
Call to Order – J.D. Ball, Ph.D, LCP, Chairperson

- 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 – February 27, 2024*Page 5

Agency Director Report (Verbal Report) – Arne Owens

Chair Report (Verbal Report) – Dr. Ball

Legislative and Regulatory Report – Erin L. Barrett, JD, DHP Director of Legislative and Regulatory Affairs

- Regulatory Chart.....Page 13
- Review of Regulatory changes to license psychological practitioners.....Page

Committee Reports

- **Regulatory Committee Report (Verbal) – Aliya Chapman, Ph.D, LCP**
 - Association of State and Provincial Psychology Boards (ASPPB) Annual Meeting and Spring Conference Report
 - Discussion of internship equivalency requirements
 - Discussion of engagement with training providers

Unfinished Business – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work

- Update on administering both parts the Examination for Professional Practice in Psychology (EPPP)
- Discussion of options for EPPP Assistance

Staff Reports

- **Executive Director’s Report (Verbal) – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology and Social Work**

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- **Discipline Report** – Jennifer Lang, Deputy Director, Boards of Counseling, Psychology, and Social Work.....Page 15
 - **Licensing Report** – Charlotte Lenart, Deputy Director, Boards of Counseling, Psychology, and Social Work.....Page 17
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Next Meeting – September 10, 2024

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.

EPPP2

Perrin, Paul (zvd2hf) <perrin@virginia.edu>

Fri 4/26/2024 10:01 AM

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

Dear VA Board of Psychology,

I am writing to request that you work with Texas and other states to resist the forced implementation of the EPPP Part 2 in VA.

Texas will address ASPPB in their mid-year meeting to advocate for a more open discussion about the adoption of EPPP2 and to request a reconsideration of ASPPB's decision-making process by allowing a vote of the membership. Texas is formally requesting ASPPB to extend the deadline for EPPP2 adoption to January 2028, providing a more realistic timeframe to adjust and comply without jeopardizing our licensing processes. Texas is also initiating preliminary discussions and actions to develop a Texas-specific entrance test as an alternative to the EPPP.

Please support Texas in this effort because this new, expensive, and time-consuming barrier to licensure is not what our state needs and will serve to harm rather than protect the public.

Best,

Paul Perrin

Licensed clinical psychologist and professor of psychology

University of Virginia

Bethany Teachman, PhD
Professor & Director of Clinical Training
Department of Psychology
University of Virginia
102 Gilmer Hall, PO Box 400400
Charlottesville, VA, 22904

May 6, 2024

Dear members of the Virginia Board of Psychology,
I am writing to request that you work with Texas and other states to resist the forced implementation of the EPPP Part 2 in our state.

Texas will address ASPPB in their mid-year meeting to advocate for a more open discussion about the adoption of EPPP2 and to request a reconsideration of ASPPB's decision-making process by allowing a vote of the membership. Texas is formally requesting ASPPB to extend the deadline for EPPP2 adoption to January 2028, providing a more realistic timeframe to adjust and comply without jeopardizing our licensing processes. Texas is also initiating preliminary discussions and actions to develop a Texas-specific entrance test as an alternative to the EPPP.

Please support Texas in this effort because it is not clear that this new, expensive, and time-consuming barrier to licensure will protect the public, and it will make it harder to increase our clinical workforce, which we desperately need to do.

To provide further information about the reasons for this request, on the next page I have included the summary of the concerns listed at <https://rallystarter.com/rally/1320/stop-the-adoption-of-the-ePPP2>.

Note, I am writing this letter as an individual provider and educator in the state.

Sincerely,



Bethany Teachman, Ph.D.
(434) 924-0676
bteachman@virginia.edu

Learn more about the concerns: (copied from <https://rallystarter.com/rally/1320/stop-the-adoption-of-the-eppp2>)

- EPPP-2 will create new barriers to practice at the same time that escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP- 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery.
- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost income during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median), and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.
- Prior attempts to address these concerns with ASPPB have not yielded substantive change. The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. ASPPB responded by inviting a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. The Board of ASPPB chose to make Part 2 mandatory in any jurisdiction using Part 1 without taking a vote of the membership. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

If you want to read the articles supporting the points above, you can check them out here: https://docs.google.com/document/d/1miBK7KozqP1WzfSoSGvcAY3W_I3rIr2iHOAU9uxD5l8/edit

Virginia Board of Psychology
Board Meeting Minutes
Tuesday, February 27, 2024, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 4

PRESIDING OFFICER: J.D. Ball, Ph.D.

BOARD MEMBERS PRESENT: Aliya Chapman, Ph.D.
Norma Murdock-Kitt, Ph.D.
Christine Payne, BSN, MBA, Citizen Member
Gary Sibcy, Ph.D., (*attended virtually – scheduling conflict*)
Danielle Spearman-Camblard, Psy.D.
Susan Brown Wallace, Ph.D.
Cheryl Snyder, Citizen Member

BOARD MEMBERS ABSENT: William Hathaway, Ph.D.

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

DHP STAFF PRESENT: Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions
James Jenkins, RN, Agency Deputy Director, Special Advisor to the Governor on Workforce
Matt Novak, Policy & Economic Analyst, Department of Health Professions
Arne Owens, Agency Director, Department of Health Professions

BOARD COUNSEL PRESENT: James Rutkowski, Assistant Attorney General

CALL TO ORDER: Dr. Ball called the meeting to order at 10:02 a.m.

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

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

ADOPTION OF AGENDA: The agenda was rearranged to move the presentation from ASPPB to 11:00 a.m. to allow DHP staff time return from the General Assembly.

PUBLIC ATTENDEES: Mary Ottinot, RN
Tiffany Anderson, Psy.D.

PUBLIC COMMENT: Ms. Ottinot discussed a personal situation that she experienced. Dr. Ball thanked Ms. Ottinot for her public comment.

APPROVAL OF MINUTES: **Motion:** Ms. Payne motioned, which was properly seconded by Dr. Wallace, to approve the minutes from the December 05, 2023, Quarterly Board meeting as presented. The motion passed unanimously.

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

- HB 1499 appears to be moving forward without changes. Mr. Owens thanked the Board for their hard work on the master’s level license.
- Mr. Owens indicated there was a lot of discussion regarding the shortages in nursing, primary care, and behavioral health workforces and how to retain and recruit more professionals to Virginia.
- SB 403, Board of Counseling, will lead to expanding opportunities in the workforce.
- Impact Makers continues to work through DHP’s licensing process to streamline and recommend improvements.

BOARD CHAIR REPORT: Dr. Ball, Dr. Hathaway and Ms. Lenart attended the Master’s Accreditation Townhall presentation from the American Psychological Association (APA). The Commission on Accreditation provided an overview and timeline of the initial accreditation process. Dr. Ball summarized the main elements of APA’s work to date.

Dr. Ball provided a brief overview of legislative proposed changes and indicated the Regulatory Committee will meet March 25, 2024, to further discuss proposed regulations for the psychological practitioner, now to be enabled by HB 1499 if this bill becomes law.

Dr. Ball thanked Dr. Chapman for her work with The Association of State and Provincial Psychology Boards (ASPPB) regarding the implementation of the EPPP Part 2 examination.

PRESENTATION: Hao Song, PhD, ICE-CCP, Associate Executive Officer of Examination Services, ASPPB and Alex Siegal, J.D., PhD, ASPPB (*attending remotely*)

Dr. Ball welcomed Dr. Song and Dr. Siegal for their attendance and information regarding the implementation of the EPPP Part 2 examination. Dr. Ball addressed the Virginia Board’s request to allow students to take part one during their doctoral program and take part two when they have completed their clinical experience. Dr. Ball noted that internal logistics in Virginia currently require test applicants to be licensure applicants and prevent us from keeping the licensure process open for a year or more between the administration of EPPP parts I and II. Dr. Siegal communicated that ASPPB is actively working on a mechanism to map the process while addressing the Board’s concerns, hopefully by administering the exam

through ASPPB. The presenters informed the Board that more information will be available at ASPPB's mid-year meeting and also suggested that the Board consider the cutoff for Masters level applicants suggested by ASSPB.

**LEGISLATIVE AND
REGULATORY REPORT:**

Chart of Regulatory Actions

Mr. Novak gave the regulatory report.

Ms. Barrett reviewed with the Board the legislative report for the Board of Psychology as of February 26, 2024. See attachment "A".

Ms. Barrett reviewed the proposed implementation for the master level license by 2025. Ms. Barrett stated one full time licensing position was tied to the legislation.

