

Call to Order – William Hathaway, Ph.D, LCP, Vice-Chairperson (Acting Chair)

- Welcome and Introductions
- Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures..... Page 3

Adoption of Agenda

Public Comment

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

Approval of Minutes

Board Meeting – May 12, 2025*Page 5

Agency Director Report (Verbal Report) – Arne Owens

Presentation

“Virginia’s Licensed Clinical Psychologist Workforce: 2025,” Healthcare Workforce Data Center.....Page 10

Yetty Shobo, PhD, Director; Barbara Hodgdon, PhD, Deputy Director

Legislative and Regulatory Report – Erin L. Barrett, JD, DHP Director of Legislative and Regulatory Affairs and Matt Novak, DHP Economic and Policy Analyst

- Regulatory Chart.....Page 44
- Issuances of NOIRAs to Conduct a Periodic Review for Chapters 15, 20, and 30*.....Page 45

Staff Reports

- **Executive Director’s Report** – Jennifer Lang, Deputy Director, Boards of Counseling, Psychology and Social Work (BSU)Page 46
 - PSYPACT Newsletter.....Page 58

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- **Discipline Report** – Ms. Lang.....Page 27
 - **Licensing Report** – Charlotte Lenart, Deputy Director, BSU.....Page 61
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Elections*- Ms. Lang

New Business – Ms. Lenart

- Consideration of Fast-Track Amendments to Applied Psychology Degree Requirements*Page 51
 - Discussion of examination requirements for Licensed Psychological Practitioner
 - Current LPP Regulatory Requirements for examination.....Page 88
 - Current Statutory Requirements for examination.....Page 92
 - Current Regulatory Requirements for examination.....Page 93
 - ASPPB Pre-LM information.....Page 94
-
-

Next Meeting – November 17, 2025

Adjournment

*Requires a Board Vote

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(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
Full Board Meeting
May 12, 2025 at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 3

- PRESIDING OFFICER:** Aliya Chapman, Ph.D, Board Chair
- BOARD MEMBERS PRESENT:** William Hathaway, Ph.D.
Gary Sibcy, Ph.D.
Cheryl Snyder, Citizen Member
Karen Trump, Ed.D.
Madeline Torres, QMHP-A, Citizen Member
Sonal Pancholi Doran, Psy.D
- BOARD MEMBERS ABSENT:** Norma Murdock-Kitt, Ph.D
Danielle Spearman-Camblard, Psy.D
- BOARD STAFF PRESENT:** Meagan Ohlsson, Licensing Supervisor
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
- DHP STAFF PRESENT:** Arne Owens, Agency Director, Department of Health Professions (DHP)
- BOARD COUNSEL PRESENT:** James Rutkowski, Assistant Attorney General
- CALL TO ORDER:** Dr. Chapman called the meeting to order at 10:01 a.m.
- MISSION STATEMENT:** Ms. Chapman read the mission statement of the Department of Health Professions, and the emergency egress procedures.
- ESTABLISHMENT OF A QUORUM:** With seven members present a quorum was established.
- ADOPTION OF AGENDA:** The agenda was adopted as presented.
- PUBLIC ATTENDEES:** Jennifer Marshall
- PUBLIC COMMENT:** None
- APPROVAL OF MINUTES:** The Board reviewed the minutes from the last meeting held on February 25, 2025.
- Motion:** Dr. Sibcy made a motion, which was properly seconded by Ms.

Snyder, to approve the minutes from the February 25, 2025, Quarterly Board meeting as presented. The motion passed unanimously.

AGENCY DIRECTOR REPORT: Mr. Owens provided the following information:

- Legislation passed the 2025 Virginia General Assembly eliminating the Board of Health Professions. All of the functions attributed to the Board of Health Professions in its bylaws have been officially allocated to the Boards and the department. Practically, these functions were already being addressed in this manner, which justified its elimination.
- The department is already planning for the 2026 General Assembly and working on the next biennial budget.
- Mr. Owens highlighted that DHP is a umbrella agency that supports the boards and the agency has great staff that supports the board members.

BOARD CHAIR REPORT:

Dr. Chapman updated the Board on Dr. Hathaway and her attendance at the Association of State and Provincial Psychology Boards (ASPPB) Spring Conference held in April. The following topics were discussed at the Conference:

Updates on the EPPP

The EPPP will become a unified exam by the 4th Quarter of 2027. The Board discussed what this means for Virginia and the psychological practitioner requirements. We will seek advice from Board Counsel as to whether the Board will need to amend its regulations or the Code, or if the current language is broad enough to allow for a unified examination. This topic will be the focus of the next Regulatory Committee.

Townhall

Dr. Chapman indicated that representatives from ASPPB have agreed to speak at a townhall that would be hosted by the Board as a way for licensees and applicants to ask questions directly to the ASPPB as they relate to disparities and accreditation. Dr. Chapman will work with ASPPB and Board staff to determine the logistics.

Prescriptive Authority

The workgroup created pursuant to Senate Bill 782 will address prescriptive authority in depth and layout a path for future Board discussion and action. The Board of Psychology will have two members as representatives on the workgroup. Ms. Hoyle indicated that the workgroup will have a meeting on July 9, 2025 and she would be in touch to confirm representatives and request research assistance.

APA Accreditation

At the ASPPB Conference there was discussion around APA accreditation changes and broader use of the term psychologist. The APA might advocate for different changes that may or may not impact accreditation standards. The Board needs to remain aware regardless because our licensure relies on APA accreditation. Within this context, they also discussed supervision of master's

level psychologists.

Workforce

Dr. Chapman indicated that she continues to be an advocate for access and that even with the Psychological Practitioner and the expansion of the workforce, rural areas continue to have access issues. Dr. Chapman would like to look into telepsychology at future meetings and other avenues to increase access. Additionally, Dr. Chapman also informed the Board that Nevada has created a bachelor level license to address prevention rather than clinical services.

Virginia Academy of Clinical Psychologists (VACP)

The VACP will hold its Fall Conference October 9-11 in Richmond. Dr. Chapman asked Board members to reach out to Ms. Hoyle if they are interested in participating in the Board Member Conversation Hour.

LEGISLATIVE AND REGULATORY REPORT

Ms. Hoyle updated the Board on the status of the regulations and noted that the regulations for the Psychological Practitioner's license remained under review at the Office of the Attorney General. According to the legislation, the Board was required to begin issuing licenses in January 2025. She assured the Board that the Board has met all its obligations and all we can do is wait for approval.

LICENSING REPORT:

Ms. Lang gave the licensing report on behalf of Ms. Lenart. She noted that as reflected in the agenda packet, the Board currently has nearly 6,000 licensees, certification holders, and registrants. In her February 13th report, she noted that the Board had over 400 psychology residents. However, the most recent report reflects only 126 residents. This figure is accurate. After further review, Ms. Lenart identified that several psychology residents should have been expired or voided, either because they had already received their full Clinical Psychology license or because their three-year residency period had ended.

Board staff is currently processing applications within 48 hours and continues to receive positive feedback, as reflected in the 95.6% satisfaction rate from the third quarter of 2025 survey results.

Ms. Lenart has begun the process of developing a handbook for the psychological practitioner license as well as creating application instructions, online applications setup and FAQs so staff is prepared to start handling the new applications shortly after the regulations are effective

Lastly, reminder that psychology licenses need to be reviewed on or before June 30th. The portal is now open and the email reminder should go out this week to all licensees.

DISCIPLINE REPORT:

Ms. Lang referenced the discipline report, beginning on page 71 of the meeting agenda and recently entered Consent Orders for the board's review. She noted that she and her two discipline staff members are currently work on 604 open cases for the combined behavioral science boards (147 for the Board of Psychology), with another 128 cases being investigated.

EXECUTIVE DIRECTOR REPORT:

Ms. Hoyle reminded the Board that Dr. Chapman's second term will be expiring on June 30th because she was appointed to the seat with a truncated term in order to allow for staggered appointments. Although Dr. Chapman will remain a Board member until the Governor appoints a new board member, we still want to thank her for service and dedication to the Commonwealth and the Board. Ms. Hoyle reminded the Board that we will have elections for chair and vice-chair at the next meeting in accordance with our bylaws.

Ms. Hoyle gave an update on PSYPACT. The next Commission meeting will be held virtually on July 14, 2025. It is effective in 42 states, with close to 16,000 authorization holders. Ms. Hoyle noted that when we joined the PSYPACT we were given a ten-year grace period to begin implementing criminal background checks. Our ten-year deadline is 2029. Many compacts in Virginia and throughout the country are having difficulty obtaining approval from the FBI to require and process criminal background checks. Ms. Hoyle, along with other Executive Directors and Ms. Barrett, are working to determine what, if any, legislative changes need to be made.

NEXT MEETINGS:

Dr. Chapman confirmed that the next Regulatory Committee meeting will be held on July 21, 2025. Dr. Chapman will resign as Chairperson of the Regulatory Committee and Dr. Hathaway has agreed to be appointed as Chair.

The next full quarterly board meeting will be August 25, 2025.

RECOMMENDED DECISION:

Dr. Chapman recused herself from the consideration of the recommended decision.

Jennifer Marshall, LCP made a statement to the board.

Closed Meeting:

Dr. Pancholi Doran moved that the Board of Psychology convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* to consider an agency subordinate recommendation in the matter of Jennifer Marshall, LCP. She further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Krystal Blanton, and Meagan Ohlsson attend the closed meeting because their presence was deemed necessary and would aid the board in its deliberations. The motion was seconded and passed unanimously.

Jennifer Marshall, LCP
License No. 0810000356
Case Nos. 212264, 217498

Dr. Marshall appeared, without legal counsel, to address the board. She also submitted a written response. The board considered the information provided by Dr. Marshall and the agency subordinate's recommendation to place certain terms and conditions on Dr. Marshall's license to practice clinical psychology.

Reconvene:

Dr. Pancholi Doran certified that, pursuant to § 2.2-3712 of the *Code of Virginia*, the Board of Psychology heard, discussed, or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion.

Decision:

Upon a motion by Dr. Hathaway, and duly seconded by Dr. Sibcy, the board unanimously voted to modify the agency subordinate's recommendation, in the matter of Jennifer Marshall, LCP.

ADJOURNMENT:

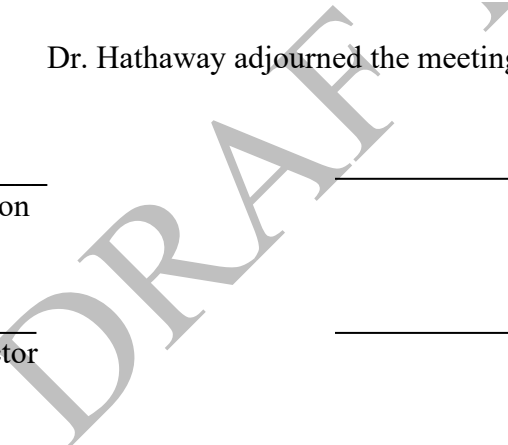
Dr. Hathaway adjourned the meeting adjourned the meeting at 1:14 p.m.

Aliya Chapman, Ph.D., Chairperson

Date

Jaime Hoyle, JD, Executive Director

Date



DRAFT

Virginia's Licensed Clinical Psychologist Workforce: 2025

Healthcare Workforce Data Center

August 2025

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 4,400 Licensed Clinical Psychologists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Psychology express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne E. Owens, MS
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Psychology

Board Chair

Aliya Chapman, PhD
Blacksburg

Board Vice-Chair

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Virginia Beach

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Stacey Hoffmann, PsyD
Great Falls

Gary Sibcy, PhD
Lynchburg

Cheryl Snyder
Spotsylvania

Danielle Spearman-Camblard, PsyD
Chesterfield

Madeline Torres, QMHP-A
Glen Allen

Karen Trump, EdD
Glen Allen

Executive Director

Jaime H. Hoyle, JD

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The Licensed Clinical Psychologist Workforce At a Glance:

The Workforce

Licensees:	5,098
Virginia's Workforce:	3,184
FTEs:	2,605

Background

Rural Childhood:	18%
HS Degree in VA:	23%
Prof. Degree in VA:	27%

Current Employment

Employed in Prof.:	95%
Hold 1 Full-Time Job:	54%
Satisfied:	96%

Survey Response Rate

All Licensees:	86%
Renewing Practitioners:	95%

Education

Doctor of Psych.:	59%
Other PhD:	41%

Job Turnover

Switched Jobs:	3%
Employed Over 2 Yrs.:	74%

Demographics

Female:	73%
Diversity Index:	38%
Median Age:	50

Finances

Median Inc.:	\$110k-\$120k
Health Benefits:	61%
Under 40 w/ Ed. Debt:	62%

Time Allocation

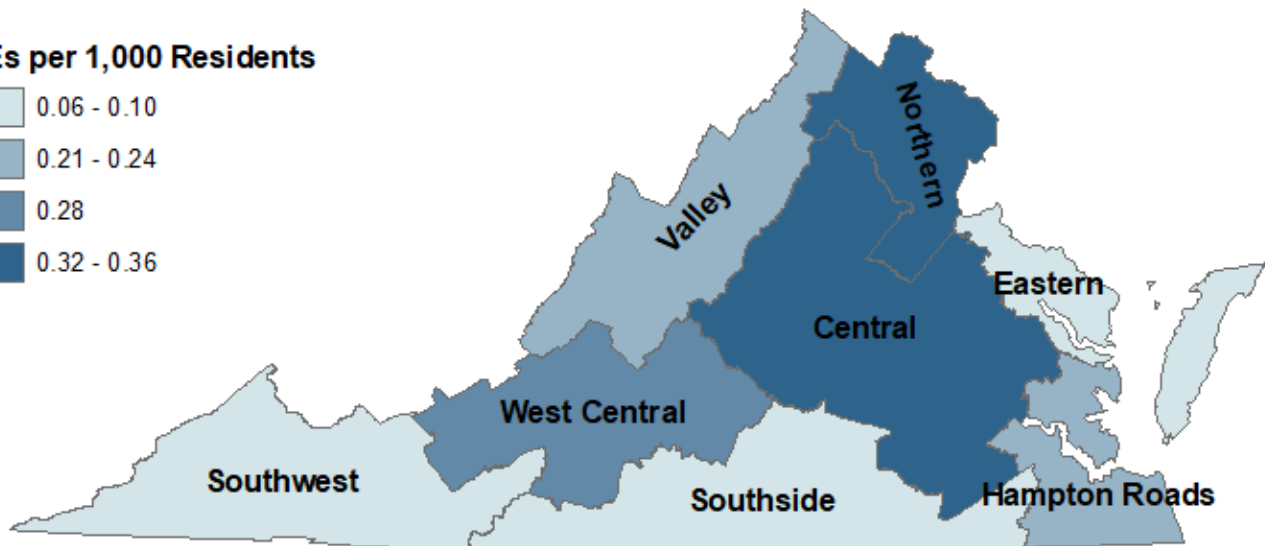
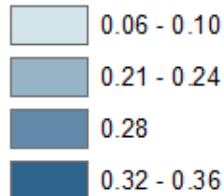
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	66%

Source: Va. Healthcare Workforce Data Center

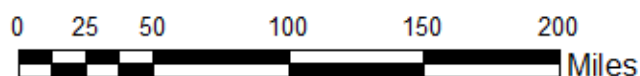
Full-Time Equivalency Units Provided by Clinical Psychologists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2025 Licensed Clinical Psychologist (LCP) Workforce Survey. Among all LCPs, 4,401 LCPs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCPs. These survey respondents represent 86% of the 5,098 LCPs licensed in the state and 95% of renewing practitioners.

The HWDC estimates that 3,184 LCPs participated in Virginia's workforce during the survey period, which is defined as those LCPs who worked at least a portion of the year in the state or who live in the state and intend to work as an LCP at some point in the future. Over the past year, Virginia's LCP workforce provided 2,605 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly three out of every four LCPs are female, including 86% of those LCPs who are under the age of 40. In a random encounter between two LCPs, there is a 38% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 43% among those LCPs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. Nearly one out of every five LCPs grew up in a rural area, and 4% of LCPs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 3% of all LCPs work in a non-metro area of the state.

Among all LCPs, 95% are currently employed in the profession, 54% hold one full-time job, and 38% work between 40 and 49 hours per week. More than three out of every five LCPs work in the for-profit sector, while another 12% work in the non-profit sector. More than one out of every three LCPs carry education debt, including 62% of those LCPs who are under the age of 40. For those LCPs with education debt, the median outstanding balance is between \$130,000 and \$140,000. The median annual income of Virginia's LCP workforce is between \$110,000 and \$120,000, and 52% of LCPs receive this income in the form of a salary. In addition, 72% of all wage and salaried LCPs receive at least one employer-sponsored benefit, including 61% who have access to health insurance. Among all LCPs, 96% are satisfied with their current work situation, including 68% of LCPs who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 LCP workforce. The number of licensed LCPs in Virginia has increased by 61% (5,098 vs. 3,167). In addition, the size of Virginia's LCP workforce has increased by 33% (3,184 vs. 2,395), and the number of FTEs provided by this workforce has increased by 21% (2,605 vs. 2,158). Virginia's renewing LCPs are more likely to respond to this survey (95% vs. 89%).

The percentage of LCPs who are female has increased (73% vs. 64%). At the same time, the median age of Virginia's LCP workforce has fallen (50 vs. 52). Virginia's LCP workforce has become more diverse (38% vs. 26%), a trend that has also occurred among LCPs who are under the age of 40 (43% vs. 38%). LCPs are slightly less likely to have grown up in a rural area (18% vs. 19%), and LCPs who grew up in a rural area are less likely to work in a non-metro area of Virginia (4% vs. 6%). However, there has been no change in the percentage of all LCPs who work in a non-metro area of the state (3%). Although the percentage of all LCPs who carry education debt has not changed (35%), the percentage of LCPs who are under the age of 40 with education debt has declined (62% vs. 74%). However, the median outstanding balance among those LCPs with education debt has grown (\$130k-\$140k vs. \$80k-\$90k).

Virginia's LCPs are more likely to be employed in the for-profit sector (62% vs. 58%) than in a state or local government (13% vs. 19%). In addition, LCPs are relatively more likely to work less than 30 hours per week (21% vs. 19%) than between 40 and 49 hours per week (38% vs. 41%). Meanwhile, LCPs are less likely to hold two or more positions at the same time (23% vs. 25%). The median annual income of Virginia's LCP workforce has increased (\$110k-\$120k vs. \$80k-\$90k). In addition, wage and salaried LCPs are also more likely to receive at least one employer-sponsored benefit (72% vs. 70%), including those LCPs who have access to health insurance benefits (61% vs. 60%). While there has been no change in the percentage of all LCPs who indicated that they are satisfied with their current work situation (96%), the percentage of LCPs who indicated that they are "very satisfied" has fallen (68% vs. 72%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,445	87%
New Licensees	428	8%
Non-Renewals	225	4%
All Licensees	5,098	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LCPs, 95% submitted a survey. These represent 86% of the 5,098 LCPs who held a license at some point during the survey period.

