

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

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

Approval of Minutes

- Regulatory Committee Meeting – January 4, 2019*
-

Public Comment

The Committee will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Unfinished Business

- Reciprocity/Compact Agreements
 - Periodic Review Discussion
 - Regulations Governing the Practice of Professional Counseling (18VAC115-20-10 et. seq.) *
 - Regulations Governing the Practice of Marriage and Family Therapy (18VAC115-50-10 et.seq.) *
 - Regulations Governing the Practice Licensed Substance Abuse Practitioners (18VAC115-60-10 et.seq.) *
 - Guidance Document on Scope of Practice for Certified Substance Abuse Counselors (CSAC) and CSAC Assistants*
-

New Business

- Consideration of Petition for Rulemaking to amend regulations for residents in counseling to prohibit promoting or advertising their services independently to solicit business from the public*
 - Consideration of Petition for Rulemaking to count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral program towards hours of residency*
-

Next Meeting – May 30, 2019

Meeting Adjournment

*Requires a Committee Vote

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707(F).

**Approval of Counseling
Regulatory Board Meeting
Minutes
January 4, 2019**

**VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Friday, January 4, 2019**

TIME AND PLACE: The meeting was called to order at 10:03 a.m. on Friday, January 4, 2019, in Board Room 4 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.

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

COMMITTEE MEMBERS PRESENT: Kevin Doyle, Ed.D., LPC, LSATP
Danielle Hunt, LPC
Holly Tracy, LPC, LMFT

ABSENT: Vivian Sanchez-Jones, Citizen Member

OTHER BOARD MEMBERS PRESENT: Maria Stransky, LPC, CSAC, CSOTP

STAFF PRESENT: Christy Evans, Discipline Case Specialist
Jaime Hoyle, J.D., Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Manager
Brenda Maida, Licensing Specialist

OTHERS PRESENT: Elaine Yeatts, DHP Senior Policy Analyst

PUBLIC IN ATTENDANCE: Martin Brown, Civitas Health Services, Inc.
Chris Ruble, Childhelp, Inc.
Candace Roney, Virginia Association of Community Services Boards, Inc.
Ashley Harrell, Department of Medical Assistance Services

ORDERING OF THE AGENDA: It was recommended by staff to amend the agenda to allow for discussion on Certified Substance Abuse Counselor (CSAC) and Certified Substance Abuse Counselor-Assistant (CSAC-A) scope of practice prior to the period review discussion.

APPROVAL OF MINUTES: Ms. Hunt moved to approve the minutes of the November 1, 2018 meeting. Dr. Doyle seconded the motion, and it passed unanimously.

PUBLIC COMMENT: Mr. Ruble, Executive Director of Childhelp, Inc. commented on the importance of timely review of applications.

Mr. Brown, Chief Operating Officers for Civitas Health Services, Inc. asked the Board to provide clarification on the distinction between grandfather and initial applications for the registration of Qualified Mental Health Professionals (QMHPs).

Ms. Roney, Council Chairperson for the Substance Use Disorders Service Council for the Virginia Association of Community Services Board, Inc. asked that

the board clarify the scope of practice in the Code of Virginia for Certified Substance Abuse Counselor (CSAC) and Certified Substance Abuse Counselor-Assistant (CSAC-A).

DISCUSSIONS:

I. Unfinished Business:

Periodic Review Discussion: The Committee discussed staff's recommendations to the Regulations Governing the Practice of Professional Counseling.

- Dr. Doyle moved to include sections of the National Counselor Licensure Endorsement Process (NCLEP) 2.0 version to allow for more portability. The motion passed with three in favor, one in opposition.

The addition would allow endorsement for those who hold an active license at the highest level of counselor licensure for independent practice for at least 10 years prior to the date of application and for those who hold an active license at the highest level of counselor licensure for independent practice for at least three years prior to the date of application for licensure by endorsement and has one of the following:

- a. The National Certified Counselor (NCC) credential, in good standing, as issued by the National Board of Certified Counselors (NBCC); or
 - b. A graduate-level degree from a program accredited in clinical mental health counseling by CACREP.
- Ms. Tracey moved, which was properly seconded, to allow for an interruption in residency for no more than three years. The motion passed unanimously.
 - Staff will develop a working draft of changes discussed related to the Regulations Governing the Practice of Professional Counseling at the next regulatory meeting. Additionally, staff will provide a working draft of recommended changes and discussion items to be discussed at the next regulatory meeting for the Regulations Governing Marriage and Family Therapists and Regulations Governing Licensed Substance Abuse Treatment Practitioners.

II. New Business:

- **CSAC Scope of Practice:** The Board considered the comments from Ms. Roney, Council Chairperson for the Substance Use Disorders Service Council for the Virginia Association of Community Services Board, Inc and clarification from Ashley Harrell, Department of Medical Assistance Services, and agreed that a guidance document to provide clarification to the public should be initiated. Ms. Hoyle stated that she would craft a guidance document for review and discussion at the next regulatory meeting

NEXT SCHEDULED MEETING:

Next scheduled Regulatory Committee Meeting is scheduled for February 7, 2019 at 10:00 a.m.

ADJOURNMENT:

The meeting adjourned at 2:55 p.m.

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

Date

Jaime Hoyle, JD
Executive Director

Date

Periodic Reviews

Commonwealth of Virginia



REGULATIONS
GOVERNING THE PRACTICE OF
PROFESSIONAL COUNSELING
VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-20-10 et seq.

**Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1
of the *Code of Virginia***

Revised Date: December 28, 2017

9960 Mayland Drive
Henrico, VA 23233

Phone: (804) 367-4610
FAX: (804) 527-4435
email: coun@dhp.virginia.gov

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
Part I. General Provisions.....	3
18VAC115-20-10. Definitions.....	3
18VAC115-20-20. Fees required by the board.....	4
18VAC115-20-30. (Repealed.).....	4
18VAC115-20-35. Sex offender treatment provider certification.....	4
Part II. Requirements for Licensure.....	5
18VAC115-20-40. Prerequisites for licensure by examination.....	5
18VAC115-20-45. Prerequisites for licensure by endorsement.....	5
18VAC115-20-49. Degree program requirements.....	6
18VAC115-20-50. (Expired.).....	7
18VAC115-20-51. Coursework requirements.....	7
18VAC115-20-52. Residency requirements.....	8
18VAC115-20-60. (Repealed.).....	10
Part III. Examinations.....	10
18VAC115-20-70. General examination requirements; schedules; time limits.....	10
18VAC115-20-80. (Repealed.).....	11
18VAC115-20-90. (Repealed.).....	11
Part IV. Licensure Renewal; Reinstatement.....	11
18VAC115-20-100. Annual renewal of licensure.....	11
18VAC115-20-105. Continued competency requirements for renewal of a license.....	11
18VAC115-20-106. Continuing competency activity criteria.....	12
18 VAC 115-20-107. Documenting compliance with continuing competency requirements.....	14
18VAC115-20-110. Late renewal; reinstatement.....	14
Part V. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.....	15
18VAC115-20-130. Standards of practice.....	15
18VAC115-20-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of license.....	18
18 VAC115-20-150. Reinstatement following disciplinary action.....	18

Part I. General Provisions.

18VAC115-20-10. Definitions.

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

"Board"

"Counseling"

"Professional counselor"

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

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

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

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

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

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

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

"CORE" means Council on Rehabilitation Education.

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

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

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

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

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

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

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

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

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

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group

consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

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

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

Active annual license renewal	\$130
Inactive annual license renewal	\$65
Initial licensure by examination: Application processing and initial licensure	\$175
Initial licensure by endorsement: Application processing and initial licensure	\$175
Registration of supervision	\$65
Add or change supervisor	\$30
Duplicate license	\$10
Verification of licensure to another jurisdiction	\$30
Late renewal	\$45
Reinstatement of a lapsed license	\$200
Replacement of or additional wall certificate	\$25
Returned check	\$35
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

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

18VAC115-20-30. (Repealed.)

18VAC115-20-35. Sex offender treatment provider certification.

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

Part II. Requirements for Licensure.

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

Every applicant for licensure examination by the board shall:

1. Meet the degree program requirements prescribed in 18VAC115-20-49, the course work requirements prescribed in 18VAC115-20-51, and the experience requirements prescribed in 18VAC115-20-52; and
2. Pass the licensure examination specified by the board;
3. Submit the following to the board:
 - a. A completed application;
 - b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-20-49 and 18VAC115-20-51. Transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;
 - c. Verification of Supervision forms documenting fulfillment of the residency requirements of 18VAC115-20-52 and copies of all required evaluation forms, including verification of current licensure of the supervisor if any portion of the residency occurred in another jurisdiction;
 - d. Verification of any other mental health or health professional license or certificate ever held in another jurisdiction;
 - e. The application processing and initial licensure fee as prescribed in 18VAC115-20-20.; and
 - f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

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

A. Every applicant for licensure by endorsement shall hold or have held a professional counselor license in another U. S. jurisdiction and shall submit the following:

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

3. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;
4. Documentation of having completed education and experience requirements as specified in subsection B of this section;
5. Verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained;
6. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
7. An affidavit of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.

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

1. Educational requirements consistent with those specified in [18VAC115-20-49](#) and [18VAC115-20-51](#) and experience requirements consistent with those specified in [18VAC115-20-52](#);
2. If an applicant does not have educational and experience credentials consistent with those required by this chapter, he shall provide:
 - a. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and
 - b. Evidence of post-licensure clinical practice in counseling, as defined in § 54.1-3500 of the Code of Virginia, for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical counseling services or clinical supervision of counseling services; or
3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board-recognized entity.

18VAC115-20-49. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice counseling, as defined in §54.1-3500 of the Code of Virginia, which is offered by a

college or university accredited by a regional accrediting agency and which meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;
2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and
3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP or CORE are recognized as meeting the requirements of subsection A of this section.

18VAC115-20-50. (Expired.)

18VAC115-20-51. Coursework requirements.

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

1. Professional counseling identity, function and ethics;
2. Theories of counseling and psychotherapy;
3. Counseling and psychotherapy techniques;
4. Human growth and development;
5. Group counseling and psychotherapy, theories and techniques;
6. Career counseling and development theories and techniques;
7. Appraisal, evaluation and diagnostic procedures;
8. Abnormal behavior and psychopathology;
9. Multicultural counseling, theories and techniques;
10. Research;
11. Diagnosis and treatment of addictive disorders;
12. Marriage and family systems theory; and

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

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

18VAC115-20-52. Residency requirements.

A. Registration. Applicants who render counseling services shall:

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

B. Residency requirements.

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

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

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

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

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

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.

6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49 may count for up to an additional 300 hours towards the requirements of a residency.

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

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

9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.

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

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

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

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

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

3. Shall hold an active, unrestricted license as a professional counselor; or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance

abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

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

18VAC115-20-60. (Repealed.)

Part III. Examinations.

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

A. Every applicant for initial licensure by examination by the board as a professional counselor shall pass a written examination as prescribed by the board.

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

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

1. The initial approval to sit for the examination shall then become invalid; and
 2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.
- D. The board shall establish a passing score on the written examination.

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

18VAC115-20-80. (Repealed.)

18VAC115-20-90. (Repealed.)

Part IV. Licensure Renewal; Reinstatement.

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

A. All licensees shall renew licenses on or before June 30 of each year.

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

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

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

C. A licensee who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-20-20. No person shall practice counseling in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-20-110.C.

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

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

18VAC115-20-105. Continued competency requirements for renewal of a license.

A. Licensed professional counselors shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours shall be in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia.

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

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section, subsection A of 18VAC115-50-95 in the Regulations Governing the Practice of Marriage and Family Therapy, or subsection A of 18VAC115-60-115 in the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

E. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of counseling 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. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

F. A professional counselor who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

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

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

1. Ethics, standards of practice or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;
4. Social and cultural foundations;
5. The helping relationship;
6. Group dynamics, processing and counseling;
7. Lifestyle and career development;
8. Appraisal of individuals;
9. Research and evaluation;
10. Professional orientation;
11. Clinical supervision;
12. Marriage and family therapy; or
13. Addictions.

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

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

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

b. Continuing education programs offered by universities or colleges.