STAFF REPORTS:

Executive Director's Report:

Ms. Hoyle thanked staff and detailed the staff's outreach activities. Ms. Hoyle and Ms. Lenart plan to attend the ASPPB Mid-Year meeting in April.

Ms. Hoyle informed the Board that she had attended committee meetings for the ASPPB and PSYPACT. She is on the ASPPB Model Act and Regulation Committee (MARC) which continues to meet monthly and make recommendations to the Executive Committee to update the Model Act and the Code of Conduct. She also attended two PSYPACT finance committee meetings and chaired the PSYPACT compliance committee meeting. She informed the Board that they were in compliance for Quarter 3. The Committee addressed a rise in non-compliance for the previous quarter due to jurisdictions failing to post information on their websites regarding PSYPACT rule changes. The Committee is going to recommend that jurisdictions provide a link on their websites to the PSYPACT website. By doing this, Boards will be linking to real-time information and not subject to being out of compliance for not posting information in time. She indicated that we will be working in the coming months to update our website.

Discipline Report:

Ms. Lang referenced the discipline report included in the agenda. Additionally, she reported that the Board of Psychology received 124 completed investigations in calendar year 2023. Since 2020, the cases for the Board of Psychology have decreased by 6%.

Discipline cases are processed by two full-time staff members who also manage cases for the Boards of Counseling and Social Work. Collectively, the three behavioral science boards received 724 new cases in 2023, a 31% increase in since 2020. If pending General Assembly bills are passed, creating new license types for the Boards of Psychology and Counseling, the discipline cases are expected to increase significantly. Ms. Lang advised that, due to the volume of discipline cases, Christy Evans has assumed additional responsibilities, including leading informal conferences. Moving forward, additional discipline staff will be necessary

to continue to move cases through the process within reasonable timeframes. Ms. Lang will keep the board updated on any staffing changes.

Ms. Evans plans to attend the VACP Spring Conference in April.

Licensing Report:

Ms. Lenart provided the licensing report included in the agenda starting on page 17. The Board has a little over 6,000 licenses, certification holders and registrants. Board staff is currently reviewing applications within 48 hours and continue to receive positive satisfactory results.

Ms. Lenart is coordinating the Behavioral Sciences Boards Business Process Engineering efforts with IMPACT Makers. Impact Makers was hired by the Agency to review and study each Boards' processes and to provide suggestions to improve efficiencies. They have identified several areas for staff to concentrate on that will improve the way we process applications, decreasing processing time and increasing the customer service and applicant experience with the Board. Ms. Lenart is looking forward to making positive changes to the licensing process.

COMMITTEE REPORTS:

Regulatory Committee Report:

Dr. Chapman reported on the Regulatory Committee's discussions and action.

Dr. Chapman discussed the ASPPB's presentation. She also indicated that she would like the applicants' doctoral program heads to approve the exam instead of the board. It is not feasible for the board to handle testing.

Dr. Chapman reviewed with the board proposed changes to Guidance Document 125-3.1. See attachment "B".

Motion: Dr. Ball motioned, which was properly seconded by Dr. Wallace, to amend the language of Guidance Document 125-3.1 as presented. The motion passed unanimously.

NEXT MEETING DATE:

The next full Board meeting is scheduled for May 14, 2024.

ADJOURNMENT:

Dr. Ball adjourned the meeting at 12:36 p.m.

J.D. Ball, Ph.D., Chair Chairperson

Date

Jaime Hoyle, JD, Executive Director

Date

ATTACHMENT A
Legislative Report
Board of Psychology Week of February 26, 2024

HB 181 School counselors; decreases public school staffing ratios.

Chief patron: Feggans

DEAD BILL

Summary as introduced:

Public school staffing ratios; school counselors. Decreases from one to 325 to one to 250 the ratio of full-time equivalent school counselors required to be employed by each local school board per student enrolled in the local school division.

01/17/24 House: Reported from Education (17-Y 4-N)

01/18/24 House: Assigned App. sub: Elementary & Secondary

Education 02/05/24 House: Subcommittee recommends

continuing to 2025 02/07/24 House: Continued to 2025 in

Appropriations

HB 224 Public schools; mental health awareness training.

Chief patron: Henson

Summary as passed House:

Public schools; teachers and other relevant personnel; mental health awareness training. Requires each teacher and other relevant personnel, as determined by the applicable school board, employed on a full-time basis to complete mental health awareness training that addresses the needs of youth populations that are at a high risk of experiencing mental health challenges and disorders. Current law requires such teachers and personnel to complete mental health awareness training but does not contain any requirements relating to the specific topics such training must address.

01/23/24 House: Subcommittee recommends reporting with substitute (7-

Y 1-N) 01/24/24 House: Reported from Education with substitute (13-Y

8-N)

01/30/24 House: VOTE: Passage (62-Y 36-N)

02/14/24 Senate: Assigned Education and Health Sub: Public Education

HB 1294 Psychological practitioners; establishes a licensing procedure.

Chief patron: Willett

DEAD BILL BECAUSE INCORPORATED INTO HB1499

Summary as introduced:

Board of Psychology; psychological practitioners; licensure. Establishes a licensing procedure by the Board of Psychology for a psychological practitioner as defined in the bill. The bill directs the Board to adopt emergency regulations to implement the provisions of the bill.

02/07/24 House: Subcommittee recommends striking from docket (8-Y 0-N)
02/13/24 House: Left in Health and Human Services

HB 1326 **Nationally Certified School Psychologist Program; established.**

Chief patron: Taylor

DEAD BILL

Summary as introduced:

Nationally Certified School Psychologist Program established; incorporation into National Teacher Certification Incentive Reward Program Fund. Establishes the Nationally Certified School Psychologist Program, incorporates such program into the existing National Teacher Certification Incentive Reward Program Fund and renames such fund as the National Teacher Certification Incentive Reward Program and Nationally Certified School Psychologist Program Fund, and permits such fund to be used to award incentive grants to school psychologists employed in the public schools of the Commonwealth obtaining national certification from the National Association of School Psychologists consisting of an initial state-funded award of \$5,000 and a subsequent award of \$2,500 each year for the life of the certificate.

01/29/24 House: Subcommittee recommends laying on the table (6-Y 0-N)
02/13/24 House: Left in Appropriations

HB 1499 **Virginia Health Workforce Development Authority; increases ex officio members, etc., report.**

Chief patron: Willett

Summary as passed House:

Virginia Health Workforce Development Authority. Modifies the enabling legislation for the Virginia Health Workforce Development Authority by adding four additional ex officio members to the Authority's Board of Directors, adding setting priorities for and managing graduate medical education programs to the duties of the Authority, specifying additional recipients of the Board's biennial report, and authorizing the Authority to partner with other agencies and institutions to obtain and manage health workforce data. The bill directs the Board of Nursing to add or remove certain educational requirements for members of the nursing faculty in specified nursing education programs and establishes a licensing procedure by the Board of Psychology for a psychological practitioner, as defined by the bill. The bill directs the Board of Nursing and the Board of Psychology to adopt regulations to implement relevant provisions of the bill to be effective no later than January 1, 2025.

02/07/24 House: Subcommittee recommends reporting with substitute (8-Y 0-N) 02/08/24 House: Reported from Health and Human Services with substitute (22-Y 0-N) 02/09/24 House: Reported from Appropriations with amendment(s) (20-Y 0-N) 02/13/24 House: VOTE: Block Vote Passage (99-Y 0-N)

02/23/24 Senate: Senate subcommittee amendments and substitutes offered

HB 120 DPOR and DHP; certain suspensions not considered disciplinary action.

Chief patron: Sullivan

Summary as introduced:

Department of Professional and Occupational Regulation; Department of Health Professions; certain suspensions not considered disciplinary action. Prohibits any board of the Department of Professional and Occupational Regulation or the Department of Health Professions issuing a suspension upon any regulant of such board pursuant to such regulant's having submitted a check, money draft, or similar instrument for payment of a fee required by statute or regulation that is not honored by the bank or financial institution named from considering or describing such suspension as a disciplinary action.

01/18/24 House: Subcommittee recommends reporting (8-Y 0-N) 01/23/24 House: Reported from General Laws (21-Y 0-N) 01/30/24 House: Reported from Health and Human Services (22-Y 0-N) 02/05/24 House: VOTE: Block Vote Passage (98-Y 0-N)

02/14/24 Senate: Reported from General Laws and Technology (15-Y 0-N)

02/19/24 Senate: Passed Senate (39-Y 0-N)

HB 722 Regulatory Budget Program; established, report.

