

Virginia Board of Psychology
Draft Board Meeting Minutes
Tuesday, September 10, 2024, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 3

PRESIDING OFFICER: Aliya Chapman, Ph.D.

BOARD MEMBERS PRESENT: Norma Murdock-Kitt, Ph.D.
Gary Sibcy, Ph.D.
William Hathaway, Ph.D.
Madeline Torres, Citizen Member
Danielle Spearman-Camblard, Psy.D.
Cheryl Snyder, Citizen Member

BOARD MEMBERS ABSENT: Susan Brown Wallace, Ph.D.
Sonal Doran, Psy.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, DHP
James Jenkins, RN, Agency Deputy Director, DHP and Special Advisor
to the Governor on Workforce
Matt Novak, Policy & Economic Analyst, DHP
Arne Owens, Agency Director, DHP

BOARD COUNSEL PRESENT: James Rutkowski, Assistant Attorney General

CALL TO ORDER: Dr. Chapman called the meeting to order at 10:05 a.m.

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

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

ADOPTION OF AGENDA: The agenda was adopted as presented.

PUBLIC ATTENDEES: Denise Daly-Konrad, Director of Strategic Initiatives for the Virginia Health Care Foundation

PUBLIC COMMENT: Contessa Tracy, Psy.D., provided written public comment (Attachment A)
Chanelle Batiste, provided written public comment (Attachment B)
Anonymous, provided written public comment (Attachment C)
Patricia McGuire, Psy.D., provided written public comment (Attachment D)

APPROVAL OF MINUTES: **Motion:** Dr. Sibcy made a motion, which was properly seconded by Ms. Snyder, to approve the minutes from the May 14, 2024, Quarterly Board meeting as presented. The motion passed unanimously.

AGENCY DIRECTOR REPORT:

Mr. Owens welcomed Board members and provided the following information:

- Expanded security measures are in place to provide a safe environment.
- General Assembly session went well and had many legislative changes that supported the Agency's plan to expand workforce opportunities.
- DHP Senior Leadership changes:
 - Executive Director for Enforcement - Sarah Rogers
 - Executive Director for Nursing – Claire Morris
 - Director of Communications – Kelly Smith
 - Chief Operating Officer – Leslie Knachel
- 2025 General Assembly (GA) – three months away. The Agency has submitted several proposals to the Governor's office.

PRESENTATION:

Barbara Hodgdon, Ph.D., Deputy Director and Yetty Shobo, Ph.D., Director, DHP Healthcare Workforce Data Center and Data Analytics Division presented a PowerPoint presentation on Virginia's 2024 Licensed Clinical Psychologist Workforce information that was included in the agenda packet.

Dr. Chapman thanked Dr. Hodgdon and Dr. Shobo for their attendance and information regarding the 2024 Survey Findings. The Board discussed the information provided in the Survey Findings.

LEGISLATIVE AND REGULATORY REPORT:

Chart of Regulatory Actions

Ms. Barrett reviewed with the Board the current regulatory actions for the Board of Psychology as of August 21, 2024. A copy of the chart was included in the agenda packet.

Withdrawal of NOIRA for Criminal Background Check

Ms. Barrett explained that § 54.1-2409.1:1 and the enacting language of PSYPACT found in § 54.1-3606.2 (Article III E 4) require the Board to perform criminal background checks.

Ms. Barrett recommended the Board withdraw its Notice of Intended Regulatory Action (NOIRA) to add regulatory language requiring compliance with the criminal background check requirement of PSYPACT because criminal background checks

are already in statute.

Motion: Dr. Sibcy made a motion, which was properly seconded by Ms. Snyder, to withdraw the NOIRA as the language was already included in the statute. The motion passed unanimously.

Adopt Exempt Regulatory Changes to License Psychological Practitioners

Ms. Barrett summarized to the Board the public comments received from the Public Hearing on September 09, 2024. Ms. Barrett stated that legislation requiring the board to issue psychological practitioner licenses passed the 2024 General Assembly Session. The legislation gave the Board little room for discretion. The exempt regulatory process requires the Board to begin issuing licenses by January 1, 2025.