Definitions

- The Survey Period:** The survey was conducted in June 2025.
- Target Population:** All LCPs who held a Virginia license at some point between July 2024 and June 2025.
- Survey Population:** The survey was available to LCPs who renewed their licenses online. It was not available to those who did not renew, including LCPs newly licensed in 2025.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 35	165	355	68%
35 to 39	98	632	87%
40 to 44	85	742	90%
45 to 49	79	590	88%
50 to 54	54	499	90%
55 to 59	45	440	91%
60 to 64	37	309	89%
65 and Over	134	834	86%
Total	697	4,401	86%
New Licenses			
Issued in Past Year	279	149	35%
Metro Status			
Non-Metro	25	134	84%
Metro	299	2,617	90%
Not in Virginia	373	1,650	82%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	4,401
Response Rate, All Licensees	86%
Response Rate, Renewals	95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCPs

Number: 5,098
 New: 8%
 Not Renewed: 4%

Response Rates

All Licensees: 86%
 Renewing Practitioners: 95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LCP Workforce: 3,184
 FTEs: 2,605

Utilization Ratios

Licensees in VA Workforce: 62%
 Licensees per FTE: 1.96
 Workers per FTE: 1.22

Source: Va. Healthcare Workforce Data Center

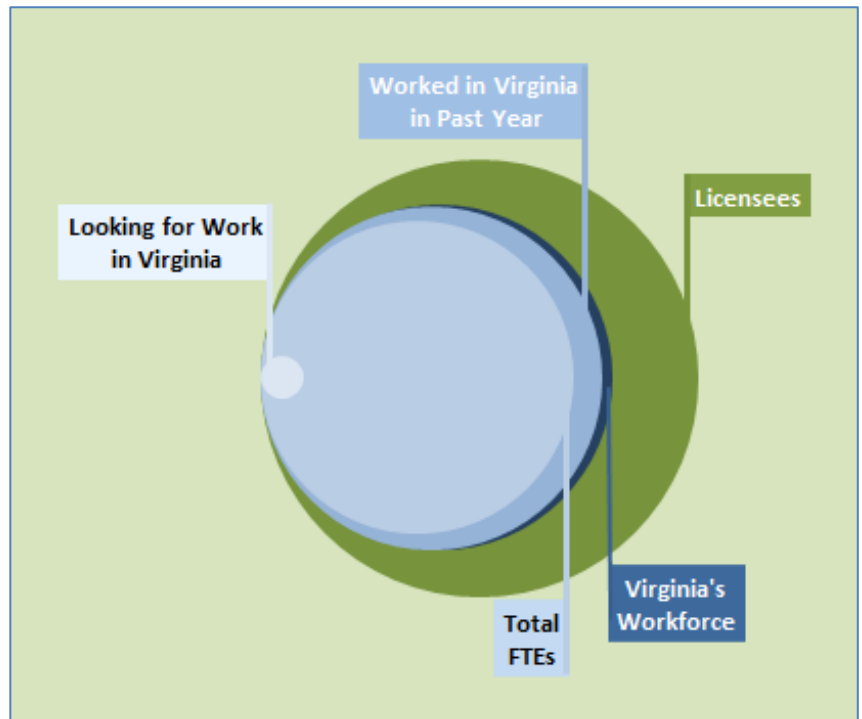
Virginia's LCP Workforce		
Status	#	%
Worked in Virginia in Past Year	3,134	98%
Looking for Work in Virginia	51	2%
Virginia's Workforce	3,184	100%
Total FTEs	2,605	
Licensees	5,098	

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	26	12%	199	88%	225	9%
35 to 39	53	15%	297	85%	350	14%
40 to 44	76	19%	328	81%	404	16%
45 to 49	65	20%	255	80%	320	13%
50 to 54	70	25%	206	75%	276	11%
55 to 59	65	27%	174	73%	239	10%
60 to 64	49	31%	111	69%	160	6%
65 and Over	275	53%	248	47%	524	21%
Total	679	27%	1,819	73%	2,497	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LCPs		LCPs Under 40	
	%	#	%	#	%
White	59%	1,954	78%	425	75%
Black	19%	226	9%	51	9%
Asian	7%	89	4%	23	4%
Other Race	0%	29	1%	8	1%
Two or More Races	3%	66	3%	16	3%
Hispanic	11%	135	5%	47	8%
Total	100%	2,499	100%	570	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 73%
% Under 40 Female: 86%

Age

Median Age: 50
% Under 40: 23%
% 55 and Over: 37%

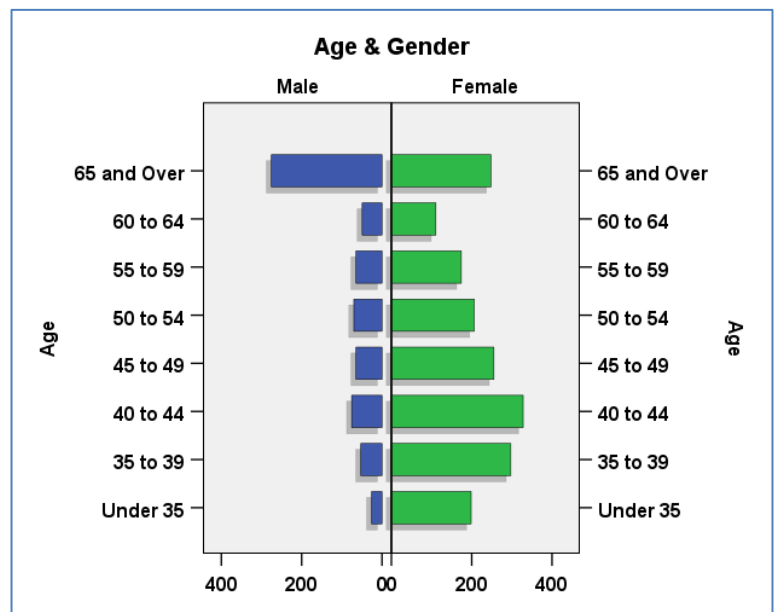
Diversity

Diversity Index: 38%
Under 40 Div. Index: 43%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCPs, there is a 38% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 60%.

Among all LCPs, 23% are under the age of 40, and 86% of LCPs who are under the age of 40 are female. In addition, the diversity index among LCPs who are under the age of 40 is 43%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 15%
 Rural Childhood: 18%

Virginia Background

HS in Virginia: 23%
 Prof. Edu. in VA: 27%
 HS or Prof. Edu. in VA: 40%

Location Choice

% Rural to Non-Metro: 4%
 % Urban/Suburban to Non-Metro: 3%

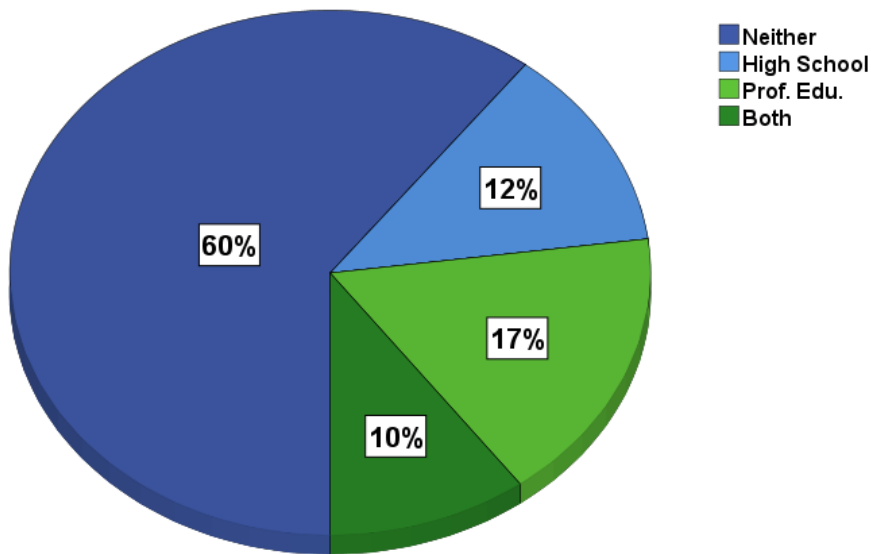
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	17%	68%	15%
2	Metro, 250,000 to 1 Million	19%	70%	11%
3	Metro, 250,000 or Less	23%	64%	14%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	67%	33%	0%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	24%	61%	15%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	40%	60%	0%
8	Rural, Metro Adjacent	14%	79%	7%
9	Rural, Non-Adjacent	14%	57%	29%
Overall		18%	67%	15%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly one out of every five LCPs grew up in a self-described rural area, and 4% of LCPs who grew up in a rural area currently work in a non-metro county. In total, 3% of all LCPs in the state currently work in a non-metro county.

Top Ten States for Licensed Clinical Psychologist Recruitment

Rank	All LCPs			
	High School	#	Init. Prof. Degree	#
1	Virginia	556	Virginia	668
2	New York	258	Washington, D.C.	264
3	Pennsylvania	185	California	182
4	Maryland	161	Florida	147
5	New Jersey	122	New York	123
6	California	103	Pennsylvania	107
7	Outside U.S./Canada	96	Illinois	102
8	Ohio	90	Maryland	85
9	Florida	83	Ohio	84
10	North Carolina	82	Texas	72

Source: Va. Healthcare Workforce Data Center

Among all LCPs, 23% received their high school degree in Virginia, and 27% received their initial professional degree in the state.

Among LCPs who have obtained their initial license in the past five years, 22% received their high school degree in Virginia, and 20% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	147	Virginia	136
2	New York	46	Washington, D.C.	94
3	Maryland	42	California	42
4	New Jersey	35	Pennsylvania	41
5	Outside U.S./Canada	35	Florida	41
6	Pennsylvania	35	Illinois	35
7	California	34	Texas	29
8	Florida	32	Maryland	26
9	Ohio	25	New York	25
10	North Carolina	24	Ohio	21

Source: Va. Healthcare Workforce Data Center

Nearly two out of every five of Virginia's licensees did not participate in the state's LCP workforce during the past year. Among these LCPs, 96% worked at some point in the past year, including 92% who currently work in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

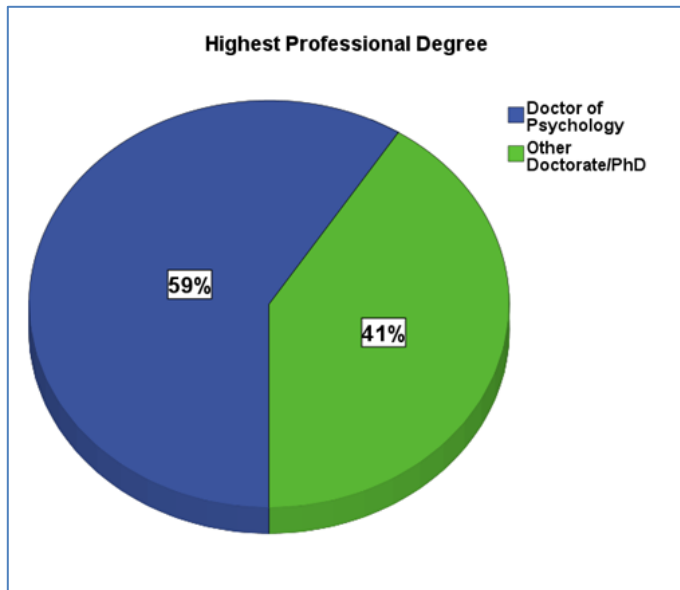
Total:	1,915
% of Licensees:	38%
Federal/Military:	31%
Va. Border State/DC:	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	0	0%
Master's Degree	1	0%
Doctor of Psychology	1,445	59%
Other Doctorate	1,002	41%
Total	2,448	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one out of every three LCPs carry education debt, including 62% of those LCPs who are under the age of 40. For those LCPs with education debt, the median outstanding balance is between \$130,000 and \$140,000.

At a Glance:

Education
 Doctor of Psychology: 59%
 Other Doctorate/PhD: 41%

Education Debt
 Carry Debt: 35%
 Under Age 40 w/ Debt: 62%
 Median Debt: \$130k-\$140k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LCPs		LCPs Under 40	
	#	%	#	%
None	1,404	65%	184	38%
Less than \$10,000	34	2%	6	1%
\$10,000-\$29,999	72	3%	23	5%
\$30,000-\$49,999	70	3%	18	4%
\$50,000-\$69,999	66	3%	24	5%
\$70,000-\$89,999	42	2%	17	3%
\$90,000-\$109,999	47	2%	19	4%
\$110,000-\$129,999	33	2%	14	3%
\$130,000-\$149,999	35	2%	18	4%
\$150,000 or More	344	16%	166	34%
Total	2,147	100%	489	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Mental Health:	33%
Child:	11%
Forensic:	7%

Secondary Specialty

Mental Health:	13%
Child:	10%
Health/Medical:	8%

Source: Va. Healthcare Workforce Data Center

One out of every three LCPs have a primary specialty in mental health, while another 11% of LCPs have a primary specialty in children's health.

A Closer Look:

Specialty	Specialties			
	Primary		Secondary	
	#	%	#	%
Mental Health	811	33%	263	13%
Child	271	11%	194	10%
Forensic	160	7%	108	5%
Neurology/Neuropsychology	156	6%	70	3%
Health/Medical	119	5%	155	8%
Behavioral Disorders	83	3%	152	8%
School/Educational	33	1%	58	3%
Marriage	24	1%	58	3%
Family	21	1%	104	5%
Rehabilitation	21	1%	35	2%
Gerontologic	21	1%	31	2%
Substance Abuse	14	1%	43	2%
Experimental or Research	6	0%	22	1%
Vocational/Work Environment	6	0%	16	1%
Industrial-Organizational	6	0%	11	1%
Public Health	3	0%	10	0%
Sex Offender Treatment	2	0%	20	1%
Social	1	0%	1	0%
General Practice (Non-Specialty)	546	22%	464	23%
Other Specialty Area	142	6%	199	10%
Total	2,448	100%	2,013	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 95%
 Involuntarily Unemployed: <1%

Positions Held

1 Full-Time: 54%
 2 or More Positions: 23%

Weekly Hours:

40 to 49: 38%
 60 or More: 5%
 Less than 30: 21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	0	0%
Employed in a Behavioral Sciences-Related Capacity	2,311	95%
Employed, NOT in a Behavioral Sciences-Related Capacity	47	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1	< 1%
Voluntarily Unemployed	35	1%
Retired	48	2%
Total	2,443	100%

Source: Va. Healthcare Workforce Data Center

Among all LCPs, 95% are currently employed in the profession, 54% hold one full-time job, and 38% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	84	4%
1 to 9 Hours	86	4%
10 to 19 Hours	186	8%
20 to 29 Hours	241	10%
30 to 39 Hours	453	19%
40 to 49 Hours	918	38%
50 to 59 Hours	303	13%
60 to 69 Hours	97	4%
70 to 79 Hours	18	1%
80 or More Hours	9	0%
Total	2,395	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	84	3%
One Part-Time Position	453	19%
Two Part-Time Positions	105	4%
One Full-Time Position	1,306	54%
One Full-Time Position & One Part-Time Position	396	16%
Two Full-Time Positions	13	1%
More than Two Positions	51	2%
Total	2,408	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	19	1%
Less than \$60,000	272	14%
\$60,000-\$69,999	80	4%
\$70,000-\$79,999	107	6%
\$80,000-\$89,999	134	7%
\$90,000-\$99,999	128	7%
\$100,000-\$109,999	172	9%
\$110,000-\$119,999	121	6%
\$120,000-\$129,999	181	9%
\$130,000-\$139,999	101	5%
\$140,000-\$149,999	122	6%
\$150,000 or More	528	27%
Total	1,965	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$110k-\$120k

Benefits
(Salary/Wage Employees Only)
Health Insurance: 61%
Retirement: 60%

Satisfaction
Satisfied: 96%
Very Satisfied: 68%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,613	68%
Somewhat Satisfied	656	28%
Somewhat Dissatisfied	67	3%
Very Dissatisfied	30	1%
Total	2,366	100%

Source: Va. Healthcare Workforce Data Center

The typical LCP earns between \$110,000 and \$120,000 per year. Among LCPs who receive either an hourly wage or a salary as compensation at their primary work location, 72% receive at least one employer-sponsored benefit, including 61% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	934	40%	60%
Health Insurance	926	40%	61%
Paid Vacation	890	39%	62%
Paid Sick Leave	826	36%	58%
Dental Insurance	825	36%	55%
Group Life Insurance	603	26%	41%
Signing/Retention Bonus	180	8%	12%
At Least One Benefit	1,118	48%	72%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	10	< 1%
Experience Voluntary Unemployment?	102	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	47	1%
Work Two or More Positions at the Same Time?	615	19%
Switch Employers or Practices?	111	3%
Experience at Least One?	781	25%

Source: Va. Healthcare Workforce Data Center

Less than 1% of Virginia's LCPs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 3.1% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	35	2%	25	4%
Less than 6 Months	73	3%	47	8%
6 Months to 1 Year	129	6%	52	8%
1 to 2 Years	373	16%	107	17%
3 to 5 Years	589	25%	158	26%
6 to 10 Years	429	18%	92	15%
More than 10 Years	702	30%	136	22%
Subtotal	2,330	100%	617	100%
Did Not Have Location	54		2,550	
Item Missing	801		17	
Total	3,184		3,184	

Source: Va. Healthcare Workforce Data Center

More than half of all LCPs are salaried employees, while 29% receive income from their own business or practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: <1%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 3%
New Location: 13%
Over 2 Years: 74%
Over 2 Yrs., 2nd Location: 63%

Employment Type

Salary/Commission: 52%
Business/Practice Income: 29%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four LCPs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	919	52%
Hourly Wage	197	11%
By Contract	130	7%
Business/Practice Income	504	29%
Unpaid	11	1%
Subtotal	1,761	100%
Did Not Have Location	54	
Item Missing	1,369	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.5%. At the time of publication, the unemployment rate for May 2025 was still preliminary, and the unemployment rate for June 2025 had not yet been released.