Chief patron: Webert

DEAD BILL

Summary as introduced:

Department of Planning and Budget; Regulatory Budget Program established; report. Directs the Department of Planning and Budget to establish a Regulatory Budget

Program under which each executive branch agency subject to the Administrative Process Act shall reduce overall regulatory requirements by 30 percent by January 1, 2027. The bill requires the Department to report to the Speaker of the House of Delegates and the Chairman of the Senate Committee on Rules on the status of the Program no later than October 1 of each year, beginning October 1, 2025. Finally, the bill provides that the Department, in consultation with the Office of the Governor, shall issue guidance for agencies regarding the Program and how an agency can comply with the requirements of the Program. The bill has an expiration date of January 1, 2027.

01/25/24 House: Subcommittee recommends striking from docket (8-Y 0-

N) 01/30/24 House: Stricken from docket by General Laws (22-Y 0-N)

HB 1293 Behavioral health and nursing; revision of policies that hinder, etc., health care workforce.

Chief patron: Willett

DEAD BILL

Summary as introduced:

Behavioral health; nursing; work group; report. Directs the Virginia Health Workforce Development Authority to convene a work group to identify and propose revisions to current regulations and policies that hinder the development, retention, and productivity of the health care workforce in behavioral health and nursing.

01/29/24 House: Subcommittee recommends continuing to

2025 02/01/24 House: Continued to 2025 in Rules

HB 1428 Regulatory boards; application review timelines.

Chief patron: Shin

DEAD BILL

Summary as introduced:

Department of Professional and Occupational Regulation; application review timelines. Requires each regulatory board within the Department of Professional and Occupational Regulation to adopt a timeline of each stage that a completed application for licensure, certification, or registration will undergo as it is reviewed by such board. The bill also requires that such regulatory board approve any completed application within 30 days of its receipt unless such board has reasonable certainty that such application includes grounds for denial.

02/08/24 House: Subcommittee recommends striking from docket (7-Y 0-N)
02/08/24 House: Stricken from docket by General Laws (20-Y 0-N)

SB 682 Health professions; universal licensure, requirements.

Chief patron: Suetterlein

DEAD BILL

Summary as introduced:

Health professions; universal licensure; requirements. Requires health regulatory boards within the Department of Health Professions to recognize licenses or certifications issued by other United States jurisdictions, as defined in the bill, as fulfillment for licensure or certification in the Commonwealth if certain conditions are met. The bill also requires such health regulatory boards to recognize work experience as fulfillment for licensure or certification in the Commonwealth if certain conditions are met. The bill does not apply to licensure for physicians or dentists.

02/08/24 Senate: Reported from Education and Health with substitute (15-Y 0-N)
02/08/24 Senate: Motion to rerefer to committee agreed to
02/08/24 Senate: Rereferred to Rules
02/09/24 Senate: Continued to 2025 in Rules (8-Y 6-N 1-A)

ATTACHMENT B

Board of Psychology Guidance Document 125-3.1

Submission of Evidence of Completion of Graduate Work

If an applicant has completed ALL degree requirements, but the graduate transcript does not document that the degree has been awarded solely because of the institution's schedule for conferring degrees, the requirement may be met by submission of an official letter from the institution's graduate psychology program chair attesting that the applicant has successfully fulfilled all educational requirements to earn the degree, but that, due to the institution's schedule, the degree has not yet been conferred. The graduate transcript and the program chair's letter must be submitted to the office of the Board of Psychology.

References

18VAC125-20-41

18VAC125-20-65

Board of Psychology
Current Regulatory Actions
As of May 6, 2024

In the Governor’s Office

None.

In the Secretary’s Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC125-20	Fast-Track	Regulatory reduction (2022)	5/26/2023	346 days	Eliminates language that is duplicative of statute or no longer applicable and provides additional language clarification.
18VAC125-20	Fast-Track	Reduction in barriers to licensure (2022)	8/25/2023	255 days	Makes minor changes to licensure and residency requirements to reduce barriers to obtaining a clinical psychology license.
18VAC125-20	NOIRA	Amendments to licensure by endorsement	9/20/2023	222 days	Amends requirements for licensure by endorsement to reduce the burden on applicants and simplify the application process.
18VAC125-20	NOIRA	Implementation of criminal background check for Compact compliance	9/20/2023	221 days	Required for Compact compliance.

At DPB/OAG

None.

Agenda Item: Regulatory changes to license psychological practitioners

Included in your agenda packet:

- Changes to 18VAC125-20 to license psychological practitioners pursuant to HB1499 as drafted by the regulatory committee

- HB1499

Staff Note: Changes to the regulatory chapter which allow licensure of psychological practitioners are in redline. Changes made by the regulatory committee at its March meeting are in brackets.

Changes to the regulations will not be adopted at this time. These changes are included for public awareness. A public hearing will be scheduled for these draft changes in September at the currently scheduled regulatory committee meeting. The Board will adopt regulatory changes at its September meeting.

Action Needed:

- No action needed. For information only.

Part I
General Provisions

18VAC125-20-10. Definitions.

The following words and terms, in addition to the words and terms defined in §§ 54.1-3600 and 54.1-3606.2 of the Code of Virginia, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"APA" means the American Psychological Association.

"APPIC" means the Association of Psychology Postdoctoral and Internship Centers.

"ASPPB" means the Association of State and Provincial Psychology Boards.

"Board" means the Virginia Board of Psychology.

"CAEP" means Council for the Accreditation of Educator Preparation.

"Compact" means the Psychology Interjurisdictional Compact.

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

"CPA" means Canadian Psychological Association.

"Demonstrable areas of competence" means those therapeutic and assessment methods and techniques for the populations served and for which one can document adequate graduate training, workshops, or appropriate supervised experience.

"E.Passport" means a certificate issued by ASPPB that authorizes telepsychology services in a compact state.

"Face-to-face" means in person.

"Intern" means an individual who is enrolled in a professional psychology program internship.

"Internship" means an ongoing, supervised, and organized practical experience obtained in an integrated training program identified as a psychology internship. Other supervised experience or on-the-job training does not constitute an internship.

"IPC" means an interjurisdictional practice certificate issued by ASPPB that grants temporary authority to practice in a compact state.

"NASP" means the National Association of School Psychologists.

"Practicum" means the pre-internship clinical experience that is part of a graduate educational program.

"Practicum student" means an individual who is enrolled in a professional psychology program and is receiving pre-internship training and seeing clients.

"Professional psychology program" means an integrated program of doctoral study in clinical or counseling psychology or a master's degree or higher program in school psychology designed to train professional psychologists to deliver services in psychology.

"Regional accrediting agency" means one of the six regional accrediting agencies recognized by the U.S. Secretary of Education established to accredit senior institutions of higher education.

"Residency" means a post-internship, post-terminal degree, supervised experience approved by the board.

"Resident" means an individual who has received a doctoral degree in a clinical or counseling psychology program or a master's degree or higher in school psychology and is completing a board-approved residency.

"School psychologist-limited" means a person licensed pursuant to § 54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions.

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

"Supervisor" means an individual who assumes responsibility for the education and training activities of a person under supervision and for the care of such person's clients and who provides supervision consistent with the training and experience of both the supervisor and the person under supervision and with the type of services being provided.

18VAC125-20-20. (Repealed.)

18VAC125-20-30. Fees required by the board.

A. The board has established fees for the following:

	Applied psychologists, Clinical psychologists, School psychologists	School psychologists- limited	<u>Psychological practitioners</u>
1. Registration of residency (per residency request)	\$50	--	--
2. Add or change supervisor	\$25	--	--
3. Application processing and initial licensure	\$200	\$85	<u>[\$200]</u>
4. Annual renewal of active license	\$140	\$70	<u>[\$140]</u>
5. Annual renewal of inactive license	\$70	\$35	<u>[\$70]</u>
6. Late renewal	\$50	\$25	<u>\$25</u>
7. Verification of license to another jurisdiction	\$25	\$25	<u>\$25</u>
8. Duplicate license	\$5	\$5	<u>\$5</u>
9. Additional or replacement wall certificate	\$15	\$15	<u>\$15</u>
10. Handling fee for returned check or dishonored credit card or debit card	\$50	\$50	<u>\$50</u>
11. Reinstatement of	\$270	\$125	<u>[\$270]</u>

a lapsed license

12. Reinstatement following revocation or suspension	\$500	\$500	<u>\$500</u>
13. <u>[Autonomous practice for psychological practitioners]</u>	--	--	<u>[\$150]</u>

B. Fees shall be made payable to the Treasurer of Virginia and forwarded to the board. All fees are nonrefundable.

C. Between May 1, 2020, and June 30, 2020, the following renewal fees shall be in effect:

1. For annual renewal of an active license as a clinical, applied, or school psychologist, it shall be \$100. For an inactive license as a clinical, applied, or school psychologist, it shall be \$50.
2. For annual renewal of an active license as a school psychologist-limited, it shall be \$50. For an inactive license as a school psychologist-limited, it shall be \$25.