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

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

- (1) The International Association of Marriage and Family Counselors and its state affiliates.
- (2) The American Association for Marriage and Family Therapy and its state affiliates.
- (3) The American Association of State Counseling Boards.
- (4) The American Counseling Association and its state and local affiliates.
- (5) The American Psychological Association and its state affiliates.
- (6) The Commission on Rehabilitation Counselor Certification.
- (7) NAADAC, The Association for Addiction Professionals and its state and local affiliates.
- (8) National Association of Social Workers.
- (9) National Board for Certified Counselors.
- (10) A national behavioral health organization or certification body.
- (11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.
- (12) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. Publication/presentation/new program development

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

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

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

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

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

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

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

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

18 VAC 115-20-107. Documenting compliance with continuing competency requirements.

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

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

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

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

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

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

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

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

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

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

f. Documentation of attendance at formal staffing by a signed affidavit on a form provided by the board.

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

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

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-20-20 as well as the license renewal fee prescribed for

the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

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

Part V. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.

18VAC115-20-130. Standards of practice.

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

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;
2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education training and experience accurately to clients;
3. Stay abreast of new counseling information, concepts, applications and practices which are necessary to providing appropriate, effective professional services;
4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;
5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

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

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

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

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

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

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

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

13. Advertise professional services fairly and accurately in a manner which is not false, misleading or deceptive.

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

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

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

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

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

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

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

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

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

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

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

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

3. Not engage in any romantic relationship or sexual intimacy or establish a counseling or psychotherapeutic relationship with a supervisee or student. Counselors 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; and

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

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

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a

mental health service provider, as defined in § [54.1-2400.1](#) of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

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

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

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§[54.1-3500](#) et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of professional counseling, or any provision of this chapter;
2. Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation;
3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or to the public, or if one is unable to practice counseling with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;
4. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;
5. Performance of functions outside the demonstrable areas of competency;
6. Failure to comply with continued competency requirements set forth in this chapter; or
7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of counseling, or any part or portion of this chapter; or
8. Performance of an act likely to deceive, defraud, or harm the public.

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

18 VAC115-20-150. Reinstatement following disciplinary action.

A. Any person whose license has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Commonwealth of Virginia



REGULATIONS
GOVERNING THE PRACTICE OF
MARRIAGE AND FAMILY THERAPY

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-50-10 et seq.

**Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1
of the *Code of Virginia***

Revised Date: December 28, 2017

9960 Mayland Drive
Henrico, VA 23233

Phone: (804) 367-4610
FAX: (804) 527-4435
email: coun@dhp.virginia.gov

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
18VAC115-50-10. Definitions.....	3
18VAC115-50-20. Fees.	3
18VAC115-50-25. Sex offender treatment provider certification.	3
18VAC115-50-30. Application for licensure by examination.	4
18VAC115-50-40. Application for licensure by endorsement.	5
18VAC115-50-50. Degree program requirements.....	6
18VAC115-50-55. Coursework requirements.	7
18VAC115-50-60. Residency requirements.	7
18VAC115-50-70. General examination requirements.	9
18VAC115-50-80. (Repealed.)	10
18VAC115-50-90. Annual renewal of license.....	10
18VAC115-50-95. Continued competency requirements for renewal of a license.	10
18VAC115-50-96. Continuing competency activity criteria.	11
18VAC115-50-97. Documenting compliance with continuing competency requirements.	13
18VAC115-50-100. Late renewal, reinstatement.....	14
18VAC115-50-110. Standards of practice.	15
18VAC115-50-120. Disciplinary action.	18
18VAC115-50-130. Reinstatement following disciplinary action.....	19

18VAC115-50-10. Definitions.

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

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

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

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

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

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

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

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

"Internship" means a supervised, planned, practical, advanced experience obtained in the clinical setting observing and applying the principles, methods and techniques learned in training or educational settings.

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

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

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

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

18VAC115-50-20. Fees.

A. The board has established fees for the following:

Registration of supervision	\$65
Add or change supervisor	\$30

Initial licensure by examination: Processing and initial licensure	\$175
Initial licensure by endorsement: Processing and initial licensure	\$175
Active annual license renewal	\$130
Inactive annual license renewal	\$65
Penalty for late renewal	\$45
Reinstatement of a lapsed license	\$200
Verification of license to another jurisdiction	\$30
Additional or replacement licenses	\$10
Additional or replacement wall certificates	\$25
Returned check	\$35
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

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

18VAC115-50-25. Sex offender treatment provider certification.

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

18VAC115-50-30. Application for licensure by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the education and experience requirements prescribed in 18VAC115-50-50, 18VAC115-50-55 and 18VAC115-50-60;
2. Meet the examination requirements prescribed in 18VAC115-50-70;
3. Submit to the board office the following items:
 - a. A completed application;
 - b. The application processing and initial licensure fee prescribed in 18VAC115-50-20;

c. Documentation, on the appropriate forms, of the successful completion of the residency requirements of 18VAC115-50-60 along with documentation of the supervisor's out-of-state license where applicable;

d. Official transcript or transcripts submitted from the appropriate institutions of higher education, verifying satisfactory completion of the education requirements set forth in 18VAC115-50-50 and 18VAC115-50-55. Previously submitted transcripts for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;

e. Verification on a board-approved form of any mental health or health out-of-state license, certification, or registration ever held in another jurisdiction; and

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

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

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

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

1. A completed application;

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

3. Documentation of licensure as follows:

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

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

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

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

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

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

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

2. If an applicant does not have educational and experience credentials consistent with those required by this chapter, he shall provide:

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

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

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

18VAC115-50-50. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice marriage and family therapy as defined in §54.1-3500 of the Code of Virginia from a college or university which is accredited by a regional accrediting agency and which meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare students to practice marriage and family therapy as documented by the institution;

2. There must be an identifiable marriage and family therapy training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP as programs in marriage and family counseling/therapy or by COAMFTE are recognized as meeting the requirements of subsection A of this section.

18VAC115-50-55. Coursework requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate coursework with a minimum of six semester hours or nine quarter hours completed in each of the core areas identified in subdivisions 1 and 2 of this subsection, and three semester hours or 4.0 quarter hours in each of the core areas identified in subdivisions 3 through 9 of this subsection:

1. Marriage and family studies (marital and family development; family systems theory);
2. Marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches);
3. Human growth and development across the lifespan;
4. Abnormal behaviors;
5. Diagnosis and treatment of addictive behaviors;
6. Multicultural counseling;
7. Professional identity and ethics;
8. Research (research methods; quantitative methods; statistics);
9. Assessment and treatment (appraisal, assessment and diagnostic procedures); and
10. Supervised internship of at least 600 hours to include 240 hours of direct client contact, of which 200 hours shall be with couples and families. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours..

B. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including a minimum of six semester hours or nine quarter hours completed in marriage and family studies (marital and family development; family systems theory) and six semester hours or nine quarter hours completed in marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches).

18VAC115-50-60. Residency requirements.

A. Registration. Applicants who render marriage and family therapy services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;
2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-50-50 to include completion of the coursework and internship requirement specified in 18VAC115-50-55; and

3. Pay the registration fee.

B. Residency requirements.

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

a. Residents shall receive a minimum of one hour and a maximum of four hours of supervision for every 40 hours of supervised work experience.

b. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

c. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed marriage and family therapist or a licensed professional counselor.

2. The residency shall include documentation of at least 2,000 hours of clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.

3. The residency shall consist of practice in the core areas set forth in 18VAC115-50-55.

4. The residency shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18VAC115-50-50.

5. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-50-50, may count for up to an additional 300 hours towards the requirements of a residency.

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

7. Residents shall not call themselves marriage and family therapists, directly bill for services rendered, or in any way represent themselves as marriage and family therapists. During the residency, they may use their names, the initials of their degree and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing of the

resident's status, along with the name, address and telephone number of the resident's supervisor.

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

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

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

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

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

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

3. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-50-96. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist. Supervisors who are clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall report the total hours of residency and evaluate the applicant's competency to the board.

2. Supervision by an individual whose relationship to the resident is deemed by the board to compromise the objectivity of the supervisor is prohibited.

3. The supervisor shall provide supervision as defined in 18VAC115-50-10 and shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract, for the duration of the residency.

18VAC115-50-70. General examination requirements.

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

B. The examination shall concentrate on the core areas of marriage and family therapy set forth in subsection A of 18VAC115-50-55.

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

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

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

18VAC115-50-80. (Repealed.)

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

A. All licensees shall renew licenses on or before June 30 of each year.

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

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

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

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

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

18VAC115-50-95. Continued competency requirements for renewal of a license.

A. Marriage and family therapists shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours

shall be in courses that emphasize the ethics, standards of practice or laws governing behavioral science professions in Virginia.

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

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section or subsection A of 18VAC115-20-105 in the Regulations Governing the Practice of Professional Counseling, or subsection A of 18VAC115-60-115 in the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

E. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of counseling 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. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

F. A marriage and family therapist who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

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

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

1. Ethics, standards of practice or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;
4. Social and cultural foundations;
5. The helping relationship;
6. Group dynamics, processing and counseling;
7. Lifestyle and career development;
8. Appraisal of individuals;
9. Research and evaluation;

10. Professional orientation;
11. Clinical supervision;
12. Marriage and family therapy; or
13. Addictions.

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

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

- a. Regionally accredited university or college level academic courses in a behavioral health discipline.
- b. Continuing education programs offered by universities or colleges.
- c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.
- d. Workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

- (1) The International Association of Marriage and Family Counselors and its state affiliates.
- (2) The American Association for Marriage and Family Therapy and its state affiliates.
- (3) The American Association of State Counseling Boards.
- (4) The American Counseling Association and its state and local affiliates.
- (5) The American Psychological Association and its state affiliates.
- (6) Commission on Rehabilitation Education.
- (7) NAADAC, The Association for Addiction Professionals and its state and local affiliates.
- (8) National Association of Social Workers.
- (9) National Board for Certified Counselors.
- (10) A national behavioral health organization or certification body.
- (11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

(12) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. Publication/presentation/new program development.

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

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

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

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

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

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

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

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

18VAC115-50-97. Documenting compliance with continuing competency requirements.

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

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

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

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

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

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

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

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

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

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

f. Documentation of attendance at formal staffing shall be by signed affidavit on a form provided by the board.

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

18VAC115-50-100. Late renewal, reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-50-20 as well as the license fee prescribed for the period the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person seeking reinstatement of a license one year or more after its expiration date must:

1. Apply for reinstatement; and pay the reinstatement fee;

2. Submit documentation of any mental health license he holds or has held in another jurisdiction, if applicable;

3. Submit evidence regarding the continued ability to perform the functions within the scope of practice of the license; if required by the board to demonstrate competency; and

4. Provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal and (ii) documentation of continued competency hours equal to the number of years the license has been inactive, not to exceed a maximum of 80 hours, obtained within the four years immediately preceding application for reinstatement. The board may require additional evidence regarding the person's continued ability to perform the functions within the scope of practice of the license.

18VAC115-50-110. Standards of practice.

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

B. Persons licensed or registered by the board shall:

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

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

3. Stay abreast of new marriage and family therapy information, concepts, applications and practices which are necessary to providing appropriate, effective professional services;

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

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

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

7. Disclose to clients all experimental methods of treatment and inform client of the risks and benefits of any such treatment. Ensure that the welfare of the client is not compromised in any experimentation or research involving those clients;

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

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

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

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

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

13. Advertise professional services fairly and accurately in a manner which is not false, misleading or deceptive.

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

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

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

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

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

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

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

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

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

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

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

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

3. Not engage in any romantic relationships or sexual relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Marriage and family therapists 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; and

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

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of marriage and family therapy.

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

18VAC115-50-120. Disciplinary action.

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

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of marriage and family therapy, or any provision of this chapter;
2. Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation;
3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or the general public or if one is unable to practice marriage and family therapy with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;
4. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;
5. Performance of functions outside the demonstrable areas of competency;
6. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of marriage and family therapy, or any part or portion of this chapter;
7. Failure to comply with the continued competency requirements set forth in this chapter; or
8. Performance of an act likely to deceive, defraud, or harm the public.

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

18VAC115-50-130. Reinstatement following disciplinary action.

