Virginia Department of Health Professions
Board of Psychology

Agenda
Full Board Meeting
August 10, 2026
10:00 A.M.
9960 Mayland Dr, 2nd Floor
Board Room 4
Richmond, VA 23233

Call to Order – William Hathaway, PhD, 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.

- Statement from Jennifer Shaw, PsyD ……Page 6

Approval of Minutes

Board Meeting – May 4, 2026*……..…….....Page 8

Agency Director Report (Verbal Report) – David Brown, DC

Board Counsel Report – Jim Rutkowski, Office of the Attorney General

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Legislative and Regulatory Report –Matt Novak, DHP Regulatory Coordinator

- Regulatory Chart …..……..……...….....Page 13
- Regulatory Process ……..Page 15
- Fast Track action to amend EPPP references ...……Page 16

Staff Reports

- **Executive Director's Report** – Maria Stransky, Executive Director, Boards of Counseling, Psychology and Social Work (BSU)
- **Discipline Report** – Jennifer Lang, Deputy Executive Director, BSU
- **Licensing Report** – Meagan Ohlsson, Senior Licensing Specialist ..……...…..Page 21

New Business –

- **2026 Clinical Psychologist Workforce Report** – Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center ……Page 23

Next Meeting – November 2, 2026

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.

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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.

Jennifer A. Shaw, Psy.D.

July 30, 2026

To the Members of the Virginia Board of Psychology

August 10-11, 2026 Board Meetings

Dear Members of the Board:

I am writing to inform you that I intend to appear and address the Board at the meetings scheduled for August 10-11, 2026. My purpose will be to inform the Board concerning the following matters, each of which is important to the health and welfare of abused children.

Child Safety

The Board of Psychology must place child safety at the top of its agenda. The Board, its members and its staff owe duties of care to the children whose care is considered. I have witnessed grave risk of harm to abused children in the conduct of Board hearings and conferences. The Board must take steps to prevent this from ever happening again.

Ethical Standards

Each member of the Board of Psychology must adhere to the highest ethical standards. This is especially true of the psychologists on the Board. The Board must ensure that each of its own members and each member of its staff faithfully complies with applicable ethical standards. The Board leads the profession in Virginia and it must do so with integrity.

Favoritism

The Board of Psychology must prevent favoritism to friends, colleagues, family members and others from taking priority over (i) proper administration of Board affairs or (ii) outcomes that are fair and just. I have witnessed known child abusers receiving favorable treatment to the detriment of minor children, protective parents, legal guardians, courts and the community of professionals dedicated to protecting children.

Self-Protection

Hiding the truth to protect the Board and its staff must not be permitted, especially in the case of licenses granted to known child abusers. Transparency in the conduct of Board affairs must be maintained, subject only to confidentiality needed to prevent harm.

Proper Conduct of Hearings and Conferences

Board hearings and conferences must be conducted so that abused children are not subjected to the risk of additional harm by their abusers. I have witnessed serious violations of this important mandate. In addition, the knowledge, skill training and experience of qualified experts

must be considered. When the Board makes a mistake, it should recognize, acknowledge and correct that mistake.

Needed Legislation

Legislation is needed to ensure child safety, to enforce ethical standards, to prevent favoritism, to guarantee transparency and to establish minimum standards for Board hearings and conferences. The Board should support legislative efforts in these areas.

Respectfully submitted,

Jennifer A. Shaw, Psy.D.

Email: jenshaw14@gmail.com

Phone: 703.402.7232

Virginia Department of Health Professions
Board of Psychology

Virginia Board of Psychology

DRAFT Board Meeting Minutes
Monday, May 04, 2026, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Training Room 1

PRESIDING OFFICER: William Hathaway, Ph.D., Chair

BOARD MEMBERS PRESENT: Cheryl Snyder, Citizen Member
Danielle Spearman-Camblard, Psy.D.
Gary Sibcy, Ph.D., Vice Chair
Karen Trump, Ed.D.
Madeline Torres, QMHP-A, Citizen Member
Sonal Pancholi Doran, Psy.D.
Stacey Hoffmann, Psy.D. *(left meeting at 11:13 am)*
Timothy Barclay, Ph.D.

BOARD STAFF PRESENT: Maria Stransky, LPC, CSOTP, CSAC, Executive Director
Jennifer Lang, Deputy Executive Director
Krystal Blanton, Discipline and Compliance Case Specialist
Meagan Ohlsson, Senior Licensing Specialist

DHP STAFF PRESENT: Matt Novak, Agency Regulatory Coordinator, DHP *(left meeting at 11:13 am)*

BOARD COUNSEL PRESENT: James Rutkowski, Assistant Attorney General

CALL TO ORDER: Dr. Hathway called the meeting to order at 10:00 a.m.

ESTABLISHMENT OF A QUORUM: At the time of roll call, Ms. Ohlsson noted that with nine members present, a quorum was established.

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

ADOPTION OF AGENDA: The agenda was adopted as presented.

PUBLIC ATTENDEES: Jennifer Shaw, Psy.D.
Joseph McMenamin, Esq.

PUBLIC COMMENT: None

APPROVAL OF MINUTES: The Board reviewed the minutes of the August 25, 2025, meeting and adopted them as presented.

BOARD COUNSEL REPORT: Mr. Rutkowski indicated that his role as the Assistant Attorney General in the Virginia Office of the Attorney General is changing to Section Chief due to a promotion. Mr. Rutkowski will continue in his current role until a replacement is provided.

LEGISLATIVE AND REGULATORY REPORT:

Chart of Regulatory Actions

Mr. Novak reviewed the regulatory actions chart dated April 28, 2026. He reported that HB255 passed during the 2026 General Assembly Session and discussed the implications of its passage. The Board will discuss this topic at a future meeting to evaluate potential advantages and disadvantages of consolidating the scope of practice of School Psychologists into the scope of psychological practitioners and/or clinical psychologists.

STAFF REPORTS:

Executive Director's Report:

Ms. Stransky reported that ASPPB has implemented an additional charge of $50 for ESL candidates and $9 an hour for those candidates seeking extra time. These costs will be incurred by the Board.

Ms. Stransky reminded the Board that Dr. Hathaway, Dr. Sibcy and Ms. Snyder's board appointments will expire 06/30/2026 and encouraged them to seek reappointment. Ms. Stransky thanked the members for their dedicated service and work.

Ms. Stransky instructed the Board to vote for a new Psychology Interjurisdictional Compact Commissioner (PSYPACT). Dr. Pancholi Doran expressed an interest in serving in this role.

Motion: Dr. Sibcy moved, which was properly seconded by Dr. Spearman-Camblard to nominate Dr. Pancholi Doran as the new Psychology Interjurisdictional Compact Commissioner (PSYPACT). The motion passed unanimously.

Ms. Lang and Ms. Stransky attended the Virginia Sex Offender Treatment Association Conference (VSOTA) in Richmond, VA on April 29-30, 2026. Ms. Lang gave a presentation.

Discipline Report:

Ms. Lang referred to the disciplinary report, starting on page 23. She also welcomed Ms. Stransky as Executive Director, noting that she has transitioned smoothly into the role. She congratulated Mr. Rutkowski on his promotion and thanked him for his years of service representing the boards. Ms. Lang added that she presented at the Virginia Sex Offender Treatment Association Conference on April 29, 2026.

Licensing Report:

Ms. Stransky provided a summary of Ms. Lenart's report, starting on page 62. Ms. Stransky acknowledged Ms. Lenart's retirement from the agency effective June 26, 2026. She thanked her for her dedicated service to the Behavioral Sciences Unit.

OLD BUSINESS: **Examination Requirement Discussion**

The board discussed changing the guidance document 125-3 language to coincide with 18VAC125-20-57 to remove clinical psychology and school psychology as a degree requirement. Following discussion, the Board agreed to refer this matter to the Regulatory Committee for further discussion.

PRESENTATION: **Psychological Practitioner Credentialing Reviewer Update**

Dr. Chapman provided a summary of the comparisons relating to the required coursework requirements in the general knowledge of the specific discipline and competencies as referenced in guidance document 125-3. Dr. Chapman suggested the board consider providing a description of each content area on the Areas of Graduate study form. Following discussion, the Board agreed to refer this matter to the Regulatory Committee for further discussion.

Dr. Hathaway thanked Dr. Chapman for her work with the review of the psychological practitioner license applications.

RECESS: The Board recessed at 11:13 a.m.

RECONVENTION: The Board reconvened at 11:25 a.m.

NEW BUSINESS: **Conference Updates**

Dr. Sibcy attended the Virginia Psychological Association Conference (VACP) in Richmond on October 11, 2025. Dr. Sibcy reported there was discussion regarding the length of time for complaints to be resolved.

Dr. Hathaway attended The Association of State and Provincial Psychology Boards Conference (ASPPB) in Charlotte, NC on April 17-18, 2026. Dr. Hathaway reported the current EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills) will remain available to all approved candidates until the integrated EPPP takes effect in the fourth quarter of 2027. He also reported concerns over use of AI technology and its usage. The Board will include this topic on a future meeting agenda.

Dr. Trump and Dr. Pancholi Doran attended the (VACP) Conference in Staunton, VA on April 18, 2026. Dr. Trump reported there were discussions regarding the impact of AI. Dr. Pancholi Doran reported there was discussion regarding the length of time for complaints to be resolved. She further reported there were discussions on billing, insurance and coding regarding those licensed as psychological practitioners. Dr. Pancholi Doran reported that there were concerns that psychological measures are being used by social workers who are not licensed psychologists.

Dr. Shaw provided a verbal statement. Dr. Hathaway thanked Dr. Shaw.

Motion: Ms. Torres moved, which was properly seconded by Ms. Snyder to move to closed session.

Motion: Ms. Torres moved, which was properly seconded by Ms. Snyder to open session.

RECESS: The Board recessed at 12:58 p.m.

RECONVENTION: The Board reconvened at 1:14 p.m.

Motion: Dr. Spearman-Camblard moved, which was properly seconded by Dr. Sonal Pancholi to closed session.

Motion: Dr. Spearman-Camblard moved, which was properly seconded by Dr. Sibcy to open session.

RECOMMENDED DECISIONS: **Consideration of Recommend Decisions**

Dr. Hoffmann recused herself from the recommended decision consideration due to a conflict of interest.

Jennifer Shaw, Applicant for licensure by exam

Case No. 246758

Dr. Shaw provided the Board with a written response to the recommended decision. Additionally, she appeared at the board meeting with her attorney and provided a statement to the board members. The board considered Dr. Shaw's written and verbal statements, and the agency subordinate's recommendation to deny the application for licensure as a clinical psychologist.

Closed Meeting:

Dr. Spearman-Camblard moved that the Board of Psychology convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* to consider recommended decisions from the agency subordinate in the matters of Hemini Naik, Psy.D., LCP, and Jennifer Shaw, Applicant for LCP by Exam. She further moved that James Rutkowski, Maria Stransky, Jennifer Lang, and Meagan Ohlsson attend the closed meeting because their presence was deemed necessary and would aid the board in its deliberations. The motion was seconded and passed unanimously.

Reconvened in Open Meeting: Dr. Spearman moved to certify that, pursuant to § 2.2-3712 of the *Code of Virginia*, the Board of Psychology heard, discussed, or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion. The motion was seconded and passed unanimously.

Decision:

Upon a motion by Dr. Pancoli Doran, and duly seconded by Ms. Snyder, the board unanimously voted to refer the matter of Jennifer Shaw, Applicant, to a formal hearing.

Recess:

The meeting recessed at 12:58 p.m. and reconvened at 1:14 p.m.

Hemini Naik, LCP

License No. 0810004315

Case No. 223176

Dr. Naik did not appear before the board and did not submit a written response. The board considered the agency subordinate's recommendation for a reprimand.

Closed Meeting:

Dr. Spearman-Camblard moved that the Board of Psychology convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* to consider recommended decisions from the agency subordinate in the matter of Hemini Naik, Psy.D., LCP. She further moved that James Rutkowski, Maria Stransky, Jennifer Lang, and Meagan Ohlsson attend the closed meeting because their presence was deemed necessary and would aid the board in its deliberations. The motion was seconded and passed unanimously.

Reconvene:
Dr. Spearman moved to certify that, pursuant to § 2.2-3712 of the *Code of Virginia*, the Board of Psychology heard, discussed, or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion. The motion was seconded and passed unanimously.

Decision:
Upon a motion by Dr. Trump, and duly seconded by Ms. Dr. Pancholi Doran, the board unanimously voted to refer the matter of Hemini Naik, LCP, to a formal hearing.

NEXT MEETING DATE: The next full Board meeting is scheduled for August 10, 2026.

ADJOURNMENT: Dr. Hathaway adjourned the meeting at 1:35 p.m.

