Virginia Department of
Health Professions
Board of Psychology

Agenda
Full Board Meeting
March 15, 2022
10:00 A.M.
9960 Mayland Dr, 2nd Floor
Richmond, VA 23233

Call to Order – James Werth, Jr., Ph.D, Board Chair

- Welcome and Introductions /Roll Call
- Mission of the Board--Page 3
- Emergency Egress Procedures

Adoption of Agenda

Public Comment

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

Approval of Minutes

- Board Meeting – August 31, 2021*---Page 4
- Informal Conferences – November 19, 2021 (For Informational Purposes Only)------------------------------------Page 11

Agency Director Report (Verbal Report)– David E. Brown, D.C.

Psychological Clinical Science Accreditation System (PCSAS) Discussion – Dr. Bethany Teachman, Dr. Alex Werntz, Jeremy Eberle, MA, (Presenting in person); Dr. Lee Cooper, and Dr. Angela Scarpa-Friedman (Presenting virtually)

- FAQs---Page 13
- Letters of Support**---Page 26

Chair Report (Verbal Report) – Dr. Werth

Presentation

Assessment of Virginia's Licensed Behavioral Health Workforce – Denise Daly Konrad, Diretor of Strategic Inititatives, Virginia Health Care Foundation

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Legislation and Regulatory Actions – Elaine Yeatts, DHP Sr. Policy Analyst/Erin Barrett, DHP Sr. Policy Analyst

- Chart on Regulatory Actions—--Page 36
- General Assembly Report---Page 37

New Business

- **Consideration of Changes to Bylaws* -** Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work --Page 44
- **Adoption of Policy on Electronic Meetings* -** Elaine Yeatts---Page 50

Committee Reports

Regulatory Committee Report – J.D. Ball, Ph.D./Elaine Yeatts

Board of Health Professions Report – Susan Wallace, Ph.D---Page 56

Staff Reports

Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work---Page 60

Licensing Report – Charlotte Lenart, Deputy Executive Director of Licensing for the Boards of Counseling, Psychology, and Social Work---Page 62

Executive Director's Report – Jaime Hoyle

- ASPPB Update
- PSYPACT Commission Report---Page 64
- Recognition of Elaine Yeatts

Next Meeting – June 27, 2022

Adjournment

*Requires a Board Vote

When listing this agenda items the presenters noticed an error in the UVA Provost's letter—when listing the states that now grant licensure to PCSAS graduates, Virginia was accidentally listed in place of New Mexico. The presenters apologize for the error.

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.

VIRGINIA BOARD OF PSYCHOLOGY
QUARTERLY FULL BOARD
DRAFT MEETING MINUTES
August 31, 2021

TIME AND PLACE: Dr. Werth, called the meeting to order at 10:00 a.m. on Friday, August 31, 2021, in Board Room 4 at the Department of Health Professions ("DHP"), 9960 Mayland Drive, Henrico, Virginia.

PRESIDING OFFICER: James Werth, Jr. Ph.D., ABPP, Chair

MEMBERS PRESENT:
J.D. Ball, Ph.D., ABPP, Vice-Chair
Aliya Chapman, Ph.D., Board Member
Norma Murdock-Kitt, Ph.D., Board Member
Christine Payne, BSN, MBA, Citizen Member
Peter Sheras, Ph.D., ABPP, Board Member
Stephanie Valentine, Citizen Member
Susan Brown Wallace, Ph.D., Board Member

ABSENT MEMBERS: Sally Brodsky, Ph.D. Board Member

STAFF PRESENT:
David Brown, DC, DHP Director
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director
Jim Rutkowski, JD, Assistant Attorney General
Elaine Yeatts, DHP Senior Policy Analyst/Agency Regulatory Coordinator

CALL TO ORDER: Dr. Werth welcomed the Board members and congratulated Dr. Chapman on her reappointment and Dr. Murdock-Kitt on her appointment to the Board. Dr. Werth called the meeting to order at 10:00 a.m.

After completing a roll call of Board members and staff, Ms. Hoyle indicated that with 8 members present a quorum was established.

Dr. Werth read the mission of the Board and egress instructions.

ORDERING OF AGENDA: Since the PSYPACT Commission was discussed at the Regulatory Committee meeting, Dr. Werth suggested that this item be moved under the Regulatory Committee Report. Dr. Ball moved, which was properly seconded, to amend the agenda as suggested. The motion passed unanimously.

PUBLIC COMMENT: Jennifer Morgan, Clinical Psychologist and member of Virginia Academy of Clinical Psychologists (VACP), thanked the Board for attending and presenting at the VACP Board Conversation Hour. The next VACP convention will be in the fall in Virginia Beach. VACP is look forward to having the Board back to speak at the VACP Conversation Hour in the spring of 2022.

APPROVAL OF MINUTES: With no amendments to the Quarterly Board Meeting minutes from April 13, 2021, or the Stakeholder's Meeting minutes from July 29, 2021, the minutes stand approved as presented.