Ms. Barrett provided a detailed overview of the psychological practitioner new licensure type and the proposed regulatory amendments. After brief discussion three additional changes were made.

- 18VAC125-20-57 was changed to read, “shall provide evidence of receipt of a master’s degree in a professional practice area of clinical, counseling or school psychology”.
- 18VAC125-20-57.C.1 was changed to read, “Achieving passing score as determined by the board”.
- 18VAC125-20-59 was changed to read, “Supervisors shall be licensed as a clinical psychologist in Virginia.”

Motion: Dr. Hathaway made a motion, which was properly seconded by Dr. Sibcy, to adopt the exempt regulatory changes regarding the licensure of psychological practitioners as amended. The motion passed unanimously.

UNFINISHED BUSINESS:

Dr. Chapman summarized the implementation of the EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills) examinations. Dr. Chapman suggested to the Board to address specific concerns in writing regarding the EPPP (Part 2- Skills) examination to ASPPB. Ms. Hoyle informed the Board that she had shared the Board’s concerns in writing after participating in the Town Hall event. This discussion will continue at the ASPPB Annual Conference in Dallas, Texas, October 29, 2024 – November 03, 2024.

The Board discussed briefly the Texas proposed ASPPB Bylaw Amendment. Dr. Chapman, who will be the voting delegate at the ASPPB Conference, asked the Board’s position on whether to vote in favor of this amendment.

Motion: Dr. Hathaway made a motion, which was properly seconded by Dr. Spearman-Camblard, to request Dr. Chapman vote in favor of the proposed amendment to the ASPPB Bylaws proposed by the Texas Board. The motion passed unanimously.

RECESS:

The Board recessed at 1:14 p.m.

RECONVENTION:

The Board reconvened at 1:25 p.m.

Dr. Chapman recommended further discussion on the proposed Guidance Document 125-3 to be added to the December 02, 2024, Regulatory Committee meeting agenda.

Dr. Chapman invited members of the Board who were interested in serving on the Regulatory Committee and the Special Conference Committee to let her know.

Ms. Hoyle addressed the Board regarding changes to future Committee meeting schedules to allow more time for public comments and ensure we are giving enough notification of agenda topics in compliance with the Freedom of Information Act. Regulatory Committee meetings will be held several weeks ahead of the Quarterly Board meetings. Additionally, Regulatory Committee meetings and Quarterly Board meetings will be held on Mondays at 10:00 a.m.

**UNFINISHED BUSINESS:
STAFF REPORTS:**

Executive Director's Report:

Ms. Hoyle communicated that Dr. Ball's 2nd term expired on June 30, 2024, and his replacement is Dr. Sonal Doran. A replacement for Dr. Wallace has yet to be named, so Dr. Wallace will continue serving on the Board until that time. Ms. Hoyle thanked Dr. Wallace for her continued commitment to the Board.

Ms. Hoyle provided an overview of the ASPPB's Potential Regulatory Implications of Master's Licensure (PRI-LM) Task Force. Additional discussion will be made at the ASPPB Annual Conference in Dallas, Texas, October 30 - November 03, 2024.

Ms. Hoyle provided an update on the budget and communicated the reason for the expenditures exceeding the revenue was due to increasing allocated expenditures related to increasing Agency expenses such as salaries and the implementation of state raises and increasing adjudication costs.

Ms. Hoyle asked for volunteers to present at the Virginia Academy of Clinical Psychologist (VACP) Board Conversation Hour on October 19, 2024. Dr. Sibcy volunteered to attend.

Discipline Report:

Ms. Lang referenced the discipline report on page 141 of the meeting agenda. She reported on the continued increase in discipline cases across the three behavioral science boards. The Board of Psychology received 124 completed investigations for calendar year 2023 and has already exceeded that number for the current calendar year. Additionally, there are approximately 30 open complaints in the investigation process.

Ms. Lang reported that staff is doing well to address the previous backlog of cases but that, due to the complexity of psychology cases and the overall increase in complaints, it will take time to get completely caught up. She noted that she was approved for a new discipline case specialist position and is currently working on the recruitment process. This position will be shared by the three BSU boards.

