
Call to Order – James Werth, Jr., Ph.D., Board Chair

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

Approval of Minutes

- Board Meeting – October 29, 2019* Page 5
- Public Hearing – December 3, 2019 Page 9
- Special Conference Committee – December 3, 2019 Page 10

Ordering of Agenda

Public Comment

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

Agency Director Report – David E. Brown, D.C.

Chair Report – James Werth Jr., Ph.D.

Legislation and Regulatory Actions – Elaine Yeatts, DHP Sr. Policy Analyst

- Regulatory and Legislative Report Page 11
 - SB760/PSYPACT Page 20
- Chart of Regulatory Actions Page 72
- Consideration of Regulatory Committee Recommendations
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 - Adoption of Notice of Intended Periodic Review of the Regulations Governing the Certification of Sex Offender Treatment Providers*
 - Bylaws* Page 110

Staff Reports

Executive Director's Report – Jaime Hoyle, J.D., Executive Director for the Boards of Counseling, Psychology, and Social Work

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- Behavioral Sciences Unit, End of Year Report Page 116
 - Financials Page 130
 - ASPPB Information
 - VACP Spring Conference
 - VSOTA Conference

Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work Page 139

Board Office Report – Deborah Harris, Licensing Manager, Board of Psychology Page 143

Licensing Report – Charlotte Lenart, Deputy Executive Director of Licensing for the Boards of Counseling, Psychology, and Social Work Page 145

Board Counsel Report – James Rutkowski, Office of the Attorney General

Committee Reports

Regulatory Committee Report – J.D. Ball, Ph.D.

Board of Health Professions Report – Herb Stewart, Ph.D. Page 150

Unfinished Business

- Consideration of EPPP-Part 2 and Stakeholder’s Meeting Page 172
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New Business

- Consideration of Board Column in VACP Newsletter
 - ASPPB Mid-Year Meeting Dates
-
-

Next Meeting – April 7, 2020

*Requires a Board Vote

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

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

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

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

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

Board Room 2

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

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

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

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



Virginia Department of
Health Professions
Board of Psychology

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

Virginia Board of Psychology
Minutes – Quarterly Board Meeting
October 29, 2019

Time and Location

The Virginia Board of Psychology (“Board”) convened for a quarterly board meeting on October 29, 2019 at the Department of Health Professions (“DHP”), 9960 Mayland Drive, Henrico, VA 23233 in Board Room 4.

Presiding

Herbert Stewart, Ph.D., LCP, Chair

Board Members Present

John Ball, Ph.D., ABPP, LCP
Peter Sheras, Ph.D, ABPP, LCP
Rebecca Vauter, Psy.D., ABPP, LCP
James Werth, Jr., Ph.D., ABPP, LCP, Vice-Chair
Andrea Bailey, Citizen Member

Board Members Absent

Susan Brown Wallace, Ph.D. LCP, LSP

Staff Present

David E. Brown, D.C., DHP Director
Lisa Hahn, DHP Chief Operating Officer
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, Sr. Policy Analyst
Deborah Harris, Licensing Manager
Charlotte Lenart, Deputy Director of Licensing
Christy Evans, Discipline Specialist
Jim Rutkowski, Assistant Attorney General

Call to Order

Dr. Stewart called the meeting to order at 10:05 a.m. and read the mission statement and emergency egress instructions. Board members, staff, and members of the public introduced themselves.

Approval of Minutes

The Board considered and discussed the minutes from the April 2, 2019 Board meeting. Dr. Sheras made a motion to accept the minutes. Ms. Bailey seconded the motion, and the motion passed unanimously.

Ordering of Agenda

Dr. Stewart proceeded with the Agenda with no changes.

Public Comment

Jennifer Morgan, with the Virginia Academy of Clinical Psychologists (VACP), reminded board members that the VACP will hold its Spring Conference in Charlottesville on April 21-22, 2020, and asked for participation from board members.

Agency Director Report, David E. Brown, DC

Dr. Brown thanked the Board members for attending the Board Member training day. He stated it was a great success and attendees rated it a score of 4.9 out of 5 on a survey. Dr. Werth, Dr. Stewart, Dr. Vauter, and Dr. Wallace attended the training. Dr. Brown also stated there are trainings available for all DHP staff, such as Lunch and Learn, which include topics such as interviewing and resume building, as well as more in depth overviews of programs within DHP.

Dr. Brown stated the agency continues to work on updating the agency website, which will make it easier for new applicants and renewals to navigate. He also indicated that DHP has been increasing security at the Perimeter center, and asked Lisa Hahn to discuss this issue in more detail.

Lisa Hahn stated there was a security assessment that led to recommendations to enhance and improve security in the building and various hearing rooms. Board members will be given a temporary board member badge to show security when they enter the front of the building. Public visitors will need to show identification with a bag check and wand check. Ms. Hahn stated they have ordered panic buttons for Board and Hearing rooms.

2019 Workforce Survey Report, Elizabeth Carter, Ph.D.

Dr. Carter and Dr. Shobo reviewed the workforce survey report. All the workforce reports are available on the DHP website.

Chair Report, Herbert Stewart

Dr. Stewart stated that he was elected as a Director at Large for the Association of State and Provincial Psychology Boards (ASPPB). It is a national regulatory association created to support Boards of Psychology, and he does not feel that he has a conflict of interest for voting on Board issues regarding the EPPP-2. Ms. Hoyle has asked Mr. Rutkowski to confirm there is no conflict, and update the Board at the next meeting..

Legislation and Regulatory Actions, Elaine Yeatts

Chart of Regulatory Actions

Ms. Yeatts updated the Board on pending regulatory actions. The action for conversion therapy is in the NOIRA stage and at the Secretary's office for review. The periodic review has been at the Governor's office 337 days.

Regulatory Advisement Panel for Sex Offender Treatment Providers

Ms. Yeatts stated we need a Regulatory Advisory Panel (RAP) for the Certified Sex Offender Treatment Provider regulations, as these regulations are due for periodic review.

Consideration of Public Comment and Adoption of Proposed Regulations on Conversion Therapy

Ms. Yeatts advised that there was public comment on the conversion therapy NOIRA. There were 351 comments with 188 that supported and 163 that opposed the NOIRA. Ms. Bailey made a motion to adopt the proposed regulations and Dr. Vauter seconded the motion. The motion passed unanimously.

Amendment fee for Return checks

Ms. Yeatts advised that Finance wants to increase the cost of handling fees for return checks from \$35 to \$50 to conform to the Code of Virginia. Dr. Werth made a motion to increase the fee, and Ms. Bailey seconded the motion. The motion passed unanimously.

One time Renewal fee reduction for 2020 renewal

Ms. Yeatts recommended a 30% decrease in renewal fees for the 2020 renewal based on budget projections. Dr. Sheras made a motion, which was seconded by Dr. Ball, to approve the decrease. The motion passed unanimously.

Staff Reports

Executive Director's Report, Jaime Hoyle

Ms. Hoyle provided the Board with updated budget information and a count of current licensees. She stated that we still have no appointments yet for the vacant seats on the Board. Ms. Hoyle recognized staff for their efforts. She commended Ms. Harris, the Licensing Manager for her 100% customer service satisfaction surveys. She commended Ms. Lang on her efforts, and sees her as her "rock" and assists in every way taking over Ms. Hoyle's duties in her absence. She recognized Ms. Evans on her continuous support with the CE audits every year. Ms. Hoyle introduced Ms. Lenart in her new role as Deputy Director of Licensing and identified some of her new duties.

Ms. Hoyle reported activities of the recent trip to Minnesota that she and Ms. Lenart attended for the ASPPB conference. She attended the Attorney's breakfast and Administrator's Forum at the conference, which discussed EPPP-2, mobility, professional wills, criminal background checks, and PSYPACT. She also stated we needed to re-address the PLUS program. The Board had voted in the past to pursue the PLUS program. After discussion, the Board still wants to pursue the PLUS program as an option. Staff will work with the ASPPB staff to make this option available within the coming months.

Discipline Report, Jennifer Lang

Ms. Lang referenced the discipline report in the agenda packet.

Licensing Report, Deborah Harris

Ms. Harris referenced the licensing data within the agenda packet.

Board Counsel Report, Jim Rutkowski

Mr. Rutkowski reported about a Maryland case related to Conversion Therapy, and they are monitoring its progress for any impact on Virginia's proposed regulations.

Committee Reports

Board of Health Professions, Herb Stewart

Dr. Stewart referenced the information from the Board of Health Professions in the agenda packet.

Legislative/Regulatory Committee, James Werth

Dr. Werth reported that the Regulatory Committee discussed six topics:

1. Professional Wills: This item was tabled because ASPPB is addressing this. The Committee may revisit this issue after ASPPB has released its findings.
2. Social Media Guidance Document: This item was tabled as well because both APA and ASPPB are addressing this issue. The Committee will review these documents when they are finalized as well as Social Work's Guidance document on this issue.
3. EPPP-part 2: Matt Turner from ASPPB presented a slide show and Q & A period at the meeting that reviewed the pros and cons of being an early adopter for this portion of the examination. There was a discussion and the Committee decided to take no action until holding a stakeholders' meeting and determining whether any changes are needed in our Regulations, and, if so, if they can be made during the periodic review.
4. Accrediting Master's level psychology programs – After discussion, the Committee decided to include this topic in a stakeholders' meeting as well.

5. PSYPACT: It is now operational. The PSYPACT governing board has been formed and will make the rules. We will wait to see the rules and costs and consider recommending DHP include PSYPACT legislation in the 2021 General Assembly package.
6. PLUS Program: It is a universal licensing system offered by ASPPB, where applicants bank credentials that are primary source verified. The program helps applicants with mobility. Virginia has already voted to move forward with the program, and has decided that the program be optional rather than mandatory at this point, due to the costs involved.

Meeting dates

Meeting dates for 2020 were included in the Agenda package.

Election of Officers

Dr. Vauter made a motion to nominate Dr. Werth as Chair of the Board. The motion was seconded by Dr. Sheras. The motion passed unanimously.

Dr. Sheras made a motion to nominate Dr. Ball as Vice Chair of the Board. The motion was seconded by Ms. Bailey and the motion carried unanimously.

They will assume these positions after the completion of today's meeting.

Presentation of Plaque

Ms. Hoyle presented Dr. Stewart with a plaque for gratitude for his service as Chairperson of the Board and listed the Board's accomplishments under his tenure. Dr. Stewart stated the highlight of his Professional career has been his tenure on the Board.

Adjournment

The meeting adjourned at 2:40 pm

DRAFT
VIRGINIA BOARD OF PSYCHOLOGY
Public Hearing Minutes
December 3, 2019

TIME & PLACE: The Virginia Board of Psychology convened a Public Hearing at 9:30 a.m. on December 3, 2019 at the Department of Health Professions, Perimeter Center Conferencing Center 2nd Floor, 9960 Mayland Drive, Henrico, Virginia 23233.

PURPOSE: The public hearing was held to receive comments on proposed amendments adopted pursuant to a periodic review of Chapter 20, Regulations Governing the Practice of Psychology.

BOARD MEMBERS PRESENT: John D. Ball, Ph.D., LCP, ABPP

STAFF PRESENT: Jennifer Lang, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst, DHP

ESTABLISHMENT OF A QUORUM: Not required

PUBLIC COMMENT: None

Dr. Ball announced that the comment period will close on January 24, 2020 and that written comments to the proposed regulations should be directed to Elaine Yeatts, submitted electronically via email, or posted on the Virginia Regulatory Townhall at www.towhall.state.va.us. The Board will consider all comments prior to adoption of final regulations.

ADJOURNMENT: The public hearing concluded at 9:40 a.m.

Jaime Hoyle, JD, Executive Director
Virginia Board of Psychology

Date

**VIRGINIA BOARD OF PSYCHOLOGY
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – DECEMBER 3, 2019**

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Psychology ("Board") convened on December 3, 2019 at 10:00 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Training Room 2.

MEMBERS PRESENT: Susan Brown Wallace, Ph.D., LCP, LSP, Chairperson
John D. Ball, Ph.D., LCP, ABPP

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Psychology
Emily Tatum, Administrative Proceedings Division

RESPONDENT: Ronald Federici, LCP, LSP
Case No.: 176533, 187974, and 192711
License #: LCP # 0810001534
LSP # 0803000093

DISCUSSION: Dr. Federici appeared in person before the Committee in accordance with the Noticed dated September 19, 2019, and an Amended Notice dated November 25, 2019. Dr. Federici was not represented by legal counsel.

The Committee fully discussed the allegations with Dr. Federici.


CLOSED MEETING: Upon a motion by Dr. Ball, and duly seconded by Dr. Wallace, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Ronald Federici, LCP, LSP. Additionally, he moved that Jennifer Lang attend the closed meeting because her presence would aid the Committee in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.

DECISION: Upon a motion by Dr. Ball, and duly seconded by Dr. Wallace, the Committee made certain findings of facts and conclusions of law and voted to place Dr. Federici on probation and subject his licenses to terms and conditions. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 2:54 p.m.

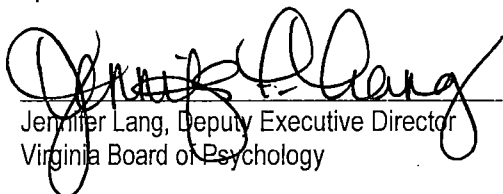
As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.



Susan Brown Wallace, Ph.D., LCP, LSP, Chairperson
Special Conference Committee of the Board of Psychology

12-4-2019

Date



Jennifer Lang, Deputy Executive Director
Virginia Board of Psychology

12/04/19

Date

Board of Psychology
Report of the 2020 General Assembly

HB 42 Health care providers; screening of patients for prenatal and postpartum depression, training.

Chief patron: Samirah

Summary as introduced:

Health care providers; screening of patients for prenatal and postpartum depression; training. Directs the Boards of Medicine and Nursing to adopt regulations requiring licensees who provide primary, maternity, obstetrical, or gynecological health care services to complete a training program on prenatal and postnatal depression in women. Such training program shall include information on risk factors for and signs and symptoms of prenatal and postnatal depression, resources for the treatment and management of prenatal and postnatal depression, and steps the practitioner can take to link patients to such resources. The bill also requires the Board of Medicine to adopt regulations requiring licensees who provide primary, maternity, obstetrical, or gynecological health care services to screen all patients who are pregnant or who have been pregnant within the previous five years for prenatal or postnatal depression or other depression, as appropriate.

11/19/19 House: Referred to Committee on Health, Welfare and Institutions

01/13/20 House: Impact statement from DPB (HB42)

01/15/20 House: Assigned HWI sub: Health Professions

01/29/20 House: House subcommittee amendments and substitutes offered

01/29/20 House: Subcommittee recommends reporting with substitute (5-Y 0-N)

HB 303 Clinical psychologists; telepsychology; out of state.

Chief patron: Hope

Summary as introduced:

Clinical psychologists; telepsychology; out of state. Allows clinical psychologists to provide services by telepsychology to established patients who are out of state at the time services are provided. The bill establishes the criteria that must be met for the clinical psychologist to offer telepsychology services. Clinical psychologists who offer telepsychology services must comply with the Standards of Practice set by the Board of Psychology.

01/13/20 House: Impact statement from DPB (HB303)

01/20/20 House: Referred from Communications, Technology and Innovation

01/20/20 House: Referred to Committee on Health, Welfare and Institutions

01/22/20 House: Assigned HWI sub: Health Professions

01/29/20 House: Subcommittee recommends striking from docket (5-Y 0-N)

HB 362 Physician assistant; capacity determinations.

Chief patron: Rasoul

Summary as introduced:

Capacity determinations; physician assistant. Expands the class of health care practitioners who can make the determination that a patient is incapable of making informed decisions to include a licensed physician assistant. The bill provides that such determination shall be made in writing following an in-person examination of the person and certified by the physician assistant.

01/13/20 House: Impact statement from DPB (HB362)

01/17/20 House: Assigned HWI sub: Health Professions

01/23/20 House: House subcommittee amendments and substitutes offered

01/23/20 House: Subcommittee recommends reporting with amendments (6-Y 0-N)

01/28/20 House: Reported from Health, Welfare and Institutions with amendments (22-Y 0-N)

HB 386 Conversion therapy; prohibited by certain health care providers.

Chief patron: Hope

Summary as introduced:

Department of Health Professions; conversion therapy prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy, referring a person for conversion therapy, extending health benefits coverage for conversion therapy, or awarding a grant or contract to any entity that conducts conversion therapy or refers individuals for conversion therapy.

01/13/20 House: Impact statement from DPB (HB386)

01/15/20 House: Assigned HWI sub: Health Professions

01/23/20 House: House subcommittee amendments and substitutes offered

01/23/20 House: Subcommittee recommends reporting with amendments (5-Y 1-N)

01/28/20 House: Reported from Health, Welfare and Institutions with amendments (18-Y 4-N)

HB 601 Administrative Process Act; review of occupational regulations.

Chief patron: Freitas

Summary as introduced:

Administrative Process Act; review of occupational regulations. Creates a procedure by which a person may petition an agency to review whether an existing occupational regulation is necessary for the protection or preservation of the health, safety, and welfare of the public and meets other statutorily enumerated criteria. The bill also creates a cause of action whereby any

person who is adversely affected or aggrieved by an occupational regulation that such person believes is not necessary for the protection or preservation of the health, safety, and welfare of the public or does not meet other statutorily enumerated criteria may seek judicial review of such regulation. The bill provides that the burden of proof shall be upon the party complaining of the occupational regulation to demonstrate by a preponderance of the evidence that the challenged occupational regulation on its face or in its effect burdens the entry into or participation in an occupation and, thereafter, the burden shall be upon the agency to demonstrate by a preponderance of the evidence that the challenged occupational regulation is necessary to protect or preserve the health, safety, and welfare of the public and complies with certain other statutorily enumerated requirements. The bill provides that if the court finds in favor of the party complaining of the agency action, the court shall declare the regulation null and void.

01/06/20 House: Prefiled and ordered printed; offered 01/08/20 20100327D

01/06/20 House: Referred to Committee on General Laws

01/24/20 House: Assigned GL sub: Professions/Occupations and Administrative Process

01/29/20 House: Impact statement from DPB (HB601)

HB 967 Military service members and veterans; expediting the issuance of credentials to spouses.

Chief patron: Willett

Summary as introduced:

Professions and occupations; expediting the issuance of credentials to spouses of military service members. Provides for the expedited issuance of credentials to the spouses of military service members who are ordered to federal active duty under Title 10 of the United States Code if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver.

01/24/20 House: Engrossed by House - committee substitute HB967H1

01/27/20 House: Read third time and passed House (98-Y 0-N)

01/27/20 House: VOTE: Passage (98-Y 0-N)

01/28/20 Senate: Constitutional reading dispensed

01/28/20 Senate: Referred to Committee on General Laws and Technology

HB 982 Professions and occupations; licensure by endorsement.

Chief patron: Webert

Summary as introduced:

Professions and occupations; licensure by endorsement. Establishes criteria for an individual licensed, certified, or having work experience in another state, the District of Columbia, or any territory or possession of the United States to apply to a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions and be issued an occupational license or government certification if certain conditions are met.

01/07/20 House: Referred to Committee on General Laws

01/15/20 House: Assigned GL sub: Professions/Occupations and Administrative Process

01/23/20 House: House subcommittee amendments and substitutes offered

01/23/20 House: Subcommittee recommends reporting with substitute (7-Y 1-N)

01/27/20 House: Impact statement from DPB (HB982)

HB 1040 Naturopathic doctors; Board of Medicine to license and regulate.

Chief patron: Rasoul

Summary as introduced:

Naturopathic doctors; license required. Requires the Board of Medicine to license and regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

01/15/20 House: Assigned HWI sub: Health Professions

01/21/20 House: Impact statement from DPB (HB1040)

01/23/20 House: House subcommittee amendments and substitutes offered

01/23/20 House: Subcommittee recommends reporting with substitute (4-Y 2-N)

01/30/20 House: Continued to 2021 in Health, Welfare and Institutions (11-Y 7-N)

HB 1328 Offender medical and mental health information and records; exchange of information to facility.

Chief patron: Watts

Summary as introduced:

Exchange of offender medical and mental health information and records. Provides that a health care provider who has been notified that a person to whom he has provided services is committed to a local or regional correctional facility must disclose to the person in charge of the facility any information necessary and appropriate for the continuity of care of the person committed. The bill also provides protection from civil liability for such health care provider, absent bad faith or malicious intent.

01/28/20 House: Read first time
01/29/20 House: Read second time
01/29/20 House: Committee substitute agreed to 20106592D-H1
01/29/20 House: Engrossed by House - committee substitute HB1328H1
01/30/20 House: Read third time and passed House BLOCK VOTE (100-Y 0-N)

HB 1562 Music therapy; definition of music therapist, licensure.

Chief patron: Head

Summary as introduced:

Music therapy; licensure. Requires the Board of Social Work to adopt regulations establishing a regulatory structure to license music therapists in the Commonwealth and establishes an advisory board to assist the Board in this process. Under the bill, no person shall engage in the practice of music therapy or hold himself out or otherwise represent himself as a music therapist unless he is licensed by the Board.

01/27/20 House: Read third time and passed House (92-Y 5-N)
01/27/20 House: VOTE: Passage (92-Y 5-N)
01/28/20 House: Impact statement from DPB (HB1562H1)
01/28/20 Senate: Constitutional reading dispensed
01/28/20 Senate: Referred to Committee on Education and Health

SB 53 Social Work, Board of; licensure by endorsement.

Chief patron: Stanley

Summary as introduced:

Board of Social Work; licensure by endorsement. Requires the Board of Social Work to establish in regulations the requirements for licensure by endorsement as a social worker. The bill allows the Board to issue licenses to persons licensed to practice social work under the laws of another state, the District of Columbia, or a United States possession or territory, if, in the opinion of the Board, the applicant meets the qualifications required of licensed social workers in the Commonwealth.

11/18/19 Senate: Referred to Committee on Rehabilitation and Social Services
01/09/20 Senate: Impact statement from DPB (SB53)
01/17/20 Senate: Rereferred from Rehabilitation and Social Services (11-Y 0-N)
01/17/20 Senate: Rereferred to Education and Health
01/22/20 Senate: Assigned Education sub: Health Professions

SB 168 Line of Duty Act; requiring Virginia licensed health practitioners to conduct medical reviews.

Chief patron: DeSteph

Summary as introduced:

Line of Duty Act; requiring Virginia licensed health practitioners to conduct medical reviews. Requires that, for any medical review of a claim made pursuant to the provisions of the Line of Duty Act (LODA), the Virginia Retirement System shall require that such review be conducted by a doctor, nurse, or psychologist who is licensed in Virginia. The bill has a delayed effective date of July 1, 2021.

01/12/20 Senate: Impact statement from DPB (SB168)

01/13/20 Senate: Rereferred from Judiciary (13-Y 0-N)

01/13/20 Senate: Rereferred to Finance and Appropriations

01/29/20 Senate: Reported from Finance and Appropriations with amendments (16-Y 0-N)

01/30/20 Senate: Constitutional reading dispensed (37-Y 0-N)

SB 245 Conversion therapy; prohibited by certain health care providers.

Chief patron: Surovell

Summary as introduced:

Department of Health Professions; conversion therapy prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy, referring a person for conversion therapy, extending health benefits coverage for conversion therapy, or awarding a grant or contract to any entity that conducts conversion therapy or refers individuals for conversion therapy.

01/20/20 Senate: Printed as engrossed 20101090D-E

01/21/20 Senate: Read third time and passed Senate (20-Y 18-N)

01/21/20 Senate: Reconsideration of passage agreed to by Senate (39-Y 0-N)

01/21/20 Senate: Passed Senate (21-Y 18-N)

01/22/20 Senate: Impact statement from DPB (SB245E)

SB 540 Health professionals; unprofessional conduct, reporting.

Chief patron: Vogel

Summary as introduced:

Health professionals; unprofessional conduct; reporting. Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report to the Department of Health Professions any information of which he may become aware in his professional capacity that

indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public or his patients, or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct.

01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20105063D

01/07/20 Senate: Referred to Committee on Education and Health

01/16/20 Senate: Assigned Education sub: Health Professions

01/17/20 Senate: Impact statement from DPB (SB540)

01/30/20 Senate: Reported from Education and Health with amendment (15-Y 0-N)

SB 544 Advance directives; physician assistants, capacity determinations.

Chief patron: Edwards

Summary as introduced:

Advance directives; physician assistants; capacity determinations. Adds physician assistants to the list of health care practitioners permitted to determine that a person who has executed an advance directive granting an agent the authority to consent to the person's admission to a facility, as defined in § 37.2-100, for mental health treatment is incapable of making an informed decision regarding such admission.

01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20102667D

01/07/20 Senate: Referred to Committee on Education and Health

01/17/20 Senate: Impact statement from DPB (SB544)

01/27/20 Senate: Assigned Education sub: Health Professions

SB 713 Professional art therapists and professional art therapist associates; licensure.

Chief patron: McClellan

Summary as introduced:

Board of Counseling; licensure of professional art therapists and professional art therapist associates. Establishes requirements for licensure as a professional art therapist and licensure as a professional art therapist associate and adds two representatives to the Board on Counseling who are licensed professional art therapists. The bill directs the Board to adopt emergency regulations to implement the provisions of the bill.

01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20104756D
01/07/20 Senate: Referred to Committee on Education and Health
01/20/20 Senate: Assigned Education sub: Health Professions
01/21/20 Senate: Impact statement from DPB (SB713)
01/30/20 Senate: Reported from Education and Health with substitute (14-Y 0-N 1-A)

SB 760 Psychologists; licensure, permitted to practice in Psychology Interjurisdictional Compact.

Chief patron: Deeds

Summary as introduced:

Licensure of psychologists; Psychology Interjurisdictional Compact. Authorizes Virginia to become a signatory to the Psychology Interjurisdictional Compact. The Compact permits eligible licensed psychologists to practice in Compact member states, provided that they are licensed in at least one member state. The bill has a delayed effective date of January 1, 2021, and directs the Board of Psychology to adopt emergency regulations to implement the provisions of the bill.

01/08/20 Senate: Referred to Committee on Privileges and Elections
01/21/20 Senate: Rereferred from Privileges and Elections (14-Y 0-N)
01/21/20 Senate: Rereferred to Education and Health
01/27/20 Senate: Assigned Education sub: Health Professions
01/28/20 Senate: Impact statement from DPB (SB760)

SB 1046 Clinical social workers; patient records, involuntary detention orders.

Chief patron: Deeds

Summary as introduced:

Clinical social workers; patient records; involuntary detention orders. Adds clinical social workers to the list of eligible providers that includes treating physicians and clinical psychologists who can disclose or recommend the withholding of patient records, face a malpractice review panel, and provide recommendations on involuntary temporary detention orders.

01/17/20 Senate: Presented and ordered printed 20104401D
01/17/20 Senate: Referred to Committee on Education and Health
01/24/20 Senate: Assigned Education sub: Health
01/27/20 Senate: Impact statement from DPB (SB1046)
01/30/20 Senate: Reported from Education and Health (15-Y 0-N)

SJ 49 Social workers; DHP to study need for additional, etc., workers.

Chief patron: McClellan

Summary as introduced:

Study; Department of Health Professions; need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation; report. Requests that the Department of Health Professions convene a work group, which shall include certain stakeholders listed in the bill, to (i) identify the number of social workers needed in the Commonwealth to adequately serve the population; (ii) identify opportunities for the Commonwealth's social work workforce to successfully serve and respond to increasing biopsychosocial needs of individuals, groups, and communities in areas related to aging, child welfare, social services, military and veterans affairs, criminal justice, juvenile justice, corrections, mental health, substance abuse treatment, and other health and social determinants; (iii) gather information about current social workers in the Commonwealth related to level of education, school of social work attended, level of licensure, job title and classification, years of experience, gender, employer, and compensation; (iv) analyze the impact of compensation levels on social workers' job satisfaction and performance, as well as its impact on the likelihood of other persons entering the profession and any complications to such compensation levels caused by student debt; and (v) make recommendations for additional sources of funding to adequately compensate social workers and increase the number of social workers in the Commonwealth.

01/07/20 Senate: Referred to Committee on Rules

01/24/20 Senate: Reported from Rules

01/27/20 Senate: Reading waived (38-Y 0-N)

01/28/20 Senate: Read second time and engrossed

01/29/20 Senate: Read third time and agreed to by Senate by voice vote

20103631D

SENATE BILL NO. 760

Offered January 8, 2020

Prefiled January 8, 2020

A BILL to amend the Code of Virginia by adding a section numbered 54.1-3606.2, relating to Psychology Interjurisdictional Compact.

Patrons—Deeds and Hanger

Referred to Committee on Privileges and Elections

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 54.1-3606.2 as follows: § 54.1-3606.2. Psychology Interjurisdictional Compact.

ARTICLE I.

PURPOSE.

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

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

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

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

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

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

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

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

1. Increase public access to professional psychological services by allowing for telepsychological practice across state lines, as well as temporary in-person, face-to-face services into a state in which the psychologist is not licensed to practice psychology;

2. Enhance the states' ability to protect the public's health and safety, especially client/patient safety;

3. Encourage the cooperation of Compact States in the areas of psychology licensure and regulation;

4. Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions, and disciplinary history;

5. Promote compliance with the laws governing psychological practice in each Compact State; and

6. Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.

ARTICLE II.

DEFINITIONS.

A. "Adverse Action" means any action taken by a State Psychology Regulatory Authority that finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.

B. "Association of State and Provincial Psychology Boards" (ASPPB) means the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

C. "Authority to Practice Interjurisdictional Telepsychology" means a licensed psychologist's authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.

D. "Bylaws" means those bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Article X for its governance, or for directing and controlling its actions and

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59 conduct.

60 E. "Client/Patient" means the recipient of psychological services, whether psychological services are
61 delivered in the context of health care, corporate, supervision, and/or consulting services.

62 F. "Commissioner" means the voting representative appointed by each State Psychology Regulatory
63 Authority pursuant to Article X.

64 G. "Compact State" means a state, the District of Columbia, or United States territory that has
65 enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or
66 been terminated pursuant to Article XII, Section B.

67 H. "Coordinated Licensure Information System," also referred to as "Coordinated Database," means
68 an integrated process for collecting, storing, and sharing information on psychologists' licensure and
69 enforcement activities related to psychology licensure laws, which is administered by the recognized
70 membership organization composed of State and Provincial Psychology Regulatory Authorities.

71 I. "Confidentiality" means the principle that data or information is not made available or disclosed
72 to unauthorized persons and/or processes.

73 J. "Day" means any part of a day in which psychological work is performed.

74 K. "Distant State" means the Compact State where a psychologist is physically present (not through
75 the use of telecommunications technologies) to provide temporary in-person, face-to-face psychological
76 services.

77 L. "E.Passport" means a certificate issued by the Association of State and Provincial Psychology
78 Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology
79 practice and facilitates the process for licensed psychologists to provide telepsychological services
80 across state lines.

81 M. "Executive Board" means a group of directors elected or appointed to act on behalf of, and
82 within the powers granted to them by, the Commission.

83 N. "Home State" means a Compact State where a psychologist is licensed to practice psychology. If
84 the psychologist is licensed in more than one Compact State and is practicing under the Authorization
85 to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the
86 psychologist is physically present when the telepsychological services are delivered. If the psychologist
87 is licensed in more than one Compact State and is practicing under the Temporary Authorization to
88 Practice, the Home State is any Compact State where the psychologist is licensed.

89 O. "Identity History Summary" means: a summary of information retained by the FBI, or other
90 designee with similar authority, in connection with arrests and, in some instances, federal employment,
91 naturalization, or military service.

92 P. "In-Person, Face-to-Face" means interactions in which the psychologist and the client/patient are
93 in the same physical space and which does not include interactions that may occur through the use of
94 telecommunication technologies.

95 Q. "Interjurisdictional Practice Certificate (IPC)" means a certificate issued by the Association of
96 State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on
97 notification to the State Psychology Regulatory Authority of intention to practice temporarily, and
98 verification of one's qualifications for such practice.

99 R. "License" means authorization by a State Psychology Regulatory Authority to engage in the
100 independent practice of psychology, which would be unlawful without the authorization.

101 S. "Non-Compact State" means any State which is not at the time a Compact State.

102 T. "Psychologist" means an individual licensed for the independent practice of psychology.

103 U. "Psychology Interjurisdictional Compact Commission" also referred to as "Commission" means
104 the national administration of which all Compact States are members.

105 V. "Receiving State" means a Compact State where the client/patient is physically located when the
106 telepsychological services are delivered.

107 W. "Rule" means a written statement by the Psychology Interjurisdictional Compact Commission
108 promulgated pursuant to Article XI of the Compact that is of general applicability, implements,
109 interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or
110 practice requirement of the Commission and has the force and effect of statutory law in a Compact
111 State, and includes the amendment, repeal or suspension of an existing rule.

112 X. "Significant Investigatory Information" means:

113 1. Investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry
114 that includes notification and an opportunity to respond if required by state law, has reason to believe,
115 if proven true, would indicate more than a violation of state statute or ethics code that would be
116 considered more substantial than minor infraction; or

117 2. Investigative information that indicates that the psychologist represents an immediate threat to
118 public health and safety regardless of whether the psychologist has been notified and/or had an
119 opportunity to respond.

