
Call to Order – William Hathaway, PhD, Chair

- Welcome and Introductions
- Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures.....Page 2

Approval of Minutes

- Regulatory Committee Meeting – January 27, 2025*.....Page 4

Ordering of Agenda

Public Comment

The Committee will receive public comment related to agenda items at this time. 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.

Presentation and Discussion

“Presentation and invitation to participate in project to explore creation of an alternate psychology licensure exam”

Robert Romig, JD, Deputy Executive Director, Texas Behavioral Health Executive Council

Unfinished Business

- Discussion of examination requirements for Licensed Psychological Practitioners

2026 Meetings

*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 2.2-3708(D).



Virginia Department of
Health Professions
Board of Psychology

MISSION STATEMENT

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

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

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

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

Board Room 2

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

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

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

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

Board Rooms 3 and 4

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

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

Training Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, 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.

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.

**Virginia Board of Psychology
Draft Regulatory Committee Meeting Minutes
Department of Health Professions
Board Room 3
9960 Mayland Drive, Henrico, VA 23233
Monday, January 27, 2025, at 10:00 a.m.**

PRESIDING OFFICER: Aliya Chapman, Ph.D., LCP

COMMITTEE MEMBERS PRESENT: Sonal Pancholi Doran, Psy.D., LCP
William Hathaway, Ph.D., LCP
Karen Trump, Ed.D., LSP

ABSENT COMMITTEE MEMBER: Gary Sibcy, Ph.D., LCP

BOARD STAFF PRESENT: Jaime Hoyle, Executive Director
Charlotte Lenart, Deputy Executive Director
Meagan Ohlsson, Licensing Supervisor

DHP STAFF PRESENT: Erin Barrett, Director of Legislative Affairs and Policy, DHP
Arne Owens, Agency Director, DHP (*left meeting at 11:21am*)

CALL TO ORDER: Dr. Chapman called the meeting to order at 10:01a.m.

MISSION STATEMENT: Dr. Chapman read the mission statement of the Department of Health Professions and the emergency egress procedures.

ESTABLISHMENT OF A QUORUM: With four Committee members present a quorum was established.

APPROVAL OF MINUTES: The Committee reviewed the minutes from the last meeting held on December 02, 2024.

Motion: Dr. Hathaway made a motion, which was seconded by Dr. Pancholi Doran, to adopt the minutes from the December 02, 2024, Regulatory Committee as presented. The motion passed unanimously.

ADOPTION OF AGENDA: The agenda was adopted as presented.

PUBLIC ATTENDEES: None

PUBLIC COMMENT: Taylor Ceroni, Ph.D., provided written comment (Attachment A)
Shannon Cone, Ph.D., provided written comment (Attachment B)
TyKera Marrow, Ph.D., provided written comment (Attachment C)
Ikeshia Smith, Psy.D., provided written comment (Attachment D)
Contessa Tracy, Psy.D., provided written comment (Attachment E)

Patricia Owens, provided written comment (Attachment F)

The Committee decided to not address the written public comments individually, as the subject matter will be discussed later in the agenda.

Dr. Chapman welcomed new Committee members, Dr. Karen Trump, Ed.D., and Sonal Pancholi Doran, Psy.D.

UNFINISHED BUSINESS:

Review Psychological Practitioner Draft Application Forms

Sample Supervisor Agreement

The Committee reviewed in detail the proposed sample of the supervisor agreement, which can be utilized by supervisors and psychological practitioners to ensure that expectations and responsibilities are clearly defined for each party. Staff will incorporate the suggested changes.

During the discussion, the Committee discussed the potential need for a guidance document to further outline the expectations of supervision.

Areas of Graduate Study form

The Committee reviewed and discussed recommended changes to the area of graduate study form. Staff will incorporate the suggested changes.

Ms. Lenart proposed that staff develop an education matrix to document the names of schools and coursework approved by the Committee, which would eliminate the need for repeated evaluations of the same courses and ensure consistency in the Committee's review of education. The Committee agreed that the matrix was a good idea.

Verification of Supervision form

The Committee reviewed and discussed recommended changes to the verification of supervision form. Staff will incorporate the suggested changes in the form.

RECESS:

The Board recessed at 11:21 a.m.

RECONVENTION:

The Board reconvened at 11:30 a.m.