_____ _____

Maria Stransky, LPC, CSOTP, CSAC, Executive Director Date

Board of Psychology
Current Regulatory Actions
As of July 20, 2026

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	Expansion of allowed courses for meeting applied psychology educational requirements	9/4/2025	146 days	Allow courses taken outside of the degree program to qualify towards licensure as an applied psychologist.
18VAC125-20	NOIRA	Periodic review and implementation of resulting amendments to 18VAC125-20	9/9/2025	306 days	Periodic review action and incorporation of identified changes.
18VAC125-20	Proposed	Amendments to licensure by endorsement	12/5/2024	129 days	Reduces burdens on applicants and simplifies the application process.
18VAC125-30	NOIRA	Periodic review and implementation of resulting amendments to 18VAC125-30	9/9/2025	304 days	Periodic review action and incorporation of identified changes.

At DPB

None.

At OAG

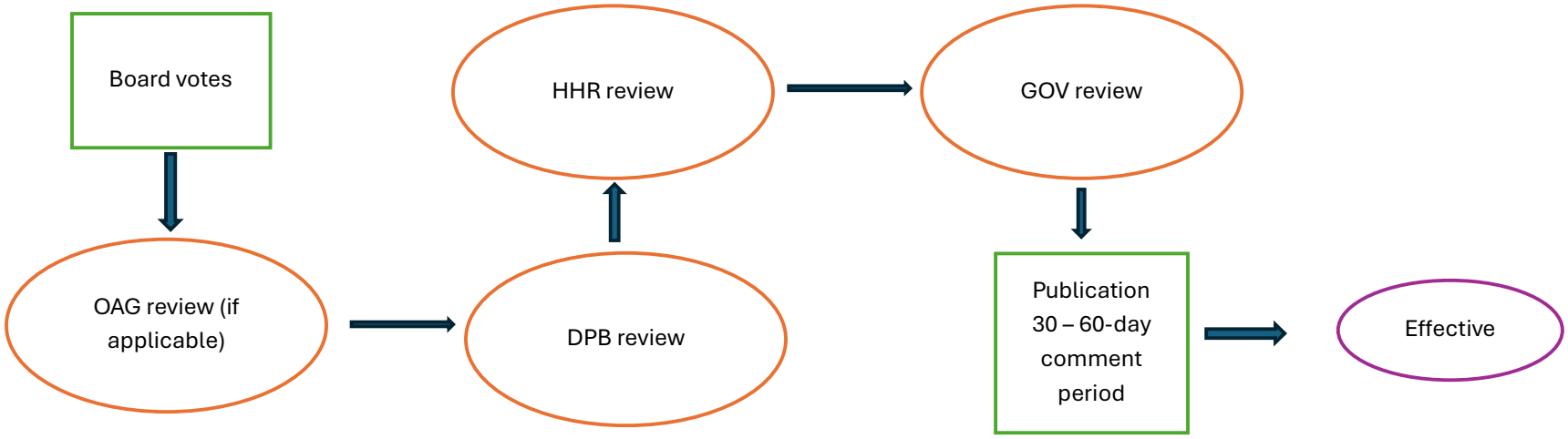
None.

Recently effective or awaiting publication

None.

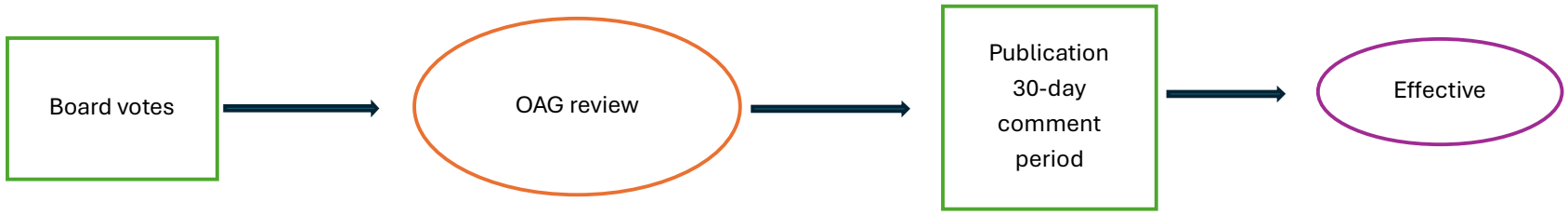
Regulatory Process

Standard rulemaking and fast-track



*Standard rulemaking includes three steps: notice of intended regulatory action ("NOIRA"), proposed stage, and final stage. Fast-track rulemaking includes one step.

Exempt regulations



Agenda Item: Consideration of regulatory amendment regarding EPPP references

Included in your agenda package:

- Draft changes to Chapter 20 recommended by the Regulatory Committee.

Action needed:

- Acceptance of the recommendation of the Regulatory Committee to issue a fast-track regulatory action to amend EPPP references in Chapter 20.

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, 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 the applicant's education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55, 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~~ a national exam recognized by the board 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 master's degree level psychological practice on the academic portion of ~~the Examination for Professional Practice of Psychology~~ a national exam recognized by the

board. Every licensed psychological practitioner applying for autonomous practice shall achieve a passing score as determined by the board for master's degree level psychological practice on the clinical portion of ~~the Examination for Professional Practice of Psychology~~ a national exam recognized by the board.

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: (i) verification of a passing score on all parts of ~~the Examination for Professional Practice of Psychology~~ a national exam recognized by the board that were required at the time of original licensure and (ii) official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

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 represent that the practitioner can 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, each 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~~ a national exam recognized by the board; 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 master's degree level psychological practice on the clinical portion of ~~the Examination for Professional Practice of Psychology~~ a national exam recognized by the board; and

3. Evidence of one year of full-time, post-licensure supervised practice. The evidence of supervised practice shall consist of an attestation that 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 of this section;

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.

PSYCHOLOGY LICENSING REPORT

Satisfaction Survey Results	
2026 4th Quarter (April 1, 2026 - June 30, 2026)	**96.6%**

Current Active Licenses	
Clinical Psychologist	5,074
Resident in Training	132
Applied Psychologist	24
School Psychologist	101
Resident in School Psychology	32
School Psychologist-Limited	129
Sex Offender Treatment Provider	425
Sex Offender Treatment Provider Trainee	98
Psychological Practitioner	1
TOTAL:	**6,015**

TOTALS AS OF JULY 31, 2026*

*Unofficial numbers (for informational purposes only)

APPLICATIONS RECEIVED

Applications Received	February 2026*	March 2026*	April 2026*	May 2026*	June 2026*	July 2026*
Clinical Psychologists	40	37	33	33	36	39
Resident in Training	4	9	3	6	8	10
Applied Psychologists	0	0	1	2	3	0
School Psychologists	4	0	3	5	4	4
Resident in School Psychologists	4	2	3	3	4	1
School Psychologist-Limited	0	0	0	0	0	1
Sex Offender Treatment Provider	0	2	1	1	1	2
Sex Offender Treatment Provider Trainee	2	6	5	3	6	2
Psychological Practitioner	4	2	3	2	5	0
TOTAL:	58	58	52	55	67	59

LICENSES ISSUED

License Issued	February 2026*	March 2026*	April 2026*	May 2026*	June 2026*	July 2026*
Clinical Psychologists	32	32	34	30	40	35
Resident in Training	3	4	4	3	11	7
Applied Psychologists	0	0	0	0	0	0
School Psychologists	1	1	0	0	1	1
Resident in School Psychologists	1	1	3	2	1	1
School Psychologist-Limited	0	0	0	0	0	0
Sex Offender Treatment Provider	0	3	0	2	0	1
Sex Offender Treatment Provider Trainee	1	6	6	3	3	5
Psychological Practitioner	0	0	0	0	1	0
TOTAL:	38	47	47	40	57	50

*Unofficial numbers (for informational purposes only)

DRAFT

Virginia's Licensed Clinical Psychologist Workforce: 2026

Healthcare Workforce Data Center

July 2026

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

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

In total, 4,587 Licensed Clinical Psychologists voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Psychology express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD	Barbara Hodgdon, PhD	Rajana Siva, MBA	Christopher Coyle, BA	Venus Onyango,
Director	*Deputy Director*	*Data Analyst*	*Research Assistant*	*Summer Intern*

Virginia Board of Psychology

Board Chair

William Hathaway, PhD
Virginia Beach

Board Vice-Chair

Gary Sibcy, PhD
Lynchburg

Members

Timothy Barclay, PhD
Forest

Sonal Doran, PsyD
Vienna

Stacey Hoffmann, PsyD
Great Falls

Cheryl Snyder
Spotsylvania

Danielle Spearman-Camblard, PsyD
Lynchburg

Madeline Torres, QMHP-A
Glen Allen

Karen Trump, EdD
Glen Allen

Executive Director

Maria Stransky, LPC, CSAC, CSOTP

Contents

The Licensed Clinical Psychologist Workforce At a Glance:

The Workforce

Licensees:	5,399
Virginia's Workforce:	3,275
FTEs:	2,774

Survey Response Rate

All Licensees:	85%
Renewing Practitioners:	96%

Demographics

Female:	73%
Diversity Index:	39%
Median Age:	50

Background

Rural Childhood:	18%
HS Degree in VA:	23%
Prof. Degree in VA:	26%

Education

Doctor of Psych.:	61%
Other PhD:	39%

Finances

Median Inc.:	$110k-$120k
Health Benefits:	60%
Under 40 w/ Ed. Debt:	58%

Current Employment

Employed in Prof.:	94%
Hold 1 Full-Time Job:	54%
Satisfied:	96%

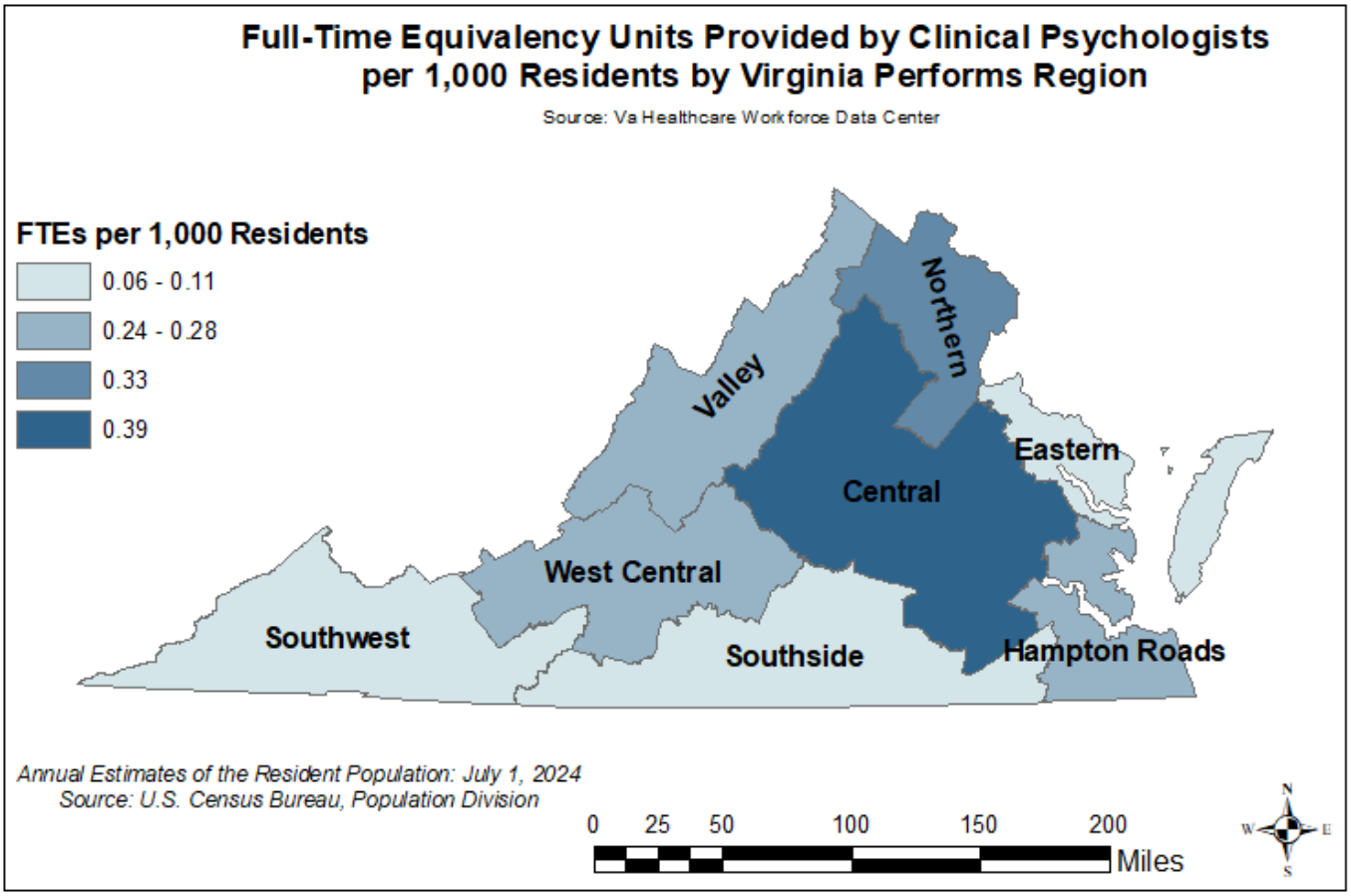
Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	73%

Time Allocation

Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	65%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2026 Licensed Clinical Psychologist (LCP) Workforce Survey. Among all LCPs, 4,587 LCPs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCPs. These survey respondents represent 85% of the 5,399 LCPs licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 3,275 LCPs participated in Virginia's workforce during the survey period, which is defined as those LCPs who worked at least a portion of the year in the state or who live in the state and intend to work as an LCP at some point in the future. Over the past year, Virginia's LCP workforce provided 2,774 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly three out of every four LCPs are female, including 87% of those LCPs who are under the age of 40. Meanwhile, the median age of this workforce is 50. In a random encounter between two LCPs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 47% among those LCPs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. In total, 18% of LCPs grew up in a rural area, and 4% of LCPs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 3% of all LCPs work in a non-metro area of the state.

