Virginia Department of Health Professions
Board of Social Work

Agenda
Advisory Board on Music Therapy Meeting

February 19, 2021
VIRTUAL
3:00 p.m.

Call to Order – Jaime H. Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work

- Welcome and Introductions
  - Advisory Board Members — Page 3
- Mission of the Board — Page 4

Adoption of Bylaws* ---- Elaine Yeatts, Department of Health Professions, Sr. Policy Anaylst and Regulatory Coordinator

- Statutory Authority to Regulate Music Therapists — Page 5
- Statutory Authority for the Advisory Board on Music Therapy; membership; terms — Page 7
- Example of Board of Social Work Bylaws — Page 8
- Example of Advisory Board on Art Therapy Bylaws — Page 13
- Draft Bylaws on Advisory Board on Music Therapy* — Page 15

Election of Officers* ---- Jaime Hoyle

Public Comment
The Advisory 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.

New Business

- Adoption of Regulations Governing the Practice of Music Therapy* --- Elaine Yeatts
  - Study into the Need to Regulate Music Therapists — Page 17
  - American Music Therapy Association Education Requirements — Page 39
  - Music Therapy Board Certification (MT-BC) Requirements — Page 40
  - Examples of State Licensure Requirements for Music Therapists — Page 41
  - Regulations Governing the Practice of Social Work — Page 43

Next Meeting

Meeting Adjournment

*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 2.2-3707(F).

Virginia Board of Social Work
Advisory Board on Music Therapy

Instructions for Accessing February 19, 2021 Virtual Board Meeting and Providing Public Comment

- **Access:** Perimeter Center building access is closed to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Public comment:** Comments will be received during the public comment period from those persons who have submitted an email to jaime.hoyle@dhp.virginia.gov **no later than 2:00 pm on February 19, 2021** indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the Chairperson. Comments must be restricted to 3-5 minutes each.
- Public participation connections will be muted following the public comment periods.
- Please call from a location without background noise and ensure your line is muted.
- Dial (804) 938-6243 to report an interruption during the broadcast.
- FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.ht

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Advisory Board on Music Therapy

Gary Verhagen, MS, MT-BC, LCAT First Term Ends June 30, 2021 Annandale, VA	**Anthony Meadows, PhD, MT-BC, FAMI** First Term Ends June 30, 2022 Arlington, VA
Michelle Westfall, MS, MT-BC First Term Ends June 30, 2024 Spotsylvania, VA	**Anna McChesney, MS, LPC, MT-BC** First Term Ends June 30, 2023 Midlothian, VA
Linda Stone, Citizen Member First Term Ends June 30, 2024 The Plains, VA	

Virginia Department of
Health Professions
Board of Social Work

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.

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 37. Social Work

§ 54.1-3709.1. Definitions.

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

"Music therapist" means a person who has (i) completed a bachelor's degree or higher in music therapy, or its equivalent; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board pursuant to § 54.1-3709.2; and (iii) been issued a license for the independent practice of music therapy by the Board.

"Music therapy" means the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship through an individualized music therapy treatment plan for the client that identifies the goals, objectives, and potential strategies of the music therapy services appropriate for the client using music therapy interventions, which may include music improvisation, receptive music listening, songwriting, lyric discussion, music and imagery, music performance, learning through music, and movement to music. "Music therapy" does not include the screening, diagnosis, or assessment of any physical, mental, or communication disorder.

2020, cc. 103, 233.

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 37. Social Work

§ 54.1-3709.2. Music therapy; licensure.

A. The Board shall adopt regulations governing the practice of music therapy, upon consultation with the Advisory Board on Music Therapy established in § 54.1-3709.3. The regulations shall (i) set forth the educational, clinical training, and examination requirements for licensure to practice music therapy; (ii) provide for appropriate application and renewal fees; and (iii) include requirements for licensure renewal and continuing education. In developing such regulations, the Board shall consider requirements for board certification offered by the Certification Board for Music Therapists or any successor organization.

B. 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.

C. Nothing in this section shall prohibit (i) the practice of music therapy by a student pursuing a course of study in music therapy if such practice constitutes part of the student's course of study and is adequately supervised or (ii) a licensed health care provider, other professional registered, certified, or licensed in the Commonwealth, or any person whose training and national certification attests to his preparation and ability to practice his certified profession or occupation from engaging in the full scope of his practice, including the use of music incidental to his practice, provided that he does not represent himself as a music therapist.

2020, cc. 103, 233.

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 37. Social Work

§ 54.1-3709.3. Advisory Board on Music Therapy; membership; terms.

A. The Advisory Board on Music Therapy (Advisory Board) is hereby established to assist the Board in formulating regulations related to the practice of music therapy. The Advisory Board shall also assist in such other matters relating to the practice of music therapy as the Board may require.

B. The Advisory Board shall have a total membership of five nonlegislative citizen members to be appointed by the Governor as follows: three members shall be licensed music therapists, one member shall be a licensed health care provider other than a music therapist, and one member shall be a citizen at large.

C. After the initial staggering of terms, members shall be appointed for a term of four years. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. All members may be reappointed. However, no member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment. Vacancies shall be filled in the same manner as the original appointments.

2020, cc. 103, 233.

VIRGINIA BOARD OF SOCIAL WORK
BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority

The Virginia Board of Social Work ("Board") is established and operates pursuant to §§ 54.1-2400 and 54.1-3700, et seq., of the *Code of Virginia*. Regulations promulgated by the Virginia Board of Social Work may be found in 18VAC140-20-10 et seq., "Regulations Governing the Practice of Social Work".

B. Duties

The Virginia Board of Social Work is charged with promulgating and enforcing regulations governing the licensure and practice of social work and clinical social work in the Commonwealth of Virginia. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses, certificates, or registrations; 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. Seven (7) shall be licensed social workers in Virginia, who have been in active practice of social work for at least five years prior to appointment and,

    b. Two (2) shall be citizen members.
2. The terms of the members of the Board shall be four (4) years.
3. Members of the Board of Social Work holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

B. Officers

1. The Chairperson 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 Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.

2. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.
3. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting and/or formal administrative hearing.

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 at any meeting of the Board or its committees, the Chairperson shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.
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. The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman at the meeting scheduled prior to July 1. The election of officers shall occur at the first scheduled Board meeting following July 1 of each year, and elected officers shall assume their duties at the end of the meeting.
2. Officers shall be elected at a meeting of the Board with a quorum present.
3. The Chairperson shall ask for additional nominations from the floor by office.
4. Voting shall be by voice vote, roll call, or show of hands. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.
5. Special elections shall be held in the same manner in the event of a vacancy of a position to fill the unexpired term.
6. The election shall occur in the following order: Chairperson, Vice-Chairperson.
7. All officers shall be elected for a term of one year, and may serve no more than two consecutive terms.

E. Meetings

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of Business at Meetings:

    a. Period of Public Comment
    b. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.
    c. Reports of Officers and staff
    d. Reports of Committees
    e. Election of Officers (as needed)

f. Unfinished Business
g. 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
Credentials Committee
Nomination Committee
Any other Standing Committees created by the Board.