A. Any person whose license has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Commonwealth of Virginia



REGULATIONS
GOVERNING THE PRACTICE OF LICENSED
SUBSTANCE ABUSE TREATMENT
PRACTITIONERS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-60-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1
of the Code of Virginia

Revised Date: December 28, 2017

9960 Mayland Drive
Henrico, VA 23233

Phone: (804) 367-4610
FAX: (804) 527-4435
email: coun@dhp.virginia.gov

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
Part I. General Provisions.....	3
18VAC115-60-10. Definitions.....	3
18VAC115-60-20. Fees required by the board.	4
18VAC115-60-30. Sex offender treatment provider certification.	4
Part II. Requirements for Licensure.	5
18VAC115-60-40. Application for licensure by examination.	5
18VAC115-60-50. Prerequisites for licensure by endorsement.....	6
18VAC115-60-55. (Repealed.)	7
18VAC115-60-60. Degree program requirements.....	7
18VAC115-60-70. Coursework requirements.	7
18VAC115-60-80. Residency requirements.	8
Part III. Examinations.	11
18VAC115-60-90. General examination requirements; schedules; time limits.	11
18VAC115-60-100. (Repealed.)	11
Part IV. Licensure Renewal; Reinstatement.....	11
18VAC115-60-110. Renewal of licensure.	11
18VAC115-60-115. Continued competency requirements for renewal of a license.	12
18VAC115-60-116. Continuing competency activity criteria.	13
18VAC115-60-117. Documenting compliance with continuing competency requirements.	15
18VAC115-60-120. Late renewal; reinstatement.	15
Part V. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement. ..	16
18VAC115-60-130. Standards of practice.	16
18VAC115-60-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license.	19
18VAC115-60-150. Reinstatement following disciplinary action.....	19

Part I. General Provisions.

18VAC115-60-10. Definitions.

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

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Registration of supervision (initial)	\$65
Add/change supervisor	\$30
Initial licensure by examination: Processing and initial licensure	\$175
Initial licensure by endorsement: Processing and initial licensure	\$175
Active annual license renewal	\$130
Inactive annual license renewal	\$65
Duplicate license	\$10
Verification of license to another jurisdiction	\$30
Late renewal	\$45
Reinstatement of a lapsed license	\$200

Replacement of or additional wall certificate	\$25
Returned check	\$35
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

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

18VAC115-60-30. Sex offender treatment provider certification.

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

Part II. Requirements for Licensure.

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

Every applicant for licensure by examination by the board shall:

1. Meet the degree program, coursework, and experience requirements prescribed in 18VAC115-60-60, 18VAC115-60-70, and 18VAC115-60-80;
2. Pass the examination required for initial licensure as prescribed in 18VAC115-60-90;
3. Submit the following items to the board:
 - a. A completed application;
 - b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70. Transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;
 - c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-60-80 and copies of all required evaluation forms, including verification of current licensure of the supervisor of any portion of the residency occurred in another jurisdiction;
 - d. Documentation of any other mental health or health professional license or certificate ever held in another jurisdiction;
 - e. The application processing and initial licensure fee- as prescribed in 18VAC115-60-20; and
 - f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

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

18VAC115-60-50. Prerequisites for licensure by endorsement.

Every applicant for licensure by endorsement shall submit:

1. A completed application;
2. The application processing and initial licensure fee as prescribed in 18VAC115-60-20;
3. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved disciplinary action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;
4. Further documentation of one of the following:
 - a. A current substance abuse treatment license in good standing in another jurisdiction obtained by meeting requirements substantially equivalent to those set forth in this chapter;
 - b. A mental health license in good standing in a category acceptable to the board that required completion of a master's degree in mental health to include 60 graduate semester hours in mental health as documented by an official transcript; and
 - (1) Board-recognized national certification in substance abuse treatment;
 - (2) If the master's degree was in substance abuse treatment, two years of post-licensure experience in providing substance abuse treatment;
 - (3) If the master's degree was not in substance abuse treatment, five years of post-licensure experience in substance abuse treatment plus 12 credit hours of didactic training in the substance abuse treatment competencies set forth in 18VAC115-60-70 C as documented by an official transcript; or
 - (4) Current substance abuse counselor certification in Virginia in good standing or a Virginia substance abuse treatment specialty licensure designation with two years of post-licensure or certification substance abuse treatment experience; or
 - c. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials and evidence of post-licensure clinical practice for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical substance abuse treatment services or clinical supervision of such services;

5. Verification of a passing score on a substance abuse licensure examination as established by the jurisdiction in which licensure was obtained. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia;
6. An affidavit of having read and understood the regulations and laws governing the practice of substance abuse treatment in Virginia; and
7. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

18VAC115-60-55. (Repealed.)

18VAC115-60-60. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice substance abuse treatment or a related counseling discipline as defined in §54.1-3500 of the Code of Virginia from a college or university accredited by a regional accrediting agency that meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;
2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and
3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP as programs in addictions counseling are recognized as meeting the requirements of subsection A of this section.

18VAC115-60-70. Coursework requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study.

B. The applicant shall have completed a general core curriculum containing a minimum of three semester hours or 4.0 quarter hours in each of the areas identified in this section:

1. Professional identity, function and ethics;
2. Theories of counseling and psychotherapy;
3. Counseling and psychotherapy techniques;
4. Group counseling and psychotherapy, theories and techniques;

5. Appraisal, evaluation and diagnostic procedures;
6. Abnormal behavior and psychopathology;
7. Multicultural counseling, theories and techniques;
8. Research; and
9. Marriage and family systems theory.

C. The applicant shall also have completed 12 graduate semester credit hours or 18 graduate quarter hours in the following substance abuse treatment competencies.

1. Assessment, appraisal, evaluation and diagnosis specific to substance abuse;
2. Treatment planning models, client case management, interventions and treatments to include relapse prevention, referral process, step models and documentation process;
3. Understanding addictions: The biochemical, sociocultural and psychological factors of substance use and abuse;
4. Addictions and special populations including, but not limited to, adolescents, women, ethnic groups and the elderly; and
5. Client and community education.

D. The applicant shall have completed a supervised internship of 600 hours to include 240 hours of direct client contact, of which 200 hours shall be in treating substance abuse-specific treatment problems. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours.

E. One course may satisfy study in more than one content area set forth in subsections B and C of this section.

F. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including the hours specified in subsection C of this section.

18VAC115-60-80. Residency requirements.

A. Registration. Applicants who render substance abuse treatment services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;
2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-60-60 to include completion of the internship requirement specified in 18VAC115-60-70; and

3. Pay the registration fee.

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

C. Residency requirements.

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

- a. Clinical evaluation;
- b. Treatment planning, documentation and implementation;
- c. Referral and service coordination;
- d. Individual and group counseling and case management;
- e. Client family and community education; and
- f. Professional and ethical responsibility.

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

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

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

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

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

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

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

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

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

D. Supervisory qualifications.

1. A person who provides supervision for a resident in substance abuse treatment shall hold an active, unrestricted license as a professional counselor or substance abuse treatment practitioner in the jurisdiction where the supervision is being provided. Supervisors who are marriage and family therapists, school psychologists, clinical psychologists, clinical social workers, clinical nurse specialists, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

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

E. Supervisory responsibilities.

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

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

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

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

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

Part III. Examinations.

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

A. Every applicant for initial licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board.

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

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

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

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

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

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

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

18VAC115-60-100. (Repealed.)

Part IV. Licensure Renewal; Reinstatement.

18VAC115-60-110. Renewal of licensure.

A. All licensees shall renew licenses on or before June 30 of each year.

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

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

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

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

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

18VAC115-60-115. Continued competency requirements for renewal of a license.

A. Licensed substance abuse treatment practitioners shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours shall be in courses that emphasize the ethics, standards of practice or laws governing behavioral science professions in Virginia.

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

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section or subsection A of 18 VAC 115-50-95 in the Regulations Governing the Practice of Marriage and Family Therapy, or subsection A of 18 VAC 115-20-105 in the Regulations Governing the Practice of Professional Counseling.

E. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of counseling 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. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

F. A substance abuse professional who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

18VAC115-60-116. Continuing competency activity criteria.

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

1. Ethics, standards of practice or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;
4. Social and cultural foundations;
5. The helping relationship;
6. Group dynamics, processing and counseling;
7. Lifestyle and career development;
8. Appraisal of individuals;
9. Research and evaluation;
10. Professional orientation;
11. Clinical supervision;
12. Marriage and family therapy; or
13. Addictions.

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

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

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

b. Continuing education programs offered by universities or colleges.

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

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

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

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

(3) The American Association of State Counseling Boards.

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

- (5) The American Psychological Association and its state affiliates.
- (6) The Commission on Rehabilitation Counselor Certification
- (7) NAADAC, The Association for Addiction Professionals and its state and local affiliates.
- (8) National Association of Social Workers.
- (9) National Board for Certified Counselors.
- (10) A national behavioral health organization or certification body.
- (11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

2. Individual professional activities.

a. Publication/presentation/new program development

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

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

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

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

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

c. Clinical supervision/consultation. Activity will count for a maximum of ten hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.

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

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

18VAC115-60-117. Documenting compliance with continuing competency requirements.

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

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

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

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

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

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

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

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

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

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

f. Documentation of attendance at formal staffing by a signed affidavit on a form provided by the board.

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

18VAC115-60-120. Late renewal; reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late renewal fee prescribed in 18VAC115-60-20, as well as the license fee prescribed for

the year the license was not renewed, and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

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

Part V. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.

18VAC115-60-130. Standards of practice.

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

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;
2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training and experience accurately to clients;
3. Stay abreast of new substance abuse treatment information, concepts, application and practices which are necessary to providing appropriate, effective professional services;
4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;
5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;
7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;
8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;
9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, the limitations of confidentiality, and other pertinent information when counseling is initiated, and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;
10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;
11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;
12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U. S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; and
13. Advertise professional services fairly and accurately in a manner which is not false, misleading or deceptive.

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

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;
2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records which are no longer useful in a manner that ensures client confidentiality;
3. Disclose or release records to others only with client's expressed written consent or that of his legally authorized representative in accordance with §32.1-127.1:03 of the Code of Virginia;
4. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the substance abuse treatment relationship with the following exceptions:

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

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

or

c. Records that have been transferred to another mental health service provider or given to the client; and

5. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (a) videotaping, (b) audio recording, (c) permitting third party observation, or (d) using identifiable client records and clinical materials in teaching, writing or public presentations.

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

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

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

3. Not engage in any sexual intimacy or romantic relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Licensed substance abuse treatment practitioners 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 the potential for interference with the supervisor's professional judgment; and

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

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of substance abuse treatment.

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

18VAC115-60-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license.

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

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of substance abuse treatment, or any provision of this chapter;
2. Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation;
3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or to the public, or if one is unable to practice substance abuse treatment with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;
4. Intentional or negligent conduct that causes or is likely to cause injury to a client;
5. Performance of functions outside the demonstrable areas of competency;
6. Failure to comply with the continued competency requirements set forth in this chapter; or
7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of licensed substance abuse therapy, or any part or portion of this chapter; or
8. Performance of an act likely to deceive, defraud, or harm the public.

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

18VAC115-60-150. Reinstatement following disciplinary action.

A. Any person whose license has been suspended or who has been denied reinstatement by board order, having met the terms of the order, submit a new application and fee to the board for reinstatement of licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Commonwealth of Virginia



REGULATIONS

**GOVERNING THE CERTIFICATION OF
REHABILITATION PROVIDERS**

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-40-10 et seq.

**Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1
of the *Code of Virginia***

Revised Date: February 8, 2017

9960 Mayland Drive
Henrico, VA 23233

Phone: (804) 367-4610
FAX: (804) 527-4435
email: coun@dhp.virginia.gov

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
Part I. General Provisions.....	3
18VAC115-40-10. Definitions.....	3
18VAC115-40-20. Fees required by the board.....	3
Part II. Requirements for Certification.....	4
18VAC115-40-22. Criteria for eligibility.....	4
18VAC115-40-23 to 18VAC115-40-24. (Reserved.).....	4
18VAC115-40-25. Application process.....	4
18VAC115-40-26. Supervised experience requirement.....	5
18VAC115-40-27. Supervisor requirements.....	5
Part III. Examinations.....	6
18VAC115-40-28. General examination requirements.....	6
18VAC115-40-29. (Reserved.).....	6
Part IV. Renewal and Reinstatement.....	6
18VAC115-40-30. Annual renewal of certificate.....	6
18VAC115-40-35. Reinstatement.....	6
18VAC115-40-36 to 18VAC115-40-37. (Reserved.).....	6
18VAC115-40-38. Change of address.....	6
18VAC115-40-39. (Reserved.).....	6
Part V. Standards of Practice; Disciplinary Actions; Reinstatement.....	7
18VAC115-40-40. Standards of practice.....	7
18VAC115-40-50. Grounds for revocation, suspension, probation, reprimand, censure, denial of renewal of certificate; petition for rehearing.....	8
18VAC115-40-60. [Repealed].....	9
18VAC115-40-61. Reinstatement following disciplinary action.....	9

Part I. General Provisions.