Licensing Report:

Ms. Lenart provided information on the licensing report included on page 156 of the agenda. She indicated that the Board has over 5,800 licenses, certification holders and registrants. Board staff is currently reviewing applications within 48 hours and received 84.6% satisfactory survey results for the 4th quarter.

Ms. Lenart is coordinating the Behavioral Sciences Boards Business Process Re-Engineering efforts. Ms. Lenart indicated that staffed has developed:

- Individual licensure handbooks for each license type;
- New websites pages for individuals applying for licensure, certification, or residency that give step-by-step process information and links to forms;
- Updated forms;
- Updated wording on the automated emails that go out to applicants;
- New psychology examination FAQs;
- New license verification pages; and,
- A flow chart for psychological practitioners.

The online application, online checklist and forms page will be completed by the end of the month.

NEW BUSINESS:

Jurisdictional Policy regarding testimony as practice

Per an email request from researchers at the University of Virginia, the board discussed the jurisdictional policy regarding testimony as practice. The Board noted that testimony is not necessarily the practice of psychology and that the courts are the gatekeepers as to who qualifies as an expert witness.

ELECTIONS:

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

Dr. Chapman opened the floor for nominations for the Chair and Vice Chair Board positions.

Motion: Dr. Murdock-Kitt made a motion, which was seconded by Ms. Snyder, to nominate Dr. Chapman as Chair. The motion passed unanimously.

Motion: Dr. Chapman made a motion, which was properly seconded by Dr. Sibcy, to nominate Dr. Hathaway as Vice-Chair. The motion passed unanimously.

NEXT MEETING DATE:

The next full Board meeting is scheduled for December 3, 2024.

ADJOURNMENT:

Dr. Chapman adjourned the meeting at 2:21 p.m.

Aliya Chapman, Ph.D., Chair Chairperson

Date

Jaime Hoyle, JD, Executive Director

Date

Sep. 10 Board Meeting

Contessa Tracy <contessatracy13@gmail.com>

Fri 9/6/2024 10:08 AM

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

Public Comment and cry out for help: EPPP

Short comment: If the board can not reduce the score, can they at least advocate for repeat test takers to get additional feedback (other than the helpless bar graphs) on how to improve our scores? I am desperate to know how I am meeting marks in my test prep and still unable to pass.

Letter To the Board:

My passion for military service and mental health care began in 2008 when I first enlisted in the Army National Guard. Following my commission as a Military Intelligence Officer in the Army Reserves, I served in various leadership roles while earning my doctorate in Clinical Psychology. My vision was clear, and I set out to become an Army Clinical Psychologist.

I fulfilled all academic requirements for my American Psychological Association (APA) accredited degree program by maintaining at least a B average GPA, completing over 2,000 hours of supervised practicum experience, passing a 2-part clinical competency exam, and successfully defending my clinical dissertation with original research. As of June 2020, I was reassessed onto Active Duty, received a second commission in the Army, and was accepted to one of the Army's premier Clinical Psychology Internship and Residency programs at Brooke Army Medical Center in San Antonio, TX.

I have faced significant challenges passing the EPPP to remain in my position as an Army Clinical Psychologist. I have been unable to achieve the minimum required score of 500 to be an independently licensed provider, despite completing three different EPPP test preparation programs and over 100 hours of additional paid tutoring. After 9 attempts, my highest score achieved thus far is a score of 472. As a result of having not passed the EPPP, I have faced hostile work environments, discrimination, isolation, and maltreatment. I have been removed from the Army Clinical Psychology profession and must fulfill my service obligation in another career field. These challenges have had adverse impacts on my physical and mental wellbeing. There are many more BIPOC individuals who share similar experiences.

Per the EPPP candidate handbook, "any Candidate who scores below 500 on either part of the EPPP will automatically receive performance feedback at the test center as part of the score report. The feedback will be reported by domain in the form of a bar graph." ASPPB refuses to provide repeat test takers with any additional feedback other than the bar graph. When ASPPB chooses to ignore the data for repeat test takers, this allows the organization to continue the highly profitable practice of mandating a multi-million-dollar generating exam with no oversight on the negative outcomes for their repeat test takers.