120 Y. "State" means a state, commonwealth, territory, or possession of the United States.

121 Z. "State Psychology Regulatory Authority" means the Board, office, or other agency with the
122 legislative mandate to license and regulate the practice of psychology.

123 AA. "Telepsychology" means the provision of psychological services using telecommunication
124 technologies.

125 BB. "Temporary Authorization to Practice" means a licensed psychologist's authority to conduct
126 temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another
127 Compact State.

128 CC. "Temporary In-Person, Face-to-Face Practice" means where a psychologist is physically present
129 (not through the use of telecommunications technologies) in the Distant State to provide for the practice
130 of psychology for 30 days within a calendar year and based on notification to the Distant State.

131 ARTICLE III.

132 HOME STATE LICENSURE.

133 A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.

134 B. A psychologist may hold one or more Compact State licenses at a time. If the psychologist is
135 licensed in more than one Compact State, the Home State is the Compact State where the psychologist
136 is physically present when the services are delivered as authorized by the Authority to Practice
137 Interjurisdictional Telepsychology under the terms of this Compact.

138 C. Any Compact State may require a psychologist not previously licensed in a Compact State to
139 obtain and retain a license to be authorized to practice in the Compact State under circumstances not
140 authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this
141 Compact.

142 D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to
143 practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice
144 under the terms of this Compact.

145 E. A Home State's license authorizes a psychologist to practice in a Receiving State under the
146 Authority to Practice Interjurisdictional Telepsychology only if the Compact State:

- 147 1. Currently requires the psychologist to hold an active E.Passport;
- 148 2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;
- 149 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant
150 investigatory information regarding a licensed individual;
- 151 4. Requires an Identity History Summary of all applicants at initial licensure, including the use of
152 the results of fingerprints or other biometric data checks compliant with the requirements of the Federal
153 Bureau of Investigation (FBI), or other designee with similar authority, no later than 10 years after
154 activation of the Compact; and
- 155 5. Complies with the Bylaws and Rules of the Commission.

156 F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant
157 State only if the Compact State:

- 158 1. Currently requires the psychologist to hold an active IPC;
- 159 2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;
- 160 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant
161 investigatory information regarding a licensed individual;
- 162 4. Requires an Identity History Summary of all applicants at initial licensure, including the use of
163 the results of fingerprints or other biometric data checks compliant with the requirements of the FBI, or
164 other designee with similar authority, no later than 10 years after activation of the Compact; and
- 165 5. Complies with the Bylaws and Rules of the Commission.

166 ARTICLE IV.

167 COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY.

168 A. Compact States shall recognize the right of a psychologist, licensed in a Compact State in
169 conformance with Article III, to practice telepsychology in other Compact States (Receiving States) in
170 which the psychologist is not licensed, under the Authority to Practice Interjurisdictional Telepsychology
171 as provided in the Compact.

172 B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and
173 provisions of this Compact, a psychologist licensed to practice in a Compact State must:

- 174 1. Hold a graduate degree in psychology from an institute of higher education that was, at the time
175 the degree was awarded:
 - 176 a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to
177 grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees;
178 or
 - 179 b. A foreign college or university deemed to be equivalent to 1 a by a foreign credential evaluation
180 service that is a member of the National Association of Credential Evaluation Services (NACES) or by a
181 recognized foreign credential evaluation service; and

- 182 2. Hold a graduate degree in psychology that meets the following criteria:
 183 a. The program, wherever it may be administratively housed, must be clearly identified and labeled
 184 as a psychology program. Such a program must specify in pertinent institutional catalogues and
 185 brochures its intent to educate and train professional psychologists;
 186 b. The psychology program must stand as a recognizable, coherent, organizational entity within the
 187 institution;
 188 c. There must be a clear authority and primary responsibility for the core and specialty areas
 189 whether or not the program cuts across administrative lines;
 190 d. The program must consist of an integrated, organized sequence of study;
 191 e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its
 192 responsibilities;
 193 f. The designated director of the program must be a psychologist and a member of the core faculty;
 194 g. The program must have an identifiable body of students who are matriculated in that program for
 195 a degree;
 196 h. The program must include supervised practicum, internship, or field training appropriate to the
 197 practice of psychology;
 198 i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for
 199 doctoral degree and a minimum of one academic year of full-time graduate study for master's degree;
 200 and
 201 j. The program includes an acceptable residency as defined by the Rules of the Commission;
 202 3. Possess a current, full, and unrestricted license to practice psychology in a Home State which is a
 203 Compact State;
 204 4. Have no history of adverse action that violate the Rules of the Commission;
 205 5. Have no criminal record history reported on an Identity History Summary that violates the Rules
 206 of the Commission;
 207 6. Possess a current, active E.Passport;
 208 7. Provide attestations in regard to areas of intended practice, conformity with standards of practice,
 209 competence in telepsychology technology; criminal background; and knowledge and adherence to legal
 210 requirements in the home and receiving states, and provide a release of information to allow for
 211 primary source verification in a manner specified by the Commission; and
 212 8. Meet other criteria as defined by the Rules of the Commission.
 213 C. The Home State maintains authority over the license of any psychologist practicing into a
 214 Receiving State under the Authority to Practice Interjurisdictional Telepsychology.
 215 D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional
 216 Telepsychology will be subject to the Receiving State's scope of practice. A Receiving State may, in
 217 accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice
 218 Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions
 219 under the Receiving State's applicable law to protect the health and safety of the Receiving State's
 220 citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the
 221 Commission.
 222 E. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice
 223 Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited,
 224 the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice
 225 telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology.

ARTICLE V.

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE.

- 226
 227
 228 A. Compact States shall also recognize the right of a psychologist, licensed in a Compact State in
 229 conformance with Article III, to practice temporarily in other Compact States (Distant States) in which
 230 the psychologist is not licensed, as provided in the Compact.
 231 B. To exercise the Temporary Authorization to Practice under the terms and provisions of this
 232 Compact, a psychologist licensed to practice in a Compact State must:
 233 I. Hold a graduate degree in psychology from an institute of higher education that was, at the time
 234 the degree was awarded:
 235 a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to
 236 grant graduate degrees, OR authorized by Provincial Statute or Royal Charter to grant doctoral
 237 degrees; OR
 238 b. A foreign college or university deemed to be equivalent to 1 a above by a foreign credential
 239 evaluation service that is a member of the National Association of Credential Evaluation Services
 240 (NACES) or by a recognized foreign credential evaluation service; AND
 241 2. Hold a graduate degree in psychology that meets the following criteria:
 242 a. The program, wherever it may be administratively housed, must be clearly identified and labeled
 243 as a psychology program. Such a program must specify in pertinent institutional catalogues and

- 244 brochures its intent to educate and train professional psychologists;
- 245 b. The psychology program must stand as a recognizable, coherent, organizational entity within the
- 246 institution;
- 247 c. There must be a clear authority and primary responsibility for the core and specialty areas
- 248 whether or not the program cuts across administrative lines;
- 249 d. The program must consist of an integrated, organized sequence of study;
- 250 e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its
- 251 responsibilities;
- 252 f. The designated director of the program must be a psychologist and a member of the core faculty;
- 253 g. The program must have an identifiable body of students who are matriculated in that program for
- 254 a degree;
- 255 h. The program must include supervised practicum, internship, or field training appropriate to the
- 256 practice of psychology;
- 257 i. The curriculum shall encompass a minimum of three academic years of full-time graduate study
- 258 for doctoral degrees and a minimum of one academic year of full-time graduate study for master's
- 259 degrees;
- 260 j. The program includes an acceptable residency as defined by the Rules of the Commission;
- 261 3. Possess a current, full, and unrestricted license to practice psychology in a Home State which is a
- 262 Compact State;
- 263 4. No history of adverse action that violate the Rules of the Commission;
- 264 5. No criminal record history that violates the Rules of the Commission;
- 265 6. Possess a current, active IPC;
- 266 7. Provide attestations in regard to areas of intended practice and work experience and provide a
- 267 release of information to allow for primary source verification in a manner specified by the
- 268 Commission; and
- 269 8. Meet other criteria as defined by the Rules of the Commission.
- 270 C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall
- 271 practice within the scope of practice authorized by the Distant State.
- 272 D. A psychologist practicing into a Distant State under the Temporary Authorization to Practice will
- 273 be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's
- 274 due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant
- 275 State and may take any other necessary actions under the Distant State's applicable law to protect the
- 276 health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly
- 277 notify the Home State and the Commission.
- 278 E. If a psychologist's license in any Home State, another Compact State, or any Temporary
- 279 Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC
- 280 shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State
- 281 under the Temporary Authorization to Practice.

ARTICLE VI.

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE.

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

ARTICLE VII.

ADVERSE ACTIONS.

- 294 A. A Home State shall have the power to impose adverse action against a psychologist's license
- 295 issued by the Home State. A Distant State shall have the power to take adverse action on a
- 296 psychologist's Temporary Authorization to Practice within that Distant State.
- 297 B. A Receiving State may take adverse action on a psychologist's Authority to Practice
- 298 Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action
- 299 against a psychologist based on an adverse action taken by a Distant State regarding temporary
- 300 in-person, face-to-face practice.
- 301 C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority
- 302 to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore,
- 303 that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.
- 304 1. All Home State disciplinary orders that impose adverse action shall be reported to the

305 Commission in accordance with the Rules promulgated by the Commission. A Compact State shall
 306 report adverse actions in accordance with the Rules of the Commission.

307 2. In the event discipline is reported on a psychologist, the psychologist will not be eligible for
 308 telepsychology or temporary in-person, face-to-face practice in accordance with the Rules of the
 309 Commission.

310 3. Other actions may be imposed as determined by the Rules promulgated by the Commission.

311 D. A Home State's Psychology Regulatory Authority shall investigate and take appropriate action
 312 with respect to reported inappropriate conduct engaged in by a licensee which occurred in a Receiving
 313 State as it would if such conduct had occurred by a licensee within the Home State. In such cases, the
 314 Home State's law shall control in determining any adverse action against a psychologist's license.

315 E. A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action
 316 with respect to reported inappropriate conduct engaged in by a psychologist practicing under
 317 Temporary Authorization Practice that occurred in that Distant State as it would if such conduct had
 318 occurred by a licensee within the Home State. In such cases, Distant State's law shall control in
 319 determining any adverse action against a psychologist's Temporary Authorization to Practice.

320 F. Nothing in this Compact shall override a Compact State's decision that a psychologist's
 321 participation in an alternative program may be used in lieu of adverse action and that such
 322 participation shall remain non-public if required by the Compact State's law. Compact States must
 323 require psychologists who enter any alternative programs to not provide telepsychology services under
 324 the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services
 325 under the Temporary Authorization to Practice in any other Compact State during the term of the
 326 alternative program.

327 G. No other judicial or administrative remedies shall be available to a psychologist in the event a
 328 Compact State imposes an adverse action pursuant to subsection C.

329 **ARTICLE VIII.**

330 **ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY**
 331 **AUTHORITY.**

332 A. In addition to any other powers granted under state law, a Compact State's Psychology
 333 Regulatory Authority shall have the authority under this Compact to:

334 1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony
 335 of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology
 336 Regulatory Authority for the attendance and testimony of witnesses, and/or the production of evidence
 337 from another Compact State shall be enforced in the latter state by any court of competent jurisdiction,
 338 according to that court's practice and procedure in considering subpoenas issued in its own
 339 proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel
 340 expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or
 341 evidence are located; and

342 2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to
 343 Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.

344 B. During the course of any investigation, a psychologist may not change his Home State licensure.
 345 A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of
 346 a psychologist and to take any actions appropriate under its law. The Home State Psychology
 347 Regulatory Authority shall promptly report the conclusions of such investigations to the Commission.
 348 Once an investigation has been completed, and pending the outcome of said investigation, the
 349 psychologist may change his Home State licensure. The Commission shall promptly notify the new Home
 350 State of any such decisions as provided in the Rules of the Commission. All information provided to the
 351 Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed
 352 under seal and used for investigatory or disciplinary matters. The Commission may create additional
 353 rules for mandated or discretionary sharing of information by Compact States.

354 **ARTICLE IX.**

355 **COORDINATED LICENSURE INFORMATION SYSTEM.**

356 A. The Commission shall provide for the development and maintenance of a Coordinated Licensure
 357 Information System (Coordinated Database) and reporting system containing licensure and disciplinary
 358 action information on all psychologists individuals to whom this Compact is applicable in all Compact
 359 States as defined by the Rules of the Commission.

360 B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a
 361 uniform data set to the Coordinated Database on all licensees as required by the Rules of the
 362 Commission, including:

- 363 1. Identifying information;
- 364 2. Licensure data;
- 365 3. Significant investigatory information;
- 366 4. Adverse actions against a psychologist's license;

367 5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or
368 Temporary Authorization to Practice is revoked;

369 6. Non-confidential information related to alternative program participation information;

370 7. Any denial of application for licensure, and the reasons for such denial; and

371 8. Other information that may facilitate the administration of this Compact, as determined by the
372 Rules of the Commission.

373 C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse
374 action taken against, or significant investigative information on, any licensee in a Compact State.

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

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

381 ARTICLE X.

382 ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION.

383 A. The Compact States hereby create and establish a joint public agency known as the Psychology
384 Interjurisdictional Compact Commission.

385 1. The Commission is a body politic and an instrumentality of the Compact States.

386 2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely
387 and exclusively in a court of competent jurisdiction where the principal office of the Commission is
388 located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents
389 to participate in alternative dispute resolution proceedings.

390 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

391 B. Membership, Voting, and Meetings.

392 1. The Commission shall consist of one voting representative appointed by each Compact State who
393 shall serve as that state's Commissioner. The State Psychology Regulatory Authority shall appoint its
394 delegate. This delegate shall be empowered to act on behalf of the Compact State. This delegate shall
395 be limited to:

396 a. Executive Director, Executive Secretary or similar executive;

397 b. Current member of the State Psychology Regulatory Authority of a Compact State; OR

398 c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact
399 State.

400 2. Any Commissioner may be removed or suspended from office as provided by the law of the state
401 from which the Commissioner is appointed. Any vacancy occurring in the Commission shall be filled in
402 accordance with the laws of the Compact State in which the vacancy exists.

403 3. Each Commissioner shall be entitled to one (1) vote with regard to the promulgation of Rules and
404 creation of Bylaws and shall otherwise have an opportunity to participate in the business and affairs of
405 the Commission. A Commissioner shall vote in person or by such other means as provided in the
406 Bylaws. The Bylaws may provide for Commissioners' participation in meetings by telephone or other
407 means of communication.

408 4. The Commission shall meet at least once during each calendar year. Additional meetings shall be
409 held as set forth in the Bylaws.

410 5. All meetings shall be open to the public, and public notice of meetings shall be given in the same
411 manner as required under the rulemaking provisions in Article XI.

412 6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

413 a. Non-compliance of a Compact State with its obligations under the Compact;

414 b. The employment, compensation, discipline or other personnel matters, or practices or procedures
415 related to specific employees or other matters related to the Commission's internal personnel practices
416 and procedures;

417 c. Current, threatened, or reasonably anticipated litigation against the Commission;

418 d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;

419 e. Accusation against any person of a crime or formally censuring any person;

420 f. Disclosure of trade secrets or commercial or financial information which is privileged or
421 confidential;

422 g. Disclosure of information of a personal nature where disclosure would constitute a clearly
423 unwarranted invasion of personal privacy;

424 h. Disclosure of investigatory records compiled for law-enforcement purposes;

425 i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for
426 use of the Commission or other committee charged with responsibility for investigation or determination
427 of compliance issues pursuant to the Compact; or

428 *j. Matters specifically exempted from disclosure by federal and state statute.*

429 *7. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal*
 430 *counsel or designee shall certify that the meeting may be closed and shall reference each relevant*
 431 *exempting provision. The Commission shall keep minutes which fully and clearly describe all matters*
 432 *discussed in a meeting and shall provide a full and accurate summary of actions taken, of any person*
 433 *participating in the meeting, and the reasons therefore, including a description of the views expressed.*
 434 *All documents considered in connection with an action shall be identified in such minutes. All minutes*
 435 *and documents of a closed meeting shall remain under seal, subject to release only by a majority vote*
 436 *of the Commission or order of a court of competent jurisdiction.*

437 *C. The Commission shall, by a majority vote of the Commissioners, prescribe Bylaws and/or Rules to*
 438 *govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the*
 439 *powers of the Compact, including but not limited to:*

440 *1. Establishing the fiscal year of the Commission;*

441 *2. Providing reasonable standards and procedures:*

442 *a. For the establishment and meetings of other committees; and*

443 *b. Governing any general or specific delegation of any authority or function of the Commission;*

444 *3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring*
 445 *reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings*
 446 *by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of*
 447 *individuals of such proceedings, and proprietary information, including trade secrets. The Commission*
 448 *may meet in closed session only after a majority of the Commissioners vote to close a meeting to the*
 449 *public in whole or in part. As soon as practicable, the Commission must make public a copy of the vote*
 450 *to close the meeting revealing the vote of each Commissioner with no proxy votes allowed;*

451 *4. Establishing the titles, duties and authority and reasonable procedures for the election of the*
 452 *officers of the Commission;*

453 *5. Providing reasonable standards and procedures for the establishment of the personnel policies and*
 454 *programs of the Commission. Notwithstanding any civil service or other similar law of any Compact*
 455 *State, the Bylaws shall exclusively govern the personnel policies and programs of the Commission;*

456 *6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission*
 457 *members and employees;*

458 *7. Providing a mechanism for concluding the operations of the Commission and the equitable*
 459 *disposition of any surplus funds that may exist after the termination of the Compact after the payment*
 460 *and/or reserving of all of its debts and obligations;*

461 *8. The Commission shall publish its Bylaws in a convenient form and file a copy thereof and a copy*
 462 *of any amendment thereto, with the appropriate agency or officer in each of the Compact States;*

463 *9. The Commission shall maintain its financial records in accordance with the Bylaws; and*

464 *10. The Commission shall meet and take such actions as are consistent with the provisions of this*
 465 *Compact and the Bylaws.*

466 *D. The Commission shall have the following powers:*

467 *1. The authority to promulgate uniform rules to facilitate and coordinate implementation and*
 468 *administration of this Compact. The rule shall have the force and effect of law and shall be binding in*
 469 *all Compact States;*

470 *2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that*
 471 *the standing of any State Psychology Regulatory Authority or other regulatory body responsible for*
 472 *psychology licensure to sue or be sued under applicable law shall not be affected;*

473 *3. To purchase and maintain insurance and bonds;*

474 *4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of*
 475 *a Compact State;*

476 *5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals*
 477 *appropriate authority to carry out the purposes of the Compact, and to establish the Commission's*
 478 *personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other*
 479 *related personnel matters;*

480 *6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials*
 481 *and services, and to receive, utilize and dispose of the same; provided that at all times the Commission*
 482 *shall strive to avoid any appearance of impropriety and/or conflict of interest;*

483 *7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve*
 484 *or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to*
 485 *avoid any appearance of impropriety;*

486 *8. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property*
 487 *real, personal or mixed;*

488 *9. To establish a budget and make expenditures;*

489 *10. To borrow money;*

- 490 11. To appoint committees, including advisory committees comprised of Members, State regulators,
 491 State legislators or their representatives, and consumer representatives, and such other interested
 492 persons as may be designated in this Compact and the Bylaws;
- 493 12. To provide and receive information from, and to cooperate with, law enforcement agencies;
 494 13. To adopt and use an official seal; and
 495 14. To perform such other functions as may be necessary or appropriate to achieve the purposes of
 496 this Compact consistent with the state regulation of psychology licensure, temporary in-person,
 497 face-to-face practice and telepsychology practice.
- 498 E. The Executive Board.
- 499 1. The elected officers shall serve as the Executive Board, which shall have the power to act on
 500 behalf of the Commission according to the terms of this Compact. The Executive Board shall be
 501 comprised of six members:
- 502 a. Five voting members who are elected from the current membership of the Commission by the
 503 Commission;
- 504 b. One ex-officio, nonvoting member from the recognized membership organization composed of State
 505 and Provincial Psychology Regulatory Authorities.
- 506 2. The ex-officio member must have served as staff or member on a State Psychology Regulatory
 507 Authority and will be selected by its respective organization.
- 508 3. The Commission may remove any member of the Executive Board as provided in Bylaws.
- 509 4. The Executive Board shall meet at least annually.
- 510 5. The Executive Board shall have the following duties and responsibilities:
- 511 a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact
 512 legislation, fees paid by Compact States such as annual dues, and any other applicable fees;
- 513 b. Ensure Compact administration services are appropriately provided, contractual or otherwise;
- 514 c. Prepare and recommend the budget;
- 515 d. Maintain financial records on behalf of the Commission;
- 516 e. Monitor Compact compliance of member states and provide compliance reports to the
 517 Commission;
- 518 f. Establish additional committees as necessary; and
 519 g. Other duties as provided in Rules or Bylaws.
- 520 F. Financing of the Commission
- 521 1. The Commission shall pay, or provide for the payment of the reasonable expenses of its
 522 establishment, organization, and ongoing activities.
- 523 2. The Commission may accept any and all appropriate revenue sources, donations, and grants of
 524 money, equipment, supplies, materials, and services.
- 525 3. The Commission may levy on and collect an annual assessment from each Compact State or
 526 impose fees on other parties to cover the cost of the operations and activities of the Commission and its
 527 staff which must be in a total amount sufficient to cover its annual budget as approved each year for
 528 which revenue is not provided by other sources. The aggregate annual assessment amount shall be
 529 allocated based upon a formula to be determined by the Commission which shall promulgate a rule
 530 binding upon all Compact States.
- 531 4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to
 532 meet the same; nor shall the Commission pledge the credit of any of the Compact States, except by and
 533 with the authority of the Compact State. 5. The Commission shall keep accurate accounts of all receipts
 534 and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and
 535 accounting procedures established under its Bylaws. However, all receipts and disbursements of funds
 536 handled by the Commission shall be audited yearly by a certified or licensed public accountant and the
 537 report of the audit shall be included in and become part of the annual report of the Commission.
- 538 G. Qualified Immunity, Defense, and Indemnification.
- 539 1. The members, officers, Executive Director, employees and representatives of the Commission shall
 540 be immune from suit and liability, either personally or in their official capacity, for any claim for
 541 damage to or loss of property or personal injury or other civil liability caused by or arising out of any
 542 actual or alleged act, error or omission that occurred, or that the person against whom the claim is
 543 made had a reasonable basis for believing occurred within the scope of Commission employment, duties
 544 or responsibilities; provided that nothing in this paragraph shall be construed to protect any such
 545 person from suit and/or liability for any damage, loss, injury or liability caused by the intentional or
 546 willful or wanton misconduct of that person.
- 547 2. The Commission shall defend any member, officer, Executive Director, employee or representative
 548 of the Commission in any civil action seeking to impose liability arising out of any actual or alleged
 549 act, error or omission that occurred within the scope of Commission employment, duties or
 550 responsibilities, or that the person against whom the claim is made had a reasonable basis for believing

551 occurred within the scope of Commission employment, duties or responsibilities; provided that nothing
 552 herein shall be construed to prohibit that person from retaining his or her own counsel; and provided
 553 further, that the actual or alleged act, error or omission did not result from that person's intentional or
 554 willful or wanton misconduct.

555 3. The Commission shall indemnify and hold harmless any member, officer, Executive Director,
 556 employee or representative of the Commission for the amount of any settlement or judgment obtained
 557 against that person arising out of any actual or alleged act, error or omission that occurred within the
 558 scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis
 559 for believing occurred within the scope of Commission employment, duties or responsibilities, provided
 560 that the actual or alleged act, error or omission did not result from the intentional or willful or wanton
 561 misconduct of that person.

562 **ARTICLE XI.**
 563 **RULEMAKING.**

564 A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this
 565 Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date
 566 specified in each rule or amendment.

567 B. If a majority of the legislatures of the Compact States rejects a rule, by enactment of a statute or
 568 resolution in the same manner used to adopt the Compact, then such rule shall have no further force
 569 and effect in any Compact State.

570 C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the
 571 Commission.

572 D. Prior to promulgation and adoption of a final rule or Rules by the Commission, and at least 60
 573 days in advance of the meeting at which the rule will be considered and voted upon, the Commission
 574 shall file a Notice of Proposed Rulemaking:

575 1. On the website of the Commission; and

576 2. On the website of each Compact States' Psychology Regulatory Authority or the publication in
 577 which each state would otherwise publish proposed rules.

578 E. The Notice of Proposed Rulemaking shall include:

579 1. The proposed time, date, and location of the meeting in which the rule will be considered and
 580 voted upon;

581 2. The text of the proposed rule or amendment and the reason for the proposed rule;

582 3. A request for comments on the proposed rule from any interested person; and

583 4. The manner in which interested persons may submit notice to the Commission of their intention to
 584 attend the public hearing and any written comments.

585 F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data,
 586 facts, opinions and arguments, which shall be made available to the public.

587 G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or
 588 amendment if a hearing is requested by:

589 1. At least 25 persons who submit comments independently of each other;

590 2. A governmental subdivision or agency; or

591 3. A duly-appointed person in an association that has having at least 25 members.

592 H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place,
 593 time, and date of the scheduled public hearing.

594 1. All persons wishing to be heard at the hearing shall notify the Executive Director of the
 595 Commission or other designated member in writing of their desire to appear and testify at the hearing
 596 not fewer than five business days before the scheduled date of the hearing.

597 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair
 598 and reasonable opportunity to comment orally or in writing.

599 3. No transcript of the hearing is required, unless a written request for a transcript is made, in
 600 which case the person requesting the transcript shall bear the cost of producing the transcript. A
 601 recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This
 602 subsection shall not preclude the Commission from making a transcript or recording of the hearing if it
 603 so chooses.

604 4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules
 605 may be grouped for the convenience of the Commission at hearings required by this section.

606 I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if
 607 the hearing was not held, the Commission shall consider all written and oral comments received.

608 J. The Commission shall, by majority vote of all members, take final action on the proposed rule and
 609 shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of
 610 the rule.

611 K. If no written notice of intent to attend the public hearing by interested parties is received, the
 612 Commission may proceed with promulgation of the proposed rule without a public hearing.

613 L. Upon determination that an emergency exists, the Commission may consider and adopt an
 614 emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual
 615 rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the
 616 rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of
 617 the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately
 618 in order to:

- 619 1. Meet an imminent threat to public health, safety, or welfare;
- 620 2. Prevent a loss of Commission or Compact State funds;
- 621 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law
 622 or rule; or
- 623 4. Protect public health and safety.

624 M. The Commission or an authorized committee of the Commission may direct revisions to a
 625 previously adopted rule or amendment for purposes of correcting typographical errors, errors in format,
 626 errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the
 627 website of the Commission. The revision shall be subject to challenge by any person for a period of
 628 thirty (30) days after posting. The revision may be challenged only on grounds that the revision results
 629 in a material change to a rule. A challenge shall be made in writing, and delivered to the Chair of the
 630 Commission prior to the end of the notice period. If no challenge is made, the revision will take effect
 631 without further action. If the revision is challenged, the revision may not take effect without the
 632 approval of the Commission.

633 ARTICLE XII.

634 OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT.

635 A. Oversight.

636 1. The executive, legislative, and judicial branches of state government in each Compact State shall
 637 enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's
 638 purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have
 639 standing as statutory law.

640 2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative
 641 proceeding in a Compact State pertaining to the subject matter of this Compact which may affect the
 642 powers, responsibilities or actions of the Commission.

643 3. The Commission shall be entitled to receive service of process in any such proceeding, and shall
 644 have standing to intervene in such a proceeding for all purposes. Failure to provide service of process
 645 to the Commission shall render a judgment or order void as to the Commission, this Compact or
 646 promulgated rules.

647 B. Default, Technical Assistance, and Termination.

648 1. If the Commission determines that a Compact State has defaulted in the performance of its
 649 obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

650 a. Provide written notice to the defaulting state and other Compact States of the nature of the
 651 default, the proposed means of remedying the default and/or any other action to be taken by the
 652 Commission; and

653 b. Provide remedial training and specific technical assistance regarding the default.

654 2. If a state in default fails to remedy the default, the defaulting state may be terminated from the
 655 Compact upon an affirmative vote of a majority of the Compact States, and all rights, privileges and
 656 benefits conferred by this Compact shall be terminated on the effective date of termination. A remedy of
 657 the default does not relieve the offending state of obligations or liabilities incurred during the period of
 658 default.

659 3. Termination of membership in the Compact shall be imposed only after all other means of
 660 securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by
 661 the Commission to the Governor, the majority and minority leaders of the defaulting state's legislature,
 662 and each of the Compact States.

663 4. A Compact State which has been terminated is responsible for all assessments, obligations, and
 664 liabilities incurred through the effective date of termination, including obligations which extend beyond
 665 the effective date of termination.

666 5. The Commission shall not bear any costs incurred by the state which is found to be in default or
 667 which has been terminated from the Compact, unless agreed upon in writing between the Commission
 668 and the defaulting state.

669 6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District
 670 Court for the state of Georgia or the federal district where the Compact has its principal offices. The
 671 prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

672 C. Dispute Resolution.

673 1. Upon request by a Compact State, the Commission shall attempt to resolve disputes related to the

674 *Compact which arise among Compact States and between Compact and Non-Compact States. 2. The*
 675 *Commission shall promulgate a rule providing for both mediation and binding dispute resolution for*
 676 *disputes that arise before the commission.*

677 *D. Enforcement.*

678 *1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and*
 679 *Rules of this Compact.*

680 *2. By majority vote, the Commission may initiate legal action in the United States District Court for*
 681 *the State of Georgia or the federal district where the Compact has its principal offices against a*
 682 *Compact State in default to enforce compliance with the provisions of the Compact and its promulgated*
 683 *Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event*
 684 *judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation,*
 685 *including reasonable attorney's fees.*

686 *3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may*
 687 *pursue any other remedies available under federal or state law.*

688 *ARTICLE XIII.*

689 *DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT*
 690 *COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS.*

691 *A. The Compact shall come into effect on the date on which the Compact is enacted into law in the*
 692 *seventh Compact State. The provisions which become effective at that time shall be limited to the powers*
 693 *granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the*
 694 *Commission shall meet and exercise rulemaking powers necessary to the implementation and*
 695 *administration of the Compact.*

696 *B. Any state which joins the Compact subsequent to the Commission's initial adoption of the rules*
 697 *shall be subject to the rules as they exist on the date on which the Compact becomes law in that state.*
 698 *Any rule which has been previously adopted by the Commission shall have the full force and effect of*
 699 *law on the day the Compact becomes law in that state.*

700 *C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.*

701 *1. A Compact State's withdrawal shall not take effect until six months after enactment of the*
 702 *repealing statute.*

703 *2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology*
 704 *Regulatory Authority to comply with the investigative and adverse action reporting requirements of this*
 705 *act prior to the effective date of withdrawal.*

706 *D. Nothing contained in this Compact shall be construed to invalidate or prevent any psychology*
 707 *licensure agreement or other cooperative arrangement between a Compact State and a Non-Compact*
 708 *State which does not conflict with the provisions of this Compact.*

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

712 *ARTICLE XIV.*

713 *CONSTRUCTION AND SEVERABILITY.*

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

717 *2. That the Board of Psychology shall promulgate regulations to implement the provisions of this*
 718 *act to be effective within 280 days of its enactment.*

719 *3. That the provisions of this act shall become effective on January 1, 2021.*



Emergency Text

[highlight](#)

Action: Implementation of the Physical Therapy Compact

Stage: Emergency/NOIRA

9/4/19 4:24 PM [latest] ▼

Part I

General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 and 54.1-3486 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"Assessment tool" means oPTION or any other self-directed assessment tool approved by FSBPT.

"CLEP" means the College Level Examination Program.

"Compact" means the Physical Therapy Licensure Compact.

"Physical Therapy Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"Reevaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-27. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Licensure by examination.

1. The application fee shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

2. The fees for taking all required examinations shall be paid directly to the examination services.

C. Licensure by endorsement. The fee for licensure by endorsement shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

D. Licensure renewal and reinstatement.

1. The fee for active license renewal for a physical therapist shall be \$135 and for a physical therapist assistant shall be \$70 and shall be due by December 31 in each even-numbered year.

2. The fee for an inactive license renewal for a physical therapist shall be \$70 and for a physical therapist assistant shall be \$35 and shall be due by December 31 in each even-numbered year.

3. A fee of \$50 for a physical therapist and \$25 for a physical therapist assistant for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.

4. The fee for reinstatement of a license that has expired for two or more years shall be \$180 for a physical therapist and \$120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.

E. Other fees.

1. The fee for an application for reinstatement of a license that has been revoked shall be \$1,000; the fee for an application for reinstatement of a license that has been suspended shall be \$500.
2. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.
3. The fee for a returned check shall be \$35.
4. The fee for a letter of good standing/verification to another jurisdiction shall be \$10.
5. The application fee for direct access certification shall be \$75 for a physical therapist to obtain certification to provide services without a referral.
6. The state fee for obtaining or renewing a compact privilege to practice in Virginia shall be \$50.

18VAC112-20-60. Requirements for licensure by examination.