1. Regulatory/Legislative Committee

   a. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Board.
   b. The Chairperson of the Committee shall be appointed by the Chairperson 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 direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
   e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.

2. Special Conference Committee
   a. The Special Conference Committee shall consist of two (2) Board members.
   b. The Special Conference Committee shall 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.
   c. The Special Conference Committee shall hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.
   d. The Chairperson of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.

e. Should the caseload increase to the level that additional special conference committees are needed, the Chairperson of the Board may appoint additional committees.

3. Credentials Committee
   a. The Credentials Committee shall consist of at least two (2) Board members appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
   b. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
   c. The Committee member who conducted the initial review shall provide guidance to staff on action to be taken.
   d. The Credentials Committee shall not be required to meet collectively to conduct initial reviews.

4. Nomination Committee
   a. The Nomination Committee shall be composed of at least two members of the Board appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
   b. The Nomination Committee shall consult with Bard members and staff to recommend nominee(s) for the Board positions of Chairman and Vice-Chairman.
   c. Sitting officers shall not serve on the Nomination Committee.

ARTICLE IV: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

1. The Board delegates to Board staff the authority to issue and renew licenses, certificates, or registrations 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 Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.

2. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure and registration applications, renewal forms, and documents used in the disciplinary process.

3. 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.

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.

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 prior to the renewal date.

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.

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.

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, who may consult with a member of the Special Conference Committee, 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.

10. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a Board member.

11. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Board member to make a determination as to whether probable cause exists to proceed with possible disciplinary action.

12. 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.

BYLAWS

THE ADVISORY BOARD ON ART THERAPY
VIRGINIA BOARD OF COUNSELING

Article I - Members of the Advisory Board

The appointments and limitations of service of the members shall be in accordance with Section 54.1-3029.1 of the Code of Virginia.

Article II - Officers

Section 1. Titles of Officers - The officers of the advisory board shall consist of a chair and a vice-chair elected by the advisory board.

Section 2. Terms of Office - The chair and the vice-chair shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

Section 3. Duties of Officers.

a. Chair
   (1) The chair shall preside at all meetings when present, make such suggestions as the chair may deem calculated to promote and facilitate its work, and discharge all other duties pertaining by law or by resolution of the advisory board. The chair shall preserve order and conduct all proceedings according to and by parliamentary rules and demand conformity thereto on the part of the members.

   (2) The chair shall appoint members of all committees as needed.

   (3) The chair shall act as liaison between the advisory board and the Board of Counseling on matters pertaining to certification, discipline, legislation and regulation of art therapy.

b. Vice-Chair
   The vice-chair shall preside at meetings in the absence of the chair and shall take over the other duties of the chair as may be made necessary by the absence of the chair.

Article III - Meetings

Section 1. There shall be at least one meeting each year in order to elect the chair and vice-chair and to conduct such business as may be deemed necessary by the advisory board.

Section 2. Quorum - Three members shall constitute a quorum for transacting business.

Section 3. Order of the Agenda - The order of the agenda may be changed at any meeting by a majority vote.

Article IV - Amendments

Amendments to these bylaws may be proposed by presenting the amendments in writing to all advisory board members prior to any scheduled advisory board meeting. If the proposed amendment receives a majority vote of the members present at that regular meeting, it shall be presented for consideration and vote to the Board of Counseling at its next regular meeting.

BYLAWS

THE ADVISORY BOARD ON MUSIC THERAPY
VIRGINIA BOARD OF SOCIAL WORK

Article I - Members of the Advisory Board

The appointments and limitations of service of the members shall be in accordance with Section 54.1-3709.3 of the Code of Virginia.

Article II - Officers

Section 1. Titles of Officers - The officers of the advisory board shall consist of a chair and a vice-chair elected by the advisory board.

Section 2. Terms of Office - The chair and the vice-chair shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

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THE VIRGINIA BOARD OF HEALTH PROFESSIONS

STUDY INTO THE NEED TO REGULATE MUSIC THERAPISTS IN THE COMMONWEALTH OF VIRGINIA

SEPTEMBER 2019

VIRGINIA BOARD OF HEALTH PROFESSIONS

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CONTENTS

AUTHORITY

At its May 14, 2019 meeting, the Board of Health Professions reviewed Senate Bill 1547. The bill directed the Board of Health Professions to evaluate whether music therapists and the practice of music therapy should be regulated in the Commonwealth and the degree of regulation to be imposed and to be reported to the Chairmen of the Senate Committee on Education and Health and to the House Committee on Health, Welfare and Institutions by November 1, 2019. At this meeting, the Regulatory Research Committee (RRC) also reviewed and adopted the study work plan.

Section 54.1-2510 (7) & (12) of the Code of Virginia assigns certain powers and duties to the Board of Health Professions (BHP), among them are the power and duty:

- To advise the Governor, the General Assembly and the Director on matters relating to the regulation or deregulation of health care professions and occupations;

- To examine the scope of practice conflicts involving regulated and unregulated professions and advise the health regulatory boards and the General Assembly of the nature and degree of such conflicts.

Pursuant to these powers and duties, the Board of Health Professions and its Regulatory Research Committee has conducted a sunrise review into the need to regulate music therapists in the Commonwealth of Virginia.

The review used the principles, evaluative criteria, and research methods set forth in the Board of Health Professions standard policies and procedures for evaluating the need for regulation of health occupations and professions. It examined music therapist education, training, competency examination and continuing competency requirements, typical duties and functions, regulation in other U.S. jurisdictions, available workforce data, and the potential impact on existing behavioral health professions currently regulated in Virginia.

THE CRITERIA AND THEIR APPLICATION

The Board of Health Professions has adopted the following criteria and guidelines to evaluate the need to regulate health professions. Additional information and background on the criteria are available in the Board of Health Professions Guidance Document 75-2 *Appropriate Criteria in Determining the Need for Regulation of Any Health Care Occupations or Professions, revised February 2019* available on the Board's website: Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions.

CRITERION ONE: RISK FOR HARM TO THE CONSUMER

The unregulated practice of the health occupation will harm or endanger the public health, safety or welfare. The harm is recognizable and not remote or dependent on tenuous argument. The harm results from: (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.

CRITERION TWO: SPECIALIZED SKILLS AND TRAINING

The practice of the health occupation requires specialized education and training, and the public needs to have benefits by assurance of initial and continuing occupational competence.

CRITERION THREE: AUTONOMOUS PRACTICE

The functions and responsibilities of the practitioner require independent judgment and the members of the occupational group practice autonomously.

CRITERION FOUR: SCOPE OF PRACTICE

The scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities.

CRITERION FIVE: ECONOMIC IMPACT

The economic costs to the public of regulating the occupational group are justified. These costs result from restriction of the supply of practitioner, and the cost of operation of regulatory boards and agencies.

CRITERION SIX: ALTERNATIVES TO REGULATION

There are no alternatives to State regulation of the occupation which adequately protect the public. Inspections and injunctions, disclosure requirements, and the strengthening of consumer protection laws and regulations are examples of methods of addressing the risk for public harm that do not require regulation of the occupation or profession.