Relatedly, the selected panel of members who draft questions and the types of questions approved for the final versions of the exam raise concern. In February 2022, when I first sat for the exam, I remember a question asking who may be more likely to abuse their elderly parents when they are in a caretaker role. The answer choices listed individuals separated by race and gender. While ASPPB states that "50 questions are pretest items, which are not scored and do not count toward the final score", it raises concern that such a question could potentially make the difference between a candidate receiving a score of 497 or 500.

Given the serious concerns about the EPPP, I urge the consideration for a thorough independent investigation into the EPPP part 1 and 2 and ASPPB's professional practices. I ask that the VA State Board consider if the cutoff score to pass the EPPP should be decreased (i.e., to 400). Furthermore, I ask

that all State Board authorities take a strong stance against EPPP Part 2-Skills in support of the Texas State Board of Examiners of Psychologists' effort to urge ASPPB to amend its bylaws so that Part 2 can be put to a vote for member jurisdictions.

Thank you for your consideration,

Contessa A. Tracy, PsyD
CPT, Army
Medical Service Corps

September Public Comment Meeting

Chanelle Batiste <chanelle.batiste21@gmail.com>

Thu 9/5/2024 10:58 PM

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

Good morning,

I submitted a comment on behalf of the grassroots organization, Radical Psychs, but I would like to also speak on behalf of myself.

Good afternoon. I am coming before you today to discuss the EPPP Part 1 and its impact on the licensing process of Black psychologists. My interest in this topic came after my first attempt in October of 2022 but was reignited after my second attempt in May of 2023. On my first try, I received a 460 and reasoned with myself that maybe I didn't prepare enough, and I just needed to work harder. I found a community on Twitter, and we began studying together weekly for several months. Half of us were preparing to take the test again while the other half were on their first try and we shared our experiences and leaned on each other throughout the process. Across time zones and busy schedules, we made a way, studying silently on Zoom together to hold each other accountable, sharing multiple resources to add to our study materials, quizzing each other and discussing our responses to questions... the list goes on. As our test dates approached, which for several of us happened to be scheduled quite close together, we calmed each other's nerves knowing we worked hard and did our due diligence. And then test days came and went with no good news to report. 494, 480, 470, 480... months of hard work being dashed by a few missed questions. If any of you experienced not passing this test on the first try, you are aware of the feelings that follow. For anyone who had the privilege of not experiencing failing on more than one occasion, I'm here to tell you I would not wish that feeling on anyone. As gut-wrenching as this experience was, though, it underscored a need for action, an explanation. How could that amount of effort result in failures? We connected with more people seeking answers and formed an advocacy group called Radical Psychs. We started by looking at the literature and found two studies completed by Dr. Brian Sharpless that suggested what we had already suspected, that Black people were failing at a higher rate than our white counterparts. His findings in these separate studies revealed that the first-time failure rate for Black applicants in Connecticut was 23.3% compared to 5.75% for white applicants, and in New York Black applicants failed at a rate of 38.5% while white applicants had a failure rate of 14.07%. I decided to create my own online survey to see if other Black psychologists had similar experiences to our group, and to our dismay, many had. As of September 2024 188 people who have responded and only 36% passed on the first attempt. The vast majority of those who did not pass on their first attempt and reported a score scored within the 400s, and 66% of those respondents scored 450 or better. A score of 450 is ASPPB's recommended score for supervised practice. After years of training, which includes supervision from practicum through post-doc, a score between 450 and 499 on a test that claims to only be assessing your general knowledge, indicates you still require more supervision. Our sample continues to grow, and we believe it adds credence to Dr. Sharpless' work and puts under the spotlight a serious concern. So many people sharing about the financial and psychological toll this has taken on them, some whose careers hang in the balance if they do not pass, a few who have left the field all together. I cannot emphasize enough that we are more than just statistics. The people behind the numbers are experiencing the real world impact of not passing this exam and inspirational anecdotes and well-meaning but often unsolicited study tips (that many of us are using I might add) are not a solution. As we collected data, we've also been advocating. Our group has met with both APA and ASPPB to express our concerns. Responses to our questions only led to more questions, and highlighted why what we are doing is necessary. For example, why do several boards not know how many Black psychologists are licensed in their state? Why