Among all LCPs, 94% are currently employed in the profession, 54% hold one full-time job, and 39% work between 40 and 49 hours per week. Nearly three out of every four LCPs work in the private sector, including 61% who work in the for-profit sector. More than one out of every three LCPs carry education debt, including 58% of those LCPs who are under the age of 40. For those LCPs with education debt, the median outstanding balance is between $120,000 and $130,000. The median annual income of Virginia's LCP workforce is between $110,000 and $120,000, and 50% of LCPs receive this income in the form of a salary. In addition, 73% of all wage and salaried LCPs receive at least one employer-sponsored benefit, including 60% who have access to health insurance. Among all LCPs, 96% are satisfied with their current work situation, including 69% of LCPs who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2016 LCP workforce. The number of licensed LCPs in Virginia has increased by 65% (5,399 vs. 3,282). In addition, the size of Virginia's LCP workforce has increased by 34% (3,275 vs. 2,440), and the number of FTEs provided by this workforce has increased by 27% (2,774 vs. 2,191). Virginia's renewing LCPs are more likely to respond to this survey (96% vs. 93%).

The percentage of LCPs who are female has increased (73% vs. 64%), while the median age of Virginia's LCP workforce has fallen (50 vs. 51). The diversity index of Virginia's LCP workforce has increased (39% vs. 27%), and this is also the case among LCPs who are under the age of 40 (47% vs. 37%). LCPs are slightly less likely to have grown up in a rural area (18% vs. 19%), and LCPs who grew up in a rural area are less likely to work in a non-metro area of Virginia (4% vs. 6%). Furthermore, the percentage of all LCPs who work in a non-metro area of the state has fallen as well (3% vs. 4%). Meanwhile the percentage of all LCPs who carry education debt has declined (34% vs. 38%), and this trend also occurred among those LCPs who are under the age of 40 (58% vs. 72%). However, the median outstanding balance among those LCPs with education debt has increased ($120k-$130k vs. $80k-$90k).

Virginia's LCPs are less likely to be employed in the profession (94% vs. 95%) or hold one full-time job (54% vs. 56%). At the same time, LCPs are relatively more likely to work less than 30 hours per week (21% vs. 19%) than between 40 and 49 hours per week (39% vs. 42%). In addition, LCPs are more likely to work in the for-profit sector (61% vs. 58%) than in a state or local government (13% vs. 18%). The median annual income of Virginia's LCP workforce has increased ($110k-$120k vs. $80k-$90k). In addition, wage and salaried LCPs are also more likely to receive at least one employer-sponsored benefit (73% vs. 69%), including those LCPs who receive paid vacation (63% vs. 59%) and have access to a retirement plan (60% vs. 58%). The percentage of LCPs who indicated that they are satisfied with their current work situation has fallen (96% vs. 97%), including those LCPs who indicated that they are "very satisfied" (69% vs. 70%).

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	4,555	85%
New Licensees	449	8%
Non-Renewals	395	7%
All Licensees	**5,399**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LCPs, 96% submitted a survey. These represent 85% of the 5,399 LCPs who held a license at some point during the survey period.

Definitions

1. **The Survey Period:** The survey was conducted in June 2026.
2. **Target Population:** All LCPs who held a Virginia license at some point between July 2025 and June 2026.
3. **Survey Population:** The survey was available to LCPs who renewed their licenses online. It was not available to those who did not renew, including LCPs newly licensed in 2026.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 35	155	420	73%
35 to 39	119	643	84%
40 to 44	107	763	88%
45 to 49	89	662	88%
50 to 54	60	517	90%
55 to 59	67	467	88%
60 to 64	50	303	86%
65 and Over	165	812	83%
Total	**812**	**4,587**	**85%**
New Licenses			
Issued in Past Year	249	200	45%
Metro Status			
Non-Metro	20	138	87%
Metro	358	2,684	88%
Not in Virginia	434	1,765	80%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	**4,587**
Response Rate, All Licensees	**85%**
Response Rate, Renewals	**96%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCPs

Number:	5,399
New:	8%
Not Renewed:	7%

Response Rates

All Licensees:	85%
Renewing Practitioners:	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LCP Workforce:	3,275
FTEs:	2,774

Utilization Ratios

Licensees in VA Workforce:	61%
Licensees per FTE:	1.95
Workers per FTE:	1.18

Source: Va. Healthcare Workforce Data Center

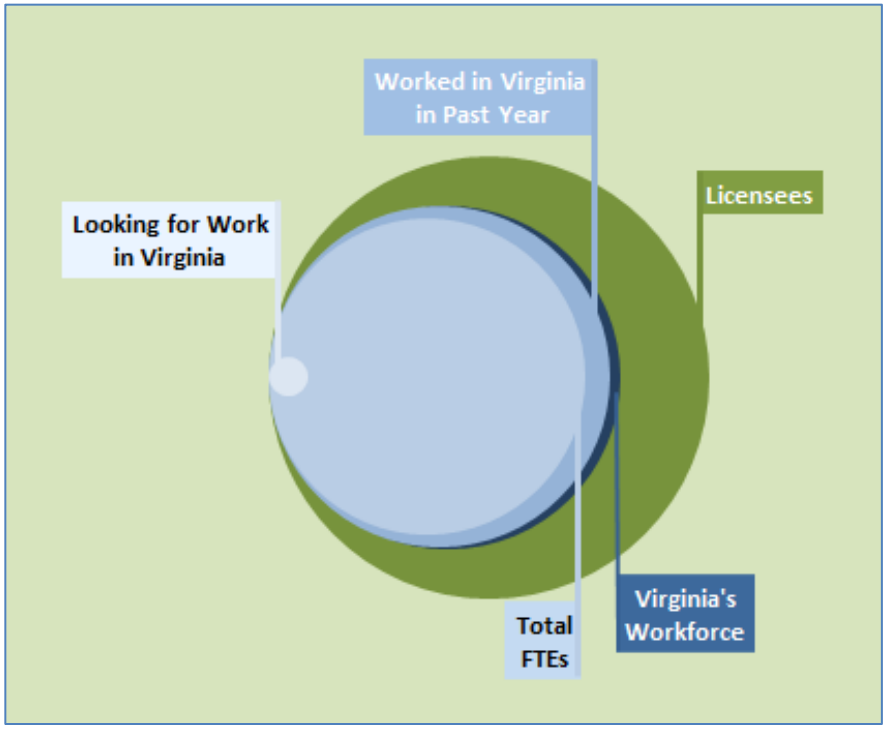
Definitions

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

Virginia's LCP Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	3,231	99%
Looking for Work in Virginia	44	1%
Virginia's Workforce	**3,275**	**100%**
Total FTEs	**2,774**	
Licensees	**5,399**	

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	24	9%	254	91%	278	11%
35 to 39	56	16%	283	84%	339	13%
40 to 44	84	21%	312	79%	397	15%
45 to 49	61	18%	286	83%	347	13%
50 to 54	71	25%	218	75%	290	11%
55 to 59	73	28%	186	72%	259	10%
60 to 64	45	28%	113	72%	157	6%
65 and Over	278	52%	257	48%	536	21%
Total	**692**	**27%**	**1,909**	**73%**	**2,602**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LCPs		LCPs Under 40	
	%	#	%	#	%
White	58%	2,000	77%	443	72%
Black	19%	241	9%	65	11%
Asian	7%	107	4%	30	5%
Other Race	0%	31	1%	9	1%
Two or More Races	3%	78	3%	24	4%
Hispanic	12%	145	6%	48	8%
Total	**100%**	**2,602**	**100%**	**619**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2024.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	73%
% Under 40 Female:	87%

Age

Median Age:	50
% Under 40:	24%
% 55 and Over:	37%

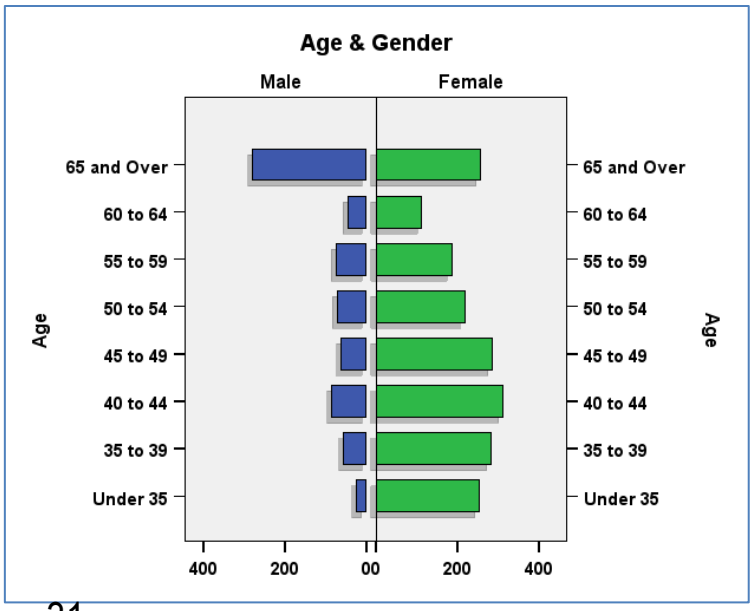
Diversity

Diversity Index:	39%
Under 40 Div. Index:	47%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCPs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 60%.

Among all LCPs, 24% are under the age of 40, and 87% of LCPs who are under the age of 40 are female. In addition, the diversity index among LCPs who are under the age of 40 is 47%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	13%
Rural Childhood:	18%

Virginia Background

HS in Virginia:	23%
Prof. Edu. in VA:	26%
HS or Prof. Edu. in VA:	40%

Location Choice

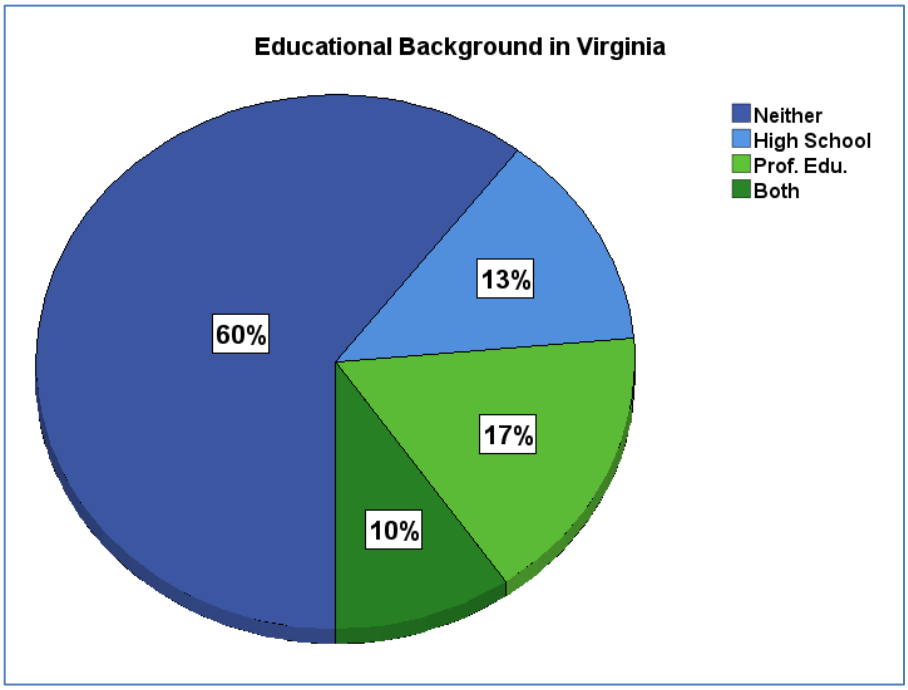
% Rural to Non-Metro:	4%
% Urban/Suburban to Non-Metro:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	17%	70%	14%
2	Metro, 250,000 to 1 Million	23%	67%	10%
3	Metro, 250,000 or Less	24%	66%	10%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	43%	43%	14%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	19%	66%	16%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	50%	50%	0%
8	Rural, Metro Adjacent	14%	71%	14%
9	Rural, Non-Adjacent	23%	54%	23%
	Overall	**18%**	**69%**	**13%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

Top Ten States for Licensed Clinical Psychologist Recruitment

Rank	All LCPs			
	High School	#	Init. Prof. Degree	#
1	Virginia	583	Virginia	674
2	New York	259	Washington, D.C.	271
3	Pennsylvania	195	California	185
4	Maryland	165	Florida	149
5	New Jersey	120	New York	121
6	California	104	Pennsylvania	110
7	Outside U.S./Canada	104	Illinois	108
8	Ohio	91	Texas	80
9	Florida	91	Ohio	78
10	North Carolina	89	Maryland	77

Source: Va. Healthcare Workforce Data Center

Among all LCPs, 23% received their high school degree in Virginia, and 26% received their initial professional degree in the state.