[D. Between January 1, 2025, and December 31, 2026, the cost for application processing and initial licensure of psychological practitioners shall be \$100.]

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18VAC125-20-35. Change of name or address.

Licensees or registrants shall notify the board in writing within 60 days of:

1. Any legal name change; or
2. Any change of address of record or of the licensee's or registrant's public address if different from the address of record.

**Part II
Requirements for Licensure**

18VAC125-20-40. General requirements for licensure.

Individuals licensed in one licensure category who wish to practice in another licensure category shall submit an application for the additional licensure category in which the licensee seeks to practice.

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.

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CD. 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 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.

18VAC125-20-43. Requirements for licensure as a school psychologist-limited.

A. Every applicant for licensure as a school psychologist-limited shall submit to the board:

1. A copy of a current license issued by the Board of Education showing an endorsement in psychology.
2. An official transcript showing completion of a master's degree in psychology.
3. A completed Employment Verification Form of current employment by a school system under the Virginia Department of Education.
4. The application fee.

B. At the time of licensure renewal, school psychologists-limited shall be required to submit an updated Employment Verification Form if there has been a change in school district in which the licensee is currently employed.

18VAC125-20-50. (Repealed.)

18VAC125-20-51. (Repealed.)

18VAC125-20-54. Education requirements for clinical psychologists.

A. Beginning June 23, 2028, an applicant shall hold a doctorate in clinical or counseling psychology from a professional psychology program in a regionally accredited university that was accredited at the time the applicant graduated from the program by the APA, CPA, or an accrediting body acceptable to the board. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information verifying that the program is substantially equivalent to an APA-accredited program.

B. Prior to June 23, 2028, an applicant shall either hold a doctorate from an accredited program, as specified in subsection A of this section, or shall hold a doctorate from a professional psychology program that documents that the program offers education and training that prepares individuals for the practice of clinical psychology as defined in § 54.1-3600 of the Code of Virginia and 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 an acceptable credential evaluation

service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

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.
6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:
 - a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).
 - b. Human development (e.g., child, adolescent, geriatric psychology).

- c. Dysfunctional behavior, abnormal behavior, or psychopathology.
- d. Theories and methods of intellectual assessment and diagnosis.
- e. Theories and methods of personality assessment and diagnosis including its practical application.
- f. Effective interventions and evaluating the efficacy of interventions.

C. Applicants shall submit documentation of having successfully completed practicum experiences involving assessment, diagnosis, and psychological interventions. The practicum experiences shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. An applicant shall graduate from an educational program in clinical psychology that includes an appropriate emphasis on and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

E. Candidates for clinical psychologist licensure shall have successfully completed an internship in a program that is either accredited by APA or CPA, or is a member of APPIC, or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards. If the internship was obtained in an educational program outside of the United States or Canada, a credentialing service approved by the board shall verify equivalency to an internship in an APA-accredited program.

F. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in [18VAC125-20-65](#), in the doctoral practicum supervised experience, which occurs prior to the internship, and that meets the following standards:

1. The supervised professional experience shall be part of an organized sequence of training within the applicant's doctoral program that meets the criteria specified in this section.
2. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.
 - a. "Face-to-face direct client services" means treatment or intervention, assessment, and interviewing of clients.
 - b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.

c. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided onsite or in the trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.

3. In order for pre-doctoral practicum hours to fulfill all or part of the residency requirement, the following shall apply:

a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;

b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and

c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.

4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.

5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.

6. The hours of pre-doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.

7. If the supervised experience hours completed in a series of practicum experiences do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate shall fulfill the remainder of the hours by meeting requirements specified in 18VAC125-20-65.

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. 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.

18VAC125-20-56. Education requirements for school psychologists.

A. The applicant shall hold at least a master's degree in school psychology, with a minimum of at least 60 semester credit hours or 90 quarter hours, from a college or university accredited by a regional accrediting agency, which was accredited by the APA or CAEP or was approved by NASP, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a master's degree in school psychology from a program accredited by the APA or CAEP or approved by NASP, the applicant shall have a master's degree from a psychology program that offers education and training to prepare individuals for the practice of school psychology as defined in § 54.1-3600 of the Code of Virginia and 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 two 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. Psychological foundations (e.g., biological bases of behavior, human learning, social and cultural bases of behavior, child and adolescent development, individual differences).

b. Educational foundations (e.g., instructional design, organization and operation of schools).

c. Interventions/problem-solving (e.g., assessment, direct interventions, both individual and group, indirect interventions).

d. Statistics and research methodologies (e.g., research and evaluation methods, statistics, measurement).

e. Professional school psychology (e.g., history and foundations of school psychology, legal and ethical issues, professional issues and standards, alternative models for the delivery of school psychological services, emergent technologies, roles and functions of the school psychologist).

6. The program shall be committed to practicum experiences that shall include:

a. Orientation to the educational process;

b. Assessment for intervention;

c. Direct intervention, including counseling and behavior management; and

d. Indirect intervention, including consultation.

C. Candidates for school psychologist licensure shall have successfully completed an internship in a program accredited by APA or CAEP, or approved by NASP, or is a member of APPIC or one that meets equivalent standards.

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 ~~[of psychological practitioners;]~~ [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

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

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

1. Successful completion of the clinical portion of the Examination for Professional Practice of Psychology; and

2. Completion of one year of full-time, [post-licensure] ~~[experience of]~~ practice under the supervision of a clinical psychologist. One year of full-time, [post-licensure practice] ~~[experience]~~, for purposes of this section, is at least [2,000] hours. Such hours must be completed within ~~[five]~~ [three] years immediately preceding application to the board for autonomous practice authorization.

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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] ~~[experience]~~. The evidence of supervised ~~[experience]~~ [practice] shall consist of: ~~[an]~~ attestation which meets the following criteria:

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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

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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.

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A. Supervisors shall be licensed in the jurisdiction in which practice by the psychological practitioner will occur.

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

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1. The periodic review of patient charts or electronic patient records by the supervising clinical psychologist; ~~[and]~~

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~~2. Appropriate [and regular] input by the clinical psychologist on [complex] cases, patient emergencies, and referrals;~~

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~~[3. Appropriate professional development; and~~

~~4. Management of areas of deficiency if needed or indicated during supervision.]~~

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~~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.]~~

18VAC125-20-60. (Repealed.)

18VAC125-20-65. Residency.

A. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours of supervised experience in the delivery of clinical or school psychology services acceptable to the board.

1. For clinical psychology candidates, the hours of supervised practicum experiences in a doctoral program may be counted toward the residency hours, as specified in ~~18VAC125-20-54~~. Hours acquired during the required internship shall not be counted toward the 1,500 residency hours. If the supervised experience hours completed in a practicum do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.

2. School psychologist candidates shall complete all the residency requirements after receipt of their final school psychology degree.

B. Residency requirements.

1. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours in a period of not less than 12 months and not to exceed three years of supervised experience in the delivery of clinical or school psychology services acceptable to the board, or the applicant may request approval to extend a residency if there were extenuating circumstances that precluded completion within three years.

2. Supervised experience obtained in Virginia without prior written board approval will not be accepted toward licensure. Candidates shall not begin the residency until after completion of the required degree as set forth in 18VAC125-20-54 or 18VAC125-20-56.

3. In order to have the residency accepted for licensure, an individual who proposes to obtain supervised post-degree experience in Virginia shall register with the board prior to the onset of such supervision by submission of:

- a. A supervisory contract along with the application package;
- b. The registration of supervision fee set forth in 18VAC125-20-30; and
- c. An official transcript documenting completion of educational requirements as set forth in 18VAC125-20-54 or 18VAC125-20-56 as applicable.

4. If board approval was required for supervised experience obtained in another United States jurisdiction or Canada in which residency hours were obtained, a candidate shall provide evidence of board approval from such jurisdiction.

5. There shall be a minimum of two hours of individual supervision per 40 hours of supervised experience. Group supervision of up to five residents may be substituted for one of the two hours on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per 40 hours.