18VAC115-40-10. Definitions.

A. The terms "board," "certified rehabilitation provider," and "professional judgment," when used in this chapter, shall have the meanings ascribed to them in §§54.1-3500 and 54.1-3510 of the Code of Virginia.

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

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

"Experience" means on-the-job experience under appropriate supervision as set forth in this chapter.

"Internship" means a supervised field experience as part of a degree requirement obtained from a regionally accredited university as set forth in 18VAC115-40-22.

"Regionally accredited" means an institution accredited by one of the regional accreditation agencies recognized by the United States Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Rehabilitation client" means an individual receiving rehabilitation services whose benefits are regulated by the Virginia Workers' Compensation Commission.

"Supervisee" means any individual who has met the education requirements and is under appropriate supervision and working towards certification according to the requirements of this chapter. Services provided by the supervisee shall not involve the exercise of professional judgment as defined in §54.1-3510 of the Code of Virginia.

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

"Supervisor" means one who provides case-related supervision, consultation, education, and guidance for the applicant. The supervisor must be credentialed as defined in 18VAC115-40-27.

"Training" means the educational component of on-the-job experience.

18VAC115-40-20. Fees required by the board.

A. The board has established the following fees applicable to the certification of rehabilitation providers:

Initial certification by examination: Processing and initial	\$115
--	-------

certification

Initial certification by endorsement: Processing and initial certification	\$115
Certification renewal	\$65
Duplicate certificate	\$10
Late renewal	\$25
Reinstatement of a lapsed certificate	\$125
Replacement of or additional wall certificate	\$25
Returned check	\$35
Reinstatement following revocation or suspension	\$600

B. Fees shall be paid to the board. All fees are nonrefundable.

Part II. Requirements for Certification.

18VAC115-40-22. Criteria for eligibility.

A. Education and experience requirements for certification are as follows:

1. Any baccalaureate degree from a regionally accredited college or university or a current registered nurse license in good standing in Virginia; and
2. Documentation of 2,000 hours of supervised experience in performing those services that will be offered to a workers' compensation claimant under § 65.2-603 of the Code of Virginia. Experience may be acquired through supervised training or experience or both. A supervised internship in rehabilitation services may count toward part of the required 2,000 hours. Any individual who does not meet the experience requirement for certification must practice under the supervision of an individual who meets the requirements of 18VAC115-40-27. Individuals shall not practice in an internship or supervisee capacity for more than five years.

B. A passing score on a board-approved examination shall be required.

C. The board may grant certification without examination to applicants certified as rehabilitation providers in other states or by nationally recognized certifying agencies, boards, associations and commissions by standards substantially equivalent to those set forth in the board's current regulation.

18VAC115-40-23 to 18VAC115-40-24. (Reserved.)

18VAC115-40-25. Application process.

The applicant shall submit to the board:

1. A completed application form;
2. The official transcript or transcripts submitted from the appropriate institutions of higher education;
3. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirement of 18VAC115-40-26. Documentation of supervision obtained outside of Virginia must include verification of the supervisor's out-of-state license or certificate; and
4. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
5. Documentation of the applicant's national or out-of-state license or certificate in good standing where applicable.

18VAC115-40-26. Supervised experience requirement.

The following shall apply to the supervised experience requirement for certification:

1. On average, the supervisor and the supervisee shall consult for two hours per week in group or personal instruction. The total hours of personal instruction shall not be less than 100 hours within the 2,000 hours of experience. Group instruction shall not exceed six members in a group.
2. Half of the personal instruction contained in the total supervised experience shall be face-to-face between the supervisor and supervisee. A portion of the face-to-face instruction shall include direct observation of the supervisee-rehabilitation client interaction.

18VAC115-40-27. Supervisor requirements.

A. A supervisor shall:

1. Be a licensed professional counselor, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed substance abuse treatment practitioner, licensed physician or licensed registered nurse with a minimum of one year of experience in rehabilitation service provision;
2. Be a rehabilitation provider certified by the board who has national certification in rehabilitation service provision as outlined in subsection C of 18VAC115-40-22; or
3. Have two years experience as a board certified rehabilitation provider.

B. The supervisor shall assume responsibility for the professional activities of the supervisee.

C. At the time of application for certification by examination, the supervisor shall document for the board: (i) credentials to provide supervision in accordance with this section, (ii) the applicant's total

hours of supervision, (iii) length of work experience, (iv) competence in rehabilitation service provision, and (v) any needs for additional supervision or training.

D. Supervision by any individual whose relationship to the supervisee compromises the objectivity of the supervisor is prohibited. This includes but is not limited to immediate family members (spouses, parents, siblings, children and in-laws).

Part III. Examinations.

18VAC115-40-28. General examination requirements.

Every applicant for certification as a rehabilitation provider shall take a written examination approved by the board and achieve a passing score as determined by the board.

18VAC115-40-29. (Reserved.)

Part IV. Renewal and Reinstatement.

18VAC115-40-30. Annual renewal of certificate.

Every certificate issued by the board shall expire on January 31 of each year.

1. To renew certification, the certified rehabilitation provider shall submit a renewal form and fee as prescribed in 18VAC115-40-20.
2. Failure to receive a renewal notice and form shall not excuse the certified rehabilitation provider from the renewal requirement.

18VAC115-40-35. Reinstatement.

A. A person whose certificate has expired may renew it within one year after its expiration date by paying the renewal fee and the late renewal fee prescribed in 18VAC115-40-20.

B. A person who fails to renew a certificate for one year or more shall apply for reinstatement, pay the reinstatement fee and submit evidence regarding the continued ability to perform the functions within the scope of practice of the certification.

18VAC115-40-36 to 18VAC115-40-37. (Reserved.)

18VAC115-40-38. Change of address.

A certified rehabilitation provider whose address of record or public address, if different from the address of record, has changed shall submit the new address in writing to the board within 30 days of such change.

18VAC115-40-39. (Reserved.)

Part V. Standards of Practice; Disciplinary Actions; Reinstatement.

18VAC115-40-40. Standards of practice.

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

B. Each person certified by the board shall:

1. Provide services in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.
2. Provide services only within the competency areas for which one is qualified by training or experience.
3. Not provide services under a false or assumed name, or impersonate another practitioner of a like, similar or different name.
4. Be aware of the areas of competence of related professions and make full use of professional, technical and administrative resources to secure for rehabilitation clients the most appropriate services.
5. Not commit any act which is a felony under the laws of this Commonwealth, other states, the District of Columbia or the United States, or any act which is a misdemeanor under such laws and involves moral turpitude.
6. Stay abreast of new developments, concepts and practices which are important to providing appropriate services.
7. State a rationale in the form of an identified objective or purpose for the provision of services to be rendered to the rehabilitation client.
8. Not engage in offering services to a rehabilitation client who is receiving services from another rehabilitation provider without attempting to inform such other providers in order to avoid confusion and conflict for the rehabilitation client.
9. Represent accurately one's competence, education, training and experience.
10. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.
11. Not engage in improper direct solicitation of rehabilitation clients and shall announce services fairly and accurately in a manner which will aid the public in forming their own informed judgments, opinions and choices and which avoids fraud and misrepresentation through sensationalism, exaggeration or superficiality.

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

13. Report to the board known or suspected violations of the laws and regulations governing the practice of rehabilitation providers.

14. Report to the board any unethical or incompetent practices by other rehabilitation providers that jeopardize public safety or cause a risk of harm to rehabilitation clients.

15. Provide rehabilitation clients with accurate information of what to expect in the way of tests, evaluations, billing, rehabilitation plans and schedules before rendering services.

16. Provide services and submission of reports in a timely fashion and ensure that services and reports respond to the purpose of the referral and include recommendations, if appropriate. All reports shall reflect an objective, independent opinion based on factual determinations within the provider's area of expertise and discipline. The reports of services and findings shall be distributed to appropriate parties and shall comply with all applicable legal regulations.

17. Specify, for the referral source and the rehabilitation client, at the time of initial referral, what services are to be provided and what practices are to be conducted. This shall include the identification, as well as the clarification, of services that are available by that member.

18. Assure that the rehabilitation client is aware, from the outset, if the delivery of service is being observed by a third party. Professional files, reports and records shall be maintained for three years beyond the termination of services.

19. Never engage in nonprofessional relationships with rehabilitation clients that compromise the rehabilitation client's well-being, impair the rehabilitation provider's objectivity and judgment or increase the risk of rehabilitation client exploitation.

20. Never engage in sexual intimacy with rehabilitation clients or former rehabilitation clients, as such intimacy is unethical and prohibited.

18VAC115-40-50. Grounds for revocation, suspension, probation, reprimand, censure, denial of renewal of certificate; petition for rehearing.

Action by the board to revoke, suspend, decline to issue or renew a certificate, to place such a certificate holder on probation or to censure, reprimand or fine a certified rehabilitation provider may be taken in accord with the following:

1. Procuring a license, certificate or registration by fraud or misrepresentation.

2. Violation of, or aid to another in violating, any regulation or statute applicable to the provision of rehabilitation services.

3. The denial, revocation, suspension or restriction of a registration, license or certificate to practice in another state, or a United States possession or territory or the surrender of any such registration, license or certificate while an active administrative investigation is pending.

4. Conviction of any felony, or of a misdemeanor involving moral turpitude.
5. Providing rehabilitation services without reasonable skill and safety to clients by virtue of physical or emotional illness or substance abuse.

18VAC115-40-60. [Repealed]

18VAC115-40-61. Reinstatement following disciplinary action.

- A. Any person whose certificate has been revoked, suspended or denied renewal by the board under the provisions of 18VAC115-40-50 must submit a new application for reinstatement of certification.
- B. The board in its discretion may, after a hearing, grant the reinstatement sought in subsection A of this section.
- C. The applicant for such reinstatement, if approved, shall be certified upon payment of the appropriate fee applicable at the time of reinstatement.

Petition for Rule-Making

To amend regulations for residents in counseling to prohibit promoting or advertising their services independently to solicit business from the public.

Agenda Item: Response to Petition for Rulemaking

Included in your agenda package are:

A copy of the petition received from Williard Vaughn

A copy of comments on the petition

A copy of regulation 18VAC115-20-52

Board action:

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action; or

To initiate rulemaking by adoption of a proposed regulation by a fast-track action;
or

To reject the petitioner's request.



COMMONWEALTH OF VIRGINIA

Board of Counseling

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

(804) 367-4610 (Tel)
 (804) 527-4435 (Fax)

Petition for Rule-making

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

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

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

VAUGHN, WILLARD A

Street Address

250 N FOURTH STREET

City

HAMPTON

Email Address (optional)

WILLARD@THEMILIEU.NET

Area Code and Telephone Number

757-597-5103

State

VA

Zip Code

23664

Fax (optional)

Respond to the following questions:

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

18VAC115-20-52: RESIDENCY REQUIREMENTS

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

SEE ATTACHED

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

§ 54.1-3505. Specific powers and duties of the Board.
 § 54.1-3506. License required

Signature:

Date:

10/25/2018

COMMONWEALTH OF VIRGINIA
Before the BOARD OF COUNSELING

Petition for Rule Making

I. Recitals

1. WHEREAS Virginia Code § 54.1-3505 states that the Board of Counseling is granted the power to establish guidelines for the licensure for Professional Counseling within the Commonwealth of Virginia.
2. WHEREAS the Board of Counseling looks out for the interests of the citizens of the Commonwealth in ensuring that those who practice counseling meet minimum standards for education and residency.
3. WHEREAS the Commonwealth of Virginia does not currently grant provisional licenses, and requires non-licensed residents to provide registration of their supervisor and document their supervision hours.
4. WHEREAS Virginia Code § 54.1-3506 requires anyone who desires to practice independently as a Licensed Professional Counselor to satisfy the requirements of the board, and have the board grant them a license.