At a Glance:

Concentration

Top Region:	42%
Top 3 Regions:	80%
Lowest Region:	1%

Locations

2 or More (Past Year):	27%
2 or More (Now*):	25%

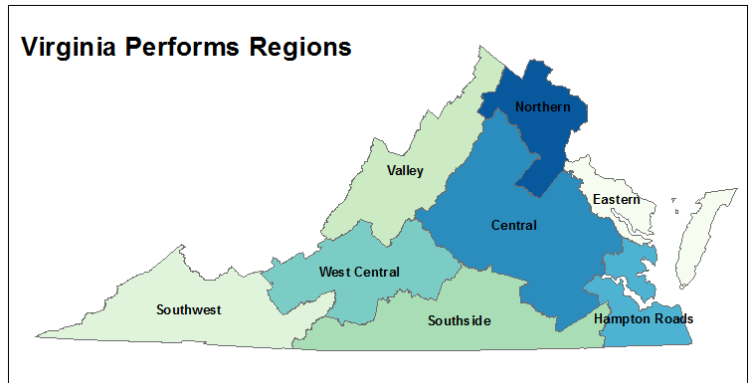
Source: Va. Healthcare Workforce Data Center

Four out of every five LCPs in the state work in Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	542	23%	110	18%
Eastern	21	1%	2	0%
Hampton Roads	358	15%	110	18%
Northern	971	42%	225	36%
Southside	26	1%	2	0%
Southwest	19	1%	3	0%
Valley	96	4%	26	4%
West Central	193	8%	40	6%
Virginia Border State/D.C.	50	2%	46	7%
Other U.S. State	52	2%	61	10%
Outside of the U.S.	0	0%	1	0%
Total	2,328	100%	626	100%
Item Missing	801		8	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

While one out of every four LCPs currently have multiple work locations, 27% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	51	2%	81	3%
1	1,700	71%	1,705	72%
2	365	15%	364	15%
3	242	10%	225	9%
4	19	1%	7	0%
5	3	0%	1	0%
6 or More	3	0%	1	0%
Total	2,383	100%	2,383	100%

*At the time of survey completion, June 2025.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,324	62%	437	79%
Non-Profit	258	12%	58	11%
State/Local Government	268	13%	34	6%
Veterans Administration	169	8%	6	1%
U.S. Military	69	3%	8	1%
Other Federal Government	55	3%	8	1%
Total	2,143	100%	551	100%
Did Not Have Location	54		2,550	
Item Missing	988		84	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

- For-Profit: 62%
- Federal: 14%

Top Establishments

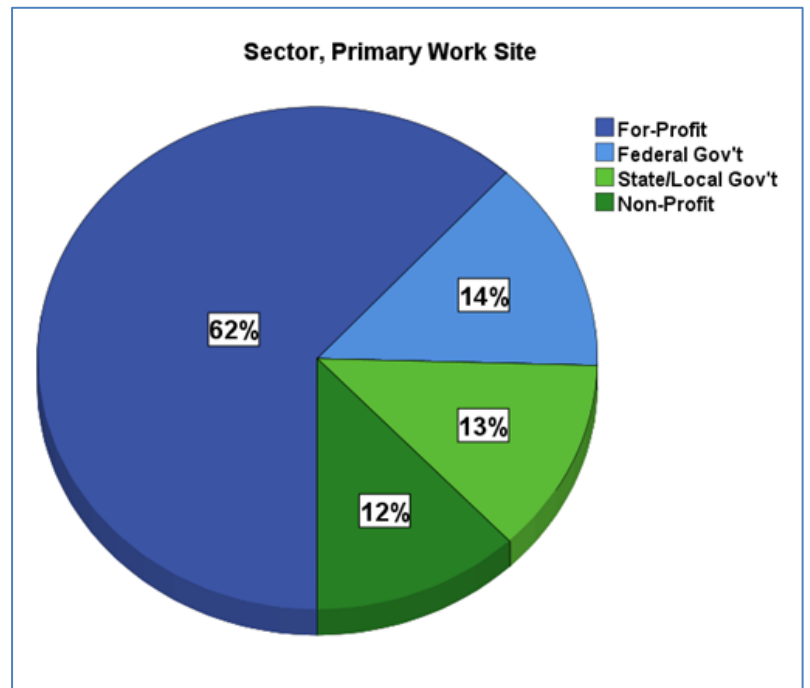
- Private Practice, Solo: 31%
- Private Practice, Group: 23%
- Hospital, General: 8%

Payment Method

- Cash/Self-Pay: 58%
- Private Insurance: 35%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four LCPs work in the private sector, including 62% who work in the for-profit sector. Another 14% of LCPs work for the federal government.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Solo	638	31%	187	35%
Private Practice, Group	469	23%	161	30%
Hospital, General	161	8%	7	1%
Mental Health Facility, Outpatient	153	7%	27	5%
Academic Institution (Teaching Health Professions Students)	150	7%	51	9%
Community-Based Clinic or Health Center	91	4%	10	2%
School (Providing Care to Clients)	75	4%	7	1%
Hospital, Psychiatric	72	3%	5	1%
Community Services Board	28	1%	2	0%
Physician Office	26	1%	3	1%
Administrative or Regulatory	20	1%	7	1%
Corrections/Jail	20	1%	4	1%
Rehabilitation Facility	20	1%	4	1%
Residential Mental Health/Substance Abuse Facility	15	1%	1	0%
Long-Term Care Facility, Nursing Home	10	0%	6	1%
Home Health Care	4	0%	2	0%
Other Practice Setting	132	6%	53	10%
Total	2,084	100%	537	100%
Did Not Have a Location	54		2,550	

Source: Va. Healthcare Workforce Data Center

Solo private practices employ 31% of all LCPs in Virginia, while another 23% of LCPs are employed by group private practices.

Nearly three out of every five LCPs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's LCP workforce.

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	1,853	58%
Private Insurance	1,108	35%
Medicare	601	19%
Medicaid	554	17%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	11%
French:	4%
Chinese:	4%

Means of Communication

Respondent:	40%
Other Staff Member:	38%
Virtual Translation:	34%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	360	11%
French	126	4%
Chinese	120	4%
Arabic	115	4%
Hindi	112	4%
Korean	109	3%
Vietnamese	101	3%
Persian	99	3%
Urdu	96	3%
Tagalog/Filipino	94	3%
Pashto	84	3%
Amharic, Somali, or Other Afro-Asiatic Languages	79	2%
Others	107	3%
At Least One Language	462	15%

Source: Va. Healthcare Workforce Data Center

Among all LCPs, 11% are employed at a primary work location that offers Spanish language services for patients.

Means of Language Communication

Provision	#	% of Workforce with Language Services
Respondent is Proficient	185	40%
Other Staff Member is Proficient	175	38%
Virtual Translation Service	159	34%
Onsite Translation Service	94	20%
Other	7	2%

Source: Va. Healthcare Workforce Data Center

Two out of every five LCPs who are employed at a primary work location that offers language services for patients provide it by means of their own proficiency.

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 70%-79%
Administration: 10%-19%

Roles

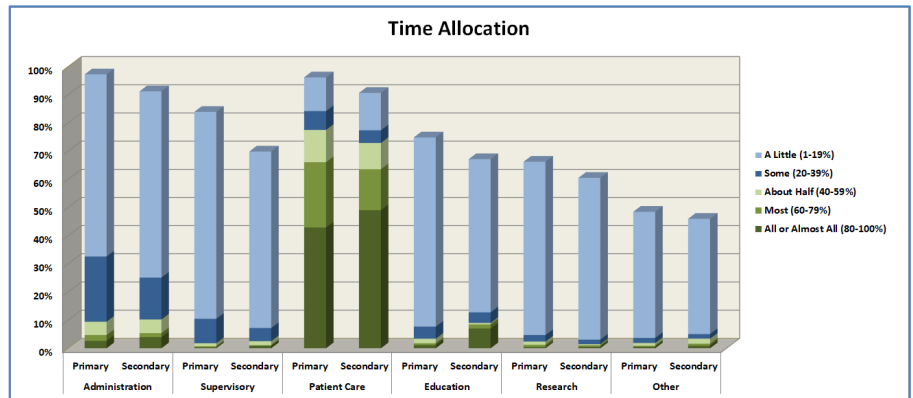
Patient Care: 66%
Administration: 5%
Education: 2%

Patient Care LCPs

Median Admin. Time: 10%-19%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, LCPs spend approximately three-quarters of their time treating patients. In fact, 66% of all LCPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation

Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	3%	4%	0%	1%	43%	49%	1%	7%	0%	1%	1%	1%
Most (60-79%)	2%	1%	0%	0%	23%	15%	1%	1%	1%	1%	0%	1%
About Half (40-59%)	5%	5%	1%	1%	11%	9%	2%	1%	1%	0%	1%	2%
Some (20-39%)	23%	15%	9%	5%	7%	4%	4%	4%	2%	2%	2%	2%
A Little (1-19%)	65%	66%	73%	63%	12%	13%	67%	54%	61%	57%	45%	41%
None (0%)	3%	9%	16%	30%	4%	9%	25%	33%	34%	39%	52%	54%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	192	9%	80	15%
1 to 24	1,484	70%	439	81%
25 to 49	423	20%	21	4%
50 to 74	15	1%	0	0%
75 or More	6	0%	1	0%
Total	2,120	100%	541	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

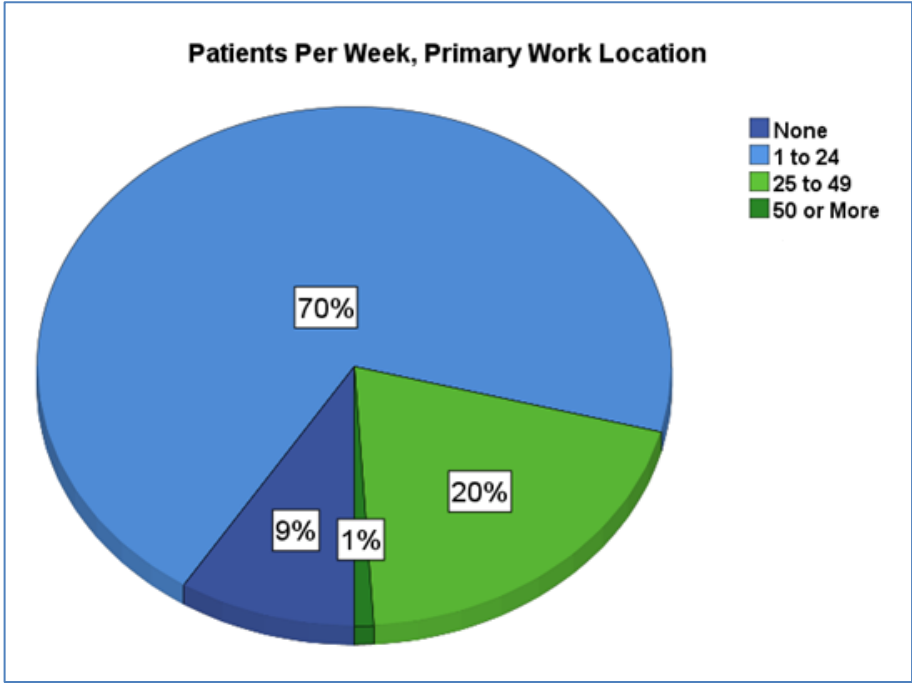
Patients Per Week

Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Seven out of every ten LCPs treat between 1 and 24 patients per week at their primary work location. Among those LCPs who also have a secondary work location, 81% treat between 1 and 24 patients per week.



Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:
(Primary Locations)

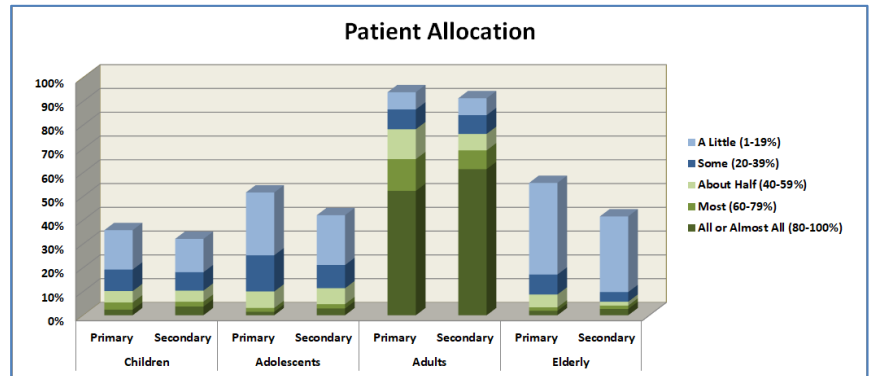
Typical Patient Allocation

Children: None
 Adolescents: 1%-9%
 Adults: 80%-89%
 Elderly: 1%-9%

Roles

Children: 5%
 Adolescents: 3%
 Adults: 66%
 Elderly: 3%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

In general, between 80% and 89% of all patients seen by LCPs at their primary work location are adults. In addition, 66% of LCPs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	2%	4%	1%	3%	52%	61%	2%	3%
Most (60-79%)	3%	2%	2%	2%	13%	8%	1%	1%
About Half (40-59%)	5%	5%	7%	7%	13%	7%	5%	2%
Some (20-39%)	9%	8%	15%	10%	8%	8%	8%	4%
A Little (1-19%)	17%	14%	26%	21%	7%	7%	39%	32%
None (0%)	64%	68%	48%	58%	6%	9%	44%	58%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Telehealth Services		
	#	%
Providing Telehealth Services		
In Virginia	993	41%
Outside of Virginia	48	2%
Both	952	40%
Total Providing Telehealth Services	1,993	83%
Not Providing Telehealth Services		
Total Not Providing Telehealth Services	410	17%
Total		
Total	2,403	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Telehealth Services

% Providing Telehealth: 83%

Telehealth Workload

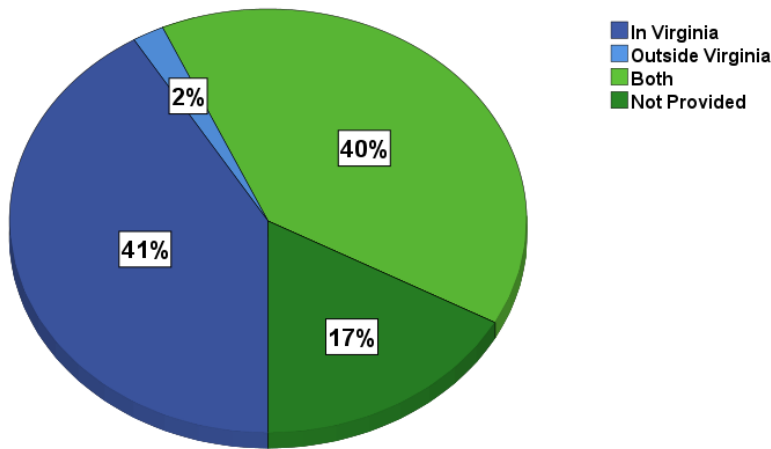
Less than Half: 62%

More than Half: 22%

All: 17%

Source: Va. Healthcare Workforce Data Center

Provision of Telehealth Services



Source: Va. Healthcare Workforce Data Center

More than four out of every five LCPs provide telehealth services, including 41% of LCPs who provide telehealth services only in Virginia.

Nearly two out of every five LCPs work at a practice that provides more than half or all of their health care services via telehealth.

Telehealth Workload

Percentage	#	%
Less than Half	1,357	62%
More than Half	485	22%
All	365	17%
Total	2,206	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Interstate Compact

% in Compact: 36%

Compact Affiliation

PSYPACT: 97%

Other: 2%

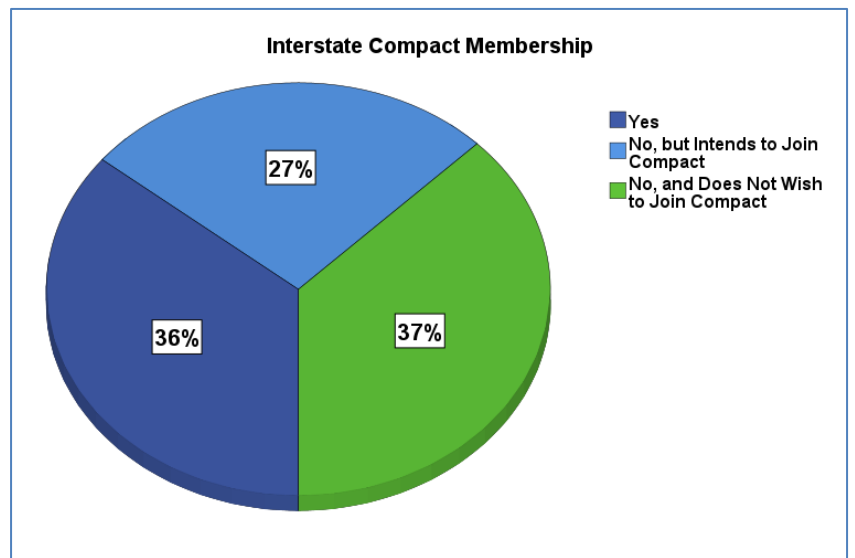
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Interstate Compact		
	#	%
In Compact		
Total in Compact	827	36%
Not in Compact		
Intends to Join Compact	617	27%
Does Not Wish to Join Compact	865	37%
Total Not in Compact	1,482	64%
Total		
Total	2,308	100%

Source: Va. Healthcare Workforce Data Center

While 36% of LCPs are currently a part of an interstate compact, another 27% intend to join an interstate compact in the future.



Source: Va. Healthcare Workforce Data Center

Compact Affiliation		
Affiliation	#	%
Psychology Interjurisdictional Compact (PSYPACT)	790	97%
Counseling Compact	1	0%
Social Work Licensure Compact	0	0%
Other	20	2%
Total	812	100%

Source: Va. Healthcare Workforce Data Center

Nearly all LCPs currently in an interstate compact are affiliated with the Psychology Interjurisdictional Compact (PSYPACT).

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LCPs		LCPs 50 and Over	
	#	%	#	%
Under Age 50	20	1%	-	-
50 to 54	21	1%	2	0%
55 to 59	84	4%	34	3%
60 to 64	333	16%	117	12%
65 to 69	585	29%	220	22%
70 to 74	436	21%	234	24%
75 to 79	239	12%	171	17%
80 or Over	106	5%	85	9%
I Do Not Intend to Retire	225	11%	129	13%
Total	2,049	100%	992	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCPs

Under 65: 22%
Under 60: 6%

LCPs 50 and Over

Under 65: 15%
Under 60: 4%

Time Until Retirement

Within 2 Years: 8%
Within 10 Years: 25%
Half the Workforce: By 2050

Source: Va. Healthcare Workforce Data Center

In total, 22% of all LCPs expect to retire by age 65. Among those LCPs who are age 50 or over, 15% expect to retire by the age of 65.

Within the next two years, 11% of LCPs expect to increase their patient care hours, and 4% expect to pursue additional educational opportunities.