The Committee discussed the public comment letters requesting the Board to consider lowering the pass rate for the examination and create alternative pathways to licensure. The Committee acknowledged the sensitivity of the topic and emphasized the importance of assuring the public that their concerns are being heard. The Committee will continue to explore potential alternative pathways, discuss the possibility of creating or supporting a program to assist those who struggle to pass the EPPP exam through examination prep courses, mentorship and scholarships, and potentially facilitating an open public forum with the exam provider, the Association of State and Provincial Psychology Boards (ASPPB).

Dr. Chapman recommended that the Board invite the Executive Director of the Minnesota Board of Psychology to provide a presentation at the next Board

meeting, detailing the steps taken by Minnesota to assist individuals who struggle to pass the examination.

NEW BUSINESS:

Status of the EPPP Part 2

The Committee discussed the ASPPB Board of Director's announcement and statement to reimagine the EPPP as a single, integrated examination of both knowledge and skills. According to ASPPB, they plan to establish a Working Group, conduct Quarterly Town Halls, and a complete a new Job Task Analysis.

Dr. Chapman noted that she had not heard any information regarding the ASPPB discontinuing the EPPP-2 skills portion of the exam. The Board discussed the potential impact of this change, with a single examination, on both doctoral-level applicants and those at the master's level.

Dr. Chapman recommended to the Committee to invite Alex Siegel, J.D., Ph.D., with ASPPB to discuss the EPPP-2 implementation.

Discuss EPPP passing score for psychological practitioners and school psychologists

The Committee discussed the passing score for both sections of the EPPP examination for the new psychological practitioner. The Committee considered the implications of lowering the passing score below the recommended threshold set by ASPPB. Concerns were raised that reducing the score could potentially compromise public safety. Additionally, the Committee emphasized that, without substantial supporting evidence, there is no justification to deviate from ASPPB's recommended passing score of 450.

Dr. Chapman requested that Dr. Trump contact the Virginia Department of Education (DOE) to discuss the potential impact of lowering examination scores on school psychologists. Dr. Trump will provide an overview of the education requirements, services provided and the importance of school psychologists in Virginia at the Board's meeting on February 24, 2025.

RECESS:

The Board recessed at 12:36 p.m.

RECONVENTION:

The Board reconvened at 12:46 p.m.

Discuss internship equivalency requirements

The Committee discussed methods to better assess the equivalency of internships. For non-APA accredited programs with non-accredited internships, the Committee agreed that staff should develop a standardized questionnaire for the internship clinical director to complete, providing detailed information about the internship to facilitate the Board's determination of equivalency. The Committee also discussed using the internship requirements set by the Association of Psychology Postdoctoral and Internship Centers (APPIC) as the minimum standard for evaluating equivalency.

Additionally, the Board agreed that APA-accredited programs allowing students to complete a non-accredited internship should be considered without further review, provided that the internship clinical director attests that the program conducted due diligence to ensure the non-accredited internship met the necessary standards.

Discuss potential pathways licensure as psychological practitioner for LPCs and Residents in Counseling with psychology degrees

The Committee had a brief discussion regarding potential pathways for licensed professional counselors (LPC) and residents in counseling and concluded not to pursue an alternative pathway. It was agreed that all applicants must meet the degree, coursework, supervised experience, and examination requirements to be eligible for the psychological practitioner license.

NEXT MEETING DATE:

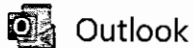
The next Regulatory Committee meeting is scheduled for April 7, 2025.

ADJOURNMENT:

Dr. Chapman adjourned the meeting at 2:14 p.m.

Aliya Chapman, Ph.D., Committee Chair Chairperson

Jaime Hoyle, JD, Executive Director



PUBLIC COMMENT FOR REGULATORY MEETING 1/27/25

From Taylor Ceroni <taylor.ceroni@gmail.com>
Date Fri 1/24/2025 3:49 PM
To Board of Psychology <psy@dhp.virginia.gov>

Dear Members of the Virginia Board of Psychology,

I am writing to express my deep concern regarding the current EPPP pass rates. As a psychologist who has not been able to pass the EPPP with the required score of 500, I have personally experienced the significant and arbitrary barriers this exam imposes, barriers that are not reflective of my clinical abilities or contributions to the field.

Throughout my career, my clinical competency has been recognized and supported by numerous supervisors, administrators, and colleagues. I was hired directly out of my doctoral internship at a VA medical center for a position specifically adapted for my expertise in treating individuals experiencing Intimate Partner Violence (IPV). I was appointed as the program lead for the newly established IPV Assistance Program and later also became the interim lead for the Military Sexual Trauma Program, expanding my oversight to include the treatment and care of this critically underserved population. During this time, I also co-led the Veterans Integrated Services Networks (VISN) overseeing the clinical operations of IPV treatment programs across the southeastern United States and served on national committees tasked with shaping evidence-based practices and clinical guidelines for these programs nationwide.