AGENCY DIRECTOR REPORT: Dr. Brown reported that the state of emergency lapsed on June 30, 2021, which allowed meetings to be held virtually. He reported that the Agency will be proposing legislation to allow some virtual meetings and answered questions from Board members related to virtual meetings and virtual public attendance.

Dr. Brown stated that for a long period of time the Agency was closed to the public and recently reopened its doors on August 2, 2021.

The Agency will be returning to the office (return to the new normal) on January 1, 2022 and most employees will be allowed to telework up to 3 days. The Agency has taken precautions to make sure that the staff, public, and Board members are safe when visiting the building.

CHAIR REPORT: Dr. Werth report included information on the Board's attendance at the VACP Conversation hour. Dr. Werth, Dr. Ball, Dr. Stewart, Dr. Sheras, Ms. Lang, and Ms. Lenart presented at the VACP Conversation Hour Meeting and gave an update on Board related issues.

LEGISLATION AND REGULATORY ACTIONS: **Regulatory Actions**

Ms. Yeatts updated the Board on the current regulatory actions that were included in the agenda packet.

Chart of Regulatory Actions:

18VAC125-20 Regulations Governing the Practice of Psychology – Implementation of Psychology Interstate Compact (Action 5567)
Proposed – At Secretary's Office

18VAC125-20 Regulations Governing the Practice of Psychology – Unprofessional conduct/conversion therapy (Action 5218)
Final – Register Date: 7/19/2021
Effective: 8/18/2021

18VAC125-30 Regulations Governing the Certification of Sex Offender Treatment Providers – Amendment resulting from a periodic review (Action 5660)
Fast-Track – Registered Date: 6/7/2021
Effective: 7/22/2021

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Dr. Werth mentioned that Dr. Stewart, former Board member, was an integral part of creating and advocating for the regulations regarding unprofessional conduct/conversion therapy.

PRESENTATION:

Presentation from Health Care Workforce Data Center: Licensed Clinical Psychologists – 2021
Dr. Yetty Shobo, Deputy Director, Healthcare Workforce Data Center presented and answered questions from Board members related to the workforce data information presented in the agenda packet.

Dr. Werth asked that questions related to Doctorate of Psychology degrees be amended to capture dated related to individuals holding a PhD or a PsyD instead of PhD in another field.

STAFF REPORTS:

Executive Director Report:
Ms. Hoyle briefly discussed the financials. Ms. Hoyle indicated that the Board has seen an increase in applications.

Ms. Hoyle attended one PSYPACT meeting and indicated that she has attended two meetings as a part of the PSYPACT Financial Committee. The Board will be assessed for the first time in January 2022 for anyone who has been approved for the E.Passport.

Ms. Hoyle indicated that ASPPB has increased the number of administrative meetings, which she finds very helpful and informative.

Ms. Hoyle will send out a newsletter in the near future to welcome the new Board members and provide information on the regulatory changes.

Dr. Sheras indicated that PSYPACT is active in 18 states and waiting for several other states to enact new legislation.

Ms. Hoyle thanked staff for their hard work and dedication.

Discipline Report:
Ms. Lang referenced the discipline report on page 287 of the agenda packet. Ms. Lang stated that she needed help from the Board members to review the outstanding probable cause cases. Ms. Lang discussed the possibility of having a part-time discipline case reviewer. If the Board is agreeable, then the By-laws would need to be amended to allow such reviewer. The Board was supportive of changing the By-laws allowing for a part-time discipline reviewer to review probable cause cases. The Board will consider these changes at the next Board meeting.

Licensing Report:
Ms. Lenart referenced her report on page 289 of the agenda packet. Ms. Lenart indicated that the Satisfaction Survey results were received recently, and the

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Board received a 97.1% which is directly related to Ms. Harris' customer service. Ms. Lenart indicated staff has updated the endorsement application and forms and will continue to update additional applications as time permits.

BOARD COUNSEL REPORT: Mr. Rutkowski had nothing to report.

ELECTION OF OFFICERS: Ms. Hoyle discussed the election requirements and procedures as outlined in the By-Laws. Both Dr. Ball and Dr. Werth are eligible for re-election.

Motion: *Dr. Ball made a motion, which was properly seconded, to nominate Dr. Werth for Chair. The motion passed unanimously.*

Motion: *Dr. Sheras made a motion, which was properly seconded, to nominate Dr. Ball for Vice-Chair. The motion passed unanimously.*

Ms. Hoyle congratulated Dr. Werth and Dr. Ball on their re-election.

Dr. Werth will talk to members and verify committee chairs and committee members.

COMMITTEE REPORTS: **Regulatory Committee Reports:**

Periodic review of the Regulations Delegation to an Agency Subordinate
Dr. Ball discussed the need for the Board to complete a periodic review of the Regulations Delegation to an Agency Subordinate. The Committee recommended that the Board continue this regulation without amendment. Ms. Yeatts indicated that the Board has not utilized an Agency Subordinate to date, but the Board has had regulations in place to allow for such delegation since 2004.

Action: The Board voted unanimously to accept the Committee's recommendation.