II. Proposal

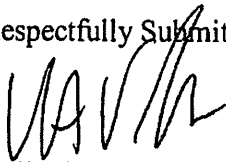
Bearing the aforementioned recitals in mind, this petition seeks to amend 18VAC115-20-52(9) which reads:

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

Currently within the Commonwealth of Virginia it is becoming standard practice for those that are in supervision to advertise themselves as providers of counseling services within private non-exempt agencies. While most adhere to the board's rule as indicated above, it is confusing to the public when such claims are made. Further, it creates unnecessary competition for actual licensed and experienced providers who have adhered to the Board's rules and are able to practice independently.

Therefore, I now petition the board to amend the above to prohibit those that are considered "Residents in Counseling" from promoting or advertising their services independently in any manner to solicit business from the general public. I believe this to be in the best interest of the public at large, as well as the integrity of the counseling profession as practiced under the Board's regulations.

Respectfully Submitted



Willard A. Vaughn, LPC
Managing Clinician
The Milieu Therapeutic Services, PLLC
250 N Fourth Street
Hampton, VA 23664
PH: 833-464-5438
willard@themilieu.net

Virginia.gov Agencies | Governor



Logged in as

Elaine J. Yeatts

Secretariat Health and Human Resources**Agency** Department of Health Professions**Board** Board of Counseling[Edit Petition](#)

Petition 285

Petition Information	
Petition Title	Restriction on advertising by residents in counseling
Date Filed	10/26/2018 [Transmittal Sheet]
Petitioner	Willard Vaughn
Petitioner's Request	To amend regulations for residents in counseling to prohibit promoting or advertising their services independently to solicit business from the public.
Agency's Plan	<p>In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on November 26, 2018 with comment requested until December 21, 2018. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically.</p> <p>At its first meeting following the close of comment, scheduled for February 9, 2019, the Board will consider the request to amend regulations and all comment received in support or opposition. The petitioner will be informed of the board's response and any action it approves.</p>
Comment Period	Ended 12/21/2018 31 comments
Agency Decision	Pending

Contact Information	
Name / Title:	Jaime Hoyle / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
Email Address:	jaime.hoyle@dhp.virginia.gov
Telephone:	(804)367-4406 FAX: (804)527-4435 TDD: (-)

Virginia.gov Agencies | Governor



Logged in as

Elaine J. Yeatts

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

11/29/18 7:13 pm

Unneeded Restriction

Residents in Counseling should continue to be allowed to advertise services with the caveat that they are required to list their supervisor's name and contact information on any advertisement. Residents are trained and need clients in order to become licensed eventually. Limiting all advertisement is an unnecessary burden on our residents in counseling.

Commenter: Willard Vaughn

11/29/18 9:56 pm

Rationale

I was the one that created this rule petition, and wanted to explain why I think it is necessary.

Hypothetically, let us say you have a private practice with three licensed clinicians and three "residents" or "pre-licensed" people. Ethically speaking only the three licensed clinicians should be able to advertise, but since there is this loophole in the board's wording, that is not the case. So now instead of three clinicians listed on a particular website (i.e. Psychology Today), you now have six. What this does is create backlinks to your website and those backlinks is one of the determining factors for what order your website appears in search engines. So in other words, the more mentions you get, the higher your return when someone Googles something such as "counselors in...". This creates an unfair advantage in advertising.

Secondly, if I see an ad for someone and I call them to schedule an appointment, I'm going to assume that that person can provide the service I want. An average person is not going to know or care what a "resident" is, and what that means. So when you advertise yourself even with the designation, it is, in my opinion, misrepresenting what you are to the general public and creating harm.

Commenter: LaTrease Nwosu,

11/30/18 1:00 pm

Clarification

For clarification purposes is this a marketing concern or an ethical? The purpose of having supervision during residency is to ensure that new counselors are guided properly in the field, yet in order to grow one must obtain clients. If the board already requires that the resident informs the

public that they are a resident then there is no ethical issue. Especially since notification of residency is documented in the consent to services forms and disclosure statements. In order for residents to gain experience and become licensed is by gaining clientele, Psychology Today and other internet marketing spaces provides a space for residents to meet such requirements. Putting the onus of marketing on the supervisor could increase the supervisor's responsibility which may decrease the amount of interested supervisors. This could be a disadvantage for residents and interns. If residents are initially informing clients and throughout the entire counseling process then there is no harm to the public.

Commenter: Heather Kafka, MA, CSOTP, Resident in Counseling

11/30/18 10:13 pm

Marketing issue versus regulatory issue

I do not think this is an appropriate petition for the board at this time. As residents, we agree to abide by the regulations which instruct us to always identify ourselves as residents and provide our supervisor's information to our clients. Additionally, supervisors are responsible for ensuring their supervisees are following those regulations. It is difficult enough for residents to obtain positions where they can accrue their supervision hours. If this petition were to be passed into the regulations, it may make it even more difficult for residents to complete those hours and does not appear as if it would directly benefit our clients in a significant way. I think the issue at hand is more of a marketing issue for certain advertising platforms versus a regulation issue.

Commenter: Torre Boyd

12/1/18 2:02 pm

Unneeded and unfounded restriction

In my opinion this petition is a waste of the boards time and resources. The board has already implemented how Residents of Counseling should and can market themself. The petition writer clarified that part of the reason is that Residents may be listed in a search engine before him. That statement is a personal grievance, and not one that should effect the whole state of Virginia. Residents of Counseling have been trained and have a Masters agree to attest to the fact that they are knowledgeable. Mental Health Providers also educate clients and consumers on the differences, and it's clearly stated when working as well as advertising. Petitioner also stated that if calling he would expect the person to be able to help him. On the other side of this there are independently licensed professionals that have to refer out due to not having the training in certain areas. That is why we have a network and make referrals so that the client can have their needs met. In this country we talk about how there is a shortage of mental health professionals and how there is a need. There will be more of a need if Residents of Counseling are not able to be visible in this day and age where you need to market yourself as well as have an online presence.

Commenter: Alice Conner, LPC Pearl Wellness Services, Inc.

12/1/18 4:38 pm

Residents deserve clients too

I worked in a private practice under supervision as a resident in a completely ethical manner and I had to do all of my own advertising and networking to obtain clients. It was hard and in no way do I believe I impeded on licensed clinicians' ability to obtain clients. Many people needed to use insurance and I referred more clients than I kept for that reason. I worked hard and learned the business side of private practice which was invaluable to me as a licensed clinician now. It is

already very challenging to obtain an LPC in Va. so I do not believe we should make it any harder for residents. Please vote no.

Commenter: Kimberly Nichols, M.A., Resident in Counseling

12/1/18 5:51 pm

Strongly Opposed: Unnecessary Restriction

This petition appears to more of a personal grievance with market share of clientele vs. resident's promoting and advertising and/or independently soliciting business from the public, per the petitioner's comments regarding his rationale (see comment section for public comment on 11/29/18 9:56 p.m.) for the petition.

Per 18VAC115-20-52. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.

18VAC115-20-52. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

Limiting advertisement is an unnecessary burden that may limit access to residency training in private practice for Residents in Counseling in the Commonwealth of Virginia. I would like to thank the Board of Counseling and the petitioner for offering the opportunity to voice my strong opposition to the proposed petition.

Respectfully,

Kimberly J. Nichols, M.A., Resident in Counseling

Commenter: Dawn Peterson-Lewis, M.S, Resident in Counseling

12/1/18 9:39 pm

Oppose the petition

I strongly oppose the above petition as it puts even more restrictions on residents in counseling. I believe the as long as an individual who is practicing under the title of a resident in counseling abides by the regulations set in place by the Board of Counseling, there should be no further limitations restricting the possibility of work. As a current resident in counseling I can attest to the level of difficulty in finding a secure worksite who is comfortable hiring a resident in counseling, so with this petition it can make this journey even harder for us to gain the hands on experience which is the main purpose of the residency period. From reading the petition it appears that the concern is marketing not regulations.

D. Peterson-Lewis, M.S, Resident in Counseling

Commenter: Willard Vaughn

12/2/18 5:40 pm

Further comment

The Commonwealth of Virginia is satisfied that I have met the requirements to bestow upon me the title of Licensed Professional Counselor, so that gives me the green light to market myself anyway I want (within ethical guidelines) since I can practice independently, own my own practice, bill

insurance, and have my own overly priced liability insurance. This license also grants me the clinical judgement to make the best decision for how to treat my client and I am accountable to that decision by my license and the insurance that I have to carry.

An intern, resident, or "pre-licensed" individual legally cannot practice independently, have their own practice, bill insurance (in some cases), or have overly priced insurance (though it does exist). They are not accountable for their decisions as I am by a license or provisional license, and so if harm comes to a client or a bad decision is made, it falls to the supervisor. A good supervisor is looking over their shoulder to make sure this doesn't happen, but rarely are regulations put in place as a result of a good decision being made.

No one (well, I'm not) saying that interns are incapable of being providers, but the law says that they cannot present themselves as practicing independently until they have satisfied the requirements of the board. If they cannot practice independently, then they should not be able to advertise themselves independently because that makes the public believe that they have the same accountability to them that I have, which is not the case. You can argue informed consent all you want, but if I want to talk to a counselor, and I get to my appointment and find that I'm only getting an intern when I wanted a counselor, then I have been misled. Many have said it is a personal issue and to a certain extent that is true because I have been that person, and its mildly frustrating.

Commenter: Emily

12/3/18 9:57 pm

Limiting development

Residents are already having difficulty in finding appropriate residency sites to fulfill requirements set forth by the board. This would be another way to complicate the course of experience that residents will need to become fully rounded and ready LPCs. I see it as another way of stifling a vital growth process that should really be the opposite of our focus in developing competent clinicians in the field.

Commenter: Melody Staton, MA, NCC, Resident in Counseling

12/6/18 12:50 pm

Trivial and silly petition...

Like many others, I believe this is a marketing issue, not an ethical one. Residents (and their supervisors) are aware of the limitations surrounding how they gain new clients and being listed on an agency's website does not violate those regulations. Residents have a challenging time getting clients as it is and restricting where they may be advertised creates even more challenge. Overall, it seems unfair to penalize residents simply because they work for an agency and that somehow disadvantages other agencies in search listings.

Commenter: Joanne M. Moore LPC, BCETS, CCH

12/6/18 3:45 pm

Meeting Board Residency Reuirements

I am a Licensed Professional Counselor with approximately 20 years of private practice experience. Over much of this time, I have supervised multiple Residents and celebrated with them as they achieved their licensure goals. Over the years, I have learned that to be a competent supervisor, one must have an excellent working knowledge of the rules, regulations, and laws governing counseling and to know how to apply them effectively in work with Residents. The

Board of counseling requires that Residents receive a full spectrum Residency experience to include patients from all walks of life. They must have the opportunity and experience of conducting comprehensive assessments, making accurate diagnoses, planning appropriate and effective treatment, implementing treatment plans, then repeatedly assessing progress until termination. The Resident must repeatedly accomplish each of these requirements in their work with a broad variety of DSM 5 disorders and syndromes using multiple treatment modalities and orientations. This can be a daunting task. If this proposal is adopted, Residents will continue to be required to recur it their own patients. But, they will have no tools to do so. Looking at all this as a whole clearly demonstrates the significant adversity this proposal would add to the already heavy (and necessary) burdens of Residency.

In the past, Residents sought out Residencies at sites that rarely met all of these requirements. So, Residents are now required to find other options to ensure their experience met Board requirements. This means finding sites that support the provision of this full spectrum experience. The most likely sites for this are in Private practice settings.

Supervisors take on considerable responsibility and risk for low pay to help Residents earn their chops. We provide significant assistance with all aspects of this experience. However, we simply cannot provide the kind of client load necessary to provide the experience required by the Board. For that reason, it is absolutely necessary for Residents to have the ability to advertise their services to recruit patients. In doing so, they must not only identify themselves as a Resident to their patients, they must do so on all documentation, business cards, websites, etc. They can in no way represent themselves as independent clinicians. So, finding patients to build a caseload is a critical component to establishing and completing Residency in accord with the regulations.