Every applicant for initial licensure by examination shall submit:

1. Documentation of having met the educational requirements specified in 18VAC112-20-40 or 18VAC112-20-50;
2. The required application, fees and credentials to the board, including a criminal history background check as required by § 54.1-3484 of the Code of Virginia; and
3. Documentation of passage of the national examination as prescribed by the board.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;
2. The required application, fees, and credentials to the board, including a criminal history background check as required by § 54.1-3484 of the Code of Virginia;
3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB);
4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years;
5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state; and

6. Documentation of active practice in physical therapy in another U.S. jurisdiction for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who does not meet the active practice requirement shall:

- a. Successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or
 - b. Document that he attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully complete 160 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.
- C. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-82. Requirements for a compact privilege.

To obtain a compact privilege to practice physical therapy in Virginia, a physical therapist or physical therapist assistant licensed in a remote state shall comply with the rules adopted by the Physical Therapy Compact Commission in effect at the time of application to the Commission.

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record;
2. Periodic reevaluation, including documentation of the patient's response to therapeutic intervention; and
3. The documented status of the patient at the time of discharge, including the response to therapeutic intervention. If a patient is discharged from a health care facility without the opportunity for the physical therapist to reevaluate the patient, the final note in the patient record may document patient status.

B. The physical therapist shall communicate the overall plan of care to the patient or his legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, nurse practitioner or physician assistant to the extent required by § 54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement and data collection, but not to include the performance of an evaluation as defined in 18VAC112-20-10.

D. A physical therapist assistant's visits to a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

F. A physical therapist or physical therapist assistant practicing in Virginia on a compact privilege shall comply with all applicable laws and regulations pertaining to physical therapy practice in Virginia.

18VAC112-20-130. Biennial renewal of license.

A. A physical therapist and physical therapist assistant who intends to continue practice shall renew his license biennially by December 31 in each even-numbered year and pay to the board the renewal fee prescribed in 18VAC112-20-27.

B. A licensee whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC112-20-27.

C. In order to renew an active license, a licensee shall be required to:

1. Complete a minimum of 160 hours of active practice in the preceding two years; and
2. Comply with continuing competency requirements set forth in 18VAC112-20-131.

D. In order to renew a compact privilege to practice in Virginia, the holder shall comply with the rules adopted by the Physical Therapy Compact Commission in effect at the time of the renewal.

18VAC112-20-140. Traineeship requirements.

A. The traineeship shall be approved by the board and under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.
2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.
3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.
2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.
3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

D. A traineeship shall not be approved for an applicant who has not completed a criminal background check for initial licensure pursuant to § 54.1-3484 of the Code of Virginia.

18VAC112-20-200. Advertising ethics.

- A. Any statement specifying a fee, whether standard, discounted or free, for professional services that does not include the cost of all related procedures, services and products which, to a substantial likelihood, will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading, or both. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.
- B. Advertising a discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment that is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such professional services rendered are as a result of a bona fide emergency. This provision may not be waived by agreement of the patient and the practitioner.
- C. Advertisements of discounts shall disclose the full fee that has been discounted. The practitioner shall maintain documented evidence to substantiate the discounted fees and shall make such information available to a consumer upon request.
- D. A licensee or holder of a compact privilege shall not use the term "board certified" or any similar words or phrase calculated to convey the same meaning in any advertising for his practice unless he holds certification in a clinical specialty issued by the American Board of Physical Therapy Specialties.
- E. A licensee or holder of a compact privilege of the board shall not advertise information that is false, misleading, or deceptive. For an advertisement for a single practitioner, it shall be presumed that the practitioner is responsible and accountable for the validity and truthfulness of its content. For an advertisement for a practice in which there is more than one practitioner, the name of the practitioner or practitioners responsible and accountable for the content of the advertisement shall be documented and maintained by the practice for at least two years.
- F. Documentation, scientific and otherwise, supporting claims made in an advertisement shall be maintained and available for the board's review for at least two years.

PSYPACT RULES

Available at <https://www.asppb.net/mpage/Rules>

Proposed Rules for Public Comment

The PSYPACT Commission has released the following proposed rules. The Commission will accept public comment until February 18th, 2020. To submit public comment, please visit the link at the bottom of the page. A public hearing will be held on February 27th, 2020 at 3:00 PM ET.

Call-in information, background information, and the public comment form are available on this website.

1 **Psychology Interjurisdictional Compact (PSYPACT)**

2 **Psychology Interjurisdictional Compact Commission**

3

4 **Title of Rule:** Additional Authority Vested in State Psychology Regulatory Authorities

5 **Drafted:** November 21, 2019

6 **Effective:** TBD

7 **Amended:**

8 **History for Rule:** Introduced at public meeting on November 21-22, 2019

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11 **Section 8:** Additional Authority Vested in State Psychology Regulatory Authorities

12 **Authority:** Article VIII: Additional Authorities Invested in a Compact States

13 Psychology Regulatory Authority

14 Article II: Definitions

15

16 **8.0 Purpose:** In addition to other powers granted under state law, a Compact State’s
17 Psychology Regulatory Authority shall have additional authority under the
18 Compact.

19

20 **8.1 Definition(s):** (A) **“Authority to Practice Interjurisdictional Telepsychology”** means:
21 a licensed psychologist’s Authority to Practice Telepsychology, within the
22 limits authorized under this Compact, in another Compact State. This
23 Authority to Practice Interjurisdictional Telepsychology is deemed valid
24 until the psychologist is no longer eligible under the Compact Statute
25 and/or the Rules and/or Policies established by the Commission.

26 (B) **“Commission”** means: the national administrative body of which all
27 states that have enacted the Compact are members.

28 (C) **“Compact”** means: Psychology Interjurisdictional Compact
29 (PSYPACT).

30 (D) **“Compact State”** means: a state, the District of Columbia, or United
31 States territory that has enacted this Compact legislation and which has
32 not withdrawn pursuant to Article XIII, Section C or has been terminated
33 pursuant to Article XII, Section B. For the purposes of this Compact,
34 Compact State and member State may be used interchangeably.

35 (E) **“Home State”** means: a Compact State where a psychologist is
36 licensed to practice psychology. If the psychologist is licensed in more
37 than one Compact State and is practicing under the Authorization to
38 Practice Interjurisdictional Telepsychology, the Home State is the
39 Compact State where the psychologist is physically present when the

40 *telepsychological services are delivered. If the psychologist is licensed in*
41 *more than one Compact State and is practicing under the Temporary*
42 *Authorization to Practice, the Home State is any Compact State where the*
43 *psychologist is licensed.*

44 *(F) “License” means: authorization by a State and Psychology Regulatory*
45 *Authority to engage in the independent practice of psychology, which*
46 *would be unlawful without the authorization.*

47 *(G) “Rule” means: a written statement by the Psychology*
48 *Interjurisdictional Compact Commission promulgated pursuant to Article*
49 *XI of this Compact that is of general applicability; implements, interprets,*
50 *or prescribes a policy or provision of the Compact; or is an*
51 *organizational, procedural, or practice requirement of the Commission*
52 *and has the force and effect of statutory law in a member state and*
53 *includes the amendment, repeal, or suspension of an existing rule.*

54 *(H) “State” means: any state, commonwealth, territory, or possession of*
55 *the United States, the District of Columbia.*

56 *(I) “State Psychology Regulatory Authority” means: the Board, office or*
57 *agency with the legislative mandate to license and regulate the practice of*
58 *psychology.*

59 *(J) “Temporary Authorization to Practice” means: a licensed*
60 *psychologist’s authority to conduct temporary in-person, face-to-face*
61 *practice, within the limits authorized under this Compact, in another*
62 *Compact State. This Temporary Authorization to Practice is deemed valid*
63 *until the psychologist is no longer eligible under the Compact Statute*
64 *and/or the Rules and/or Policies established by the Commission.*

66 **8.2 Subpoena:**

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- 68 A. A subpoena issued by a Compact State’s Psychology Regulatory Authority shall be
69 enforceable in other Compact States.
- 70 B. Should an individual or entity refuse to comply with an enforceable subpoena, the
71 Compact State’s Psychology Regulatory Authority that issued the subpoena may request
72 the Compact State’s Psychology Regulatory Authority where the individual or entity is
73 located to issue a subpoena on the investigating Compact State’s behalf. That Compact
74 State shall issue the subpoena and shall share the resulting information with the
75 investigating Compact State’s Psychology Regulatory Authority.
- 76

77 **8.3 Home State during Investigations:** A psychologist with an Authority to Practice
78 Interjurisdictional Telepsychology may not change their Home State as designated in Rule 4.4
79 during an investigation. A psychologist with a Temporary Authorization to Practice may not
80 change their Home State as designated in Rule 5.4 during an investigation.

81 **8.4 Home State Status upon Investigation Completion:**

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- 83 A. A Home State Psychology Regulatory Authority shall notify and promptly report the
84 conclusions of any investigations to the Commission.

85 B. If the psychologist changes their Home State within 30 days after the conclusion of any
86 investigation, the Commission will notify the new Home State of the decisions associated
87 with the investigation via electronic means.

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90 *Italicized definitions are mirrored directly from the PSYPACT Compact Language.*

DRAFT

1 **Psychology Interjurisdictional Compact (PSYPACT)**

2 **Psychology Interjurisdictional Compact Commission**

3

4 **Title of Rule:** Adverse Actions

5 **Drafted:** November 21, 2019

6 **Effective:** TBD

7 **Amended:**

8 **History for Rule:** Introduced at public meeting on November 21-22, 2019

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11 **Section 7:** Adverse Actions

12 **Authority:** Article VII: Adverse Actions

13 Article II: Definitions

14

15 **7.0 Purpose:** Pursuant to Article VII, the Home State shall have the power to impose
16 adverse action against a psychologist's license issued by the Home State.
17 A Distant and/or Receiving State shall have the power to take adverse
18 action on a psychologist's authority to practice under the Psychology
19 Interjurisdictional Compact (PSYPACT).

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21 **7.1 Definition(s):** (A) *"Adverse Action"* means: any action taken by a State Psychology
22 Regulatory Authority which finds a violation of a statute or regulation that
23 is identified by the State Psychology Regulatory Authority as discipline
24 and is a matter of public record.

25 (B) **"Alternative Program"** means: any non-disciplinary monitoring
26 program intended to remediate the licensee that is not a matter of public
27 record and to which a State Psychology Regulatory Authority refers a
28 licensee, or of which the State Psychology Regulatory Authority is aware
29 of the licensee's participation.

30 (C) **"Authority to Practice Interjurisdictional Telepsychology"** means:
31 a licensed psychologist's Authority to Practice Telepsychology, within the
32 limits authorized under this Compact, in another Compact State. This
33 Authority to Practice Interjurisdictional Telepsychology is deemed valid
34 until the psychologist is no longer eligible under the Compact Statute
35 and/or the Rules and/or Policies established by the Commission.

36 (D) **"Authorization Holder"** means: a licensed psychologist who has
37 been granted Authority to Practice Interjurisdictional Telepsychology or
38 Temporary Authorization to Practice under this Compact.

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(E) **“Commission”** means: the national administrative body of which all states that have enacted the Compact are members.

(F) **“Compact”** means: Psychology Interjurisdictional Compact (PSYPACT).

(G) **“Compact State”** means: a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or has been terminated pursuant to Article XII, Section B. For the purpose of this compact, Compact State and Member State may be used interchangeably.

(H) **“Distant State”** means: the Compact State where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.

(I) **“Encumbrance”** means: any action taken by the State Psychology Regulatory Authority that limits the practice or work of a psychologist. An encumbrance may be disciplinary or non-disciplinary in nature.

(J) **“E.Passport”** means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

(K) **“Home State”** means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.

(L) **“License”** means: authorization by a State and Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

(M) **“Receiving State”** means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.

(N) **“Rule”** means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

(O) **“Significant Investigatory Information”** means:

1. Investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and

85 *an opportunity to respond if required by state law, has reason to*
86 *believe, if proven true, would indicate more than a violation of*
87 *state statute or ethics code that would be considered more*
88 *substantial than minor infraction; or*

- 89 2. *Investigate information that indicates that the psychologist*
90 *represents an immediate threat to public health and safety*
91 *regardless of whether the psychologist has been notified and/or*
92 *had an opportunity to respond.*

93 *(P) “State” means: any state, commonwealth, territory, or possession of*
94 *the United States, the District of Columbia.*

95 *(Q) “State Psychology Regulatory Authority” means: the Board, office or*
96 *agency with the legislative mandate to license and regulate the practice of*
97 *psychology.*

98 *(R) “Temporary Authorization to Practice” means: a licensed*
99 *psychologist’s authority to conduct temporary in-person, face-to-face*
100 *practice, within the limits authorized under this Compact, in another*
101 *Compact State. This Temporary Authorization to Practice is deemed valid*
102 *until the psychologist is no longer eligible under the Compact Statute*
103 *and/or the Rules and/or Policies established by the Commission.*

104 7.2 Investigations:

- 106 A. In cases where a psychologist holds a license in more than one Compact State, the
107 Compact State identified as the Home State shall have the responsibility for the
108 investigation(s).
109 B. Upon discovery that the psychologist is under investigation in another Compact State, the
110 other Compact States may contact the investigating Compact State and request
111 investigative documents and information.
112 C. This section shall not be construed as limiting any Compact State’s authority to
113 investigate any conduct within that state or to investigate any licensee.

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115 **7.3 Joint Investigations:** Compact States may collaborate in investigating alleged misconduct.
116 When participating with other Compact States in joint investigations, the Compact State that the
117 psychologist has declared as their home state will take the lead on any investigation.

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119 **7.4 Availability of Significant Investigatory Information:** A Compact State shall notify the
120 Commission that investigatory information is available to other Compact States when it has
121 determined that probable cause exists that the allegations against the psychologist may constitute
122 a violation of that Compact State’s statute or regulations. The actual investigatory information
123 shall be shared directly with the other Compact State and not through the Commission.

124 7.5 Reporting:

- 125
126 A. Reporting of adverse actions by Compact States shall be made in compliance with the
127 law, rules and policies of this Commission.
128 B. A psychologist holding an Authority to Practice Interjurisdictional Telepsychology and/or
129 a Temporary Authorization to Practice must report to the Commission any encumbrance

130 or adverse action placed upon any license held in a non-Compact State within 30 days of
131 the effective date.
132

133 **7.6 Eligibility after an Adverse Action:**

- 134 A. A psychologist immediately loses the Authority to Practice Interjurisdictional
135 Telepsychology and Temporary Authorization to Practice upon the effective date of either
136 of the following actions taken by the State Psychology Regulatory Authority:
137 1. Adverse action taken against a license or Authority to Practice Interjurisdictional
138 Telepsychology and/or Temporary Authorization to Practice; or
139 2. Encumbrance placed upon the psychologist's license or Authority to Practice
140 Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.
141 B. A psychologist regains eligibility for the Authority to Practice Interjurisdictional
142 Telepsychology and/or Temporary Authorization to Practice immediately after the
143 removal of all non-disciplinary encumbrance(s), provided there are no current adverse
144 actions against the license or the Authority to Practice Interjurisdictional Telepsychology
145 and/or Temporary Authorization to Practice and reporting to the Commission of the same.
146 C. An adverse action against a psychologist's license that is disciplinary in nature shall
147 result in the psychologist no longer being eligible for the Authority for Interjurisdictional
148 Telepsychology and/or Temporary Authorization to Practice.
149

150 **7.7 Alternative Program Participation:** A Home State entering into an agreement with a
151 psychologist to participate in an Alternative Program must:

- 152 A. Add language to any alternative program agreement(s) with a licensee or an
153 Authorization Holder prohibiting practice or work in any Member State during
154 participation;
155 B. State that the provision of psychological services under the Authority to Practice
156 Interjurisdictional Telepsychology and/or Temporary Authorization to Practice shall cease
157 until the Compact State as ascertained the psychologist has met the requirements of the
158 agreement and notified the Commission of the satisfactory completion; and
159 C. Report information to the Coordinated Database as stated in Rule 9.8.
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162 *Italicized definitions are mirrored directly from the PSYPACT Compact Language.*

1 **Psychology Interjurisdictional Compact (PSYPACT)**

2 **Psychology Interjurisdictional Compact Commission**

3

4 **Title of Rule:** Compact Privilege to Practice Telepsychology

5 **Drafted:** November 21, 2019

6 **Effective:** TBD

7 **Amended:**

8 **History for Rule:** Introduced at public meeting on November 21-22, 2019

9

10

11 **Section 4:** Compact Privilege to Practice Telepsychology

12 **Authority:** Article IV: Compact Privilege to Practice Telepsychology

13 Article II: Definitions

14 Article III: Home State Licensure

15

16 **4.0 Purpose:** Pursuant to Article IV, the Compact State shall recognize the right of a
17 psychologist to practice telepsychology in other Compact States under the
18 Authority to Practice Interjurisdictional Telepsychology as provided in the
19 Compact and further defined in these Rules.

20 **4.1 Definition(s):** (A) *“Association of State and Provincial Psychology Boards (ASPPB)”*
21 *means: the recognized membership organization composed of State and*
22 *Provincial Psychology Regulatory Authorities responsible for the*
23 *licensure and registration of psychologists throughout the United States*
24 *and Canada.*

25 (B) **“Authority to Practice Interjurisdictional Telepsychology”** means:
26 a licensed psychologist’s Authority to Practice Telepsychology, within the
27 limits authorized under this Compact, in another Compact State. This
28 Authority to Practice Interjurisdictional Telepsychology is deemed valid
29 until the psychologist is no longer eligible under the Compact Statute
30 and/or the Rules and/or Policies established by the Commission.

31 (C) **“Authorization Holder”** means: a licensed psychologist who has been
32 granted Authority to Practice Interjurisdictional Telepsychology or
33 Temporary Authorization to Practice under this Compact.

34 (D) **“Commission”** means: *the national administrative body of which all*
35 *states that have enacted the Compact are members.*

36 (E) **“Compact”** means: Psychology Interjurisdictional Compact
37 (PSYPACT).

38 (F) **“Compact State”** means: *a state, the District of Columbia, or United*

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States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or has been terminated pursuant to Article XII, Section B. For purposes of this Compact, Compact State and Member State may be used interchangeably.

(G) “E.Passport” means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

(H) “Graduate Degree” means: For the purpose of this Compact, a doctoral degree.

(I) “Home of Record” means: for the purpose of this Compact, the active duty military personnel’s or spouse’s state of legal residence on record with the military.

(J) “Home State” means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.

(K) “License” means: authorization by a State and Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

(L) “Permanent Change of Station” or “PCS” means: the state of the duty station noted in the active duty military personnel’s PCS orders.

(M) “Receiving State” means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.

(N) “Rule” means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

(O) “State” means: any state, commonwealth, territory, or possession of the United States, the District of Columbia.

(P) “State of Current Residence” means: the state in which the active duty military personnel or spouse is currently physically residing.

(Q) “State Psychology Regulatory Authority” means: the Board, office or agency with the legislative mandate to license and regulate the practice of psychology.

(R) “Temporary Authorization to Practice” means: a licensed psychologist’s authority to conduct temporary in-person, face-to-face

85 practice, within the limits authorized under this Compact, in another
86 Compact State. This Temporary Authorization to Practice is deemed valid
87 until the psychologist is no longer eligible under the Compact Statute
88 and/or the Rules and/or Policies established by the Commission.
89

90 **4.2 Exercising Authority to Practice Interjurisdictional Telepsychology:** A psychologist
91 must apply for an Authority to Practice Interjurisdictional Telepsychology as required by the
92 Commission and pay all applicable fees.

93 **4.3 Qualifications for Authority to Practice Interjurisdictional Telepsychology:** A
94 psychologist licensed in a Compact State must meet all qualifications as defined in the
95 Psychology Interjurisdictional Compact Language Article IV, Section B.

96 **4.4 Home State Licensure:**

- 97 A. A psychologist must identify the Home State which has been designated as such by the
98 psychologist for purposes of practicing interjurisdictional telepsychology and
99 participation in the Compact at the point of initial application and provide an update
100 regarding any Home State changes.
- 101 B. A psychologist having an Authority to Practice Interjurisdictional Telepsychology may
102 be audited at any time by the Commission to verify compliance with Home State
103 licensure verification requirements.
- 104 C. A psychologist holding a temporary permit, temporary license or other equivalent status
105 does not allow the psychologist to practice under the authority of the Psychology
106 Interjurisdictional Compact (PSYPACT).
- 107 D. In addition to complying with reporting name and address changes as required by the
108 Home State, psychologists holding an Authority to Practice Interjurisdictional
109 Telepsychology must also notify the Commission of a change of name and/or Home State
110 address within 30 days of the change.
- 111 E. The Home State maintains authority over the license of any psychologist practicing into a
112 Receiving State under the Authority to Practice Interjurisdictional Telepsychology.

113 **4.5 Scope of Practice:** A psychologist practicing under an Authority to Practice
114 Interjurisdictional Telepsychology into a Receiving State is subject to the scope of practice of the
115 Receiving State.

116 **4.6 E.Passport:** As required in Psychology Interjurisdictional Compact Language Article IV
117 Section B.6., a psychologist must possess a current active E.Passport. The E.Passport must be
118 applied to and issued by the Association of State and Provincial Psychology Boards (ASPPB).

119 **4.7 Fee for Authority to Practice Interjurisdictional Telepsychology:**

- 120 A. The Commission shall charge a one-time fee for the Authority to Practice
121 Interjurisdictional Telepsychology.
- 122 B. The Commission's Authority to Practice Interjurisdictional Telepsychology fee shall be
123 posted on the Commission's website (<http://www.psypact.org>).

124 C. The Commission shall give 30 days' notice before modifying the Authority to Practice
125 Interjurisdictional Telepsychology fee by posting notice of the new fee on the
126 Commission's website.

127 **4.8 Impact of Non-Payment on Eligibility:** If a psychologist fails to pay any applicable fees,
128 the Commission may:

- 129 A. Terminate the existing Authority to Practice Interjurisdictional Telepsychology; and
- 130 B. Prevent the psychologist from purchasing a Temporary Authorization to Practice under
131 PSYPACT as well until the non-payment is remedied.

132 **4.9 Active Duty Military Personnel or Their Spouses:** A licensed psychologist who is active
133 duty military or is the spouse of an individual who is active duty military may designate one of
134 the following as the Home State as long as the Receiving State and the Home State are members
135 of the Compact:

- 136 A. Home of Record;
- 137 B. Permanent Change of Station (PCS); or
- 138 C. State of Current Residence if it is different than the PCS state or Home of Record.
- 139 D. The active duty military personnel or spouse of an individual who is active duty military
140 may change the Member State designated as the individual's Home State by notifying the
141 Commission.

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144 *Italicized definitions are mirrored directly from the PSYPACT Compact Language.*

1 **Psychology Interjurisdictional Compact (PSYPACT)**

2 **Psychology Interjurisdictional Compact Commission**

3
4 **Title of Rule:** Compact Temporary Authorization to Practice
5 **Drafted:** November 21, 2019
6 **Effective:** TBD
7 **Amended:**
8 **History for Rule:** Introduced at public meeting on November 21-22, 2019
9

10 **Section 5:** Compact Temporary Authorization to Practice

11 **Authority:** Article V: Compact Temporary Authorization to Practice
12 Article II: Definitions
13 Article III: Home State Licensure
14

15 **5.0 Purpose:** Pursuant to Article V, the Compact State shall recognize the right of a
16 psychologist licensed in a Compact State to practice temporarily in other
17 Compact States under the Compact Temporary Authorization to Practice
18 as provided in the Compact and further defined in these Rules.

19 **5.1 Definition(s):** (A) *“Association of State and Provincial Psychology Boards ASPPB”*
20 *means: the recognized membership organization composed of State and*
21 *Provincial Psychology Regulatory Authorities responsible for the*
22 *licensure and registration of psychologists throughout the United States*
23 *and Canada.*
24 (B) *“Authority to Practice Interjurisdictional Telepsychology”* means:
25 a licensed psychologist’s Authority to Practice Telepsychology, within the
26 limits authorized under this Compact, in another Compact State. This
27 Authority to Practice Interjurisdictional Telepsychology is deemed valid
28 until the psychologist is no longer eligible under the Compact Statute
29 and/or the Rules and/or Policies established by the Commission.
30 (C) *“Authorization Holder”* means: a licensed psychologist who has been
31 granted Authority to Practice Interjurisdictional Telepsychology or
32 Temporary Authorization to Practice under this Compact.
33 (D) *“Commission”* means: the national administrative body of which all
34 states that have enacted the Compact are members.
35 (E) *“Compact”* means: Psychology Interjurisdictional Compact
36 (PSYPACT).
37 (F) *“Compact State”* means: a state, the District of Columbia, or United
38 States territory that has enacted this Compact legislation and which has
39 not withdrawn pursuant to Article XIII, Section C or has been terminated

40 pursuant to Article XII, Section B. For purposes of this Compact, Compact
41 State and Member State may be used interchangeably.

42 (G) **“Distant State”** means: the Compact State where a psychologist is
43 physically present (not through the use of telecommunications
44 technologies), to provide temporary in-person, face-to-face psychological
45 services.

46 (H) **“Graduate Degree”** means: For the purpose of this Compact, a
47 doctoral degree.

48 (I) **“Home of Record”** means: for the purpose of this Compact, the active
49 duty military personnel’s or spouse’s state of legal residence on record
50 with the military.

51 (J) **“Home State”** means: a Compact State where a psychologist is
52 licensed to practice psychology. If the psychologist is licensed in more
53 than one Compact State and is practicing under the Authorization to
54 Practice Interjurisdictional Telepsychology, the Home State is the
55 Compact State where the psychologist is physically present when the
56 telepsychological services are delivered. If the psychologist is licensed in
57 more than one Compact State and is practicing under the Temporary
58 Authorization to Practice, the Home State is any Compact State where the
59 psychologist is licensed.

60 (K) **“Interjurisdictional Practice Certificate (IPC)”** means: a certificate
61 issued by the Association of State and Provincial Psychology Boards
62 (ASPPB).

63 (L) **“License”** means: authorization by a State and Psychology Regulatory
64 Authority to engage in the independent practice of psychology, which
65 would be unlawful without the authorization.

66 (M) **“Permanent Change of Station”** or **“PCS”** means: the state of the
67 duty station noted in the active duty military personnel’s PCS orders.

68 (N) **“Rule”** means: a written statement by the Psychology
69 Interjurisdictional Compact Commission promulgated pursuant to Article
70 XI of this Compact that is of general applicability; implements, interprets,
71 or prescribes a policy or provision of the Compact; or is an
72 organizational, procedural, or practice requirement of the Commission
73 and has the force and effect of statutory law in a member state and
74 includes the amendment, repeal, or suspension of an existing rule.

75 (O) **“State”** means: any state, commonwealth, territory, or possession of
76 the United States, the District of Columbia.

77 (P) **“State of Current Residence”** means: the state in which the active
78 duty military personnel or spouse is currently physically residing.

79 (Q) **“State Psychology Regulatory Authority”** means: the Board, office or
80 agency with the legislative mandate to license and regulate the practice of
81 psychology.

82 (R) **“Temporary Authorization to Practice”** means: a licensed
83 psychologist’s authority to conduct temporary in-person, face-to-face
84 practice, within the limits authorized under this Compact, in another
85 Compact State. This Temporary Authorization to Practice is deemed valid

86 until the psychologist is no longer eligible under the Compact Statute
87 and/or the Rules and/or Policies established by the Commission.
88

89 **5.2 Exercising Temporary Authorization to Practice:** Psychologist must apply for Temporary
90 Authorization to Practice as required by the Commission and pay all applicable fees.

91 **5.3 Qualifications for Temporary Authorization to Practice:** A psychologist licensed in a
92 Compact State must meet all qualifications as defined in the Psychology Interjurisdictional
93 Compact Language Article V, Section B. A psychologist holding an Interjurisdictional Practice
94 Certificate (IPC) in good standing that was issued prior to July 1, 2019 is considered to have met
95 the educational qualifications.

96 **5.4 Home State Licensure:**

97 A. A psychologist must identify the Home State which has been designated as such by the
98 psychologist for purposes of the Temporary Authorization to Practice and participation in
99 the Compact at the point of initial application and provide an update regarding any Home
100 State changes.

101 B. A psychologist having a Temporary Authorization to Practice may be audited at any time
102 by the Commission to verify compliance with Home State licensure verification
103 requirements.

104 C. A psychologist holding a temporary permit, temporary license or other equivalent status
105 does not allow the psychologist to practice under the authority of the Psychology
106 Interjurisdictional Compact (PSYPACT).

107 D. In addition to complying with reporting name and address change as required by the
108 Home State, psychologists holding a Temporary Authorization to Practice must also
109 notify the Commission of a change of name and/or Home State address within 30 days of
110 the change.

111 **5.5 Scope of Practice:** A psychologist practicing under the Temporary Authorization to Practice
112 is subject to scope of practice authorized by the Distant State and is subject to the Distant State's
113 authority and law.

114 **5.6 Interjurisdictional Practice Certificate (IPC):** As required in PSYPACT Language Article
115 V, Section B. 6., a psychologist must possess a current active IPC. The IPC must be applied to
116 and issued by the Association of State and Provincial Psychology Boards (ASPPB).

117 **5.7 Fee for Temporary Authorization to Practice:**

118 A. The Commission shall charge a one-time fee for the Temporary Authorization to
119 Practice.

120 B. The Commission's Temporary Authorization to Practice fee shall be posted on the
121 Commission's website (<http://www.psypact.org>).

122 C. The Commission shall give thirty (30) days' notice before modifying the Temporary
123 Authorization to Practice fee by posting notice of the new fee on the Commission's
124 website.

125 **5.8 Impact of Non-Payment on Eligibility:** If a psychologist fails to pay any applicable fees,
126 the Commission may:

- 127 A. Terminate the existing Temporary Authorization to Practice; and
- 128 B. Prevent the psychologist from purchasing an Authority to Practice Interjurisdictional
129 Telepsychology under PSYPACT as well until the non-payment is remedied.

130 **5.9 Active Duty Military Personnel or Their Spouses:** A licensed psychologist who is active
131 duty military or is the spouse of an individual who is active duty military may designate one of
132 the following as the Home State as long as the Distant State and the Home State are members of
133 the Compact:

- 134 A. Home of Record;
- 135 B. Permanent Change of Station (PCS); or
- 136 C. State of Current Residence if it is different than the PCS state or Home of Record.
- 137 D. The active duty military personnel or spouse of an individual who is active duty military
138 may change the Member State designated as the individual's Home State by notifying the
139 Commission.

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142 *Italicized definitions are mirrored directly from the PSYPACT Compact Language.*

1 **Psychology Interjurisdictional Compact (PSYPACT)**

2 **Psychology Interjurisdictional Compact Commission**

3

4 **Title of Rule:** Conditions of Telepsychology Practice into a Receiving State

5 **Drafted:** November 21, 2019

6 **Effective:** TBD

7 **Amended:**

8 **History for Rule:** Introduced at public meeting on November 21-22, 2019

9

10 **Section 6:** Conditions of Telepsychology Practice into a Receiving State

11 **Authority:** Article VI Conditions of Telepsychology Practice in a Receiving State

12 Article II: Definitions

13 Article III: Home State Licensure

14 Article IV: Compact Privilege to Practice Telepsychology

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16 **6.0 Purpose:** Pursuant to Article VI, a psychologist may practice in a Receiving State
17 under the Authority to Practice Interjurisdictional Telepsychology only in
18 the performance of the scope of practice for psychology as assigned by the
19 appropriate State Psychology Regulatory Authority as defined in these
20 Rules.

21 **6.1 Definition(s):** (A) “**Authority to Practice Interjurisdictional Telepsychology**” means:
22 a licensed psychologist’s Authority to Practice Telepsychology, within the
23 limits authorized under this Compact, in another Compact State. This
24 Authority to Practice Interjurisdictional Telepsychology is deemed valid
25 until the psychologist is no longer eligible under the Compact Statute
26 and/or the Rules and/or Policies established by the Commission.

27 (B) “**Client/Patient**” means: the recipient of psychological services,
28 whether psychological services are delivered in the context of healthcare,
29 corporate, supervision, and/or consulting services.

30 (C) “**Commission**” means: the national administrative body of which all
31 states that have enacted the Compact are members.

32 (D) “**Compact**” means: Psychology Interjurisdictional Compact
33 (PSYPACT).

34 (E) “**Compact State**” means: a state, the District of Columbia, or United
35 States territory that has enacted this Compact legislation and which has
36 not withdrawn pursuant to Article XIII, Section C or has been terminated
37 pursuant to Article XII, Section B. For purposes of this Compact, Compact
38 State and Member State may be used interchangeably.