Stakeholders Meeting Discussion
Dr. Ball discussed the background and questions/concerns asked at the Stakeholders' meeting.

ASPPB Development of the EPPP-Part 2/Skills Examination
The Committee took an action step to continue the discussion on the requirement of the EPPP-Part 2 and to consider making it a licensing requirement. It will first review ASPPB data regarding the cut-off points and the discrimination capability of at least 150 examinees. The Regulatory Committee is leaning toward making this a requirement but is not making that recommendation to the Board today.

Dr. Sheras stated that the Board needs to consider the timing of the examination and the possibility of offering the EPPP-Part 1 earlier. Dr. Sheras suggested that

the first part of the exam be taken around the same time as the comprehensive examination or even as the comprehensive examination during their graduate studies to test applicant's knowledge. The EPPP-Part 2 that would come at the end their supervised experience prior to licensure. The Board's new regulations allow, but do not require this. It would be up to the individual graduate programs what they would allow.

Master's level psychology license
The themes that were mentioned at the Stakeholder's meeting included: 1) a tremendous demand for services and shortage of providers; 2) given difficulties with sufficient science and psychology being included in the curricula of other masters level mental health providers, increasing numbers of clinical psychologists see advantages to a limited license for masters level psychologists; 3) accrediting bodies like APA are having trouble writing standards for accrediting masters level psychology programs without knowing where Boards of Psychology are going to go with this licensing question, and 4) there is a push toward a tiered care system in which a master's level psychologist might be required to work under the supervision of a Licensed Clinical Psychologist.

The Committee's action item is to take up further discussion on various models of practice for master's level trainees, including trying to learn what other state Boards are doing. This discussion and review will take some time.

Dr. Sheras stated that APA has been looking at accrediting master's program and has requested that the APA Commission on Accreditation begin to draft requirements. APA, as an organization, will have a Summit on October 23-24, 2021 to look into master level training. Dr. Sheras will provide more information at the next Board meeting.

Psychology Clinical Science Accreditation Systems (PCSAS) accreditation
The new regulations allow the Board to consider accreditation agencies other than APA. The Committee took an action step to carefully review the written standards pertaining to PCSAS accreditation and get additional information from PCSAS representatives.

Ms. Hoyle indicated that she would send a questionnaire related to this subject to other Boards to see if other states are considering PCSAS as an approved accrediting body.

<u>Break:</u>
The Board took a lunch break from 12:20 p.m. to 12:48 p.m.

Development of Social Media Guidance Document Discussion
Dr. Ball discussed the specific changes that were made to the proposed guidance document after receiving comments and suggestions from Board members and staff. Dr. Ball also sent the document to VACP for their input. The

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Committee is satisfied with the document and is passing it to the full Board for their feedback.

Dr. Werth indicated that he would like to have edits or comments before the next Regulatory Committee meeting so that a decision can be made at that time. Staff will send out an editable version so members can make changes and suggestions.

Discussion on PSYPACT
Dr. Ball discussed the controversy over PSYPACT rules requiring E.Passport applicants provide evidence of graduating from an APA accredited university instead of just having licensure in another state.

This rule change disenfranchises three different groups licensed by the Board:

- Psychologist licensed prior to APA (1985) - senior psychologists;
- Industrial Organizational (IO) Psychologists; and
- Those licensed under an endorsement but who did not graduate from an APA accredited school.

Dr. Werth indicated that there is a likely movement by PSYPACT to address the senior psychologist issue.

As a result, the Committee's suggestion to the Board is to ask Ms. Hoyle, as the PSYPACT representative, to advocate for individuals seeking E.Passports to have a license at the doctoral level but not require these applicants to have degrees from programs with APA accreditation.

Dr. Wallace asked whether school psychologists were having problems procuring E-passports. Dr. Ball indicated that there have been no official complaints from school psychologists about being denied E.Passports. Doctoral level school psychologists are eligible for E-passports and would also be assisted by the Board's position to not require those seeking E-passports to have degrees from programs with APA accreditation.

Action: The Board voted to allow Ms. Hoyle, as the PSYPACT representative, to advocate Virginia's position for licensure at the doctoral level and allow non-APA accreditation for E Passports. The motion passed with seven in favor and one recusal.

Board of Health Professions Report:
Dr. Werth indicated that the minutes from the last Board of Health Professions meeting is in the agenda packet. Dr. Stewart's term to represent the Board of Psychology recently expired. The Governor will be appointing a new member from the Board of Psychology to the Board of Health Professions.

NEXT MEETING: The next quarterly meeting is scheduled for December 14, 2021.

ADJOURNMENT: The meeting adjourned at 1:23 p.m.

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James Werth, Jr. Ph.D., ABPP, Chair | Date

Jaime Hoyle, J.D., Executive Director | Date

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VIRGINIA BOARD OF PSYCHOLOGY
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – NOVEMBER 19, 2021

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Psychology ("Board") convened on November 19, 2021 at 10:01 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Training Room 1.

