
Call to Order – Maria Stransky, LPC, CSAC, CSOTP, Committee Chairperson

- Welcome and Introductions
- Mission of the Committee/Evacuation Instructions.....Page 2

Approval of Agenda

Approval of Minutes

- Regulatory Committee Meeting – July 19, 2024*Page 4

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.

New Business

- Discussion of Licensed Residents in Counseling.....Page 7
 - Timeframe/Renewal
 - Inactive Status
 - Billing
 - Supervised Experience Hours
 - Total hours
 - Face-to-face client contact hours
 - Individual/Group hours
- Discussion/Comparison of Current Endorsement Requirements
- Discussion of the use of Artificial Intelligence and the Board's Role
- Discussion on Development of a Scope of Practice Chart.....Page 28

Next Meeting

- Regulatory Committee Meeting – March 28, 2025

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).



MISSION STATEMENT

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

EMERGENCY EGRESS

Please listen to the following instructions about exiting these premises in the event of an emergency.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

Board Room 1

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Board Room 2

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Board Rooms 3 and 4

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Training Room 1

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Training Room 2

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

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



DRAFT
Virginia Board of Counseling
Regulatory Committee Meeting Minutes
Friday, July 19, 2024, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

PRESIDING OFFICER: Terry R. Tinsley, PhD, LPC, LMFT, CSOTP, Committee Chairperson

BOARD MEMBERS PRESENT: Nakeisha Gordon, LPC
 Luanne Griffin, LPC
 Maria Stransky, LPC, CSAC, CSOTP
 Tiffinee Yancey, PhD, LPC

BOARD STAFF PRESENT: Latasha Austin, Licensing & Operations Supervisor
 Shannon Brogan, Licensing Specialist
 Sandie Cotman, Registration Program Coordinator
 Jaime Hoyle, JD, Executive Director
 Jennifer Lang, Deputy Executive Director- Discipline
 Charlotte Lenart, Deputy Executive Director - Licensing

DHP STAFF PRESENT: Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions
 Matthew Novak, Policy Analyst, Department of Health Professions

PUBLIC ATTENDEES: Ruth Ann Walker, Department of Behavioral Health & Developmental Services
 Brandie Williams, Rappahannock Area Community Services Board
 Julianne Tupp, Department of Behavioral Health & Developmental Services
 Jennifer Fasion, Virginia Association of Community Services Boards
 Kevin Headly, Germanna Community College
 Jonathan Melloul, Sylvain Melloul International Hair Academy
 Denise Konrad, Virginia Health Care Foundation

CALL TO ORDER: Dr. Tinsley called the Board Meeting to order at 10:00 a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM: An introduction was done of all Board members and staff. Five members of the Committee were present at roll call; therefore, a quorum was established.

MISSION STATEMENT: Dr. Tinsley read the mission statement of the Department of Health Professions, which was also the mission statement of the Board. Dr. Tinsley also read the emergency egress instructions.

ADOPTION OF AGENDA: The agenda was adopted as presented.

APPROVAL OF MINUTES: The Board reviewed the minutes from the last meeting held on July 14, 2023.

Motion: Dr. Yancey made a motion, which Ms. Gordon properly seconded, to approve the minutes from the July 14, 2023, meeting as presented. The motion passed unanimously.

PUBLIC COMMENT: No public comment was provided.

NEW BUSINESS:

- **Petition for Rulemaking**

Ms. Barrett reviewed and discussed a petition for rulemaking received to amend 18VAC115-20-52 to:

- ❖ Reduce the total required residency hours from 3,400 to 3,000;
- ❖ Reduce residency client contact hours from 2,000 to 1,500; and,
- ❖ Change supervision requirements from a minimum of 200 hours to a requirement for weekly supervision with no minimum.

76 public comments were received regarding the petition. 45 were clearly in support, or in support of two of the three requests. 19 were in opposition. 6 contained complex responses that were not easily categorized. 3 did not address the petition at all but suggested other requirements or commented on other aspects of the practice of counseling. Several comments were not counted in these numbers because the comments were duplicates or extensions of a previous commenter's earlier reply that was already counted.

