jurisdiction in a category acceptable to the board that required completion of a master's degree in mental health to include 60 graduate semester hours in mental health as documented by an official transcript; and

(1) Board-recognized national certification in substance abuse treatment or addiction counseling;

(2) If the master's degree was in substance abuse treatment, ~~two years~~ 24 out of the past 60 months of post-licensure experience in providing substance abuse treatment or addiction counseling immediately preceding application to the board;

(3) If the master's degree was not in substance abuse treatment or addiction counseling, ~~five~~ two years of post-licensure experience in substance abuse treatment or addiction counseling plus 12 credit hours of didactic training in the substance abuse treatment competencies set forth in 18VAC115-60-70 C as documented by an official transcript; or

(4) Current substance abuse counselor certification in Virginia in good standing ~~or a Virginia substance abuse treatment specialty licensure designation~~ with two years of post-licensure or certification substance abuse treatment or addiction counseling experience~~; or~~

~~c. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials and evidence of post-licensure clinical practice for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical substance abuse treatment services or clinical supervision of such services~~;

5. Verification of a passing score on ~~a substance abuse~~ the licensure examination ~~as established by the jurisdiction in which licensure was obtained~~ prescribed in 18VAC115-60-90 or if the applicant is licensed in another jurisdiction, a licensing examination deemed to be substantially equivalent. ~~The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia~~;

6. An ~~affidavit~~ attestation of having read and understood the regulations and laws governing the practice of substance abuse treatment in Virginia; and

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

18VAC115-60-60. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice substance abuse treatment, addiction counseling, or a related counseling discipline as defined in § 54.1-3500 of the Code of Virginia from a college or university accredited by a regional accrediting agency that meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;

2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP as programs in addictions counseling are recognized as meeting the requirements of subsection A of this section.

18VAC115-60-70. Coursework requirements.

A. ~~The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study.~~ The applicant shall have successfully completed the requirements for a degree in a program accredited by CACREP in addiction counseling or any other specialty approved by the board; or

B. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study in ~~The applicant shall have completed~~ a general core curriculum containing a minimum of three semester hours or 4.0 quarter hours in each of the areas identified in this section:

1. Professional identity, function and ethics;

2. Theories of counseling and psychotherapy;

3. Counseling and psychotherapy techniques;

4. Group counseling and psychotherapy, theories and techniques;

5. Appraisal, evaluation and diagnostic procedures;

6. Abnormal behavior and psychopathology;

7. Multicultural counseling, theories and techniques;

8. Research; and

9. Marriage and family systems theory.

C. The applicant shall also have completed 12 graduate semester credit hours or 18 graduate quarter hours in the following substance abuse treatment competencies. Evidence of current certification as a Master Addictions Counselor (MAC) may be used to verify completion of the required graduate hours specified in this subsection.

1. Assessment, appraisal, evaluation and diagnosis specific to substance ~~abuse~~ use disorder;

2. Treatment planning models, client case management, interventions and treatments to include relapse prevention, referral process, step models and documentation process;

3. Understanding addictions: The biochemical, sociocultural and psychological factors of substance use and abuse;

4. Addictions and special populations including, but not limited to, adolescents, women, ethnic groups and the elderly; and

5. Client and community education.

D. The applicant shall have completed a supervised internship of 600 hours as a formal academic course to include 240 hours of ~~direct~~ face-to-face client contact, of which 200 hours shall be in addiction counseling or treating substance ~~abuse-specific treatment problems~~ use disorder. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours. If the academic course was less than 600 hours, the board may approve completion of the deficient hours to be added to the hours required for residency.

~~E. One course may satisfy study in more than one content area set forth in subsections B and C of this section.~~

~~F. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including the hours specified in subsection C of this section.~~

18VAC115-60-80. Residency requirements.

A. ~~Registration~~ Resident license. Applicants ~~who render substance abuse treatment services~~ for temporary licensure as a resident in substance abuse treatment 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 the following: (a) verification of a supervisory contract; (b) the name and licensure number of the clinical 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 18VAC115-60-60 to include completion of the coursework and internship requirement specified in 18VAC115-60-70; ~~and~~

3. Pay the registration fee;

4. Submit a current report from the U. S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. 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 the 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 marriage and family therapist 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 or addiction counseling services with at least 1,000 of those hours with individuals, families, or groups of ~~individuals suffering from the effects of substance abuse or dependence~~ people with substance use disorder. 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~~ six years from the start of the residency. Residents who began a residency before August 24, 2016,

shall complete the residency by August 24, ~~2020~~ 2022. ~~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.~~ A resident shall meet the renewal requirements of subsection C of 18VAC115-60-110 in order to maintain a license in current, active status.