Future Plans

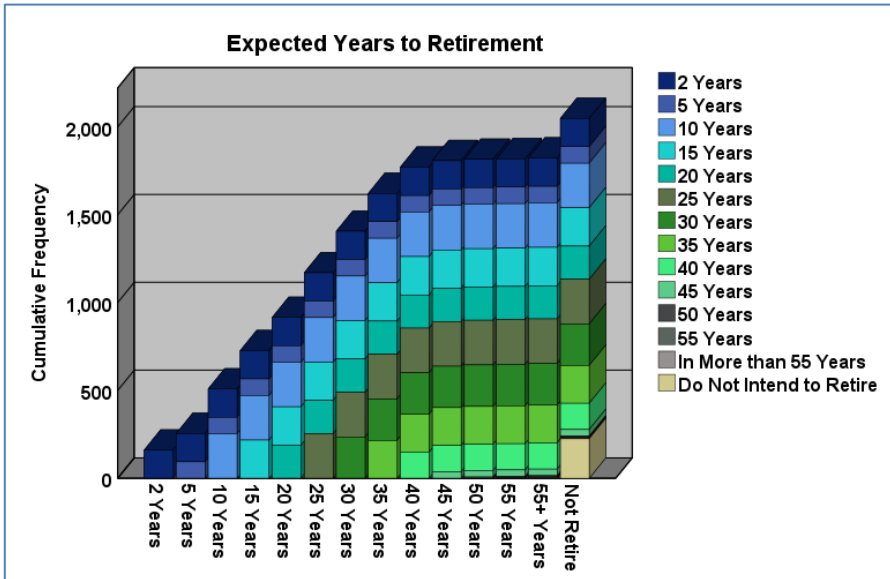
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	22	1%
Leave Virginia	54	2%
Decrease Patient Care Hours	267	8%
Decrease Teaching Hours	23	1%
Increase Participation		
Increase Patient Care Hours	365	11%
Increase Teaching Hours	167	5%
Pursue Additional Education	122	4%
Return to the Workforce	25	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCPs. Only 8% of LCPs expect to retire in the next two years, while 25% expect to retire in the next ten years. Half of the current workforce expect to retire by 2050.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	161	8%	8%
5 Years	94	5%	12%
10 Years	254	12%	25%
15 Years	218	11%	35%
20 Years	189	9%	45%
25 Years	254	12%	57%
30 Years	236	12%	69%
35 Years	215	10%	79%
40 Years	149	7%	86%
45 Years	38	2%	88%
50 Years	7	0%	89%
55 Years	3	0%	89%
In More than 55 Years	5	0%	89%
Do Not Intend to Retire	225	11%	100%
Total	2,049	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2035. Retirement will peak at 12% of the current workforce around 2050 before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total: 2,605
 FTEs/1,000 Residents²: 0.299
 Average: 0.83

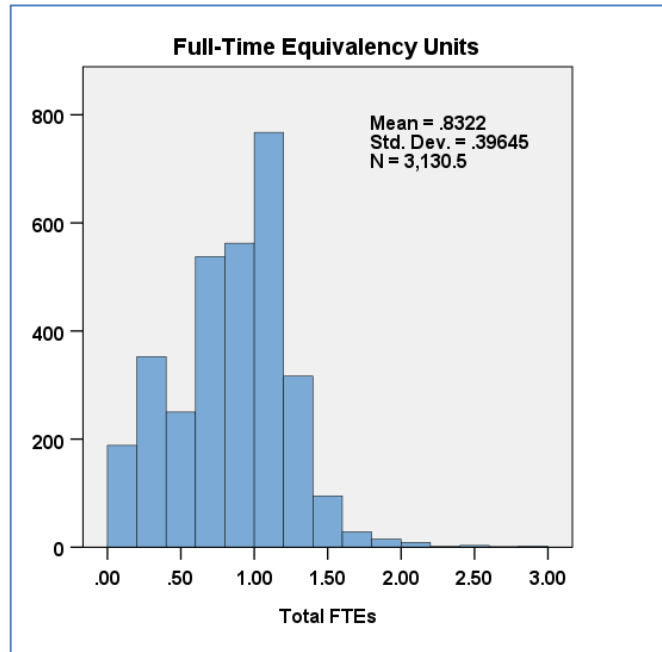
Age & Gender Effect

Age, *Partial Eta*²: Medium
 Gender, *Partial Eta*²: Small

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

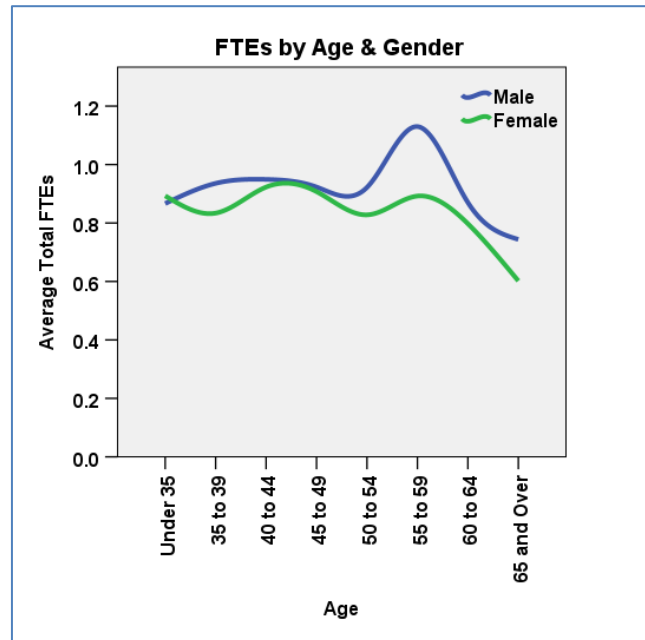


Source: Va. Healthcare Workforce Data Center

The typical (median) LCP provided 0.88 FTEs over the past year, or approximately 35 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Under 35	0.91	1.01
35 to 39	0.84	0.80
40 to 44	1.00	1.05
45 to 49	0.91	0.88
50 to 54	0.69	0.70
55 to 59	0.99	1.05
60 to 64	0.68	0.70
65 and Over	0.68	0.68
Gender		
Male	0.87	0.93
Female	0.84	0.89

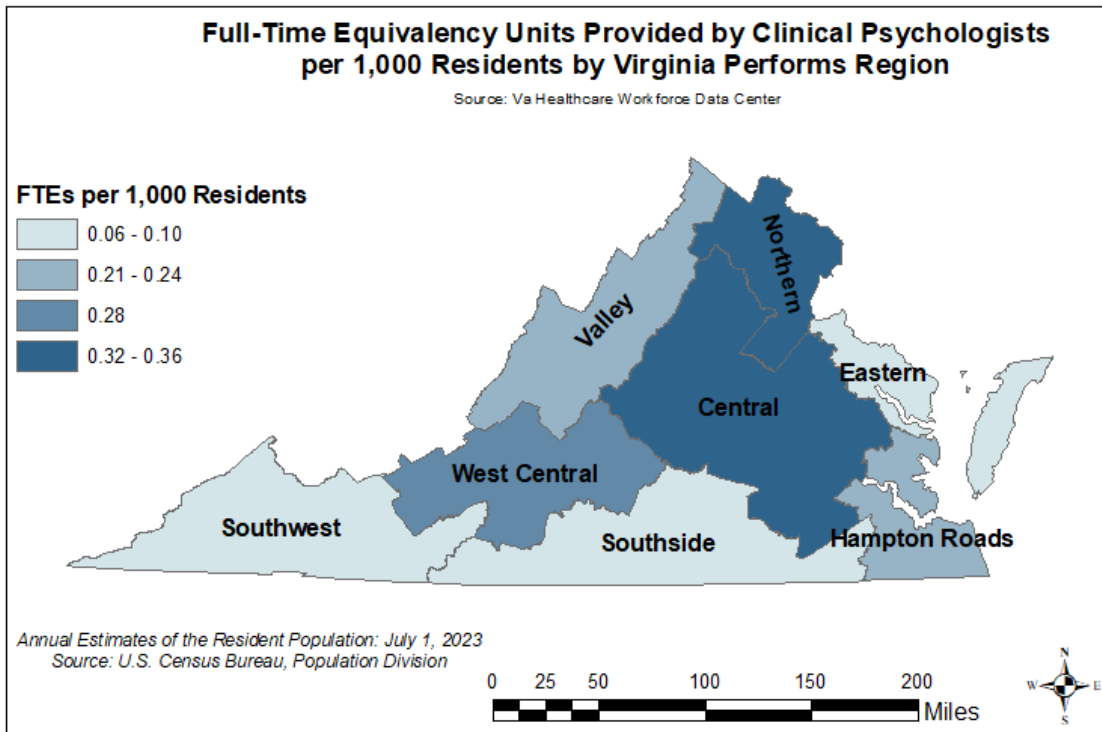
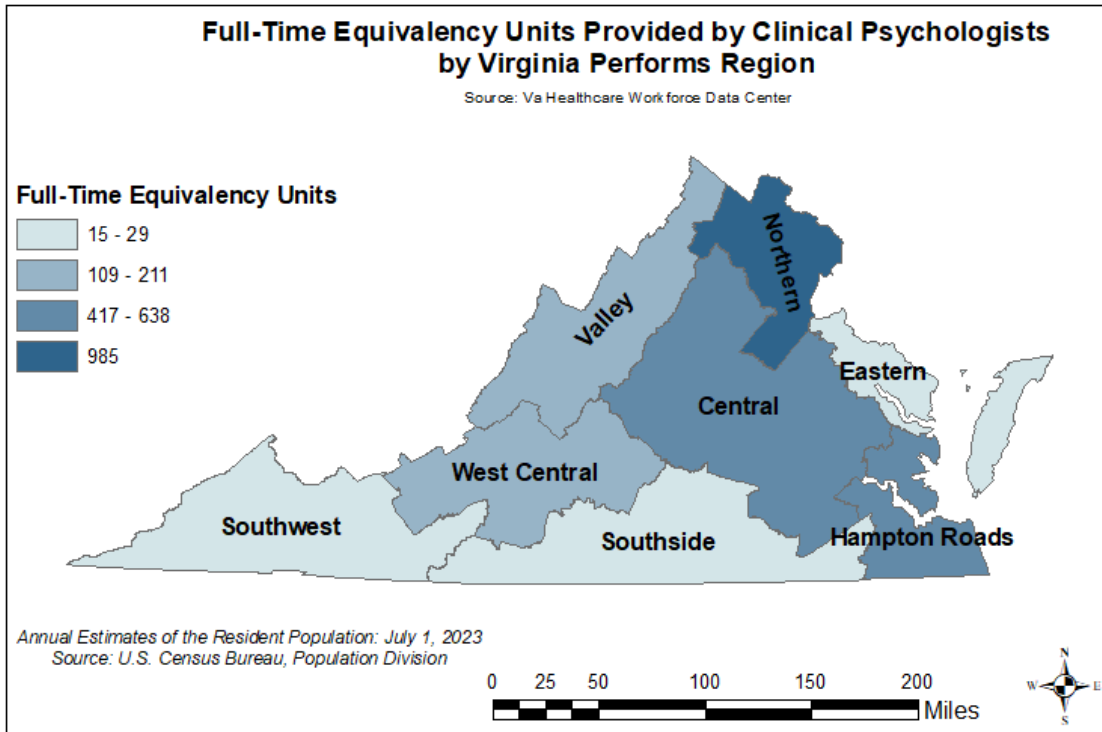
Source: Va. Healthcare Workforce Data Center

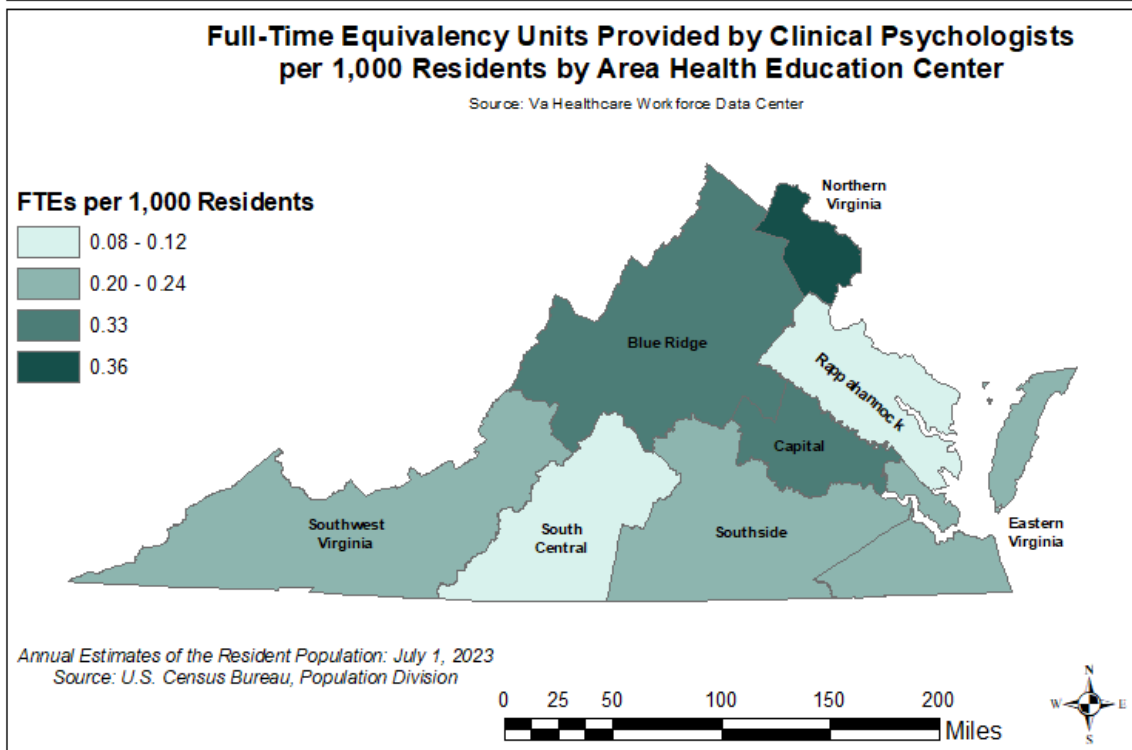
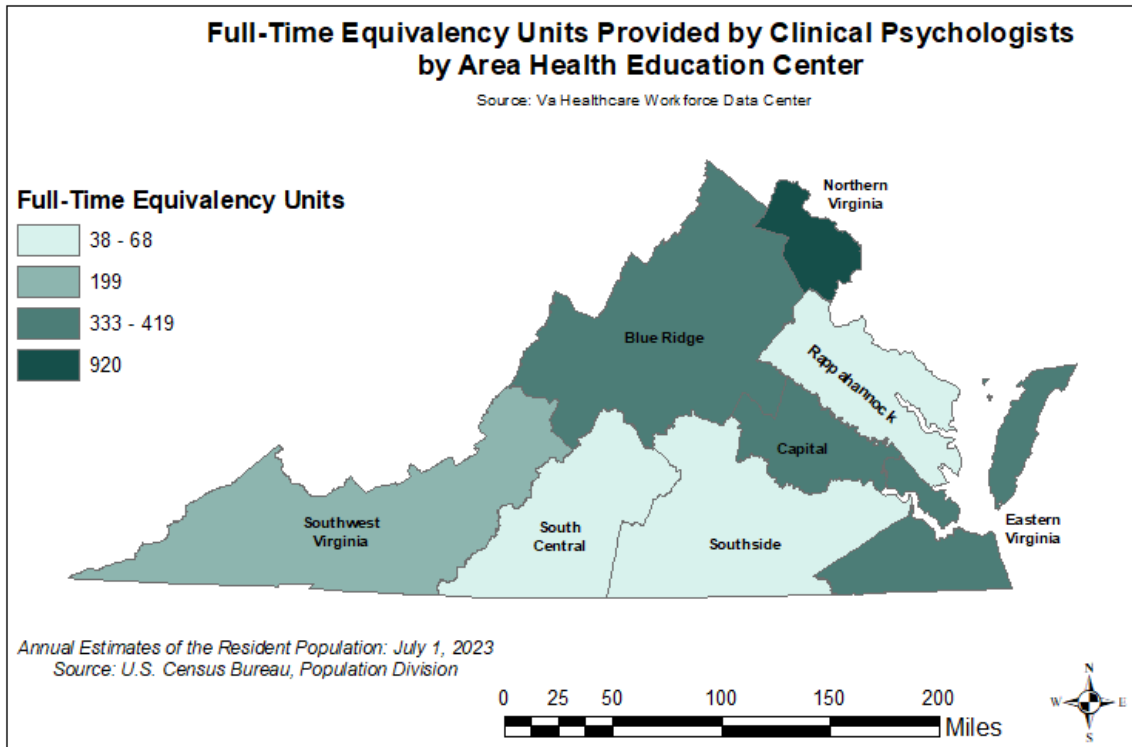


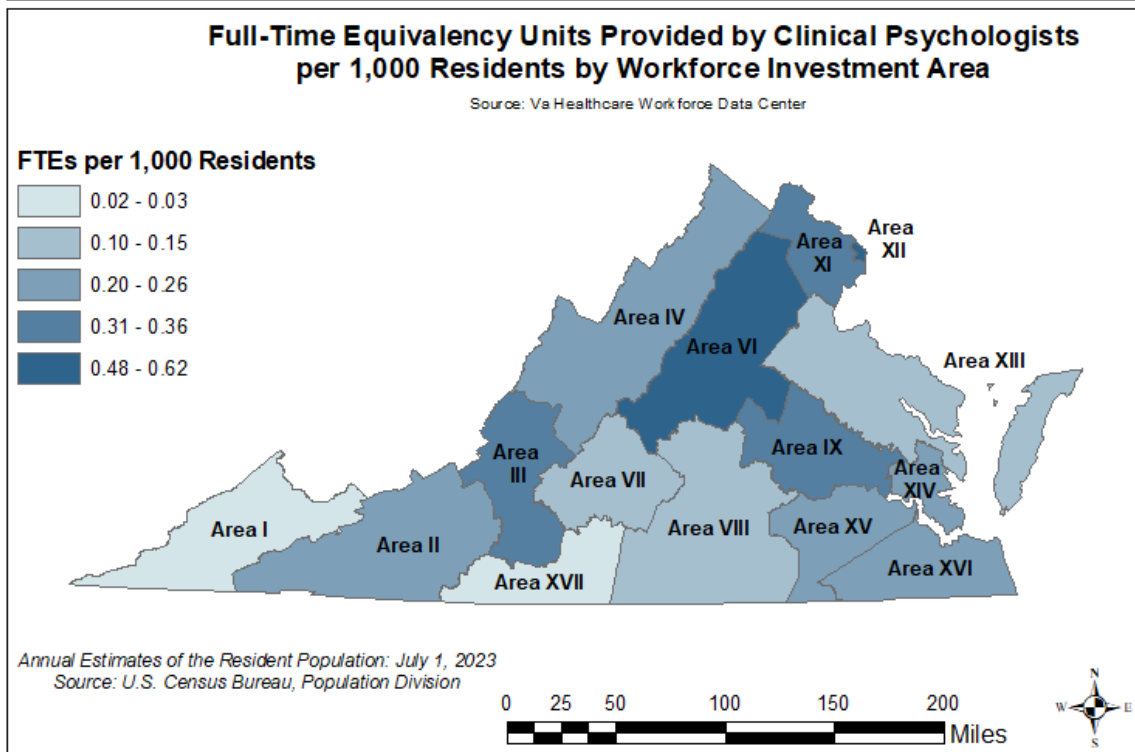
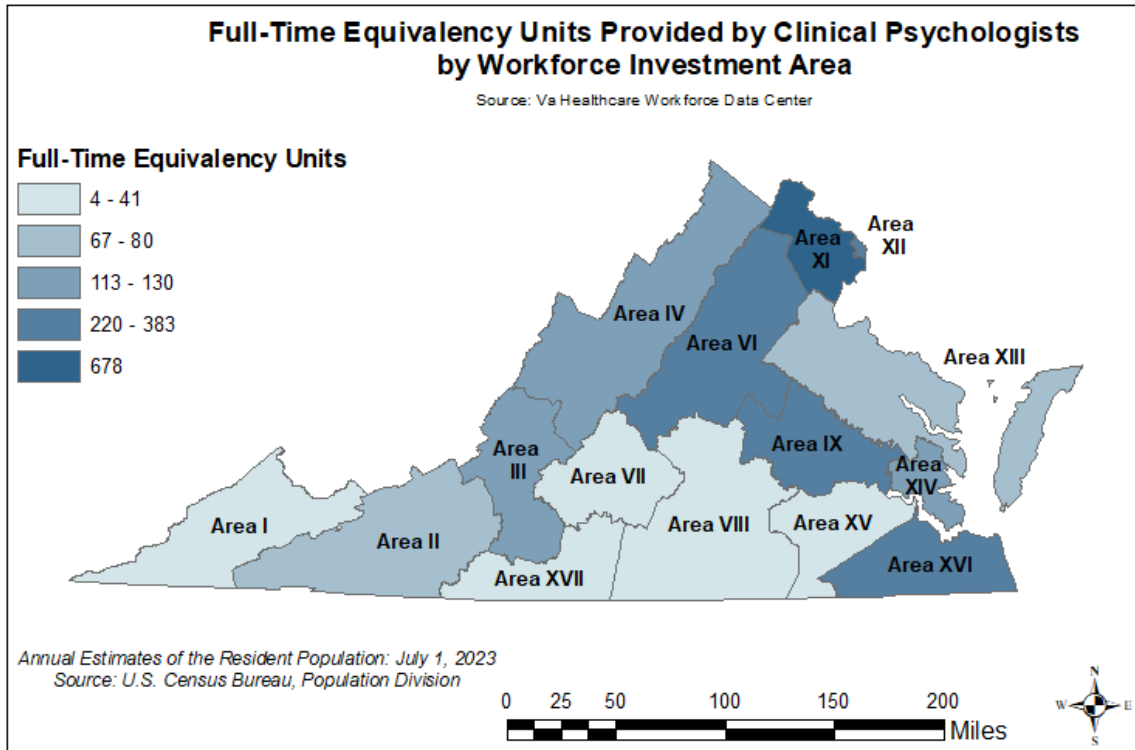
Source: Va. Healthcare Workforce Data Center