Despite my proven ability to provide effective care to some of the most vulnerable populations, I was unable to maintain my position because I could not pass the EPPP with the required score of 500 within the VA's two-year time limit. This test of theoretical knowledge, with an arbitrary, non-empirical passing threshold, ultimately cost me my position.

The EPPP, as currently implemented, does not definitively measure clinical competency or predict therapeutic effectiveness. It primarily tests theoretical knowledge, much of which may have little relevance to the realities of clinical practice. Graduate programs and psychology internship programs already include rigorous clinical training, requiring hundreds of hours of supervised practice and comprehensive evaluations by licensed psychologists. These programs ensure that candidates are well-prepared to deliver safe, effective care, regardless of whether they score a 400 or 500 on the EPPP.

Moreover, there is no evidence to suggest that practitioners who score between 400 and 499 are less competent or pose a greater risk to public safety than those who score above 500. A passing score of 400 would still demonstrate a strong understanding of foundational knowledge, while reducing unnecessary barriers that disproportionately affect candidates from diverse backgrounds. Research has consistently shown that the EPPP disadvantages candidates from minority groups, including Black/African American and Hispanic/Latinx psychologists, due to factors such as economic inequality, access to study resources, and cultural biases in test content. These disparities exacerbate inequities

within the field and hinder the goal of creating a psychological workforce that reflects and serves our communities.

The consequences of these barriers are not abstract. For me, The consequences of this were devastating, not only for me but for the Veterans under my care and my colleagues and supervisors who believed in my ability. Veterans facing IPV are already underserved and face significant barriers to care, often with fatal consequences if they cannot leave abusive relationships safely. Losing my role as a program lead impacted the continuity of care for these individuals and diminished the specialized expertise available to individuals in our community.

I was fortunate to secure a postdoctoral position in a specialty that allows me to continue serving another underserved population. This transition has come at a significant personal and professional cost. I am unable to serve the populations I was specifically trained and deeply committed to helping, particularly in my specialty. The stress, financial hardship, and inability to progress into independent practice have not only hindered my career aspirations but also stunted my ability to advance in every area of my life.

While I understand the Board's concerns, I urge you to reconsider the impact of the current cutoff score on both candidates and the broader mental health landscape in Virginia. The Board cited three primary reasons for denying the previous petition: the absence of a specific score in current regulations, concerns regarding licensure mobility, and the lack of evidence supporting a passing score of 400. I would like to address each of these concerns:

Regulatory Challenges: While the Board does not list a specific passing score in its regulations, ASPPB's recommended score of 500 is applied as a de facto standard. This standard imposes arbitrary and non-empirical barriers to licensure without considering the broader implications. Adopting a passing score of 400 would provide a more equitable standard, particularly given that ASPPB acknowledges supervised practice competency at a score of 450. Even if regulatory changes are difficult, addressing this issue directly would create lasting improvements for both aspiring psychologists and the communities they serve.

Licensure Mobility Concerns: The Board expressed concerns about potential impacts on interstate mobility for Virginia-licensed psychologists. However, PsyPact, which facilitates telepsychology across state lines, does not require a specific EPPP score for eligibility. Instead, it ensures that practitioners meet the licensure requirements of their home state. Lowering the passing score in Virginia would not necessarily impede licensure mobility, as long as the state continues to enforce other licensure requirements, such as supervised clinical experience and adherence to ethical standards.

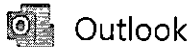
Lack of Evidence for a Passing Score of 400: The Board noted the absence of evidence supporting a passing score of 400. However, there is similarly no evidence that a passing score of 500 correlates with clinical competency or public safety. The EPPP primarily measures theoretical knowledge, not practical skills, and has not demonstrated predictive validity for clinical success. Lowering the passing score to 400 would still reflect a strong understanding of foundational knowledge while reducing barriers that disproportionately impact diverse candidates, as highlighted by studies showing racial disparities in pass rates (Sharpless, 2019, 2021; Saldaña, Callahan, & Cox, 2024). A passing score of 400 would also address Virginia's urgent need for mental health professionals, particularly in underserved areas.