Among LCPs who have obtained their initial license in the past five years, 22% received their high school degree in Virginia, and 19% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	158	Virginia	137
2	New York	48	Washington, D.C.	100
3	Maryland	43	California	50
4	Outside U.S./Canada	38	Florida	47
5	Pennsylvania	38	Pennsylvania	40
6	North Carolina	37	Illinois	33
7	California	36	Texas	30
8	Florida	36	New York	21
9	New Jersey	32	Maryland	20
10	Ohio	25	Ohio	16

Source: Va. Healthcare Workforce Data Center

Nearly two out of every five of Virginia's licensees did not participate in the state's LCP workforce during the past year. Among these LCPs, 96% worked at some point in the past year, including 70% who currently work in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

Total:	2,125
% of Licensees:	39%
Federal/Military:	32%
Va. Border State/DC:	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	**#**	**%**
Bachelor's Degree	1	0%
Master's Degree	0	0%
Doctor of Psychology	1,534	61%
Other Doctorate	983	39%
Total	**2,518**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

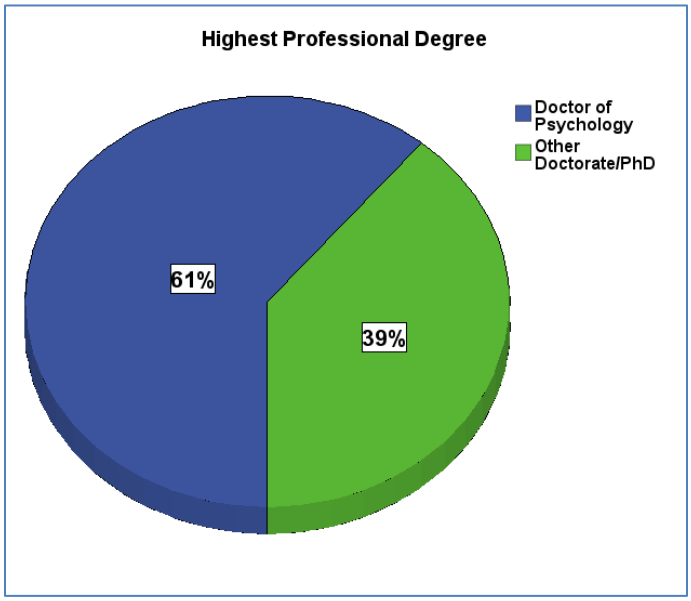
Education

Doctor of Psychology: 61%
Other Doctorate/PhD: 39%

Education Debt

Carry Debt: 34%
Under Age 40 w/ Debt: 58%
Median Debt: $120k-$130k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one out of every three LCPs carry education debt, including 58% of those LCPs who are under the age of 40. For those LCPs with education debt, the median outstanding balance is between $120,000 and $130,000.

Education Debt				
Amount Carried	**All LCPs**		**LCPs Under 40**	
	#	**%**	**#**	**%**
None	1,484	66%	216	42%
Less than $10,000	54	2%	11	2%
$10,000-$29,999	74	3%	21	4%
$30,000-$49,999	60	3%	21	4%
$50,000-$69,999	57	3%	15	3%
$70,000-$89,999	58	3%	26	5%
$90,000-$109,999	46	2%	18	3%
$110,000-$129,999	33	1%	21	4%
$130,000-$149,999	34	2%	15	3%
$150,000 or More	336	15%	154	30%
Total	**2,236**	**100%**	**518**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Mental Health:	32%
Child:	11%
Neurology:	7%

Secondary Specialty

Mental Health:	14%
Child:	8%
Behavioral Disorders:	8%

Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	815	32%	294	14%
Child	277	11%	173	8%
Neurology/Neuropsychology	175	7%	59	3%
Forensic	162	6%	108	5%
Health/Medical	113	4%	154	7%
Behavioral Disorders	91	4%	168	8%
School/Educational	29	1%	62	3%
Marriage	25	1%	64	3%
Rehabilitation	21	1%	36	2%
Family	18	1%	105	5%
Substance Abuse	18	1%	53	3%
Gerontologic	16	1%	37	2%
Vocational/Work Environment	7	0%	10	0%
Experimental or Research	6	0%	20	1%
Public Health	5	0%	15	1%
Industrial-Organizational	5	0%	12	1%
Sex Offender Treatment	4	0%	14	1%
Social	0	0%	4	0%
General Practice (Non-Specialty)	586	23%	474	23%
Other Specialty Area	140	6%	206	10%
Total	**2,513**	**100%**	**2,068**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 94%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 54%
2 or More Positions: 24%

Weekly Hours:

40 to 49: 39%
60 or More: 5%
Less than 30: 21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	4	< 1%
Employed in a Behavioral Sciences-Related Capacity	2,386	94%
Employed, NOT in a Behavioral Sciences-Related Capacity	46	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	3	< 1%
Voluntarily Unemployed	35	1%
Retired	55	2%
Total	**2,529**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all LCPs, 94% are currently employed in the profession, 54% hold one full-time job, and 39% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	93	4%
1 to 9 Hours	102	4%
10 to 19 Hours	206	8%
20 to 29 Hours	222	9%
30 to 39 Hours	467	19%
40 to 49 Hours	961	39%
50 to 59 Hours	314	13%
60 to 69 Hours	95	4%
70 to 79 Hours	18	1%
80 or More Hours	7	0%
Total	**2,485**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	**#**	**%**
No Positions	93	4%
One Part-Time Position	457	18%
Two Part-Time Positions	114	5%
One Full-Time Position	1,340	54%
One Full-Time Position & One Part-Time Position	403	16%
Two Full-Time Positions	19	1%
More than Two Positions	58	2%
Total	**2,484**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	17	1%
Less than $60,000	296	15%
$60,000-$69,999	74	4%
$70,000-$79,999	113	6%
$80,000-$89,999	118	6%
$90,000-$99,999	111	5%
$100,000-$109,999	185	9%
$110,000-$119,999	136	7%
$120,000-$129,999	152	8%
$130,000-$139,999	140	7%
$140,000-$149,999	122	6%
$150,000 or More	572	28%
Total	**2,037**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $110k-$120k

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

Satisfaction
Satisfied: 96%
Very Satisfied: 69%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	1,691	69%
Somewhat Satisfied	661	27%
Somewhat Dissatisfied	72	3%
Very Dissatisfied	25	1%
Total	**2,449**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical LCP earns between $110,000 and $120,000 per year. Among LCPs who receive either an hourly wage or a salary as compensation at their primary work location, 73% receive at least one employer-sponsored benefit, including 60% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Retirement	925	39%	60%
Health Insurance	924	39%	60%
Paid Vacation	907	38%	63%
Paid Sick Leave	847	35%	58%
Dental Insurance	839	35%	56%
Group Life Insurance	600	25%	41%
Signing/Retention Bonus	198	8%	13%
At Least One Benefit	**1,161**	**49%**	**73%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	20	1%
Experience Voluntary Unemployment?	131	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	53	2%
Work Two or More Positions at the Same Time?	653	20%
Switch Employers or Practices?	150	5%
Experience at Least One?	**865**	**26%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's LCPs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 3.7% during the same time period.[1]

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	49	2%	16	3%
Less than 6 Months	83	3%	57	9%
6 Months to 1 Year	182	8%	63	10%
1 to 2 Years	344	14%	91	14%
3 to 5 Years	606	25%	166	26%
6 to 10 Years	470	19%	99	16%
More than 10 Years	686	28%	140	22%
Subtotal	**2,420**	**100%**	**631**	**100%**
Did Not Have Location	46		2,603	
Item Missing	809		42	
Total	**3,275**		**3,275**	

Source: Va. Healthcare Workforce Data Center

One half of all LCPs are salaried employees, while 30% receive income from their own business or practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 5%
New Location: 16%
Over 2 Years: 73%
Over 2 Yrs., 2nd Location: 64%

Employment Type

Salary/Commission: 50%
Business/Practice Income: 30%

Source: Va. Healthcare Workforce Data Center

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

Employment Type		
Primary Work Site	**#**	**%**
Salary/Commission	922	50%
Hourly Wage	202	11%
By Contract	140	8%
Business/Practice Income	546	30%
Unpaid	15	1%
Subtotal	**1,826**	**100%**
Did Not Have Location	46	
Item Missing	1,403	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 3.4% and a high of 3.9%. At the time of publication, the unemployment rate for May 2026 was still preliminary, and the unemployment rate for June 2026 had not yet been released.

At a Glance:

Concentration

Top Region:	41%
Top 3 Regions:	81%
Lowest Region:	1%

Locations

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

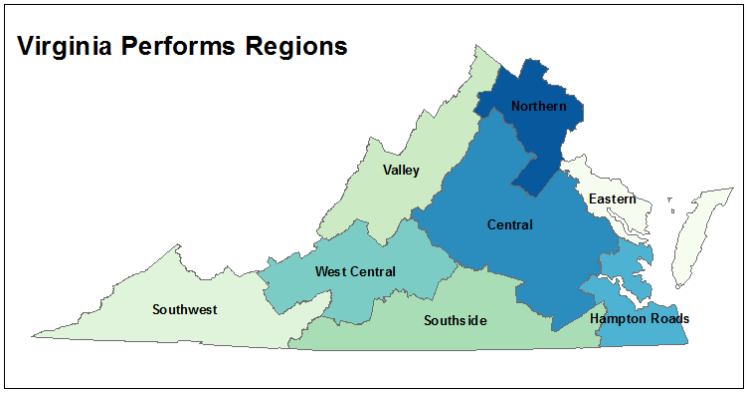
Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	599	25%	117	18%
Eastern	22	1%	1	0%
Hampton Roads	379	16%	119	18%
Northern	984	41%	250	38%
Southside	21	1%	4	1%
Southwest	20	1%	3	0%
Valley	109	4%	19	3%
West Central	191	8%	38	6%
Virginia Border State/D.C.	39	2%	36	5%
Other U.S. State	61	3%	73	11%
Outside of the U.S.	0	0%	0	0%
Total	**2,425**	**100%**	**660**	**100%**
Item Missing	803		12	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	44	2%	90	4%
1	1,750	71%	1,756	71%
2	381	16%	365	15%
3	259	11%	233	9%
4	14	1%	10	0%
5	6	0%	4	0%
6 or More	10	0%	7	0%
Total	**2,464**	**100%**	**2,464**	**100%**

*At the time of survey completion, June 2026.

Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,373	61%	445	80%
Non-Profit	256	11%	64	12%
State/Local Government	284	13%	20	4%
Veterans Administration	177	8%	8	1%
U.S. Military	78	3%	9	2%
Other Federal Government	67	3%	10	2%
Total	**2,235**	**100%**	**556**	**100%**
Did Not Have Location	46		2,603	
Item Missing	994		115	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

For-Profit: 61%
Federal: 14%

Top Establishments

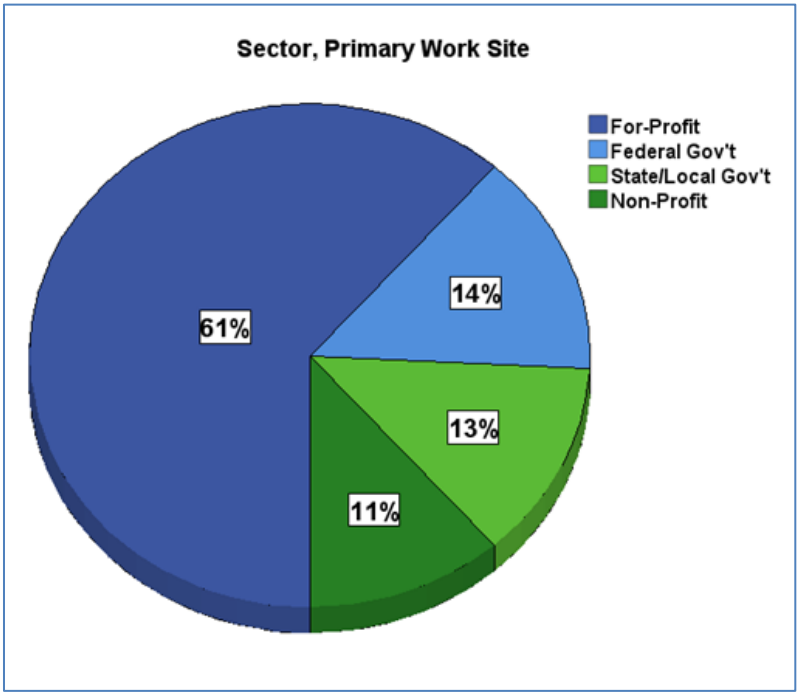
Private Practice, Solo: 30%
Private Practice, Group: 24%
Mental Health, Outpatient: 8%

Payment Method

Cash/Self-Pay: 59%
Private Insurance: 36%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four LCPs work in the private sector, including 61% who work in the for-profit sector. Another 14% of LCPs work for the federal government.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Solo	661	30%	198	37%
Private Practice, Group	521	24%	156	29%
Mental Health Facility, Outpatient	178	8%	35	7%
Academic Institution (Teaching Health Professions Students)	167	8%	47	9%
Hospital, General	154	7%	6	1%
Community-Based Clinic or Health Center	76	3%	20	4%
Hospital, Psychiatric	69	3%	3	1%
School (Providing Care to Clients)	65	3%	4	1%
Administrative or Regulatory	32	1%	6	1%
Community Services Board	30	1%	0	0%
Corrections/Jail	24	1%	2	0%
Physician Office	20	1%	0	0%
Residential Mental Health/Substance Abuse Facility	18	1%	0	0%
Rehabilitation Facility	16	1%	2	0%
Long-Term Care Facility, Nursing Home	9	0%	2	0%
Home Health Care	4	0%	0	0%
Residential Intellectual/Development Disability Facility	2	0%	1	0%
Other Practice Setting	155	7%	55	10%
Total	**2,201**	**100%**	**537**	**100%**

Source: Va. Healthcare Workforce Data Center

Solo private practices employ 30% of all LCPs in Virginia, while another 24% of LCPs are employed by group private practices.