CRITERION SEVEN: LEAST RESTRICTIVE REGULATION

When it is determined that the State regulation of the occupation or profession is necessary, the least restrictive level of occupational regulation consistent with public protection will be recommended to the Governor, the General Assembly and the Director of the Department of Health Professions.

APPLICATION OF THE CRITERIA

In the process of evaluating the need for regulation, the Board's seven criteria are applied differently, depending upon the level of regulation which appears most appropriate for the occupational group. The following outline delineates the characteristics of licensure, certification, and registration (the three most commonly used methods of regulation) and specifies the criteria applicable to each level.

- Licensure - Licensure confers a monopoly upon a specific profession whose practice is well defined. It is the most restrictive level of occupational regulation. It generally involves the delineation in statute of a scope of practice which is reserved to a select group based upon their possession of unique, identifiable, minimal competencies for safe practice. In this sense, state licensure typically endows a particular occupation or profession with a monopoly in a specified scope of practice.
    - Risk: High potential, attributable to the nature of the practice.
    - Skill & Training: Highly specialized accredited post-secondary education required; clinical proficiency is certified by an accredited body.
    - Autonomy: Practices independently with a high degree of autonomy; little or no direct supervision.
    - Scope of Practice: Definable in enforceable legal terms.
    - Cost: High
    - Application of the Criteria: When applying for licensure, the profession must demonstrate that Criteria 1 - 6 are met.

- Statutory Certification - Certification by the state is also known as "title protection." No scope of practice is reserved to a particular group, but only those individuals who meet certification standards (defined in terms of education and minimum competencies which can be measured) may title or call themselves by the protected title.
    - Risk: Moderate potential, attributable to the nature of the practice, client vulnerability, or practice setting and level of supervision.
    - Skill & Training: Specialized; can be differentiated from ordinary work. Candidate must complete education or experience requirements that are certified by a recognized accrediting body.
    - Autonomy: Variable; some independent decision-making; majority of practice actions directed or supervised by others.
    - Scope of Practice: Definable, but not stipulated in law.
    - Cost: Variable, depending upon level of restriction of supply of practitioners.
    - Application of Criteria: When applying for statutory certification, a group must satisfy Criterion 1, 2, 4, 5, & 6.

- Registration - Registration requires only that an individual file his name, location, and possibly background information with the State. No entry standard is typically established for a registration program.
    - Risk: Low potential, but consumers need to know that redress is possible.
    - Skill & Training: Variable, but can be differentiated for ordinary work and labor.
    - Autonomy: Variable.
    - Application of Criteria: When applying for registration, Criteria 1, 4, 5, & 6 must be met.

EXECUTIVE SUMMARY

MAJOR FINDINGS OF THE STUDY

1. Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.
2. Not all music in a healthcare setting is music therapy. Clinical music therapy is the only professional, research-based discipline that actively supplies supportive science to the creative, emotional, and energizing experiences of music for treatment and educational goals.
3. Music therapists work with vulnerable populations, individuals with intellectual or emotional disabilities, or persons coping with physical, mental or terminal health diagnoses. Potential for harm exists when nonqualified individuals provide inappropriate applications of music therapy interventions that could cause emotional harm.
4. Music therapists practice autonomously as well as under supervision.
5. Music therapists are bachelor's degree level trained and must sit for a national board certification exam to obtain the Music Therapist-Board Certified (MT-BC) credential, which is necessary for professional practice.
6. Five states license music therapists, one state provides title certification and two states require registration.
7. There are approximately 227 music therapists who hold the MT-BC credential in Virginia.
8. There is a need for music therapists in Virginia.

RECOMMENDATION

At its July 31, 2019 meeting, the Regulatory Research Committee recommended licensure for music therapists. A motion was made to license music therapists in the Commonwealth of Virginia and properly seconded and approved. Two members were in favor, one opposed.

The recommendation was forwarded to the Full Board for review and consideration at its August 20, 2019 meeting. At that meeting, upon properly seconded motion and discussion, the Board voted to adopt the recommendation of the Regulatory Research Committee for licensure of music therapists in Virginia. Ten members were in favor, one abstained and one opposed.

Should the General Assembly agree with licensure of the profession of music therapy, the Board recommends placing this profession under the Board of Counseling as this board specifically regulates rehabilitation providers.

OVERVIEW

HISTORY OF THE PROFESSION

The healing influence of music is as old as the writings of Aristotle and Plato. The 20th century profession formally began after World War I and World War II when community musicians of all types, both amateur and professional, went to hospitals around the country to play for the thousands of veterans suffering both physical and emotional trauma from the wars.

In the 1940s, three persons emerged as innovators and key players in the development of music therapy as an organized clinical profession. Psychiatrist Ira Altshuler promoted music therapy in Michigan for three decades. Willem van de Wall pioneered the use of music therapy in state-funded facilities and wrote the first "how to" music therapy text**,** *Music in Institutions* in 1936. E. Thayer Gaston, known as the "father of music therapy," was instrumental in moving the profession forward from organizational and educational standpoints. Michigan State University established the first academic program in music therapy in 1944 and other universities followed, including the University of Kansas, Chicago Musical College, College of the Pacific, and Alverno College. (AMTA, 2019)

MUSIC THERAPY DEFINED

According to the American Music Therapy Association (AMTA), music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapy is an evidence-based health profession with a strong research foundation. Music therapy degrees require knowledge in psychology, medicine, and music.

A music therapist assesses emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses and designs music sessions for individuals and groups based on client needs. The therapist may use music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music. The music therapist also participates in interdisciplinary treatment planning, ongoing evaluation, and follow up.

A music therapist has a genuine interest in people and a desire to help others empower themselves. The essence of music therapy practice involves establishing caring and professional relationships with people of all ages and abilities. Empathy, patience, creativity, imagination, an openness to new ideas, and understanding of oneself are also important attributes. Because music therapists are accomplished musicians as well as therapists, a background and love of music are also essential. A music therapist must be versatile and able to adjust to changing circumstances. Music therapists must express themselves well in speech and in writing. In addition, they must be able to work well with other health care providers.

A music therapist is versatile and able to adjust to changing circumstances. Many different instruments may be used within a therapeutic context. Music therapy students generally choose one instrument to be their instrument of focus during their educational course of study and are given basic training on a variety of instruments (guitar, piano percussion, voice). The choice of instrument or musical intervention used in a music therapy session is dependent upon goals and objectives, the client's preferences, and the music therapist's professional judgement.

Credentialed music therapists work with brain-injured patients to help them regain speech. They may work with older adults to lessen the effects of dementia or with children to reduce asthma episodes. Music therapists work with hospitalized patients to reduce pain. They work with children who have autism to improve communication capabilities. In addition, music therapy may be beneficial to help improve premature infants sleep patterns and music therapy intervention may stimulate infant weight.

Not all music in a healthcare setting is music therapy. Music therapy does not include a patient suffering from dementia listening to favorite songs, nurses playing background music for patients, or a choir singing on the pediatric floor of a hospital.