This kind of advertisement has little impact on other clinicians. There are always enough hurting people available to fill our offices. Likewise, Residents provide services at a discounted price to meet the needs of their patients, including some who would not be able to seek services otherwise. Since they are unable to accept payments from insurers, they in no way will compete with licensed clinicians who do. And because all of their patients must pay out of pocket and pay at reduced rate below what most licensed clinicians would accept, they are not true competition for licensed clinicians whose patients pay put of pocket. As for clicks per website, my Residents create their own sites. I do not receive any benefit from their "clicks."

In closing, I can see no benefit from this restriction, But, I can see many pitfalls if it is enacted. Residents already face challenges in their efforts to meet the critically needed Board requirements that currently exist. This proposal would hobble most Residents and prevent them from achieving their goals. That seems a significantly onerous consequence to inflict upon new clinicians when the benefit is likely negligible. Therefore, I am opposed to this proposed change.

Commenter: Nic

12/12/18 12:06 pm

Opposed to Petition

To speak directly to the rationale stated for this petition;

1) Unfair advantage in advertising- **This is not an ethical issue.**

2) Counselor's designation as Resident in Counseling/Pre-Licensed Therapist being a misrepresentation of status and creating harm- **You know what they say about "assume".**

If someone calls me, the first thing I iterate is that I am a resident, meaning unlicensed and completing hours to earn said license under the supervision of two credentialed therapists. I draw the comparison to a doctor completing rotations to "practice" prior to earning their M.D.. for understanding. Most potential clients do not have issues with that (the primary reason a client chooses to work with someone else, from MY experience only, is because

they want to use their insurance). Upon starting sessions, they clearly see in my paperwork "Resident in Counseling, supervised by" SEVERAL TIMES; complying with regulation 18VAC115-20-52, and it doesn't stop there. As I facilitate sessions, if I come across issues that I do not feel I can address adequately, I TELL MY CLIENTS DIRECTLY that I am going to consult my supervisors, as I want them to receive quality care and I am not an expert. I have not had clients terminate due to this, partly because they were aware from the beginning that I'm still in the learning process.

Mr. Vaughn, I'm sure you were once a Resident in Counseling/Pre-Licensed Therapist. I would hope you felt competent enough to work with clients in a private practice setting and self-aware enough to know when to seek counsel (outside of regular supervision meetings). I am confident my fellow Residents in Counseling are astute when providing services, as ethics are at the core of our profession. It appears to me that your supplication is based on personal objections, therefore, I firmly oppose the proposed petition.

Regards,

Nicole J. Low, M.Ed, NCC, PPS, Resident in Counseling, QMHP-C

Commenter: Megan MacCutcheon, LPC

12/12/18 3:48 pm

Experience for residents, not website SEO

I am strongly opposed to this amendment and don't think restricting the ability to advertise serves any benefit for anyone in our profession. Restricting a resident's ability to advertise hinders their ability to gain clients and, thus, the experience they need to work toward licensure. As the regulations currently read and are commonly interpreted, Residents are expected to identify themselves as such, using the title Resident in Counseling, and state that they are under the supervision of a licensed professional.

Most residents I know (and supervise) provide the supervisor's contact and licensing information on their websites and in their policies documents, making it very clear that they are not practicing independently. The ability to advertise services clearly stated as being part of a residency/under supervision does not seem to be an ethical issue, so I don't follow the rationale that only licensed practitioners can have Psychology Today profiles, nor do I understand how being a resident equates to being unable to "provide the service [the person seeking counseling] wants" (per Mr. Vaughn's comment and rationale). True, the general population may not understand the differences between "Licensed" and "Resident;" however, difference in title and years of experience does not necessarily equate to ability to effectively provide counseling.

Misrepresenting yourself/false advertising is a separate ethical issue that anyone, licensed or not, can violate...i.e. advertising and/or practicing services outside of your scope of practice or area of expertise. Simply advertising your services and having online profiles does not, in and of itself, cross in to this area.

Rather than focus on creating more restrictions for residents, time would be better spent ensuring that residents are getting the training, supervision, direction, and practice necessary to become successful and ethical practitioners so they are ready to take on the role of practicing independently upon becoming licensed. Part of being a successful practitioner (and thus representing our profession in the best possible light) involves knowing your target audience and effectively making resources available to them, and I feel this is worth exploring during residency, while under supervision and guidance of somebody with years of experience.

I'm not really sure that competing with residents for backlinks for website search engine optimization is a logical factor in this petition. It seems like the solution to that is to invest more in your own advertising and SEO rather than look to change regulations that ultimately create unnecessary restrictions.

Commenter: Anne Beverly Chow, EdS, MA, NCC

12/13/18 12:40 am

Opposed to the Petition

I am serving my community as a resident counselor and go out of my way to make sure my clients know that I am not licensed and am receiving supervision. All of my marketing materials clearly state my resident status and I provide all clients with my supervisors' contact info in case they have any issue. This petition seems like a continued attempt at making it impossible for pre-licensed clinicians to go into private practice. There are already significant barriers to entry when it comes to working out a system for payment through a supervisor rather than taking payment ourselves. Beyond these issues, how on Earth would this petition be implemented? The staff it would take to scour the internet looking for all the residents who advertise and having to create standards for what it means to be independent...seems like an impossible task. Let's not waste our time and resources on an issue that is causing no harm.

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

12/13/18 1:20 am

Strongly opposed to this petition

It is my opinion that restricting residents from advertising is unnecessary, prohibitive, and detrimental to the needs of the public.

It is already extremely difficult for graduates to find jobs that provide a living wage. Often the jobs they do find don't have supervision because their superiors are unlicensed or they have no need for licensed counselors and don't support the licensure process. They may also not want the employee to have an outside supervisor. And even if supervision is provided, the employee may be required to stay for one to two years and if they leave sooner, must reimburse the company for the supervision. And if the graduate can't find a job at all, they are left with the only alternative, private practice.

There are two "kinds" of private practice. One, is working in an established practice and the other is opening their own practice. It's easier to do the first because the office is already established, a supervisor may be available on-site, and although the resident may get clients through the practice's advertising, they likely are required to bring in their own clients as well. But there are not unlimited practices to join just as there are not unlimited job opportunities. So, if a graduate is unable to find a practice to join, the only alternative is to open their own practice which takes time, so some residents must work a second job to make ends meet. Volunteering is an option but also not easy to find, and may not include work in all the core areas required in a residency.

So, if the only opportunity for some to earn a living is to open a private practice, how would that resident find clients without the ability to advertise? When a resident advertises, they must state they are a "Resident in Counseling," under supervision, and by whom. If a resident doesn't advertise themselves correctly, that can be reported to the Board of Counseling and the resident and supervisor corrected by the Board. That should not be a reason that all other residents who are advertising correctly be denied that opportunity.

It seems that the petition is based on limiting competition, meaning that residents should not be competing with licensed clinicians. But, I believe that residents-in-counseling meet a public need. Residents typically charge less than licensed clinicians which means they provide an opportunity for counseling for those who have limited income or no insurance coverage. Bottom line, shouldn't it be the client's choice who they see if given the options, including a resident under supervision?

There also seems to be an implication that residents may not be as skilled as those who are licensed. This seems to discount the fact that residents are under supervision. It cannot be

overstated that there is diversity in skill levels between residents, between supervisors, but also as well between licensed clinicians (just look at the disciplinary proceedings on the Board website). I believe making a case that a resident under supervision may not do as good of a job undermines the process of licensure.

I would also like to correct a few items from previous comments: interns are not included in this process as they have not yet graduated; "pre-licensed" is no longer a term used by the Board; residents in counseling are allowed to have a private practice; there is a responsible party – the supervisor; and in my case I require a resident in private practice to carry their own malpractice insurance.

Thank you to the Board of Counseling for allowing the opportunity to express my concerns and opinions about this petition.

Commenter: Mr. Dan Towery, MA ThM LPC CSOTP, Resident Supervisor,
Riverside Counseling

12/13/18 7:31 am

One Practice's Methodology

I will not likely add anything new to this discussion but simply mention that I supervise residents. In the group practice where I do this (besides seeing my own clients) the PRACTICE "advertises" the residents by letting the front desk weave into the first conversation with potential clients who call requesting help - information about who is available to address their needs. That would INCLUDE the residents who are available working in the practice.

The potential clients who call are informed about the difference between residents and licensed counselors; the financial costs the potential client must bear to do the counseling is distinguished from the costs of the licensed counselors, and other issues that are relevant.

Then the potential clients makes their own choices.

In essence the group PRACTICE does the work of advertising its services, puts its own web site on the web with the residents listed, and the supervision which the residents work under is clearly stated.

There is more I could say, but generally, this is what happens.

Depending on whether the residents wish to "specialize" in certain issues, or age groups, etc. - this can make a difference in the choices the potential clients will make.

Hope this helps clarify some pieces of how this can be useful.

Dan Towery MA ThM LPC CSOTP, Supervisor for Residents in Counseling

Riverside Counseling Center

703-724-0200

Commenter: Robin Norris, PhD, LMFT Windward Optimal Health, Old
Dominion U. Adj. Prof

12/13/18 12:08 pm

Unnecessary restriction - please vote no

I agree with a prior comment, "Residents in Counseling should continue to be allowed to advertise services with the caveat that they are required to list their supervisor's name and contact information on any advertisement." This does not appear to be an ethical issue, but a business/marketing one. The public is not harmed nor mis-informed if the above is followed and appropriately explained. As one of the states with the largest amount of required hours to

complete residency, if this were to be passed, it would be yet another hardship on those entering in the field as well as those clients that are faced with offices with no immediate openings from licensed clinicians.

Commenter: Danijela Nardelli, MA, NCC, Resident in Counseling

12/13/18 10:23 pm

No ethical merit to this petition – strongly opposed

In order to become licensed professional counselor a resident in counseling in the state of Virginia must complete total of 3,400 hours, 2,000 of those direct hours with clients, and 200 supervision hours. That is only after one completes 60 semester hours of graduate school which must include 13 core content areas, one of which is “professional counseling identity, function, and ethics” and 600 or more hours of internship (Virginia Board of Counseling). Therefore it is inaccurate to equate the level of experience of “interns”, “pre-licensed counselors”, and “residents” as all one group. Additionally, some residents in counseling have obtained National Certified Counselor certification by having “voluntarily met high national standards for the practice of counseling” (NBCC). As ethically competent residents in counseling, we are obliged to accurately describe our status as residents and provide our supervisor’s information to any prospective clients. Forbidding advertising to residents in counseling would narrow down the choices available to the public seeking help and place yet another significant burden on the residents to complete the required hours and gain needed experience towards the license. Please vote “no” on this petition. Thank you for your time and consideration.

Commenter: Michelle Cantrell, LPC

12/18/18 5:39 pm

Strongly Opposed

The Residency process is an important transition period prior to becoming a Licensed Professional Counselor. During my own residency, I sometimes found it difficult to get clients because of the limitations, mostly in the form of insurance, placed on Residents. While it is critical for Residents to operate under supervision, I see no reason to impose a barrier to growing their case load by prohibiting advertising. A Resident advertising their services can clearly state their position as a Resident, and include information about their supervisor, as well as expanding on the limitations of working with a Resident anything else relevant in the informed consent. Allowing Residents to advertise their services can result in greater access to those seeking care and unable to pay the higher fees typically associated with an LPC. Allowing Residents to advertise is a win-win.

Commenter: Amy Clay, LPC

12/18/18 5:48 pm

Against Petition prohibiting Residents in Counseling from advertising

I am against the petition filed with the Virginia Board of Counseling prohibiting Residents in Counseling from advertising on placed like psychologytoday or other online, social media platforms.

<http://www.townhall.virginia.gov//Comments.cfm?petitionid=285>

I fully support Residents in Counseling ability to advertise and promote their services as long as Residents in Counseling CLEARLY indicate their residency status, supervisors name and company they work for on all marketing / promotional materials (including social media).

Commenter: Brynna Reddy, LPC

12/18/18 7:04 pm

Opposed

I am against the petition filed with the Virginia Board of Counseling prohibiting Residents in Counseling from advertising on placed like psychologytoday or other online, social media platforms.

<http://www.townhall.virginia.gov//Comments.cfm?petitionid=285>

As a supervisor, I fully support Residents in Counseling and their ability to advertise and promote their services as long as Residents in Counseling indicate their residency status, supervisors name and company they work for on all marketing / promotional materials, as currently outlined in the licensure regulations.