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

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	1,918	59%
Private Insurance	1,174	36%
Medicare	614	19%
Medicaid	568	17%

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	11%
French:	4%
Arabic:	4%

Means of Communication

Respondent:	41%
Other Staff Member:	38%
Virtual Translation:	33%

Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Languages Offered		
Language	**#**	**% of Workforce**
Spanish	354	11%
French	123	4%
Arabic	117	4%
Chinese	110	3%
Korean	110	3%
Hindi	109	3%
Vietnamese	98	3%
Urdu	97	3%
Persian	96	3%
Tagalog/Filipino	93	3%
Pashto	86	3%
Amharic, Somali, or Other Afro-Asiatic Languages	79	2%
Others	98	3%
At Least One Language	**462**	**14%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	**#**	**% of Workforce with Language Services**
Respondent is Proficient	189	41%
Other Staff Member is Proficient	175	38%
Virtual Translation Service	153	33%
Onsite Translation Service	109	24%
Other	12	3%

Source: Va. Healthcare Workforce Data Center

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

At a Glance:
(Primary Locations)

Typical Time Allocation

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

Roles

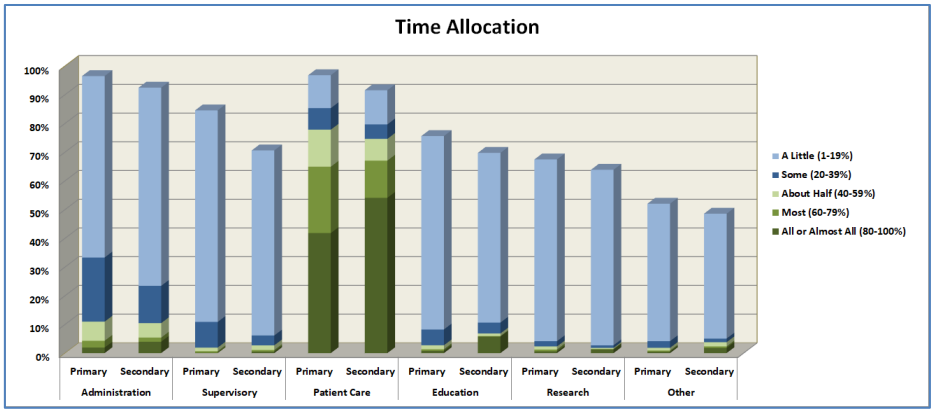
Patient Care:	65%
Administration:	4%
Education:	1%

Patient Care LCPs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, LCPs spend approximately three-quarters of their time treating patients. In fact, 65% of all LCPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation

Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	2%	4%	0%	1%	42%	54%	1%	6%	1%	1%	0%	2%
Most (60-79%)	2%	1%	1%	1%	23%	13%	1%	0%	1%	0%	0%	1%
About Half (40-59%)	7%	5%	1%	2%	13%	8%	1%	1%	1%	0%	1%	1%
Some (20-39%)	22%	13%	9%	3%	8%	5%	6%	4%	2%	1%	2%	1%
A Little (1-19%)	63%	69%	74%	64%	11%	12%	67%	59%	63%	61%	48%	43%
None (0%)	4%	8%	15%	29%	3%	8%	24%	30%	33%	36%	48%	51%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	203	9%	80	15%
1 to 24	1,576	71%	444	82%
25 to 49	433	19%	18	3%
50 to 74	14	1%	1	< 1%
75 or More	8	< 1%	1	< 1%
Total	**2,234**	**100%**	**544**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

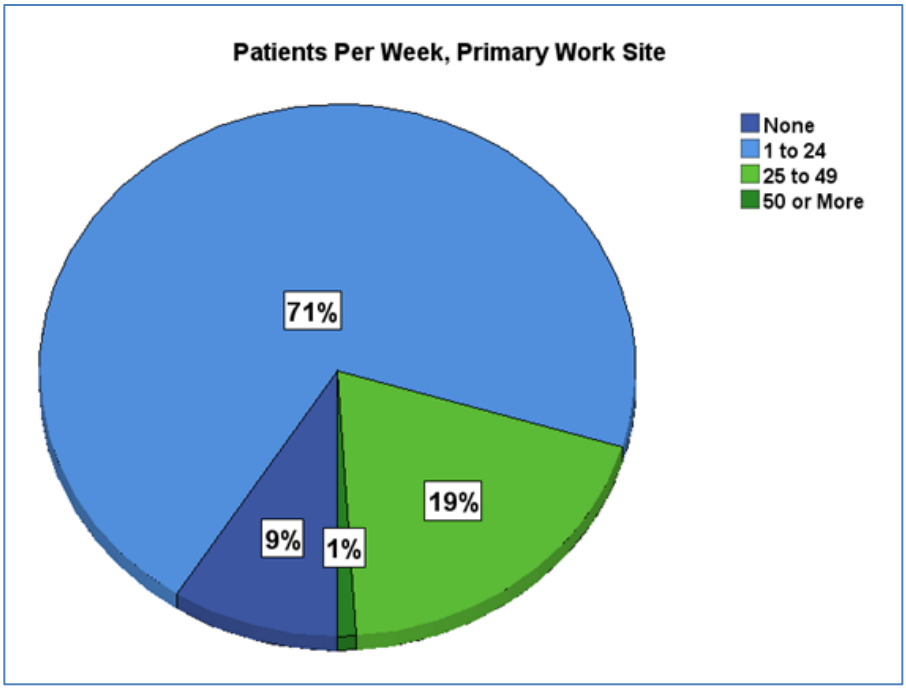
Patients Per Week

Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

More than seven out of every ten LCPs treat between 1 and 24 patients per week at their primary work location. Among those LCPs who also have a secondary work location, 82% treat between 1 and 24 patients per week.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Patient Allocation

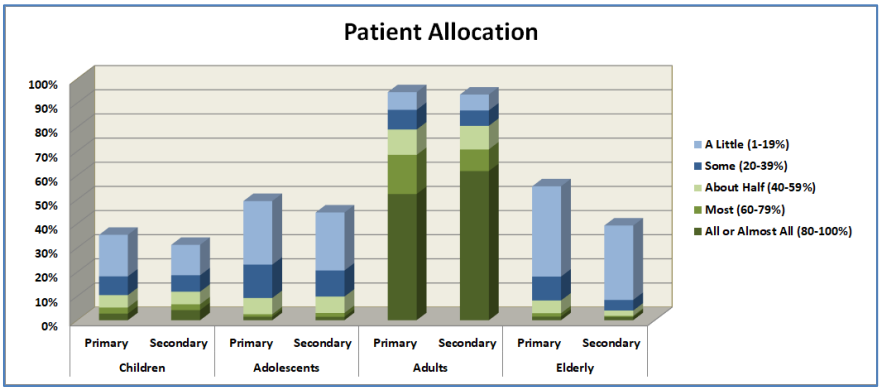
Children:	None
Adolescents:	None
Adults:	80%-89%
Elderly:	1%-9%

Roles

Children:	5%
Adolescents:	2%
Adults:	68%
Elderly:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, between 80% and 89% of all patients seen by LCPs at their primary work location are adults. In addition, 68% of LCPs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	3%	4%	1%	1%	52%	62%	1%	1%
Most (60-79%)	3%	2%	1%	2%	16%	9%	1%	0%
About Half (40-59%)	5%	5%	7%	7%	10%	10%	5%	2%
Some (20-39%)	8%	7%	14%	11%	8%	6%	10%	4%
A Little (1-19%)	17%	13%	26%	24%	7%	7%	37%	31%
None (0%)	65%	69%	51%	55%	6%	7%	45%	61%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Telehealth Services		
	#	%
Location of Telehealth Services		
In Virginia	1,010	40%
Outside of Virginia	39	2%
Both	1,041	42%
Providing Telehealth Services		
Providing Telehealth Services	2,090	84%
Not Providing Telehealth Services	405	16%
Total	**2,495**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

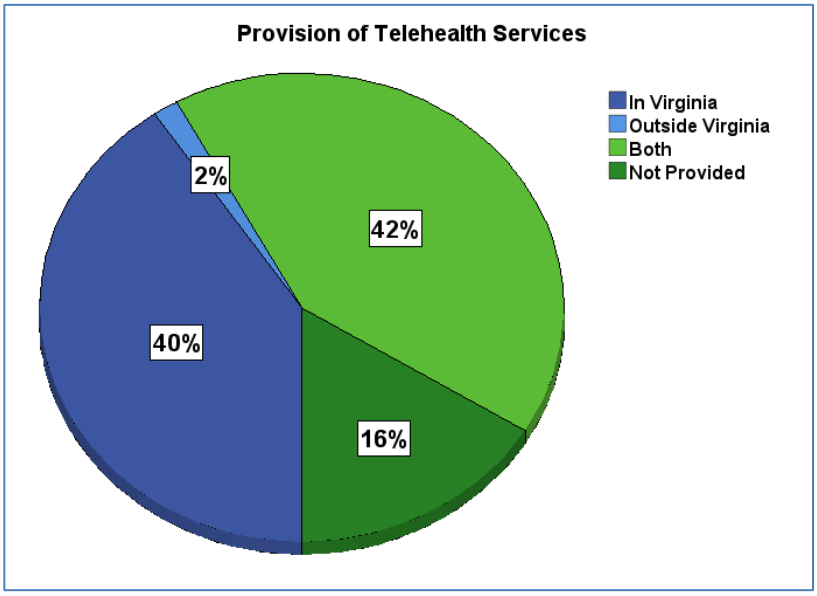
Telehealth Services

% Providing Telehealth: 84%

Telehealth Workload

Less than Half: 60%
More than Half: 22%
All: 18%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than four out of every five LCPs provide telehealth services, including 42% of LCPs who provide telehealth services both in Virginia and outside of the state.

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

Telehealth Workload		
Percentage	**#**	**%**
Less than Half	1,380	60%
More than Half	513	22%
All	405	18%
Total	**2,299**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Interstate Compact
% in Compact: 38%

Compact Affiliation
PSYPACT: 97%
Other: 3%

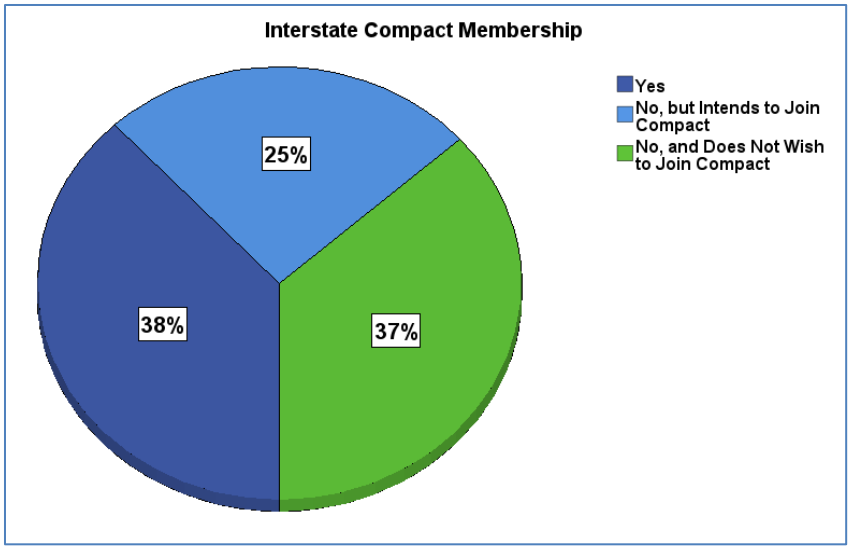
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Interstate Compact		
	#	%
Compact Membership		
In Compact	918	38%
Not in Compact	1,491	62%
Total	**2,409**	**100%**
Not in Compact		
Intends to Join Compact	609	41%
Does Not Wish to Join Compact	882	59%
Subtotal	**1,491**	**100%**

Source: Va. Healthcare Workforce Data Center

While 38% of LCPs are currently a part of an interstate compact, another 25% intend to join an interstate compact in the future.