Recommended Motion: Ms. Griffin made a motion, which Dr. Yancey properly seconded, to deny the petition because the changes requested would impact multiple other regulations and requirements which need to be reviewed as well. The recommendation passed unanimously.

Action Item: The Regulatory Committee would like to review the matter more in depth at a future meeting once more data has been gathered. Board staff will gather data on the multiple impacts to the regulations and the requirements.

- **Review of draft exempt regulatory changes pursuant to Senate Bill 403**

Ms. Barrett reviewed and discussed with the committee Senate Bill 403 from the 2024 General Assembly Session; the draft regulations from new professions of behavioral health technicians and behavioral health technician assistants; and the draft regulatory changes to QMHP regulations.

After review, the following additional changes were suggested to be made to the draft regulations from new professions of behavioral health technicians and behavioral health technician assistants:

1. Add current report from the National Practitioner Data Bank (NPDB) as a requirement for reinstatement under 18VAC115-90-100(B).
2. Add submit evidence of completion of 2 hours of continuing education in ethics for each year in which the registration has been inactive or lapsed, not to exceed 8 hours as a requirement under 18VAC115-90-100(B).

After review, the following additional changes were suggested to be made to the draft regulatory changes to QMHP regulations:

1. Add current report from the National Practitioner Data Bank (NPDB) as a requirement for reinstatement under 18VAC115-80-110(B).
2. Edit continuing education requirement language to read as: submit evidence of completion of 8 hours of continuing education for each year in which the registration has been inactive or lapsed, not to exceed 32 hours under 18VAC115-80-110(B).

Action Item: The remaining decisions to be made related to the number of didactic hours of training required for registration as a behavioral health technician, behavioral health technician assistant, or qualified mental health professional, and will be discussed at the full Board meeting on October 4, 2024. Board staff will provide information on the number of hours in existing programs as a guide.

The full Board will review these exempt regulatory changes at its meeting on October 4, 2024. The Board will vote to adopt the regulations at the meeting, following a public hearing on the changes.

- **Committee discussion of potential board-approved trainings pursuant to Senate Bill 403**

Action Item: After discussion, Board staff will gather and provide additional information to the entire board on the number of hours for existing programs and the any associated costs that will be discussed at the Board meeting on August 2, 2024.

NEXT MEETING DATES:

The next meeting is scheduled for Friday, October 18, 2024.

ADJOURNMENT:

Dr. Tinsley adjourned the July 19, 2024, meeting at 11:43 a.m.

Terry R. Tinsley, PhD, LPC, LMFT, CSOTP, Chairperson

Jaime Hoyle, JD, Executive Director

DRAFT

Comparison Chart of Supervision Hours

	Total Supervised Experience Hours	Face-to-Face Client Contact	Supervision hours	Timeframe
MD	3,000 (1,000 of those hours can be used from practicum/internship)	None specified	None specified	Minimum of 2 years
DC	3,500	None specified	200	Minimum of 3 maximum of 5 years.
NC	3,000	2,000	100	None Specified
TN	3,000	1,500	150	Minimum of 2 years
KY	4,000	1,600	3 x per month	None specified
WV	3,000	1,500	150	Minimum of 19 months
PA	3,000	None specified	2 hours per 40 hours ~ 200 hours	Minimum of 2 years and no more than 6 years
FL	None specified	1,500	100	Minimum of 2 years
TX	3,000	1,500	4 hours per month.	Minimum of 18 months
VA Licensed Psychological Practitioner	2,000	None specified	None specified	Minimum of 1 years

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: August 18, 2021

9960 Mayland Drive
Henrico, VA 23233

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

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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.

"Conversion therapy" means any practice or treatment as defined in § [54.1-2409.5](#) A of the Code of Virginia.

"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.