MEMBERS PRESENT: Susan Brown Wallace, Ph.D., LCP, Chairperson
Aliya Chapman, Ph.D., LCP

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Psychology
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division

RESPONDENT: Ronald Federici, LCP, LSP
Case No.: 202621, 206080, 208921
License #: 0810001534, 080300093

DISCUSSION: Dr. Federici appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated August 27, 2021.

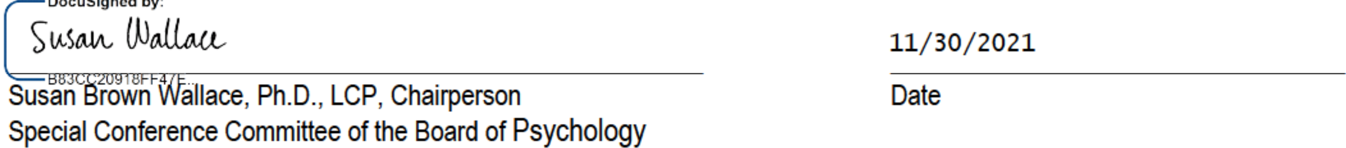
CLOSED MEETING: Upon a motion by Dr. Chapman, and duly seconded by Dr. Wallace, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Ronald Federici, LCP, LSP. Additionally, she moved that Jennifer Lang and Anne Joseph attend the closed meeting because their presence would aid the Committee in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.

DECISION: Upon a motion by Dr. Chapman, and duly seconded by Dr. Wallace, the Committee voted to refer the matter to a formal hearing. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 1:26 p.m.

As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.



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Susan Brown Wallace, Ph.D., LCP, Chairperson
Special Conference Committee of the Board of Psychology

Date

November 30, 2021

Jennifer Lang, Deputy Executive Director
Virginia Board of Psychology

Date

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VIRGINIA BOARD OF PSYCHOLOGY
SPECIAL CONFERENCE COMMITTEE
INFORMAL CONFERENCE MINUTES – NOVEMBER 19, 2021

CALL TO ORDER: A Special Conference Committee ("Committee") of the Board of Psychology ("Board") convened on November 19, 2021 at 1:57 p.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Training Room 1.

MEMBERS PRESENT: Susan Brown Wallace, Ph.D., LCP, Chairperson
Aliya Chapman, Ph.D., LCP

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Psychology
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: **Shauna Lynne, applicant for licensure in clinical psychology**
Case No.: 211138

DISCUSSION: Dr. Lynne appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated August 27, 2021.

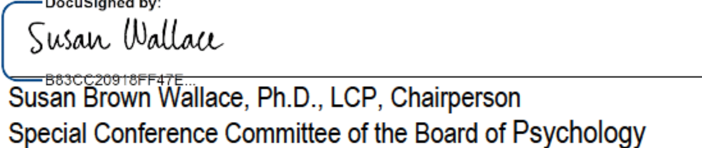
CLOSED MEETING: Upon a motion by Dr. Chapman, and duly seconded by Dr. Wallace, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Shauna Lynne, applicant for licensure in clinical psychology. Additionally, she moved that Jennifer Lang attend the closed meeting because her presence would aid the Committee in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.

DECISION: Upon a motion by Dr. Chapman, and duly seconded by Dr. Wallace, the Committee made certain findings of facts and conclusions of law and voted to approve Dr. Lynne's application for licensure as a clinical psychologist. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 2:25 p.m..

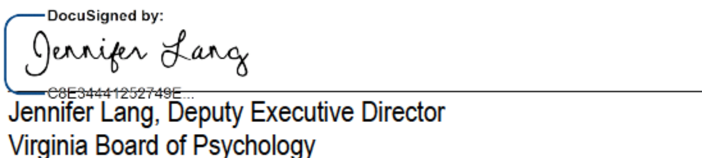
As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.



11/30/2021

Susan Brown Wallace, Ph.D., LCP, Chairperson
Special Conference Committee of the Board of Psychology

Date



November 30, 2021

Jennifer Lang, Deputy Executive Director
Virginia Board of Psychology

Date

Frequently Asked Questions (FAQs) about the Psychological Clinical Science Accreditation System (PCSAS) and Psychological Clinical Science

1. PCSAS Basics.

The Psychological Clinical Science Accreditation System (PCSAS) is an independent, non-profit organization providing rigorous, objective, and empirically-based accreditation of Ph.D. programs that adhere to a *clinical science* training model -- one that increases the quality and quantity of clinical scientists contributing to all aspects of public health and extends the science base for mental health care.

The impetus for this new approach dates to a 1992 Summit Meeting on *The Future of Accreditation* sponsored by the National Institute of Mental Health (NIMH), the $1.9 bill federal agency within the National Institutes of Health that funds a major portion of psychology's mental health training; the Council of Graduate Departments of Psychology (COGDOP), the umbrella group for some 250 Chairs of Psychology Departments; and the Association for Psychological Science (APS), the 35,000 member organization supporting the science of psychology. That 3-day meeting brought together 140 delegates who either were Chairs of Psychology Departments or Directors of Clinical Training. Agreement emerged from the Summit on "the need for urgent reform of the accreditation system in psychology."