is ASPPB not collecting data on the breakdown of pass rates by race for the EPPP? Without this information, how can it be determined that adverse impact is not happening, and for those who say that Black people are not disproportionately impacted, where is the data to support that? What is being done to address the concerns about a test that's validity and significance as a gatekeeping strategy has been questioned for years? My group is still working on figuring out where the answers to these questions are and will continue to do so. I come to you to ask if you will join us in these efforts. This is not an issue exclusive to psychologists. For those who are unfamiliar, the Association of Social Work Boards confirmation of concerns over racial disparities with their licensing exam has prompted action (<https://www.naswil.org/post/illinois-breaks-barriers-in-mental-health-workforce-achieving-remarkable-growth-in-licensed-social>). If the field of psychology is committed to continuing to diversify the profession, all potential roadblocks must be addressed. And as the EPPP Part 2 looms near, the sense of urgency is ever more present. There are too many brilliant minds being held back by a hurdle that does not measure if they're a good clinician or not; rather, it is being used as a selection test to exclude those who, according to ASPPB's standards, are not knowledgeable enough (though there is information on this exam than many can attest to being irrelevant in the day-to-day practice of clinical psychology). This is a call to action that is not just coming from a fellow professional, but a regular person who is scared to think of what will happen if I don't pass on my third try, who is dealing with anxiety I have never felt before but holds out hope that this work is going to make a difference for those coming behind me. At the time of writing this I am in my second month of unemployment, not because I am unskilled or unethical, but because a score of 494 was deemed not good enough. As I look to transition out of a field I love in order to protect my mental health, I hope the necessary changes that would bring me back are on the horizon.

Important Resources:

California Pass Rates as of 2024 is 39%

https://www.psychology.ca.gov/applicants/exams/2024_monthly_eppp.pdf

Research on EPPP's impact on aspiring clinicians

<https://www.mindfulepppjourney.com/eppp-data>

FOR 9/9/24-9/10/24 MEETING: EPPP, EPPP-2 AND RELATED PUBLIC COMMENTS

P. K. <acctsubscriptions@gmail.com>

Fri 9/6/2024 4:13 PM

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

To whomever this may concern,

I am a doctoral candidate in an APA-accredited program in clinical science actively preparing to apply to internship and post-doctoral training sites across the State of Virginia, among other states, in the coming months.

I would appreciate if this entire e-mail correspondence could be publicly read and formally documented as part of the Board's record for the upcoming meeting next week on Monday, Sept. 9th and Tuesday, Sept. 10th.

As a soon-to-be licensed psychologist, my correspondence serves to communicate and raise three (3) primary areas of grave and severe concerns to the Board:

1) The lack of readily available and accessible data for the general public on the Board of Psychology's website as to the racial, ethnic and disability composition and demographic background of its licensed psychologists across the State of Virginia

2) The lack of available data for the general public on the Board of Psychology's website as to the racial, ethnic and disability composition and demographic background of all of its Licensee applicants, in the State of Virginia, who have attempted to take the EPPP, including information as to its pass and failure rates.

Relatedly: I would appreciate clarity and written correspondence as to the Board's decision as to the EPPP Part 2, especially given its serious litigation, lack of research as to its efficacy or utility, and if the Board's decision will change in the future, and if so, what evidence-based approaches and substantial data the State would use to change or enforce requirements as to the EPPP-2 for future applicants

3) Information as to the Board's decision on multiple requests over the years to LOWER the score for the EPPP for current and future applicants to become licensed in the State of Virginia, and, the inclusion of evidence-based literature as to the systemic discrimination of the EPPP towards racially and ethnically minoritized applicants by use of arbitrary cut off scores

Ultimately, to attract competent licensed psychologists, competitive talent, and, dramatically increase the availability of diverse and culturally-responsive providers and clinical scientists to serve the general public across the State of Virginia, I strongly believe the Board should take meaningful, timely steps to address the above areas of concern.