"Resident" means an individual who has a supervisory contract and has been issued a temporary license by the board to provide clinical services in professional counseling under supervision.

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

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

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

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

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

Late renewal for a professional counselor	\$45
Late renewal for a resident in counseling	\$10
Reinstatement of a lapsed license for a professional counselor	\$200
Reinstatement following revocation or suspension	\$600
Replacement of or additional wall certificate	\$25
Returned check or dishonored credit or debit card	\$50

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 As a Professional Counselor**

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

Every applicant for licensure examination by the board shall:

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

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

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

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

- 1. A completed application;
- 2. The application processing fee and initial licensure fee as prescribed in 18VAC115-20-20;
- 3. Verification of all mental health or health professional licenses or certificates 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, is offered by a college or university accredited by a regional accrediting agency, and 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.

C. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

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. Resident license and requirements for a residency.

A. Resident license. Applicants for temporary licensure as a resident in counseling shall:

1. Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the clinical supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing clinical counseling services;
2. Have submitted an official transcript documenting a graduate degree that meets the requirements specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51;
3. Pay the registration fee;
4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a professional counselor shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:
 - a. Assessment and diagnosis using psychotherapy techniques;
 - b. Appraisal, evaluation, and diagnostic procedures;
 - c. Treatment planning and implementation;
 - d. Case management and recordkeeping;

- e. Professional counselor identity and function; and
- f. Professional ethics and standards of practice.

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

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

8. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue. A resident shall meet the renewal requirements of subsection C of 18VAC115-20-100 in order to maintain a license in current, active status.

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

10. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials

of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and phone number.

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

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

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

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

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

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

D. Supervisory responsibilities.

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

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

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 that were in effect at the time the supervision was rendered.

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. An applicant is required to have passed the prescribed examination within six years from the date of initial issuance of a resident license by the board.

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

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

D. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a professional counselor.

18VAC115-20-80. (Repealed.)

18VAC115-20-90. (Repealed.)

Part IV
Licensure Renewal; Reinstatement

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

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

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

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

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

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

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

3. On the annual renewal, the resident in counseling shall attest to completion of three hours in continuing education courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-20-106.

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

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

18VAC115-20-105. 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.

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

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

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

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

1. To document completion of formal organized learning activities, the licensee shall provide:
 - a. Official transcripts showing credit hours earned; or
 - b. Certificates of participation.
2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.
3. Documentation of individual professional activities shall be by one of the following:
 - a. Certificates of participation;
 - b. Proof of presentations made;
 - c. Reprints of publications;
 - d. Letters from educational institutions or agencies approving continuing education programs;
 - e. Official notification from the association that sponsored the item writing workshop or continuing education program; or
 - f. Documentation of attendance at formal staffing 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.

18VAC115-20-120. (Repealed.)

Part V

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC115-20-130. Standards of practice.

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

B. Persons licensed or registered by the board shall:

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

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;
7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;
8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;
9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;
10. Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms;
11. Determine whether a client is receiving services from another mental health service provider, 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;
13. Advertise professional services fairly and accurately in a manner that is not false, misleading, or deceptive; and
14. Not engage in conversion therapy with any person younger than 18 years of age.

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 that are no longer useful in a manner that ensures client confidentiality;
3. Disclose or release records to others only with the client's expressed written consent or that of the client's legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

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

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

- a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;
- b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or
- c. Records that have been transferred to another mental health service provider or given to the client or his legally authorized representative.

D. In regard to dual 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 renewal 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 the continued competency requirements set forth in this chapter;
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.

18VAC115-20-150. 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.

Board of Counseling

Scopes of Practice for Persons Regulated by the Board to provide Substance Abuse Treatment

The Code of Virginia § 54.1-3500 defines “counseling” as “the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.”