I appreciate the Board's recognition of the concerns raised in the previous petition and its commitment to continued discussion and monitoring of test fairness. I urge the Board to take action by lowering the

passing score to 400, which would alleviate undue burdens on candidates while maintaining the integrity of the licensure process. By doing so, Virginia can foster a more equitable and inclusive pathway to licensure, address the mental health provider shortage, and expand access to culturally competent care for its residents.

Thank you for your time and consideration.

Sincerely,
Taylor Ceroni, Ph.D.



PUBLIC COMMENT FOR 1/27/2025 REGULATORY MEETING

From Shannon Cone <shannonconephd@gmail.com>

Date Fri 1/24/2025 11:57 AM

To Board of Psychology <psy@dhp.virginia.gov>

Dear Virginia Board of Psychology,

This email is in support of the upcoming discussion of the passing score of the EPPP for Licensure for those candidates pursuing to become Practicing Psychologists and for Doctoral Level School Psychologists.

I also support the discussion of creating additional pathways (NCSP; LPC) for licensure as psychological practitioners and school psychologists in VA.

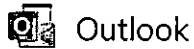
Having alternate criteria for qualified applicants seeking licensure in VA is needed.

I encourage the VA board to discuss pathways towards the process of obtaining licensure. EPPP qualifying scores continue to be an unfortunate but realistic barrier for qualified applicants across the US. I encourage the VA Board of Psychology to consider additional criteria for applicants. One example could include an acceptable "range" of qualified EPPP scores.

Sincerely,

Mr. Shannon Paul Cone, Ph.D., NCSP

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PUBLIC COMMENT FOR REGULATORY MEETING 1/27/25

From Tykera Marrow <tykera.marrow@students.jsums.edu>

Date Thu 1/23/2025 4:25 PM

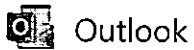
To Board of Psychology <psy@dhp.virginia.gov>

The EPPP has been an unnecessary barrier to many highly trained and competent clinicians who have spent many years and significant sums of money obtaining research and clinical competence through various APA-accredited programs, only to be hindered from independent practice by this single exam. I am disappointed this has continued despite decades of complaints from licensing candidates and peer-reviewed publications on the unfairness of this exam. The EPPP is not a definitive measure of clinical competency. The exam primarily tests theoretical knowledge, not practical skills, and its structure has been criticized for being a poor predictor of clinical success or therapeutic effectiveness. Many graduate programs already implement rigorous clinical training, which includes hundreds of hours of supervised practice and regular evaluations by licensed psychologists. These programs ensure that candidates are well-prepared for real-world clinical work, regardless of whether they score a 4-5-600 on a knowledge-based test. Moreover, no empirical evidence suggests that practitioners who score between 400 and 499 are less competent or at a greater risk to public safety than those who score at or above 500. A passing score of 400, 450, or 475 still represents a strong understanding of the foundational knowledge required for licensure, and allowing a slightly lower threshold would allow otherwise highly qualified individuals to enter the field without compromising public safety. It is widely known that the EPPP has been routinely criticized for disproportionately disadvantaging specific populations, particularly candidates from minority backgrounds. Research indicates that candidates from underrepresented groups tend to have lower pass rates on the EPPP. This disparity likely stems from various factors, including economic inequality, access to study resources, and cultural bias in test content. A higher passing threshold (500) exacerbates these disparities, creating unnecessary barriers for diverse candidates who might otherwise be highly competent practitioners. Clinical psychology is a demanding field that requires years of education, supervised training, and professional dedication. Removing barriers does not reflect a lack of commitment; it acknowledges that professional growth is a lifelong process, and candidates may need more time to meet specific requirements due to personal or external circumstances. The goal should be to produce effective, compassionate clinicians, not to impose rigid time constraints that may hinder the development of future psychologists.

TyKera Marrow, PhD

Jackson State University | College of Liberal Arts

License Eligible Psychologist | Clinical Psychology



PUBLIC COMMENT FOR REGULATORY MEETING 1/27/25

From Ikeshia Smith <ikeshiasmith@gmail.com>

Date Fri 1/24/2025 6:05 PM

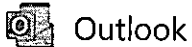
To Board of Psychology <psy@dhp.virginia.gov>

Hello,

My name is Dr. Ikeshia Smith and I am based out of Ohio. It has come to my attention over the past three years the disparities in pass rates for the EPPP. While much advocacy and research has been put forth by many past and current psychologists, the problem remains. As a next step, I want to acknowledge my support in changing the EPPP score that will not only increase the diversity among practitioners but also end the baseless standards that are often not supported through valid measures.