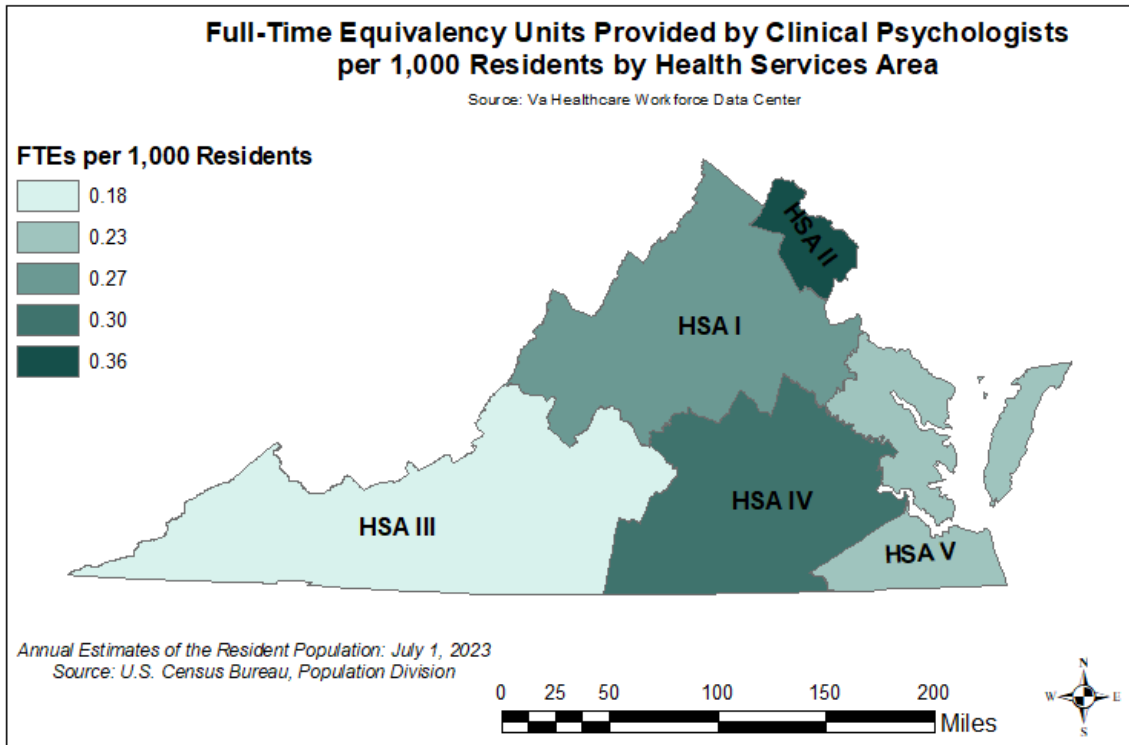
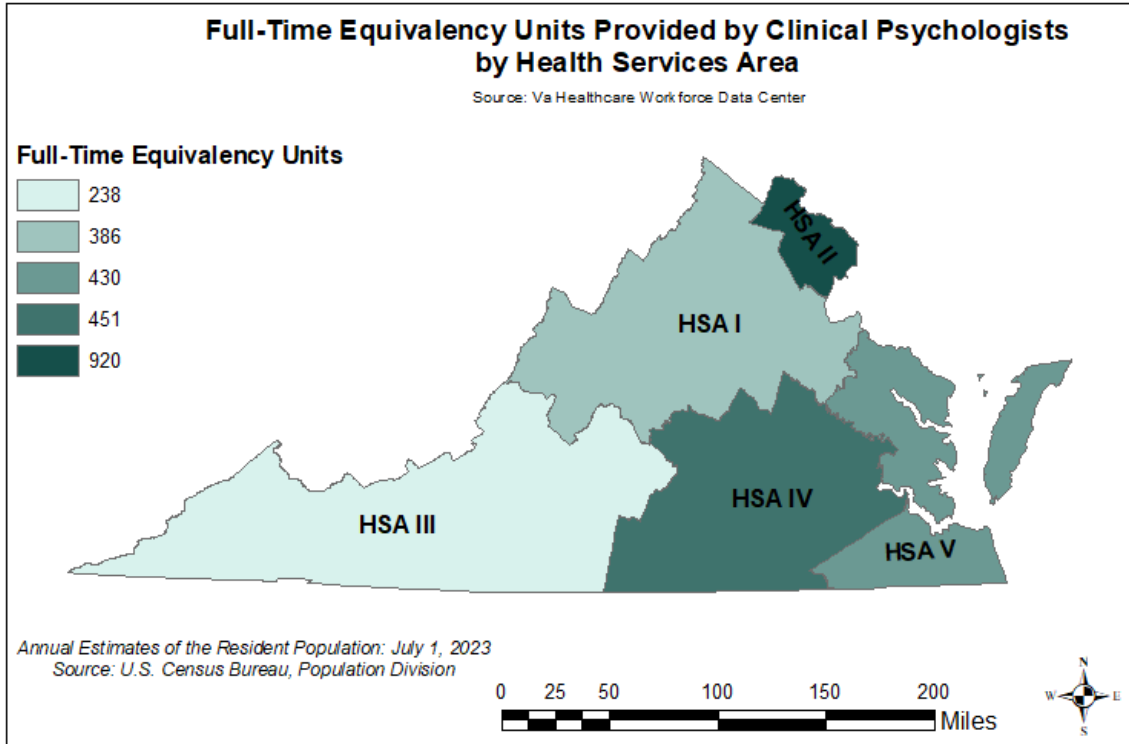
² Number of residents in 2023 was used as the denominator.

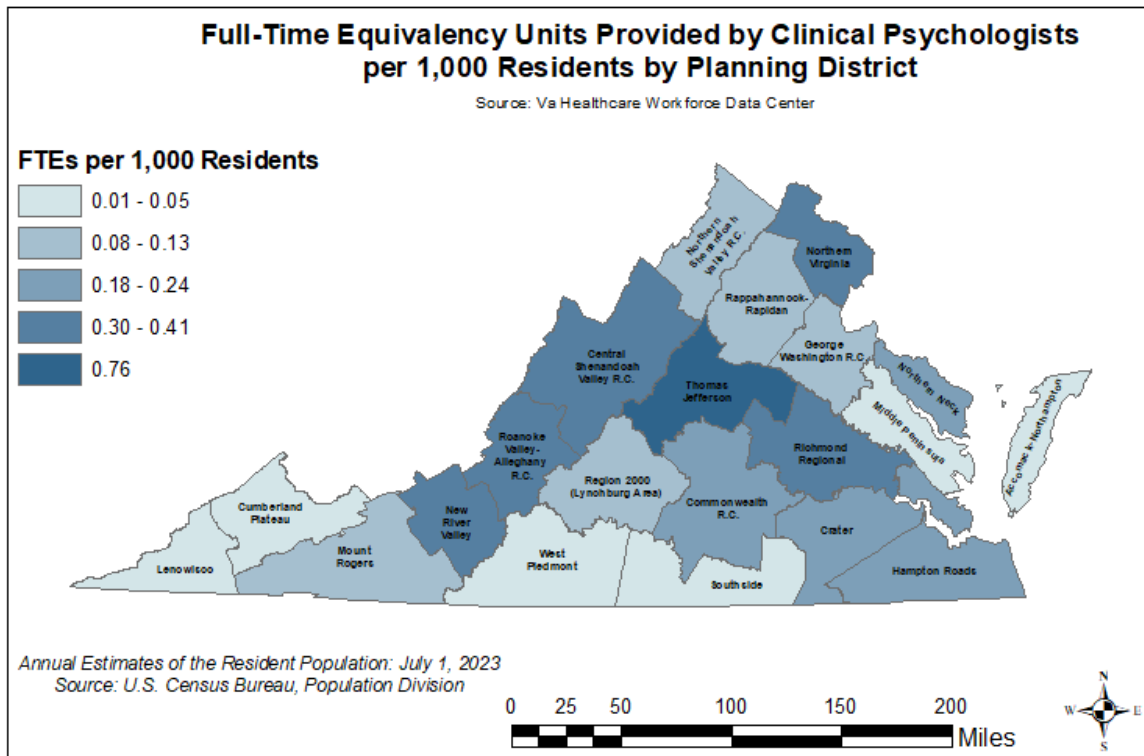
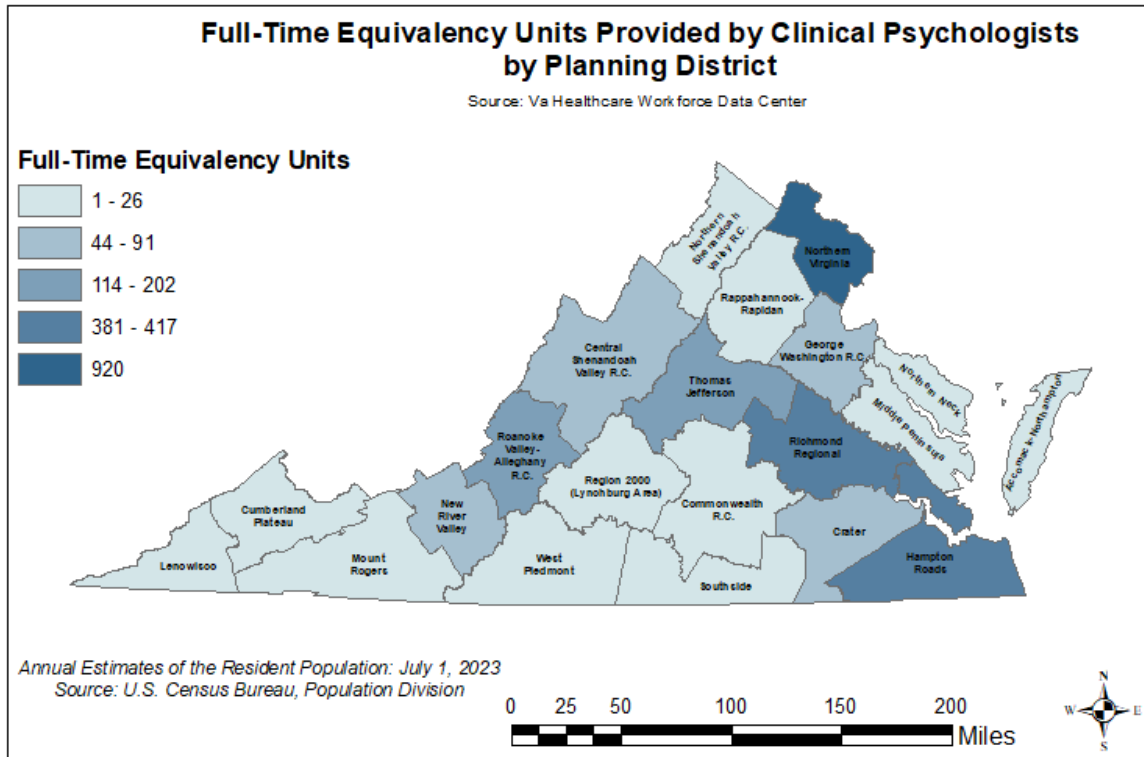
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	2,250	89.87%	1.113	1.059	1.407
Metro, 250,000 to 1 Million	160	89.38%	1.119	1.065	1.415
Metro, 250,000 or Less	506	89.33%	1.119	1.065	1.416
Urban, Pop. 20,000+, Metro Adj.	9	88.89%	1.125	1.076	1.127
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	62	85.48%	1.170	1.113	1.479
Urban, Pop. 2,500-19,999, Non-Adj.	21	85.71%	1.167	1.110	1.169
Rural, Metro Adj.	53	81.13%	1.233	1.173	1.559
Rural, Non-Adj.	14	85.71%	1.167	1.110	1.169
Virginia Border State/D.C.	924	84.52%	1.183	1.126	1.496
Other U.S. State	1,099	79.07%	1.265	1.203	1.599

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	520	68.27%	1.465	1.407	1.599
35 to 39	730	86.58%	1.155	1.110	1.261
40 to 44	827	89.72%	1.115	1.071	1.217
45 to 49	669	88.19%	1.134	1.089	1.238
50 to 54	553	90.24%	1.108	1.065	1.210
55 to 59	485	90.72%	1.102	1.059	1.203
60 to 64	346	89.31%	1.120	1.076	1.222
65 and Over	968	86.16%	1.161	1.115	1.267

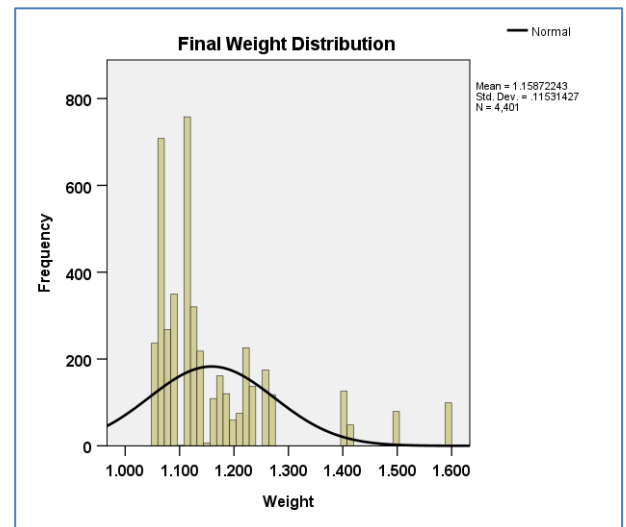
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.863280



Source: Va. Healthcare Workforce Data Center

Board of Psychology
Current Regulatory Actions
As of August 11, 2025

In the Governor's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC125-20	Exempt	Licensing of psychological practitioners	9/12/2024	Approved by Governor	Pursuant to legislative requirements. Legislation requires effective date of regulations to be January 1, 2025, which the Board has now missed.

In the Secretary's Office

None.

At DPB

None.

At OAG

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC125-20	Proposed	Amendments to licensure by endorsement	12/5/2024	249 days	Reduces burdens on applicants and simplifies the application process.

Recently effective or awaiting publication

None.

Agenda Item: Issuance of NOIRAs to Conduct a Periodic Review for Chapters 15, 20, and 30

Staff Note: The agency has begun using a different process to conduct periodic reviews that eliminate steps in the process. By issuing a NOIRA, the Board will concurrently announce a periodic review and will begin implementing amendments to regulation in the proposed stage.

Action Needed:

- Motion to issue NOIRAs to conduct a periodic review for 18VAC125-15, 18VAC125-20, and 18VAC125-30

Executive Director Report

August 25, 2025

Board Appointments

- Welcome new members:
 - Stacey Hoffmann, Psy.D. (Clinical Psychologist)
 - Timothy Barclay, Ph.D. (Clinical Psychologist)
- Replacing Norma Murdoch-Kitt and Aliya Chapman, whom we thank for their dedication and service to the Board and the Commonwealth.

Board Elections

Will hold elections for chair and vice-chair at this meeting.

All officers shall be elected for a term of 2 years and may serve no more than 2 consecutive terms.

The election of officers shall occur at the first scheduled Board meeting following July 1 of each odd year, and elected officers shall assume their duties at the end of the meeting.

Procedure:

- Officers shall be elected at a meeting of the Board with a quorum present.
- The Chair shall ask for nominations from the floor by office.
- The election shall occur in the following order: Chair, Vice-Chair
- Voting shall be by voice unless otherwise decided by a vote of the members present.
- The results shall be recorded in the minutes.
- A simple majority shall prevail with the Current Chair casting a vote only to break a tie.

SB 752 (Favola) Workgroup

- Directs Boards of Medicine and Psychology to form a workgroup to study the education, training, and qualifications of clinical psychologists and assess under what conditions it may be appropriate for clinical psychologists to be granted prescriptive authority.
- Met July 9th and August 15th
- Report due November 1st

ASPPB Updates

- Development of new integrated EPPP underway and launching townhalls to gather input.
 - Held first EPPP virtual town hall on June 25th focused on the Education and Training Community.
 - September 18, 2025 from 1-2 pm will be focused on Students and License/Certification Candidates
 - Register on ASPPB website – registration is open.
 - Need to discuss ways to advertise this opportunity.
 - Additional future townhall will be focused on licensees.
- Job Task Analysis Survey
 - Asked for our help distributing to licensees.
- Listserv Topics
 - Fake diplomas (Texas)

ASPPB Updates

- Annual Conference
 - October 22, 2025 in Saint Louis, MO
 - Dr. Hathaway plans to attend.
 - Board will send one person – either Board member or staff
 - Try to alternate and have the other attend the mid-year meeting which will be held in Charlotte, NC April 16-19th.

PSYPACT Updates

- Newsletter included in packet
- Proposed rules out for public comment
- Criminal Background Check update

PSYPACT Updates

- PSYPACT Commission
 - Met virtually on July 14, 2025
 - Next meeting in person on November 17, 2025
- Finance Committee
 - Met June 4, 2025
 - Met July 31, 2025
- Board Administrators and Regulators Committee (BARC)
 - Met August 20, 2025

BSU/DHP Updates

Board of Counseling

Topics/Issues/Concerns

- Began registering the professions of Behavioral Health Technicians, Behavioral Health Technician Assistants, and restructured QMHPs in May.
- Reviewing supervision requirements
- Developing guidance related to Artificial Intelligence.
- Implementation of Counseling Compact
 - Not operational yet
 - Virginia part of the compact but cannot participate until we obtain FBI approval to conduct criminal background check
- Meetings attended:
 - Counseling Compact Rules Committee – May 22th, June 11th, July 24th, August 5th
 - Regulatory Committee – June 13
 - Counseling Board Meeting – July 2th

Board of Social Work

Topics/Issues/Concerns

- Ad Hoc Committee
 - Alternative pathway to exam
- Reviewing expansion of scope of practice for LMSWs
- Implementation of Social Worker Compact
 - Not operational yet
 - Virginia part of the compact but cannot participate until we obtain FBI approval to conduct criminal background check
- Meetings attended:
 - Social Work Compact Rules Committee – May 14th, June 11th, August 13th
 - Regulatory Committee – May 16th
 - Ad Hoc Committee – May 28th, June 25th
 - Social Work Board Meeting – June 6
 - Social Work Compact Finance Committee Meeting – July 8th

Workgroups/Stakeholder Involvement

- Right Help Right Now, Workforce Workstream Lead
 - Workstream Lead meetings bimonthly
- Presentation to VACSBs – May 14th
- DMAS Steering Committee – June 4th, July 2nd, August 6th
- Evidence Based Partnerships, Coordinating Committee – June 5th, August 7th
- Reentry to Recovery EO26 meeting – June 10th, July 8th, August 13th
- Virginia Youth Mental Health Corps- August 11th



Commission News

VOL. 6, Issue 2

July 2025

Message from The Chair: Patrick Hyde

Thank you to all my fellow Commissioners who were able to attend the mid-year PSYPACT Commission meeting on July 14th. The Commission was able to accomplish a lot, and one such accomplishment was to propose rule revisions to both rules 4 and 5. These proposed rule revisions are intended to clarify the grounds and procedures for denying or revoking an APIT or a TAP, as well as specify the educational residency requirements, which are statutory required to be defined by the Commission. I would invite all interested parties to submit written comments to these proposals so that they may be considered before a possible adoption of these proposed rule amendments. Lastly, as a reminder, the annual PSYPACT Commission meeting has been scheduled for November 16th through the 17th in Tucson, Arizona. This will be an in-person meeting with a virtual option. Please be on the lookout for future travel details from PSYPACT Commission staff for this meeting, I hope to see everyone there.