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,~~ that the resident does not have authority for independent practice and is under supervision and shall provide the board-approved 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~~ are completed in that jurisdiction shall be accepted if those hours are consistent with the requirements of subsection B 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~~ until completion or termination of the residency, regardless of whether the supervisor is on-site or off-site at the location where services are provided by the resident.

3. The supervisor shall ensure accountability for the resident's adherence to residency requirements of this section.

~~3.~~4. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall maintain copies of quarterly reports to the board for five years after termination or completion of supervision.

~~4.~~5. The supervisor shall report the total hours of residency to the board 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. An applicant is required to pass the prescribed examination within six years from the date of initial issuance of a resident license by the board.

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 services unless he is under supervision approved by the board~~ resident shall remain in a residency practicing under supervision until he has passed the licensure examination and been granted a license as a substance abuse treatment practiitoner.

Part IV

Licensure Renewal; Reinstatement

18VAC115-60-110. Renewal of licensure.

A. All licensees shall renew licenses on or before June 30 of each year.

B. Every license holder 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 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.

18VAC115-60-116. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;

2. Counseling theory;

3. Human growth and development;

4. Social and cultural foundations;

5. The helping relationship;

6. Group dynamics, processing and counseling;

7. Lifestyle and career development;

8. Appraisal of individuals;

9. Research and evaluation;

10. Professional orientation;

11. Clinical supervision;

12. Marriage and family therapy; or

13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:

a. Regionally accredited university-or college-level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.

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

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(2) The American Association for Marriage and Family Therapy and its state affiliates.

(3) The American Association of State Counseling Boards.

(4) The American Counseling Association and its state and local affiliates.

(5) The American Psychological Association and its state affiliates.

(6) The Commission on Rehabilitation Counselor Certification.

(7) NAADAC, The Association for Addiction Professionals, and its state and local affiliates.

(8) National Association of Social Workers.

(9) The National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

(11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

2. Individual professional activities.

a. Publication/presentation/new program development.

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development. Activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

(5) Attendance at board meetings or disciplinary proceedings. Activity shall count for actual time of meeting or proceeding for a maximum of two hours during one renewal period.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of ~~10~~ six hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officers of state or national counseling organization; editor or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include language courses, software training, medical topics, etc.

18VAC115-60-117. Documenting compliance with continuing competency requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities, licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

d. Letters from educational institutions or agencies approving continuing education programs;

e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

f. Documentation of attendance at formal staffing or participation in clinical supervision/consultation shall be by signed ~~affidavit~~ attestation on a form provided by the board.

D. Continuing competency hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC115-60-120. Late renewal; reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late renewal fee prescribed in 18VAC115-60-20, as well as the license fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a substance abuse treatment practitioner license after one year or more and wishes to resume practice shall: (i) apply for reinstatement; ~~,~~ (ii) pay the

reinstatement fee for a lapsed license~~,~~; (iii) submit verification of any mental health license he holds or has held in another jurisdiction, if applicable~~,~~; (iv) provide a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and (v) provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reactivation; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

D. A person who fails to renew a resident license after one year or more and wishes to resume his residency within the six-year limitation from the date of initial issuance of a resident license shall: (i) apply for reinstatement; (ii) pay the initial licensure fee for a resident in substance abuse treatment; and (iii) provide evidence of having met continuing competency requirements not to exceed a maximum of 12 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the resident license.

Part V

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC115-60-130. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of substance abuse treatment.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training and experience accurately to clients;

3. Stay abreast of new substance abuse treatment information, concepts, application and practices that are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service ~~provider~~ professional, and if so, ~~refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional~~ document efforts to coordinate care;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; and

13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive, including adherence to provision of 18VAC115-60-80 on requirements for representation to the public by residents in counseling;

14. Make appropriate referrals based on the interest of the client; and

15. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law, or is beyond the control of the practitioner, shall not be considered negligent or willful.

C. In regard to patient records, persons licensed or registered by the board shall:

1. Maintain timely, accurate, legible, and complete written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the substance abuse treatment relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client; and

5. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations.

D. In regard to dual or multiple relationships, persons licensed or registered by the board shall:

1. Avoid dual or multiple relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation or neglect occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Licensed substance abuse treatment practitioners shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Licensed substance abuse treatment practitioners who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an

exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a licensed substance abuse treatment practitioner does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any sexual intimacy or romantic relationship or establish a counseling or psychotherapeutic relationship with a ~~supervisee~~ person under supervision or student. Licensed substance abuse treatment practitioners shall avoid any nonsexual dual relationship with a ~~supervisee~~ person under supervision or student in which there is a risk of exploitation or potential harm to the ~~supervisee~~ person under supervision or the potential for interference with the supervisor's professional judgment; and

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

E. Persons licensed or registered by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of substance abuse treatment.

F. Persons licensed or registered by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-60-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license or registration.