39 (F) “**Home State**” means: a Compact State where a psychologist is

40 *licensed to practice psychology. If the psychologist is licensed in more*
41 *than one Compact State and is practicing under the Authorization to*
42 *Practice Interjurisdictional Telepsychology, the Home State is the*
43 *Compact State where the psychologist is physically present when the*
44 *telepsychological services are delivered. If the psychologist is licensed in*
45 *more than one Compact State and is practicing under the Temporary*
46 *Authorization to Practice, the Home State is any Compact State where the*
47 *psychologist is licensed.*

48 *(G) “Receiving State” means: a Compact State where the client/patient is*
49 *physically located when the telepsychological services are delivered.*

50 *(H) “Rule” means: a written statement by the Psychology*
51 *Interjurisdictional Compact Commission promulgated pursuant to Article*
52 *XI of this Compact that is of general applicability; implements, interprets,*
53 *or prescribes a policy or provision of the Compact; or is an*
54 *organizational, procedural, or practice requirement of the Commission*
55 *and has the force and effect of statutory law in a member state and*
56 *includes the amendment, repeal, or suspension of an existing rule.*

57 *(I) “State” means: any state, commonwealth, territory, or possession of*
58 *the United States, the District of Columbia.*

59 *(J) “State Psychology Regulatory Authority” means: the Board, office or*
60 *agency with the legislative mandate to license and regulate the practice of*
61 *psychology.*

62
63 **6.2 Initiation of Psychological Services:** A psychologist must initiate a client/patient contact in
64 a psychologist’s Home State via telecommunications technologies when treating a client/patient
65 in a Receiving State.

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67 **6.3 Provision of Psychological Services:** For the purposes of this Compact, the provision of
68 psychological services is deemed to take place at the physical location of the psychologist.

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70 **6.4 Scope of Practice:** For the purposes of this Compact, a psychologist practices under the
71 scope of practice of the State Psychology Regulatory Authority of the Receiving State.

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74 Italicized definitions are mirrored directly from the PSYPACT Compact Language.

1 **Psychology Interjurisdictional Compact (PSYPACT)**

2 **Psychology Interjurisdictional Compact Commission**

3
4 **Title of Rule:** Coordinated Licensure Information System

5 **Drafted:** July 22, 2019

6 **Effective:** October 9, 2019

7 **Amended:**

8 **History for Rule:** Introduced at public meeting on July 22, 2019

9 Public hearing October 9, 2019

10 Amendments introduced at public meeting on November 21-22, 2019

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13 **Section 9** Coordinated Licensure Information System

14 **Authority:** Article IX: Coordinated Licensure Information System
15 Article II: Definitions

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17 **9.0 Purpose:** Pursuant to Article IX, the Commission shall provide for the
18 development and maintenance of a Coordinated Licensure Information
19 System and reporting system containing licensure and disciplinary action
20 information on all psychologists to whom the Compact is applicable in all
21 Compact States.

22
23 **9.1 Definition(s):** (A) **“Alternative Program”** means: any non-disciplinary monitoring
24 program intended to remediate the licensee that is not a matter of public
25 record and to which a State Psychology Regulatory Authority refers a
26 licensee, or of which the State Psychology Regulatory Authority is aware
27 of the licensee’s participation.
28 (B) **“Association of State and Provincial Psychology Boards ASPPB”**
29 means: the recognized membership organization composed of State and
30 Provincial Psychology Regulatory Authorities responsible for the
31 licensure and registration of psychologists throughout the United States
32 and Canada.
33 (C) **“Authority to Practice Interjurisdictional Telepsychology”** means:
34 a licensed psychologist’s Authority to Practice Telepsychology, within the
35 limits authorized under this Compact, in another Compact State. This
36 Authority to Practice Interjurisdictional Telepsychology is deemed valid
37 until the psychologist is no longer eligible under the Compact Statute
38 and/or the Rules and/or Policies established by the Commission.
39 (D) **“Authorization Holder”** means: a licensed psychologist who has
40 been granted Authority to Practice Interjurisdictional Telepsychology or

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Temporary Authorization to Practice under this Compact.
(E) **“Commission”** means: the national administrative body of which all states that have enacted the Compact are members.
(F) **“Compact”** means: Psychology Interjurisdictional Compact (PSYPACT).
(G) **“Compact State”** means: a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or has been terminated pursuant to Article XII, Section B. For purposes of this Compact, Compact State and Member State may be used interchangeably.
(H) **“Coordinated Licensure Information System”** also referred to as “Coordinated Database” means: an integrated process for collecting, storing, and sharing information on psychologists’ licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.
(I) **“PSY|PRO”** means: ASPPB Proprietary credentials management system
(J) **“Rule”** means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.
(K) **“Significant Investigatory Information”** means:
1. investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or
2. investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.
(L) **“State”** means: any state, commonwealth, territory, or possession of the United States, the District of Columbia.
(M) **“State Psychology Regulatory Authority”** means: the Board, office or agency with the legislative mandate to license and regulate the practice of psychology.
(N) **“Temporary Authorization to Practice”** means: a licensed psychologist’s authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State. This Temporary Authorization to Practice is deemed valid

86 until the psychologist is no longer eligible under the Compact Statute
87 and/or the Rules and/or Policies established by the Commission.
88

89 **9.2 Method of Data Submission:** Compact States shall submit data as described in this section
90 of these rules to the Coordinated Licensure Information System in accordance with the Compact
91 Data Participation Agreement.
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93 **9.3 Access to the Coordinated Database:** Only Compact States shall have access to the data
94 submitted by other Compact States. The system will be accessible through PSY|PRO and will
95 contain at a minimum the following data:

- 96 (A) Psychologist name;
- 97 (B) States where licensed;
- 98 (C) Authority to Practice Interjurisdictional Telepsychology holder status;
- 99 (D) Authority to Practice Interjurisdictional Telepsychology home state;
- 100 (E) Temporary Authorization to Practice holder status;
- 101 (F) Temporary Authorization to Practice home state;
- 102 (G) ASPPB E.Passport status;
- 103 (H) ASPPB IPC status;
- 104 (I) Adverse action status;
- 105 (J) Current significant investigative information; and
- 106 (K) Non-confidential information related to alternative program participation

107 information.
108

109 **9.4 Coordinated Licensure Information System – Dataset:** A Compact State shall provide the
110 following in accordance with the Compact Data Participation Agreement:

- 111 (A) proof of current and active psychology license based on a doctoral degree for any
112 psychologists applying for authorization to practice under the authority of this compact.
113 Proof may be provided from a State Psychology Regulatory Authority website that is
114 deemed to be a primary source or written official licensure verification from a State
115 Psychology Regulatory Authority including proper signatures and state seals;
- 116 (B) significant investigatory information;
- 117 (C) non-confidential information related to alternative program participation information;
118 and
- 119 (D) adverse actions against a psychologist's license.
120

121 **9.5 Required use of ASPPB PSY|PRO System:** A Compact State shall use the ASPPB
122 PSY|PRO software system to report the following:

- 123 (A) adverse actions;
- 124 (B) significant investigatory information; and
- 125 (C) non-confidential information related to alternative program participation information.
126

127 **9.6 Frequency of Reporting Adverse Actions:** A Compact State shall report any adverse action
128 as required against a licensee or an Authorization Holder through the interface described in 9.5
129 above within ten (10) business days of the effective date of the adverse action.
130

131 **9.7 Frequency of Reporting Significant Investigatory Information:** A Compact State shall
132 report any significant investigatory information as required against a licensee or an Authorization
133 Holder through the interface described in 9.5 above within ten (10) business days of the effective
134 date of the beginning of the determination of significant investigatory information.
135

136 **9.8 Frequency of Reporting Non-confidential Information Related to Alternative Program**
137 **Participation:** A Compact State shall report any non-confidential information related to
138 alternative program participation as required against a licensee or Authorization Holder through
139 the interface described in 9.5 above within ten (10) business days of the receipt by the Compact
140 State of notification of participation in a program by a licensee and/or an Authorization Holder.
141

142 **9.9 Discrepancy with Coordinated Licensure Information System Data Set:** A psychologist
143 holding an Authority to Practice Interjurisdictional Telepsychology and/or a Temporary
144 Authorization to Practice under PSYPACT may request from their Home State Psychology
145 Regulatory Authority in writing a review of the data relating to them in the Coordinated
146 Licensure Information System.

- 147 A. In the event psychologist holding an Authority to Practice Interjurisdictional
148 Telepsychology and/or Temporary Authorization to Practice asserts the data related to
149 them is inaccurate, the burden of proof shall be upon the psychologist to provide
150 evidence that substantiates such a claim.
- 151 B. The Compact State Psychology Regulatory Authority shall verify within ten (10)
152 business days and submit corrected information to the Commission for inclusion in the
153 Coordinated Licensure Information System.
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156 *Italicized definitions are mirrored directly from the PSYPACT Compact Language.*

1 **Psychology Interjurisdictional Compact (PSYPACT)**

2 **Psychology Interjurisdictional Compact Commission**

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4 **Title of Rule:** Definitions

5 **Drafted:** November 21, 2019

6 **Effective:** TBD

7 **Amended:**

8 **History for Rule:** Introduced at public meeting on November 21-22, 2019

10
11 **Section 2:** Definitions

12 **Authority:** Article II: Definitions

13 **2.0 Purpose:** Pursuant to Article II and for the purpose of the rules adopted by the
14 PSYPACT Commission, the following definitions shall apply. Terms not
15 specifically defined in these Rules shall have the definition as set forth in
16 the Compact. In an event of a conflict with definitions found elsewhere in
17 these Rules, definitions found in Section 2.1 shall control and prevail.

18 **2.1 Definition(s):**

- 19 (A) **“Adverse Action”** means: any action taken by a State Psychology Regulatory
20 Authority which finds a violation of a statute or regulation that is identified by the
21 State Psychology Regulatory Authority as discipline and is a matter of public record.
- 22 (B) **“Alternative Program”** means: any non-disciplinary monitoring program intended to
23 remediate the licensee that is not a matter of public record and to which a State
24 Psychology Regulatory Authority refers a licensee, or of which the State Psychology
25 Regulatory Authority is aware of the licensee’s participation.
- 26 (C) **“Association of State and Provincial Psychology Boards (ASPPB)”** means: the
27 recognized membership organization composed of State and Provincial Psychology
28 Regulatory Authorities responsible for the licensure and registration of psychologists
29 throughout the United States and Canada.
- 30 (D) **“Authority to Practice Interjurisdictional Telepsychology”** means: a licensed
31 psychologist’s Authority to Practice Telepsychology, within the limits authorized
32 under this Compact, in another Compact State. This Authority to Practice
33 Interjurisdictional Telepsychology is deemed valid until the psychologist is no longer
34 eligible under the Compact Statute and/or the Rules and/or Policies established by the
35 Commission.

- 36 (E) **“Authorization Holder”** means: a licensed psychologist who has been granted
37 Authority to Practice Interjurisdictional Telepsychology or Temporary Authorization
38 to Practice under this Compact.
- 39 (F) **“Bylaws”** means: those Bylaws established by the Psychology Interjurisdictional
40 Compact Commission pursuant to Article X for its governance, or for directing and
41 controlling its actions and conduct.
- 42 (G) **“Client/Patient”** means: the recipient of psychological services, whether
43 psychological services are delivered in the context of healthcare, corporate,
44 supervision, and/or consulting services.
- 45 (H) **“Commissioner”** means: the voting representative appointed by each State
46 Psychology Regulatory Authority pursuant in Article X.
- 47 (I) **“Compact State”** means: a state, the District of Columbia, or United States territory
48 that has enacted this Compact legislation and which has not withdrawn pursuant to
49 Article XIII, Section C or been terminated pursuant to Article XII, Section B. For
50 purposes of this Compact, Compact State and Member State may be used
51 interchangeably.
- 52 (J) **“Coordinated Licensure Information System”** also referred to as “Coordinated
53 Database” means: an integrated process for collecting, storing, and sharing
54 information on psychologists’ licensure and enforcement activities related to
55 psychology licensure laws, which is administered by the recognized membership
56 organization composed of State and Provincial Psychology Regulatory Authorities.
- 57 (K) **“Confidentiality”** means: the principle that data or information is not made available
58 or disclosed to unauthorized persons and/or processes.
- 59 (L) **“Day”** means: any part of a day in which psychological work is performed.
- 60 (M) **“Distant State”** means: the Compact State where a psychologist is physically present
61 (not through the use of telecommunications technologies), to provide temporary in-
62 person, face-to-face psychological services.
- 63 (N) **“Encumbrance”** means: any action taken by the State Psychology Regulatory
64 Authority that limits the practice or work of a psychologist. An encumbrance may be
65 disciplinary or non-disciplinary in nature.
- 66 (O) **“E. Passport”** means: a certificate issued by the Association of State and Provincial
67 Psychology Boards (ASPPB) that promotes the standardization in the criteria of
68 interjurisdictional telepsychology practice and facilitates the process for licensed
69 psychologists to provide telepsychological services across state lines.
- 70 (P) **“Executive Board”** means: a group of directors elected or appointed to act on behalf
71 of, and within the powers granted to them by, the Commission.
- 72 (Q) **“Ex-Officio Member”** means: the non-voting representative from the membership
73 organization composed of State and Provincial Psychology Regulatory Authorities.
74 The Ex-Officio Member serves on the Commission Executive Board.
- 75 (R) **“Graduate Degree”** means: for the purpose of this Compact, a doctoral degree.
- 76 (S) **“Home of Record”** means: for the purpose of this Compact, the active duty military
77 personnel’s or spouse’s state of legal residence on record with the military.
- 78 (T) **“Home State”** means: a Compact State where a psychologist is licensed to practice
79 psychology. If the psychologist is licensed in more than one Compact State and is
80 practicing under the Authorization to Practice Interjurisdictional Telepsychology, the
81 Home State is the Compact State where the psychologist is physically present when the

- 82 *telepsychological services are delivered. If the psychologist is licensed in more than*
83 *one Compact State and is practicing under the Temporary Authorization to Practice,*
84 *the Home State is any Compact State where the psychologist is licensed.*
- 85 (U) **“Identity History Summary”** means: a summary of information retained by the FBI,
86 or other designee with similar authority, in connection with arrests and, in some
87 instances, federal employment, naturalization, or military services.
- 88 (V) **“In-Person, Face-to-Face”** means: interactions in which the psychologist and the
89 client/patient are in the same physical space and which does not include interactions
90 that may occur through the use of telecommunication technologies.
- 91 (W) **“Interjurisdictional Practice Certificate (IPC)”** means: a certificate issued by the
92 Association of State and Provincial Psychology Boards (ASPPB) that grants
93 temporary authority to practice based on notification to the State Psychology
94 Regulatory Authority of intention to practice temporarily, and verification of one’s
95 qualifications for such practice.
- 96 (X) **“License”** means: authorization by a State and Psychology Regulatory Authority to
97 engage in the independent practice of psychology, which would be unlawful without
98 the authorization.
- 99 (Y) **“Non-Compact State”** means: any State which is not at the time a Compact State.
- 100 (Z) **“Permanent Change of Station” or “PCS”** means: the state of the duty station noted
101 in the active duty military personnel’s PCS orders.
- 102 (AA) **“Psychologist”** means: an individual licensed for the independent practice of
103 psychology.
- 104 (BB) **“Psychology Interjurisdictional Compact Commission”** also referred to as
105 **“Commission”** means: the national administration of which all Compact States are
106 members.
- 107 (CC) **“Receiving State”** means: a Compact State where the client/patient is physically
108 located when the telepsychological services are delivered.
- 109 (DD) **“Rule”** means: a written statement by the Psychology Interjurisdictional Compact
110 Commission promulgated pursuant to Section XI of the Compact that is of general
111 applicability, implements, interprets, or prescribes a policy or provision of the
112 Compact, or an organizational, procedural, or practice requirement of the
113 Commission and has the force and effect of statutory law in a Compact State, and
114 includes the amendment, repeal or suspension of an existing rule.
- 115 (EE) **“Significant Investigatory Information”** means:
116 1. Investigative information that a State Psychology Regulatory Authority, after a
117 preliminary inquiry that includes notification and an opportunity to respond if
118 required by state law, has reason to believe, if proven true, would indicate more than a
119 violation of state statute or ethics code that would be considered more substantial than
120 minor infraction; or
121 2. Investigate information that indicates that the psychologist represents an immediate
122 threat to public health and safety regardless of whether the psychologist has been
123 notified and/or had an opportunity to respond.
- 124 (FF) **“State”** means: a state, commonwealth, territory, or possession of the United States,
125 the District of Columbia.
- 126 (GG) **“State of Current Residence”** means: the state in which the active duty military
127 personnel or spouse is currently physically residing.

- 128 (HH) ***“State Psychology Regulatory Authority”*** means: the Board, office or other agency
129 *with the legislative mandate to license and regulate the practice of psychology.*
130 (II) ***“Telepsychology”*** means: the provision of psychological services using
131 *telecommunications technologies.*
132 (JJ) ***“Temporary Authorization to Practice”*** means: a licensed psychologist’s authority
133 to conduct temporary in-person, face-to-face practice, within the limits authorized
134 under this Compact, in another Compact State. This Temporary Authorization to
135 Practice is deemed valid until the psychologist is no longer eligible under the Compact
136 Statute and/or the Rules and/or Policies established by the Commission.
137 (KK) ***“Temporary In-Person, Face-to-Face Practice”*** means: where a psychologist is
138 *physically present (not through the use of telecommunications technologies), in the*
139 *Distant State to provide for the practice of psychology for 30 days within a calendar*
140 *year and based on notification to the Distant State.*

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Italicized definitions are mirrored directly from the PSYPACT Compact Language.

DRAFT

1 **Psychology Interjurisdictional Compact (PSYPACT)**

2 **Psychology Interjurisdictional Compact Commission**

3
4 **Title of Rule:** Oversight, Dispute Resolution and Enforcement

5 **Drafted:** November 21, 2019

6 **Effective:** TBD

7 **Amended:**

8 **History for Rule:** Introduced at public meeting on November 21-22, 2019

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11 **Section 13:** Oversight, Dispute Resolution and Enforcement

12
13 **Authority:** Article XIII: Additional Authorities Invested in a Compact States’
14 Psychology Regulatory Authority
15 Article II: Definitions

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17 **13.0 Purpose:** Pursuant to Article XIII, Executive, Legislative and Judicial branches of
18 the state governments in each Compact State shall enforce the Compact.
19 The provisions of the Compact and the rules promulgated shall have
20 standing as statutory law.

21
22 **13.1 Definition(s):** (A) *“Commission” means: the national administrative body of which all*
23 *states that have enacted the Compact are members.*
24 (B) *“Compact” means: Psychology Interjurisdictional Compact*
25 *(PSYPACT).*
26 (C) *“Compact State” means: a state, the District of Columbia, or United*
27 *States territory that has enacted this Compact legislation and which has*
28 *not withdrawn pursuant to Article XIII Section C or has been terminated*
29 *pursuant to Article XII, Section B. For the purposes of this Compact,*
30 *Compact State and Member State may be used interchangeably.*
31 (D) *“Executive Board” means: a group of directors elected or appointed*
32 *to act on behalf of, and within the powers granted to them by, the*
33 *Commission.*
34 (E) *“License” means: authorization by a State and Psychology Regulatory*
35 *Authority to engage in the independent practice of psychology, which*
36 *would be unlawful without the authorization.*
37 (F) *“Party State” means: a state that is a party to a dispute.*
38 (G) *“Rule” means: a written statement by the Psychology*
39 *Interjurisdictional Compact Commission promulgated pursuant to Article*
40 *XI of this Compact that is of general applicability; implements, interprets,*

41 *or prescribes a policy or provision of the Compact; or is an*
42 *organizational, procedural, or practice requirement of the Commission*
43 *and has the force and effect of statutory law in a member state and*
44 *includes the amendment, repeal, or suspension of an existing rule.*
45 *(H) "State" means: any state, commonwealth, territory, or possession of*
46 *the United States, the District of Columbia.*
47 *(I) "State Psychology Regulatory Authority" means: the Board, office or*
48 *agency with the legislative mandate to license and regulate the practice of*
49 *psychology.*
50

51 **13.2 Dispute Resolution Process – Informal, Mediation and Arbitration:**

- 52 A. The Commissioner from each Compact State shall enforce the Compact and take all
53 actions necessary and appropriate to carry out the Compact's purpose and intent. The
54 Commission supports efforts to resolve disputes between and among Compact States and
55 encourages communication directly between Compact States prior to employing formal
56 resolution methods.
- 57 B. Any Compact State may submit a written request to the Executive Board for assistance in
58 interpreting the law, rules, and policies of the Compact. The Executive Board may seek
59 the assistance of the Commission's legal counsel in interpreting the Compact. The
60 Executive Board shall issue the Commission interpretation of the Compact to all parties
61 to the dispute.
- 62 C. Before submitting a complaint to the Executive Board, the complaining Compact State
63 and responding Compact State shall attempt to resolve the issues without intervention by
64 the Commission.
- 65 D. When disputes among party Compact States are unresolved through informal attempts,
66 the Commission shall request assistance from the Executive Board.
67 (1) It is the duty of the Executive Board to address disputes between or among the
68 Compact States concerning the Compact when informal attempts between the Compact
69 States to resolve disputes have been unsuccessful.
70 (2) The Executive Board, on behalf of the Commission, in the reasonable exercise of its
71 discretion, has the authority to assist in the resolution of disputes between and among
72 Compact States concerning the Compact.
- 73 E. Informal Resolution
74 (1) The Commissioner of the state disputing another Compact State's interpretation or
75 application of the Compact shall contact the Commissioner of the Compact State with
76 which the dispute has arisen. A written statement describing the situation should be
77 provided and enough time allowed for response and opportunity for the other
78 Commissioner to review and investigate the issues raised in the dispute.
79 (2) If interpretation of the Compact is necessary, the Commissioner shall contact the
80 Executive Board and request assistance in interpreting relevant provisions. This
81 communication to the Executive Board should be made through the Executive Director.
82 (3) The Commissioner raising the concern shall document all attempts to resolve the
83 issues.
84 (4) If all issues are resolved to the satisfaction of all party Compact States involved, no
85 further action is required.

86 F. Disputes between two (2) or more Compact States which cannot be resolved through
87 informal resolution or through the Executive Board, may be referred to mediation and/or
88 an arbitration panel to resolve the issues.

89 G. Mediation

90 (1) A Compact State that is a party to a dispute may request, or the Executive Board may
91 require, the submission of a matter in controversy to mediation.

92 (2) If a member of the Executive Board is a party to the dispute, that individual must
93 recuse him or herself from participation in the matter.

94 (3) Mediation shall be conducted by a mediator appointed by the Executive Board from a
95 list of mediators approved by the National Association of Certified Mediators, or a
96 mediator otherwise agreed to by all parties to the dispute and pursuant to procedures
97 customarily used in mediation proceedings.

98 (4) If all issues are resolved through mediation to the satisfaction of all party Compact
99 States involved, no further action is required.

100 H. Arbitration:

101 (1) In the event of a dispute between Compact States that cannot be resolved through
102 informal means or by mediation, and upon the recommendation by the Executive Board,
103 the Commissioner of the initiating Compact State(s) shall submit an Arbitration Request
104 form to the Executive Director with a copy to be sent by the initiating state to the other
105 party Compact State(s) involved.

106 (2) Each Compact State party to the dispute and the Executive Board shall submit a
107 signed Arbitration Agreement.

108 (3) The Executive Director shall coordinate the arbitration process.

109 (4) The decision of the arbitration panel shall be final and binding.

110 (5) In the event arbitration is necessary, and unless otherwise agreed by the parties, at the
111 discretion of an independent arbitration panel, the prevailing party or parties may be
112 entitled to recover the costs of such arbitration, including reasonable attorneys' fees, to
113 the extent permitted by state law of the prevailing party state.

114 (6) Arbitration award decisions may be enforced in a court of competent jurisdiction.

115
116 **13.3 Compliance and Enforcement:**

117 A. The Commissioner in each party Compact State shall enforce the Compact and shall take
118 all actions necessary and appropriate to carry out the Compact's purposes and intent. The
119 Commission supports voluntary, collaborative efforts to resolve compliance and
120 enforcement issues in lieu of formal dispute resolution procedures or other legal
121 enforcement action between and among all party Compact States. All affected parties are
122 encouraged to communicate with each other directly and make every effort to resolve
123 issues.

124 B. Any Compact State may submit a written request to the Executive Board for assistance in
125 interpreting the Compact. The Executive Board may seek the assistance of legal counsel
126 in interpreting the Compact, particularly concerning compliance and enforcement. The
127 Executive Board's interpretation of the Compact will be issued in writing to all parties to
128 the dispute.

129 C. At the discretion of the Executive Board, appropriate technical assistance and training
130 may be provided to any party Compact State seeking to voluntarily address a compliance
131 issue.

- 132 D. When compliance or enforcement is unresolved through informal attempts, the
133 Commissioner shall request assistance from the Executive Board.
134 (1) It is the duty of the Executive Board to address alleged substantive or recurrent
135 violations of the Compact when informal attempts to attain compliance have been
136 unsuccessful.
137 (2) The Executive Board shall make recommendations to the parties to resolve the issue.
138 (3) If the parties are unable to resolve the issues, the Commission, in the reasonable
139 exercise of its discretion, shall enforce the Compact.
- 140 E. Compliance and enforcement issues that cannot be resolved through informal resolution
141 or through the Executive Board shall be referred to an arbitration panel or other
142 appropriate legal action as provided in Article X of the Compact at the discretion of the
143 Executive Board.
- 144 F. Dispute Arbitration:
145 (1) In the event that a Compact State's Compact default/non-compliance cannot be
146 resolved through the procedures described above in this section, the Executive Board
147 may order arbitration before a three (3) member independent arbitration panel for
148 determination of the default/non-compliance and enforcement of the Compact.
149 (2) Each involved Compact State shall submit a signed Arbitration Agreement form.
150 (3) The Executive Director shall coordinate the arbitration process.
151 (4) The decision of the arbitration panel is final and binding.
152 (5) Unless otherwise agreed by the parties, and at the discretion of the arbitration panel,
153 the prevailing party or parties may be entitled to recover the costs of the arbitration,
154 including reasonable attorneys' fees, if permitted by the laws of the prevailing state.
155

156 **13.4 Enforcement Remedies Against a Defaulting State:** If the Commission determines that a
157 Compact State has at any time defaulted in the performance of any of its obligations or
158 responsibilities under the Compact, Bylaws or duly promulgated Rules, the Commission may
159 impose any or all of the following remedies:

- 160 A. Remedial training and technical support as directed by the Commission;
161 B. Damages and/or costs in such amounts as are deemed to be reasonable as fixed by the
162 Commission;
163 C. Suspension of membership in the Compact; and
164 D. Termination of membership in the Compact.
165

166 **13.5 Grounds for Default.** Grounds for default include but are not limited to, failure of a
167 Compact State to perform obligations or responsibilities imposed by the Compact, Commission
168 Bylaws, or duly promulgated Rules. The Commission shall notify the defaulting Compact State
169 in writing of any penalty imposed by the Commission on the defaulting Compact State pending a
170 cure for the default in a reasonable time as stipulated by the Commission.
171

172 **13.6 Costs.** The Commission shall not bear any costs relating to the defaulting Compact State
173 unless otherwise mutually agreed upon between the Commission and the defaulting Compact
174 State.
175

176 **13.7 Judicial Enforcement.** The Commission may by majority vote of the Commissioners,
177 initiate legal action in the United District Court for the State of Georgia to enforce compliance

178 with the provisions of the Compact, its duly promulgated Rules and Bylaws against any Compact
179 State in default. In the event that judicial enforcement is necessary, the prevailing party shall be
180 awarded all costs of such litigation including reasonable attorney's fees.

181

182

183 *Italicized definitions are mirrored directly from the PSYPACT Compact Language.*

DRAFT

1 **Psychology Interjurisdictional Compact (PSYPACT)**

2 **Psychology Interjurisdictional Compact Commission**

3
4 **Title of Rule:** **Psychology Interjurisdictional Compact Commission**

5 **Drafted:** July 22, 2019

6 **Effective:** October 9, 2019

7 **Amended:**

8 **History for Rule:** Introduced at public meeting on July 22, 2019

9 Public hearing October 9, 2019

10 Amendments introduced at public meeting on November 21-22, 2019

11
12

13 **Section 10** Establishment of the Psychology Interjurisdictional Compact Commission

14
15 **Authority:** Article X: Establishment of the Psychology Interjurisdictional Compact
16 Commission

17 Article II: Definitions

18
19 **10.0 Purpose:** Pursuant to Article X, the Compact States create and establish a joint
20 public agency known as the Psychology Interjurisdictional Compact
21 Commission.

22
23 **10.1 Definition(s):** (A) “**Authority to Practice Interjurisdictional Telepsychology**” means:
24 a licensed psychologist’s Authority to Practice Telepsychology, within the
25 limits authorized under this Compact, in another Compact State. This
26 Authority to Practice Interjurisdictional Telepsychology is deemed valid
27 until the psychologist is no longer eligible under the Compact Statute
28 and/or the Rules and/or Policies established by the Commission.

29 (B) “**Authorization Holder**” means: a licensed psychologist who has
30 been granted Authority to Practice Interjurisdictional Telepsychology or
31 Temporary Authorization to Practice under this Compact.

32 (C) “**Commission**” means: the national administrative body of which all
33 states that have enacted the Compact are members.

34 (D) “**Compact**” means: Psychology Interjurisdictional Compact
35 (PSYPACT).

36 (E) “**Compact State**” means: a state, the District of Columbia, or United
37 States territory that has enacted this Compact legislation and which has
38 not withdrawn pursuant to Article XIII, Section C or has been terminated
39 pursuant to Article XII, Section B. For purposes of this Compact, Compact
40 State and Member State may be used interchangeably.

41 (F) **“Ex-Officio Member”** means: the non-voting representative from the
42 membership organization composed of State and Provincial Psychology
43 Regulatory Authorities. The member serves on the Commission Executive
44 Board.

45 (G) **“Home State”** means: a Compact State where a psychologist is
46 licensed to practice psychology. If the psychologist is licensed in more
47 than one Compact State and is practicing under the Authorization to
48 Practice Interjurisdictional Telepsychology, the Home State is the
49 Compact State where the psychologist is physically present when the
50 telepsychological services are delivered. If the psychologist is licensed in
51 more than one Compact State and is practicing under the Temporary
52 Authorization to Practice, the Home State is any Compact State where the
53 psychologist is licensed.

54 (H) **“Rule”** means: a written statement by the Psychology
55 Interjurisdictional Compact Commission promulgated pursuant to Article
56 XI of this Compact that is of general applicability; implements, interprets,
57 or prescribes a policy or provision of the Compact; or is an
58 organizational, procedural, or practice requirement of the Commission
59 and has the force and effect of statutory law in a member state and
60 includes the amendment, repeal, or suspension of an existing rule.

61 (I) **“State”** means: any state, commonwealth, territory, or possession of
62 the United States, the District of Columbia.

63 (J) **“State Psychology Regulatory Authority”** means: the Board, office or
64 agency with the legislative mandate to license and regulate the practice of
65 psychology.

66 (K) **“Temporary Authorization to Practice”** means: a licensed
67 psychologist’s authority to conduct temporary in-person, face-to-face
68 practice, within the limits authorized under this Compact, in another
69 Compact State. This Temporary Authorization to Practice is deemed valid
70 until the psychologist is no longer eligible under the Compact Statute
71 and/or the Rules and/or Policies established by the Commission.
72

73 **10.2 Annual Assessment of Compact States:** Commission shall determine the annual
74 assessment to be paid by Compact States.

75 (A) Compact States will be charged an assessment of \$10 per Authorization
76 Holder licensed in their Home State per fiscal year to be no greater than
77 \$6,000 annually.

78 (B) The Commission may choose to have a zero (\$0) dollar assessment.

79 (C) The Commission shall provide public notice of any proposed revision
80 to the annual assessment fee at least 90 calendar days prior to the
81 Commission meeting to consider the proposed revision.

82 (D) The annual assessment must be paid by the Compact State within
83 ninety (90) days of the date of the invoice sent by the Commission.
84

85 **10.3 Ex-Officio Non-Voting Member:** For the purposes of maintaining communication, the
86 Association of State and Provincial Psychology Boards is the recognized membership

87 organization of State and Provincial Psychology Regulatory Authorities and appoints its
88 representative.

89

90 **10.4 Recognition of New Compact States:** The Commission shall notify all Compact States
91 within 15 calendar days when a new state enacts the Compact.


92

93

94 Italicized definitions are mirrored directly from the PSYPACT Compact Language.

DRAFT

Board of Psychology – Report on Regulatory Actions

Chapter		Action / Stage Information
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<p><u>Result of Periodic Review</u> [Action 4897]</p> <p>Proposed - Register Date: 11/25/19 Board to adopt final regulations 2/11/20</p>
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<p><u>Unprofessional conduct/conversion therapy</u> [Action 5218]</p> <p>Proposed - At Secretary's Office for 42 days</p>
[18 VAC 125 - 20]	<p>Regulations Governing the Practice of Psychology</p> <p>Regulations Governing Certification of Sex Offender Treatment Providers</p>	<p><u>Handling fee</u> [Action 5417]</p> <p>Fast-Track - Register Date: 1/20/20 Effective: 3/5/20</p>
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<p> <u>Reduction in renewal fee</u> [Action 5416]</p> <p>Final - Register Date: 12/9/19 Effective: 1/8/20</p>

Agenda Item: Adoption of Final regulations – periodic review

Included in agenda package:

Announcement on Townhall

Comments on the proposed regulations

Proposed regulations as published

Staff Note:

The Regulatory Committee will consider comments and recommend amendments as it determines are necessary and appropriate

Action: To adopt proposed regulations as a final action as presented or as amended by the Regulation Committee

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Department of Health Professions

Board of Psychology

Regulations Governing the Practice of Psychology [18 VAC 125 - 20]

Action: Result of Periodic Review

[Edit Action](#) [Withdraw Action](#)

General Information

Action Summary	The Board intends to update its regulations for consistency and clarity, reduce the regulatory hurdle for licensure by endorsement, increase the opportunities for continuing education credits, specify a time frame within which an applicant must have passed the national examination, and simplify the requirement for individual supervision in a residency. The Board will also consider requiring all psychology doctoral programs to be accredited by the American Psychological Association, the Canadian Psychologic Association or another accrediting body acceptable to the Board within three years of the effective date of the regulation. Finally, the Board intends to revamp its regulations on standards of conduct to emphasize rules for professionalism, confidentiality, client records, and prohibitions on dual relationships.
Chapters Affected	Only affects this chapter.
Exempt from APA	No, this action is not exempt from Article II of the APA and executive branch review.
RIS Project	Yes [005213]
Result of Prior Periodic Review Dated	<u>9/30/2016</u>
New Periodic Review	This action will not be used to conduct a new periodic review.