The AMTA posits that clinical music therapy is the only professional, research-based discipline that actively applies supportive science to the creative, emotional, and energizing experiences of music for health treatment and educational goals. Music therapy and the credentialed music therapists who practice it have a bachelor's degree in music therapy from one of AMTA's 80 approved colleges and universities. They have completed 1,200 hours of clinical training and hold the MT-BC credential, issued through the Certification Board for Music Therapists (CBMT). This certification is a way to protect the public by ensuring competent practice and requiring continuing education. Some states also require licensure for board-certified music therapists.

Associations

American Music Therapy Association

The American Music Therapy Association (AMTA) serves 5000 member music therapists, students, graduate students and other supporters. AMTA's mission is to advance public knowledge of the benefits of music therapy and to increase access to quality music therapy services. AMTA also serves as an advocate for music therapy on state and federal levels

Virginia Music Therapy Association

The Virginia Music Therapy Association's (VMTA) mission is to advance music therapy as a professional discipline in the state of Virginia. The association seeks to engage and involve music therapy professionals and students who are committed to advocating, educating and legislating for the profession of music therapy.

The VMTA State Task Force works collaboratively with AMTA and CBMT to implement the State Recognition Operational Plan and works to fulfill the AMTA mission of increasing awareness of the benefits of music therapy and increasing access to quality music therapy services within the state. The Virginia State Task Force consists of five music therapists and one student member.

DISCUSSION OF THE CRITERIA
CRITERION ONE: RISK OF HARM

Due to the low number of states that license or utilize title protection for music therapists, and the CBMT requirement that all MT-BC credential holders self-report violations of the CBMT Code of Professional Practice, the volume of reported cases is very low. There has been, however, a yearly increase in the number of cases since 2015.

The following information regarding disciplinary action against music therapists is provided by CBMT. The data represents the last 20 years since the current Code of Professional Practice and new disciplinary procedures were adopted in 1998. (See Table 1)

Table 1. CBMT-Violations 1998-June 2019

State	Falsification of Records	Misuse of Credential	Negligence and Malpractice	Inappropriate Boundaries/ Dual Relationships	Sexual Offenders or Sexual Harassment	Financial Exploitation
Alabama			1			
Arkansas			1	1		
Arizona		1			1	
California	1	3				1
Connecticut*		1				
Florida					1	
Illinois				1		
Indiana	1	2	1			
Maryland					1	
Massachusetts		2	1			
Michigan		3				
Missouri	1	2				
New Mexico		1				
New York	1	1	1			
North Carolina		1				
Ohio		1	1	1		
Oklahoma*	1	1				
Oregon*		1				
Pennsylvania	2	4	1			
Texas	1	2		2		
Virginia					1	
Wisconsin		1				1
Total	**8**	**27**	**7**	**5**	**4**	**2**

*States with existing licensure

Since 1998, Pennsylvania has had the highest number of reported disciplinary actions with seven cases reported. (Table 2) The greatest number of cases (13) was reported in 2018. (Table 3) Overall, Misuse of Credentials was the most frequently disciplined violation with 27 actions over 20 years. (Table 1) In 2009 Virginia had its first and only reported case falling under the Sexual Offenders/Sexual Harassment category.

Table 2. CBMT-Disciplinary Action by State

State	
Alabama	1
Arkansas	2
Arizona	2
California	5
Connecticut*	1
Florida	1
Illinois	1
Indiana	4
Maryland	1
Massachusetts	3
Michigan	3
Missouri	3
New Mexico	1
New York	3
North Carolina	1
Ohio	3
Oklahoma*	2
Oregon*	1
Pennsylvania	7
Texas	5
Virginia	1
Wisconsin	2
Total	**53**

*States with existing licensure
Source: CBMT

Table 3. CBMT-Disciplinary Action by Year

Year	Incidents Reported
Prior to 2010	5
2010	2
2011	0
2012	1
2013	1
2014	0
2015	9
2016	11
2017	7
2018	13
2019	4
Total	**53**

Source: CBMT

Virginia does not delineate disciplinary actions or complaints against practitioners with music therapy credentials, and there have been no cases reported to the Department of Health Professions. Virginia does not have a peer review mechanism for music therapists; however, credentialed music therapists are subject to review according to the CBMT code of Professional Practice. Both AMTA and CBMT have mechanisms by which music therapists who are in violation of safe and ethical practice are investigated.

Music therapists do not utilize dangerous equipment while performing within their practice guidelines. They do, however, work with vulnerable populations, individuals with intellectual or emotional disabilities, and persons coping with physical, mental or terminal health diagnosis. The potential for harm exists if a nonqualified individual provides inappropriate applications of music therapy interventions that could cause emotional harm.

The Virginia Department of Education does not formally recognize the profession or its national board certification credential. VMTA purports that a lack of recognition has led to the disruption of student progress, school staff being asked to provide services they are not qualified to offer, and significant frustration for families affected by the interpretation of the federal special education law. (VMTA, 2019)

To protect the public from threats of harm in clinical practice, music therapists comply with safety standards and with transport protocols for clients. According to the VMTA, a therapist is trained to recognize the potential harm of music experiences and use them with care. The therapist knows the potential harm of verbal and physical interventions during music experiences and uses them with care. A music therapist practices infection control protocols (e.g., universal precautions, disinfecting instruments) and recognizes client populations and health conditions for which music experiences are contraindicated. (VMTA, 2019)

The potential for fraud does exist, as there are no existing laws or regulations regarding this profession. Virginia does not acknowledge the profession of music therapy, does not codify a scope of practice, nor does it provide any form of title protection for individuals practicing as music therapists. Consumers are not able to determine actual credentialed music therapists with academic and clinical training from those that claim to be music therapists but have no training.

Music therapists in Virginia may qualify for direct third party payments. Third party payers could be paying for services provided by untrained individuals.

CRITERION TWO: SPECIALIZED SKILLS AND TRAINING

EDUCATION

A music therapist must earn a bachelor's degree or higher in music therapy from one of over 80 American Music Therapy Association (AMTA) approved programs and have at minimum the entry level credential, MT-BC to ethically practice as a music therapist.

The curriculum includes coursework in music, music therapy, biology, psychology, social and behavioral sciences, disabilities and general studies as outlined below.

Musical Foundations (45%)
Music Theory, Composition and Arranging, Music History and Literature, Applied Music Major, Ensembles, Conducting, Functional Piano, Guitar, and Voice

Clinical Foundations (15%)
Exceptionality and Psychopathology, Normal Human Development, Principles of Therapy, The Therapeutic Relationship

Music Therapy (15%)
Foundations and Principles, Assessment and Evaluation, Methods and Techniques, Pre-Internship and Internship Courses, Psychology of Music, Music Therapy Research, Influence of Music on Behavior, Music Therapy with Various Populations

General Education (20-25%)
English, Math, Social Sciences, Arts, Humanities, Physical Sciences, etc.