A. Action by the board to revoke, suspend, deny issuance or renewal of a license, or take other disciplinary action may be taken in accord with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of substance abuse treatment, or any provision of this chapter;

2. ~~Procurement of~~ Procuring, attempting to procure, or maintaining a license or registration~~, including submission of an application or supervisory forms,~~ by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or to the public~~, or if one is unable~~;

4. Demonstrating an inability to practice substance abuse treatment with reasonable skill and safety to clients by reason of illness~~, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental~~ or substance misuse, or as a result of any mental, emotional, or physical condition;

~~4.~~5. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

~~5.~~6. Performance of functions outside the demonstrable areas of competency;

~~6.~~7. Failure to comply with the continued competency requirements set forth in this chapter;

~~7.~~8. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of licensed substance abuse ~~therapy~~ treatment, or any part or portion of this chapter; ~~or~~

~~8.~~9. Performance of an act likely to deceive, defraud, or harm the public~~.~~;

10. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility;

11. Having an action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

12. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

13. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or abuse of aged or incapacitated adults as required in § 63.2-1606 of the Code of Virginia.

B. Following the revocation or suspension of a license the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

Petition for Rule-Making (Giddens)

To amend regulations to allow residents to bill directly for services.

Agenda Item: Response to Petitions for Rulemaking

Included in your agenda package are:

1) A copy of the petition received from **Steven Giddens**
   Copy of comment on petition received as of 10/9/19 (Additional comment will be a hand-out at meeting)
   Section of regulation

2) A copy of petition received from **David & Suzanne Mikkelson**
   Copy of comment on petition as of 10/9/19 (Additional comment will be a hand-out at meeting)
   Section of regulation

Staff Note:

Each petition should be considered separately.

Action on petition – Recommendation to the full Board:

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 will need to discuss or state its reasons for denial).*

COMMONWEALTH OF VIRGINIA
Board of Counseling

SEP 09 2019

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. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

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

Petitioner's full name (Last, First, Middle Initial, Suffix,)
Rev Giddens, Steven R.

Street Address
8 Village Square

Area Code and Telephone Number
(802) 673-2717

City
Harrisonburg

State
VA

Zip Code
22802

Email Address (optional)
S.ryan.giddens@gmail.com

Fax (optional)
N/A

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. 18 VAC 115-20-25. Residency Requirements.
Specifically "B → 2 → "...Directly Bill.."

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.
If a Resident in Counseling has own private practice → LLC or PLLC → Can business entity; even if 'Sole Proprietorship' Bill? Otherwise Resident must funnel money through another entity which is Fraud or Supervisor which is unfair.
If Resident makes 21k/yr & pays $100/hr for supervision then Supervisor TAXES for additional $21k NOT BS!?
I believe there are ways in which Residents who own LLC/PLLC can Contractually Meet the intent of #9 & Still Bill

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.

Signature: Rev

Date: Monday 26 AUG 2019

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

DMAS Comment for "Ability for residents in counseling to directly bill for services"

2 messages

Reed, Laura <laura.reed@dmas.virginia.gov> Tue, Sep 24, 2019 at 12:42 PM
To: elaine.yeatts@dhp.virginia.gov

Good Afternoon Elaine,

In Chapter 2 and Chapter 6 of our Psychiatric Services Manual the following language can be found:

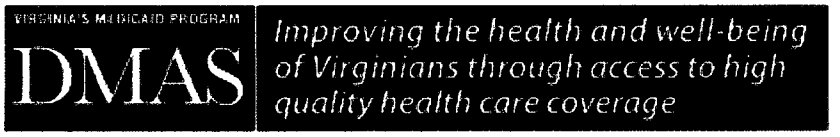
When plans of care and psychotherapy or counseling services are provided by a LMHP-R, LMHP-RP or LMHP-S, to support the billing of these services, the licensed supervisor must ensure that:
□ Therapy or counseling sessions rendered by a LMHP-R, LMHP-RP or LMHP-S must be provided under the direct, personal supervision of a licensed, qualified, Medicaid enrolled provider
The therapy session must contain at a minimum the dated signature of the LMHP-R, LMHP-RP or LMHP-S rendering the service but also include the dated signature of the qualified, Medicaid enrolled, licensed supervising provider.
□ Each therapy session must contain the dated co-signature of the supervising provider within one business day from the date the service was rendered indicating that he or she has reviewed the note. The direct supervisor can be the licensed program supervisor/manager for the agency.