6. Supervision shall be provided by a psychologist who holds a current, unrestricted license in the jurisdiction in which supervision is being provided and who is licensed to practice in the licensure category in which the resident is seeking licensure.

7. The supervisor shall not provide supervision for activities beyond the supervisor's demonstrable areas of competence nor for activities for which the applicant has not had appropriate education and training.

8. The supervising psychologist shall maintain records of supervision performed and shall regularly review and co-sign case notes written by the supervised resident during the residency period. At the end of the residency training period, the supervisor shall submit to the board a written evaluation of the applicant's performance.

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

C. Residents shall not refer to or identify themselves as clinical psychologists or school psychologists, independently solicit clients, bill directly for services, or in any way represent themselves as licensed psychologists. Notwithstanding, this does not preclude supervisors or employing institutions from billing for the services of an appropriately identified resident. During the residency period, residents shall use their names, the initials of their degree, and the title "Resident in Psychology" in the licensure category in which licensure is sought.

18VAC125-20-70. (Repealed.)

Part III Examinations

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. 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.]

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

18VAC125-20-90. (Repealed.)

Part IV Licensure [Repealed]

18VAC125-20-110. (Repealed.)

Part V Licensure Renewal; Reinstatement

18VAC125-20-120. Annual renewal of licensure.

Every license issued by the board shall expire each year on June 30.

1. Every licensee who intends to continue to practice shall, on or before the expiration date of the license, submit to the board a license renewal form supplied by the board and the renewal fee prescribed in 18VAC125-20-30.
2. Licensees who wish to maintain an active license shall pay the appropriate fee and verify on the renewal form compliance with the continuing education requirements prescribed in 18VAC125-20-121. First-time licensees by examination are not required to verify continuing education on the first renewal date following initial licensure.
3. A licensee who wishes to place his license in inactive status may do so upon payment of the fee prescribed in 18VAC125-20-30. A person with an inactive license is not authorized to practice; no person shall practice psychology in Virginia without a current active license. An inactive licensee may activate a license by fulfilling the reactivation requirements set forth in 18VAC125-20-130.
4. Failure of a licensee to receive a renewal notice and application forms from the board shall not excuse the licensee from the renewal requirement.
5. A licensed psychological practitioner actively practicing without a designation for autonomous practice shall attest that the licensee is actively supervised.

18VAC125-20-121. Continuing education course requirements for renewal of an active license.

A. Licensees shall be required to complete a minimum of 14 hours of board-approved continuing education courses each year for annual licensure renewal. A minimum of 1.5 of these hours shall be in courses that emphasize the ethics, laws, and regulations governing the profession of psychology, including the standards of practice set out in 18VAC125-20-150. A licensee who completes continuing education hours in excess of the 14 hours may carry up to seven hours of continuing education credit forward to meet the requirements for the next annual renewal cycle.

B. For the purpose of this section, "course" means an organized program of study, classroom experience, or similar educational experience that is directly related to the practice of psychology and is provided by a board-approved provider that meets the criteria specified in 18VAC125-20-122.

1. At least six of the required hours shall be earned in face-to-face or real-time interactive educational experiences. Real-time interactive shall include a course in which the learner has the opportunity to interact with the presenter during the time of the presentation.

2. The board may approve up to four hours per renewal cycle for each of the following specific educational experiences:

a. Preparation for and presentation of a continuing education program, seminar, workshop, or academic course offered by an approved provider and directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the presentation is given, and may not be credited toward the face-to-face requirement.

b. Publication of an article or book in a recognized publication directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the writing is published, and may not be credited toward the face-to-face requirement.

c. Serving at least six months as editor or associate editor of a national or international, professional, peer-reviewed journal directly related to the practice of psychology.

3. Ten hours will be accepted for one or more three-credit-hour academic courses completed at a regionally accredited institution of higher education that are directly related to the practice of psychology.

4. The board may approve up to two hours per renewal cycle for membership on a state licensing board in psychology.

C. Courses must be directly related to the scope of practice in the category of licensure held. Continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment, and care of patients with moderate and severe mental disorders.

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

E. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

F. Up to two of the 14 continuing education hours required for renewal may be satisfied through delivery of psychological services, without compensation, to low-income individuals receiving mental health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services as verified

by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

18VAC125-20-122. Continuing education providers.

A. The following organizations, associations, or institutions are approved by the board to provide continuing education:

1. Any psychological association recognized by the profession or providers approved by such an association.
2. Any association or organization of mental health, health, or psychoeducational providers recognized by the profession or providers approved by such an association or organization.
3. Any regionally accredited institution of higher learning.
4. Any governmental agency or facility that offers mental health, health, or psychoeducational services.
5. Any licensed hospital or facility that offers mental health, health, or psychoeducational services.
6. Any association or organization that has been approved as a continuing education provider by a psychology board in another state or jurisdiction.

B. Continuing education providers approved under subsection A of this section shall:

1. Maintain documentation of the course titles and objectives and of licensee attendance and completion of courses for a period of four years.
2. Monitor attendance at classroom or similar face-to-face educational experiences.
3. Provide a certificate of completion for licensees who successfully complete a course. The certificate shall indicate the number of continuing education hours for the course and shall indicate hours that may be designated as ethics, laws, or regulations governing the profession, if any.

18VAC125-20-123. Documenting compliance with continuing education requirements.

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

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

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

1. Official transcripts showing credit hours earned from an accredited institution;
or
2. Certificates of completion from approved providers.

D. Compliance with continuing education requirements, including the maintenance of records and the relevance of the courses to the category of licensure, is the responsibility of the licensee. The board may request additional information if such compliance is not clear from the transcripts or certificates.

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

18VAC125-20-130. Late renewal; reinstatement; reactivation.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC125-20-30 and the license renewal fee for the year the license was not renewed and by completing the continuing education requirements specified in 18VAC125-20-121 for that year.

B. A person whose license has not been renewed for one year or more and who wishes to resume practice shall:

1. Present evidence to the board of having met all applicable continuing education requirements equal to the number of years the license has been expired, not to exceed four years;
2. Pay the reinstatement fee as prescribed in 18VAC125-20-30; and
3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for licensure.

C. A psychologist wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal and document completion of continued education hours equal to the number of years the license has been inactive, not to exceed four years.

18VAC125-20-140. (Repealed.)

**Part VI
Standards of Practice; Unprofessional Conduct; Disciplinary Actions;
Reinstatement**

18VAC125-20-150. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity, and worth of all people and are mindful of individual differences. Regardless of the delivery method, whether face-to-face or by use of technology, these standards shall apply to the practice of psychology.

B. Persons regulated by the board and persons practicing in Virginia with an E.Passport or an IPC shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by education, training, and appropriate experience;
2. Delegate to persons under their supervision only those responsibilities such persons can be expected to perform competently by education, training, and experience;
3. Maintain current competency in the areas of practices through continuing education, consultation, or other procedures consistent with current standards of scientific and professional knowledge;
4. Accurately represent their areas of competence, education, training, experience, professional affiliations, credentials, and published findings to ensure that such statements are neither fraudulent nor misleading;
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;
6. Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;
7. Avoid harming, exploiting, misusing influence, or misleading patients or clients, research participants, students, and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable;
8. Not engage in, direct, or facilitate torture, which is defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that causes harm;
9. Withdraw from, avoid, adjust, or clarify conflicting roles with due regard for the best interest of the affected party and maximal compliance with these standards;
10. Make arrangements for another professional to deal with emergency needs of clients during periods of foreseeable absences from professional availability and provide for continuity of care when services must be terminated;

11. Conduct financial responsibilities to clients in an ethical and honest manner by:
 - a. Informing clients of fees for professional services and billing arrangements as soon as is feasible;
 - b. Informing clients prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment;
 - c. Obtaining written consent for fees that deviate from the practitioner's usual and customary fees for services;
 - d. Participating in bartering only if it is not clinically contraindicated and is not exploitative; and
 - e. Not obtaining, attempting to obtain, or cooperating with others in obtaining payment for services by misrepresenting services provided, dates of service, or status of treatment.
12. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes;
13. Construct, maintain, administer, interpret, and report testing and diagnostic services in a manner and for purposes that are current and appropriate;
14. Design, conduct, and report research in accordance with recognized standards of scientific competence and research ethics. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as participants in human research, with the exception of retrospective chart reviews;
15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology;
16. Accurately inform a client or a client's legally authorized representative of the client's diagnoses, prognosis, and intended treatment or plan of care. A psychologist shall present information about the risks and benefits of the recommended treatments in understandable terms and encourage participation in the decisions regarding the patient's care. When obtaining informed consent treatment for which generally recognized techniques and procedures have not been established, a psychologist shall inform clients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation;
17. Clearly document at the outset of service delivery what party the psychologist considers to be the client and what, if any, responsibilities the psychologist has to all related parties;