Source: Va. Healthcare Workforce Data Center

Compact Affiliation		
Affiliation	**#**	**%**
Psychology Interjurisdictional Compact (PSYPACT)	884	97%
Counseling Compact	0	0%
Social Work Licensure Compact	0	0%
Other	23	3%
Total	**907**	**100%**

Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LCPs		LCPs 50 and Over	
	#	%	#	%
Under Age 50	11	1%	-	-
50 to 54	29	1%	5	0%
55 to 59	100	5%	28	3%
60 to 64	331	16%	117	11%
65 to 69	603	28%	224	22%
70 to 74	441	21%	245	24%
75 to 79	223	10%	152	15%
80 or Over	133	6%	104	10%
I Do Not Intend to Retire	258	12%	147	14%
Total	**2,129**	**100%**	**1,022**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCPs

Under 65: 22%

Under 60: 7%

LCPs 50 and Over

Under 65: 15%

Under 60: 3%

Time Until Retirement

Within 2 Years: 7%

Within 10 Years: 24%

Half the Workforce: By 2051

Source: Va. Healthcare Workforce Data Center

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

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

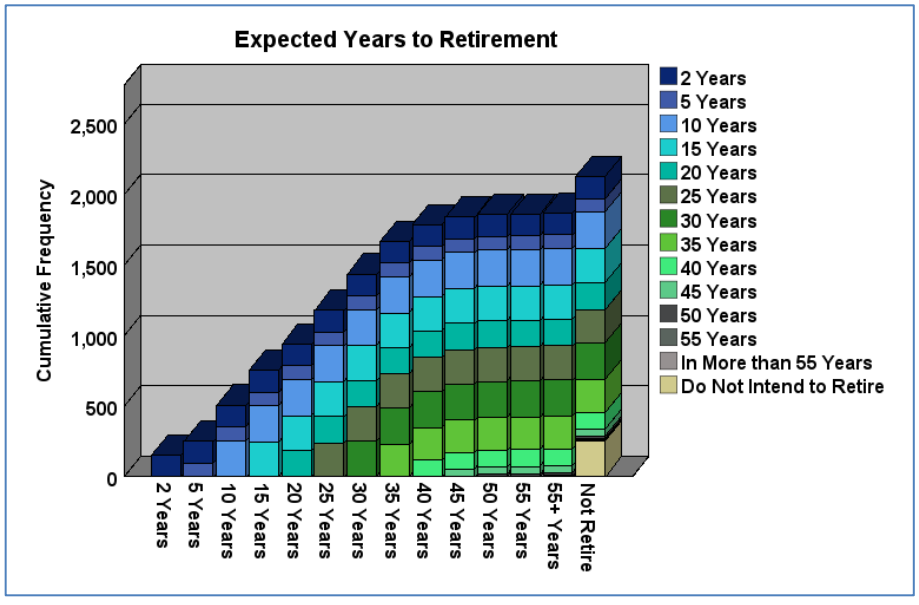
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	35	1%
Leave Virginia	57	2%
Decrease Patient Care Hours	280	9%
Decrease Teaching Hours	24	1%
Increase Participation		
Increase Patient Care Hours	346	11%
Increase Teaching Hours	157	5%
Pursue Additional Education	124	4%
Return to the Workforce	21	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCPs. Only 7% of LCPs expect to retire in the next two years, while 24% expect to retire in the next ten years. Half of the current workforce expect to retire by 2051.

Time to Retirement			
Expect to Retire Within. . .	**#**	**%**	**Cumulative %**
2 Years	154	7%	7%
5 Years	98	5%	12%
10 Years	257	12%	24%
15 Years	245	12%	35%
20 Years	188	9%	44%
25 Years	241	11%	56%
30 Years	257	12%	68%
35 Years	232	11%	79%
40 Years	118	6%	84%
45 Years	54	3%	87%
50 Years	17	1%	87%
55 Years	4	0%	88%
In More than 55 Years	8	0%	88%
Do Not Intend to Retire	258	12%	100%
Total	**2,129**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2036. Retirement will peak at 12% of the current workforce around 2056 before declining to under 10% of the current workforce again around 2066.

At a Glance:

FTEs

Total:	2,774
FTEs/1,000 Residents[2]:	0.315
Average:	0.86

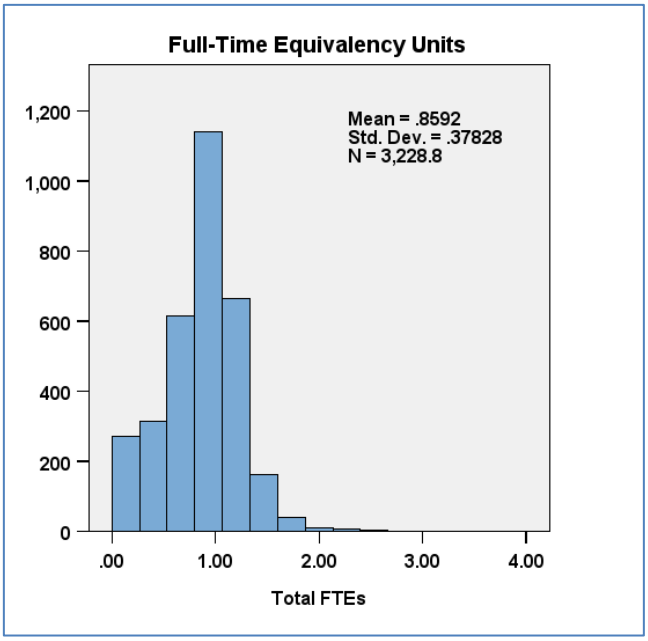
Age & Gender Effect

Age, *Partial Eta*^{2}:	Medium
Gender, *Partial Eta*^{2}:	Small

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

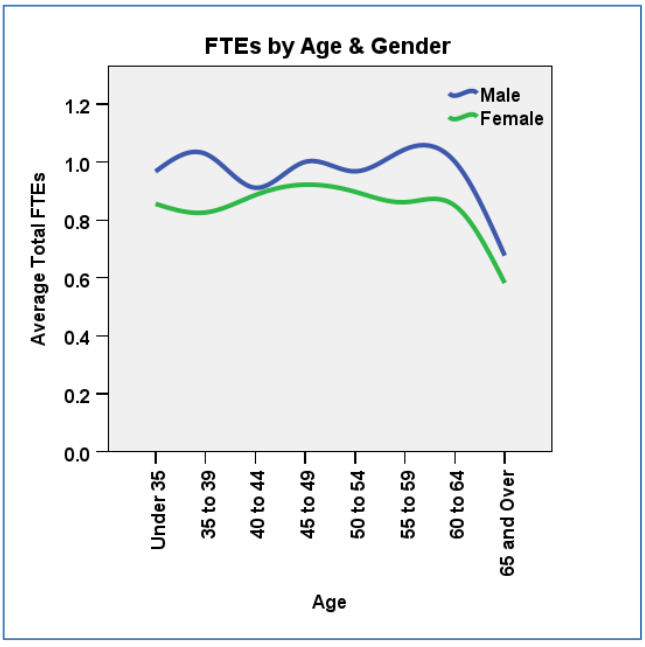


Source: Va. Healthcare Workforce Data Center

The typical (median) LCP provided 0.89 FTEs over the past year, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
Age	**Average**	**Median**
Under 35	0.88	1.01
35 to 39	0.88	1.01
40 to 44	0.88	0.85
45 to 49	1.02	1.09
50 to 54	0.92	0.92
55 to 59	0.91	0.89
60 to 64	0.87	0.81
65 and Over	0.65	0.71
Gender		
Male	0.86	0.93
Female	0.84	0.89

Source: Va. Healthcare Workforce Data Center

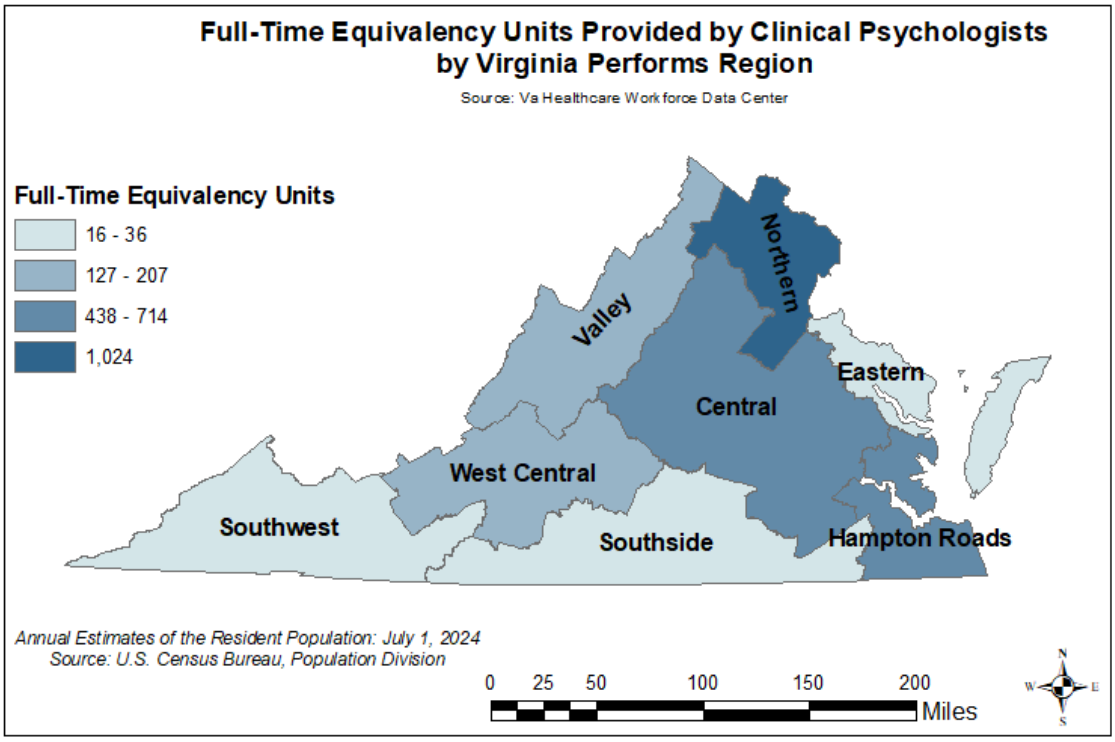


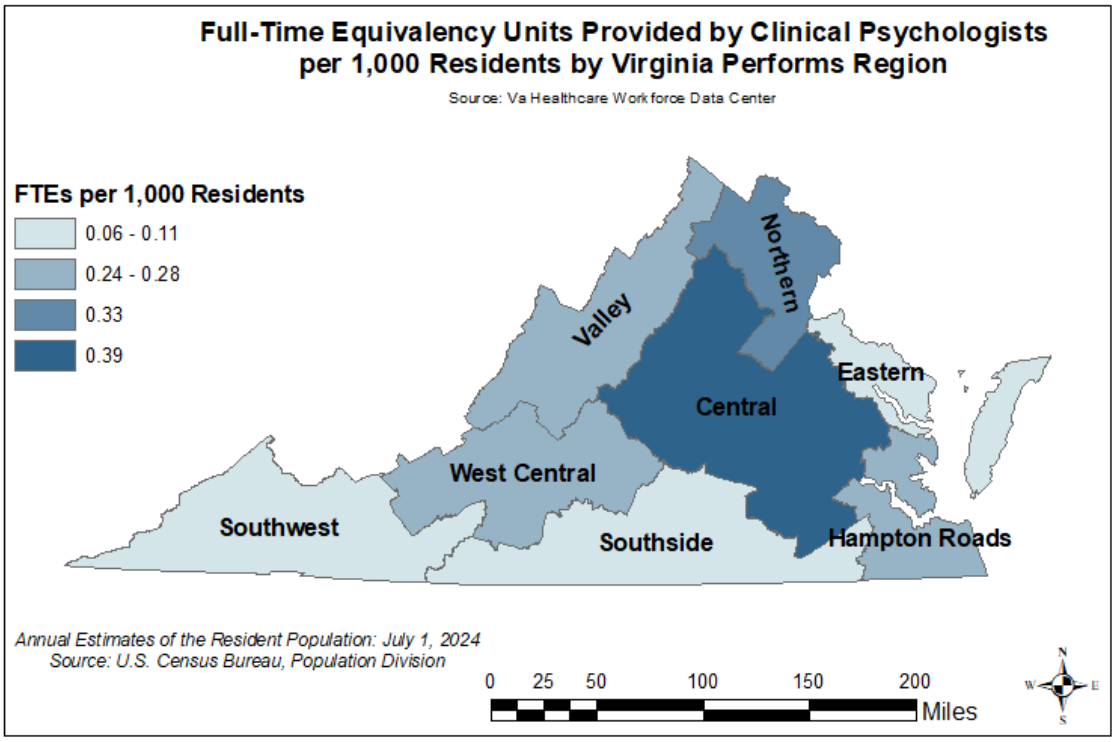
Source: Va. Healthcare Workforce Data Center