Implementing this filed petition would make it nearly impossible for Residents to meet the residency requirements to get hours to work toward licensure, and ultimately harm the growth of the profession.

Commenter: Carol Jarboe, LPC, NCC

12/19/18 1:07 am

Petition re: Residents in Counseling

No. Residents deserve to be able to make a living while they work toward licensure. Advertising and marketing are necessary to get clients. This process is hard enough. Let's support them, not make it more difficult for them.

Commenter: Joan Normandy-Dolberg,

12/19/18 6:23 am

Residents should be allowed to advertise

I am in favor of allowing appropriate advertising by residents, providing the ads are clear about their status and includes the name and contact information of their supervisor. Residents frequently struggle to see enough clients to meet the required 3400+ hours, especially because clients often prefer to see a licensed clinician for the cost of a small copay while residents in Virginia do not yet have a temporary license number needed to be credentialed by managed care. It frequently requires 2-3 years to see enough clients to accumulate the required hours and residents deserve the ability to make a living during this time. Respectfully submitted, Joan Normandy-Dolberg, Licensed Professional Counselor and resident supervisor

Commenter: Audrey Lipps, LPC

12/19/18 8:31 am

Let residents advertise

I am an LPC in private practice in Northern Virginia. I strongly oppose the petition to restrict the ability of residents to advertise their services. Residents already face a significant barrier by not being able to accept insurance payments. Further limits on their efforts to secure clients is counter-productive to our profession's goal of expanding the number of clinicians in the field.

Commenter: Angela P. Callahan, LPC, NCC

12/19/18 4:48 pm

Oppose the proposed regulation

Upon learning of this proposed regulation change, I was perplexed at best, and dumbfounded at worst. The proposal appears short-sighted, and ignoring already enforced regulations in place that allow Residents to only advertise their services as being unlicensed individuals, under supervision from an approved supervisor, and only practicing with clients that they have a level of competence in treating, as guided by their supervisor. Prohibiting Residents from advertising their services, either on a paid site like Psychology Today (with all appropriate and required references to their clinical supervisor) or within an organization's web page is only a means to make it harder for Residents to become Licensed Clinicians. This appears to be an attack on Residents from a person worried about their own ability to earn an income through their chosen route of service delivery, and not one that is aiming to "alert" the public about Residents being unlicensed counselors. If my own small private practice can attest, we have more than enough folks who are seeking out counseling services, and many who continue to remain without insurance, or who choose to not utilize insurance for mental health services, and Residents can still provide needed services under supervision in a way that enables the potential client to not experience an undue financial burden in seeking treatment.

While we may all differ in our theoretical orientation, methods of service delivery, niche populations, and levels of experience, we need to continue to support Residents on their taxing journey of becoming well-rounded, competent clinicians. If we don't provide them with the skills and knowledge to market their individual qualities in a private practice setting, they will not know how to do so, and would potentially lead to less clinicians practicing to meet the enormous needs of folks today. The proposed regulation only aims to diminish the confidence and practice ability of Residents, which is the antithesis of our profession, and hurts all of us. Please do not change any regulations for Residents to remove their ability to advertise appropriately.

Commenter: Caitrin Allingham, NCC, Resident in Counseling

12/19/18 4:49 pm

Adamantly Opposed to this Petition

I am adamantly opposed to this petition. Although I am not adding anything new to what has already been said, I want to reiterate that this proposal is unnecessary and an undue burden. It is solely a marketing and competition issue and I believe the petitioner is simply trying to reduce competition for himself. Residents in counseling have been well trained and are supervised by Board approved clinicians who have had been trained to supervise. In addition, residents are required by Virginia law/statute, the regulations, and professional ethics to state their un-licensed status, explain what resident in counseling means, and give their supervisor's information to the client. I personally have had potential clients who have contacted me and expressed frustration because they were unable to find a clinician who was taking new clients or finding that the clinicians they had contacted never returned their calls or emails. I also have had potential clients not chose me as their counselor because I am still working toward my LPC. Lastly, advertising by a resident does not harm clients. Clients will decide who is right for them, irrespective of advertisement. In my view, prohibiting residents in counseling from "promoting or advertising their services independently to solicit business from the public" is unnecessary because residents actually provide a needed option to the public.

Commenter: Tracy G Bushkoff, Ed.D., LPC, NCC, ACS

12/19/18 7:29 pm

Oppose regulation limiting residents

I have provided group and individual supervision to Residents in Counseling in Virginia for twenty

years. Many hours have been spent with supervisees insuring that all the rules are adhered to, ethics met and paperwork appropriately completed. Completing the required hours is a strenuous, yet valuable process and I know supervisees learn and develop. Regulating a supervisees opportunity to market and solicit business seems to hinder growth, and serves little purpose, especially in this time of mental health need. Since it is a requirement that a supervisor's information is on all literature and marketing material, it is clear that there is not "independent" practice. Rather, the opportunity to solicit and market one's training and clinical skills, serves a purpose for the public and the Resident. Thank you.

Commenter: Adrian Counseling Center, LLC, Renae C. Smith, LPC

12/20/18 12:17 pm

Opposed to the petition

It is already difficult for Residents to keep up with living expenses. Please don't take away their ability to honestly advertise their services.

Commenter: Crystal Hamling, M.A., NCC, CCMHC, Resident in Counseling

12/21/18 6:18 pm

Against the implementation of this unnecessary restriction

I am against the implementation of this unnecessary restriction, as it does not seem to provide more protection to the public nor further the counseling profession in any way. So long as residents in counseling are following all Board regulations, including using the title Resident in Counseling, not calling themselves professional counselors, and advising all clients in writing (and verbally) that they are supervised by licensed professionals and are thus not practicing independently, I see no reason why advertising the availability of their counseling services would result in harm to the public. Residents in counseling need clients so that they can become licensed professionals. They are trained counseling clinicians with a master's degree, working toward licensure through the process of gaining clinical hours with clients and passing a licensure exam.

Commenter: Jessica Harrington, Resident in Counseling

12/21/18 11:02 pm

Opposed to Restriction

I am opposed to this petition. I feel that the original poster has petitioned for this change based on marketing issues in his own practice and not because of an ethical issue in regards to residents advertising.

As I am building my clientele, I work multiple jobs. It is a slow process. It is difficult to build clients when insurance cannot be accepted. I have a Psychology Today page, where I state that I am a resident in counseling and list my office location, supervisor, and supervisor's license number. When clients contact me, I explain my status as a resident. When clients come into the practice, I reiterate my status as resident and what that means and have them complete an informed consent stating the same. I am competent enough to know when I am unqualified to work with someone. I also receive regular supervision, where my clients are discussed and any concerns are addressed.

I also provide a service to people who cannot afford a licensed clinician, due to income or or insurance issues. I provide a low cost solution to people who have limited options. There are plenty of people who choose to use insurance, and plenty of people who can and will pay more and want a licensed clinician.

For the clients I do see, I see change and progress. I have rapport and a solid relationship. These

clients would not have found me without advertising.

Don't take this away from the residents in Virginia. We are learning, we are competent, and we know our limitations. Advertising and seeing clients allows us to develop our counseling identity.

18VAC115-20-52. Residency Requirements.

A. Registration. Applicants who render counseling services shall:

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

B. Residency requirements.

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

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

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

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

D. Supervisory responsibilities.

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

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

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

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

Petition for Rule-Making

To count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral program towards hours of residency.

Agenda Item: Response to Petition for Rulemaking

Included in your agenda package are:

A copy of the petition received from Jamie West

A copy of comments on the petition

A copy of regulation 18VAC115-50-60 (with draft amendments if the Board decides to accept the petitioner's request)

Board action:

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action; or

To initiate rulemaking by adoption of a proposed regulation by a fast-track action;
or

To reject the petitioner's request.



COMMONWEALTH OF VIRGINIA

Board of Counseling

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

**(804) 367-4610 (Tel)
(804) 527-4435(Fax)**

Petition for Rule-making

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

Please provide the information requested below. (Print or Type)		
Petitioner's full name (Last, First, Middle initial, Suffix.) West, Jamie, M.		
Street Address 8 Kennedy St.	Area Code and Telephone Number 970-556-4088	
City Alexandria	State Virginia	Zip Code 22305
Email Address (optional) jamie.m.west@hotmail.com	Fax (optional)	

Respond to the following questions:

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

I am including the 2010 Regulations, because these were the Regulations when I was approved for Residency.

18VAC115-50-60. Residency

Section B: Residency Requirements

Subsections:

5. A graduate-level internship completed in a program that meets the requirements set forth in 18VAC115-50-50 may count for no more than 600 of the required 4,000 hours of experience. The internship shall include 20 hours of individual on-site supervision, and 20 hours of individual off-site supervision. Internship hours shall not begin until completion of 30 semester hours toward the graduate degree.

6. A graduate-level degree internship completed in a COAMFTE-approved program or a CACREP approved program in marriage and family counseling/therapy may count for no more than 900 of the required 4,000 hours of experience.

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

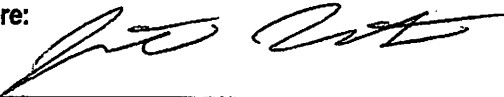
On May 19, 2017, the Board voted to initiate rulemaking in response to a petition filed by Dominique Adkins requesting acceptance of supervised practicum and internship hours in a doctoral program accredited by CACREP. One November 2, 2018, the Board voted to adopt the final doctoral practicum/internship hours to count towards residency regulations. Although this petition was meant for Licensed Professional Counselor's, I would like to submit this petition to recognize hours acquired in accredited doctoral programs as meeting a portion of the hours of supervised practice required for Licensed Marriage and Family Therapists.

In Virginia, it is not required that master's students get their internship hours approved prior to beginning residency but are able to use them to count towards the required hours to complete residency. I am asking that the hours accrued during my PhD program at Virginia Tech, a COAMFTE-approved program, be exempt from the requirement to have prior approval.

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

The Board has legal authority to make a decision about my hours according to the regulation referred to in the above section.

Signature:



Date:

11/8/18

Virginia.gov Agencies | Governor



Logged in as

Elaine J. Yeatts

Secretariat Health and Human Resources**Agency** Department of Health Professions**Board** Board of Counseling[Edit Petition](#)

Petition 286

Petition Information	
Petition Title	Acceptance of supervised hours in MFT doctoral program toward residency hours
Date Filed	11/9/2018 [Transmittal Sheet]
Petitioner	Jamie West
Petitioner's Request	To count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral program towards hours of residency.
Agency's Plan	In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on December 10, 2018 with comment requested until January 9, 2019. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically. At its first meeting following the close of comment, scheduled for February 8, 2019, the Board will consider the request to amend regulations and all comment received in support or opposition. The Board will inform the petitioner of its response and any action it approves.
Comment Period	Ended 1/9/2019 10 comments
Agency Decision	Pending

Contact Information	
Name / Title:	Jaime Hoyle / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
Email Address:	jaime.hoyle@dhp.virginia.gov
Telephone:	(804)367-4406 FAX: (804)527-4435 TDD: (-)

Virginia.gov Agencies | Governor



Logged in as

Elaine J. Yeatts

Agency Department of Health Professions**Board** Board of Counseling**Chapter** Regulations Governing the Practice of Marriage and Family Therapy [18 VAC 115 - 50]All good comments for this forum [Show Only Flagged](#)[Back to List of Comments](#)**Commenter:** Dr. Jody Russon, Virginia Tech Marriage and Family Therapy
Doctoral Program

1/2/19 10:37 am

**In support of count up to 600 hours of supervised experience in a COAMFTE or CACREP
doctoral program**

As a faculty member in the Marriage and Family Therapy doctoral program at Virginia Tech, I support this petition to count 600 hours of supervised experience toward residency. Counting supervised hours, accumulated in doctoral study, toward residency will facilitate training and licensure. I would like to reference another petition as a possible model for those pursuing licensure in VA as an LMFT from a COAMFTE doctoral program:

Summary:

Purpose: The proposed regulatory action will allow persons who have obtained a doctoral degree in counseling to become licensed with a smaller number of postgraduate hours in a supervised residency. It will accelerate the licensure process for those candidates and will allow them to provide counseling services in independent practice more quickly. Since the practicum or internship hours are within a Council for Accreditation of Counseling and Related Educational Programs (CACREP) program and under the supervision of credentialed faculty, the board is assured of appropriate oversight to protect the health, safety, and welfare of the public.