Following years of ultimately unsuccessful efforts working for reform within the then-sole accreditation system, the specifics of a separate system began with additional discussion in 1994 and was formally established as an independent entity in 2007 by the Academy of Psychological Clinical Science (Academy), PCSAS's parent organization. The Academy also was founded following the 1992 Summit. The Academy's 80 members are doctoral training programs or internship programs that share a commitment to the primacy of science in the education and training of clinical psychologists.

PCSAS accredited its first program in late 2009 To date PCSAS has accredited 46 programs in the United States and Canada, with many others in various stages of the application process (See Accredited Programs).

PCSAS programs are among the most highly regarded in the field. For example, all 20 of the *U.S. News & World Report's* 20 top ranked clinical psychology programs are PCSAS accredited. Thirty-nine PCSAS programs in the U.S. are in the top 50. (*U.S. News* only ranks U.S. programs.) And all 46 PCSAS programs

are ranked highly by the National Academy of Sciences; have graduates who score higher on average than those non-PCSAS programs on state licensing exams; have students who "match" at a higher rate in internship placements; and are distinguished by the publication records of PCSAS faculty.

PCSAS is recognized by the Council for Higher Education Accreditation (CHEA), the body of 3,000 colleges and universities representing the 'Gold Standard' in accreditor evaluation. CHEA is the "primary national voice for quality assurance to the U.S. Congress, U.S. Dept. of Education, the general public, opinion leaders, students, and families." CHEA's sole purpose is quality assurance of higher education through accreditation. CHEA provided PCSAS its "seal of approval" for meeting standards that are indicators of quality to the government. ("CHEA recognition affirms that the standards, structures and practices of accrediting organizations promote academic quality, improvement, accountability and needed flexibility and innovation in the institutions they accredit.")

2. Why now for PCSAS?

Science plays a part in all clinical training programs, but it is preeminent in PCSAS programs -- in research training, clinical training, and, importantly, in their integration. This commitment to scientific perspectives in all aspects of clinical psychology plus growing concerns that the nation's pressing and growing mental health needs are too often not being met – witness the surging suicide rate in the U.S. - gave rise to PCSAS as an accreditation system specifically designed to promote science-centered doctoral training. The creation of PCSAS rests on the desire to spark training innovations that will lessen the burden of mental illness.

PCSAS fosters clinical scientists who will improve public health by disseminating the existing science on what mental health treatments work, delivering empirically-based clinical services, and expanding scientific knowledge in clinical psychology through their research.

Want proof of both the service delivery and research capabilities of those trained in PCSAS programs? In a comprehensive analysis of PCSAS graduates, 73% reported engaging in clinical service delivery in their current positions and 35% reported being investigators on federal research grants between 5-10 years after graduating. Many report doing both.

All this has been accomplished while PCSAS is still young. PCSAS accredited its first program in late 2009. In 2012, PCSAS was formally recognized by the Council of Higher Education Accreditation, the "institutional voice for promoting academic quality through accreditation." Just over ten years later, with 46 well-regarded programs accredited and with increased recognition from many sectors in mental and behavioral health, including from the U.S. government, PCSAS is seen as promoting high standards in the training of clinical psychologists.

Our ultimate goal is to provide the public with new and better mental health services that are safe, that work and that are cost-effective.

3. What is "clinical science?"

Clinical science is the modern extension of the highest aspirations of what began as the Scientist-Practitioner (Boulder) model. The Boulder model was created in 1948-49 in response to the Veterans Administration's (VA) request to identify clinical psychologists whose training allowed them to effectively address the mental health of returning veterans and their families. Today, science is paramount within the more modern clinical science model, and science training for clinical practice and for research are fully integrated and reciprocal. Research informs all aspects of clinical practice and clinical practice continuously informs research. As one indication of the acceptance of this model, PCSAS is fully recognized by the VA today to fill its needs for mental health treatment.

For a fuller description of the PCSAS model, see *Current Status and Future Prospects of Clinical Psychology*.

4. What is the relationship between PCSAS and APA?

PCSAS is completely separate from the American Psychological Association and its accreditation function. Both organizations accredit clinical psychology education and training programs. However, the PCSAS mission is to accredit those doctoral programs that adhere to a clinical science training model, and APA accredits a broader range of programs. PCSAS now stands at 46 accredited programs; APA is at over 500.

5. As a newer accreditation system, is PCSAS taking hold?

Yes, and gaining traction with each new accomplishment. PCSAS became an independent accrediting body in 2007; accredited its first program in 2009; and in 2012, as soon as it was eligible, was recognized by the Council for Higher Education Accreditation (CHEA), the national body that certifies accrediting organizations. CHEA affirmed PCSAS standards and processes as meeting and exceeding CHEA's high standards for "quality, improvement, and accountability."