18. Determine whether a client is receiving services from another mental health service provider, and if so, document efforts to coordinate care;

19. Document the reasons for and steps taken if it becomes necessary to terminate a therapeutic relationship (e.g., when it becomes clear that the client is not benefiting from the relationship or when the psychologist feels endangered). Document assistance provided in making arrangements for the continuation of treatment for clients, if necessary, following termination of a therapeutic relationship; and

20. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to confidentiality, persons regulated by the board shall:

1. Keep confidential their professional relationships with patients or clients and disclose client information to others only with written consent except as required or permitted by law. Psychologists shall inform clients of legal limits to confidentiality;

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

3. Not willfully or negligently breach the confidentiality between a practitioner and a client. A disclosure that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

D. In regard to client records, persons regulated by the board shall:

1. Maintain timely, accurate, legible, and complete written or electronic records for each client. For a psychologist practicing in an institutional setting, the recordkeeping shall follow the policies of the institution or public facility. For a psychologist practicing in a noninstitutional setting, the record shall include:

- a. The name of the client and other identifying information;
- b. The presenting problem, purpose, or diagnosis;
- c. Documentation of the fee arrangement;
- d. The date and clinical summary of each service provided;
- e. Any test results, including raw data, or other evaluative results obtained;
- f. Notation and results of formal consults with other providers; and

g. Any releases by the client;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and dispose of written, electronic, and other records in such a manner as to ensure their confidentiality; and

3. Maintain client records for a minimum of five years or as otherwise required by law from the last date of service, with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining 18 years of age;

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

c. Records that have been transferred pursuant to § 54.1-2405 of the Code of Virginia pertaining to closure, sale, or change of location of one's practice.

E. In regard to dual relationships, persons regulated by the board shall:

1. Not engage in a dual relationship with a person under supervision that could impair professional judgment or increase the risk of exploitation or harm. Psychologists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, intern, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other of the client) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Because sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, and adverse impact on the client;

3. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the psychologist in his professional capacity; and

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

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

18VAC125-20-160. Grounds for disciplinary action or denial of licensure.

The board may take disciplinary action or deny a license or registration for any of the following causes:

1. Conviction of a felony, or a misdemeanor involving moral turpitude (i.e., relating to lying, cheating, or stealing);
2. Procuring or attempting to procure or maintaining a license or registration by fraud or misrepresentation;
3. Conducting practice in such a manner so as to make it a danger to the health and welfare of clients or to the public;
4. Engaging in intentional or negligent conduct that causes or is likely to cause injury to a client;
5. Performing functions outside areas of competency;
6. Demonstrating an inability to practice psychology with reasonable skill and safety to clients by reason of illness or substance misuse, or as a result of any mental, emotional, or physical condition;
7. Failing to comply with the continuing education requirements set forth in this chapter;
8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession, including § 32.1-127.1:03 of the Code of Virginia relating to health records;
9. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility;
10. Performing an act or making statements that are likely to deceive, defraud, or harm the public;

11. Having a disciplinary action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction or surrendering such a license, certification, or registration in lieu of disciplinary action;
12. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation;
13. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or abuse of aged and incapacitated adults as required in § 63.2-1606 of the Code of Virginia; or
14. Violating any provisions of this chapter, including practice standards set forth in 18VAC125-20-150.

18VAC125-20-170. Reinstatement following disciplinary action.

A. Any person whose license has been revoked by the board under the provisions of 18VAC125-20-160 may, three years subsequent to such board action, submit a new application to the board for reinstatement of licensure. The board in its discretion may, after a hearing, grant the reinstatement.

B. The applicant for such reinstatement, if approved, shall be licensed upon payment of the appropriate fee applicable at the time of reinstatement.

VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION

CHAPTER 754

An Act to amend and reenact §§ 32.1-122.7, 32.1-122.7:1, 32.1-122.7:2, 54.1-3600, and 54.1-3606 of the Code of Virginia and to amend the Code of Virginia by adding in Article 1 of Chapter 20.2 of Title 2.2 a section numbered 2.2-2040.1 and by adding a section numbered 54.1-3606.3, relating to Virginia Health Workforce Development Authority; Virginia Health Care Career and Technical Training and Education Fund created; psychological practitioner defined; educational requirements for nursing faculty.

[H 1499]

Approved April 8, 2024

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-122.7, 32.1-122.7:1, 32.1-122.7:2, 54.1-3600, and 54.1-3606 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 1 of Chapter 20.2 of Title 2.2 a section numbered 2.2-2040.1 and by adding a section numbered 54.1-3606.3 as follows:

§ 2.2-2040.1. Virginia Health Care Career and Technical Training and Education Fund.

There is hereby created in the state treasury a special nonreverting fund to be known as the Virginia Health Care Career and Technical Training and Education Fund, referred to in this section as "the Fund." The Fund shall be established on the books of the Comptroller. All funds appropriated for such purpose and any gifts, donations, grants, bequests, and other funds received on its behalf shall be paid into the state treasury and credited to the Fund. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. The Fund shall be administered by the Director of the Department of Workforce Development and Advancement. Moneys in the Fund shall be used solely for the purposes of supporting the mission of the Virginia Health Workforce Development Authority, as described in § 32.1-122.7. Expenditures and disbursements from the Fund shall be made by the State Treasurer on warrants issued by the Comptroller upon written request signed by the Director of the Department of Workforce Development and Advancement.

§ 32.1-122.7. Virginia Health Workforce Development Authority; purpose.

A. There is hereby created as a public body corporate and as a political subdivision of the Commonwealth the Virginia Health Workforce Development Authority (the Authority), with such public and corporate powers as are set forth in § 32.1-122.7:2. The Authority is hereby constituted as a public instrumentality, exercising public and essential governmental functions with the power and purpose to provide for the health, welfare, convenience, knowledge, benefit, and prosperity of the residents of the Commonwealth and such other persons who might be served by the Authority. The Authority is established to move the Commonwealth forward in achieving its vision of ensuring a quality health workforce for all Virginians.

B. The mission of the Authority is to facilitate the development of a statewide health professions pipeline that identifies, educates, recruits, and retains a diverse, appropriately geographically distributed, and culturally competent quality workforce. The mission of the Authority is accomplished by: (i) providing the statewide infrastructure required for health workforce needs assessment and planning that maintains engagement by health professions training programs in decision making and program implementation; (ii) serving as the advisory board and setting priorities for the Virginia Area Health Education Centers Program; (iii) coordinating with and serving as a resource to relevant state, regional, and local entities, including the Department of Health Professions Workforce Data Center, the Joint Legislative Audit and Review Commission, the Joint Commission on Health Care, *the Behavioral Health Commission*, the Southwest Virginia Health Authority, or any similar regional health authority that may be developed; (iv) informing state and local policy development as it pertains to health care delivery, training, and education; (v) identifying and promoting evidence-based strategies for health workforce pipeline development and interdisciplinary health care service models, particularly those affecting rural and other underserved areas; (vi) supporting communities in their health workforce recruitment and retention efforts and developing partnerships and promoting models of participatory engagement with business and community-based and social organizations to foster integration of health care training and education; (vii) *setting priorities for and evaluating graduate medical education programs overseen by the Commonwealth;* (viii) *advocating for programs that will result in reducing the debt load of newly trained health professionals;* ~~(viii)~~ (ix) *setting priorities for and managing the Virginia Health Care Career and Technical Training and Education Fund;* (x) identifying high priority target areas within each region of the Commonwealth and working toward health workforce development initiatives that improve health measurably in those areas; ~~(ix)~~ (xi) fostering or creating innovative health workforce

development models that provide both health and economic benefits to the regions they serve; ~~(x)~~ (xii) developing strategies to increase diversity in the health workforce by examining demographic data on race and ethnicity in training programs and health professional licensure; ~~(xi)~~ (xiii) identifying ways to leverage technology to increase access to health workforce training and health care delivery; and ~~(xii)~~ (xiv) developing a centralized health care careers roadmap in partnership with the Department of Health Professions that includes information on both licensed and unlicensed professions and that is disseminated to the Commonwealth's health care workforce stakeholders to raise awareness about available career pathways.