Patrick Hyde
Chair, PSYPACT Commission

Upcoming Meetings

Finance Committee	7/31/2025
Training and Public Relations Committee	8/21/2025
Requirements Review Committee	8/25/2025
Annual Commission Meeting	11/16/2025-11/17/2025

Executive Director Update: Janet Orwig

Welcome to Summer!

As the second quarter of 2025 closes, it is an opportune moment to celebrate the accomplishments of the first half of 2025.

- **Training:** We recently held the first New Commissioner Question and Answer Session. We found it informative, and we hope the Commissioners who attended did as well.
- **PSYPACT Jurisdictions:** We are celebrating the newest PSYPACT jurisdiction, Montana, which enacted legislation in April. We've reached 43 enacted jurisdictions!
- **Authorizations:** We continue to see the number of authorization holders grow, with almost 17,000 APITs and over 1,000 TAPs having been issued since our first one in 2020.
- **Presentations:** Interest in PSYPACT continues to grow, with several organizations requesting informational presentations, many with national platforms such as Kaiser Permanente.
- **Strategic Plan:** Significant progress has been made toward meeting the objectives of the Strategic Plan. Although a brief overview was provided at the July 14th Commission meeting, a first-year report card will be presented at the Commission's Annual Meeting in November.

I look forward to the second half of 2025 being as busy and productive as the first.

As always, I cannot thank you enough for all you do for PSYPACT. Your expertise and commitment continue to foster PSYPACT's growth.

Janet P. Orwig, MBA, CAE
PSYPACT Executive Director

PSYPACT Commissioners

Lori Rall
Alabama

Jayne Boulos
Maine

Peter Oppenheimer
Rhode Island

Heidi Paakkonen
Arizona

Lorraine Smith
Maryland

Andrea Eaton
South Carolina

Joyce Fowler
Arkansas

Amy Gumbrecht
Michigan

Rosalie Ball
South Dakota

Reina Sbarbaro-Gordon
Colorado

Daniel Hurley
Minnesota

Mark Fleming
Tennessee

Glenda S. George
CNMI

Kaye Sly
Mississippi

Patrick Hyde
Texas

Christian Andresen
Connecticut

Pam Groose
Missouri

Jana Johansen
Utah

Shauna Slaughter
Delaware

Stephanie Bruhn
Nebraska

Emily Tredeau
Vermont

LaTrice Herndon
District of Columbia

Gary Lenkeit
Nevada

Jaime Hoyle
Virginia

Mary Denise O'Brien
Florida

Ashley Czechowicz
New Hampshire

Phillip Hawley
Washington

Don Meck
Georgia

Anne Farrar-Anton
New Jersey

Scott Fields
West Virginia

Jill Breitbach
Idaho

Susan Hurt
North Carolina

Daniel Schroeder
Wisconsin

Camile Lindsay
Illinois

Sara Quam
North Dakota

JoAnn Reid
Wyoming

Stephen Ross
Indiana

Karine Hray
Ohio

Mariann Burnetti-Atwell
ASPPB

Richard Nobles
Kansas

Kathleen Ward
Oklahoma

Jeffrey Hicks
Kentucky

David Zehrung
Pennsylvania



Legislation Updates:

Greetings from PSYPACT!

We're excited to share that the PSYPACT Commission is now enacted in 43 states and jurisdictions, with 42 currently effective. On April 16, 2025, Montana became the 43rd state to enact PSYPACT legislation—stay tuned for the official effective date! Additionally, Hawaii, Iowa, Massachusetts, and New York currently have active PSYPACT legislation.

Committee Updates:

Finance:

Heidi Paakkonen, Jaime Hoyle, Daniel Hurley
The Finance Committee met on April 2, 2025, and June 4, 2025, via Zoom. The Committee reviewed the first quarter of 2025 financial information, the first quarter of 2025 investment initiatives and discussed future funding allocations. The Committee continued discussions regarding the need for a Reserve Bank Account. Preliminary 2026 budget discussions began.

Requirements Review:

Gary Lenkeit, Peter Oppenheimer, Kathleen Ward
The Requirements Review Committee met on May 22, 2025, via Zoom. The Committee reviewed conduct questions and continued discussions regarding 3rd Party Completion of Applications.

Rules

Patrick Hyde, Pam Groose, Susan Hurt, Don Meck, Lorraine Smith
The Rules Committee met on June 2, 2025, via Zoom. The Committee reviewed a proposed rule and policy regarding revocations as well as a proposed rule regarding residency.

Training and Public Relations:

Lori Rall, Heidi Paakkonen, Mariann Burnetti-Atwell
The Training and Public Relations Committee met on June 5, 2025, via Zoom. The Committee reviewed policy 2.6 and finalized the 2024 PSYPACT Annual Report. The Committee also received updates regarding Accredible, the PSYPACT website analytics, social media content, and listserv postings.

Executive Board Members

Chair - Patrick Hyde

Vice Chair - Lori Rall

Treasurer - Heidi Paakkonen

Member at Large - Pam Groose

Interim Member-At-Large - Gary Lenkeit

Ex Officio Member - Mariann Burnetti - Atwell

Staff Contact Information:

Ashley Lucas
PSYPACT Specialist
alucas@psypact.org

Janet Orwig
PSYPACT Executive Director
jorwig@psypact.org

Gina Polk
PSYPACT Specialist
gpolk@psypact.org

PSYPACT by the Numbers

TELEPSYCHOLOGY

14,027

Active
PSYPACT
APITs

TEMPORARY PRACTICE

807

Active
PSYPACT
TAPs

STATE LEVEL BREAKDOWN

State	APITs	TAPs	State	APITs	TAPs
Alabama	89	12	Nebraska	71	5
Arizona	38	10	Nevada	131	14
Arkansas	330	28	New Hampshire	123	4
Colorado	642	37	New Jersey	946	25
CNMI	1	0	North Carolina	599	43
Connecticut	366	27	North Dakota	31	0
Delaware	117	3	Ohio	497	20
District of Columbia	315	19	Oklahoma	66	7
Florida	1041	58	Pennsylvania	1193	48
Georgia	531	39	Rhode Island	139	8
Idaho	42	6	South Carolina	100	6
Illinois	1133	55	South Dakota	17	0
Indiana	151	9	Tennessee	258	30
Kansas	119	10	Texas	1007	67
Kentucky	126	12	Utah	211	29
Maine	90	7	Vermont	43	1
Maryland	952	33	Virginia	800	42
Michigan	281	14	Washington	489	25
Minnesota	364	12	West Virginia	62	4
Mississippi	34	5	Wisconsin	185	8
Missouri	280	23	Wyoming	16	2

Active Authorizations as of 7/1/2025



www.PSYPACT.gov

Discipline Reports

May 1, 2025 - Jul 31, 2025

NEW CASES REC'D FROM ENFORCEMENT May 1, 2025 - Jul 31, 2025
32

TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
23

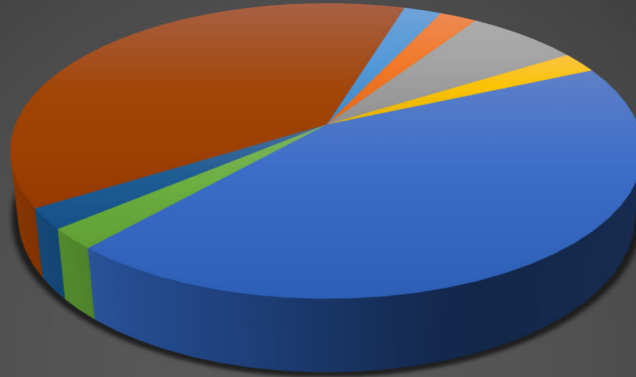
OPEN CASE STAGES as of Jul 31, 2025	
Probable Cause Review	112
Scheduled for Informal Conferences	7
Scheduled for Formal Hearings	0
Other (pending CCA, PHCO, hold, etc.)	2
Cases with APD for processing (IFC, FH, Consent Order)	13
TOTAL CASES AT BOARD LEVEL	134

CASES CLOSED May 1, 2025 - Jul 31, 2025	
No violation	38
Undetermined	5
Violation (1) Mandatory suspension	1
Application Appeal Approved	0
Application Appeal Denied	0
Application Appeal Withdrawn	0
TOTAL CASES CLOSED	44

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	369 days
Avg. time in Enforcement (investigations)	82 days
Avg. time in APD (IFC/FH preparation)	7 days
Avg. time in Board (includes hearings, reviews, etc).	287 days



Closed Case Categories



■ Abuse/Abandonment/Neglect (1)

■ Action by another jurisdiction (1)
(1 violation - LCP)

■ Business Practice Issues (3)

■ Confidentiality Breach (1)

■ Diagnosis/Treatment (19)

■ Fraud, non-patient care (1)

■ Fraud, patient care (1)

■ No jurisdiction (17)

Behavioral Science Unit (BSU)
Boards of Counseling, Psychology, and Social Work

CURRENT OPEN CASES PER BOARD as of Jul 31, 2025	
Board of Counseling	246
Board of Psychology	134
Board of Social Work	259
TOTAL CASES WITH BOARD STAFF	639

BSU Cases Received from Enforcement

	COUNSELING	PSYCHOLOGY	SOCIAL WORK	BSU TOTAL
2021	344	132	94	570
2022	381	127	108	616
2023	440	124	160	724
2024	493	193	198	884
2025 (as of Jul 31, 2025)	270	84	120	474

Discipline Staff for BSU

Jennifer Lang, Deputy Executive Director
 Christy Palmore, Discipline and Compliance Senior Case Specialist
 Krystal Blanton, Discipline and Compliance Senior Case Specialist
 Discipline Reviewer, Board of Counseling (part-time)
 Discipline Reviewer, Board of Psychology (part-time)
 Discipline Reviewer, Board of Social Work (part-time)

Recent Orders entered by the Board of Psychology

*For informational purposes only.
Board action is not required.

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: JASON BRYAN MILLER, L.C.P.
License Number: 0810-005905
Case Number: 247274

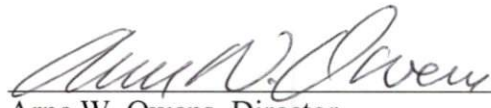
ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that the California Board of Psychology accepted for surrender the license of Jason Bryan Miller, L.C.P., to practice psychology in the State of California, in lieu of disciplinary action. A copy of the Decision and Order is attached hereto as Commonwealth's Exhibit 1.

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Jason Bryan Miller, L.C.P., to practice clinical psychology in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Jason Bryan Miller, L.C.P., will be recorded as suspended. Should Mr. Miller seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.



Arne W. Owens, Director
Virginia Department of Health Professions

ENTERED:



CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Decision and Order entered March 20, 2025, regarding Jason Bryan Miller, L.C.P., is a true copy of the records received from the California Board of Psychology.


Arne W. Owens


Date

**BEFORE THE
BOARD OF PSYCHOLOGY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

JASON BRYAN MILLER, Ph.D.
P.O. Box 964
Santa Paula, CA 93061-0964

Psychologist License No. 17558,

Respondent.

Case No. 600-2023-000038

OAH No. 2024060977

DECISION AND ORDER

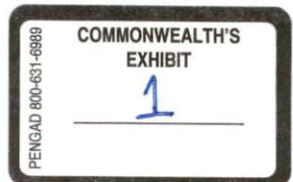
The attached Stipulated Surrender of License and Order is hereby adopted by the Board of Psychology, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on April 20, 2025. It is so

ORDERED March 20, 2025.

Jonathan Burke

FOR THE BOARD OF PSYCHOLOGY
DEPARTMENT OF CONSUMER AFFAIRS



1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 PEGGIE BRADFORD TARWATER
Deputy Attorney General
4 State Bar No. 169127
300 South Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6448
6 Facsimile: (916) 731-2117
E-mail: Peggie.Tarwater@doj.ca.gov
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **BOARD OF PSYCHOLOGY**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

12 **JASON BRYAN MILLER, Ph.D.**
13 **P.O. Box 964**
Santa Paula, CA 93061-0964

14 **Psychologist License No. 17558,**

15 Respondent.

Case No. 600-2023-000038

OAH No. 2024060977

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

16
17 In the interest of a prompt and speedy settlement of this matter, consistent with the public
18 interest and the responsibility of the California Board of Psychology, Department of Consumer
19 Affairs, the parties hereby agree to the following Stipulated Surrender and Disciplinary Order
20 which will be submitted to the Board for approval and adoption as the final disposition of the
21 Accusation.

22 **PARTIES**

23 1. Jonathan Burke (Complainant) is the Executive Officer of the California Board of
24 Psychology (Board). Complainant brought this action solely in his official capacity and is
25 represented in this matter by Rob Bonta, Attorney General of the State of California, by Peggie
26 Bradford Tarwater, Deputy Attorney General.

27 2. Jason Bryan Miller, Ph.D. (Respondent) is represented in this proceeding by attorney
28 Negin Yamini, whose address is: 5757 Wilshire Blvd., Suite 340, Los Angeles, CA 90036-3686.

1 license history with the Board.

2 2. Respondent shall lose all rights and privileges as a psychologist in California as of the
3 effective date of the Board's Decision and Order.

4 3. Respondent shall relinquish his wall and pocket certificate of licensure or registration
5 to the Board or its designee once this Decision becomes effective and upon request.

6 4. If Respondent ever files an application for licensure or a petition for reinstatement in
7 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
8 comply with all the laws, regulations, and procedures for reinstatement of a revoked or
9 surrendered license in effect at the time the petition is filed, and all the charges and allegations
10 contained in Accusation No. 600-2023-000038 shall be deemed to be true, correct, and admitted
11 by Respondent when the Board determines whether to grant or deny the petition.

12 5. Respondent may not petition for reinstatement of a revoked or surrendered
13 license/registration for three years from the effective date of this Decision. If the Board grants
14 future reinstatement, Respondent agrees to reimburse the Board for its costs of investigation and
15 enforcement of this matter in the amount of \$26,716.00 payable to the Board upon the effective
16 date of such reinstatement Decision.

17 6. If Respondent should ever apply or reapply for a new license or certification, or
18 petition for reinstatement of a license, by any other health care licensing agency in the State of
19 California, all of the charges and allegations contained in Accusation, No. 600-2023-000038 shall
20 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
21 Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Negin Yamini. I understand the stipulation and the effect it will have on my Psychologist License. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Psychology.

DATED: 1/10/2025

DocuSigned by:
JASON MILLER
71FBCA6270724D9...

JASON BRYAN MILLER, Ph.D.
Respondent

I have read and fully discussed with Respondent JASON BRYAN MILLER, Ph.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 1/10/2025

DocuSigned by:
NEGIN YAMINI
BC4029114254173...

NEGIN YAMINI, Esq.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Board of Psychology of the Department of Consumer Affairs.

DATED: Jan. 10, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
Peggie Bradford Tarwater Digitally signed by Peggie Bradford Tarwater
Date: 2025.01.10 11:47:52 -08'00'
Tarwater
PEGGIE BRADFORD TARWATER
Deputy Attorney General
Attorneys for Complainant

LA2024600478

Exhibit A

Accusation No. 600-2023-000038

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 PEGGIE BRADFORD TARWATER
Deputy Attorney General
4 State Bar No. 169127
300 South Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6448
6 Facsimile: (916) 731-2117
E-mail: Peggie.Tarwater@doj.ca.gov
7 *Attorneys for Complainant*

8
9 **BEFORE THE**
BOARD OF PSYCHOLOGY
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 600-2023-000038

13 **JASON BRYAN MILLER, Ph.D.**
14 **P.O. Box 964**
Santa Paula, CA 93061-0964

A C C U S A T I O N

15 **Psychologist License No. 17558,**

16 Respondent.

17
18
19 **PARTIES**

20 1. Antonette Sorrick (Complainant) brings this Accusation solely in her official capacity
21 as the Executive Officer of the Board of Psychology, Department of Consumer Affairs.

22 2. On or about August 16, 2001, the Board of Psychology issued Psychologist License
23 Number 17558 to Jason Bryan Miller, Ph.D. (Respondent). The Psychologist License was in full
24 force and effect at all times relevant to the charges brought herein and will expire on December
25 31, 2024, unless renewed.

26 ///

27 ///

28 ///

1 **JURISDICTION**

2 3. This Accusation is brought before the Board of Psychology (Board), under the
3 authority of the following laws. All section references are to the Business and Professions Code
4 (Code) unless otherwise indicated.

5 **STATUTORY PROVISIONS**

6 4. Section 2960 of the Code states:

7 The board may refuse to issue any registration or license, or may issue a
8 registration or license with terms and conditions, or may suspend or revoke the
9 registration or license of any registrant or licensee if the applicant, registrant, or
licensee has been guilty of unprofessional conduct. Unprofessional conduct shall
include, but not be limited to:

10

11 (i) Violating any rule of professional conduct promulgated by the board and set
12 forth in regulations duly adopted under this chapter.

13 (j) Being grossly negligent in the practice of their profession.

14 (k) Violating any of the provisions of this chapter or regulations duly adopted
thereunder.

15

16 (o) Any act of sexual abuse, or sexual relations with a patient or former patient
17 within two years following termination of therapy, or sexual misconduct that is
substantially related to the qualifications, functions or duties of a psychologist or
18 registered psychological associate.

19

20 (r) Repeated acts of negligence.

21 5. Unprofessional conduct is conduct that breaches the rules or ethical code of a
22 profession, or conduct which is unbecoming to a member in good standing of a profession, and
23 which demonstrates an unfitness to practice the profession in questions. (*Rand v. Board of*
Psychology (2012) 206 Cal.App.4th 565, 582; *Shea v. Board of Medical Examiners* (1978) 81
24 Cal.App.3d 546, 575.)

25 6. Section 2960.1 of the Code states:

26 Notwithstanding Section 2960, any proposed decision or decision issued under
27 this chapter in accordance with the procedures set forth in Chapter 5 (commencing
with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that
28 contains any finding of fact that the licensee or registrant engaged in any act of sexual
contact, as defined in Section 728, when that act is with a patient, or with a former

1 patient within two years following termination of therapy, shall contain an order of
2 revocation. The revocation shall not be stayed by the administrative law judge.

3 7. Section 728 of the Code states, in pertinent part:

4 ...

5 (3) "Sexual contact" means the touching of an intimate part of another person.

6 ...

7 8. Section 2936 of the Code states, in pertinent part:

8 The board shall adopt a program of consumer and professional education in
9 matters relevant to the ethical practice of psychology. The board shall establish as its
10 standards of ethical conduct relating to the practice of psychology, the "Ethical
11 Principles of Psychologists and Code of Conduct" (Ethical Principles) published by
12 the American Psychological Association (APA). Those standards shall be applied by
13 the board as the accepted standard of care in all licensing examination development
14 and in all board enforcement policies and disciplinary case evaluations.