The language of "direct, personal supervision" does not fit with the petitioners description of only seeing the supervisor infrequently and being able to bill directly, under their own NPI number, without the review of a licensed qualified, Medicaid enrolled provider.

Please let me know if you have any questions. Thanks, Laura

Laura Reed, LCSW
Behavioral Health Manager, Division of Behavioral Health
Virginia Department of Medical Assistance Services
Commonwealth of Virginia
600 East Broad Street, Richmond, VA 23219

email: laura.reed@dmas.virginia.gov
office phone: (804) 225-4234

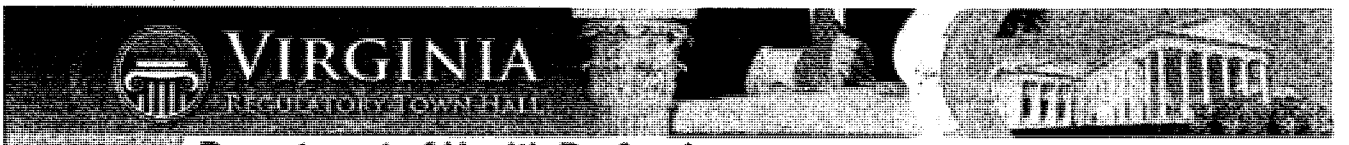


SERVICE • COLLABORATION • TRUST • ADAPTABILITY • PROBLEM-SOLVING

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov> Tue, Sep 24, 2019 at 1:06 PM
To: "Reed, Laura" <laura.reed@dmas.virginia.gov>

Thank you for the comment. We will provide it to the Board.
[Quoted text hidden]
--
Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
(804) 367-4688

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Counseling

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

4 comments

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Sharon Watson, LPC, LMFT, LSATP, NCC, ACS 10/4/19 1:16 pm

ABSOLUTELY IN FAVOR of allowing Residents in Counseling to directly accept client payments

The regulation that Residents in Counseling may not "directly bill for services" is an antiquated concept and places a tremendous strain on both residents and supervisors.

It's often difficult for a master's level graduate to find a job in our field because of: a lack of job openings (due to increasingly diminished funding for public mental health treatment), low paying jobs that don't provide a living wage (let alone repayment of student debt), or limited opportunities to contract in an established private practice. So, unable to find a job after months of searching, some graduates turn to the only option left, even if it isn't their first choice, of starting a private practice. Unfortunately they are often stopped in the process because they can't find a supervisor who will take client payments.

But supervisors took client payments in the past, so what's changed? Why are supervisors more reluctant to take their residents' client payments? The possibilities are: 1. Depositing someone else's income into their account increases their own income (even though all the payment is returned to the resident); 2. Split payments, which were typical in the past (splitting the client payment between supervisor and resident) would not increase the supervisor's income, but were deemed illegal and no longer an option; 3. In the past a supervisor could accept the residents' client payments by check and simply endorse the check and return it to the resident, but with new technology based banking that's no longer an easy option; 4. It's extremely time-consuming to take residents' multiple client payments and electronically transfer the funds back to the resident especially if a supervisor has more than one resident in private practice; and 5. Many supervisors don't understand or are afraid of the process.

So this regulation is incredibly unnecessary when the entire amount of the client payment must be given to the resident in it's entirety. It's likely that clients don't understand this behind the scenes process and may be confused by why their payment goes to the supervisor when it's the resident that provided the counseling. What message does this send to clients about the value of the resident's work?

It's understandable that the intent of the regulation was to assure that clients understood that the resident in counseling is not an independently practicing clinician and is under supervision during residency. However, this requirement is incredibly redundant when residents must have their supervisor's name and information on everything they give to a client (practice forms, business cards, advertising, etc.) as well as verbally inform their clients they are under supervision and by whom. Doing that already makes it crystal clear that a resident is NOT working independently and whether or not a resident takes payment seems superfluous. It would be more important to spend the energy to confirm that a resident is, in fact, informing their clients they are in a residency under supervision.

Becoming licensed as an LPC is already a lengthy, costly, and time-consuming process. Let's support our residents and their supervisors by removing this truly unnecessary impediment for both.

Commenter: Michelle Cantrell, LPC 10/4/19 6:33 pm

IN FAVOR of allowing Residents in Counseling to directly accept client payments

I agree with Sharon Watson. Denying Residents' ability to accept payment is unnecessary and burdensome on the both the Resident and the supervisor responsible for accepting payments. Please consider allowing Residents to accept payments.