Stages

Stages associated with this regulatory action.

Stage ID	Stage Type	Status
<u>8040</u>	NOIRA	Stage complete. Comment period ended 01/10/2018.
<u>8298</u>	Proposed	Stage complete. Comment period ended 01/24/2020.

Create a new stage for this action

For guidance please see the following sections of our user guide:

[Flow charts of the regulatory process](#)

Contact Information

Name / Title: Jaime Hoyle / *Executive Director*

Address:

	9960 Mayland Drive Suite 300 Richmond, VA 23233
Email Address:	jalme.hoyle@dhp.virginia.gov
Phone:	(804)367-4406 FAX: (804)327-4435 TDD: (-)

*This person is the primary contact for this board.
This action was created by Elaine J. Yeatts on 09/05/2017*

Board of Psychology Proposed Regulatory Amendments

VACP Suggested Changes

1. Throughout the regulations (current and proposed), the word "board" is used when referring to the Board of Psychology. Throughout the Code of Virginia, the word "Board" is capitalized. Capitalize **Board** throughout the regulations to avoid any confusion or misrepresentation. Such will have regulations complying with the statute.

2. 18VAC125-20-10. Definitions

add Client is interchangeable with patient

The Code of Virginia does not appear to use the term "client" in the Psychology Practice Act but specifically uses the term "patient". The regulations (current and proposed) use the word "client" which is not used in the definition section.

3. 18VAC125-20-122. Continuing Education Providers

B.3 Provide a certificate of completion for licensees who successfully complete a course.

The certificate shall indicate the number of continuing education hours and hours for the course and shall indicate hours that may be designated as ethics, laws, or regulations governing the profession, if any, which shall include ethics, standards of practice and laws or regulations governing the profession.

Historically, the profession (and Board staff) have understood the 1 $\frac{1}{2}$ hours "ethics" requirement include ethics, standards of practice, laws and regulations governing the profession (as clearly stated in the statute).

4. 18VAC125-20-150. Standards of Practice

~~B.8 Not engage in, direct or facilitate torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any cruel, inhuman, or degrading behavior that causes harm;~~

While the Board has the authority to protect the health and welfare of the public, one must question the authority of the Board to sanction licensees when oversees on active duty who comply with military orders. While the intent of the proposed amendment has merit, we request removal of #8 until legal considerations are thoroughly reviewed as to how this proposal may affect military, law enforcement, and certain federal agency personnel and the authority of the Board to regulate activities of these personnel. Additionally, it should be determined if the Board has the authority to sanction its' licensees for violation of a Virginia regulation while (1) serving in the military or (2) out of state (or nation).

5. 18VAC125-20-150. Standards of Practice

B.16. Accurately inform a client or the client's legally authorized representative of his diagnoses prognosis and intended treatment or plan of care. A psychologist shall present information about the risks and benefits of and alternatives to the recommended treatments in understandable terms and encourage participation in the decisions regarding the patients's care.

Psychologists should not be held accountable for providing patients with treatment alternatives, if the psychologist is not familiar with them and/or doesn't possess the

competency to practice them and therefore, doesn't recommend them. If a psychologist is accountable for not using alternatives that the psychologist doesn't recommend, this could lead to problems for both practitioner and patient. If the patient's therapeutic outcome doesn't satisfy the patient, the patient could complain to the Board that the psychologist didn't use a non-recommended intervention. If the psychologist feels compelled to use an intervention for which the psychologist has minimal knowledge and competency, the outcome could be significantly less desirable for both psychologist and patient than it would have been by using interventions the psychologist recommended.

6. 18VAC125-20-150. Standards of Practice

D. In regard to client records, persons regulated by the board shall:

1. Maintain timely, accurate, legible and complete written or electronic records for each client that includes:

a. The name of the client and other identifying information;

b. The presenting problem or problems, purpose or diagnosis;

c. Documentation of the fee arrangement;

d. The date and clinical summary of each service provided;

e. Any test results, including raw data, or other evaluative test results obtained;

f. Notation and results of formal consults with other providers; and

g. Any releases by the client;

This is a new, very detailed section. Nothing is comparable in our current 2007 Standards of Practice nor is it similar to anything in APA's Code of Conduct. It appears to describe what third party payers have members of provider panels agree to when they sign a contract with them. This appears to be enforcing Health Insurance provider requirements, not necessarily aimed at protecting the public/consumer. It may place clinical psychologists in double jeopardy. The patient already receives substantial protection by standards 11, 12, 13, 16,17, & 18.

7. 18VAC125-20-160. Grounds for Disciplinary Action or Denial of Licensure

11. Having an action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction; (add)which involved violation of that state's Standards of Practice for the profession, ethics, or having caused patient harm;

The proposed amendment states Having an action, which may include sanctions for administrative violations, such as having your license revoked simply because you decided to retire, being short on CE hours for license renewal, not paying renewal fees on time, etc.

VACP thoroughly understands that the Virginia Board has the authority when it relates to another state disciplining that state's licensee for actions that caused public harm, violated Standards of Practice, etc.

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VIRGINIA
 REGULATORY TOWN HALL


Agency

Department of Health Professions

Board

Board of Psychology

Chapter

Regulations Governing the Practice of Psychology [18 VAC 125 - 20]

Action	<u>Result of Periodic Review</u>
Stage	<u>Proposed</u>
Comment Period	Ends 1/24/2020

2 comments

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

Commenter: Capella University

1/23/20 12:26 pm

Proposed 18 VAC 125-20

January 23, 2020

Virginia Board of Psychology
 Jaime Hoyle, Executive Director
 9960 Mayland Drive, Suite 300
 Richmond, VA 23233

RE: Proposed 18 VAC 125-20

Dear Director Hoyle and Members of the Board:

As you finalize changes to the educational requirements for licensure, we write with gratitude for incorporating a "grandparent" provision, to provide important clarifying information about our program, and with a continued concern about requiring programmatic accreditation. Further, we would also like to propose an alternative for recognizing graduates of non-APA or CPA accredited blended programs.

Background**Capella University**

Capella University, established in 1993, has built its reputation on delivering high quality, online graduate-focused programs to working adults. Approximately 70% of Capella's students are currently enrolled in master's or doctoral level degree programs in business, counseling, education, health care, information technology, nursing, psychology, public administration, public health, public safety and social work, among others. Capella also offers bachelor's level programs in areas such as business, information technology, nursing, psychology and public safety.

Innovation has always been at the core of Capella's history and contribution to higher education. Expertise in competency-based education enabled Capella in 2013 to become the first institution approved by the Department of Education to award Title IV aid to eligible bachelors and masters level degrees based on the direct assessment of learning, rather than the traditional model built around the time-based credit hour. Capella's FlexPath direct assessment programs also offer the

potential to significantly reduce the cost of a degree and accelerate the time required for degree completion.

Capella University currently offers 53 undergraduate and graduate degree programs with 128 specializations and more than 2,050 courses. Capella enrolls approximately 38,000 students, representing all 50 states and 54 other countries and territories. Capella is accredited by the Higher Learning Commission and is based in Minneapolis, Minnesota.

Comments on Proposed Rules

Grandparent Provision

We appreciate the delayed implementation timeframe the Board has adopted, allowing current students in non-APA or CPA accredited programs the opportunity to finish their program and still qualify for licensure. This measure best protects Virginians, and those intending to practice in Virginia, who have already invested significant time and money into a graduate program.

Capella University's Program

We were surprised to read, in reference to Capella's program, in the November 2019 Department of Planning and Budget's Economic Impact Analysis that "According to the Department of Health Professions (DHP), it is unlikely for these programs to become accredited because one of the issues that the APA has with accrediting online programs is their lack of internships."¹

We want to be sure the Board and DHP understands that Capella University's program requires a 2,000 hour face-to-face internship as well as 1,000 hours of practicum experience supervised by a licensed psychologist. Our program does not lack supervised clinical experience, formal face-to-face interactions with faculty and students, or other components that traditional on-campus programs provide.

As we indicated in prior written comments on this proposed rule change, Capella University offers a PsyD, Clinical Psychology degree program that is designed to prepare graduates for licensure as a psychologist. Capella's program is a blended model of professional training in psychology that includes web-based didactic coursework, along with intense face-to-face training, observation, and evaluation by faculty that begins with the in-person pre-admission interview and progresses through the in-person, face-to-face clinical skills labs with faculty and student cohort.

Blended programs like Capella's are designed to meet the educational needs of underserved populations, including working adults, military personnel with their frequent relocations, rural residents, and those whose family commitments may prevent relocation to attend a campus-based graduate program, who aspire to become psychologists and serve their communities.

Programmatic Accreditation Requirement

Graduates of Capella's PsyD, Clinical Psychology program have been able to demonstrate that they are prepared for the practice of clinical psychology as defined by state law and have been licensed in Virginia and many other states. Capella strongly believes that requiring programmatic accreditation will impose unnecessary barriers to qualify for a license, exacerbating the shortage of clinical psychologists, particularly in the rural, military, and underserved populations our program supports.

Virginia, like much of the U.S., is experiencing a shortage and uneven distribution of licensed clinically-trained mental health professionals, including psychologists.² The Bureau of Labor Statistics (BLS) predicts the need for clinical psychologists in Virginia will continue to grow with employment expected to experience significant growth of more than 22 percent through 2024.³

With only 10 institutions offering APA accredited doctoral programs in Virginia, (some of which who have small cohorts with only 10-20 students accepted per year) and none of which offer a blended model, closing the door on other programs will only exacerbate the shortage of qualified professionals. 4 Many rural, military-affiliated and other working adult students enrolled in blended programs like ours which provide flexibility will not be able to complete programs at a traditional campus.

As in our prior written comments, we propose an alternative for recognizing graduates of non-APA or CPA accredited blended programs such as Capella's: **program reviews**.

Capella acknowledges that evaluating individual transcripts and clinical training experience takes a significant investment of resources and time from any Board.

In a number of states, Capella has been able to work with licensing boards through both formal and informal program review processes to determine if our program is equivalent to an APA accredited program or otherwise fulfills requirements in law. Additionally, when engaging in these reviews, Capella believes it is completely appropriate and reasonable for a Board to be remunerated for reviews.

As our program and curriculum does not change significantly over time, these reviews are usually only revisited every few years. A similar multi-year review cycle for program equivalency, with review fees paid by the University to help offset costs, could help reduce the ongoing financial and time commitment from the Board.

Capella respectfully asks the Board to allow for program reviews as an alternative to APA or CPA accreditation.

Conclusion

If program reviews for non-APA or CPA accredited programs are not adopted and blended doctoral programs like ours are no longer accepted, we strongly believe the shortage of qualified mental health providers in Virginia will likely grow. We hope the Board will thoughtfully consider our concerns, so that we may continue offering this pathway to the psychologist profession to Virginians.

Respectfully,

Richard Senese, PhD
President
Capella University

1. Virginia Register of Regulations, -Vol. 36-Iss. 7 on the internet at

<http://register.dls.virginia.gov/details.aspx?id=7823>

2 Virginia Department of Health (VDH), Shortage Designations and Maps, on the Internet at:

<http://www.vdh.virginia.gov/health-equity/shortage-designations-and-maps/>.

3 U.S. Department of Labor's Bureau of Labor Statistics, Occupational Employment Statistics (OES) and Employment Projections, on the Internet at:

<https://www.bls.gov/oes/current/oes193031.htm>.

4 American Psychological Association, Search for APA accredited programs, on the Internet at:

[http://apps.apa.org/accredsearch/?_ga=2.208328535.479727381.1515627248-](http://apps.apa.org/accredsearch/?_ga=2.208328535.479727381.1515627248-584238456.1513802582)

[584238456.1513802582](http://apps.apa.org/accredsearch/?_ga=2.208328535.479727381.1515627248-584238456.1513802582)

CommentID: 78910

Commenter: Dr. Shana Garrett, Dean of the Walden University School of Psychology

1/24/20 4:10 pm

Walden University Comments Re: Regulations Governing the Practice of Psychology [18 VAC 125 ? 20]

Virginia Board of Psychology
9960 Maryland Drive, Suite 300
Henrico, Virginia 23233-1463
Attn: Jaime Hoyle, Executive Director

January 24, 2020

RE: Regulations Governing the Practice of Psychology [18 VAC 125 ? 20]

We ask that this letter be submitted for your meeting record on this day.

Walden University ("Walden") submits this letter in response to the proposed regulatory changes outlined in 18VAC 125-20, particularly the language that would remove the option for graduates of non-APA accredited psychology programs the opportunity to obtain full psychologist licensure in the state of Virginia. We respectfully request the board reconsider the proposed changes and present further information below in support of our position.

Recognizing an Equivalency Pathway Helps Address Virginia's Mental Health Professional Shortage

The proposed changes to Virginia's psychology licensure rules will limit or prevent the current pathways that qualify distance education Psychology students to become licensed in the Commonwealth of Virginia. Restricting licensure to only graduates from APA-accredited programs will only exacerbate the behavioral health workforce shortage and deny countless non-traditional students the opportunity to pursue their career and professional development goals.

According to the U.S. Department of Health and Human Services, Virginia faces a pervasive shortage of behavioral and mental health professionals. Eighty areas in Virginia are classified as Federally Designated Health Professional Shortage Areas in the latest U.S. quarterly summary.¹ Guided by its social change mission,² Walden is committed to training scholar-practitioners to serve the Virginia's current mental health needs. In fact, nearly a third of Walden's PhD in Psychology students overlap with the mental health HPSAs, while many of the others live proximate to these areas of need. Unfortunately, distance education programs in psychology sometimes confront an uneven playing field as requirements of continuous physical presence can be defined too narrowly for students enrolled in hybrid programs. This comes even as many specialized accreditors now embrace this modality, including Council for Accreditation of Counseling & Related Educational Programs ("CACREP") for mental health counseling and Counsel on Social Work Education ("CSWE") for social work.

Presently, online graduates of licensure-leading programs, including Ph.D. in Psychology, Clinical Specialization; PhD in Psychology, Counseling Psychology; PhD in Clinical Psychology (hereafter referred to as the "Programs"), are eligible to apply for licensure as licensed psychologists in Virginia through an "equivalency" pathway. Currently, there are 48 students in Walden's PhD in Psychology programs in Virginia. The Virginia Board of Psychology has since 2011 conferred its approval of Walden graduates, along with graduates of hybrid programs at other universities. To date, this Board has approved 13 graduates of Walden's PhD in Psychology programs for licensure, most recently in winter of 2019. Walden's School of Psychology faculty include a number of Virginia residents, including Jack Kitaeff, who also serves on the faculty at an on-the-ground Virginia public research university.

Overall, Walden graduates are eligible for licensure as psychologists in 17 states that recognize psychologists equally from substantially online programs. These states, which comprise more than 50 percent of the total U.S. population, recognize the benefits of maintaining licensure standards that assist in addressing the acute shortage of mental health professionals particularly in rural areas. States with this structure, ranging from Arizona, California, Texas, Illinois, and Ohio, all offer a pathway to licensure for competent graduates of doctoral clinical or counseling psychology programs from regionally accredited universities to be eligible for the psychologist license in their states.

Additional Information on Walden University and its Psychology Programs

For the past 50 years, Walden has been a university with curricula that emphasizes a scholar-practitioner philosophy: Applying theoretical and empirical knowledge to professional practice with the goal of improving organizations, educational institutions, and entire communities. Walden University is regionally accredited by the Higher Learning Commission. Walden's mission and commitment are to positive social change. Accordingly, we celebrate the diversity of our student body. Ethnic minority students comprise more than fifty-two percent (52%) of Walden's student body, and women account for upwards of seventy-six percent (76%) of all Walden students. Walden is number one among 373 accredited U.S. institutions for awarding doctorates to African Americans, according to the Survey of Earned Doctorates, National Science Foundation (2016).

Walden's Programs provide an educational pathway for students whose life circumstances prevent them from relocating and attending a traditional brick and mortar institution. Ninety percent (90%) of our students work full-time, part-time or are self-employed. Eighty percent (80%) of our students are 30 years and older. It would be challenging for many of these students to pursue their educational and career goals without programs like those of Walden. Furthermore, many of the mental healthcare providers that we graduate would never have had the opportunity to enter the field and be of service in their many diverse communities.

The one-year, four-consecutive-quarters of Blended Academic Year in Residence ("BAYR") establishes residency for our students and offers faculty critical opportunities to observe and provide feedback to students regarding professional development and behavior. A majority of coursework occurs in-person and in-residence during the intensive nine days each quarter in Minneapolis, MN. Professional concerns that might not emerge in a few hours in class over each week can be much more apparent in condensed intensives where students must demonstrate professional behavior over an extended period of hours and days.

The faculty believe in the value of person-to-person, face-to-face interaction with students in the Programs. During BAYR, students attend academic classes, practice clinical skills and competencies, participate in professional development sessions, and meet with the psychology faculty for mentoring.

In addition to the four consecutive quarters of BAYR courses, Walden graduate students are required to attend four Ph.D. research residencies, each of which involve four concentrated days of programming over a 5-day period. One or more psychology faculty residency administrators are also present for these residencies. This provides an additional eight to 16 intensive days of in-person, face-to-face interaction beyond the time described above.

Following the completion of BAYR, students in the program are required to complete extensive supervised field training experience. Supervision takes place on-site, in-person, and face-to-face with a licensed doctoral-level licensed Psychologist. Walden requires two quarters of practicum, consisting of a minimum of 750 clock hours. We also require a full year of internship, consisting of a minimum of 2,000 clock hours, with at least 900 clock hours of direct client contact that must be documented. Thus, two and one-half to three years (or 50 to 60 percent) of the 5-year program involves direct, person-to-person, regular contact with core faculty, contributing faculty, and field training supervisors.

Our students' achievements across the country clearly demonstrate that our graduates are competent in their professional endeavors. Our graduates contribute professionally to the behavioral health community and serve as much needed providers to often under-served populations in urban and rural communities.

Walden's position in regard to 18 VAC 125-20

If the Board were to adopt the current proposed language, applicants from non-APA accredited program, including those from Walden's hybrid program, would become ineligible for licensure in Virginia. This move would effectively close the door on your own residents who are seeking to become future psychologists in Virginia through the pathway currently available to them through an equivalency evaluation. Adoption of this regulation will close the path to licensure for 48 students currently enrolled in Walden's Programs.

Virginia residents who have graduated from Walden University and have been licensed by this Board now practice successfully in the Commonwealth. These licensed Psychologists serve the needs of residents at a time in which the pervasive behavioral healthcare provider shortage presents continuing peril to public safety and mental health.

Our goal is to continue as a partner with the State to help address this healthcare shortage in Virginia, as we do in many other states across the country. We respectfully ask the Board to retain a licensure equivalency pathway in its consideration of the pending rule change. Thank you for your time and consideration.

Sincerely,

Dr. Shana Garrett, PhD, CRS, LPC, NCC
Dean of the School of Psychology
College of the Social and Behavioral Sciences
Walden University
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1 U.S. Department of Health & Human Services map:

<https://datawarehouse.hrsa.gov/Tools/MapTool.aspx?tl=HPSA>=State&cd=51&dp=MH>

2 Walden 2020: A Vision for Social Change 2017 Report:

<https://www.waldenu.edu/-/media/Walden/files/about-walden/walden-university-2017-social-change-report-final-v-2.pdf?la=en>

CommentID: 78927

[go back](#) | [open in word](#)**Project 5213 - Proposed****BOARD OF PSYCHOLOGY****Result of Periodic Review****Part I****General Provisions****18VAC125-20-10. Definitions.**

The following words and terms, in addition to the words and terms defined in § 54.1-3600 of the Code of Virginia, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"APA" means the American Psychological Association.

"APPIC" means the Association of Psychology Postdoctoral and Internship Centers.

"Board" means the Virginia Board of Psychology.

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

"CAEP" means Council for the Accreditation of Educator Preparation.

"CPA" means Canadian Psychological Association.

"Demonstrable areas of competence" means those therapeutic and assessment methods and techniques, ~~and for the~~ populations served, and for which one can document adequate graduate training, workshops, or appropriate supervised experience.

"Face-to-face" means in person.

"Intern" means an individual who is enrolled in a professional psychology program internship.

"Internship" means an ongoing, supervised, and organized practical experience obtained in an integrated training program identified as a psychology internship. Other supervised experience or on-the-job training does not constitute an internship.

"NASP" means the National Association of School Psychologists.

~~"NCATE" means the National Council for the Accreditation of Teacher Education.~~

"Practicum" means the pre-internship clinical experience that is part of a graduate educational program.

"Practicum student" means an individual who is enrolled in a professional psychology program and is receiving pre-internship training and seeing clients.

"Professional psychology program" means an integrated program of doctoral study in clinical or counseling psychology or a master's degree or higher program in school psychology designed to train professional psychologists to deliver services in psychology.

"Regional accrediting agency" means one of the six regional accrediting agencies recognized by the ~~United States~~ U.S. Secretary of Education established to accredit senior institutions of higher education.

"Residency" means a post-internship, post-terminal degree, supervised experience approved by the board.

"Resident" means an individual who has received a doctoral degree in a clinical or counseling psychology program or a master's degree or higher in school psychology and is completing a board-approved residency.

"School psychologist-limited" means a person licensed pursuant to § 54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions.

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

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person under supervision and for the care of such person's clients and who provides the supervision required by such a person consistent with the training and experience of both the supervisor and the person under supervision and with the type of services being provided.

18VAC125-20-35. Change of name or address.

Licensees or registrants shall notify the board in writing within 60 days of:

1. Any legal name change; or
2. Any change of address of record or of the licensee's or registrant's public address if different from the address of record.

18VAC125-20-41. Requirements for licensure by examination.

A. Every applicant ~~for examination~~ for licensure by ~~the board~~ examination shall:

1. Meet the education requirements prescribed in 18VAC125-20-54, 18VAC125-20-55, or 18VAC125-20-56 and the experience requirement prescribed in 18VAC125-20-65 as applicable for the particular license sought; and
2. Submit the following:
 - a. A completed application on forms provided by the board;
 - b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65;
 - c. The application processing fee prescribed by the board;
 - d. Official transcripts documenting the graduate work completed and the degree awarded; transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained. Applicants who are graduates of institutions that are not regionally accredited shall submit documentation from an accrediting agency acceptable to the board that their education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55, or 18VAC125-20-56;
 - e. A current report from the National Practitioner Data Bank; and
 - f. Verification of any other health or mental health professional license or certificate, or registration ever held in Virginia or another jurisdiction. The applicant shall not have surrendered a license, certificate, or registration while under investigation and shall have no unresolved action against a license, certificate, or registration.

B. In addition to fulfillment of the education and experience requirements, each applicant for licensure by examination must achieve a passing score on all parts of the Examination for Professional Practice of Psychology required at the time the applicant took the examination.

C. Every applicant shall attest to having read and agreed to comply with the current standards of practice and laws governing the practice of psychology in Virginia.

18VAC125-20-42. Prerequisites for licensure by endorsement.

Every applicant for licensure by endorsement shall submit:

1. A completed application;
2. The application processing fee prescribed by the board;
3. An attestation of having read and agreed to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia;
4. Verification of all other health and mental health professional licenses ~~or, certificates, or~~ registrations ever held in Virginia or any jurisdiction of the United States or Canada. In order to qualify for endorsement, the applicant shall not have surrendered a license ~~or, certificate, or registration~~ while under investigation and shall have no unresolved action against a license ~~or, certificate, or registration~~;
5. A current report from the National Practitioner Data Bank; and
6. Further documentation of one of the following:
 - a. A current ~~listing in the~~ credential issued by the National Register of Health Service Psychologists;
 - b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
 - c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
 - d. ~~For~~ Five years of active licensure in a category comparable to the one in which licensure is sought, ~~with an appropriate degree as required in this chapter documented by~~

~~an official transcript with at least 24 months of active practice within the last 60 months immediately preceding licensure application; or~~

e. If less than ~~40~~ five years of active licensure ~~or less than 24 months of active practice within the last 60 months~~, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience, and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following: (1) ~~Documentation of post-licensure active practice for at least 24 of the last 60 months immediately preceding licensure application;~~ (2) Verification of a passing score on all parts of the Examination for Professional Practice of Psychology as established in Virginia for the year of that administration that were required at the time of original licensure; and

~~(3)~~ (2) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

18VAC125-20-54. Education requirements for clinical psychologists.

A. ~~The Beginning (insert a date seven years after the effective date of this regulation), an applicant shall hold a doctorate in clinical or counseling psychology from a professional psychology program in a regionally accredited university, which that was accredited at the time the applicant graduated from the program by the APA in clinical or counseling psychology within four years after the applicant graduated from the program, or shall meet the requirements of subsection B of this section, CPA, or an accrediting body acceptable to the board. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information verifying that the program is substantially equivalent to an APA-accredited program.~~

B. ~~If the Prior to (insert a date seven years after the effective date of this regulation), an applicant does not shall either hold a doctorate from an APA accredited program, as specified in subsection A of this section, the applicant or shall hold a doctorate from a professional psychology program which that documents that it the program offers education and training which that prepares individuals for~~

the practice of clinical psychology as defined in § 54.1-3600 of the Code of Virginia and which meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the ~~United States~~ U.S. Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from an acceptable credential evaluation service ~~which~~ that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.
2. The program shall be recognizable as an organized entity within the institution.
3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.
4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.
5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas:
 - a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).
 - b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

- c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).
- d. Psychological measurement.
- e. Research methodology.
- f. Techniques of data analysis.
- g. Professional standards and ethics.

6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:

- a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).
- b. Human development (e.g., child, adolescent, geriatric psychology).
- c. Dysfunctional behavior, abnormal behavior, or psychopathology.
- d. Theories and methods of intellectual assessment and diagnosis.
- e. Theories and methods of personality assessment and diagnosis including its practical application.
- f. Effective interventions and evaluating the efficacy of interventions.

C. Applicants shall submit documentation of having successfully completed practicum experiences in involving assessment and diagnosis, psychotherapy, consultation and supervision psychological interventions. The practicum experiences shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. An applicant shall graduate from an educational program in clinical psychology that includes an appropriate emphasis on and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

E. Candidates for clinical psychologist licensure shall have successfully completed an internship in a program that is either accredited by APA or CPA, or is a member of APPIC, or the Association of

State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards. If the internship was obtained in an educational program outside of the United States or Canada, a credentialing service approved by the board shall verify equivalency to an internship in an APA-accredited program.

~~D.~~ E. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65 ~~B~~, in the ~~pre-doctoral~~ doctoral practicum supervised experience, which occurs prior to the internship, and that meets the following standards:

1. The supervised professional experience shall be part of an organized sequence of training within the applicant's doctoral program, ~~which~~ that meets the criteria specified in ~~subsection A or B~~ of this section.

2. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.

a. "Face-to-face direct client services" means ~~treatment/intervention~~ treatment or intervention, assessment, and interviewing of clients.

b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.

c. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided ~~on-site~~ onsite or in the trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.

3. In order for pre-doctoral practicum hours to fulfill all or part of the residency requirement, the following shall apply:

a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;

b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and

c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.

4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.

5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.

6. The hours of pre-doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.

7. If the supervised experience hours completed in a series of practicum experiences do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate shall fulfill the remainder of the hours by meeting requirements specified in 18VAC125-20-65.

18VAC125-20-55. Education requirements for applied psychologists.

A. The applicant shall hold a doctorate from a professional psychology program from a regionally accredited university which ~~that~~ meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the ~~United States~~ U.S. Department of Education, or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board ~~which that~~ that demonstrates that the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the

student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas:

a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).

b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).

d. Psychological measurement.

e. Research methodology.

f. Techniques of data analysis.

g. Professional standards and ethics.

B. Demonstration of competence in applied psychology shall be met by including a minimum of at least 18 semester hours or 30 quarter hours in a concentrated program of study in an identified area of psychology, e.g. for example, developmental, social, cognitive, motivation, applied behavioral analysis, industrial/organizational, human factors, personnel selection and evaluation, program planning and evaluation, teaching, research or consultation.

18VAC125-20-56. Education requirements for school psychologists.

A. The applicant shall hold at least a master's degree in school psychology, with a minimum of at least 60 semester credit hours or 90 quarter hours, from a college or university accredited by a

regional accrediting agency, which was accredited by the APA, ~~NCATE~~ or CAEP or was approved by NASP, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a master's degree in school psychology from a program accredited by the APA, ~~NCATE~~ or CAEP or approved by NASP, the applicant shall have a master's degree from a psychology program ~~which~~ that offers education and training to prepare individuals for the practice of school psychology as defined in § 54.1-3600 of the Code of Virginia and ~~which~~ that meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the ~~United States~~ U.S. Department of Education, or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board ~~which~~ that demonstrates that the program meets the requirements set forth in this chapter.
2. The program shall be recognizable as an organized entity within the institution.
3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.
4. The program shall encompass a minimum of two academic years of full-time graduate study or the equivalent thereof.
5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas:
 - a. Psychological foundations (e.g., biological bases of behavior, human learning, social and cultural bases of behavior, child and adolescent development, individual differences).

- b. Educational foundations (e.g., instructional design, organization and operation of schools).
 - c. Interventions/problem-solving (e.g., assessment, direct interventions, both individual and group, indirect interventions).
 - d. Statistics and research methodologies (e.g., research and evaluation methods, statistics, measurement).
 - e. Professional school psychology (e.g., history and foundations of school psychology, legal and ethical issues, professional issues and standards, alternative models for the delivery of school psychological services, emergent technologies, roles and functions of the school psychologist).
6. The program shall be committed to practicum experiences ~~which~~ that shall include:
- a. Orientation to the educational process;
 - b. Assessment for intervention;
 - c. Direct intervention, including counseling and behavior management; and
 - d. Indirect intervention, including consultation.

C. Candidates for school psychologist licensure shall have successfully completed an internship in a program accredited by APA or CAEP, or approved by NASP, or is a member of APPIC or one that meets equivalent standards.

18VAC125-20-65. ~~Supervised experience~~ Residency.

~~A. Internship requirement.~~

- ~~1. Candidates for clinical psychologist licensure shall have successfully completed an internship that is either accredited by APA, APPIC, or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards.~~
- ~~2. Candidates for school psychologist licensure shall have successfully completed an internship accredited by the APA, APPIC, or NASP.~~

A. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours of supervised experience in the delivery of clinical or school psychology services acceptable to the board.

1. For clinical psychology candidates, the hours of supervised practicum experiences in a doctoral program may be counted toward the residency hours, as specified in 18VAC125-20-54. Hours acquired during the required internship shall not be counted toward the 1,500 residency hours. If the supervised experience hours completed in a practicum do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.

2. School psychologist candidates shall complete all the residency requirements after receipt of their final school psychology degree.

B. Residency ~~requirement~~ requirements.

1. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours in a period of not less than 12 months and not to exceed three years of supervised experience in the delivery of clinical or school psychology services acceptable to the board, or the applicant may request approval to ~~begin~~ extend a residency if there were extenuating circumstances that precluded completion within three years.

2. Supervised experience obtained in Virginia without prior written board approval will not be accepted toward licensure. Candidates shall not begin the residency until after completion of the required degree as set forth in 18VAC125-20-54 or 18VAC125-20-56.

~~An~~ 3. In order to have the residency accepted for licensure, an individual who proposes to obtain supervised post-degree experience in Virginia shall, register with the board prior to the onset of such supervision, submit by submission of:

~~a~~ a. A supervisory contract along with the application package; and pay

~~the~~ b. The registration of supervision fee set forth in 18VAC125-20-30; and

c. An official transcript documenting completion of educational requirements as set forth in 18VAC125-20-54 or 18VAC125-20-56 as applicable.

4. If board approval was required for supervised experience obtained in another United States jurisdiction or Canada in which residency hours were obtained, a candidate shall provide evidence of board approval from such jurisdiction.

~~3- 5.~~ There shall be a minimum of two hours of individual supervision per week 40 hours of supervised experience. Group supervision of up to five residents may be substituted for one of the two hours per-week on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per week 40 hours.