Today, PCSAS accredits 46 clinical science programs in the United States and Canada, programs that are highly regarded in the field. For example, all 20 of the *U.S. News & World Report's* 20 top ranked clinical psychology programs are PCSAS accredited. Thirty-nine PCSAS programs in the U.S. are in the top 50. (*U.S. News* only ranks U.S. programs.) Similarly, all PCSAS programs are ranked highly by the National Academy of Sciences; have graduates who score higher on average than non-PCSAS graduates on state licensing exams and

students who “match” at a higher rate than others in internship placements; and are distinguished by the publication records of PCSAS faculty.

In addition, PCSAS has been:

- **Recognized by the U.S, Department of Veterans Affairs (VA),** by far the largest trainer and employer of clinical psychologists in the world.
- **Recognized by the Commissioned Corps of the U.S. Public Health Service**, the nation's uniformed services branch headed by the Surgeon General and committed to advancing our nation's public health.
- **Recognized by the Health Resources and Services Administration (HRSA) within the U.S. Dept. of Health and Human Services** for their Psychology Graduate Psychology Education and Behavioral Health Workforce Education Programs.
- **Recognized by the National Institutes of Health (NIH)**, with the Director of the $1.9 billion National Institute of Mental Health (NIMH) stating, "At NIMH, we thought of PCSAS at the cutting edge of where training should be in clinical psychological science, and as the model for how rigorous accreditation might have an influence even beyond psychology."
- **Recognized by multiple psychological and mental health organizations** including: the Association for Psychological Science; the Academy of Psychological Clinical Science; the Association for Behavioral and Cognitive Therapies; the Society for a Science of Clinical Psychology; the Society for Research in Psychopathology; the Council of Graduate Departments of Psychology (COGDOP); and the Council of University Directors of Clinical Psychology (CUDCP).
- **Recognized by the Association of Psychology Postdoctoral and Internship Centers (APPIC),** the organization that runs psychology’s internship placement “March” service.
- **Recognized in the laws and regulations of states representing over 30 percent of the U.S. population,** including the large population states of California, New York and Illinois. Arizona is the most recent state to recognize PCSAS, with more states are pending as evidence increasingly demonstrates that PCSAS programs exceed state eligibility requirements for graduates seeking to be licensed psychologists.
- **Recognized for support in the U.S. Congress over multiple years and in multiple federal agencies**, most recently in House Defense Appropriations for 2022, in which the FY 22 Congressional Report read:
- MENTAL HEALTH PROFESSIONALS The Committee remains concerned about the shortage of current and prospective mental health care professionals for servicemembers and their families, including social workers, clinical psychologists, and psychiatrists. The Committee directs the Assistant Secretary of Defense for Health Affairs, in coordination with the Service Surgeons General, to brief the House and Senate Appropriations Committees not later than 180 days after the enactment of

this Act on an assessment of eligible beneficiaries' demand for behavioral health services, including services provided through telehealth, and funding required to adequately recruit and retain behavioral health professionals required to meet such demand. The assessment shall include a review of tools, such as pay grade increases, use of special and incentive pays, and the pipeline development of increasing the number of professionals in this field through scholarships or programs through the Uniformed Services University. **Additionally, the assessment should include a review of related regulations to determine what impact a change in regulations to allow the employment of clinical psychologists who graduate from schools accredited by the Psychological Clinical Science Accreditation System may have on the Military Health System.**

6. Are students from PCSAS programs qualified for a clinical internship?

Yes. All students from PCSAS-accredited programs must be fully prepared for the clinical internship that we require of all students. The PCSAS review criteria state specifically that:

> "Students must acquire clinical competence through direct application training, including well organized and monitored science-based practicum and internship experiences."

And that:

> "Clinical science training in application should be characterized by:
>
> (a) A clear scientific evidence base for the assessments and interventions taught; (b) An integrated focus on consistent evidence-based principles and processes across both research and applied activities; and (c) A meaningful assessment of skill acquisition in specific research-supported procedures for specific problems."

The Association of Psychology and Postdoctoral Internship Centers (APPIC), the organization that runs the internship matching service for psychology students agrees. PCSAS students are fully eligible for the internship "Match."

See the Training for Clinical Practice page of the PCSAS website for additional information.

7. I heard that PCSAS only considers research in accrediting programs. Is that true?

No. PSCAS goes to great lengths to review a program's applied clinical training (e.g., in treatment and assessment). All PCSAS programs include high-quality research, but research is never the sole focus of the programs that are accredited by PCSAS. In fact, evaluating a program's clinical training is what takes up the most time and effort for each PCSAS site visit team and in every Review Committee discussion.

For example, PCSAS site visitors individually interview each clinical faculty member, specifically asking how they and their program conduct clinical training. Our most intensive interviews on clinical training are with the program's Director of Clinical Training and its Clinic Director, who always are seen by all site visitors. Site visitors also insist on direct interviews with external practica supervisors to discuss their supervisees with respect to our primary mental and behavioral health care criteria. Then, as mentioned above, we devote most of our Review Committee discussion to these same issues.