Commenter: Deborah Vara, Resident-In-Counseling 10/5/19 11:24 am

IN FAVOR of residents in counseling accepting direct payments

Commenter: Megan MacCutcheon, LPC 10/8/19 8:51 am

In favor of removing restriction on residents directly accepting payment

I am in favor of removing the restriction regarding residents directly accepting payment from clients per all of the reasoning Sharon Watson provided in her comments. This restriction creates an unnecessary burden on residents and supervisors. It leads to discrepancies in how residents are handling billing, which creates inconsistencies and confusion in the field. As long as residents are following the regulations that state they must not represent themselves as sole practitioners and must inform clients of their status as a resident/use the title "Resident in Counseling," billing methods should not be regulated.

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

A. ~~Registration.~~ Resident license. Applicants ~~who render counseling services~~ for temporary 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 the following: (a) verification of a supervisory contract; (b) the name and licensure number of the clinical 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;

4. Submit a current report from the U. S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. 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 the 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. A resident shall meet the renewal requirements of subsection C of 18VAC115-20-100 in order to maintain a license in current, active status.

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~~ that the resident does not have authority for independent practice and is under supervision and shall provide 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.

Petition for Rule-Making (Mikkelson)

To amend regulations reduce the required internship number of hours of experience with couples and families.

COMMONWEALTH OF VIRGINIA
Board of Counseling

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. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

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

Petitioner's full name (Last, First, Middle initial, Suffix,)		
Mikkelson, David P. and Mikkelson, Suzanne E.		
Street Address **603 Lake Vista Dr.**	**Area Code and Telephone Number** 434-258-0591	
City **Forest**	**State** **VA**	**Zip Code** **24551**
Email Address (optional) david@hillcitycounseling.com	**Fax (optional)**	

Respond to the following questions:

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

We are petitioning the board to amend 18 VAC 115-50-10 et seq., the Regulations Governing the Practice of Marriage Family Therapy, section 18VAC115-50-55 on Coursework requirements, paragraph A.10. on the number of required internship hours with couples and families.

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

We are asking to change the required number of couple and family internship hours for LMFT interns from 200 of the 240 direct client contact hours during internship to 120 of the required 240 hours. We believe the requirement for 83% of an intern's clinical experience to be "relational" hours is both excessive and unrealistic, and we recommend a ratio of 50% which supports the training goal for LMFT interns.

We believe the current requirement is excessive because it is a higher rate of couple and family experience than the board requires for LMFT Residents, which is 50% (1,000 of 2,000 direct client hours as stated in Section 18VAC115-50-60 Residency requirements, paragraph B.2). We are not aware of a licensure requirement for LMFTs for relational hours beyond 50% in any other state. Even in COAMFTE training programs, the relational hours requirement is 40%, or 200 hours of the 500-hour internship requirement. Changing the Virginia requirement to 120 of 240 hours brings it into line with many others states and accrediting bodies such as COAMFTE.

We also believe the current requirement is unrealistic as graduate interns have the least amount of influence on the types of clients they are assigned during their clinical experience. Even as experienced LMFTs, we rarely have more than half of our clients attend sessions as a couple or family, and never in our careers have we had a ratio of 83%. We have a very high percentage of clients who see us about couple or family issues, but many of those clients are distressed spouses or frustrated parents who attend as individuals; we are using MFT methods for MFT issues, but the hours are counted as individual. We believe a 50% requirement is a much more realistic 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.

No additional reference.

Signature: David P. Mitchell Suzanne E. Mitchell **Date:** 9/3/2019

18VAC115-50-55. Coursework Requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate coursework with a minimum of six semester hours or nine quarter hours completed in each of the core areas identified in subdivisions 1 and 2 of this subsection, and three semester hours or 4.0 quarter hours in each of the core areas identified in subdivisions 3 through 9 of this subsection:

1. Marriage and family studies (marital and family development; family systems theory);

2. Marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches);

3. Human growth and development across the lifespan;

4. Abnormal behaviors;

5. Diagnosis and treatment of addictive behaviors;

6. Multicultural counseling;

7. Professional identity and ethics;

8. Research (research methods; quantitative methods; statistics);

9. Assessment and treatment (appraisal, assessment and diagnostic procedures); and

10. Supervised internship of at least 600 hours to include 240 hours of direct client contact, of which 200 hours shall be with couples and families. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours.

B. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including a minimum of six semester hours or nine quarter hours completed in marriage and family studies (marital and family development; family systems theory) and six semester hours or nine quarter hours completed in marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches).

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 16, Issue 07, eff. January 19, 2000; amended, Virginia Register Volume 24, Issue 24, eff. September 3, 2008; Volume 32, Issue 24, eff. August 24, 2016.