Electives (5%)

Clinical skills are developed through 1,200 hours of required fieldwork, including an extended internship requirement in an approved mental health, special education, education or health care facility. Clinical supervisors must meet minimum requirements outlined by the AMTA Standards for Education and Clinical Training and abide by the AMTA Professional Competencies, CBMT Board Certification Domains and AMTA Code of Ethics. (AMTA, 2019)

Upon successful completion of the music therapy bachelor's degree an individual is eligible to sit for the national certification exam to obtain the credential Music Therapist-Board Certified (MT-BC) which is necessary for professional practice. The Certification Board administers the national exam for Music
Therapists. The exam consists of a 150 question multiple-choice test administered by computer at over 200 Assessment Centers geographically. To maintain this credential, 100 hours of continued competence in music therapy education is required every five years. (AMTA, 2019)

All board certified music therapists receive education and training in compliance procedures for state, federal and facility regulations and accreditation. They are trained to conduct music therapy assessments, draft and incorporate goals and objectives into treatment plans, specify procedures and define expected treatment outcomes, evaluate and make appropriate modifications and accommodations and document the process utilizing standard tools. (AMTA, 2019)

There are two universities in Virginia, Radford University and Shenandoah University, that offer bachelor's level and master's level music therapy training. Both are accredited and approved by the AMTA. Radford University is also approved by the National Association of Schools of Music (NASM).

MASTER'S DEGREE

A music therapist with a bachelor's degree in music therapy may obtain a master's degree in music therapy to expand the depth and breadth of their clinical skills in advanced and specialized fields of study such as supervision, college teaching, administration, a particular method, orientation, or population.

DOCTORAL DEGREES

Although there is no AMTA-approved doctoral degree in music therapy, selected universities do offer coursework in music therapy in combination with doctoral study in related disciplines, which imparts advanced competence in research, theory, development, clinical practice, supervision, college teaching, and/or clinical administration, depending on the title and purpose of the degree program. (AMTA, 2019)

CREDENTIALING

Nationally, the CBMT is the only organization to certify a music therapist to practice music therapy. Since 1986, the CBMT MT-BC program has been fully accredited by the National Commission for Certifying Agencies (NCCA). Some music therapists hold older designations as a registered music therapist (RMT), certified music therapist (CMT) or advanced certified music therapist (ACMT) which were issued by the American Music Association of Music Therapy (AMTA) or the National Association of Music Therapy (NAMT). The ACMT and NAMT merged into the American Music Therapy Association (AMTA). The AMTA has phased out the AMT, CMT and ACMT designations as well as the national registry. Currently music therapists seeking national certification must obtain the MT-BC credential.

Table 4. Virginia Music Therapists with CBMT Certification

Year	Number Certified Each Year
1985-2008	88
2009	11
2010	11
2011	5
2012	8
2013	10
2014	18
2015	17
2016	20
2017	16
2018	16
2019	7
Total	227

Source: CBMT-Virginia Certified Music Therapist

The CBMT administers the examination, which is based on a nationwide music therapy practice analysis that is reviewed and updated every five years to reflect current clinical practice. Both the practice analysis and the examination are deemed psychometrically sound as they are developed using guidelines issued by the Equal Employment Opportunity Commission, and the American Psychological Association's standards for test validation.

To maintain this credential, music therapists must demonstrate continued competence by completing 100 recertification credits or retaking and passing the CBMT examination within each five-year recertification cycle. The CBMT recertification program provides music therapists with guidelines for remaining current with safe and competent practice and enhancing their knowledge in the profession of music therapy.

CBMT credentialing allows for easy recognition of individuals who have successfully completed an academic and clinical training program approved by the AMTA and successfully completed a written objective examination demonstrating current competency in the profession of music therapy. Today, over 8,200 music therapists hold the credential, Music Therapist-Board Certified (MT-BC). There are over 200 MT-BC therapists in Virginia. (Table 4)

The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of competence by interested agencies, groups, and individuals. The MT-BC credential may also be required to meet state laws and regulations. Any person representing him or herself as a board certified music therapist must hold the MT-BC credential awarded by CBMT.

CRITERION THREE: AUTONOMOUS PRACTICE

Whether practice is autonomous depends on the music therapist's clinical practice setting. Should the music therapist have a private practice, all treatment would likely be unsupervised, holding the music therapist accountable for the job they perform. However, when treating patients in a clinical environment or school setting, there would be some level of being either supervised or unsupervised, holding both parties accountable for the job being performed. Virginia currently cannot hold music therapists legally liable for improper conduct or unethical practice because no standards have been established for this unlicensed profession. Music therapists currently are expected by their credentialing to follow the Standards of Clinical Practice established by the AMTA.

According to the AMTA Standards of Clinical Practice, music therapists in private practice are responsible for seeking and participating in supervision on a regular basis. Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision. A music therapist may seek supervision from another music therapist as

well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses. Supervision is only mandatory for selected advanced practice certifications.

Music therapists design music therapy treatment plans, collaborate with other health care providers, direct the music therapy portion of treatment but do not typically direct an overall patient care program. In general, a music therapist works as a member of the treatment team, alongside nurses, physicians and allied health providers. Clients have direct access to music therapy. Other occupational groups may also refer them. Music therapists do not diagnose or use dangerous equipment or substances. (AMTA, 2019)

CRITERION FOUR: SCOPE OF PRACTICE AND OVERLAP

The practice of music therapy is specific in its scope of practice. Music therapists provide health care and educational support services to individuals of all ages and ability levels. Client groups include individuals with developmental disabilities, mental illnesses, acute or chronic illnesses or pain, impairments or injuries due to accidents or aging, hearing, visual or speech impairments, terminal illnesses, the learning disabled, and others with health and wellness issues. (AMTA, 2019)

Typical work settings for music therapists include medical facilities, mental health settings, geriatric facilities, developmental centers, educational facilities and private practice settings. Music therapists often work in conjunction with an interdisciplinary treatment team. (AMTA, 2019)

There are several professions (licensed and unlicensed) that use or may use music as a modality for treatment. Licensed professions that may employ musical modalities include, psychologists, occupational therapists, speech-language pathologists, marriage and family therapists, professional counselors, social workers and massage therapists. These professions are licensed by the Department of Health Professions. Unlicensed professions who may use music include hypnotherapists, therapeutic musicians, music practitioners and healing musicians.

Music therapy differs from the professions listed above in that its practice uses music interventions to accomplish individualized goals. This form of therapy involves the development of music therapy treatment plans specific to the needs and strengths of the individual client.

The regulation of music therapists could negatively affect other licensed professionals who use music during treatment. Regulation would also negatively affect individuals utilizing the term “music therapy” when they do not hold the necessary credentials to do so. (AMTA, 2019)

CRITERION FIVE: ECONOMIC IMPACT

WAGES & SALARIES

Available compensation data on the profession is subsumed within broader behavioral health providers' categories, specifically "Recreational Therapists." The U.S. Department of Labor Bureau of Labor Statistics in May 2018 showed that the national median salary per year for recreational therapists is $47,860 with a salary range of $29,590 up to $77,050. (BLS, 2019)

The Virginia Labor Market Information (LMI) occupation profile does not provide information specifically for music therapists, but rather groups them under recreational therapists. Recreational therapists in Virginia have a median annual wage of $43,180.00.