Further, PCSAS site visitors look at how each program ensures that *all* graduates are clinically competent. We would not accredit a program that couldn't demonstrate this to our satisfaction. That is, a program must convince us that *all* students show mastery of Empirically-Based Assessments and Empirically Based Treatments. This is one reason why we look carefully at both clinical training experiences that typically are offered within the program (e.g., early assessment and therapy training) and supervisor evaluations for advanced practica experiences that often are offered outside the program by seasoned clinicians in real-world settings.

The PCSAS Review Committee, itself, was recently site-visited by our own recognition body, the Council of Higher Education Accreditation (CHEA). Our concentration on evaluating clinical training issues was confirmed by CHEA as was our outcome-oriented concentration on the clinical science activities PCSAS graduates engage in once they leave their programs. One result was CHEA site visitors calling PCSAS the "poster child" for outcome based accreditation.

More generally, PCSAS accredits programs that educate and train students in clinical science in the broadest sense of that term. This means preparing PCSAS students to work in treatment settings, an outcome that is widely recognized. As just one example, the U.S. Public Health Service in the Office of the Surgeon General just changed its policy in June, 2021 to allow PCSAS graduates to be

hired under either a Health Services (for treatment) or Science (for research) category.

Want more proof of both the practice and research capabilities of those trained in PCSAS programs? In a comprehensive analysis of over ten years of PCSAS graduates, 73% reported engaging in clinical service delivery in their current positions (more evidence for the clinical competency of PCSAS graduates) and, 5-10 years post PhD, 35% reported being investigators on federal research grants. Many are involved in both.

8. One hallmark of PCSAS is program flexibility. Does this mean PCSAS lacks a core curriculum?

No. PCSAS requires the curriculum of each accredited program to have a full spectrum of courses and requirements to deliver the core knowledge necessary to excel in the field of clinical psychology. But PCSAS does not require each school to meet this requirement with the same exact list of courses.

Every PCSAS accredited program mandates knowledge in psychopathology, assessment, diagnosis, intervention and treatment, supervision, and statistics. Every program concentrates on ethics, research methods, data analysis, and on issues of individual differences and diversity. Every program also mandates applied experiences - supervised clinical experiences both within their programs, often supervised by tenured clinical faculty, and via external practica; and one-year clinical internships post coursework.

Our bottom line is that our students must fully know core knowledge in our field. The PCSAS Review Committee would not approve a program if they did not nor would a state licensing board admit such a PCSAS graduate to practice. (We are proud that 98% of PCSAS graduates who take their licensing exams pass it.) This knowledge is mandated because it is the foundation that makes for a clinical psychologist. A PCSAS graduate cannot function as a clinical psychologist without knowing it. That core is built into all our programs.

At the same time, PCSAS emphasizes program flexibility to take advantage of the specific expertise and resources in an individual clinical training program. There are multiple ways to get to a common endpoint of mastery in clinical psychological science. But it also is true that within this expert pool of faculty and unique clinical experiences, students must gain core knowledge.

9. If programs are accredited by both APA and PCSAS, might they one day choose to be accredited by only one of these organizations?

This will be up to programs. Some may hold dual accreditation; others may maintain only PCSAS accreditation. Both are appropriate outcomes for PCSAS.

To date, eighteen PCSAS programs have declared intentions they may be solely PCSAS-accredited in the future - Emory University, University of California-Berkeley, UCLA, University of Illinois, University of Iowa, Stony Brook University, University of Delaware, Indiana University, University at Buffalo, University of Wisconsin, University of South Florida, University of Arizona, University of Minnesota, University of Pennsylvania, University of Southern California, University of Washington, Washington University in St. Louis, and Yale University.

Three of these - University of California-Berkeley, Stony Brook University, and Washington University in St. Louis - specifically announced dates for becoming solely PCSAS-accredited. Berkeley already admitted its second PCSAS-only graduate class and Stony Brook its first. Wash U will be admitting its first PCSAS-only class in 2022.

Finally, the newest PCSAS program, Ohio State's Intellectual and Developmental Disabilities program, perhaps the best program of its type in the United States, has never been APA-accredited.

10. If programs drop APA accreditation and remain accredited solely by PCSAS, will these programs stop training students in applications?

No. Treatment and the clinical assessment of mental disorders are fundamental to PCSAS accreditation. First, most of a PCSAS site visit is devoted to evaluating applied education and clinical training. Second, if a program did not seek APA renewal but wanted to keep its PCSAS accreditation, we would approve that program only if it still maintained excellence in applied clinical science education and training. (See Training for Clinical Practice.) Third, PCSAS's own recognition by the Council of Higher Education Accreditation (CHEA) is dependent on PCSAS programs providing quality clinical training. CHEA recognition of PCSAS would be forfeited if clinical training did not occur. Finally, in a comprehensive analysis of over ten years of PCSAS graduates, 73% report engaging in clinical service delivery in their current positions. Our graduates practice! They need and would demand clinical training for their future employment. Students wouldn't apply to PCSAS programs if we did not deliver on our promise to train them to provide effective treatments to those suffering with mental disorders.