~~4. Residents may not refer to or identify themselves as applied psychologists, clinical psychologists, or school psychologists; independently solicit clients; bill for services; or in any way represent themselves as licensed psychologists. Notwithstanding the above, this does not preclude supervisors or employing institutions for billing for the services of an appropriately identified resident. During the residency period they shall use their names, the initials of their degree, and the title, "Resident in Psychology," in the licensure category in which licensure is sought.~~

~~5- 6.~~ Supervision shall be provided by a psychologist who holds a current, unrestricted license in the jurisdiction in which supervision is being provided and who is licensed to practice in the licensure category in which the resident is seeking licensure.

~~6- 7.~~ The supervisor shall not provide supervision for activities beyond the supervisor's demonstrable areas of competence, nor for activities for which the applicant has not had appropriate education and training.

~~7- 8.~~ The supervising psychologist shall maintain records of supervision performed and shall regularly review and co-sign case notes written by the supervised resident during the residency period. At the end of the residency training period, the supervisor ~~or supervisors~~ shall submit to the board a written evaluation of the applicant's performance.

~~8. 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 supervisors.~~

~~C. For a clinical psychologist license, a candidate may submit evidence of having met the supervised experience requirements in a pre-doctoral doctoral practicum as specified in 18VAC125-20-54 D in substitution for all or part of the 1,500 residency hours specified in this section. If the supervised experience hours completed in a practicum do not total 1,500 hours, a person may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.~~

~~D. Candidates for clinical psychologist licensure shall provide documentation that the internship and residency included appropriate emphasis and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.~~

C. Residents shall not refer to or identify themselves as clinical psychologists or school psychologists, independently solicit clients, bill directly for services, or in any way represent themselves as licensed psychologists. Notwithstanding, this does not preclude supervisors or employing institutions from billing for the services of an appropriately identified resident. During the residency period, residents shall use their names, the initials of their degree, and the title "Resident in Psychology" in the licensure category in which licensure is sought.

Part III

Examinations

18VAC125-20-80. General examination requirements.

~~A. An applicant for clinical or school psychologist licensure enrolled in an approved residency training program required in 18VAC125-20-65 who has met all requirements for licensure except completion of that program shall be eligible to take the national written examination. B. A candidate approved by the board to sit for an examination shall take that~~ achieve a passing score on the final step of the national examination within two years of the date of the initial board approval immediately preceding licensure. A candidate may request an extension of the two-year limitation for extenuating circumstances. ~~If the candidate has not taken the examination by the end of the two-year period here prescribed, the applicant shall reapply according to the requirements of the regulations in effect at that time.~~

~~G. B.~~ The board shall establish passing scores on all steps of the examination.

Part V

Licensure Renewal; Reinstatement

18VAC125-20-120. Annual renewal of licensure.

Every license issued by the board shall expire each year on June 30.

1. Every licensee who intends to continue to practice shall, on or before the expiration date of the license, submit to the board a license renewal form supplied by the board and the renewal fee prescribed in 18VAC125-20-30.

2. Licensees who wish to maintain an active license shall pay the appropriate fee and verify on the renewal form compliance with the continuing education requirements prescribed in 18VAC125-20-121. First-time licensees by examination are not required to verify continuing education on the first renewal date following initial licensure.

3. A licensee who wishes to place his license in inactive status may do so upon payment of the fee prescribed in 18VAC125-20-30. ~~No~~ A person with an inactive license is not authorized to practice; no person shall practice psychology in Virginia unless he holds without a current active license. An inactive licensee may activate his a license by fulfilling the reactivation requirements set forth in 18VAC125-20-130.

~~4. Licensees shall notify the board office in writing of any change of address of record or of the public address, if different from the address of record.~~ Failure of a licensee to receive a renewal notice and application forms from the board shall not excuse the licensee from the renewal requirement.

18VAC125-20-121. Continuing education course requirements for renewal of an active license.

A. Licensees shall be required to ~~have completed~~ complete a minimum of 14 hours of board-approved continuing education courses each year for annual licensure renewal. A minimum of 1.5 of these hours shall be in courses that emphasize the ethics, laws, and regulations governing the profession of psychology, including the standards of practice set out in 18VAC125-20-150. A licensee who completes continuing education hours in excess of the 14 hours may carry up to seven

hours of continuing education credit forward to meet the requirements for the next annual renewal cycle.

B. For the purpose of this section, "course" means an organized program of study, classroom experience, or similar educational experience that is directly related to the practice of psychology and is provided by a board-approved provider that meets the criteria specified in 18VAC125-20-122.

1. At least six of the required hours shall be earned in face-to-face or real-time interactive educational experiences. Real-time interactive shall include a course in which the learner has the opportunity to interact with the presenter ~~and participants~~ during the time of the presentation.

2. The board may approve up to four hours per renewal cycle for each of the following specific educational experiences to include:

a. Preparation for and presentation of a continuing education program, seminar, workshop, or academic course offered by an approved provider and directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the presentation is given, and may not be credited toward the face-to-face requirement.

b. Publication of an article or book in a recognized publication directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the writing is published, and may not be credited toward the face-to-face requirement.

c. Serving at least six months as editor or associate editor of a national or international professional, peer-reviewed journal directly related to the practice of psychology.

3. Ten hours will be accepted for one or more three-credit-hour academic courses completed at a regionally accredited institution of higher education that are directly related to the practice of psychology.

4. The board may approve up to two hours per renewal cycle for membership on a state licensing board in psychology.

C. Courses must be directly related to the scope of practice in the category of licensure held. Continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment, and care of patients with moderate and severe mental disorders.

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

E. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

F. Up to two of the 14 continuing education hours required for renewal may be satisfied through delivery of psychological services, without compensation, to low-income individuals receiving mental health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

18VAC125-20-122. Continuing education providers.

A. The following organizations, associations, or institutions are approved by the board to provide continuing education:

1. Any psychological association recognized by the profession or providers approved by such an association.
2. Any association or organization of mental health, health, or psychoeducational providers recognized by the profession or providers approved by such an association or organization.
- ~~3. Any association or organization providing courses related to forensic psychology recognized by the profession or providers approved by such an association or organization.~~
- ~~4. Any regionally accredited institution of higher learning. A maximum of 14 hours will be accepted for each academic course directly related to the practice of psychology.~~
- ~~5.~~ 4. Any governmental agency or facility that offers mental health, health, or psychoeducational services.

~~6.~~ 5. Any licensed hospital or facility that offers mental health, health, or psychoeducational services.

~~7.~~ 6. Any association or organization that has been approved as a continuing ~~competency~~ education provider by a psychology board in another state or jurisdiction.

B. Continuing education providers approved under subsection A of this section shall:

1. Maintain documentation of the course titles and objectives and of licensee attendance and completion of courses for a period of four years.

2. Monitor attendance at classroom or similar face-to-face educational experiences.

3. Provide a certificate of completion for licensees who successfully complete a course. The certificate shall indicate the number of continuing education hours for the course and shall indicate hours that may be designated as ethics, laws, or regulations governing the profession, if any.

18VAC125-20-130. Late renewal; reinstatement; reactivation.

A. A person whose license has expired may renew it within one year after its expiration date by paying the ~~penalty~~ late fee prescribed in 18VAC125-20-30 and the license renewal fee for the year the license was not renewed and by completing the continuing education requirements specified in 18VAC125-20-121 for that year.

B. A person whose license has not been renewed for one year or more and who wishes to resume practice shall:

1. Present evidence to the board of having met all applicable continuing education requirements equal to the number of years the license has ~~lapsed~~ been expired, not to exceed four years;

2. Pay the reinstatement fee as prescribed in 18VAC125-20-30; and

3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for licensure.

C. A psychologist wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal, and document completion of

continued ~~competency~~ education hours equal to the number of years the license has been inactive, not to exceed four years.

Part VI

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC125-20-150. 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. Psychologists respect the rights, dignity, and worth of all people, and are mindful of individual differences. Regardless of the delivery method, whether face-to-face or by use of technology, these standards shall apply to the practice of psychology.

B. Persons ~~licensed~~ regulated by the board shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by education, training, and appropriate experience;

~~2. Delegate to their employees, supervisees, residents and research assistants persons under their supervision only those responsibilities such persons can be expected to perform competently by education, training, and experience. Take ongoing steps to maintain competence in the skills they use;~~

~~2. When making public statements regarding~~ 3. Maintain current competency in the areas of practices through continuing education, consultation, or other procedures consistent with current standards of scientific and professional knowledge;

~~4. Accurately represent their areas of competence, education, training, experience, professional affiliations, credentials, and published findings, directory listings, curriculum vitae, etc., to ensure that such statements are neither fraudulent nor misleading;~~

~~3. 5.~~ Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;

~~4. 6.~~ Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;

~~5. 7. Avoid harming, exploiting, misusing influence, or misleading patients or clients, research participants, students, and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable. Not exploit or mislead people for whom they provide professional services. Be alert to and guard against misuse of influence;~~

~~6. Avoid dual relationships with patients, clients, residents or supervisees that could impair professional judgment or compromise their well-being (to include but not limited to treatment of close friends, relatives, employees);~~

~~8. Not engage in, direct, or facilitate torture, which is defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that causes harm;~~

~~7. 9. Withdraw from, avoid, adjust, or clarify conflicting roles with due regard for the best interest of the affected party or parties and maximal compliance with these standards;~~

~~8. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Since sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation;~~

~~9. Keep confidential their professional relationships with patients or clients and disclose client records to others only with written consent except: (i) when a patient or client is a danger to self or others, (ii) as required under § 32.1-127.1:03 of the Code of Virginia, or (iii) as permitted by law for a valid purpose;~~

~~10. Make reasonable efforts to arrangements for another professional to deal with emergency needs of clients during periods of foreseeable absences from professional availability and provide for continuity of care when services must be interrupted or terminated;~~

~~11. Conduct financial responsibilities to clients in an ethical and honest manner by:~~

~~Inform~~ a. Informing clients of fees for professional services, fees, and billing arrangements and limits of confidentiality before rendering services, as soon as is feasible;

~~Inform the consumer~~ b. Informing clients prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment.;

c. Obtaining written consent for fees that deviate from the practitioner's usual and customary fees for services;

~~Avoid bartering goods and services.~~

~~Participate~~ d. Participating in bartering only if it is not clinically contraindicated and is not exploitative; and

e. Not obtaining, attempting to obtain, or cooperating with others in obtaining payment for services by misrepresenting services provided, dates of service, or status of treatment.

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

~~12.~~ 13. Construct, maintain, administer, interpret, and report testing and diagnostic services in a manner and for purposes which that are current and appropriate;

~~13. Keep pertinent, confidential records for at least five years after termination of services to any consumer;~~

14. Design, conduct, and report research in accordance with recognized standards of scientific competence and research ethics. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as participants in human research, with the exception of retrospective chart reviews; and

15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology;

16. Accurately inform a client or a client's legally authorized representative of the client's diagnoses, prognosis, and intended treatment or plan of care. A psychologist shall present information about the risks and benefits of and alternatives to the recommended treatments in

understandable terms and encourage participation in the decisions regarding the patient's care:

17. Clearly document at the outset of service delivery what party the psychologist considers to be the client and what, if any, responsibilities the psychologist has to all related parties:

18. Determine whether a client is receiving services from another mental health service provider, and if so, document efforts to coordinate care; and

19. Document the reasons for and steps taken if it becomes necessary to terminate a therapeutic relationship (e.g., when it becomes clear that the client is not benefiting from the relationship or when the psychologist feels endangered). Document assistance provided in making arrangements for the continuation of treatment for clients, if necessary, following termination of a therapeutic relationship.

C. In regard to confidentiality, persons regulated by the board shall:

1. Keep confidential their professional relationships with patients or clients and disclose client information to others only with written consent except as required or permitted by law. Psychologists shall inform clients of legal limits to confidentiality;

2. Protect the confidentiality in the usage of client information 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 clinical information in teaching, writing, or public presentations; and

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

D. In regard to client records, persons regulated by the board shall:

1. Maintain timely, accurate, legible, and complete written or electronic records for each client that includes:

a. The name of the client and other identifying information;

b. The presenting problem, purpose, or diagnosis;

- c. Documentation of the fee arrangement;
- d. The date and clinical summary of each service provided;
- e. Any test results, including raw data, or other evaluative results obtained;
- f. Notation and results of formal consults with other providers; and
- g. Any releases by the client;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and dispose of written, electronic, and other records in such a manner as to ensure their confidentiality; and

3. Maintain client records for a minimum of five years or as otherwise required by law from the last date of service, with the following exceptions:

- a. At minimum, records of a minor child shall be maintained for five years after attaining 18 years of age;
- 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 pursuant to § 54.1-2405 of the Code of Virginia pertaining to closure, sale, or change of location of one's practice.

E. In regard to dual relationships, persons regulated by the board shall:

1. Not engage in a dual relationship with a person under supervision that could impair professional judgment or increase the risk of exploitation or harm. Psychologists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, intern, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other of the client) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those

included in collateral therapeutic services. Consent to initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Because sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, and adverse impact on the client:

3. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the psychologist in his professional capacity; and

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

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

18VAC125-20-160. Grounds for disciplinary action or denial of licensure.

The board may take disciplinary action or deny a license or registration for any of the following causes:

1. Conviction of a felony, or a misdemeanor involving moral turpitude (i.e., relating to lying, cheating, or stealing);
2. Procuring ~~of~~ or attempting to procure or maintaining a license or registration by fraud or misrepresentation;
3. ~~Misuse of drugs or alcohol to the extent that it interferes with professional functioning~~ Conducting practice in such a manner so as to make it a danger to the health and welfare of clients or to the public;

4. ~~Negligence in professional conduct or violation of practice standards including but not limited to this chapter~~ Engaging in intentional or negligent conduct that causes or is likely to cause injury to a client;
5. Performing functions outside areas of competency;
6. ~~Mental, emotional, or physical incompetence to practice the profession~~ Demonstrating an inability to practice psychology 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;
7. ~~Failure~~ Failing to comply with the ~~continued competency~~ continuing education requirements set forth in this chapter; ~~or~~
8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession ~~regulated or any provision of this chapter, including § 32.1-127.1:03 of the Code of Virginia relating to health records;~~
9. 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;
10. Performing an act or making statements that are likely to deceive, defraud, or harm the public;
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;
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 and incapacitated adults as required in § 63.2-1606 of the Code of Virginia; or
14. Violating any provisions of this chapter, including practice standards set forth in 18VAC125-20-150.

VIRGINIA BOARD OF PSYCHOLOGY

BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority

The Virginia Board of Psychology ("Board") is established and operates pursuant to Sections 54.1-2400 and 54.1-3600 et seq., of the Code of Virginia. Regulations promulgated by the Board of Psychology may be found in 18 VAC 125-20-10 et seq., "Regulations Governing the Practice of Psychology" and 18 VAC 125-30-10 et seq., "Regulations Governing the Certification of Sex Offender Treatment Providers."

B. Duties

The Virginia Board of Psychology is charged with promulgating and enforcing regulations governing the licensure and practice of clinical, applied, and school psychology and the certification and practice of sex offender treatment providers in the Commonwealth of Virginia. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses or certificates; setting standards of practice; and implementing a system of disciplinary action.

C. Mission

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

ARTICLE II: THE BOARD

A. Membership

1. The Board shall consist of nine (9) members, appointed by the Governor as follows:
 - a. Five (5) persons who are licensed as clinical psychologists;
 - b. One (1) person licensed as a school psychologist
 - c. One (1) person licensed ~~as an applied psychologist~~ in any category of psychology;
and,
 - d. Two (2) citizen members.
2. At least one of the seven psychologist members of the Board shall be a member of the faculty at an accredited college or university in the Commonwealth and shall be actively engaged in teaching psychology.
3. The terms of the members of the Board shall be four (4) years.
4. Members of the Board shall not hold a voting office in any related professional association within the Commonwealth of Virginia or one that takes a policy position on the regulations of the Board. Members of the Board holding office in a national professional association shall abstain from voting on issues where there may be a conflict of interest present.

B. Officers of the Board

1. The Chair or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chair shall appoint all committees, and shall sign as Chair to the certificates authorized to be signed by the Chair.
2. The Vice-Chair shall act as Chair in the absence of the Chair and assume the duties of Chair in the event of an unexpired term.
3. In the absence of the Chair and Vice-Chair, the Chair shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. ~~The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.~~
5. The Chair of the Board may function as an ex-officio voting member of any committee.

C. Duties of Members

1. Each member shall participate in all matters before the Board.
2. ~~Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences, as determined by the Chair, at any meeting of the Board or its committees, the Chair shall may make a recommendation to the -notify the Director of the Department of Health Professions, Director of the Department of Health Professions who may notify the Secretary of Health and Human Resources and Secretary of the Commonwealth.~~
~~2-~~
3. ~~The Director of the Department of Health Professions may notify the Secretary of Health and Human Resources and Secretary of the Commonwealth.~~
- 4-3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

D. Election of Officers

1. All officers shall be elected for a term of two (2) years and may serve no more than two (2) consecutive terms.
2. The election of officers shall occur at the first scheduled Board meeting following July 1 of each odd year, and elected officers shall assume their duties at the end of the meeting.
 - a. Officers shall be elected at a meeting of the Board with a quorum present.
 - b. The Chair shall ask for nominations from the floor by office.

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- c. The election shall occur in the following order: Chair, Vice-Chair
- d. Voting shall be by voice unless otherwise decided by a vote of the members present. The results shall be recorded in the minutes.
- e. A simple majority shall prevail with the Current Chair casting a vote only to break a tie.
- f. Special elections to fill an unexpired term shall be held in the event of a vacancy of an officer at the subsequent Board meeting following the occurrence of an office being vacated.

E. Meetings

- 1. The Board shall meet quarterly, unless a meeting is not required to conduct Board business.
- 2. Order of Business at Meetings
 - a. Adoption of Agenda
 - b. Period of Public Comment
 - c. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board
 - d. Reports of Officers and staff
 - e. Reports of Committees
 - f. Election of Officers (as needed)
 - g. Unfinished Business
 - h. New Business
- 3. The order of business may be changed at any meeting by a majority vote.

ARTICLE III: COMMITTEES

A. Duties and Frequency of Meetings

- 1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.
- 2. All standing committees shall meet as necessary to conduct the business of the Board.

B. Standing Committees

Standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee
Special Conference Committee

Any other Standing Committees created by the Board

1. Regulatory/Legislative Committee
 - a. The Chair of the Committee shall be appointed by the Chair of the Board.
 - b. The Regulatory/Legislative Committee shall consist of at least four (4) Board members appointed by the Chair of the Board.
 - c. The Committee shall consider all questions bearing upon State legislation and regulation governing the professions regulated by the Board.
 - d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the discretion of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
 - e. The Chair of the Committee shall submit proposed changes in applicable law and regulations in writing to the Board prior to any scheduled meeting.
2. Special Conference Committee
 - a. The Special Conference Committee shall:
 - i. consist of two (2) Board members;
 - ii. conduct informal conferences pursuant to §§ 2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia* as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.
 - iii. Hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.
 - b. The Chair of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members is unable to attend a scheduled conference date or has a conflict of interest.
 - c. Should the caseload increase to the level that additional special conference committees are needed, the Chair of the Board may appoint additional committees.

ARTICLE IV: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

1. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.

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~~1.2.~~ The Board delegates to Board staff the authority to issue and renew licenses or certificates and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis upon which the Board could refuse to issue or renew the license or certification, or to deny the supervision application, the Executive Director may only issue a license, certificate or registration upon consultation with a member of the Board, or in accordance with delegated authority provided in a guidance document of the Board.

~~2.3.~~ The Board delegates to the Executive Director the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not limited to, licensure, certification, and registration applications, renewal forms, and documents used in the disciplinary process.

~~3.4.~~ The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.

~~4.5.~~ The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) year for the completion of continuing education requirements upon written request from the licensee or certificate holder prior to the renewal date.

~~5.6.~~ The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.

~~6.7.~~ The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.

~~7.8.~~ The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

~~9.~~ The Board delegates to the Executive Director the authority to enter a Pre-Hearing Consent Order for Indefinite Suspension or revocation of a license, certificate, or registration.

~~8.10.~~ The Board delegates to the Executive Director, who may consult with a member of the Board, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

~~9.11.~~ The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without a review by a Board member.

~~12.~~ The Board delegates to the Executive Director the authority to determine if there is probable cause to initiate proceedings or action on behalf of the Board of Counseling, including he authority to close a case if staff determines probable cause does not exist, the conduct does not rise to the level of disciplinary action by the Board, or the Board does not have jurisdiction.

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~~10-13.~~ The Board delegates to the Executive Director the authority to review information regarding alleged violations of law or regulations and, in consultation with a member of a member of the Board, make a determination as to whether probable cause exists to proceed with possible disciplinary action.

14. ~~The Board delegates to the Executive Director the authority to assign the determination of probable cause for disciplinary action to a board member , or the staff professional disciplinary review coordinator in consultation with board staff, who may offer a confidential consent agreement, offer a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case.~~

11-15. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.

~~12-16.~~ The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

~~13-17.~~ The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.

14-18. The Board delegates to the Chair the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.

~~15-19.~~ The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

~~16-20.~~ The Board authorizes the Executive Director to delegate tasks to the Deputy Executive Director.

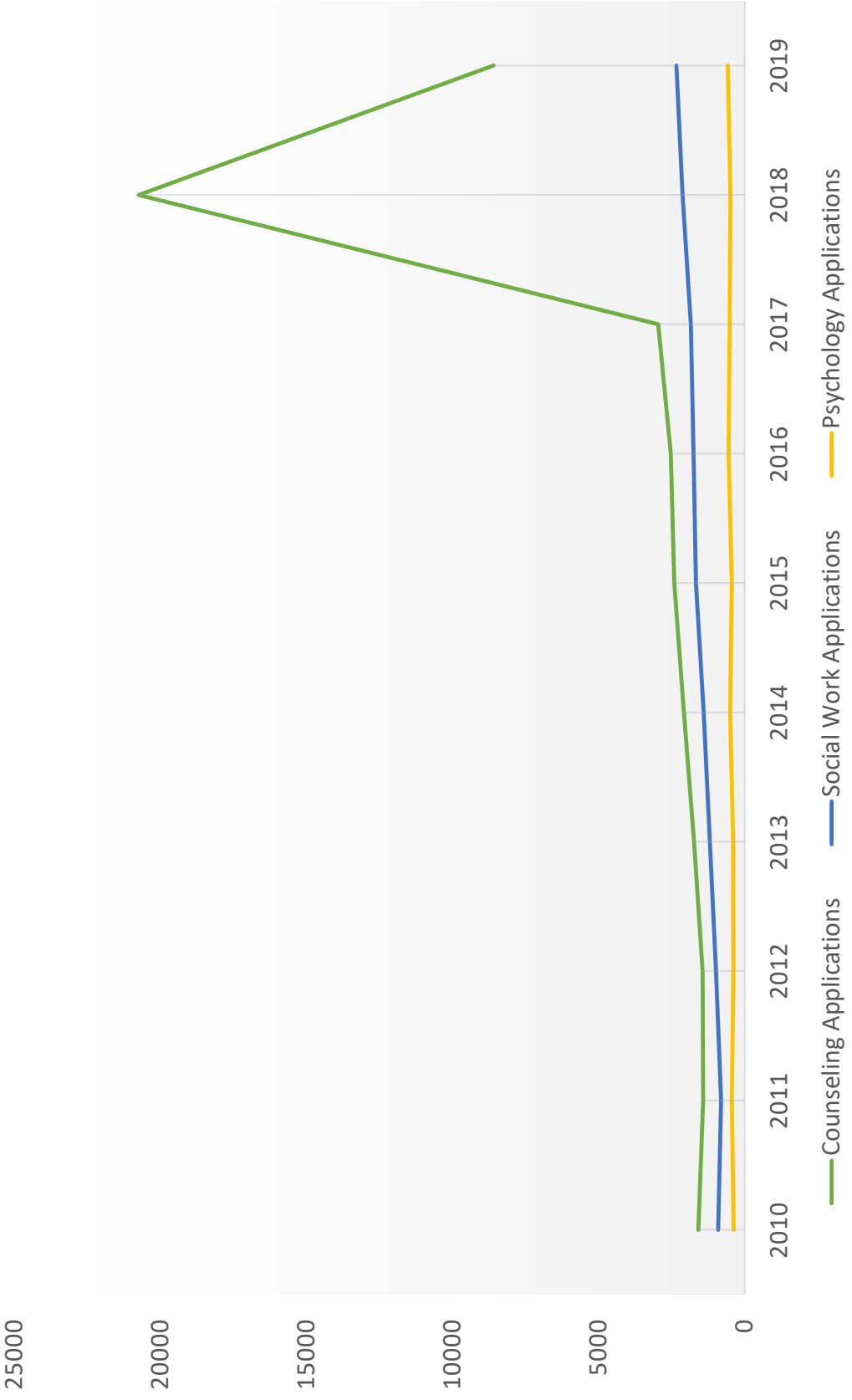
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ARTICLE V: AMENDMENTS

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

BSU 2019 Year End Report

BSU Applications Received



Board of Psychology Applications By Year

Psychology	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Applied	3	5	5	2	7	1	2	3	4	6
Clinical	333	257	310	274	240	231	226	189	273	212
Initial Resident in Training	62	99	113	128	119	116	103	116	72	78
Add/Change Clinical Supervisor	15	25								
School	3	3	3	11	3	7	9	7	5	4
Resident in School Psychology	4									
School Psy Limited	81	62	58	120	49	122	44	56	53	58
SOTP	26	21	32	23	29	25	19	21	41	24
SOTP Trainee	42	25								
Add/Change Trainee Supervisor	13	17								
	572	514	521	558	447	502	403	392	448	382

Board of Counseling License Applications by Year

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Counseling										
LMFT	76	62	61	61	43	45	35	32	25	31
LPC	829	703	612	524	503	458	397	270	328	322
MF Res										
Initial	52	57	51	43	35	37	44	28	37	26
Add/Change	51	36	40	49	49	42	38	23	29	22
Total	103	93	91	92	84	79	82	51	66	48
ROS										
Initial	821	760	732	656	692	610	479	429	420	610
Add/Change	1032	991	892	846	794	609	497	430	393	380
Total	1853	1751	1624	1502	1486	1219	976	859	813	990
LSATP	61	61	33	7	9	6	9	7	13	5
SAT Res				0	0	0	0	0	0	0
Initial	6	2	2	5	2	0	0	1	0	0
Add/Change	3	0	0	2	0	0	0	0	0	0
Total	9	2	2	7	2	6	0	1	0	0
	2931	2672	2423	2193	2127	1813	1499	1220	1245	1396

Board of Counseling Certification Applications by Year

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Counseling										
CSAC	189	166	213	115	110	113	92	86	105	112
CRP	4	2	5	7	3	5	6	20	12	31
CSAC-A	57	47	83	40	33	49	29	44	28	28
SA Trainee										
Initial	192	176	216	142	126	109	100	35	34	22
Add/Change	52	45	27	37	20	4	2	5	4	1
Total	244	221	243	179	146	113	102	40	38	23
	494	436	544	341	292	280	229	190	183	194

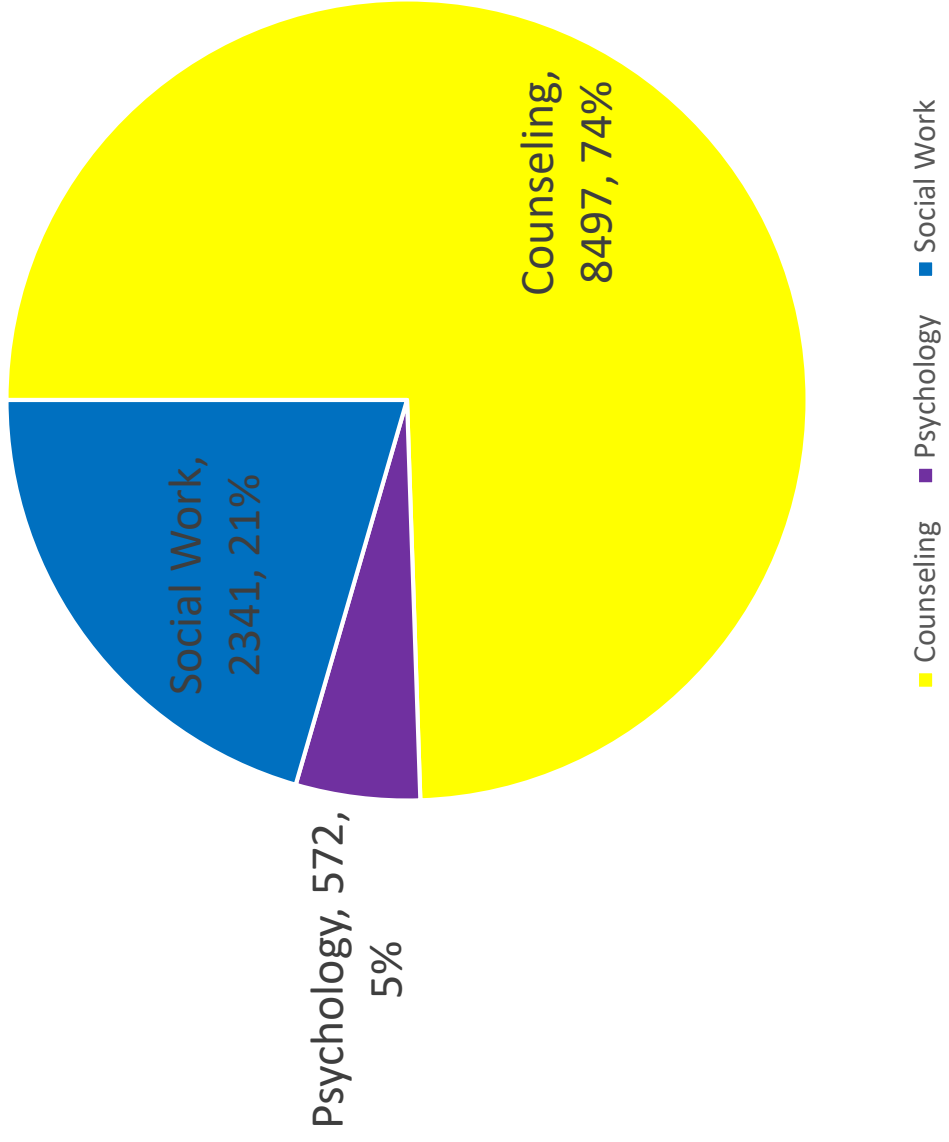
Board of Counseling Registration Applications by Year

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Counseling										
QMHP-A	1424	8402	0	0	0	0	0	0	0	0
QMHP-C	1383	7606	0	0	0	0	0	0	0	0
QMHP-Trainee	2124	1398	0	0	0	0	0	0	0	0
Peer	141	250	0	0	0	0	0	0	0	0
	5072	17656	0	0	0	0	0	0	0	0

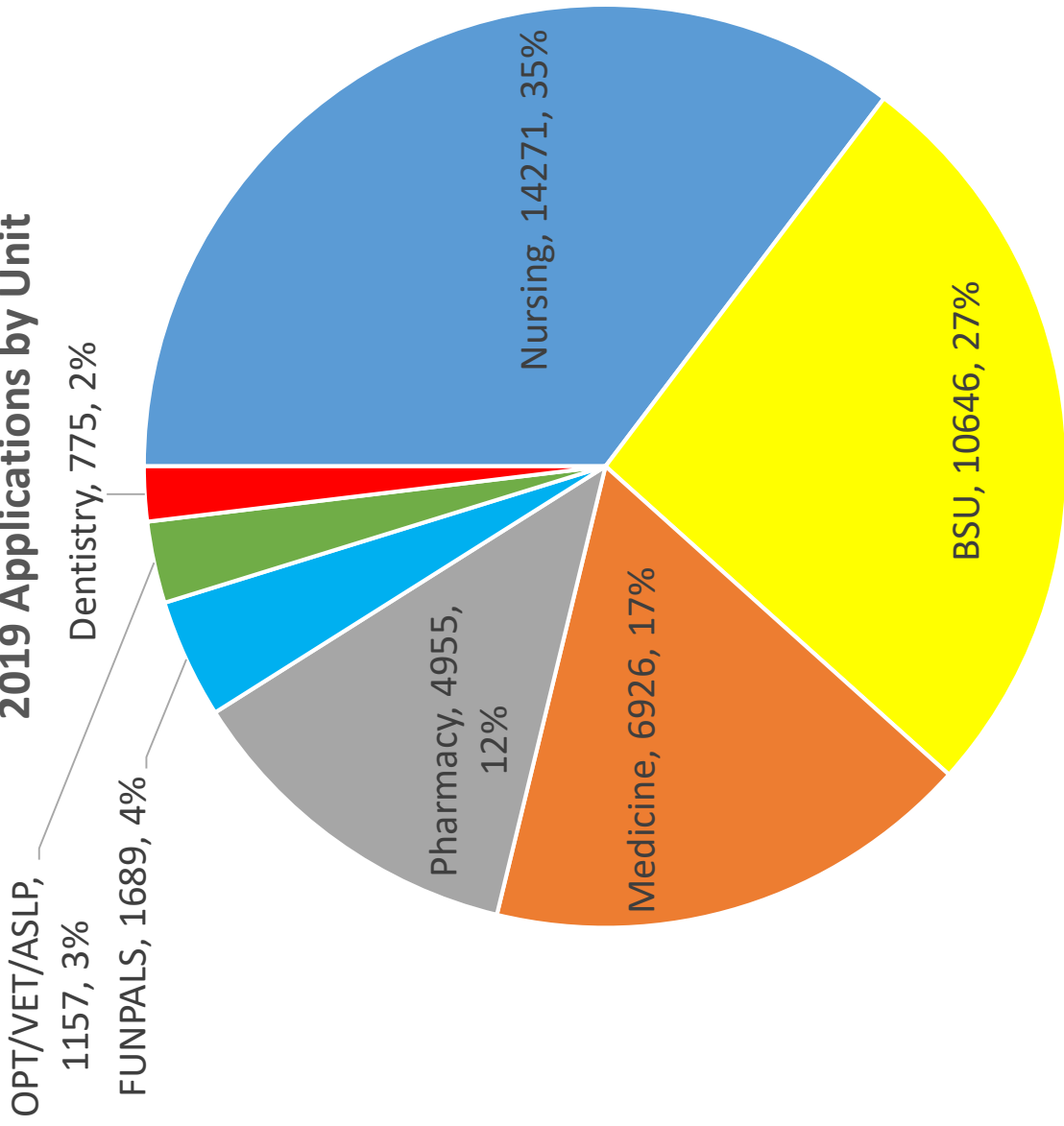
Board of Social Work Applications Year to Year