Review Guidance Document 115-1.8: Examinations approved by the Board for Certification as a Rehabilitation Counselor, adopted September 11, 2015

Virginia Board of Counseling

Examinations approved by the Board for Certification as a Rehabilitation Counselor

In Regulations Governing the Certification of Rehabilitation Providers, Section 18VAC115-40-28 states that: "Every applicant for certification as a rehabilitation provider shall take a written examination approved by the board and achieve a passing score as determined by the board."

For the purpose of meeting the requirement of Section 28, the Board approves the following examinations:

- The examination for CRC certification (Certified Rehabilitation Counselor) given by the Commission on Rehabilitation Counselor Certification
- The examination for CDMS (Certification of Disability Management Specialist) given by the CDMS Commission
- The examination for ADMS (Associate Disability Management Specialist) given by the CDMS Commission

The passing score for each examination shall be the score determined by the Commission for passage.

Review Guidance Document

115-7: Supervised Experience Requirements for the Delivery of Clinical Services for Professional Counselor Licensure, revised November 13, 2015

Board of Counseling

Supervised Experience Requirements for the Delivery of Clinical Services for Professional Counselor Licensure

The Virginia Board of Counseling requires that an individual who proposes to obtain supervised experience in Virginia, in any setting, shall submit a supervisory contract stating the proposed plans for the resident to provide clinical services using recognized counseling and *c*ounseling treatment interventions while under the supervision of a qualified licensed practitioner as listed in the *Regulations Governing the Practice of Professional Counseling*. The supervisory contract, submitted on a board approved form, completed by the supervisor and the resident, must receive board approval prior to the beginning of the supervised experience.

The supervisor is currently required to assume full responsibility for the counseling activities of the resident and must verify and document the resident's experience in the delivery of 2000 hours of face to face clinical counseling as defined in the **Code of Virginia**:

"Counseling" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.

If the Board's designated credentials reviewers are unable to determine, based on the registered supervision contract submitted, that the resident will be providing clinical counseling services while under supervision, the resident and supervisor shall, upon request by the Board, submit additional information to document that the proposed supervised experience meets the requirements of the *Regulations Governing the Practice of Counseling 18VAC115-20-52.*

Until the resident receives Board approval for the supervision contract, no supervised experience will be permitted to count towards licensure.

Review Guidance Document 115-2.2: Guidance on participation by substance abuse counselors in interventions, revised November 13, 2015.

Virginia Board of Counseling

Guidance on Planned Intervention Process

Facilitation or participation in "planned interventions" by Certified Substance Abuse Counselors is within the scope of their practice as long as they are practicing under supervision as required by law and regulation.

Discuss and Review Guidance Document 115-2: Impact of Criminal Convictions, Impairment and Past History on Licensure or Certification, revised February 9, 2018

VIRGINIA BOARD OF COUNSELING

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

INTRODUCTION

This document provides information for persons interested in becoming a licensed professional counselor, marriage and family therapist, licensed substance abuse treatment practitioner, certified substance abuse counselor, certified substance abuse counseling assistant or certified rehabilitation provider. It clarifies how convictions, impairment, and other past history may affect the application process and subsequent licensure or certification by the Board of Counseling.

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

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

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

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

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

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

- The applicant's conviction history consists of one misdemeanor conviction greater than 5 years old and all court requirements have been met.
- The applicant's conviction history consists of one misdemeanor conviction less than 5 years old, the applicant is in full compliance or has met all court requirements, and the applicant has accepted a pre-hearing consent order to approve the application with a reprimand.
- The applicant's conviction history consists of one non-violent felony conviction greater than 10 years old and all court/probationary/parole requirements have been met.

BASIS FOR DENIAL OF LICENSURE OR CERTIFICATION

The Board of Counseling may refuse to admit a candidate to any examination or refuse to issue a license or certificate to any applicant with a conviction of a felony or a misdemeanor involving moral turpitude. The Board may also refuse licensure as a professional counselor, marriage and family therapist, and substance abuse treatment practitioner, and certification as a substance abuse counselor to an applicant unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or as the result of any mental or physical condition. Similarly, the Board may also refuse certification as a rehabilitation provider to an applicant who provides services without reasonable skill and safety to clients by virtue of physical or emotional illness or substance abuse.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FOLLOWING LICENSURE OR CERTIFICATION

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

GETTING A CRIMINAL RECORD EXPUNGED

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

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

Consideration of continuing education hours for counselors deployed as a Disaster Mental Health provider with the Red Cross.