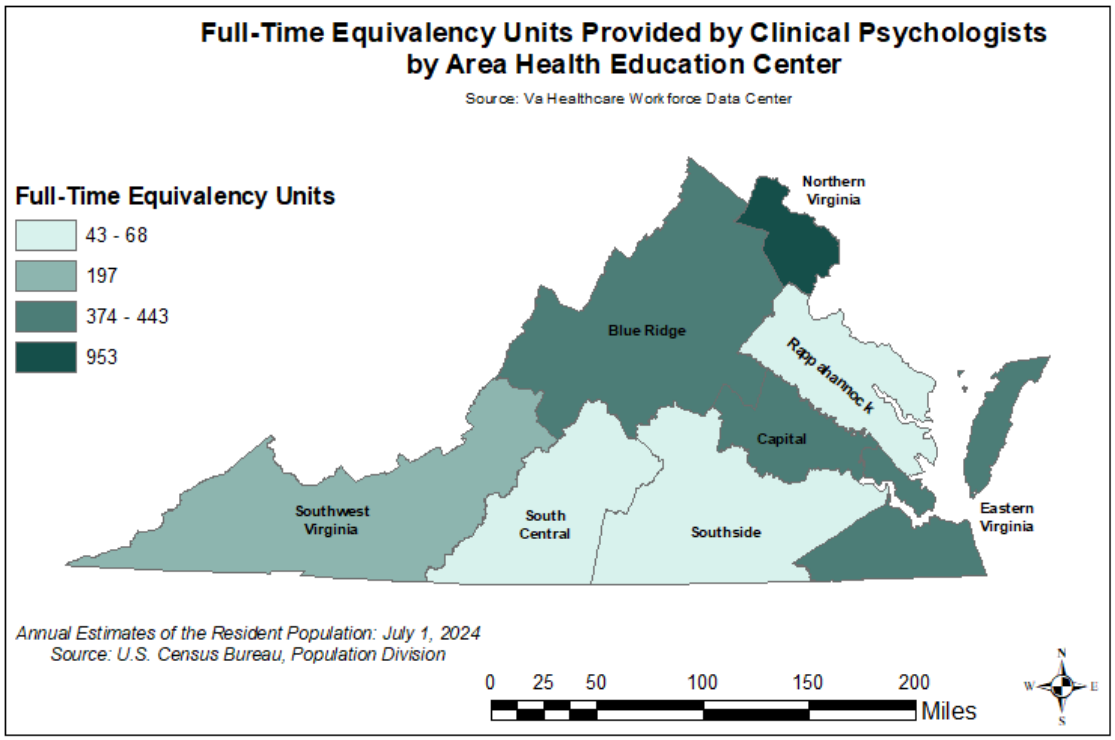
[2] Number of residents in 2024 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