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Social Work										
LBSW	13	2	0	0	0	0	0	0	0	0
LCSW	713	726	678	590	548	443	378	454	290	371
LMSW	270	285	224	261	222	235	137	107	117	91
LSW										
LSW Supervision	4	3	0	2	3	1	2	0	1	1
LCSW ROS										
Initial	730	615	492	548	891	730	675	361	254	358
Add/Change	611	496	448	354	4	1	0	60	148	90
Total	1341	1111	940	902	895	731	675	421	402	448
Total	2341	2127	1842	1755	1668	1410	1192	982	810	911

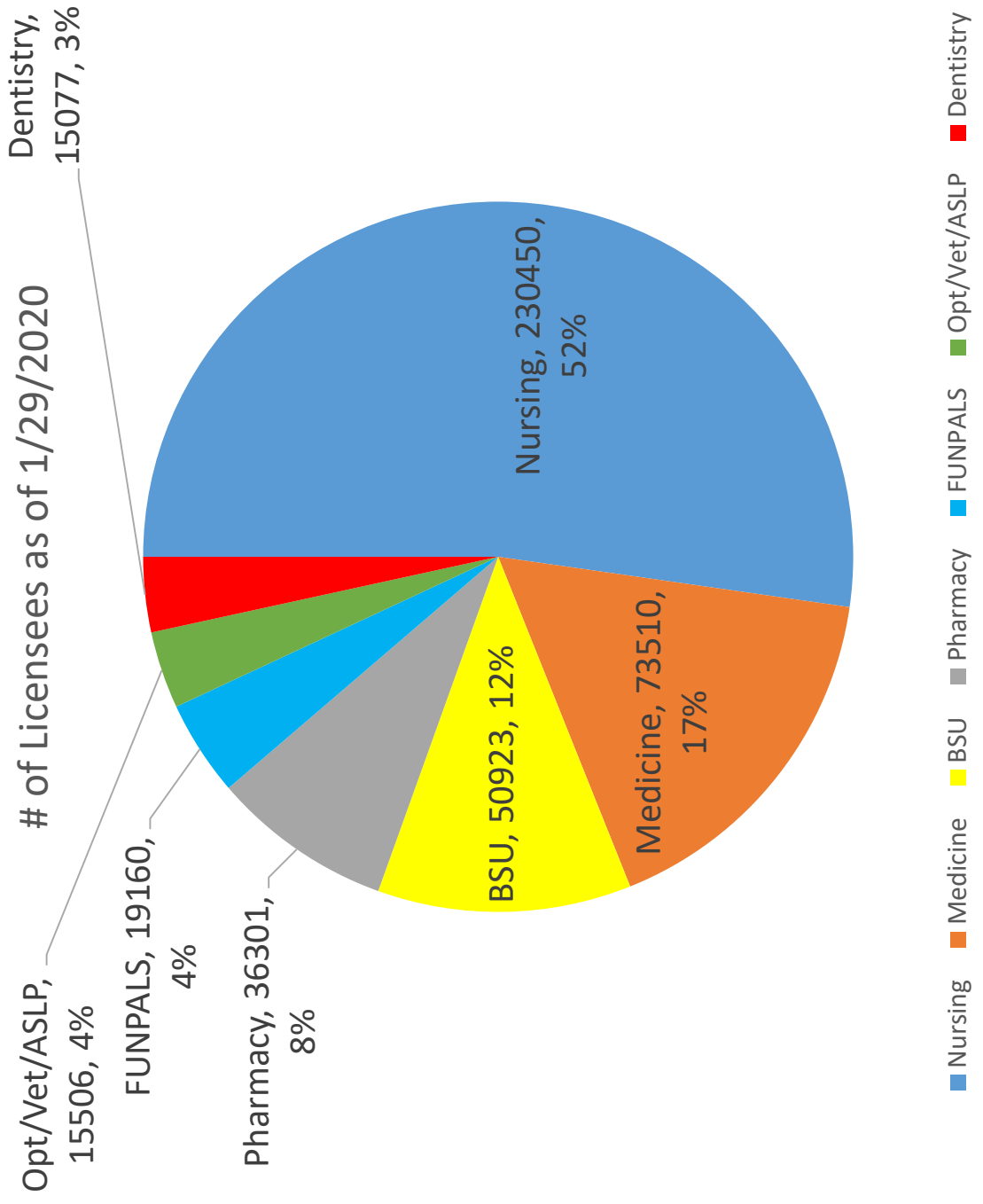
BSU 2019 Applications Received



2019 Applications by Unit



- Nursing
- BSU
- Medicine
- Pharmacy
- FUNPALS
- OPT/VET/ASLP
- Dentistry



Psychology Discipline Cases

Profession	Psychology Discipline Cases					
	2019		2018		2017	
	Received	Closed	Received	Closed	Received	Closed
Applied	1	1	0	0	0	0
Clinical	119	109	85	49	71	109
Clinical Resident	6	8	6	3	2	0
School	0	4	2	0	2	3
School-Limited	2	4	5	1	1	4
SOTP	45	27	11	5	11	24
SOTP Trainee	7	5	1	0	0	0
Total	180	158	110	58	87	140

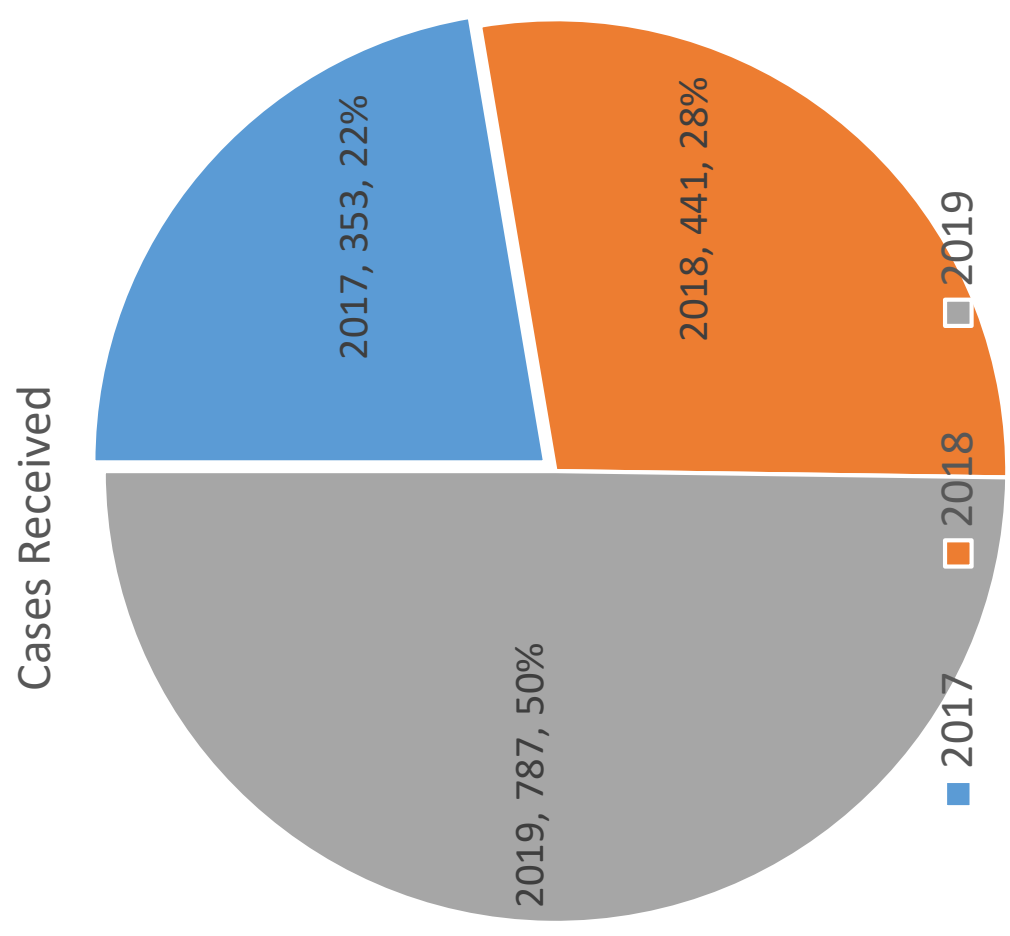
Counseling Discipline Cases

Counseling Discipline Cases						
Profession	2019		2018		2017	
	Received	Closed	Received	Closed	Received	Closed
CSAC	24	25	18	13	13	14
LMFT	37	31	17	13	21	28
LPC	158	165	103	66	97	95
QMHP-A	88	55	19	2	0	0
QMHP-C	54	40	18	1	0	0
Peer	3	4	1	0	0	0
CRP	1	1	0	0	1	2
Res in Counseling	73	53	32	17	26	28
Res in MFT	4	2	4	2	1	1
CSAC-A	1	1	1	1	2	1
SA Trainee	8	5	4	2	3	1
LSATP	10	9	2	1	2	2
QMHP-T	8	1	0	0	0	0
Total	469	392	219	118	166	172

Social Work Discipline Cases

Social Work Discipline Cases						
		2019		2018		2017
Profession	Received	Closed	Received	Closed	Received	Closed
LCSW	120	114	98	52	80	111
LMSW	4	5	4	6	6	3
Registration of Supervision	14	15	10	7	14	7
Total	138	134	112	65	100	121

BSU Discipline Cases Received



Virginia Department of Health Professions
Cash Balance
As of December 31, 2019

	<u>108- Psychology</u>
Board Cash Balance as June 30, 2019	\$ 1,034,433
YTD FY20 Revenue	69,389
Less: YTD FY20 Direct and Allocated Expenditures	<u>304,121</u>
Board Cash Balance as December 31, 2019	<u><u>\$ 799,701</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
				Budget	
4002400	Fee Revenue				
4002401	Application Fee	45,840.00	73,025.00	27,185.00	62.77%
4002406	License & Renewal Fee	16,785.00	539,030.00	522,245.00	3.11%
4002407	Dup. License Certificate Fee	394.00	115.00	(279.00)	342.61%
4002409	Board Endorsement - Out	1,895.00	2,050.00	155.00	92.44%
4002421	Monetary Penalty & Late Fees	4,475.00	5,755.00	1,280.00	77.76%
4002432	Misc. Fee (Bad Check Fee)	-	70.00	70.00	0.00%
	Total Fee Revenue	<u>69,389.00</u>	<u>620,045.00</u>	<u>550,656.00</u>	<u>11.19%</u>
	Total Revenue	<u>69,389.00</u>	<u>620,045.00</u>	<u>550,656.00</u>	<u>11.19%</u>
5011110	Employer Retirement Contrib.	4,251.14	8,668.00	4,416.86	49.04%
5011120	Fed Old-Age Ins- Sal St Emp	2,472.52	4,905.00	2,432.48	50.41%
5011140	Group Insurance	423.00	840.00	417.00	50.36%
5011150	Medical/Hospitalization Ins.	3,778.50	8,244.00	4,465.50	45.83%
5011160	Retiree Medical/Hospitalizatn	377.77	751.00	373.23	50.30%
5011170	Long term Disability Ins	200.13	398.00	197.87	50.28%
	Total Employee Benefits	<u>11,503.06</u>	<u>23,806.00</u>	<u>12,302.94</u>	<u>48.32%</u>
5011200	Salaries				
5011230	Salaries, Classified	32,456.30	64,113.00	31,656.70	50.62%
	Total Salaries	<u>32,456.30</u>	<u>64,113.00</u>	<u>31,656.70</u>	<u>50.62%</u>
5011300	Special Payments				
5011340	Specified Per Diem Payment	500.00	2,350.00	1,850.00	21.28%
5011380	Deferred Compnstrn Match Pmts	284.00	556.00	272.00	51.08%
	Total Special Payments	<u>784.00</u>	<u>2,906.00</u>	<u>2,122.00</u>	<u>26.98%</u>
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	114.18	-	(114.18)	0.00%
	Total Terminatn Personal Svce Costs	<u>114.18</u>	<u>-</u>	<u>(114.18)</u>	<u>0.00%</u>
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	<u>44,857.54</u>	<u>90,825.00</u>	<u>45,967.46</u>	<u>49.39%</u>
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	172.00	172.00	0.00%
5012140	Postal Services	3,025.52	4,560.00	1,534.48	66.35%
5012150	Printing Services	-	82.00	82.00	0.00%
5012160	Telecommunications Svcs (VITA)	138.79	425.00	286.21	32.66%
5012190	Inbound Freight Services	30.00	-	(30.00)	0.00%
	Total Communication Services	<u>3,194.31</u>	<u>5,239.00</u>	<u>2,044.69</u>	<u>60.97%</u>
5012200	Employee Development Services				
5012210	Organization Memberships	2,750.00	2,750.00	-	100.00%
	Total Employee Development Services	<u>2,750.00</u>	<u>2,750.00</u>	<u>-</u>	<u>100.00%</u>
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	10,053.46	8,270.00	(1,783.46)	121.57%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
5012440	Management Services	111.01	330.00	218.99	33.64%
5012460	Public Infrmtnl & Relatn Svcs	174.00	-	(174.00)	0.00%
5012470	Legal Services	-	250.00	250.00	0.00%
	Total Mgmnt and Informational Svcs	10,338.47	8,850.00	(1,488.47)	116.82%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	23.51	-	(23.51)	0.00%
5012530	Equipment Repair & Maint Srvc	931.31	-	(931.31)	0.00%
	Total Repair and Maintenance Svcs	954.82	-	(954.82)	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	300.92	432.00	131.08	69.66%
5012660	Manual Labor Services	59.17	427.00	367.83	13.86%
5012670	Production Services	464.75	935.00	470.25	49.71%
5012680	Skilled Services	3,500.04	13,815.00	10,314.96	25.34%
	Total Support Services	4,324.88	15,609.00	11,284.12	27.71%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,733.04	3,572.00	1,838.96	48.52%
5012830	Travel, Public Carriers	1,329.60	-	(1,329.60)	0.00%
5012850	Travel, Subsistence & Lodging	1,724.65	1,101.00	(623.65)	156.64%
5012880	Trvl, Meal Reimb- Not Rprtble	568.00	1,139.00	571.00	49.87%
	Total Transportation Services	5,355.29	5,812.00	456.71	92.14%
	Total Contractual Svs	26,917.77	38,260.00	11,342.23	70.35%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	911.85	348.00	(563.85)	262.03%
5013130	Stationery and Forms	116.52	1,554.00	1,437.48	7.50%
	Total Administrative Supplies	1,028.37	1,902.00	873.63	54.07%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	2.00	2.00	0.00%
5013530	Electrcal Repair & Maint Matrl	0.94	-	(0.94)	0.00%
	Total Repair and Maint. Supplies	0.94	2.00	1.06	47.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	43.20	26.00	(17.20)	166.15%
5013630	Food Service Supplies	-	100.00	100.00	0.00%
5013640	Laundry and Linen Supplies	0.92	-	(0.92)	0.00%
	Total Residential Supplies	44.12	126.00	81.88	35.02%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	1,073.43	2,040.00	966.57	52.62%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5015160	Property Insurance	31.33	32.00	0.67	97.91%
	Total Insurance-Fixed Assets	31.33	32.00	0.67	97.91%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	249.90	540.00	290.10	46.28%
5015350	Building Rentals	7.20	-	(7.20)	0.00%
5015390	Building Rentals - Non State	3,075.73	6,662.00	3,586.27	46.17%
	Total Operating Lease Payments	3,332.83	7,202.00	3,869.17	46.28%
5015500	Insurance-Operations				
5015510	General Liability Insurance	112.46	120.00	7.54	93.72%
5015540	Surety Bonds	6.64	8.00	1.36	83.00%
	Total Insurance-Operations	119.10	128.00	8.90	93.05%
	Total Continuous Charges	3,483.26	7,362.00	3,878.74	47.31%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	2.50	-	(2.50)	0.00%
	Total Computer Hrdware & Sftware	2.50	-	(2.50)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	52.00	52.00	0.00%
	Total Educational & Cultural Equip	-	52.00	52.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	70.00	70.00	0.00%
	Total Office Equipment	-	70.00	70.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	75.63	-	(75.63)	0.00%
	Total Specific Use Equipment	75.63	-	(75.63)	0.00%
	Total Equipment	78.13	122.00	43.87	64.04%
	Total Expenditures	76,410.13	138,609.00	62,198.87	55.13%
Allocated Expenditures					
20100	Behavioral Science Exec	65,821.65	138,765.60	72,943.95	47.43%
30100	Data Center	34,289.77	112,452.60	78,162.84	30.49%
30200	Human Resources	6,275.36	4,375.95	(1,899.41)	143.41%
30300	Finance	15,616.63	33,257.05	17,640.41	46.96%
30400	Director's Office	6,947.37	13,297.52	6,350.15	52.25%
30500	Enforcement	60,420.65	112,407.53	51,986.88	53.75%
30600	Administrative Proceedings	23,544.50	27,679.78	4,135.28	85.06%
30700	Impaired Practitioners	326.52	1,041.45	714.92	31.35%
30800	Attorney General	6,269.23	4,960.40	(1,308.83)	126.39%
30900	Board of Health Professions	5,019.17	9,675.89	4,656.72	51.87%
31100	Maintenance and Repairs	-	922.72	922.72	0.00%
31300	Emp. Recognition Program	4.52	198.01	193.49	2.28%
31400	Conference Center	50.26	221.14	170.88	22.73%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10800 - Psychology
 For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
				Budget	
31500	Pgm Devlpmnt & Implmentn	3,125.28	5,690.92	2,565.64	54.92%
	Total Allocated Expenditures	<u>227,710.91</u>	<u>464,946.56</u>	<u>237,235.65</u>	<u>48.98%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ (234,732.04)</u>	<u>\$ 16,489.44</u>	<u>\$ 251,221.48</u>	<u>1423.53%</u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	July	August	September	October	November	December	Total
4002400	Fee Revenue							
4002401	Application Fee	5,595.00	5,315.00	10,505.00	10,090.00	9,150.00	5,185.00	45,840.00
4002406	License & Renewal Fee	9,195.00	2,630.00	2,260.00	470.00	1,215.00	1,015.00	16,785.00
4002407	Dup. License Certificate Fee	110.00	55.00	40.00	89.00	25.00	75.00	394.00
4002409	Board Endorsement - Out	400.00	350.00	210.00	335.00	300.00	300.00	1,895.00
4002421	Monetary Penalty & Late Fees	3,075.00	600.00	500.00	25.00	150.00	125.00	4,475.00
	Total Fee Revenue	18,375.00	8,950.00	13,515.00	11,009.00	10,840.00	6,700.00	69,389.00
	Total Revenue	18,375.00	8,950.00	13,515.00	11,009.00	10,840.00	6,700.00	69,389.00
5011000	Personal Services							
5011100	Employee Benefits							
5011110	Employer Retirement Contrib.	894.52	605.96	605.96	714.90	714.90	714.90	4,251.14
5011120	Fed Old-Age Ins- Sal St Emp	507.94	340.25	340.24	436.69	423.71	423.69	2,472.52
5011140	Group Insurance	86.68	58.72	58.72	72.96	72.96	72.96	423.00
5011150	Medical/Hospitalization Ins.	1,030.50	687.00	687.00	-	687.00	687.00	3,778.50
5011160	Retiree Medical/Hospitalizatn	77.41	52.44	52.44	65.16	65.16	65.16	377.77
5011170	Long term Disability Ins	41.01	27.78	27.78	34.52	34.52	34.52	200.13
	Total Employee Benefits	2,638.06	1,772.15	1,772.14	1,324.23	1,998.25	1,998.23	11,503.06
5011200	Salaries							
5011230	Salaries, Classified	6,723.00	4,482.00	4,482.00	5,630.98	5,569.16	5,569.16	32,456.30
	Total Salaries	6,723.00	4,482.00	4,482.00	5,630.98	5,569.16	5,569.16	32,456.30
5011340	Specified Per Diem Payment	-	100.00	-	50.00	250.00	100.00	500.00
5011380	Deferred Compnstrn Match Pmnts	60.00	40.00	40.00	48.00	48.00	48.00	284.00
	Total Special Payments	60.00	140.00	40.00	98.00	298.00	148.00	784.00
5011600	Terminatn Personal Svce Costs							
5011660	Defined Contribution Match - Hy	-	-	-	38.06	38.06	38.06	114.18
	Total Terminatn Personal Svce Costs	-	-	-	38.06	38.06	38.06	114.18
5012000	Contractual Svcs	9,421.06	6,394.15	6,294.14	7,091.27	7,903.47	7,753.45	44,857.54
5012100	Communication Services							
5012140	Postal Services	807.50	1,351.63	465.61	-	352.62	48.16	3,025.52
5012160	Telecommunications Svcs (VITA)	23.89	22.98	22.98	22.98	22.98	22.98	138.79

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	July	August	September	October	November	December	Total
5012190	Inbound Freight Services	15.00	-	-	-	15.00	-	30.00
	Total Communication Services	846.39	1,374.61	488.59	22.98	390.60	71.14	3,194.31
5012200	Employee Development Services	-	-	2,750.00	-	-	-	2,750.00
5012210	Organization Memberships	-	-	2,750.00	-	-	-	2,750.00
	Total Employee Development Services	-	-	2,750.00	-	-	-	2,750.00
5012400	Mgmt and Informational Svcs	-	-	-	-	-	-	-
5012420	Fiscal Services	151.33	9,815.06	41.87	-	34.40	10.80	10,053.46
5012440	Management Services	-	25.85	52.62	-	32.54	-	111.01
5012460	Public Infrmtl & Relatn Svcs	14.00	26.00	10.00	-	66.00	58.00	174.00
	Total Mgmt and Informational Svcs	165.33	9,866.91	104.49	-	132.94	68.80	10,338.47
5012500	Repair and Maintenance Svcs	-	-	-	-	-	-	-
5012510	Custodial Services	-	-	-	-	23.51	-	23.51
5012530	Equipment Repair & Maint Svc	-	-	-	-	931.31	-	931.31
	Total Repair and Maintenance Svcs	-	-	-	-	954.82	-	954.82
5012600	Support Services	-	-	-	-	-	-	-
5012640	Food & Dietary Services	-	42.80	-	-	258.12	-	300.92
5012660	Manual Labor Services	6.19	29.73	-	-	14.50	8.75	59.17
5012670	Production Services	-	91.15	-	-	364.00	9.60	464.75
5012680	Skilled Services	708.34	558.34	558.34	558.34	558.34	558.34	3,500.04
	Total Support Services	714.53	722.02	558.34	558.34	1,194.96	576.69	4,324.88
5012800	Transportation Services	-	-	-	-	-	-	-
5012820	Travel, Personal Vehicle	-	336.40	-	155.44	1,024.28	216.92	1,733.04
5012830	Travel, Public Carriers	-	-	-	1,236.70	92.90	-	1,329.60
5012850	Travel, Subsistence & Lodging	-	106.50	-	-	1,509.38	108.77	1,724.65
5012880	Trvl, Meal Reimb- Not Rprtbl	-	62.25	-	-	443.50	62.25	568.00
	Total Transportation Services	-	505.15	-	1,392.14	3,070.06	387.94	5,355.29
	Total Contractual Svcs	1,726.25	12,468.69	3,901.42	1,973.46	5,743.38	1,104.57	26,917.77
5013000	Supplies And Materials	-	-	-	-	-	-	-
5013100	Administrative Supplies	-	-	-	-	-	-	-
5013120	Office Supplies	112.48	79.10	171.34	-	349.12	199.81	911.85
5013130	Stationery and Forms	-	25.41	-	-	-	91.11	116.52

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	July	August	September	October	November	December	Total
	Total Administrative Supplies	112.48	104.51	171.34	-	349.12	290.92	1,028.37
5013500	Repair and Maint. Supplies	-	-	-	-	-	0.94	0.94
5013530	Electrcal Repair & Maint Matri	-	-	-	-	-	0.94	0.94
	Total Repair and Maint. Supplies	-	-	-	-	-	0.94	0.94
5013600	Residential Supplies	-	-	-	-	-	-	-
5013620	Food and Dietary Supplies	-	-	-	-	43.20	-	43.20
5013640	Laundry and Linen Supplies	-	-	-	-	-	0.92	0.92
	Total Residential Supplies	-	-	-	-	43.20	0.92	44.12
	Total Supplies And Materials	112.48	104.51	171.34	-	392.32	292.78	1,073.43
5015000	Continuous Charges	-	-	-	-	-	-	-
5015100	Insurance-Fixed Assets	-	-	-	-	-	-	-
5015160	Property Insurance	31.33	-	-	-	-	-	31.33
	Total Insurance-Fixed Assets	31.33	-	-	-	-	-	31.33
5015300	Operating Lease Payments	-	53.50	48.70	-	99.00	48.70	249.90
5015340	Equipment Rentals	3.60	-	-	3.60	-	-	7.20
5015350	Building Rentals	496.44	562.20	489.52	502.74	528.23	496.60	3,075.73
5015390	Building Rentals - Non State	500.04	615.70	538.22	506.34	627.23	545.30	3,332.83
	Total Operating Lease Payments	112.46	-	-	-	-	-	112.46
5015500	Insurance-Operations	6.64	-	-	-	-	-	6.64
5015510	General Liability Insurance	119.10	-	-	-	-	-	119.10
5015540	Surety Bonds	650.47	615.70	538.22	506.34	627.23	545.30	3,483.26
	Total Insurance-Operations	650.47	615.70	538.22	506.34	627.23	545.30	3,483.26
	Total Continuous Charges	119.10	-	-	-	-	-	119.10
5022000	Equipment	-	-	-	-	-	-	-
5022170	Other Computer Equipment	-	-	-	-	-	2.50	2.50
	Total Computer Hrdware & Sftware	-	-	-	-	-	2.50	2.50
5022710	Household Equipment	-	5.81	-	-	69.82	-	75.63
	Total Specific Use Equipment	-	5.81	-	-	69.82	-	75.63
	Total Equipment	-	5.81	-	-	69.82	2.50	78.13

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	July	August	September	October	November	December	Total
	Total Expenditures	11,910.26	19,588.86	10,905.12	9,571.07	14,736.22	9,698.60	76,410.13
	Allocated Expenditures							
20100	Behavioral Science Exec	14,794.40	10,256.33	10,399.90	8,857.25	10,923.02	10,590.75	65,821.65
20200	OptiVet-Med\ASLP Executive Dir	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-
20600	Funeral\LTCAIPT	-	-	-	-	-	-	-
30100	Data Center	6,877.10	7,390.25	2,924.87	5,562.97	8,732.90	2,801.68	34,289.77
30200	Human Resources	670.09	62.27	41.16	5,381.74	72.38	47.73	6,275.36
30300	Finance	3,125.02	2,478.19	2,268.59	5,484.30	(713.26)	2,973.79	15,616.63
30400	Director's Office	1,495.64	1,015.62	1,003.39	988.07	1,310.96	1,133.69	6,947.37
30500	Enforcement	12,569.55	8,059.24	8,773.54	8,429.22	11,530.82	11,058.28	60,420.65
30600	Administrative Proceedings	-	3,673.32	6,996.77	5,379.13	5,143.49	2,351.78	23,544.50
30700	Impaired Practitioners	75.00	45.98	45.05	44.06	69.40	47.02	326.52
30800	Attorney General	-	-	-	-	6,269.23	-	6,269.23
30900	Board of Health Professions	1,075.53	867.50	655.79	834.35	905.28	680.73	5,019.17
31000	SRTA	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-
31300	Emp. Recognition Program	1.75	-	-	-	2.77	-	4.52
31400	Conference Center	6.01	14.07	(2.97)	4.65	19.79	8.69	50.26
31500	Pgm Devlpmt & Implimentn	636.77	510.81	457.40	412.70	629.66	477.93	3,125.28
98700	Cash Transfers	-	-	-	-	-	-	-
	Total Allocated Expenditures	41,326.88	34,373.59	33,563.48	41,378.43	44,896.44	32,172.09	227,710.91
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (34,862.14)	\$ (45,012.45)	\$ (30,953.60)	\$ (39,940.50)	\$ (48,792.66)	\$ (35,170.69)	\$ (234,732.04)

Discipline Reports

10/04/2019 - 01/24/2020

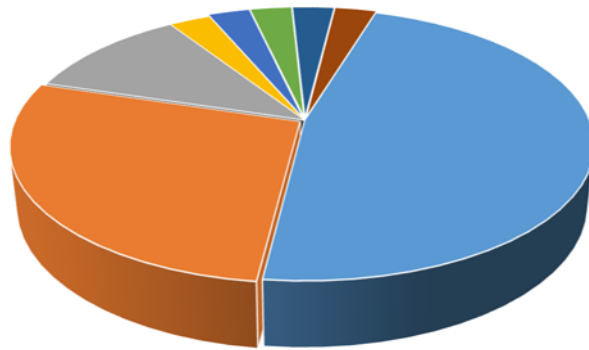
NEW CASES RECEIVED IN BOARD 10/04/2019 - 01/24/2020				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	110	46	29	<i>185</i>

OPEN CASES (as of 01/24/2020)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	84	64	64	
Scheduled for Informal Conferences	17	1	2	
Scheduled for Formal Hearings	1	1	0	
Other (on hold, pending settlement, etc)	2	0	2	
Cases with APD for processing (IFC, FH, Consent Order)	18	2	4	
TOTAL CASES AT BOARD LEVEL	122	68	72	<i>262</i>
OPEN INVESTIGATIONS	88	28	26	<i>142</i>
TOTAL OPEN CASES	210	96	98	<i>404</i>

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	February 25, 2020 June 30, 2020
Formal Hearings	Following scheduled board meetings, as necessary

CASES CLOSED (10/04/2019 - 01/24/2020)	
Closed – no violation	26
Closed – undetermined	1
Closed – violation	9
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
TOTAL CASES CLOSED	36

Closed Case Categories



- No jurisdiction (17)
- Diagnosis/Treatment (10)
- Abuse/Abandonment/Neglect (4)
- Inability Safely Practice (1)
- Inappropriate Relationship (1)
- Fraud, non-patient care (1)
- Scope of Practice (1)
- Confidentiality (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	268 days
Avg. time in Enforcement (investigations)	92 days
Avg. time in APD (IFC/FH preparation)	177 days
Avg. time in Board (includes hearings, reviews, etc).	125 days
Avg. time with board member (probable cause review)	12 days



AGENCY REPORTS

CASES RECEIVED, OPEN, & CLOSED REPORT SUMMARY BY BOARD

FISCAL YEAR 2020, QUARTER ENDING SEPTEMBER 30, 2020 (Q1)

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

COUNSELING	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Number of Cases Received	17	40	35	28	37	31	45	56	54	76	72	99
Number of Cases Open	69	58	56	61	72	84	102	124	150	176	144	166
Number of Cases Closed	43	60	42	26	29	23	33	29	28	51	103	77

PSYCHOLOGY	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Number of Cases Received	26	13	22	23	23	28	26	20	31	38	27	55
Number of Cases Open	87	49	34	46	44	52	57	64	83	75	75	97
Number of Cases Closed	17	52	38	16	24	19	24	13	11	46	29	34

SOCIAL WORK	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Number of Cases Received	12	28	21	14	27	15	34	35	25	33	39	27
Number of Cases Open	70	54	39	39	48	52	71	93	95	97	90	88
Number of Cases Closed	17	46	39	15	19	11	18	13	23	31	48	30

AGENCY REPORTS

AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER QUARTER FISCAL YEAR 2020, QUARTER ENDING SEPTEMBER 30, 2020 (Q1)

*The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

BOARD	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Counseling	292.8	247.9	106.1	251.5	128.2	153.7	185.0	164.2	161.3	251.0	279.0	173.0
Psychology	291.7	357.7	252.7	119.5	183.3	118.8	175.2	170.4	228.6	225.0	153.0	72.0
Social Work	407.6	366.2	228.8	292.7	123.6	277.5	237.2	113.8	200.7	263.0	211.0	271.0
Agency Totals	207.7	222.8	194.1	255.7	186.5	196.4	201.1	173.8	169.2	258.0	204.0	214.0

PERCENTAGE OF CASES OF ALL TYPES CLOSED WITHIN 365 CALENDAR DAYS*

FISCAL YEAR 2020, QUARTER ENDING SEPTEMBER 30, 2020 (Q1)

*The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, the percent of cases that were closed in less than one year.