Thank you

Dr. Ikeshia Smith



PUBLIC COMMENT FOR REGULATORY MEETING 1/27/25

From Contessa Tracy <contessatracy13@gmail.com>

Date Thu 1/23/2025 5:10 PM

To Board of Psychology <psy@dhp.virginia.gov>

Dear Members of the Board,

I am writing to bring attention to critical issues with the Examination for Professional Practice in Psychology (EPPP) and the practices of the Association of State and Provincial Psychology Boards (ASPPB). As a clinically trained psychologist (at the doctoral level), former Military Intelligence Officer, and current Medical Operations planner, I have dedicated 16 years to serving in both the military and mental health fields. Upon earning my doctorate in Clinical Psychology, I completed both my clinical internship and residency with the U.S Army at Brooke Army Medical Center. Despite fulfilling all academic requirements and receiving highly valuable clinical training from this reputable Military Treatment Facility, I have faced repeated challenges in passing the EPPP, which unfortunately led to discrimination, maltreatment, and an adverse impact on my mental and physical well-being.

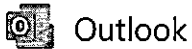
Despite completing three EPPP prep programs, over 100 hours of tutoring, and nine testing attempts, my highest score remains 472—below the required 500 for independent licensure in the state of Virginia (my beloved home state). This has resulted in my removal from the Army Clinical Psychology branch, forcing me to fulfill my service obligation in another career field. More importantly, this is not an isolated experience—many BIPOC individuals face similar struggles both within the Army Psychology career field and in the psychology civilian sector.

ASPPB's refusal to provide meaningful feedback beyond a basic bar graph is a major concern, particularly for repeat test takers. The current process is opaque and lacks accountability, allowing the continued generation of substantial revenue with no oversight into the negative impacts on independently licensed candidates. Furthermore, the nature of some test questions, including those that disproportionately emphasize race and gender, raises ethical concerns about the fairness of the exam.

I beg this board to consider calling for a public meeting with ASPPB to address the EPPP's content and ASPPB's practices. Additionally, I ask the board to revisit their regulations and the passing score requirement, potentially lowering it to 400, and taking a strong stance against EPPP Part 2-Skills. In support of ongoing efforts by the Texas State Board of Examiners of Psychologists, I ask that VA be urged to amend its bylaws, and consider joining with Texas to use a fair examination that is not provided or overseen by ASPBB or any of its affiliates.

Thank you for your attention to this matter and for your consideration.

Contessa A. Tracy, PsyD
CPT, Army



Public Comment for Regulatory Meeting 1/27/2025

From Pat Cone <patcone467@gmail.com>
Date Fri 1/24/2025 11:44 AM
To Board of Psychology <psy@dhp.virginia.gov>

Dear Virginia Department of Health Professions: Board of Psychology,

This email is to support the upcoming discussion at the next regulatory meeting (1/27/2025) of the passing score of the EPPP for Licensure for Practicing Psychologists and for Doctoral Level School Psychologists. In addition, I support the discussion of the creation of additional pathways for licensure as psychological practitioners and school psychologists with a current LPC and NCSP credential.

As a retired educator and former practicing mental health licensed professional, having additional/alternate criteria in place for qualified applicants seeking licensure in VA seems imperative. After reviewing recent data from NASP and APA, it appears that the number of graduate training programs in school psychology are not increasing. The number of licenses cannot meet the number of needs of our communities. In addition, the number of working (licensed and/or nationally certified) school psychologists are dropping significantly nationwide.

I encourage the board of psychology to continue discussing this unfortunate reality and find unique and creative solutions for the process of obtaining licensure in VA. Creating additional methods to allow qualified and interested licensure candidates to obtain licensure in VA is crucial. Having an additional pathway (i.e., new acceptable "range" of EPPP qualifying scores) for qualified applicants seems imperative to help the growing need of mental health services to our growing communities. An active NCSP is an extremely significant credential. This is one example that could be used as a possible criteria (i.e., new acceptable alternative pathway) for doctoral level school psychologists seeking a practicing licensure in VA.

Lastly, I also support the continued discussion of the possibility of LPC's with a graduate level academic background in psychology to apply for licensure as psychological practitioners and school psychologists. Again, the need for mental health services is enormous and having pathways for qualified licensure applicants seeking this level of licensure should be thoroughly explored. Again, the current level of licenses cannot meet the needs of our growing communities in VA.

Respectfully submitted,

Ms. Patricia A. Owens