Table 5. Salary of Music Therapists by State

State	Salary
Connecticut	$48,730
Georgia	$43,270
Nevada	$53,580
North Dakota	$44,510
Oklahoma	$36,980
Oregon	$56,970
Rhode Island	$43,610
Utah	$42,030
Wisconsin	$41,010

Source: Career Explorer-Music Therapist Salary

According to the AMTA, music therapists' salaries vary based on location, setting, population, experience, training, full time or part time employment, as well as a number of other factors. Many music therapists work in private practice and charge an hourly rate for services. In 2014, the overall average salary reported by all music therapists surveyed was $50,808. The overall median salary reported in 2014 was $46,000 and the overall most commonly reported salary was $40,000. (Table 5)

The average hourly individual rate for a music therapist in the Mid-Atlantic region is $83.31 with the average hourly group rate per person at $78.04. The national average hourly individual rate is $68.93 with the average hourly group rate per person is $77.67. (VMTA, 2019)

WORKFORCE ADEQUACY

According to CBMT, there are 227 music therapists in Virginia with the MT-BC credential. Whether there is a shortage or an oversupply of these practitioners in Virginia is unknown. The profession-distinct supply and demand data are not available to make such assessment. It may be said that as mental health providers in Virginia, that music therapists do provide care to individuals in need of this unique type of mental health care.

Many facilities that would employ music therapists often require providers to have state recognized credentials. The Virginia Department of Education does not recognize music therapists or the MT-BC credential because the profession is not licensed in Virginia.

REIMBURSEMENT

The American Music Therapy Association now estimates that approximately 20% of music therapists receive third party reimbursement for the services they provide.

Music therapy is comparable to other allied health professions such as occupational therapy and physical therapy in that individual assessments are provided for each client, service must be found reasonable and necessary for the individual's illness or injury, and interventions must include a goal-directed documented treatment plan.

MEDICARE

Since 1994, music therapy has been identified as a reimbursable service under benefits for Partial Hospitalization Programs (PHP). Falling under the heading of Activity Therapy, the interventions cannot be purely recreational or diversionary in nature and must be individualized and based on goals specified in the treatment plan. The current HCPCS Code for PHP is G0176.

Music therapy must be considered an active treatment by meeting the following criteria:

1. Be prescribed by a physician;
2. Be reasonable and necessary for the treatment of the individual's illness or injury;
3. Be goal directed and based on a documented treatment plan;
4. The goal of treatment cannot be to merely maintain current level of functioning; the individual must exhibit some level of improvement.

MEDICAID

There are currently a few states that allow payment for music therapy services through use of Medicaid Home and Community Based Care waivers with certain client groups. In some situations, although music therapy may not be specifically listed within regulatory language, due to functional outcomes achieved, music therapy interventions qualify for coverage under existing treatment categories such as community support, rehabilitation, or habilitation services. Approximately 23 states provide funding for music therapy services through Medicaid Waiver programs or state agency funds.

PRIVATE INSURANCE

At this time, private insurance companies in Virginia are not directly reimbursing for music therapy service.

Nationally, AMTA reports that approximately 20% of music therapy services receive third-party reimbursement. Companies like Blue Cross Blue Shield, United Healthcare, Cigna, and Aetna have all paid for music therapy services at some time. Like other therapies, music therapy is reimbursable when services are pre-approved and deemed medically or behaviorally necessary to reach the individual patient's treatment goals.

OTHER SOURCES

Additional sources for reimbursement and financing of music therapy services include many state departments of mental health, state departments of developmental disabilities, state adoption subsidy programs, private auto insurance, employee worker's compensation, county boards of developmental disabilities, IDEA Part B related services funds, foundations, grants, and private pay. (AMTA, 2019)

IMPACT OF LICENSURE ON THE DEPARTMENT OF HEALTH PROFESSIONS

Some regulated professions lack a sufficient number of individuals to cover their regulatory costs. This places a strain on a board's cash resources that are supported by other professions fees.

CRITERIA SIX AND SEVEN: ALTERNATIVES TO REGULATION/ LEAST RESTRICTIVE REGULATION

Currently, nine states regulate music therapists. Five states license music therapists, one state provides title protection only, one state provides title certification, and two states require registration. (Table 6) Currently there are 11 states seeking some form of legislation. (Table 7)

Table 6. Current State Licensure Recognition

State	Licensure	Title Certification	Title Protection	Registry
Connecticut			Must hold MT-BC	
Georgia (LPMT)	X - 140			
Nevada (LPMT)	X - 23			
North Dakota (MT-BC/L)	X - 18			
Oklahoma (LPMT)	X - 23			
Oregon (LPMT)	X - 76			
Rhode Island (LPMT)	X - 8			X***
Utah (SCMT)		X - 54**		
Wisconsin (WMTR)				X - 38*
Total	**288**	**54**		**38**

*Applicants must be certified, registered or accredited as Music Therapists by one of the following organizations: The Certification Board for Music Therapists, National Music Therapy Registry, American Music Therapy Association, or another national organization that certifies, registers, or accredits Music Therapists.

**Currently seeking licensure

***Rhode Island-registration functions as a license

Source: AMTA

Table 7. 2018 Legislative Activity by State

State	Licensure	Title Certification	Title Protection	Registry
Illinois	X			
Iowa		X		
Michigan	X			
Minnesota	X			
Missouri			X	
New Jersey	X			
New York	X			
North Carolina	X			
Ohio	X			
Pennsylvania	X			
Utah	X			
Total	**9**	**1**	**1**	

Source: AMTA

MUSIC THERAPY LICENSURE IN OTHER STATES

CONNECTICUT (2016)

Music therapists in Connecticut are not strictly regulated and are provided title protection only. Individuals who are not board certified by the CBMT and have not graduated with a bachelor's degree from an AMTA accredited program cannot call themselves "music therapists" or "certified music therapists". An individual that wrongly uses either title is guilty of a class D felony. (Connecticut, 2019)

GEORGIA (2012)

In Georgia, music therapists are licensed, pursuant to statute, by the Secretary of State. Music therapists who wish to be licensed must obtain a bachelor's degree from an accredited AMTA school, complete a minimum of 1,200 hours of clinical training, have passed the CBMT exam, have passed a criminal background check, and must be at least 18 years of age. Licensure renewal requires maintaining the MT-BC credential, and 40 hours of continuing education approved by the CBMT. (Georgia, 2019)

NEVADA (2011)

Music therapists are licensed in Nevada by the Bureau of Health Care Quality and Compliance. Licensure protects the public health, safety and welfare from unqualified or unlicensed individuals. Qualifications for licensure include at least a bachelor's degree from an accredited AMTA school, submission of a licensing fee, completion of a minimum of 1,200 hours of clinical training, a passing grade on the CBMT exam, a criminal background check, and must be at least 18 years of age. Licensure renewal requires completion of 100 hours of continuing education every three years from a CBMT approved program. (Nevada, 2019)

NORTH DAKOTA (2011)

Music therapists in North Dakota are regulated by the Board of Integrative Health Care. Qualifications for licensure include graduation from a board-approved program, completion of a board-approved exam, good standing with the CBMT, have the physical, mental, and professional competencies to practice and have not committed any acts that would warrant discipline. Licenses expire biannually and 40 hours of approved continuing education must be completed biannually. (North Dakota, 2019)

OKLAHOMA (2011)