Next steps to become a Disaster Mental Health volunteer:

- Visit redcross.org
- Click Volunteer, then click Apply Now to create a Red Cross ID
- Complete a volunteer application
- Respond to contact from your local chapter and discuss volunteer options
- Complete Red Cross Disaster Mental Health training courses

Other Red Cross volunteer opportunities for mental health professionals:

- Service to the Armed Forces
- Disaster Action Team
- Disaster Casework
- Home Fire Campaign

Interested in volunteering?
Contact MNRecruit@redcross.org or call 612-391-1923

Join the **Red Cross Disaster Mental Health** team in your community!

American Red Cross

redcross.org

MAKE A DIFFERENCE

VOLUNTEER

Are you a mental health professional?

Yes! Then **YOU** can help disaster survivors!

Join the **Red Cross Disaster Mental Health** team in your community!

American Red Cross

What types of disasters does Red Cross respond to?

- Home fire (most common Red Cross disaster response)
- Earthquake
- Wildfire
- Tornado
- Hurricane
- Flooding
- Transportation Disasters (e.g., plane, train)
- Shooting/Terrorism/Mass Casualty Incidents

What does a Disaster Mental Health team do?

- Respond to the immediate emotional distress and psychosocial needs of disaster survivors and Red Cross disaster responders.
- Supplement local mental health resources during times of disaster.
- Support the community in building resilience.

Where do Disaster Mental Health volunteers work?

- At Red Cross Chapter offices
- At home – supporting clients via telephone or "on-call"
- Wherever disaster survivors or Red Cross disaster responders are:
  - Driveways or hotel lobbies
  - Shelters
  - Service Centers (established temporarily in community settings)
  - Outreach or home visits in communities

Who can be a Disaster Mental Health team member?

- Mental Health Professionals with:
  - A Master's Degree AND
  - A Current License or Certification in any US State or Territory as a:
    - Social worker
    - Psychologist
    - Professional counselor
    - Marriage and family therapist
    - Psychiatrist
    - School psychologist
    - School counselor
- Current Psychiatric Nurses with:
  - A state license as a registered nurse
  - A minimum of 2 years of experience working in a psychiatric setting
- Recently retired mental health professionals or psychiatric nurses (within the last 5 years)

American Red Cross

Eligibility Criteria for Disaster Mental Health Workers

Disaster Mental Health workers are required to meet eligibility standards, competencies and training requirements outlined by the Disaster Mental Health program.

Volunteers who meet one of the following criteria are eligible to participate as a Disaster Mental Health worker:

A. CURRENTLY LICENSED MENTAL HEALTH PROFESSIONALS:

- At minimum, holds a Master's Degree in one of the mental health professions listed below; and
- Holds a current, unencumbered license from, or is registered with, any U.S. state or territory as a social worker, psychologist, professional counselor, marriage and family therapist, or psychiatrist (any level license/registration, including non-clinical licenses such as Licensed Masters Social Worker or LMSW)

B. CURRENT SCHOOL PSYCHOLOGISTS AND SCHOOL COUNSELORS:

- At minimum, holds a Master's Degree in school psychology or school counseling; and
- Holds a current, unencumbered license or certification as a school psychologist or school counselor issued by an appropriate state board.

C. CURRENT PSYCHIATRIC NURSES:

- Have a state license as a registered nurse; and
- Have a minimum of two years of experience working in a psychiatric setting, verified by a letter from a current or previous employer.

D. RETIRED MENTAL HEALTH PROFESSIONALS:

- Meet the above educational criteria for specified profession; and
- Held a license (any level license) from any U.S. state or territory as a social worker, psychologist, professional counselor, marriage and family therapist, psychiatric nurse or psychiatrist, or a certificate as a school psychologist or school counselor, within the five years* prior to on-boarding as a Disaster Mental Health worker; and
- Maintained a license or certification in good standing upon retirement and without any disciplinary action taken by the issuing U.S. state or territory licensing or certification board.

*If a prospective Disaster Mental Health volunteer has been retired for more than five years, the corresponding Disaster Mental Health Division Advisor should be consulted.

EXCEPTION: An individual enrolled in the Disaster Mental Health program prior to May 2010 who does not meet these eligibility criteria can continue to work in the Disaster Mental Health activity given good standing with his/her chapter and a positive performance history while working on local and/or national relief operations.

Disaster Mental Health workers are expected to work within their areas of competence when serving the Red Cross. The licensing or certification of mental health professionals is determined by the issuing U.S. state's or territory's regulations which must be followed by the Red Cross.