11 APA ETHICAL PRINCIPLES

12 9. APA Ethical Principles, Standard 2.06, "Personal Problems and Conflicts," states:

13 (a) Psychologists refrain from initiating an activity when they know or should
14 know that there is a substantial likelihood that their personal problems will prevent
15 them from performing their work-related activities in a competent manner.

16 (b) When psychologists become aware of personal problems that may interfere
17 with their performing work-related duties adequately, they take appropriate measures,
18 such as obtaining professional consultation or assistance, and determine whether they
19 should limit, suspend, or terminate their work-related duties.

20 10. APA Ethical Principles, Standard 3.04, subdivision (a), "Avoiding Harm," states:

21 Psychologists take reasonable steps to avoid harming their clients/patients,
22 students, supervisees, research participants, organizational clients, and others with
23 whom they work, and to minimize harm where it is foreseeable and unavoidable.

24 11. APA Ethical Principles, Standard 3.05, "Multiple Relationships," states:

25 (a) A multiple relationship occurs when a psychologist is in a professional role
26 with a person and (1) at the same time is in another role with the same person, (2) at
27 the same time is in a relationship with a person closely associated with or related to
28 the person with whom the psychologist has the professional relationship, or (3)
promises to enter into another relationship in the future with the person or a person
closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple
relationship could reasonably be expected to impair the psychologist's objectivity,
competence, or effectiveness in performing his or her functions as a psychologist, or
otherwise risks exploitation or harm to the person with whom the professional
relationship exists.

1 Multiple relationships that would not reasonably be expected to cause
impairment or risk exploitation or harm are not unethical.

2 (b) If a psychologist finds that, due to unforeseen factors, a potentially harmful
3 multiple relationship has arisen, the psychologist takes reasonable steps to resolve it
4 with due regard for the best interests of the affected person and maximal compliance
with the Ethics Code.

5 (c) When psychologists are required by law, institutional policy, or
6 extraordinary circumstances to serve in more than one role in judicial or
7 administrative proceedings, at the outset they clarify role expectations and the extent
of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding
Harm , and 3.07, Third-Party Requests for Services .)

8 12. APA Ethical Principles, Standard 3.06, "Conflict of Interest," states:

9 Psychologists refrain from taking on a professional role when personal,
10 scientific, professional, legal, financial, or other interests or relationships could
11 reasonably be expected to (1) impair their objectivity, competence, or effectiveness in
performing their functions as psychologists or (2) expose the person or organization
with whom the professional relationship exists to harm or exploitation.

12 13. APA Ethical Principles, Standard 3.08, "Exploitative Relationships," states:

13 Psychologists do not exploit persons over whom they have supervisory,
14 evaluative or other authority such as clients/patients, students, supervisees, research
15 participants, and employees.

16 14. APA Ethical Principles, Standard 10.08, "Sexual Intimacies with Former
17 Clients/Patients," states:

18 (a) Psychologists do not engage in sexual intimacies with former
19 clients/patients for at least two years after cessation or termination of therapy.

20 (b) Psychologists do not engage in sexual intimacies with former
clients/patients even after a two-year interval except in the most unusual
21 circumstances. Psychologists who engage in such activity after the two years
22 following cessation or termination of therapy and of having no sexual contact with
the former client/patient bear the burden of demonstrating that there has been no
23 exploitation, in light of all relevant factors, including (1) the amount of time that has
passed since therapy terminated; (2) the nature, duration, and intensity of the therapy;
24 (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the
client's/patient's current mental status; (6) the likelihood of adverse impact on the
25 client/patient; and (7) any statements or actions made by the therapist during the
course of therapy suggesting or inviting the possibility of a posttermination sexual or
romantic relationship with the client/patient. (See also Standard 3.05, Multiple
26 Relationships.)

27 ///

28 ///

1 **COST RECOVERY**

2 15. Section 125.3 of the Code states, in pertinent part, that the Board may request the
3 administrative law judge to direct a licensee found to have committed a violation or violations of
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
5 enforcement of the case.

6 **FACTUAL ALLEGATIONS**

7 16. Patient 1, who had been diagnosed with rheumatoid arthritis, was referred for
8 psychological treatment at the recommendation of her primary treating physician.

9 17. Patient 1 began treatment with Respondent in or around November 2017 for
10 complaints of anxiety and depression and for issues related to her diagnosis of rheumatoid
11 arthritis.

12 18. During the course of her treatment, Patient 1 expressed to Respondent feelings of
13 loneliness and a tendency to run “into the arms of young men” quickly. She also revealed the
14 need to decrease alcohol consumption.

15 19. Patient 1 treated with Respondent until on or about May 13, 2018.

16 20. During the course of the treatment relationship, Respondent and Patient 1 saw one
17 another socially. Some of their outings included consuming alcohol.

18 21. Respondent developed a friendship with Patient 1, and he also developed romantic
19 feelings for her. He consulted other therapists and medical professionals about these feelings and
20 received advice to maintain boundaries or to terminate the treatment relationship and refer Patient
21 1 to another treatment provider. However, Respondent alleged his feelings for Patient 1 did not
22 skew his professional advice. He did not pursue assistance in obtaining supervision or his own
23 treatment. He did not refer Patient 1 to another provider.

24 22. Patient 1’s attendance at treatment sessions declined, with her failure to attend
25 sessions scheduled for March 29, 2018 and April 12, 2018.

26 23. At the time that Patient 1 was in treatment with Respondent, she worked as a barista.
27 In approximately April 2018, Respondent approached Patient 1 with an offer to end the therapy
28 relationship and work for him as an administrative assistant, with an increase in salary.

1 Respondent conditioned the offer on ending the treatment relationship. Patient 1 accepted the
2 offer. Patient 1 worked for Respondent until approximately November 2022.

3 24. While employed by Respondent, Patient 1 assisted Respondent with his childcare
4 responsibilities.

5 25. Approximately one year later, in April 2019, Respondent expressed a romantic
6 interest in Patient 1. He began a sexual relationship with her. Patient 1 and Respondent
7 cohabitated. The relationship resulted in pregnancy and the birth of a child in July 2020.
8 Respondent and Patient 1 then married and are currently engaged in divorce proceedings.

9 **FIRST CAUSE FOR DISCIPLINE**

10 (Unprofessional Conduct - Gross Negligence)

11 26. Respondent is subject to disciplinary action under Code section 2960, subdivision (j),
12 in that he was grossly negligent in the practice of his profession, as more particularly alleged
13 hereinafter:

14 27. Paragraphs 16 through 25 are incorporated by reference and realleged as if fully set
15 forth.

16 28. Respondent was grossly negligent in violating APA Ethical Principles, Standard 2.06,
17 "Personal Problems and Conflicts," in that Respondent's personal feelings for Patient 1 clouded
18 his professional judgment. Respondent chose to offer Patient 1 friendship and employment,
19 which later developed into a romantic and sexual relationship approximately one year after the
20 termination of therapy.

21 29. Respondent was grossly negligent in violating the following APA Ethical Principles,
22 individually and/or in combination: Standard 3.04, "Avoiding Harm;" Standard 3.05, "Multiple
23 Relationships;" Standard 3.06, "Conflict of Interest;" 3.08, "Exploitive Relationships." During
24 the course of therapy, Respondent befriended Patient 1, even engaging in consuming alcohol with
25 her, although a goal of therapy was to reduce alcohol consumption. Respondent offered Patient 1
26 the choice of continuing therapy or accepting employment from him. The friendship and
27 employment relationship led to a romantic and sexual relationship approximately one year after
28 the termination of therapy, followed by a marriage that is now in divorce proceedings.

1 39. The allegations of the First and Second Causes for Discipline are incorporated by
2 reference and realleged as if fully set forth.

3 **FIFTH CAUSE FOR DISCIPLINE**

4 (General Unprofessional Conduct)

5 40. Respondent has further subjected his license to disciplinary action under section 2960
6 of the Code, in that he has engaged in conduct that breaches the rules or ethical code of the
7 profession, or conduct which is unbecoming to a member in good standing of the profession, and
8 which demonstrates an unfitness to practice psychology, as more particularly alleged in
9 paragraphs 15 through 39, above, which are incorporated by reference and realleged as if fully set
10 forth herein.

11 **PRAYER**

12 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
13 and that following the hearing, the Board of Psychology issue a decision:

14 1. Revoking or suspending Psychologist License Number 17558, issued to Respondent
15 Jason Bryan Miller, Ph.D.;

16 2. Ordering Respondent Jason Bryan Miller, Ph.D. to pay the Board of Psychology the
17 reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the
18 costs of probation monitoring; and,

19 3. Taking such other and further action as deemed necessary and proper

20
21 DATED: April 30, 2024



22 ANTONETTE SORRICK
23 Executive Officer
24 Board of Psychology
25 Department of Consumer Affairs
26 State of California
27 *Complainant*

28 LA2024600478

PSYCHOLOGY LICENSING REPORT

Satisfaction Survey Results	
2025 4th Quarter (April 1, 2025 – June 30, 2025)	100%

Totals as of July 31, 2025*

Current Active Licenses	
Clinical Psychologists	4,786
Resident in Training	116
Applied Psychologist	23
School Psychologists	103
Resident in School Psychology	36
School Psychologist-Limited	147
Sex Offender Treatment Provider	448
Sex Offender Treatment Provider Trainee	81
Total	5,740

*Unofficial numbers (for informational purposes only)

APPLICATIONS RECEIVED

Applications Received	February 2025*	March 2025*	April 2025*	May 2025*	June 2025*	July 2025*
Clinical Psychologists	45	62	48	40	32	40
Resident in Training	4	9	8	14	3	12
Applied Psychologist	0	1	1	3	2	2
School Psychologists	2	3	5	0	6	5
Resident in School Psychology	3	1	0	2	1	2
School Psychologist-Limited	1	1	1	2	0	0
Sex Offender Treatment Provider	1	1	0	0	2	0
Sex Offender Treatment Provider Trainee	7	4	4	3	1	2
Total	63	82	67	64	47	63

LICENSES ISSUED

Licensed Issued	February 2025	March 2025	April 2025	May 2025	June 2025	July 2025*
Clinical Psychologists	39	49	43	47	41	53
Resident in Training	4	4	8	9	5	6
Applied Psychologist	0	0	0	1	0	0
School Psychologists	0	1	2	1	0	4
Resident in School Psychology	1	1	2	2	1	1
School Psychologist-Limited	0	1	1	0	1	1
Sex Offender Treatment Provider	1	3	0	5	2	2
Sex Offender Treatment Provider Trainee	3	5	3	0	0	0
Total	48	64	59	65	50	67

*Unofficial numbers (for informational purposes only)

Additional Information:

- **Board of Psychology Staffing Information:**

- The Board currently has one full-time position to answer phone calls, emails and to process applications across all license types.
 - Licensing Staff:
 - Meagan Ohlsson – Senior Licensing Specialist (Full-Time)

- **Psychological Practitioner License (Coming Soon):**

- In preparation for the introduction of the new license type, the staff developed a comprehensive PowerPoint presentation outlining the requirements and process, created new forms and agreements, and is in the process of finalizing the online applications, licensure process handbook and instructions.

- **Renewal Audits**

- Staff will soon be notifying selected licensees and SOTP's of their inclusion in the 2025 audit.

Agenda Item: Consideration of Fast-Track Amendments to Applied Psychology Degree Requirements

Included in your Agenda Package:

- Draft language to 18VAC125-20-55

Action Needed:

- Motion to initiate a Fast-Track action to amend 18VAC125-20-55.

18VAC125-20-55. Education requirements for applied psychologists.

A. The applicant shall hold a doctorate from a professional psychology program from a regionally accredited university that meets the following criteria:

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

g. Professional standards and ethics.

B. The Board may accept coursework completed outside of the doctoral degree program to satisfy the requirements of subsection A. Coursework completed outside of the doctoral degree program must be completed at the doctoral level.

C. Demonstration of competence in applied psychology shall be met by including a minimum of at least 18 semester hours or 30 quarter hours in a concentrated program of study in an identified area of psychology, for example, developmental, social, cognitive, motivation, applied behavioral analysis, industrial/organizational, human factors, personnel selection and evaluation, program planning and evaluation, teaching, research or consultation.

DRAFT

18VAC125-20-41 Requirements for licensure by examination

A. Every applicant for licensure by examination shall:

1. Meet the education requirements prescribed in 18VAC125-20-54, 18VAC125-20-55, ~~or~~ 18VAC125-20-56, or 18VAC125-20-57 and the experience requirement prescribed in 18VAC125-20-65 as applicable for the particular license sought; and
2. Submit the following:
 - a. A completed application on forms provided by the board;
 - b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65, if applicable;
 - c. The application processing fee prescribed by the board;
 - d. Official transcripts documenting the graduate work completed and the degree awarded; transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained. Applicants who are graduates of institutions that are not regionally accredited shall submit documentation from an accrediting agency acceptable to the board that their education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55, ~~or~~ 18VAC125-20-56, or 18VAC125-20-57;
 - e. A current report from the National Practitioner Data Bank; and
 - f. Verification of any other health or mental health professional license, certificate, or registration ever held in Virginia or another jurisdiction. The applicant shall not have surrendered a license, certificate, or registration while under investigation and shall have no unresolved action against a license, certificate, or registration.

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

C. Every applicant for licensure as a psychological practitioner shall achieve a passing score as determined by the board for masters level psychological practice on the academic portion of the Examination for Professional Practice of Psychology. Every licensed psychological practitioner applying for autonomous practice shall achieve a passing score as determined by the board for masters level psychological practice on the clinical portion of the Examination for Professional Practice of Psychology.

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

18VAC125-20-42 Prerequisites for licensure by endorsement

Every applicant for licensure by endorsement for applied psychology, clinical psychology, or school psychology shall submit:

1. A completed application;
2. The application processing fee prescribed by the board;

3. An attestation of having read and agreed to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia;
4. Verification of all other health and mental health professional licenses, certificates, or registrations ever held in Virginia or any jurisdiction of the United States or Canada. In order to qualify for endorsement, the applicant shall not have surrendered a license, certificate, or registration while under investigation and shall have no unresolved action against a license, certificate, or registration;
5. A current report from the National Practitioner Data Bank; and
6. Further documentation of one of the following:
 - a. A current credential issued by the National Register of Health Service Psychologists;
 - b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
 - c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
 - d. Five years of active licensure in a category comparable to the one in which licensure is sought with at least 24 months of active practice within the last 60 months immediately preceding licensure application; or
 - e. If less than five years of active licensure or less than 24 months of active practice within the last 60 months, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience, and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following: (1) Verification of a passing score on all parts of the Examination for Professional Practice of Psychology that were required at the time of original licensure; and (2) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

18VAC125-20-57 Education requirements for psychological practitioners

Every applicant for licensure as a psychological practitioner shall provide evidence of receipt of a master's degree in psychology or counseling psychology from a program accredited by the American Psychological Association, from a program equivalent to those accredited by the American Psychological Association as determined by the board, or from a program accredited by another national accrediting body approved by the board.

18VAC125-20-58 Supervision and autonomous practice of psychological practitioners

A. Unless an autonomous practice designation has been granted by the board, every psychological practitioner shall practice under the supervision of a clinical psychologist with at least two years of clinical experience post-licensure as a doctoral level clinical psychologist. No psychological practitioner shall hold himself out as able to practice autonomously unless an autonomous practice designation has been granted by the board.

B. Unless an autonomous practice designation has been granted by the board, every psychological practitioner shall communicate to patients and the public in writing that the

psychological practitioner cannot practice autonomously and provide the name and contact information of the supervising clinical psychologist.

C. A psychological practitioner with a current, unrestricted license may qualify for an autonomous designation upon:

1. Achievement of a passing score as determined by the board of the clinical portion of the Examination for Professional Practice of Psychology; and
2. Completion of one year of full-time, post-licensure practice under the supervision of a clinical psychologist. One year of full-time, post-licensure practice, for purposes of this section, is at least 2,000 hours. Such hours must be completed within three years immediately preceding application to the board for autonomous practice authorization.

D. Qualification for authorization for autonomous practice shall be determined upon:

1. Submission of a fee as specified in 18VAC125-20-30;
2. Evidence of a passing score for masters level psychological practice on the clinical portion of the Examination for Professional Practice of Psychology; and
3. Evidence of one year of full-time, post-licensure supervised practice. The evidence of supervised practice shall consist of an attestation which meets the following criteria:
 - a. The attestation shall be signed by the licensed clinical psychologist that served as a supervisor for the required supervised practice in subsection A;
 - b. The attestation shall specify that the psychological practitioner is competent to practice in all areas of practice contained on a form provided by the board; and
 - c. The attestation shall state that, in the opinion of the licensed clinical psychologist, the psychological practitioner demonstrated sufficient competency to practice autonomously.

18VAC125-20-59 Supervisors of psychological practitioners

A. Supervisors shall be licensed as a clinical psychologist in Virginia.

B. Supervision of post-licensure practice by a clinical psychologist shall include:

1. The periodic review of patient charts or electronic patient records by the supervising clinical psychologist;
2. Appropriate and regular input by the clinical psychologist on cases, patient emergencies, and referrals;
3. Appropriate professional development; and
4. Management of areas of deficiency if needed or indicated during supervision.

C. The supervisor shall be responsible for ensuring that the psychological practitioner only practices within the scope of his education and training.

D. Prior to practice, a psychological practitioner that has not received an autonomous practice designation must enter into a supervisory agreement with a qualified supervisor.

E. Both the psychological practitioner and the supervisor shall maintain a copy of all supervisory agreements for 3 years from the date that supervision ends.

18VAC125-20-80 General examination requirements

A. A candidate shall achieve a passing score on the final required step for the licensure type applied for of the national examination within two years immediately preceding licensure. A candidate may request an extension of the two-year limitation for extenuating circumstances. If the candidate has not taken the examination by the end of the two-year period, the applicant shall reapply according to the requirements of the regulations in effect at that time.

B. A candidate for autonomous practice as a licensed psychological practitioner shall achieve a passing score on the clinical portion of the national examination within two years immediately preceding the application for autonomous practice. A candidate may request an extension of the two-year limitation for extenuating circumstances.

C. The board shall establish passing scores on all steps of the examination.

§ 54.1-3606.3. Licensure of psychological practitioners; independent practice.

A. It is unlawful for any person to practice or hold himself out as a psychological practitioner in the Commonwealth or use the title of psychological practitioner unless he holds a license issued by the Board.

B. The Board shall establish criteria for licensure as a psychological practitioner, which shall include the following:

1. Documentation that the applicant received a master's degree in psychology or counseling psychology from a program accredited by the American Psychological Association, from a program equivalent to those accredited by the American Psychological Association as determined by the Board, or from a program accredited by another national accrediting body approved by the Board; and

2. Documentation that the applicant successfully completed the academic portion of a national exam recognized by the Board.

C. Every psychological practitioner who meets the requirements of subsection B shall practice under the supervision of a clinical psychologist unless the requirements of subsection D are met. The Board shall determine the requirements and procedures for such supervision.

D. A psychological practitioner may practice without supervision upon:

1. Successful completion of the clinical portion of a national exam recognized by the Board; and

2. Completion of one year of full-time experience, as determined by the Board, of practice under the supervision of a clinical psychologist. Upon receipt of documentation of such examination and experience requirements and a fee as established by the Board, the Board shall issue to the psychological practitioner a new license that includes a designation indicating that the psychological practitioner is authorized to practice independently.