The Code of Virginia § 54.1-3500 defines "Substance abuse treatment" as “(i) the application of specific knowledge, skills, substance abuse treatment theory, and substance abuse treatment techniques to define goals and develop a treatment plan of action regarding substance abuse or dependence prevention, education, or treatment in the substance abuse or dependence recovery process and (ii) referrals to medical, social services, psychological, psychiatric, or legal resources when such referrals are indicated.”

License Required

The Code of Virginia § 54.1-3506 requires a license to engage in the practice of counseling, marriage and family therapy, or the independent practice of substance abuse treatment. The scopes of practice for Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) include counseling and substance abuse treatment. No other license or certification is required for these licensees to perform these functions.

Scope of Practice for a Licensed Substance Abuse Treatment Practitioner (LSATP)

The scope of practice for a Licensed Substance Abuse Treatment Practitioner (LSATP) is defined in § 54.1-3507, which states that: “A licensed substance abuse treatment practitioner shall be qualified to (i) perform on an independent basis the substance abuse treatment functions of screening, intake, orientation, assessment, treatment planning, treatment, case management, substance abuse or dependence crisis intervention, client education, referral activities, recordkeeping, and consultation with other professionals; (ii) exercise independent professional judgment, based on observations and objective assessments of a client's behavior, to evaluate current functioning, to diagnose and select appropriate remedial treatment for identified problems, and to make appropriate referrals; and (iii) supervise, direct and instruct others who provide substance abuse treatment.”

Scope of Practice for a Certified Substance Abuse Counselor (CSAC)

The scope of practice for a Certified Substance Abuse Counselor is defined in § 54.1-3507.1, which states that: “A certified substance abuse counselor shall be (i) qualified to perform, under appropriate supervision or direction, the substance abuse treatment functions of screening, intake, orientation, the administration of substance abuse assessment instruments, recovery and

relapse prevention planning, substance abuse treatment, case management, substance abuse or dependence crisis intervention, client education, referral activities, record keeping, and consultation with other professionals; (ii) qualified to be responsible for client care of persons with a primary diagnosis of substance abuse or dependence; and (iii) qualified to supervise, direct and instruct certified substance abuse counseling assistants. Certified substance abuse counselors shall not engage in independent or autonomous practice. ”

Facilitation or participation in “planned interventions” by Certified Substance Abuse Counselors is within the scope of their practice as long as they are practicing under supervision as required by law and regulation.

Scope of Practice for a Certified Substance Abuse Counselor Assistant (CSAC-A)

The scope of practice for Certified Substance Abuse Counselor Assistants is defined in § 54.1-3507.2, which states that: “A certified substance abuse counseling assistant shall be qualified to perform, under appropriate supervision or direction, the substance abuse treatment functions of orientation, implementation of substance abuse treatment plans, case management, substance abuse or dependence crisis intervention, record keeping, and consultation with other professionals. Certified substance abuse counseling assistants may participate in recovery group discussions, but shall not engage in counseling with either individuals or groups or engage in independent or autonomous practice.”

Scope of Practice for a Peer Recovery Specialist

Code of Virginia § 54.1-3500 defines a peer recovery specialist is “a person who by education and experience is professionally qualified in accordance with 12VAC35-20 to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both. A registered peer recovery specialist (RPRS) shall provide such services as an employee or independent contractor of DBHDS, a provider licensed by DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.”

A peer recovery specialist offers support and assistance in helping others in the recovery and community-integration process.

Clarifying Information

The scope of practice for CSACs includes substance abuse counseling with individuals and groups. The Code of Virginia § 54.1-3507.1 indicates that CSACs are “qualified to be responsible for client care of persons with a primary diagnosis of substance abuse or dependence.” Providing counseling to persons for a mental health diagnosis other than substance abuse or dependency is outside the scope of practice for CSACs.

A “diagnostic” assessment and a “multidimensional” assessment, conducted according to criteria of the American Society of Addiction Medicine, are both required for Medicaid reimbursement for services. CSACs are not allowed to do a diagnostic assessment but are allowed to do the

multidimensional assessment to make recommendations for a level of care that must then be signed off on or approved by a licensed professional who is supervising the CSAC.