Music therapists in Oklahoma are licensed by the State Board of Medical Licensure and Supervision. Music therapists must hold at least a bachelor's degree in music therapy by an AMTA approved program, completed at least 1,200 hours of clinical training in an approved program, have a passing grade on the CBMT exam, be at least 18 years old, and be in good moral character. Licenses expire every two years and music therapists must remain in good standing with the CBMT. (Oklahoma, 2019)

OREGON (2015)

In Oregon the Health Licensing Office regulates music therapists. To obtain licensure, a music therapist must pass the CBMT certification exam within two years preceding application submission, maintaining CMBT certification as well as a professional designation and must be at least 18 years of age. To maintain licensure music therapists must complete a minimum of ten continuing education credits each year. (Oregon, 2019)

RHODE ISLAND (2014)

Music therapists in Rhode Island are regulated by the Department of Health and are termed "registered," with registration functioning as a license. To qualify for registration as a music therapist an applicant must hold a bachelor's degree from an AMTA approved school, complete a minimum of 1,200 hours of clinical training provided by an AMTA approved program, pass the CBMT certification board exam, currently be a board certified music therapist, and be at least 18 years of age. Registrations expire biannually and renewal requirement is that the music therapist remain board certified. (Rhode Island, 2019)

UTAH (2014)

Utah music therapists are regulated by the Division of Occupational and Professional Licensing. To qualify for certification as a music therapist an applicant must be in good standing with the CBMT, be of good moral character, and pay an application fee. Certificates expire biannually and to renew a music therapist must prove good standing with the CBMT. This certification system functions closer to a title protection act than a practice act, but it does allow for more disciplinary measures than traditional title protection. (Utah, 2019)

WISCONSIN (2011)

The Department of Safety and Professional Services regulates Wisconsin music therapists. Music therapists fall under a subset of creative arts therapists, which itself is a subset of psychotherapists. Music therapists must be CBMT board certified, disclose criminal convictions or pending criminal charges and pay an application fee. Registration expires biannually and to renew a registration a music therapist must maintain CBMT certification.

To register as a psychotherapist, which is optional for music therapists, the individual must pass an exam on the Wisconsin statutes and rules that apply specifically to the profession, hold a master's or doctoral level degree in music therapy from an approved AMTA school, submit completion of at least 3,000 hours of clinical training in the form of signed and sworn affidavits, pass the CBMT certification exam, disclose any criminal convictions or pending criminal charges and pay an application fee. Psychotherapy registrations expire biannually and music therapists must remain in good standing with the CBMT to renew. (Wisconsin, 2019)

SUMMARY OF PUBLIC HEARING

A public hearing was conducted on June 24, 2019 in Board Room 4 at 9:00 AM at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia. The purpose of the hearing was to receive public comment on the need to regulate music therapists in the Commonwealth Virginia.

Approximately 13 persons attended the hearing representing music therapists, related professional organizations, hospital organizations, universities, as well as individuals previously and currently employed in these and related professions. Comment on the need for regulation was provided by some of the individuals in attendance and 64 comments were received in writing at the offices of the Board of Health Professions. All of the comments received were in support of regulation.

SOURCES

American Music Therapy Association (AMTA). https://www.musictherapy.org/about/

Bureau of Labor Statistics (BLS): https://www.bls.gov/ooh/healthcare/recreational-therapists.htm#tab-5

Career Explorer: https://www.careerexplorer.com/careers/music-therapist/salary/west-virginia/ Certification

Board for Music Therapists (CBMT). https://www.cbmt.org/

Connecticut Music Therapy Regulations: https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Music-Therapit/Music-Therapist

Georgia Music Therapy Regulations: https://sos.ga.gov/index.php/licensing/plb/59/faq

Labor Market Information-Virginia (LMI: https://virginiawlmi.com/occupational-employment-statistics-oes?page83019=1&size83019=12

Nevada Music Therapy Regulations: http://dpbh.nv.gov/Reg/MusicTherapist/MusicTherapists_-_Home/

North Dakota Music Therapy Regulations: https://www.legis.nd.gov/cencode/t43c59.pdf

Oklahoma Music Therapy Regulations: http://www.okmedicalboard.org/music_therapists

Oregon Music Therapy Regulations: https://www.oregon.gov/OHA/PH/HLO/Pages/Board-Music-Therapy-Program-License.aspx

Rhode Island Music Therapy Regulations: http://health.ri.gov/licenses/detail.php?id=287

Utah Music Therapy Regulations: https://dopl.utah.gov/music/index.html

Virginia Music Therapy Association (VMTA). https://www.musictherapy.org/about/

Wisconsin Music Therapy Regulations: https://dsps.wi.gov/Pages/Professions/MusicTherapist/

Default.aspx

American Music Therapy Association

Professional Requirements for Music Therapists

Educational Requirements for Music Therapists

Bachelor's Degree (or higher) in Music Therapy

A professional music therapist holds a bachelor's degree or higher in music therapy from one of over 80 AMTA-Approved college and university programs. The curriculum for the bachelor's degree is designed to impart entry level competencies in three main areas: musical foundations, clinical foundations, and music therapy foundations and principles as specified in the AMTA Professional Competencies. In addition to the academic coursework, the bachelor's degree requires 1200 hours of clinical training, including a supervised internship. Graduate degrees in Music Therapy focus on advanced clinical practice and research.

Board Certification Credential

Upon completion of the bachelor's degree, music therapists are eligible to sit for the national board certification exam to obtain the credential MT-BC (Music Therapist - Board Certified) which is necessary for professional practice. The credential MT-BC is granted by a separate, accredited organization, the Certification Board for Music Therapists (CBMT), to identify music therapists who have demonstrated the knowledge, skills and abilities necessary to practice at the current level of the profession. The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism by interested agencies, groups, and individuals.

Music Therapy – Board Certification (MT-BC) Requirements

To earn and maintain the MT-BC credential, you must meet these requirements:

- Successful completion of an academic and clinical training program for music therapy (programs must be approved by the American Music Therapy Association)
- Successful completion of a written CBMT examination demonstrating current skills in the profession of music therapy
- Recertification every five years through the successful completion and documentation of 100 recertification credits, and completion of the CBMT Application for Recertification
- Payment of an annual certification maintenance fee

In addition, any person representing himself or herself as a Board Certified Music Therapist shall practice within the **CBMT Board Certification Domains** and adhere to the **CBMT Code of Professional Practice**. It is unlawful for any person not meeting the criteria set forth by the Certification Board for Music Therapists to use or display in connection with his or her name or place of business the words Board Certified Music Therapist or the letters MT-BC or similar designations; or to represent in any way, orally, in writing, in print, electronic communication, or by sign, directly or by implication that he or she is a Board Certified Music Therapist qualified to provide music therapy services.

Examples of State Licensure Requirements

California: Beginning July 31, 2019, an individual who provides music therapy shall not refer to oneself using the title of "Board Certified Music Therapist" unless the individual is an MT-BC.

Connecticut: As of October 2016, music therapy services can only be provided by those who hold the MT-BC credential, and only an MT-BC can call themselves a music therapist or a Certified Music Therapist.