E. The Board shall determine appropriate standards of practice for psychological practitioners.

F. The Board shall promulgate such regulations as may be necessary to implement the provisions of this section.

18VAC125-20-80. General examination requirements.

A. A candidate shall achieve a passing score on the final step of the national examination within two years immediately preceding licensure. A candidate may request an extension of the two-year limitation for extenuating circumstances. If the candidate has not taken the examination by the end of the two-year period, the applicant shall reapply according to the requirements of the regulations in effect at that time.

B. The board shall establish passing scores on all steps of the examination.



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Supporting member jurisdictions in fulfilling their responsibility of public protection

The purposes of the Potential Regulatory Implications of Licensing Masters trained individuals Task Force (PRI-LM) include:

- Surveying the regulatory community specific to licensing of individuals with master's-level education and training in psychology; and
- Using the information gathered to develop, define, and propose to the Association of State and Provincial Psychology Boards (ASPPB) Board of Directors an appropriate title and scope of practice for people with master's training in psychology.

Informed by both the data and information collected from the regulatory community, and with consideration of the work of the Master's Accreditation Work Group of the American Psychological Association (APA), the members of PRI-LM prepared draft proposed statute and regulation/rule language. That draft was shared with an extensive list of stakeholders in order to gather public comments and feedback. This yielded 179 comments from various individuals and organized groups. The PRI-LM Task Force reviewed and discussed the comments and feedback received which compelled the group to make several modifications to the draft that are summarized in the bulleted statements below.

During this time, the ASPPB Board of Directors made the decision to move forward with the EPPP as one examination that comprises both knowledge and skills. As a result, the Task Force updated the examination requirements to be consistent with current ASPPB policy.

Once the language is ultimately finalized by ASPPB for consideration and possible implementation by U.S. and Canadian regulatory boards and colleges, it will reflect a competency-based model recognizing that competencies may evolve with changes to the science and body of evidence comprising the practice of health service psychology. Intentionally, the model regulatory language does not address school psychology practice at the master's level as that scope of practice is established by the National Association of School Psychologists.

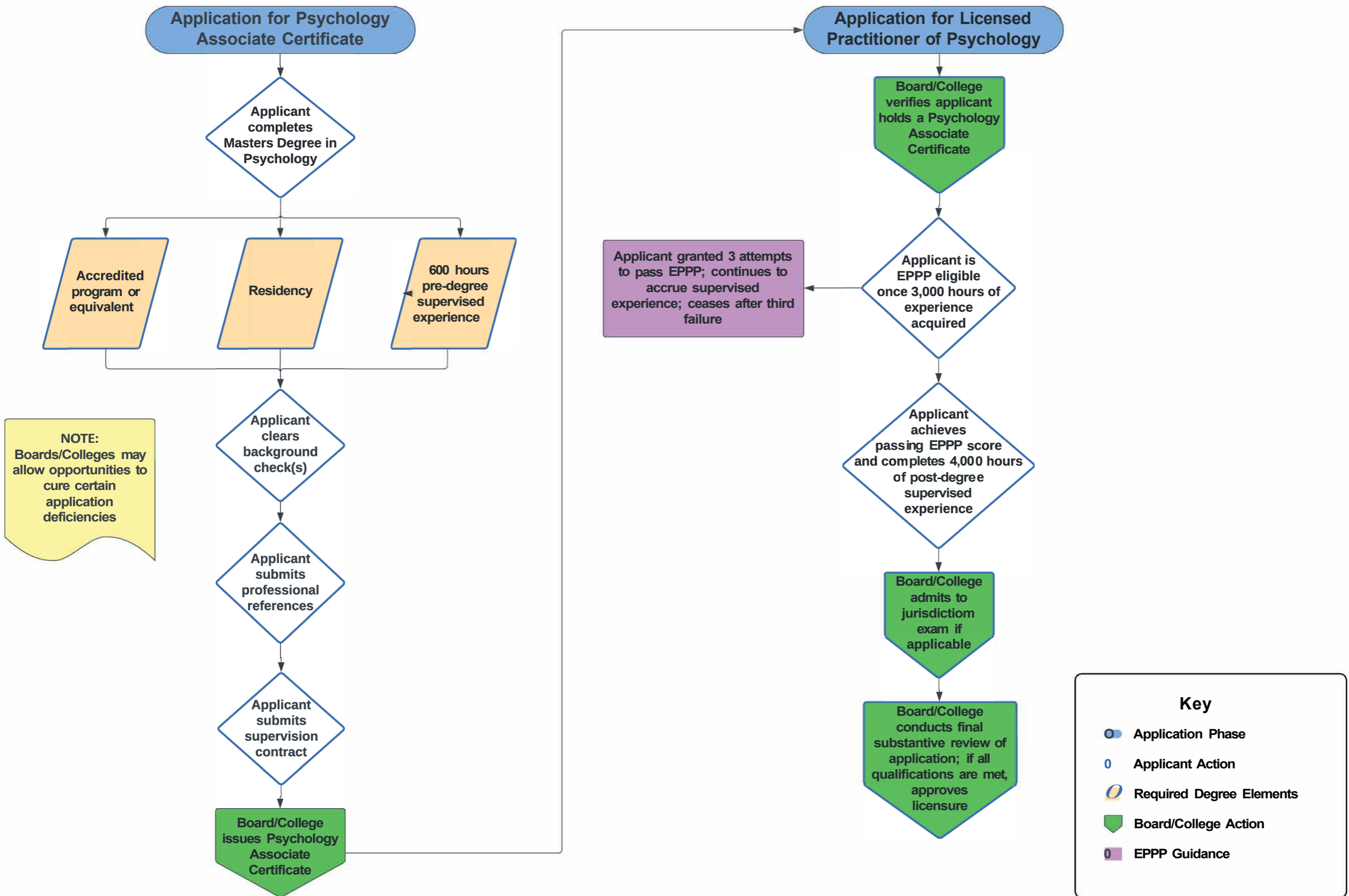
The PRI-LM Task Force hopes this document will constitute a model for licensing those with master's degrees in health service psychology and will provide a set of regulations that Boards/Colleges will find useful. We hope this will assist psychology regulatory bodies should they choose to license at the master's level and will also help with mobility and portability of licensure for those jurisdictions that license master's-level practitioners of psychology

- Eliminated the tracks
 - All Master's level trainees in health service psychology will be exposed to both assessment and intervention
 - Increased required supervised experience hours from 3,000 to 4,000
- Modified the title
 - Provisional licensure removed
 - Provisionally Licensed Practitioner is now Psychology Associate
 - Licensed Psychology Practitioner is now Licensed Practitioner of Psychology
- Addressed DEI with language regarding equitable treatment of trainees

- Consistent with ASPPB policy, the EPPP will be one exam that is competency based, includes both knowledge and skills, and uses the recommended passing score for master’s level practice. The EPPP will be taken upon completion of education, training, and supervised experience.
- Clarified scope and boundaries of practice
- Addressed grandparenting/legacy considerations by incorporating language for jurisdictions to consider
- Clarified exemptions to licensure (e.g. school psychologists, technical support staff)
- Addressed regulators’ concerns with respect to the burdens associated with evaluating requirements and qualifications for licensure
 - Clarified education and training requirements
 - Clarified supervision requirements
 - Created sample forms for boards/colleges
- Increased number of days from 14 to 30 to cease practice after third failure to pass the EPPP to better ensure continuity of care.

- Clarified in more detail the scope of practice for Testing and Assessment

Association of State and Provincial Psychology Boards Masters-Level Licensed Practitioner of Psychology Process





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Supporting member jurisdictions in fulfilling their responsibility of public protection

Part Two

Model Statutory Language

I. Definitions

- A. Psychology Associate: An individual who is authorized to practice psychology under the supervision of a Licensed Psychologist while attaining further requirements for licensure, as described further in the rules of this Board/College.
- B. Licensed Practitioner of Psychology: An individual licensed under this Act and thereby authorized to independently practice psychology at the master's level of education.

II. Practice of Psychology at the Master's Level

- A. Intervention:
 - 1. The following provisions regarding scope of practice apply to intervention activities performed by those individuals authorized to practice with a master's degree, regardless of application or licensure status, and regardless of the requirement of supervision.
 - 2. Intervention includes observation, description, diagnosis, interpretation, prediction, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purposes of:
 - a. preventing, eliminating, or predicting symptomatic, maladaptive, or undesired behaviors
 - b. facilitating the enhancement of individuals or groups of individuals including personal effectiveness, adaptive behavior, interpersonal relationships, and work and life adjustment.
 - 3. Scope of Practice for Intervention:
 - a. An initial assessment intake shall be conducted on individuals, couples, families, or individual members of a group for treatment planning. It includes assessments for clients of the psychology practitioner or for a group practice or organization to which the psychology practitioner belongs. Referrals for

assessments for other purposes, or under other referral circumstances, are included in Testing and Assessment.

- b. An initial assessment intake includes interviewing and screening methods for the purpose of case formulation, diagnosis, and treatment planning. An initial assessment intake does not include personality measures, neuropsychological assessment, or forensic assessment measures.
- c. Continuing assessment for treatment planning includes the use of screening measures for patient status within the scope of a continuing therapeutic relationship.

B. Testing and Assessment:

1. The following provisions regarding scope of practice apply to all Testing and Assessment activities performed by those individuals authorized to practice with a master's degree, regardless of application or licensure status, and regardless of the requirement of supervision.
2. Scope of practice in Testing and Assessment includes and is limited to those practices which inform:
 - a. mental health treatment planning for treatment planning for patients/clients of other mental health professionals.
 - b. educational planning and placement.
3. Scope of practice is both determined by, and limited by, three types of considerations:
 - a. The purpose of the referral or request for assessment.
 - b. The source of the referral.
 - c. The types of measures that may be utilized to respond to the referral.
4. Scope of practice does not include indirectly related purposes, such as determining liability and extent of damages in litigation, appropriateness of medical and surgical interventions, or determining fitness for duty. These types of assessments do not directly serve the purposes of treatment planning or occupational planning and placement.
5. The scope of practice includes assessments of individuals only, and does not include evaluations of families, groups, or organizations.
6. Nothing in this Act is intended to undermine or contradict standards of practice which have been established for specialty or sub-specialty areas of practice. For example:
 - a. individuals authorized to practice psychology with a master's degree shall not identify themselves as neuropsychologists, accept referrals for neuropsychological evaluations, or perform neuropsychological evaluations.

- b. Individuals authorized to practice psychology with a master's degree in psychology shall not identify themselves as forensic psychologists, accept referrals for forensic evaluations, or perform forensic evaluations. Psychological specialties are defined at the doctoral degree.
 - c. Individuals authorized to practice psychology with a master's degree in psychology shall not identify themselves as specialists in other specialty areas of psychology which are defined at the doctoral level.
7. Nothing in this Act is meant to preclude individuals authorized to practice psychology with a master's degree from utilizing screening instruments, questionnaires, rating scales, or interview guides, which are generally available to all mental health professionals. Examples include brief screening instruments of orientation and current mental status, repeated measures of symptoms related to depression and anxiety, and general measures of aptitude and interest.
8. Regardless of the nature or source of a referral for psychological testing or assessment, individuals authorized to practice psychology with a master's degree shall not engage in the interpretation of personality assessment or projective measures. This Act does not preclude the administration or scoring of such measures, where the psychology practitioner serves on a team of, or under the supervision of, a licensed professional who is authorized to interpret such measures.

III. Supervised Experience:

- A. Pre-degree supervised experience: As further described and limited by the rules of the Board/College, pre-degree supervised experience includes a minimum of 600 hours of supervised psychology practice which occurs while an individual is enrolled in a graduate course of study in a master's degree psychology program.
- B. Post-degree supervised experience: As further described and limited by the rules of the Board/College, post-degree supervised experience consists of a minimum of 4,000 hours of supervised psychology practice pursuant to a supervision contract approved by the Board/College. Post-degree supervised experience must include an integrated course of didactic education.

IV. Examinations:

- A. The Examination for Professional Practice in Psychology (EPPP)
- B. Other examinations as determined by the Board or College

V. Requirements for Licensure:

- A. Application for Psychology Associate Certificate:

1. Education: An Initial Application must demonstrate that the applicant has received a master's degree from a psychology training program.

- a. The Board/College shall adopt rules implementing and defining these provisions, including, but not limited to, such factors as residence in the program, internship and related field experiences, number of

course credits, course content, numbers and qualifications of faculty, and program identification and identity.

- b. Internationally Trained Graduates: Applicants trained in institutions outside the United States or Canada must show satisfactory evidence of training and degrees substantially equivalent to those required of applicants trained within the United States and/or Canada, pursuant to the rules of the Board/College.

2. Verification of pre-degree supervised experience
3. Professional references
4. Disciplinary and background checks and other requirements by Board/College
5. Post-degree supervised experience contract

B. Application for Licensed Psychology Practitioner

1. When an applicant has met the requirements in Paragraph A above and has accrued 3,000 of the total 4,000 hours of required post-degree supervised experience, the applicant may apply to the Board or College for admission to take the Examination for Professional Practice in Psychology (EPPP).
2. An applicant for Licensed Practitioner of Psychology must receive a passing score* on the EPPP within three attempts. The Board/College shall promulgate rules for the timing of admission to the examination.
 - a. If an applicant for Licensed Practitioner of Psychology does not receive a passing score on the initial attempt of the EPPP, the applicant must submit a supervisor's report of the applicant's status and progress during post-degree supervised experience.
 - b. When a Psychology Associate continues to accrue post-degree supervision hours while attempting to obtain a passing score on the EPPP, upon accrual of 4,000 hours, the applicant shall submit a new supervision contract to the Board/College for the accrual of further post-degree supervision hours.
 - c. The Board/College shall promulgate rules describing the requirements for items a. and b., above.
3. After three attempts at the EPPP without a passing score, or after four years since the initiation of post-degree supervised experience, whichever occurs first, a Psychology Associate must cease practice.

VI. Cessation of the Practice of Psychology

A. After three attempts at the EPPP without a passing score*, or after four years since the initiation of post-degree supervised experience, whichever occurs first, a Psychology Associate must cease practice within 30 days of the official receipt of the last EPPP score, consistent with further requirements set forth in the rules of the Board/College.

B. An applicant who was required to cease the practice of psychology may reapply for licensure after 12 months since the date the applicant was required to cease practice. All rules and regulations in effect at the time of re-application will apply to the reapplication process. An applicant who has been required to cease practice may not practice psychology, including under supervision, until authorized by the Board/College after reapplication. Cessation of practice under these terms does not constitute a disciplinary action.

VII. Representation

A. Psychology Associate: A person represents themselves to be a Psychology Associate if that person uses the title Psychology Associate in a description of services offered or provided, or in any description of services incorporating the practice of psychology. An individual practicing psychology as a Psychology Associate shall not use the term “independent” nor imply the status of independence regarding the offer or provision of psychological services.

B. Licensed Practitioner of Psychology: A person represents themselves to be a Licensed Practitioner of Psychology if that person uses the title Licensed Practitioner of Psychology in a description of services offered or provided, or in any description of services incorporating the practice of psychology. No person other than those authorized under this Act shall represent themselves to be a Licensed Practitioner of Psychology.

VIII. Exemptions

A. Other licensed professionals: Nothing in this Act shall be construed to prevent members of other recognized professions that are licensed, certified, or regulated under the laws of the jurisdiction from rendering services consistent with their professional training and code of ethics, if they do not represent themselves to be psychology associates, licensed practitioners of psychology, psychologists, or describe their services as including the practice of psychology.

B. Clergy: Nothing in this Act shall be construed to prevent duly recognized members of the clergy from functioning in their ministerial capacities, provided that they do not represent themselves to be psychology associates, licensed practitioners of psychology, psychologists, or describe their services as including the practice of psychology.

C. School Psychologists:

1. School psychologists who are appropriately credentialed by state/provincial education agencies or an appropriate regulatory body (“state/provincial education regulatory body”) shall be able to provide the range of school psychological services under the title described by the credentialing/regulatory body and within the practice settings authorized by the state/provincial education regulatory body. Such individuals may use the title “School Psychologist” or another title including the term “psychology” or “psychological,” but shall not use the titles “Psychology Associate,” “Licensed Practitioner of Psychology,” “Licensed Psychologist,” or any other equivalent term.
2. Nothing in this Act shall be construed to permit the practice of psychology outside the scope of practice or outside the settings described by the state/provincial education regulatory body by any individual who is not licensed under the provisions of this Act.
3. Nothing in this Act shall be construed to permit individuals who are not credentialed by the state education regulatory body to practice psychology within the scope of practice or within the settings described by the state/provincial education regulatory body.

4. It shall remain within the discretion of the state/provincial education regulatory body to establish requirements for credentialing by such body. For example, the education regulatory body's inclusion of independent contractors, whether local or interjurisdictionally, shall determine whether those individuals are exempt from licensure under this Act, to practice psychology within the scope of practice and within the settings described by the state/provincial education regulatory body.
5. Nothing in this Act shall be construed to affect the requirements or acceptability of psychological assessments for those uses described by the state/provincial education regulatory body within the settings described by the state education regulatory body. Nor shall this Act be construed to affect students' rights to independent evaluations described in state or federal regulations as specifically applicable to uses within public education settings.

D. Graduate Students and Interns: Nothing in this Act shall be construed to prevent persons from engaging in activities defined as the practice of psychology, provided that they are supervised in accordance with the rules and regulations of this Board/College. Such persons shall not represent themselves by the titles "Licensed Practitioner of Psychology" or "Psychologist." Individuals training to be psychologists or psychology practitioners may use the terms "psychological trainee," "psychological intern," "psychological resident," or other term denoting their training status, provided that such persons perform their activities under the supervision and responsibility of a licensed psychologist in accordance with the rules and regulations of this Board/College. This section applies to the following graduate students and interns:

1. A matriculated graduate student whose activities constitute a part of the course of study for a graduate degree in psychology at an institution of higher education.
2. An unlicensed individual pursuing postdoctoral training or experience in professional psychology, to fulfill the requirements for licensure under the provisions of this Act.
3. Individuals who hold a Psychology Associate certificate or a Licensed Practitioner of Psychology credential can use that title while working under the supervision of a licensed psychologist in areas of practice outside the scope of their credentials.

E. Business Consultants and Human Resource Professionals: This Act is for the regulation of the practice of psychology only and does not prevent human resource professionals, business consultants, and other such persons from providing advice and counseling in their organizations or affiliated groups, or to their companies or employees of their companies, or from engaging in activities performed in the course of their employment.

F. Master's-Level Practitioners in Psychology who are already licensed to practice psychology: Jurisdictions will need to address potential exemptions and/or other provisions for master's-level practitioners in psychology who are already licensed in their jurisdiction (i.e., grandparenting).

G. Nothing in this Act prevents a licensed Psychologist or a Licensed Practitioner of Psychology from employing unlicensed individuals, who are appropriately trained and qualified, to perform the following services under the supervision of the licensee:

1. transcribing psychological reports
2. inputting and/or transferring patient or client test responses or scores
3. administering and scoring standardized objective tests where the supervisor is immediately available

* The recommended passing score for the EPPP was determined by a sample of psychology practitioners working both independently and under supervision. The recommended passing score for Licensed Practitioner of Psychology is currently the passing score for supervised practice.