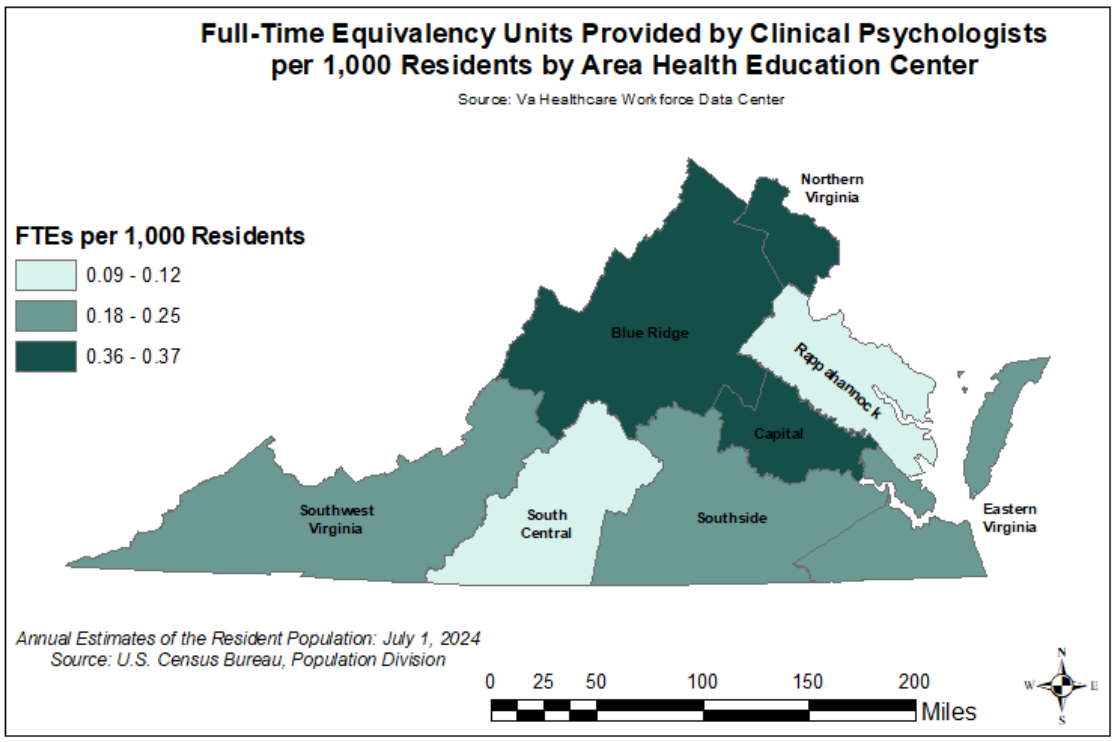
Maps

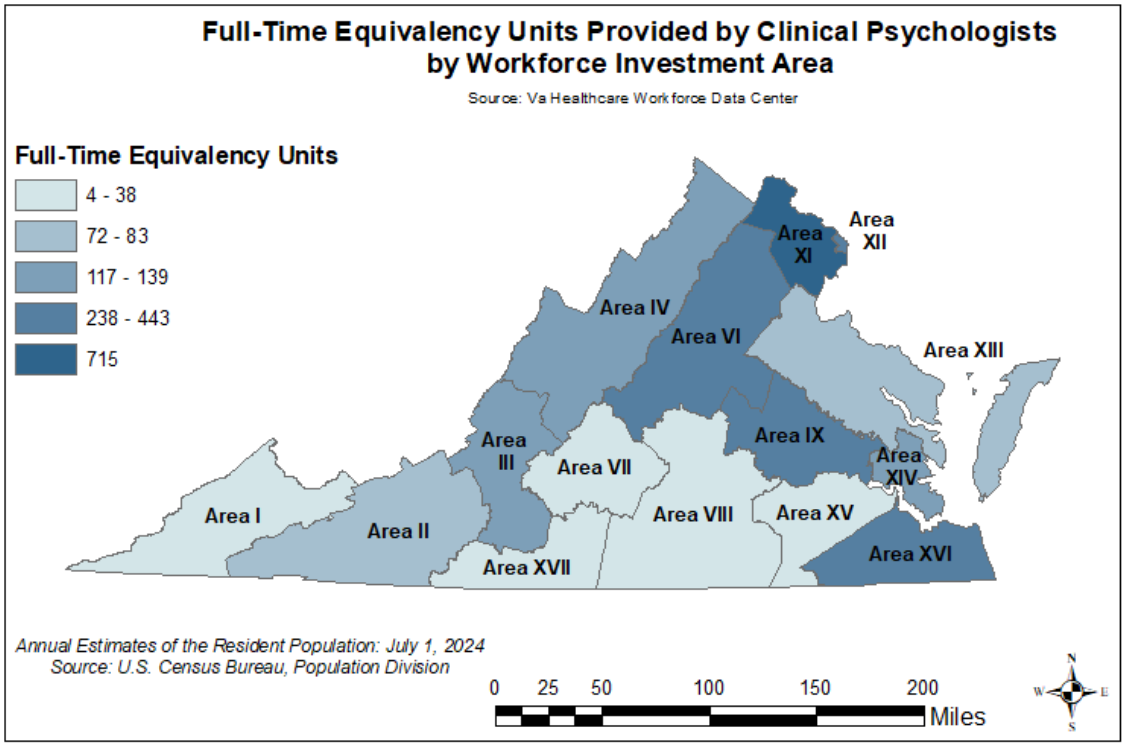
Virginia Performs Regions

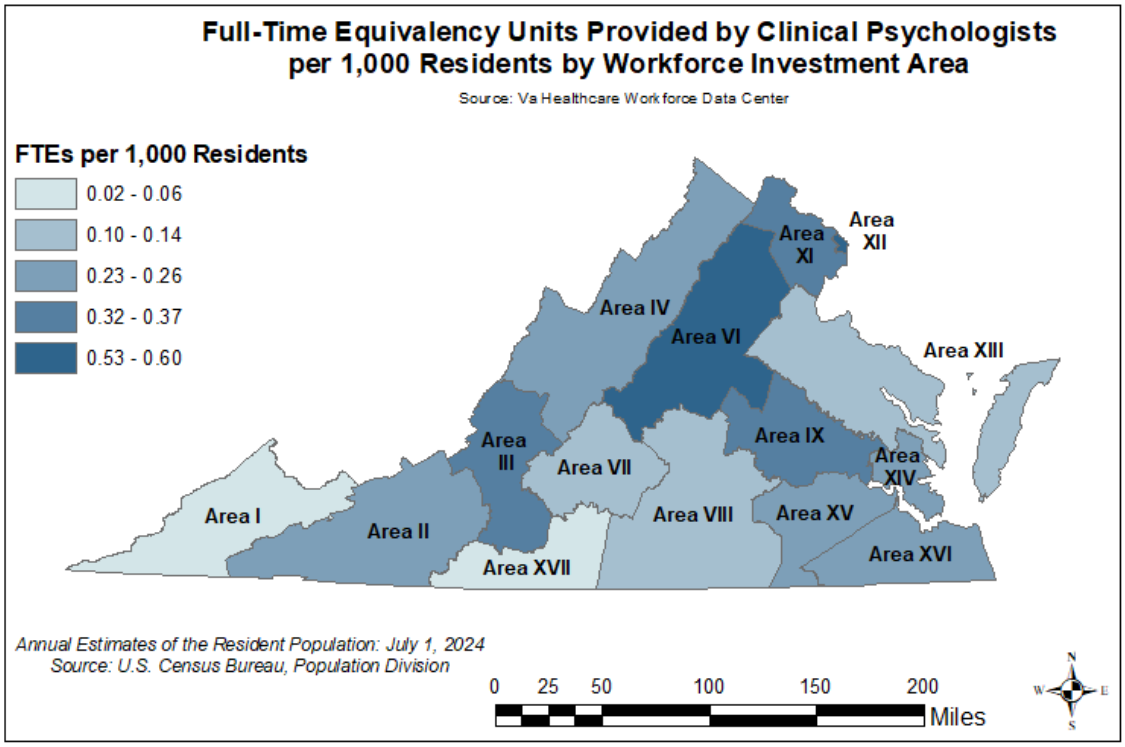


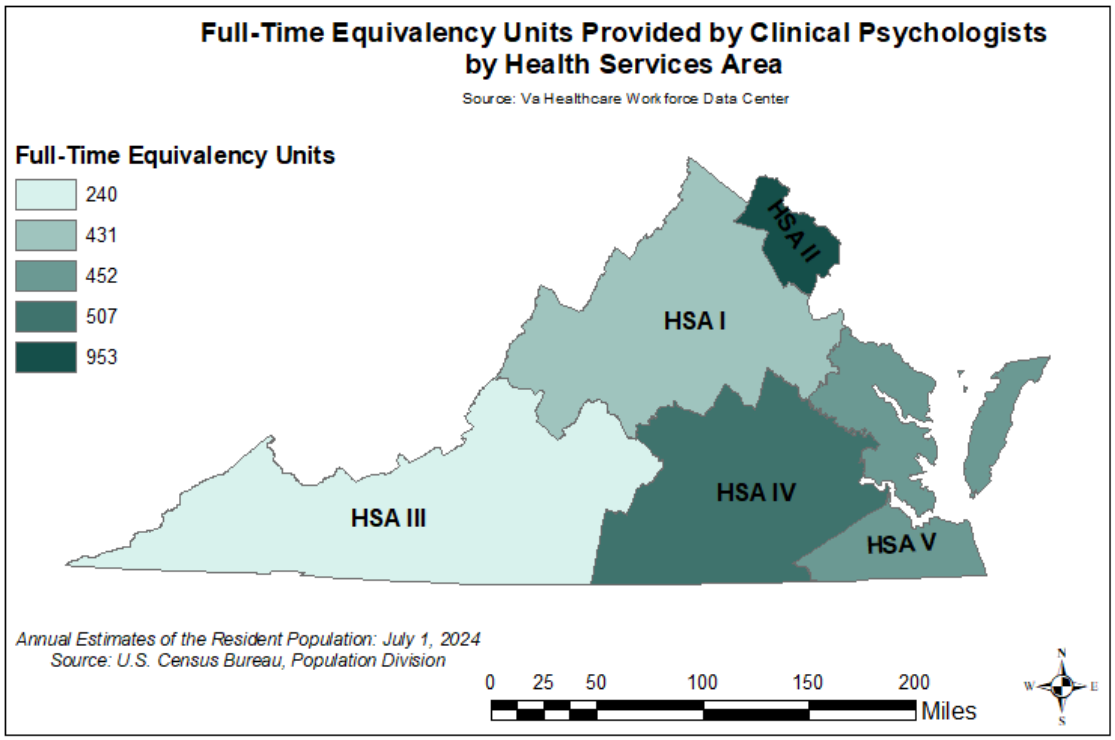


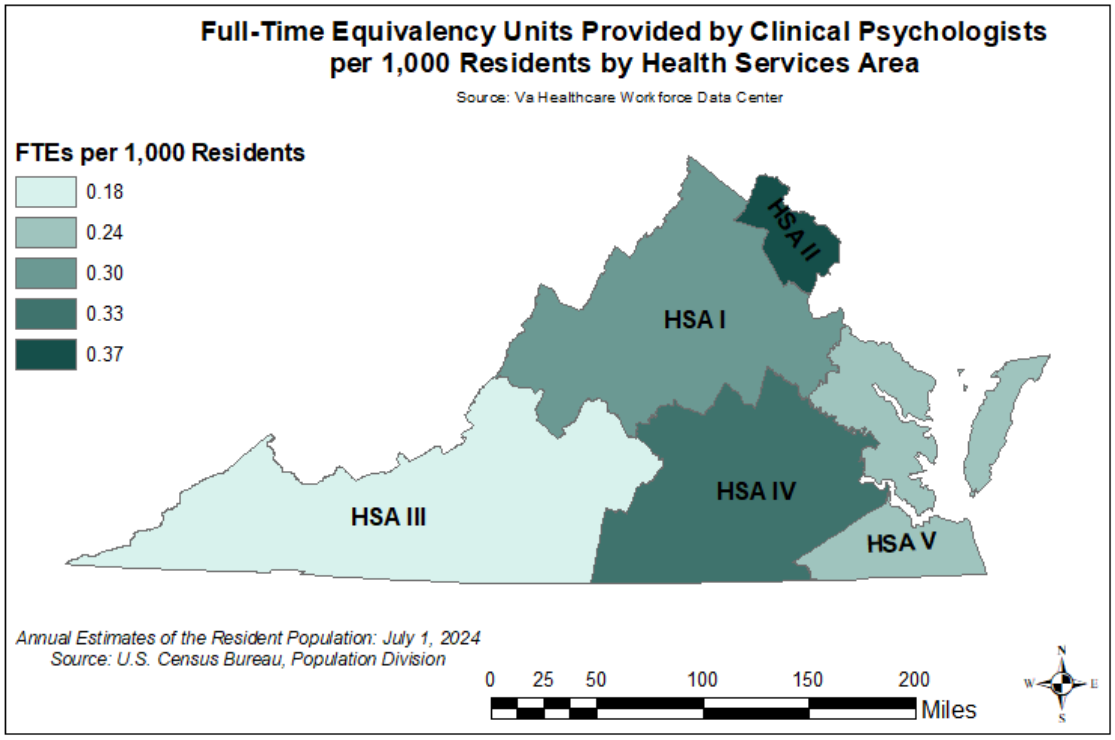

Full-Time Equivalency Units Provided by Clinical Psychologists
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
43 - 68
197
374 - 443
953
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

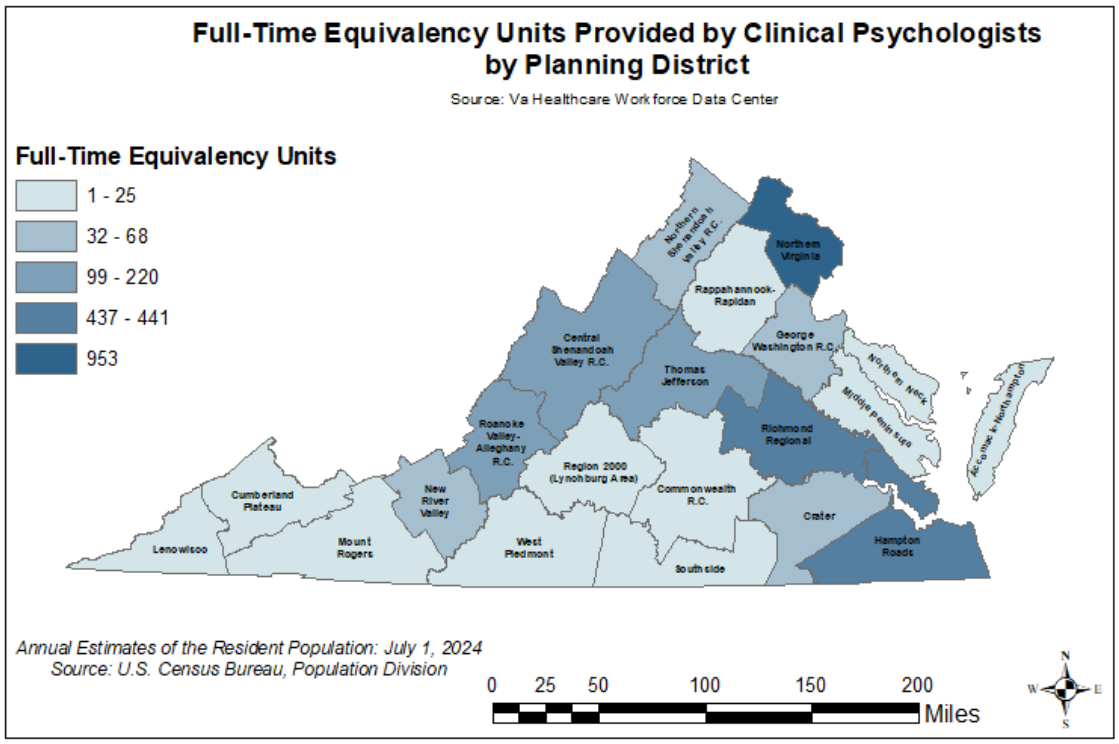

Full-Time Equivalency Units Provided by Clinical Psychologists
per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.09 - 0.12
0.18 - 0.25
0.36 - 0.37
Northern Virginia
Blue Ridge
Rappahannock
Capital
Eastern Virginia
Southwest Virginia
South Central
Southside
Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

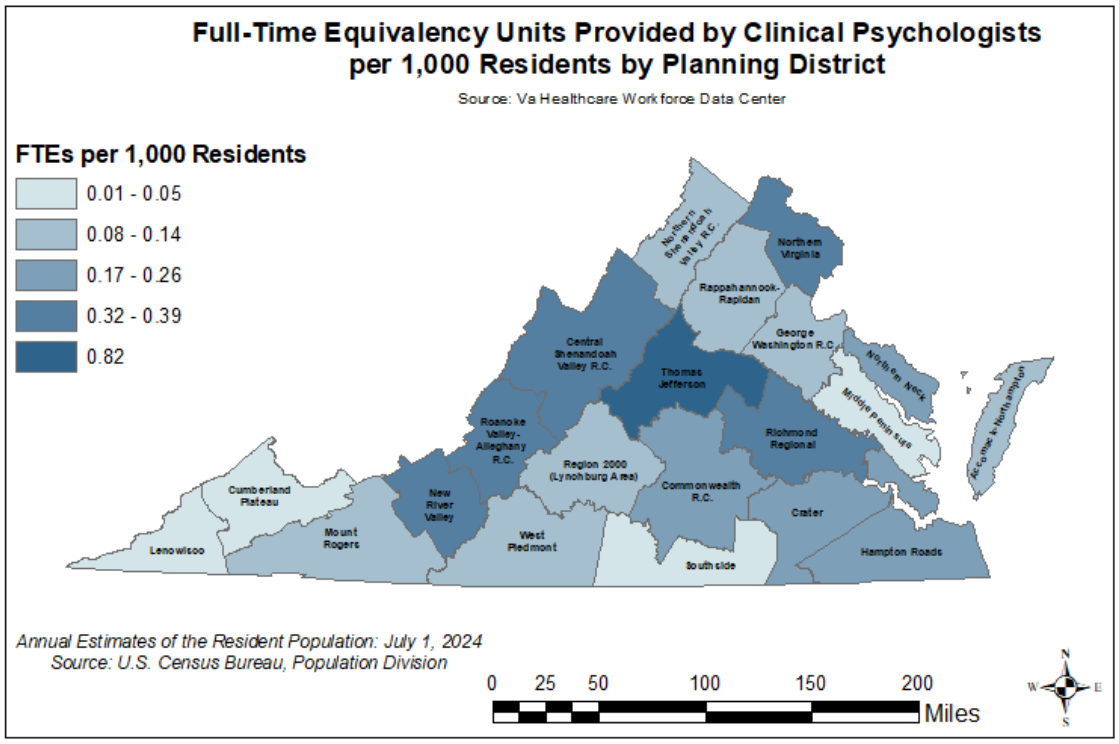

Full-Time Equivalency Units Provided by Clinical Psychologists
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
4 - 38
72 - 83
117 - 139
238 - 443
715
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Clinical Psychologists
per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.02 - 0.06
0.10 - 0.14
0.23 - 0.26
0.32 - 0.37
0.53 - 0.60
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Clinical Psychologists
by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
240
431
452
507
953
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Clinical Psychologists
per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.18
0.24
0.30
0.33
0.37
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Clinical Psychologists by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
1 - 25
32 - 68
99 - 220
437 - 441
953
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
South side
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Clinical Psychologists per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.01 - 0.05
0.08 - 0.14
0.17 - 0.26
0.32 - 0.39
0.82
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
South side
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	2,355	88.70%	1.127	1.069	1.311
Metro, 250,000 to 1 Million	166	87.95%	1.137	1.078	1.322
Metro, 250,000 or Less	521	86.18%	1.160	1.100	1.350
Urban, Pop. 20,000+, Metro Adj.	9	77.78%	1.286	1.219	1.314
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	69	86.96%	1.150	1.090	1.338
Urban, Pop. 2,500-19,999, Non-Adj.	18	83.33%	1.200	1.157	1.227
Rural, Metro Adj.	50	90.00%	1.111	1.054	1.292
Rural, Non-Adj.	12	91.67%	1.091	1.034	1.115
Virginia Border State/D.C.	975	81.44%	1.228	1.164	1.428
Other U.S. State	1,224	79.33%	1.261	1.195	1.466

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	575	73.04%	1.369	1.292	1.466
35 to 39	762	84.38%	1.185	1.098	1.269
40 to 44	870	87.70%	1.140	1.057	1.246
45 to 49	751	88.15%	1.134	1.051	1.215
50 to 54	577	89.60%	1.116	1.034	1.219
55 to 59	534	87.45%	1.143	1.060	1.225
60 to 64	353	85.84%	1.165	1.080	1.273
65 and Over	977	83.11%	1.203	1.115	1.314

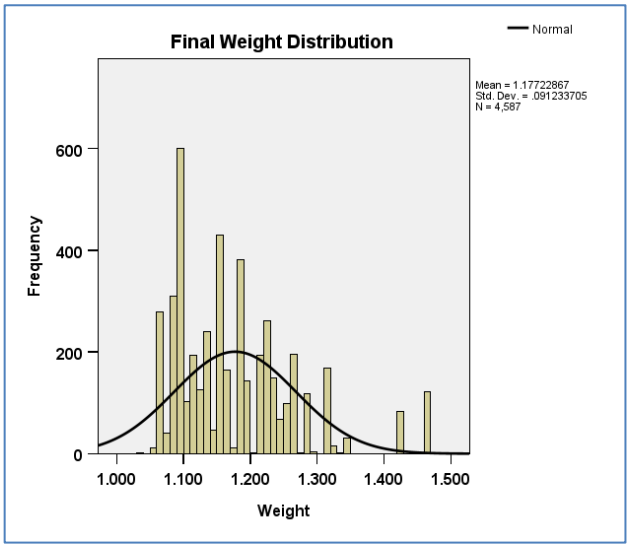
Source: Va. Healthcare Workforce Data Center

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

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

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.849602**



Source: Va. Healthcare Workforce Data Center