§ 32.1-122.7:1. Board of Directors of the Virginia Health Workforce Development Authority.

The Virginia Health Workforce Development Authority (*the Authority*) shall be governed by a Board of Directors. The Board of Directors shall have a total membership of ~~15~~ 19 members that shall consist of three legislative members, nine nonlegislative citizen members, and ~~three~~ seven ex officio members. Members shall be appointed as follows: two members of the House of Delegates, to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; one member of the Senate, to be appointed by the Senate Committee on Rules; and nine nonlegislative citizen members, three of whom shall be representatives of health professional educational or training programs, five of whom shall be health professionals or employers or representatives of health professionals, and one of whom shall be a representative of community health, to be appointed by the Governor. The Commissioner of Health ~~or his designee~~, the Chancellor of the Virginia Community College System ~~or his designee~~, and the Director of the Department of Health Professions ~~or his designee~~, *the Director of the Department of Workforce Development and Advancement, the Director of the State Council of Higher Education for Virginia, the Chairman of the House Committee on Appropriations, and the Chairman of the Senate Committee on Finance and Appropriations or their designees* shall serve ex officio with voting privileges. Members appointed by the Governor shall be citizens of the Commonwealth.

Legislative members and ex officio members shall serve terms coincident with their terms of office. All appointments of nonlegislative citizen members shall be for two-year terms following the initial staggering of terms. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. Legislative and citizen members may be reappointed; however, no citizen member shall serve more than four consecutive two-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's term limit. Vacancies shall be filled in the same manner as the original appointments.

The Board of Directors shall elect a chairman and vice-chairman annually from among its members. A majority of the members of the Board of Directors shall constitute a quorum.

The Board of Directors shall report biennially on the activities and recommendations of the Authority to the Secretary of Health and Human Resources, the Secretary of Education, the Secretary of Commerce and Trade, the ~~Chief Workforce Development Advisor~~ *Secretary of Labor*, the State Board of Health, the State Council of Higher Education for Virginia, the Joint Commission on Health Care, *the Chairman of the House Committee on Appropriations, the Chairman of the Senate Committee on Finance and Appropriations*, the Governor, and the General Assembly. In any reporting period where state general funds are appropriated to the Authority, the report shall include a detailed summary of how state general funds were expended.

The accounts and records of the Authority showing the receipt and disbursement of funds from whatever source derived shall be in a form prescribed by the Auditor of Public Accounts. The Auditor of Public Accounts, or his legally authorized representative, shall examine the accounts of the Authority as determined necessary by the Auditor of Public Accounts. The cost of such audit shall be borne by the Authority.

§ 32.1-122.7:2. Powers and duties of the Virginia Health Workforce Development Authority; exemptions.

A. The *Virginia Health Workforce Development Authority (the Authority)* is authorized to serve as the incorporated consortium of allopathic and osteopathic medical schools in Virginia as required by federal statute to qualify for the receipt of Area Health Education Centers programs, legislatively mandated under the Public Health Service Act as amended, Title VII, Section 751, and 42 U.S.C. § 294a, and to administer federal, state, and local programs as needed to carry out its public purpose and objectives. The Authority is further authorized to exercise independently the powers conferred by this section in furtherance of its corporate and public purposes to benefit citizens and such other persons who might be served by the Authority.

B. The Authority is authorized to monitor, collect, and track data pertaining to health care delivery, training, and education from Virginia educational institutions and other entities as needed to carry out its public purpose and objectives in areas where such data efforts do not already exist. *The Authority is further authorized to request and seek data for program evaluation purposes and may partner with other agencies and institutions to help manage and analyze health workforce data. The Authority shall assist in the coordination of data from various sources, including the Department of Education, the Department of Health Professions, the Department of Health, the Virginia Office of Education*

Economics, the Workforce Data Trust, and the George Mason University Center for Health Workforce.

C. The Authority shall have the authority to assess policies, engage in policy development, and make policy recommendations.

D. The Authority shall have the authority to apply for and accept federal, state, and local public and private grants, loans, appropriations, and donations; hire and compensate staff, including an executive director; rent, lease, buy, own, acquire, and dispose of property, real or personal; participate in joint ventures, including to make contracts and other agreements with public and private entities in order to carry out its public purpose and objectives; and make bylaws for the management and regulation of its affairs.

E. The Authority shall be exempt from the provisions of ~~Chapters 29~~ *the Virginia Personnel Act* (§ 2.2-2900 et seq.) and ~~43~~ *the Virginia Public Procurement Act* (§ 2.2-4300 et seq.) of ~~Title 2.2~~.

F. The exercise of powers granted by this article and the undertaking of activities in the furtherance of the purpose of the Authority shall constitute the performance of essential governmental functions. Therefore, the Authority shall be exempt from any tax or assessment upon any project or property acquired or used by the Authority under the provisions of this article or upon the income therefrom, including sales and use taxes on tangible personal property used in the operation of the Authority. This exemption shall not extend to persons conducting business for which local or state taxes would otherwise be required.

§ 54.1-3600. Definitions.

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

"Applied psychologist" means an individual licensed to practice applied psychology.

"Board" means the Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-3005, 54.1-3505, 54.1-3611, and 54.1-3705 and the regulations promulgated pursuant to these provisions.

"Clinical psychologist" means an individual licensed to practice clinical psychology.

"Practice of applied psychology" means application of the principles and methods of psychology to improvement of organizational function, personnel selection and evaluation, program planning and implementation, individual motivation, development and behavioral adjustment, as well as consultation on teaching and research.

"Practice of clinical psychology" includes, but is not limited to:

1. "Testing and measuring" ~~which~~ *that* consists of the psychological evaluation or assessment of personal characteristics such as intelligence, abilities, interests, aptitudes, achievements, motives, personality dynamics, psychoeducational processes, neuropsychological functioning, or other psychological attributes of individuals or groups.

2. "Diagnosis and treatment of mental and emotional disorders" ~~which~~ *that* consists of the appropriate diagnosis of mental disorders according to standards of the profession and the ordering or providing of treatments according to need. Treatment includes providing counseling, psychotherapy, marital/family therapy, group therapy, behavior therapy, psychoanalysis, hypnosis, biofeedback, and other psychological interventions with the objective of modification of perception, adjustment, attitudes, feelings, values, self-concept, personality, or personal goals, the treatment of alcoholism and substance abuse, *the treatment of* disorders of habit or conduct, as well as of the psychological aspects of physical illness, pain, injury, or disability.

3. "Psychological consulting" ~~which~~ *that* consists of interpreting or reporting on scientific theory or research in psychology, rendering expert psychological or clinical psychological opinion, *or* evaluation, or engaging in applied psychological research, program or organizational development, *or* administration, supervision, or evaluation of psychological services.

"Practice of psychology" means the practice of applied psychology, clinical psychology, or school psychology.

The "practice of school psychology" means:

1. "Testing and measuring" ~~which~~ *that* consists of psychological assessment, evaluation, and diagnosis relative to the assessment of intellectual ability, aptitudes, achievement, adjustment, motivation, personality, or any other psychological attribute of persons as individuals or in groups that directly relates to learning or behavioral problems that impact education.

2. "Counseling" ~~which~~ *that* consists of professional advisement and interpretive services with children or adults for amelioration or prevention of problems that impact education. Counseling services relative to the practice of school psychology include but are not limited to the procedures of verbal interaction, interviewing, behavior modification, environmental manipulation, and group processes.

3. "Consultation" ~~which~~ *that* consists of educational or vocational consultation or direct educational services to schools, agencies, organizations, or individuals. Psychological consulting as ~~herein defined~~ *relative to the practice of school psychology* is directly related to learning problems and related adjustments.

4. Development of programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher involvement in adaptations and innovations.

"Psychological practitioner" means a person licensed pursuant to § 54.1-3606.3 to diagnose and treat mental and emotional disorders by providing counseling, psychotherapy, marital therapy, family therapy, group therapy, or behavioral therapy and to provide an assessment and evaluation of an individual's intellectual or cognitive ability, emotional adjustment, or personality, as related to the treatment of mental or emotional disorders.

"Psychologist" means a person licensed to practice school, applied, or clinical psychology.

"School psychologist" means a person licensed by the Board of Psychology to practice school psychology.

§ 54.1-3606. License required.

A. In order to engage in the practice of applied psychology, school psychology, or clinical psychology, *or to engage in practice as a psychological practitioner*, it shall be necessary to hold a license.