Substance: The proposed amendments, requested per a petition for rulemaking, provide that supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 direct or indirect hours and up to 100 supervision hours if the professor or supervisor has an active professional counselor license.

Commenter: Dr. Jenene Case Pease, LMFT, Virginia Tech MFT doctoral
program

1/4/19 5:11 pm

**In support of count up to 600 hours of supervised experience in a COAMFTE or CACREP
doctoral progra**

As a faculty member in the Marriage and Family Therapy doctoral program at Virginia Tech, I support expansion of this petition to count hours of supervised experience toward residency.

Counting supervised hours, accumulated in doctoral study, toward residency will facilitate training and licensure. I would like to reference another petition for comparison (Petition 254, filed 3/10/2017, Hours of residency in counseling), and request that the board consider approval of up to 900 direct or indirect hours and up to 100 supervision hours for those pursuing licensure in VA as an LMFT from a doctoral program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

Petition 254 Summary:

Purpose: The proposed regulatory action will allow persons who have obtained a doctoral degree in counseling to become licensed with a smaller number of postgraduate hours in a supervised residency. It will accelerate the licensure process for those candidates and will allow them to provide counseling services in independent practice more quickly. Since the practicum or internship hours are within a Council for Accreditation of Counseling and Related Educational Programs (CACREP) program and under the supervision of credentialed faculty, the board is assured of appropriate oversight to protect the health, safety, and welfare of the public.

Substance: The proposed amendments, requested per a petition for rulemaking, provide that supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 direct or indirect hours and up to 100 supervision hours if the professor or supervisor has an active professional counselor license.

Commenter: Dr. Megan Dolbin-MacNab, LMFT, Virginia Tech MFT Doctoral Program

1/7/19 1:05 pm

Support for Petition

As the current Director and former Clinical Training Director of the Marriage and Family Therapy doctoral program at Virginia Tech, which is the only Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)-accredited doctoral program in Virginia, I am in full support of this petition and any related efforts to allow clinical and supervision hours accumulated in a COAMFTE-accredited doctoral practicum and internship to count toward Virginia LMFT residency requirements. Our doctoral students, all of whom are post-master's clinicians, receive significant amounts of close supervision from qualified and credentialed supervisors during their doctoral practicum and internship. Allowing these clinical and supervision hours to count toward residency will facilitate the licensure process for our students, many of whom go on to become licensed marriage and family therapists, state and American Association for Marriage and Family Therapy (AAMFT) Approved Supervisors, and trainers in COAMFTE master's programs.

I am aware of a similar petition (Petition 254; <http://register.dls.virginia.gov/details.aspx?id=7007>) related to counting up to 900 hours direct or indirect hours and up to 100 supervision hours accumulated in a CACREP-accredited doctoral program toward licensure/residency requirements. I suggest that the Board consider using this petition as a model for those seeking licensure as an LMFT from a COAMFTE-accredited doctoral program.

Commenter: Jeffrey B. Jackson, Virginia Tech

1/7/19 1:40 pm

In support of counting up to 600 hours of supervised experience in COAMFTE/CACREP doctoral programs

As a faculty member in the Virginia Tech Marriage and Family Therapy (MFT) masters program, I support this petition as it will help doctoral students in the state of Virginia as well as unlicensed faculty who come to Virginia to count clinical and supervision hours accumulated in doctoral programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) toward Virginia LMFT residency requirements. Typically, doctoral students in MFT programs have already completed a masters degree in MFT or a related mental health degree and the supervision provided in academic settings tends to be of high quality. This change would make staying in Virginia more enticing to MFT doctoral students and would also make moving to Virginia to practice as an MFT more enticing to clinicians who recently graduated from an MFT doctoral program in another state. I do not see a downside from this proposed change.

Commenter: Megan Dolbin-MacNab, on behalf of the Virginia Tech MFT Doctoral Program

1/7/19 2:08 pm

Virginia Tech MFT - Support for Petition

The faculty of the marriage and family therapy doctoral program at Virginia Tech are in strong support of this petition or similar regulations (e.g., Petition 254; <http://register.dls.virginia.gov/details.aspx?id=7007>) that would allow clinical and supervision hours accumulated in a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)-accredited doctoral practicum and internship to count toward Virginia's LMFT residency requirements. Allowing these hours to count toward residency will facilitate the licensure process for our doctoral students, all of whom come to Virginia with master's degrees in marriage and family therapy or a closely related field and are interested in seeking licensure as LMFTs. It would also help the Virginia Tech's master's and doctoral marriage and family therapy programs attract the best faculty candidates, which is critical to the future training of marriage and family therapists working and providing supervision in Virginia.

In considering this petition, we would note that students in COAMFTE-accredited doctoral programs are pursuing advanced clinical training and, as part of the accreditation requirements, receive significant supervision and oversight of their clinical work, from credentialed supervisors. As such, as a faculty, we see no concerns related to the quality of the training and supervision doctoral students would be receiving as part of their practicum and internships.

We urge the Board to give this petition or similar regulations that allow clinical and supervision hours accumulated in a COAMFTE-accredited doctoral practicum and internship to count toward Virginia's LMFT residency requirements its highest consideration.

Commenter: Lauren Smithee, Virginia Tech PhD Student

1/7/19 8:58 pm

Support of count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral program

As a resident of Virginia and second-year student in the Virginia Tech HDFS (Marriage and Family Therapy) PhD program, I wholeheartedly support this petition. This petition would make it much more enticing for many recent graduates to continue clinical practice in Virginia post-graduation as opposed to moving to another state. I know that we receive high-quality clinical supervision during our program at Virginia Tech, and the passing of this petition would greatly facilitate the licensure process for new professionals. The passing of this petition would greatly benefit us MFT, PhD students. Thank you for your consideration.

Commenter: Bradford Stucki, Virginia Tech PhD Student

1/7/19 9:11 pm

Support of count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral programs

I am a current student in the Virginia Tech Marriage and Family doctoral program. I strongly support the petition to count 600 hours of supervised experience from this doctoral program toward residency in Virginia. The Marriage and Family Therapy doctoral program at Virginia Tech is an asset to the New River Valley and surrounding areas. This program has an off-campus clinic that provides individual, couple, and families from the New River Valley, students and faculty from the university, and other Virginian residents, some of which who have traveled up to two hours to receive therapy services. In addition, the program requires students to acquire 18 consecutive months of clinical work and provides regular supervision from established faculty members. During these 18 months, therapists can acquire valuable experience for working with individuals from rural communities, some of whom are coming to therapy for the first time.

This program attracts therapists and clinicians from across the United States and the world to provide varying skill sets, certifications (i.e., EMDR, trauma-informed care, TFEBT, Theraplay) and training to Virginian residents and marginalized rural populations. Unfortunately, when students graduate from the program, many choose to leave the state to pursue licensure in other states given more attractive licensure options, such as doctoral hours counting towards that state's licensure. If this petition were to be accepted, I believe that more students would stay in Virginia for both short- and long-term periods and contribute their knowledge and expertise to residents. In a recent meeting of LMFT therapists across Virginia, one of the major concerns was the lack of LMFT providers and supervisors in the state. The MFT doctoral program at Virginia Tech both provides training in clinical work and initiates the supervisor training for its students. Choosing to accept this petition would be a step forward in addressing this concern. Further, the Board would be taking an additional step in supporting marginalized and isolated populations by providing more accessible services.

As a current student, I have chosen to pursue licensure in Virginia, as I currently plan to stay for a few years. Yet, the path is daunting, as none of my clinical hours at the program clinic currently count towards my licensure. I can understand why former students would move away--as the incentive to move to another state that will accept the hundreds of individual and relational hours done through the Virginia Tech clinic is very attractive and more affordable (i.e., supervision costs).

I strongly encourage the Board to consider approving the motion to permit doctoral students to count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral program towards hours of residency." I also strongly encourage the Board to consider extending Petition 254 to COAMFTE or CACREP accredited programs (please see below), making the supervised hours counted as 900, rather than proposed 600.

Purpose: The proposed regulatory action will allow persons who have obtained a doctoral degree in counseling to become licensed with a smaller number of postgraduate hours in a supervised residency. It will accelerate the licensure process for those candidates and will allow them to provide counseling services in independent practice more quickly. Since the practicum or internship hours are within a Council for Accreditation of Counseling and Related Educational Programs (CACREP) program and under the supervision of credentialed faculty, the board is assured of appropriate oversight to protect the health, safety, and welfare of the public.

Substance: The proposed amendments, requested per a petition for rulemaking, provide that supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 direct or indirect hours and up to 100 supervision hours if the professor or supervisor has an active professional counselor license.

Thank you for your time and consideration.

Commenter: Manasi Shankar Virginia Tech Human Development and Family Science

1/7/19 10:52 pm

Support of count up to 600 hours of supervised experience in a COAMFTE or CACREP doctoral programs

As a current student in the Marriage and Family Therapy doctoral program at Virginia Tech, I support this petition to count 600 hours of supervised experience toward residency. Counting supervised hours accumulated in the doctoral study, toward residency will be heavily influential in accelerating the licensure process for doctoral students so that they may begin to serve the community in effective ways. The state of Virginia is in need of licensed professionals as demand increases. 33.3% of older adults in the state of Virginia have a reported disability (Disability Statistics Report, 2017).

As a student hoping to work with individuals with a disability(s), the movement of this petition will allow me to serve the populations with high needs. Below is another petition that could be used as a guidance

Summary:

Purpose: The proposed regulatory action will allow persons who have obtained a doctoral degree in counseling to become licensed with a smaller number of postgraduate hours in a supervised residency. It will accelerate the licensure process for those candidates and will allow them to provide counseling services in independent practice more quickly. Since the practicum or internship hours are within a Council for Accreditation of Counseling and Related Educational Programs (CACREP) program and under the supervision of credentialed faculty, the board is assured of appropriate oversight to protect the health, safety, and welfare of the public.

Substance: The proposed amendments, requested per a petition for rulemaking, provide that supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 direct or indirect hours and up to 100 supervision hours if the professor or supervisor has an active professional counselor license.

Commenter: Melece Meservy, Virginia Tech

1/8/19 12:33 pm

In Support

Commenter: Ellie Cunanan-Petty Virginia Tech MFT Masters Program

1/9/19 3:52 pm

In support of petition to count hrs earned during COAMFTE accredited PhD program toward residency

I am writing to support the petition for doctoral students/graduates to count the clinical hours earned during their PhD program toward Virginia residency. I am a faculty member for the Virginia Tech MFT program, provide clinical supervision to students in that role, and provide residency supervision to individuals working toward LMFT licensure in Virginia. For COAMFTE accredited programs, the level of therapy services that students provide to fulfill the clinical requirement and the extent of supervision that students receive as they earn hours toward completion of their degrees is as rigorous as supervision received during residency.

BOARD OF COUNSELING

Acceptance of doctoral internship hours in MFT

18VAC115-50-60. Residency requirements.

A. Registration. Applicants who render marriage and family therapy services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;
2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-50-50 to include completion of the coursework and internship requirement specified in 18VAC115-50-55; and
3. Pay the registration fee.

B. Residency requirements.

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

- a. Residents shall receive a minimum of one hour and a maximum of four hours of supervision for every 40 hours of supervised work experience.

b. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

c. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed marriage and family therapist or a licensed professional counselor.

2. The residency shall include documentation of at least 2,000 hours in clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.

3. The residency shall consist of practice in the core areas set forth in 18VAC115-50-55.

4. The residency shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18VAC115-50-50.

5. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-50-50, may count for up to an additional 300 hours towards the requirements of a residency.

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

~~6.7.~~ The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability which limits the resident's access to qualified supervision.

~~7.8.~~ Residents shall not call themselves marriage and family therapists, directly bill for services rendered, or in any way represent themselves as marriage and family therapists. During the residency, they may use their names, the initials of their degree and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing of the resident's status, along with the name, address and telephone number of the resident's supervisor.

~~8.9.~~ Residents shall not engage in practice under supervision in any areas for which they do not have appropriate education.

~~9.10.~~ The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

~~10.11.~~ Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

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

1. Hold an active, unrestricted license as a marriage and family therapist or professional counselor in the jurisdiction where the supervision is being provided;
2. Document two years post-licensure marriage and family therapy experience; and

3. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-50-96. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist. Supervisors who are clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

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