Graduate Student Teams

Graduate students are eligible to work in the Disaster Mental Health program when they meet both the following criteria:

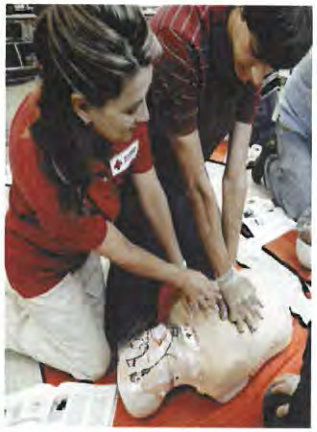
- Enrolled in a graduate program leading to a master's or doctoral degree in a Disaster Mental Health-eligible field of study (for example: social work, psychology, professional counseling, school counseling, school psychology, marriage and family therapy, psychiatric nursing, or psychiatry);
- Supervised on-site by a faculty or field supervisor.

Prior to deployment, the graduate student team and supervisor must complete the required Red Cross Disaster Mental Health trainings. The faculty or field supervisor must meet ALL of the following criteria:

- Be a current Disaster Mental Health worker and meets all eligibility standards, competencies and training requirements outlined by the Disaster Mental Health program;
- Assume responsibility for the graduate student's work;
- Be able to provide on-site direct supervision of the student when both individuals are deployed on a local or national relief operation;
- Be able to review work and provide consultation of the student's work multiple times a day; and
- Supervise a maximum of five graduate students at any time.

American Red Cross: Five Lines of Service

American Red Cross
Minnesota Region



Preparedness and Health & Safety Services

Biomedical

Disaster Services

Service to the Armed Forces

International

Preparedness and Health & Safety Services: The Red Cross provides training in first aid, CPR/AED, swimming and water safety, care giving and more. These courses empower the entire community to activate immediately.

Blood Services: The Red Cross is one of the nation's largest blood collection organizations. Blood donors play an important role in today's healthcare system. Many life-saving medical treatments and procedures involve blood transfusions. That would not be possible without a safe and reliable blood supply from our donors. Every unit of blood a person donates can help save up to three lives.

Disaster Services: The Red Cross responds to more than 66,000 disasters each year, including house or apartment fires, hurricanes, floods, earthquakes, tornadoes, hazardous material spills, transportation accidents, explosions, and other natural and man-made disasters.

Service to the Armed Forces: The Red Cross provides a continuum of care throughout a service member's career and after their military service ends. The American Red Cross provides training opportunities and services to military members, veterans and their families to build resiliency. This includes PHSS courses, outreach with preparedness information and coping skills.

The Red Cross responds to military families experiencing an immediate need by providing emergency communications, family follow up, access to financial assistance, and disaster services.

International: The Red Cross helps vulnerable people and communities around the world prepare for, respond to, and recover from natural disasters, humanitarian crises, and health emergencies, through mobilizing the power of the International Red Cross and Red Crescent Movement.

To Apply to Volunteer contact: MNRecruit@redcross.org or call 612-391-1923

Volunteer Positions (April 2019)

American Red Cross
Minnesota Region

Please note that these volunteer positions may change based on current needs

Communications:

- **Social Engagement Volunteer:** Social Engagement Volunteers interact with supports on social platforms, and help to tell the Red Cross story across Facebook, Twitter, YouTube, LinkedIn, Flickr, Instagram, and others. This is a virtual position.
  - **Time Commitment:** Flexible, with a scheduled commitment

Service to the Armed Forces (SAF):

- **Casework Follow-Up:** Provide Client Services to military members, veterans and their families including emergency communications; information and referral; access to financial assistance; and family follow-up services.
  - **Time Commitment:** Flexible, with a scheduled commitment

Disaster Cycle Services (DCS):

- **Duty Officer:** Become an American Red Cross as a Disaster Action Team (DAT) Duty Officer! Duty Officers provide mobilize, coordinate and support DAT response teams — often from the comfort of their own home or residence. This is the perfect opportunity for individuals seeking to support the mission of the Red Cross by playing a key role in response and client service delivery! This position is done virtually.
  - Great fit for anyone interested in communications and coordination for Red Cross incident response!
  - Leadership Position
  - **Time Commitment:** Shifts are all on-call. Day, evening and weekend on-call hours are available

- **Disaster Action Team (DAT):** Become trained to become a Disaster Action Team (DAT) Trainee Once trained you will respond to local disasters, most often house or apartment fires. DAT Trainees will respond to local disasters providing immediate on-scene response to local and large-scale disasters with an experienced DAT Member.
  - **Time Commitment:** Shifts are all on-call. Day, evening and weekend on-call hours are available

- **Preparedness Volunteer:** Volunteer to help the clients we serve be better prepared in the face of an emergency by participating in our preparedness programs. Examples of Preparedness programs below.
  - Home Fire Campaign Volunteer: Help prevent home fires by installing, educating, or canvassing in your community
  - Pillowcase Presenter: Teach kids about the importance of disaster preparedness. Must have M-F daytime availability.
  - **Time Commitment**: Episodic

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