I sincerely look forward as to my written correspondence being verbally recorded and addressed by the State of Virginia's Board of Psychology, as well as learning as to what timely action-plans will be

taken by its leadership to address the above matters.

Respectfully submitted,

--

P. K. C.

Doctoral Candidate, Clinical Science

From: P M <pmcguire1109@gmail.com>
Sent: Friday, September 6, 2024 9:29 PM
To: Board of Psychology <psy@dhp.virginia.gov>
Subject: Public comment for meeting

I am against the eppp part two being adopted widely. The passing of this will add an extra barrier for licensure when there is a shortage of providers already. I am a licensed psychologist currently unable to become licensed in a different state due to the adoption of this exam. We know the eppp already has a higher failure rate for people of color adding an additional exam creates an extra hurdle.

Patricia McGuire, Psy.D.

Project 8043 - Final

Board of Psychology

Licensing of psychological practitioners

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 a lapsed license	\$270	\$125	<u>\$270</u>
12. Reinstatement following revocation or suspension	\$500	\$500	<u>\$500</u>
<u>13. 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.~~ Between January 1, 2025, and December 31, 2026, the cost for application processing and initial licensure of psychological practitioners shall be \$100.

18VAC125-20-41. Requirements for licensure by examination.

A. Every applicant for licensure by examination shall:

1. Meet the education requirements prescribed in 18VAC125-20-54, 18VAC125-20-55, ~~or 18VAC125-20-56, or 18VAC125-20-57~~ and the experience requirement prescribed in 18VAC125-20-65 as applicable for the particular license sought; and

2. Submit the following:

a. A completed application on forms provided by the board;

b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65, if applicable;

c. The application processing fee prescribed by the board;

d. Official transcripts documenting the graduate work completed and the degree awarded; transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained.

Applicants who are graduates of institutions that are not regionally accredited shall submit documentation from an accrediting agency acceptable to the board that their education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55, ~~or 18VAC125-20-56, or 18VAC125-20-57;~~

e. A current report from the National Practitioner Data Bank; and

f. Verification of any other health or mental health professional license, certificate, or registration ever held in Virginia or another jurisdiction. The applicant shall not have surrendered a license, certificate, or registration while under investigation and shall have no unresolved action against a license, certificate, or registration.

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

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

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

18VAC125-20-42. Prerequisites for licensure by endorsement.

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

1. A completed application;
2. The application processing fee prescribed by the board;
3. An attestation of having read and agreed to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia;
4. Verification of all other health and mental health professional licenses, certificates, or registrations ever held in Virginia or any jurisdiction of the United States or Canada. In order to qualify for endorsement, the applicant shall not have surrendered a license, certificate, or registration while under investigation and shall have no unresolved action against a license, certificate, or registration;
5. A current report from the National Practitioner Data Bank; and
6. Further documentation of one of the following:
 - a. A current credential issued by the National Register of Health Service Psychologists;
 - b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
 - c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
 - d. Five years of active licensure in a category comparable to the one in which licensure is sought with at least 24 months of active practice within the last 60 months immediately preceding licensure application; or
 - e. If less than five years of active licensure or less than 24 months of active practice within the last 60 months, documentation of current psychologist licensure in good

standing obtained by standards substantially equivalent to the education, experience, and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following: (1) Verification of a passing score on all parts of the Examination for Professional Practice of Psychology that were required at the time of original licensure; and (2) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

18VAC125-20-57. Education requirements for psychological practitioners.

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

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

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

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

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

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

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

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

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

18VAC125-20-59. Supervisors of psychological practitioners.

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

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

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

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

3. Appropriate professional development; and

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

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

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

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

18VAC125-20-80. General examination requirements.

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

B. A candidate for autonomous practice as a licensed psychological practitioner shall achieve a passing score on the clinical portion of the national examination within two years

immediately preceding the application for autonomous practice. A candidate may request an extension of the two-year limitation for extenuating circumstances.

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

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.