Georgia: Music therapists are required to be licensed in the state of Georgia. Visit the Georgia Secretary of State's website for more information and an application. Contact info@cbmt.org to have verification of your MT-BC certification electronically sent to the Georgia Professional Licensing Board.

New Jersey: The Music Therapist Licensing Act was signed into law by Governor Phil Murphy on January 21, 2020 requiring licensure for music therapists to practice in the state of New Jersey. Procedures for applying for licensure are currently being developed and will be posted when complete.

New York: For Music Therapists to practice Creative Arts Therapy and use the titles, Creative Arts Therapist, Licensed Creative Arts Therapist or any derivative thereof within New York State, they must obtain licensure as a Creative Arts Therapist, unless otherwise exempt under the law. Visit their website for an application. To apply for the music therapy board examination for NY State Licensure or to have your examination scores mailed to the NY State Education Department of the Professions, contact CBMT at info@cbmt.org or by telephone at 800.765.2268.

Nevada: Music therapists are required to be licensed according to the Nevada State Health Division, Bureau of Health Care Quality and Compliance. Obtain an application from their website.

North Dakota: A bill to license music therapists was passed into law on April 26, 2011 under the State Board of Integrative Health Care. Music Therapists are required to be licensed. Obtain an application from their website.

Oklahoma: As of November 2016, music therapy licensure is managed under the State Board of Medical Licensure and Supervision. An application is available from their website.

Oregon: Music therapy licensure in Oregon is managed through the Health Licensing Office. More information is available on their website, including the application.

Rhode Island: A State License for music therapists was signed into law in 2014. Obtain an application.

Utah: State Certification was signed into law in 2014. Obtain an application.

Virginia: On Tuesday, March 3, 2020, Governor Ralph Northam signed HB1562 into law creating a music therapy license. This license must be obtained to call oneself a music therapist and to practice music therapy in the state of Virginia. Application procedures are being developed and will be posted here when available.

Wisconsin: Wisconsin requires Music Therapists to be registered with the Wisconsin Department of Regulations and Licensing. Obtain an application.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF SOCIAL WORK

VIRGINIA BOARD OF SOCIAL WORK

Title of Regulations: 18 VAC 140-20-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 37 of Title 54.1 of the *Code of Virginia*

Revised Date: October 15, 2020

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Part I. General Provisions.

18VAC140-20-10. Definitions.

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

Baccalaureate social worker

Board

Casework

Casework management and supportive services

Clinical social worker

Master's social worker

Practice of social work

Social worker

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

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

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

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

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

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

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

"Face-to-face supervision" means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision or the use of technology that provides real-time, visual contact among the individuals involved.

"LBSW" means a licensed baccalaureate social worker.

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

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

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

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

18VAC140-20-20. [Repealed]

18VAC140-20-30. Fees.

A. The board has established fees for the following:

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

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

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

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

18VAC140-20-35. Sex offender treatment provider certification.

Anyone licensed by the board who is seeking certification as a sex offender treatment provider shall obtain certification under the Board of Psychology and adhere to the board's Regulations Governing the Certification of Sex Offender Treatment Providers, 18VAC125-30-10 et seq.

18VAC140-20-37. Licensure; general.

LBSWs and LMSWs may practice in exempt practice settings under appropriate supervision. In accordance with § 54.1-3700 of the Code of Virginia, an LBSW shall engage in the practice of social work under the supervision of a master's social worker. Only licensed clinical social workers may practice at the autonomous level.

Part II. Requirements for Licensure.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Verification of:

a. Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;

b. Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60 months; or

c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3.

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

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

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

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

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

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

A. Supervised experience. Supervised post-master's degree experience without prior written board approval will not be accepted toward licensure, except supervision obtained in another United States jurisdiction may be accepted if it met the requirements of that jurisdiction.

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision, or whenever there is an addition or change of supervised practice, supervisor, clinical social work services or location:

a. Register on a form provided by the board and completed by the supervisor and the supervised individual; and

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

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

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

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

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

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

B. Requirements for supervisors.

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

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

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

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

C. Responsibilities of supervisors. The supervisor shall:

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

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

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

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

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

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

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

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

D. Responsibilities of supervisees.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III
Examinations

18VAC140-20-70. Examination requirement.

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

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

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

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

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

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

18VAC140-20-80 to 18VAC140-20-90. [Repealed]

Part IV. Licensure Renewal; Reinstatement.

18VAC140-20-100. Licensure renewal.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(6) The Association of Social Work Boards.

(7) Any state social work board.

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

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

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

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

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

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

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

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

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

18VAC140-20-106. Documenting compliance with continuing education requirements.

A. All licensees in active status are required to maintain original documentation for a period of three years following renewal.

B. The board may conduct an audit of licensees to verify compliance with the requirement for a renewal period.

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

1. Documentation of Category I activities by submission of:

    a. Official transcripts showing credit hours earned; or

    b. Certificates of participation.

2. Attestation of completion of Category II activities.

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

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

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

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

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

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

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

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

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

C. In addition to requirements set forth in subsection B of this section, an applicant for reinstatement whose license has been lapsed for 10 or more years shall also provide evidence of competency to practice by documenting:

1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;

2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or

3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reinstatement of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

D. An LBSW, LMSW, or clinical social worker wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years. An applicant for reactivation who has been inactive for 10 or more years shall also provide evidence of competency to practice by documenting:

1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;

2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or

3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reactivation of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

18VAC140-20-120. [Repealed]

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

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

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

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

18VAC140-20-140. [Repealed]

Part V. Standards of Practice.

18VAC140-20-150. Professional conduct.

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

B. Persons licensed as LBSWs, LMSWs, and clinical social workers shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for diagnostic or therapeutic purposes.

2. Provide for continuation of care when services must be interrupted or terminated.

3. Practice only within the competency areas for which they are qualified by education and experience.

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

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

6. Ensure that clients are aware of fees and billing arrangements before rendering services.

7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.

8. Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.

9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.

10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.

11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

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

C. In regard to client records, persons licensed by the board shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia on health records privacy and shall:

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates diagnosis and treatment plans. Each record shall include a diagnosis and treatment plan, progress notes for each case activity, information received from all collaborative contacts and the treatment implications of that information, and the termination process and summary.

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

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative or as mandated by law.

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

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

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

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

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

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

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Social workers shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

2. Not have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Social workers shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Social workers who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitive nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a social worker does not change the nature of the conduct nor lift the regulatory prohibition.

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

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

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

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

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

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

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

2. Procurement of license by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.

4. Being unable to practice social work with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;

5. Conducting one's practice in a manner contrary to the standards of ethics of social work or in violation of 18VAC140-20-150, standards of practice;

6. Performing functions outside the board-licensed area of competency;

7. Failure to comply with the continued competency requirements set forth in 18VAC140-20-105; and

8. Violating or aiding and abetting another to violate any statute applicable to the practice of social work or any provision of this chapter; and

9. Failure to provide supervision in accordance with the provisions of 18VAC140-20-50 or 18VAC140-20-60.

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

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

18VAC140-20-171. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in 18 VAC 140-20-150, except as may otherwise be determined by the probable cause committee in consultation with the board chair.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate 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 heard.