The Board of Counseling interprets the function of “record keeping” to include the gathering of demographic information. CSAC-As can perform this function as within their scope of practice. However, CSAC-As cannot perform the function of intake or screening. Only a CSAC, LSATP, LPC, or LMFT shall perform these functions.

Scopes of Practice for Persons Regulated by the Board of Counseling to provide Substance Abuse Treatment

	LPC	LMFT	LSATP	CSAC	CSAC-A
Provide Substance Abuse Treatment Independently	yes	yes	yes	No	No
Perform only under supervision of Licensed Mental Health Professional				Yes	Yes
Screening	Yes	Yes	Yes	Yes	No
Intake	Yes	Yes	Yes	Yes	No
Orientation	Yes	Yes	Yes	Yes	Yes
Administration of Substance Abuse Assessment Instruments	Yes	Yes	Yes	Yes	No
Recovery and relapse Prevention Planning	Yes	Yes	Yes	Yes	No
Diagnostic Assessment	Yes	Yes	Yes	No	No
Multidimensional Assessment	Yes	Yes	Yes	Yes	No
Treatment Planning	Yes	Yes	Yes	Yes	No
Substance Abuse Treatment	Yes	Yes	Yes	Yes	No
Implementation of Substance Abuse Treatment Plans	Yes	Yes	Yes	Yes	Yes
Case Management	Yes	Yes	Yes	Yes	Yes
Substance Abuse or dependence crisis intervention	Yes	Yes	Yes	Yes	Yes
Client Education	Yes	Yes	Yes	Yes	No
Referral Activities	Yes	Yes	Yes	Yes	No
Recordkeeping	Yes	Yes	Yes	Yes	Yes
Consultation with other Professionals	Yes	Yes	Yes	Yes	Yes
Exercise Independent Professional Judgment, to evaluate current functioning	Yes	Yes	Yes	No	No
Exercise Independent Professional Judgment to diagnose and select appropriate remedial treatment for identified problems	Yes	Yes	Yes	No	No
Exercise Independent Professional judgment to make appropriate referrals	Yes	Yes	Yes	No	No
Supervise, Direct and Instruct others who provide Substance Abuse Treatment	Yes	Yes	Yes	Yes (Only CSAC-A's)	No
Provide Independent Substance Abuse Counseling	Yes	Yes	Yes	No	No
Provide counseling to persons with for a Mental Health Diagnosis other than Substance Abuse	Yes	Yes	Yes	No	No
Coordinate, Facilitate, Participate in Recovery Group Discussions	Yes	Yes	Yes	Yes	Yes
Lead Recovery Group Discussions	Yes	Yes	Yes	Yes	No
Substance Abuse Counseling with Individuals	Yes	Yes	Yes	Yes	No
Substance Abuse Counseling with Groups	Yes	Yes	Yes	Yes	No

Supervision Requirements for Persons Providing Substance Abuse Treatment Pursuant to Code of Virginia 54.1-3500 et.seq.

	Independent	Authority to Supervise, Direct, or Instruct	Required to be under the Supervision of:
LMHP*	Yes	Yes	Not required
LSATP	Yes	Yes	Not required
LSATP Applicant	No (Must practice under supervision)	No	LSATP or LMHP
CSAC	No (Must practice under supervision)	Only CSAC-As and CSAC Applicants	LSATP or LMHP
CSAC Applicant	No (Must practice under supervision)	No	LSATP, LMHP, or CSAC
CSAC-A	No (Must practice under supervision)	No	LSATP, LMHP, or CSAC
CSAC-A Applicant	No (Must practice under supervision)	No	LSATP, LMHP, or CSAC

*LMHP means a Licensed Mental Health Provider and includes Licensed Professional Counselors (LPCs), Licensed Marriage and Family Therapists (LMFTs), Licensed Clinical Psychologists (LCPs), and Licensed Clinical Social Workers (LCSWs)