B. Notwithstanding the provisions of subdivision 4 of § 54.1-3601 or any Board regulation, the Board of Psychology shall license, as school psychologists-limited, persons licensed by the Board of Education with an endorsement in psychology and a master's degree in psychology. The Board of Psychology shall issue licenses to such persons without examination, upon review of credentials and payment of an application fee in accordance with regulations of the Board for school psychologists-limited.

Persons holding such licenses as school psychologists-limited shall practice solely in public school divisions; holding a license as a school psychologist-limited pursuant to this subsection shall not authorize such persons to practice outside the school setting or in any setting other than the public schools of the Commonwealth, unless such individuals are licensed by the Board of Psychology to offer to the public the services defined in § 54.1-3600.

The Board shall issue persons, holding licenses from the Board of Education with an endorsement in psychology and a license as a school psychologist-limited from the Board of Psychology, a license which notes the limitations on practice set forth in this section.

Persons who hold licenses as psychologists issued by the Board of Psychology without these limitations shall be exempt from the requirements of this section.

§ 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.*

2. That the Board of Psychology shall promulgate regulations to implement the provisions of the first enactment of this act in Title 54.1 to be effective no later than January 1, 2025. The Board of Psychology's initial adoption of regulations necessary to implement the provisions of the first enactment of this act shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), except that the Board of Psychology shall provide an opportunity for public comment on the regulations prior to adoption of such regulations.

3. That the Board of Nursing shall amend its regulations to add or remove the following requirements related to educational requirements for nursing faculty: (i) for baccalaureate degree and prelicensure graduate degree programs, add requirements that every clinical nursing faculty member hold a graduate degree in nursing, or hold a baccalaureate degree in nursing and be

enrolled in a graduate degree program, or hold a baccalaureate degree in nursing and hold alternative credentials, and that clinical faculty members with a graduate degree other than in nursing be required to hold a baccalaureate degree in nursing; (ii) for associate degree and diploma programs, remove requirements that the majority of the members of the nursing faculty hold a graduate degree, preferably with a major in nursing, and that all members of the nursing faculty hold a baccalaureate degree with a major in nursing; (iii) for associate degree and diploma programs, add requirements that the didactic members of the nursing faculty hold a graduate degree, preferably with a major in nursing, or hold a baccalaureate degree and be actively enrolled in a graduate degree program and that the clinical members of the nursing faculty hold a baccalaureate degree in nursing or an associate degree in nursing and be actively enrolled in a baccalaureate degree program in nursing; (iv) for practical nursing programs, remove the requirement that the majority of the members of the nursing faculty hold a baccalaureate degree, preferably with a major in nursing; and (v) for practical nursing programs, add a requirement that the nursing faculty hold a baccalaureate degree, preferably with a major in nursing, or hold an associate degree and be actively enrolled in a baccalaureate degree program.

4. That the Board of Nursing shall promulgate regulations to implement the provisions of the third enactment of this act to be effective no later than January 1, 2025. The Board of Nursing's initial adoption of regulations necessary to implement the provisions of the third enactment of this act shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), except that the Board of Nursing shall provide an opportunity for public comment on the regulations prior to adoption of such regulations.

Discipline Reports

Feb 10, 2024 to Apr 30, 2024

NEW CASES REC'D FROM ENFORCEMENT Feb 10, 2024 to Apr 30, 2024
48

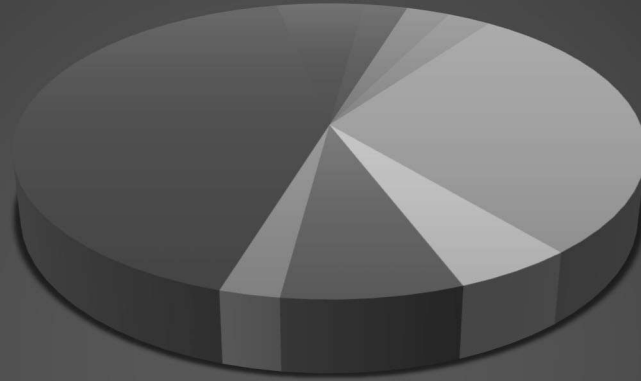
TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
31

OPEN CASE STAGES as of Apr 30, 2024	
Probable Cause Review	109
Scheduled for Informal Conferences	7
Scheduled for Formal Hearings	0
Other (pending CCA, PHCO, hold, etc.)	8
Cases with APD for processing (IFC, FH, Consent Order)	5
TOTAL CASES AT BOARD LEVEL	129

CONFERENCES AND HEARINGS			
Informal Conferences			
Conferences Held:	n/a		
Scheduled Conferences:	Jun 3, 2024	Sep 13, 2024	Nov 22, 2024
Formal Hearings			
Hearings Held:	n/a		
Scheduled Hearings:	Following board meetings, as needed		

CASES CLOSED Feb 10, 2024 to Apr 30, 2024	
Closed – No violation	35
Closed – Undetermined	1
Closed – Violation	
Conference/Hearing held	0
Consent Order	0
Confidential Consent Agreement	0
Mandatory Suspension	0
Summary Suspension	0
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	1
Credentials/Reinstatement – Withdrawn	1
TOTAL CASES CLOSED	38

Closed Case Categories



■ Business Practice Issues (1)

■ Confidentiality Breach (1)

■ Diagnosis/Treatment (11)

■ Eligibility (2)

■ Fraud, non-patient care (3)

■ Fraud, patient care (1)

■ No jurisdiction (16)

■ Records release (2)

■ Unlicensed practice (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	336 days
Avg. time in Enforcement (investigations)	83 days
Avg. time in APD (IFC/FH preparation)	260 days
Avg. time in Board (includes hearings, reviews, etc).	251 days

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

CASES RECEIVED YEAR-TO-DATE PER BOARD Jan 1, 2024 – Apr 30, 2024	
Board of Counseling	154
Board of Psychology	64
Board of Social Work	70
TOTAL CASES RECEIVED	288

CURRENT OPEN CASES PER BOARD as of Apr 30, 2024	
Board of Counseling	181
Board of Psychology	129
Board of Social Work	189
TOTAL CASES WITH BOARD STAFF	499

Discipline Staff for BSU

Jennifer Lang, Deputy Executive Director
 Christy Evans, Discipline and Compliance Case Manager
 Cheryl Branch, Audit Specialist (part-time)
 Discipline Reviewer, Board of Counseling (part-time)
 Discipline Reviewer, Board of Psychology (part-time)
 Discipline Reviewer, Board of Social Work (part-time), Vacant

PSYCHOLOGY LICENSING REPORT

Satisfaction Survey Results	
2024 3rd Quarter (January 1, 2024 – March 31, 2024)	94.1%

Totals as of May 5, 2024*

Current Active Licenses	
Clinical Psychologists	4,589
Resident in Training	393
Applied Psychologist	22
School Psychologists	95
Resident in School Psychology	37
School Psychologist-Limited	602
Sex Offender Treatment Provider	453
Sex Offender Treatment Provider Trainee	81
Total	6,272

*Unofficial numbers (for informational purposes only)

APPLICATIONS RECEIVED

Applications Received	November 2023*	December 2023*	January 2024*	February 2024*	March 2024*	April 2024*
Clinical Psychologists	36	27	39	38	36	42
Resident in Training	5	4	8	6	7	1
Applied Psychologist	2	3	1	0	0	1
School Psychologists	0	1	1	2	2	1
Resident in School Psychology	4	0	2	0	2	0
School Psychologist-Limited	6	3	3	3	1	2
Sex Offender Treatment Provider	2	0	2	2	1	0
Sex Offender Treatment Provider Trainee	2	8	4	5	1	3
Total	57	46	60	56	50	50

LICENSES ISSUED

Licensed Issued	November 2023	December 2023	January 2024	February 2024	March 2023	April 2024*
Clinical Psychologists	26	20	21	27	33	36
Resident in Training	5	3	5	4	6	4
Applied Psychologist	0	1	0	0	0	0
School Psychologists	0	1	0	0	1	0
Resident in School Psychology	2	0	2	1	2	1
School Psychologist-Limited	5	2	3	3	2	2
Sex Offender Treatment Provider	1	1	0	0	0	0
Sex Offender Treatment Provider Trainee	2	5	5	4	0	2
Total	41	33	36	39	44	45

*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 – Licensing Manager (Full-Time)

- **2024 Renewal**

- Email reminders will be sent early May to all licensees to the email address on record with the Board.
- Renewal FAQs and Renewal CE Explanation Chart can be found on the Board's website.