BOARD	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020
Counseling	78.6%	84.7%	97.5%	76.9%	97.0%	91.3%	84.8%	89.7%	89.3%	73.8%	68.0%	84.8%
Psychology	50.0%	44.2%	81.6%	92.9%	85.2%	100%	90.5%	92.3%	81.8%	86.4%	93.1%	95.7%
Social Work	62.5%	41.3%	92.3%	73.3%	100%	81.8%	66.7%	84.2%	78.3%	50.9%	70.8%	46.7%
Agency Totals	85.1%	81.7%	86.7%	82.2%	86.7%	87.6%	80.6%	85.5%	84.0%	76.4%	82.3%	78.2%

Psychology Satisfaction Results for Quarter 2 2020

Board	Q12017	Q22017	Q32017	Q42017	Q12018	Q22018	Q32018	Q42018	Q12019	Q22019	Q32019	Q4 2019	Q1 2020	Q2 2020
Psychology	64.3%	91.7%	94.7%	94.9%	98.1%	91.2%	92.0%	89.6%	87.8%	93.6%	88.9%	100.0%	100.0%	94.6%

Comments for Overall Experience:

Positive Comments:

I was especially impressed by Deborah Harris. Her email responses were quick and very helpful.

Rating: 9 out of 10

Just FYI, I applied for my NC license in mid September, and it is still in process. My Virginia license was issued in 2 weeks, and I am already employed. THANKS!

Rating: 10 out of 10

Thanks especially to Ms Harris for her prompt, courteous and consistent support in this process!

Rating: 8 out of 10

I've heard about the process being an absolute nightmare in other states. I was so impressed by how easy and straightforward the process was in Virginia.

Rating: 10 out of 10

This really was a very easy process. I appreciate how quickly a decision was made!

Rating: 10 out of 10

Application processing was much quicker than expected - thank you!

Rating: 8 out of 10

Good overall experience and turnaround time for processing the application was excellent.

Rating: 8 out of 10

Critical Comments and areas for improvement:

The forms were easy to complete, although at first it was a bit confusing as to which forms I had to complete. It took some time to understand which forms were applicable to me. However, when I called for clarification, my questions were clearly answered.

Rating: 10 out of 10

What could we do to improve our service to you?

Nothing!

Continue to work on making the website user friendly.

Nothing. Applying as a senior psychologist was quick and easy.

My name was correctly spelled on the letters I was sent, emails I received, and the envelope my license came in, however, my name was misspelled on my license. This has delayed my ability to become credentialed through my employer and causing financial losses for my company. I was told that they would mail me an updated license tomorrow. Hopefully, that will arrive soon.

The website could use a more user friendly re-vamp, and there could be more accessibility by phone.

The only piece that was not very clear to me was whether my verification from another state would be accepted. It seems like there should be a clear cut answer as to whether what is provided online from each state is sufficient (or could be confirmed by a phone call).

Emails are responded to promptly, but phone calls were never answered. Email responses could be improved by by answering all of the questions asked rather than pieces of questions sometimes.



PSYCHOLOGY LICENSING REPORT

As of January 31, 2020

Application Satisfaction Survey			
2nd Quarter (October 1 – December 31, 2019)			
Respondents:	16	Satisfaction Percentage:	95 %

TOTALS AS OF JANUARY 2, 2020

There were 5,916 licensees, certificate holders and registrants as of January 2, 2020. The number of current licenses, certifications and registrations are listed in the below chart.

Current Licenses	
Clinical Psychologists	3747
Resident in Training	866
Applied Psychologist	26
School Psychologists	95
Resident in School Psychology	866
School Psychologist-Limited	602
Sex Offender Treatment Provider	418
Sex Offender Treatment Provider Trainee	154
Total	5916

NOVEMBER 2019

There were 41 licenses issued for Psychology for the month of **November**. The number of licenses, certification and registration issued are listed in the below chart. During this month the Board received 82 applications.

Current Licenses	
Clinical Psychologists	19
Resident in Training	3
Applied Psychologist	0
School Psychologists	0
Resident in School Psychology	0
School Psychologist-Limited	16
Sex Offender Treatment Provider	1
Sex Offender Treatment Provider Trainee	2
Total	41

DECEMBER 2019

There were 61 licenses issued for Psychology for the month of **December**. The number of licenses, certification and registration issued are listed in the below chart. During this month the Board received 85 applications.

Current Licenses	
Clinical Psychologists	34
Resident in Training	2
Applied Psychologist	0
School Psychologists	1
Resident in School Psychology	0
School Psychologist-Limited	17
Sex Offender Treatment Provider	3
Sex Offender Treatment Provider Trainee	4
Total	61



JANUARY 2020

There were 41 licenses, certifications, registrations issued for Psychology for the month of **January**. The number of licenses, certification and registration issued are listed in the below chart. During this month the Board received 44 applications.

Current Licenses	
Clinical Psychologists	26
Resident in Training	4
Applied Psychologist	0
School Psychologists	0
Resident in School Psychology	1
School Psychologist-Limited	6
Sex Offender Treatment Provider	3
Sex Offender Treatment Provider Trainee	1
Total	41



Additional Information:

- Staff is working to add the Psychology Licensure Universal System (PLUS) program which is the Association of State and Provincial Psychology Boards (ASPPB) online management system as an option to the application process.
- Staff will update the announcement page of the Board's website and send out an email blast to all licensees and certificate holders the first week of February regarding the reduction in renewal fees for 2020.

Upcoming Board Meetings	
Regulatory Committee Meetings	April 6, 2020 July 13, 2020 October 26, 2020
Quarterly Board Meetings	April 7, 2020 July 14, 2020 October 27, 2020

DRAFT

In Attendance

Sahil Chaudhary, Citizen Member
Helene Clayton-Jeter, OD, Board of Optometry
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Louise Hershkowitz, CRNA, MSHA, Board of Nursing
Allen Jones, Jr., DPT, PT, Board of Physical Therapy
Louis Jones, FSL, Board of Funeral Directors and Embalmers
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Ryan Logan, RPh, Board of Pharmacy
Kevin O'Connor, MD, Board of Medicine
John Salay, MSW, LCSW, Board of Social Work
Herb Stewart, PhD, Board of Psychology
James Watkins, DDS, Board of Dentistry
James Wells, RPh, Citizen Member

Absent

Steve Karras, DVM, Board of Veterinary Medicine
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Martha Rackets, PhD, Citizen Member
Maribel Ramos, Citizen Member
Vacant - Citizen Member

DHP Staff

David Brown, DC, Director DHP
Barbara Allison-Bryan, MD, Deputy Director DHP
Elizabeth A. Carter, PhD, Executive Director BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Laura Jackson, MSHSA, Operations Manager BHP
Charis Mitchell, Assistant Attorney General
Rajana Siva, MBA, Research Analyst BHP
Elaine Yeatts, Senior Policy Analyst DHP

Speakers

No speakers signed-in

Observers

Scott Johnson, Hancock Daniel & Johnson, PC

Emergency Egress

Elizabeth Carter, PhD

Call to Order

Dr. Jones, Jr.
Time: 10:00 a.m.
Quorum: Established

Public Comment

No public comment was provided

Approval of Minutes

Motion

Dr. Jones, Jr.

A motion to accept meeting minutes from the August 29, 2019 Full Board meeting was made and properly seconded. All members were in favor, none opposed.

Director's Report

Dr. Brown announced that the agencies Board Member Training held October 7, 2019 was rated a 4.5 out of 5. He noted that additional information will be made available to board members on the agencies website. Dr. Brown stated that the agency's website upgrade was going well and that several boards have made the transition. He requested that the board members go to the website and look to see if it is more user friendly. Boards will now be able to make their own postings, reducing the need for Data to post the information on their behalf.

Dr. Allison-Bryan reviewed building security changes that have gone into effect and those that are yet to be implemented.

The Council on Licensure, Enforcement and Regulation (CLEAR) is an organization designed to help those in professional regulation have access to resources. At the annual CLEAR meeting in September, DHP's research and analysis into the workload of the Enforcement Division staff was presented by DHP's Enforcement Director Ms. Schmitz and Visual Research, Inc. President Neal Kauder.

Welcome

Dr. Jones, Jr. introduced newly appointed Board of Health Professions board members Louise Herskowitz with the Board of Nursing and Steve Karras with the Board of Veterinary Medicine.

Legislative and Regulatory Report

Ms. Yeatts provided an overview of the regulations distributed during the meeting. She advised that the agency has hired a P-14 law student to assist with the review and analysis of mandated and/or discretionary regulations. A link to the report will be posted on the agencies webpage once it is completed.

Board Chair Report

Dr. Jones, Jr. thanked agency staff for the high level of training provided at the October board member training.

Sanction Reference Points Review

Mr. Kauder with VisualResearch, Inc. provided a PowerPoint presentation discussing the SRP worksheet updates made for the Boards of Funeral Directors and Embalmers, Long-Term Care Administrators, Physical Therapy and Dentistry and that the review for the Board of Nursing is still in progress. (Attachment 1)

Executive Director's Report

Dr. Carter reviewed the Board's budget and provided insight into the agency's statistics and performance.

Dr. Carter provided an overview of the meetings she attended at The National Conference of State Legislatures Multi-State Learning Consortium in Utah and the The Council of State Governments Occupational Licensing Learning Seminar in Kentucky.

Healthcare Workforce Data Center

Dr. Shobo provided an overview of the PowerPoint presentation she presented at the Home Care and Health Medicaid Conference in September. She also provided an update on the status of requests made for the sharing of the agency's workforce data.

Medicaid utilization will be added as a survey item on the 2020 workforce surveys. Discussion ensued on how best to collect the information.

Lunch

12:20 working lunch

Board Member Introductions

Staff and board members in attendance introduced themselves to the newly appointed board members.

Individual Board Reports

Board of Psychology - Dr. Stewart (Attachment 2)

Board of Nursing - Ms. Hershkowitz provided licensure count for the Board of Nursing professions. She stated that the Board is working with VisualResearch Inc. on massage therapy SRP worksheets. The Board is also working on conversion therapy; and identifying ways that board members could better balance personal life/work with the time demands of the Board. Elimination of regulations for nurse practitioner prescriptive authority has been finalized.

Board of Counseling - Dr. Doyle (Attachment 3)

Board of Long-Term Care Administrators - Mr. Kendall (Attachment 4)

Board of Pharmacy - Mr. Logan announced that the Board of Pharmacy has received two new member appointments. The board is implementing a process to cease mailing a hard copy license, registration or permit that bear an expiration date. The Board is very concerned with the use of vape products currently on the market. The Board is in the process of increasing licensure fees.

Board of Optometry - Dr. Clayton-Jeter (Attachment 5)

Board of Physical Therapy - Dr. Jones, Jr. (Attachment 6)

Board of Social Work - Mr. Salay (Attachment 7)

Board of Funeral Directors and Embalmers - Mr. Jones (Attachment 8)

Board of Dentistry - Dr. Watkins (Attachment 9)

Board of Medicine - Dr. O'Connor stated that the Board of Medicine continues to see an increase in complaints. The board is resisting entry into the licensure compact by implementing an expedited licensure process. A new board president has been appointed. The board is also working on conversion therapy for adults and children.

Practitioner Self-Referral

Mr. Salay provided an overview of the Practitioner Self-Referral request made by Telomerix Stem Cell Biobank, LLC and the agency subordinate recommendation to the Full Board. After brief discussion, it was determined that this arrangement does not constitute a self-referral.

Motion

The practitioner self-referral request made by Telomerix Stem Cell Biobank, LLC was determined to not be a referral. A motion was made to accept the agency subordinates recommendation. The motion was properly seconded, with all members in favor, none opposed.

Election of Officers

The Nominating Committee Chair, Dr. Clayton-Jeter, reported on individuals interested in the position of Board Chair as follows: Dr. Jones, Jr. and Dr. Stewart. Both individuals acknowledged their interest and reasoning for seeking the position. There were no nominations from the floor. Prior to voting, Dr. Stewart withdrew his interest in the Board Chair position, making Dr. Jones, Jr. the only individual seeking the seat.

By acclamation Dr. Jones, Jr. was appointed Chair of the Board of Health Professions for a one year term. All members were in favor, none opposed.

The Nominating Committee Chair, Dr. Clayton-Jeter, reported on individuals interested in the position of Board Vice Chair as follows: Dr. Doyle, Dr. Stewart and Mr. Salay. Prior to voting, Mr. Salay and Dr. Doyle withdrew their interest in the Board Vice Chair position, making Dr. Stewart the only individual seeking the seat.

By acclamation Dr. Stewart was appointed Vice Chair of the Board of Health Professions for a one year term. All members were in favor, none opposed.

Education Committee Report

The Education Committee meeting will be rescheduled.

New Business

Dr. O'Connor offered to take the discussion of stem cell storage to the Board of Medicine.

Dr. Clayton-Jeter requested that an agenda item be added to the February 27, 2020 Full Board meeting to determine if the Board should consider extending the Chair and Vice Chair term of one year to two years.

Telehealth

The boards of Social Work and Psychology provided information regarding the impact of telehealth on their respective boards.

Next Full Board Meeting

Dr. Jones, Jr. advised the Board that the next meeting is scheduled for February 27, 2020 at 10:00 a.m.

Adjourned

1:28 p.m.

Chair

Allen Jones, Jr., DPT, PT

Signature

_____ / /

Board Executive Director

Elizabeth A. Carter, PhD

Signature

_____ / /

Sanctioning Reference Points Update

December 2, 2019

Prepared for:
Department of Health Professions
Board of Health Professions

Neal Kauder, President
804.794.3144
vis-res.com

VisualResearch^{inc}
Data Analytics & Information Design

Sanctioning Reference Points Development

SRPs have multiple goals and purposes:

- make sanctioning more predictable
- reduce unwarranted disparity
- education tool for new board members
- add empirical element to a process
- help 'predict' future caseloads (need for services, terms)

Empirical information unavailable on factors that effect sanction decisions – aggravating or mitigating factors, etc.

Comprehensive qualitative and quantitative methodology

Descriptive model/normative adjustment - data serves as baseline and boards modify to serve goals

SRP Project Update

- Funeral, January 2018
- Long-Term Care Administrators, June 2018
- Physical Therapy, November 2018
 - These 3 boards had not been reexamined in roughly ten years
 - Case types revised to reflect current culture. For example, LTC no longer explicitly adds points for “CE” cases. Funeral updated monetary penalty amounts.
- Dentistry, September 2019
 - Reduced the number of worksheets from 3 to 1. Monetary Penalty amounts added to SRP worksheet sanctioning thresholds.
- Nursing, In Progress
 - Addressing concerns regarding LMTs being grouped with other occupation types. First revision of CNA worksheet.

SRP Project For Board of Nursing

11/20/19 – Full Board SRP update and training takeaways

- Treatment of LMTs within the SRP system
 - A separate worksheet was needed
 - Relatively low n= sizes given how significant factors, points and sanctioning recommendation ranges are derived
- Treatment of cases where “evaluation” (mental/drug/alcohol) is required
 - These types of cases are not violations; more explicit language should state they are not scored under SRP system
- Clarification of certain factors such as “act of commission,” “past difficulties,” and “three or more employers in the past five years.”
- Future training efforts
 - Training of the BON after the new manual is adopted for use

How do you decide when to revise?

- Changes in sanctioning culture
- New disposition methods are introduced (CCA, Advisory Letters, etc.)
- Use of Pre-Defined sanctions emerge as new policy (monetary penalties for CE)
- A new profession gets regulated
- Changes in case types (e.g., LTC - business practices now neglect)
- New factors become important or other factors become less relevant
- Information from agreement monitoring (e.g., a recurring departure reason)

Multiple Techniques for Revising Worksheets

Original SRP worksheets used multi-variate statistics to identify relevant factors and points – works well with a large number of cases, not available for some boards

Also integrate use of a “SOLVER” - simulates a “best fit” approach by analyzing thousands of “what-if” scenarios, effective on any size database – *even small ones*

New system based on both multivariate statistics and SOLVER to get worksheets that are most representative of sanctioning practices

Virginia Department of Health Professions

Sanctioning Reference Points (SRP) Agreement Analysis

Data through September 30, 2019

David E. Brown, D.C.
Director

Board	Start Date	Completed Worksheets	Agreement		Departures		Agreement by Board		
			#	%	Aggravating #	Mitigating #			
Medicine	Aug-04	256	188	73%	10	4%	58	23%	73%
Nursing	Jul-05	2088	1678	80%	335	16%	75	4%	80%
CNA	Jul-05	1174	1129	96%	23	2%	22	2%	96%
RMA	Jun-13	99	73	74%	22	22%	4	4%	74%
Dentistry	Jun-06	251	186	74%	21	8%	44	18%	74%
Funeral Veterinary	May-07	55	45	82%	2	4%	8	15%	82%
Medicine	May-07	157	132	84%	15	10%	10	6%	84%
Pharmacy Pharmacy Technicians	Nov-07	136	94	69%	11	8%	31	23%	69%
	Jun-13	12	9	75%	1	8%	2	17%	75%
Optometry	Dec-08	19	16	84%	2	11%	1	5%	84%
Social Work	Jun-09	25	16	64%	3	12%	6	24%	64%
Psychology	Jun-09	11	9	82%			2	18%	82%
Counseling	Jun-09	38	35	92%	1	3%	2	5%	92%
Physical Therapy	Nov-09	21	16	76%	5	24%			76%
Long-Term Care	Mar-10	29	20	69%	4	14%	5	17%	69%
Audiology	Jun-10	9	7	78%			2	22%	78%
DHP Total		4387	3659	83%	456	10%	272	6%	83%

	Licenses/Cert/Reg (As of 12/2/2019)
Applied	26
Resident in Training	874
Clinical Psychologist	3711
Resident in School Psychology	8
School	94
School – Limited	584
Sex Offender Treatment Provider	415
Sex Offender Treatment Provider-Trainee	154
Total	5866

Regulatory Changes

Section	Change	Stage
18VAC125-20	The Board intends to specify in section 150 that the standard of practice requiring licensed psychologists to “avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable” includes the provision of conversion therapy and to define what conversion therapy is and is not. The goal is to align regulations of the Board with the stated policy and ethics for the profession.	Proposed Stage: At DPB
18VAC125-20	Periodic Review: The Board intends to update its regulations for consistency and clarity, reduce the regulatory hurdle for licensure by endorsement, increase the opportunities for continuing education credits, specify a time frame within which an applicant must have passed the national examination, and simplify the requirement for individual supervision in a residency. The Board will also consider requiring all psychology doctoral programs to be accredited by the American Psychological Association, the Canadian Psychologic Association or another accrediting body acceptable to the Board within three years of the effective date of the regulation. Finally, the Board intends to revamp its regulations on standards of conduct to emphasize rules for professionalism, confidentiality, client records, and prohibitions on dual relationships.	Proposed stage: Approved by Governor Public Comment period ends 1/24/2020 Public Hearing 12/3/2019 Under review at the Governor’s Office.
18VAC125-20	Reduction in Renewal Fee	Final Effective Date: 1/8/2020
18VAC125-20	Handling Fee: The Office of the Comptroller has advised	Fast Track- at DPB

the Department that the costs for handling a returned check or dishonored credit card or debit card payment is \$50, as set forth in § 2.2-4805 of the Code of Virginia. Therefore, all board regulations are being amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50

Psychology has received more cases in October than closed cases. Psychology has closed 8 patient care cases and 4 non-patient care cases for a total of 12 cases.

<u>Cases Closed</u>	
<u>Patient Care</u>	<u>8</u>
<u>Non Patient Care</u>	<u>4</u>
<u>Total</u>	<u>12</u>

The board has received 11 patient care cases and 5 non-patient care cases for a total of 16 cases.

<u>Cases Received</u>	
<u>Patient Care</u>	<u>11</u>
<u>Non Patient Care</u>	<u>5</u>
<u>Total</u>	<u>16</u>

As of October 31, 2019, there are 92 Patient care cases open and 11 non-patient care cases open for a total of 103 cases.

<u>Cases Open</u>	
<u>Patient Care</u>	<u>92</u>
<u>Non Patient Care</u>	<u>11</u>
<u>Total</u>	<u>103</u>

Next Meeting:
January 28, 2020

	Total Licenses/certifications/registrations
CSAC	1,915
CSAC-A	248
Substance Abuse Trainee	1814
LMFT	908
LPC	6153
ROS (initial and add/change)	9188
QMHP-A	7442
QMHP-C	6645
Peer	272
MFT ROS (initial and add/change)	352
LSATP	269
Substance Abuse Res	7
QMHP Trainee	2980
Rehab Counselor	230
Total	38542

Regulatory Changes

Section	Change	Stage
18VAC115-15	Periodic Review – Agency Subordinate	Fast-track Register Date: 10/28/19 Effective Date: 12/12/2019
18VAC115-20	Requirement for CACREP accreditation for educational programs	Proposed: At Governor's Office. But the Board recommended withdrawing the action at its last meeting
18VAC115-20	Periodic Review	Noira Register Date: 8/19/2019 Board voted on Proposed Regulations at its last meeting
18VAC115-20	Resident License: Regulations implement the statutory mandate for issuance of a temporary license for a residency in counseling. The amendments set fees for initial and renewal of a resident license, qualifications for the issuance of a license and for its renewal, limitations on the number of times a resident may renew the temporary license, and a time limit for passage of the licensing examination. Amendments in Chapter 20 for professional counselors are duplicated in Chapter 50 for marriage and family therapists and in Chapter 60 of licensed substance abuse treatment practitioners.	Noira/Emergency: Approved by Governor today
18VAC115-20, 18 VAC115-30, 18VAC115-50, 18VAC115-60	Specify in Regulations that the standard of practice requiring persons licensed, certified or registered by the board to "Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare" precludes the provision of conversion therapy and to define what conversion therapy is and is not.	Proposed: At Secretary's Office
18VAC115-20	Provide a pathway for foreign trained graduates in counseling to obtain licensure as a professional counselor in Virginia. The Board intends to adopt language similar to psychology, which provides that graduates of programs that are not within the US of Canada can qualify for licensure if they can provide documentation from an acceptable credential evaluation	Final: At DPB

	service that allows the board to determine if the program meets the requirements set forth in the regulation.	
18VAC115-20	Acceptance of supervised practicum and internship hours in a doctoral program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The intent is to recognize hours acquired in an accredited doctoral programs as meeting a portion of the hours of residency required for licensure.	Final Regulations. Under review with Secretary of Health and Human Resources
18VAC115-30	Updating and clarifying CSAC and CSAC-A regulations: The Board intends to amend regulations for certified substance abuse counselors (CSAC) and counseling assistants to clarify portions that have confused applicants, add more specific requirements for supervised practice to better ensure accountability and quality in the experience, add time limits for completion of experience to avoid perpetual supervisees who may continue to practice without passage of an examination and completion of certification, add requirements for continuing education as a requisite for renewal to ensure on-going competency to practice, and place additional standards of practice in regulation to address issues the Board has seen in complaints and disciplinary proceedings and for consistency with other professions in behavioral health.	Final Stage: At Governor's Office
18VAC-115-70	Regulations for registration of peer recovery specialists promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly	Effective Date: 11/13/2019
18VAC-115-80	Regulations for registration of qualified mental health professionals promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly.	Effective Date: 11/13/2019

Counseling Monthly Snapshot for October 2019

Counseling has received more cases in October than closed cases. Counseling has closed 15 patient care cases and 9 non-patient care cases for a total of 24 cases.

Cases Closed	
Patient Care	15
Non-Patient Care	9
Total	24

The department has received 25 patient care cases and 9 non-patient care cases for a total of 34 cases.

Cases Received	
Patient Care	25
Non-Patient Care	9
Total	34

As of October 31, 2019, there are 152 Patient care cases open and 49 non-patient care cases open for a total of 201 cases.

Cases Open	
Patient Care	152
Non-Patient Care	49
Total	201

NEXT MEETING: February 7, 2020

Board of Long-Term Care Administrators

Last Meeting: September 27, 2019

Next Meeting: December 17, 2019

Updates:

- At the meeting on September 17, the Board considered recommendations made by the Regulatory Advisory Panel ("RAP") convened to look at the training of prospective administrators in the assisted living and nursing home settings, "Administrators-in-Training." The "RAP" made a number of recommendations regarding possible action items for consideration by the full Board, including possible ways to address concerns related workforce needs, pathways to licensure, and adequate and quality training, engagement of preceptors, and ensuring appropriate settings for training. The recommendations or action items fell into two main categories: areas for continued collaboration and areas for possible regulatory changes. The Board has voiced its support for continued collaboration, and will consider some of the more regulatory proposals at its meeting in December, with some additional research and discussion at that time.
- Also at the September meeting, the Board adopted a fast-track regulation related to the handling fees for dishonored checks or payments.
- Appointments/Reappointments - Two Board members, Martha Hunt, ALFA, and Mitch Davis, NHA, were recently reappointed to second terms of the Board. There were three newly appointed Board members as well: Jenny Inker, ALFA, Ashley Jackson, NHA, and Ali Faruk, Citizen Member.

Statistics

Last board meeting held on November 8, 2019. Next board meeting scheduled for February 2, 2020.

May 1 – November 30, 2019

Board – 3	Committee – 3	Disciplinary – 0
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Complaints (no further update)

FY2016 Received - 13	FY2017 Received - 36	FY2018 Received - 42	Y-T-D FY2019 Received – 16
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Licenses (in state/out of state based on address of record provided by licensee)

Y-T-D as of 12/2/2019

Total – 2013	TPA – 1,212/434	DPA – 18/78	Professional Designations – 270/1
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Continuing Education

The Board voted to conduct a continuing education audit for the previous licensing year.

Regulatory Changes

The following regulatory actions are underway:

- Periodic review will become effective on December 11, 2019. Ms. Knachel will send a mass email to licensees prior to the effective date.
- Emergency regulation for Waiver of Electronic Prescribing adopted, and a Notice of Intended Regulatory Action (NOIRA) will replace the emergency regulations.
- Regulatory amendment to adjust fees for returned checks was adopted.
- Final regulatory amendment to add gabapentin to TPA formulary was adopted.
- Final regulatory amendment to authorize issuance of inactive licenses adopted.
- Board amended 18VAC105-20-20 remove fees associated with Professional Designations; to amend 18VAC105-20-40 and repeal 18VAC105-20-50 by fast track action as recommended by the Professional Designation Committee
- Bylaws amended to change the effective date to January 1 of each year for newly elected board president.

Board of Physical Therapy

Last Meeting: November 12, 2019

Next Meeting: February 13, 2020

Updates:

- Physical Therapy Licensure Compact
 - The Board's emergency regulations related to implementation of the Compact have been approved, and will become effective January 1, 2020. On that same date, the Board will also begin requiring criminal background checks for applicants for licensure.
 - At the Board's meeting in November, Board members received a presentation from the PT Compact's Administrator, TJ Cantwell, regarding implementation of the Compact, how licensees obtain "Compact privileges" to practice in our state/other states, and what information will be communicated to the Board.
- Recently, at a meeting of the Federation of State Boards of Physical Therapy, Dr. Elizabeth Locke, a Board member and faculty member at ODU, participated in a co-presentation entitled "The Adversity to Diversity," which focused not only on diversity within the PT profession itself, but also on the importance of diverse Board representation. Dr. Locke's presentation was well-received by attendees. Dr. Locke has agreed to give her presentation to the Board at an upcoming meeting.
- At the November meeting, the Board adopted a fast-track regulation related to the handling fees for dishonored checks or payments.

	Total Number (as of 12/2/2019)
Associate	1
LBSW	15
LCSW	7,243
LMSW	781
LBSW Supervision	7
ROS (initial and add/change)	2,460
Total	10,516

Regulatory Changes

Section	Change	Stage
18VAC140-20	Hours of ethics for continue education	Effective Date 11/13/2019
18VAC140-20	Unprofessional Conduct/Practice of Conversion Therapy	Proposed: At Secretary's office
18VAC140-20	Reduction in CE requirement for supervisors: The Board proposes amendments to clarify that the definition of "face-to-face" includes the contact a supervisee and a client must have; to reduce the number of hours of continuing education required to become an approved supervisor; and to eliminate the requirement that those hours must be repeated every five years to remain an approved supervisor.	Fast Track stage withdrawn (because of opposition). The board will decide at its next meeting if it wants to withdraw the action or adopt a NOIRA instead of the fast track action.
18VAC140-20	Change in returned check fee	Fast Track- Approved by Governor Public Comment: 12/23/2019-1/22/2020 Effective Date: 1/31/2020
18VAC140-20	Reduction in fees and elimination of supervised experience requirement for LBSW	Fast Track: At Governor's Office

Social Work Monthly Snapshot for October 2019

Social Work has received more cases in October than closed cases. Social Work has closed 5 patient care cases and 2 non-patient care cases for a total of 7 cases.

Closed Cases	
Patient Care	5
Non Patient Care	2
Total	7

The department has received 6 patient care cases and 6 non-patient care cases for a total of 11 cases.¹

Received Cases	
Patient Care	6
Non Patient Care	4
Total	10

As of October 31, 2019, there are 77 Patient care cases open and 14 non-patient care cases open for a total of 91 cases.

Open Cases	
Patient Care	77
Non patient care	14
Total	91

News Update:

The Board wants to focus on workforce issues and ensuring that any regulatory and policy changes protect the public but also ensure that the workforce needs are met. The Board is also discussing the LMSW in more detail to determine that it is in line with the ASWB model Act and promotes mobility.

Next Board Meeting:

December 5, 2019

¹ The cases received and cases closed figures exclude Compliance Tracking Cases

Board of Funeral Directors and Embalmers

Last Meeting: October 10, 2019

Next Meeting: January 14, 2020

Updates:

- The Board is currently undergoing a periodic review of three sets of regulations, including regulations for the practice of funeral services, for preneed funeral contracts, and for funeral service interns. The Board adopted proposed amendments at the Board's October meeting. With regard to the regulations for funeral service interns, one of the proposed amendments under consideration by the Board includes the possible reduction of the current number of hours for intern training from 3,000 hours to 2,000 hours.
- Also at the October meeting, the Board adopted a fast-track regulation related to the handling fees for dishonored checks or payments.
- The Board held elections in October – Mia Mimms, FSL, was elected as President; Tommy Slusser, FSL, was elected as Vice-President; and Dr. Scott Hickey, MD, citizen member, was elected as Secretary-Treasurer.
- Finally, two Board members, Blair Nelsen and Frank Walton, were recently reappointed to second terms on the Board. The Governor appointed one new Board member, Jason Graves.

December 2, 2019

REPORT OF THE BOARD OF DENTISTRY FOR DECEMBER BHP MEETING

Our dental board last met on Friday, September 13, 2019.

Dr. Brown gave his report as Director of the department of Health Professions regarding updates to telemedicine and the increasing of foreign trained physicians to increase access to care in Virginia. He announced there would be a Board member training session on Monday, October 7, 2019.

Our board voted to accept a revised Sanction Reference Point manual as presented by Mr. Neal Kauder, Director of Visual Research, Inc.

Our liaison/committee reports were given as information only to our Board.

Ms. Elaine Yeatts gave a report on the present legislation and regulations; and our Board voted to adopt the waiver of electronic prescribing as consistent with 54.1-3408.02.

A Hearing Protocol power point presentation was made to our Board members by Jennifer Deschenes, JD, MS.

Our Executive Director, Ms. Sandra Reen, introduced our new deputy executive director, Jamie Sacksteder.

We have one new dentist board member: Dr. Mike Nguyen from Northern Virginia and, as of today, our new Citizen member has not been named by the governor.

-----Licensing Numbers (repeated from August report)

Dentists-----	6,948 ACTIVE
	298 INACTIVE
Dental Hygienists----	5,619 ACTIVE
	200 INACTIVE
Dental Asst II-----	27 ACTIVE

Report by James D. Watkins, DDS



ASPPB

Association of State and
Provincial Psychology Boards

Supporting member jurisdictions in fulfilling their responsibility of public protection.

January 9, 2020

Re: EPPP (Part 2-Skills) Launch

Dear Member Jurisdictions,

As you know, ASPPB has developed and prepared for the launch of the EPPP (Part 2-Skills), the skills-based portion of the EPPP that will complement the foundational knowledge examination; EPPP (Part 1-Knowledge). Some of our early adopting jurisdictions have informed ASPPB that more time was needed to complete the rule changes needed to begin using both parts of the EPPP. Therefore, we have delayed the initial launch to November 2020 in an effort to accommodate all the Early Adopting jurisdictions.

Several member jurisdictions have indicated that they continue to evaluate the EPPP (Part 2-Skills) and wish to consider early adoption. ASPPB will continue to add access of the EPPP (Part 2-Skills) as individual jurisdictions determine that they are ready to implement it. Please be aware that a sample exam can be scheduled for your Board Members to provide a sense of the content that will be assessed.

In addition, ASPPB staff continue to be available to schedule time with individual Boards to answer any questions. If you have questions or wish to schedule a time for ASPPB to be available to your Boards, please contact Matt Turner, PhD at mturner@asppb.org.

Thank you,

Mariann Burnetti-Atwell, PsyD
CEO | ASPPB