One real world example. UC-Berkeley has already admitted its second PCSAS-only class. In doing so, they have been developing a new PCSAS curriculum. One of its defining features is a continuing commitment to excellence in applied clinical training. Here is what they report:

> "In the new PCSAS curriculum with its more flexible course requirements, applied clinical training begins earlier and continues later in students' training than was the case in the previous APA program. In the PCSAS curriculum, students will be involved in closely supervised applied clinical experiences in every year of their training during both the 9-month academic year and in the summer. In our APA program, these experiences began in the second year and did not include the summer period. Reflecting this earlier start for applied clinical work, the new PCSAS curriculum provides expanded early training in basic clinical skills (e.g., interviewing, risk assessment, case formulation), and an expanded proseminar in clinical theory and research, both designed to smooth the transition into working with clients and conducting clinically-relevant research. Applied clinical training will continue to meet all current legal and ethical standards.
>
> In the PCSAS-only era, Berkeley is maintaining and expanding its in-house Psychology Clinic, which provides affordable, evidence-based assessment, intervention, and consultation services to the Berkeley and other Bay Area communities and is a primary training site for students in the program. In addition to providing clinical services, the Psychology Clinic is becoming more deeply involved in clinical research, housing a growing number of innovative treatment development and assessment projects. In collaboration with the Department of Psychiatry and Behavioral Sciences at UC San Francisco, a newly-starting program will provide the Psychology Clinic and its trainees with access to psychiatric supervision, expanded telehealth capabilities, and training and research opportunities working with new populations in multi-disciplinary teams. This program, the UCSF-UC Berkeley Schwab Dyslexia and Cognitive Diversity Center, will focus on learning disorders and learning differences across the lifespan. It reveals the commitment of the PCSAS Clinical Science program to expand into cross-campus and cross-disciplinary clinical efforts.
>
> Thus, as Berkeley has transitioned toward sole accreditation by PCSAS, there has been neither dilution nor diminution of applied clinical training. Instead, using the additional curricular flexibility and greater ability to take advantage of local resources, applied clinical training in Berkeley's PCSAS program is starting earlier, expanding to include summers, broadening in scope, and becoming more integrated with contemporary multidisciplinary approaches to assessment, training, and research."

11. I have heard that PCSAS is not recognized by the Department of Education (DOE). Is that a problem?

No. DOE recognition of an accrediting body mainly is for Title IV of The Higher Education Act for student federal financial aid -- for loans, grants and work-study. PCSAS students have access to these programs already because the universities that house PCSAS programs are DOE-recognized. That is, PCSAS universities are federally recognized.

We were advised by senior DOE officials that because our universities already are DOE-recognized, we may not be eligible for additional DOE recognition under the DOE principle of PCSAS having no "unique federal purpose." This from the Department of Education's accreditation website:

> "An accreditor [e.g., PCSAS] seeking recognition from the Secretary of Education must… have a link to a federal program (e.g., federal student aid)." And more specifically, "Some criteria for recognition, such as the criterion requiring a link to Federal [aid] programs have no bearing on the quality of an accreditor; however, they do have the effect of making some accreditors ineligible for recognition for reasons other than quality."

Further, a trend for all accrediting bodies either is not to seek DOE recognition in the first place (just like PCSAS) or to discontinue DOE recognition. The trend includes: Behavioral Analysis; Marriage and Family Therapy; Social Work; Counseling and Related Education Programs; Psychology and Counselors; Masters Programs; Physician Assistants; Medical Physics; Audiology; Respiratory Care; Health Informatics; Nuclear Medicine; Healthcare Management; Forensic Science; and Educator and Teacher Preparation.

All these professions and PCSAS are recognized by the Council for Higher Education Accreditation (CHEA), which has as its sole purpose "to assure and improve the academic quality of programs" through accreditation. None are DOE recognized. Some have dropped DOE recognition; not one has dropped CHEA.

The newest example is that the National Association of School Psychologists (NASP) is applying for CHEA recognition. Not only does this mean that there soon will be another separate accreditor of psychological services, but one, like PCSAS, that also will not be DOE-recognized.

Teacher Education provides another striking example. Two DOE-recognized accreditation systems merged to form the Council for the Accreditation of Education Preparation (CAEP), with over 800 programs. But CAEP, the largest and most influential education group of its type, elected not to be DOE-recognized. We repeat. *The largest education group of its type chose not to be*

recognized by the U.S. Department of Education! Why? Its programs already are housed in DOE-recognized universities, just like PCSAS programs. Of course, CAEP is CHEA-recognized. In its role, CHEA provides a “seal of approval” in meeting standards that are indicators of quality, including to the federal government.

The trend is not limited to health and education programs. The largest accreditor of Engineering and Computing Sciences, with over 3,700 programs, also dropped DOE recognition while maintaining CHEA recognition.

States also are moving in this direction. New Mexico recently changed its psychology licensure regulations so that *only* graduates from a CHEA recognized psychology accreditation system (.e.g., PCSAS) would be allowed to sit for a licensing exam. That is, if the program you graduated from was recognized solely by DOE, you cannot be a licensed psychologist in New Mexico.

But make no mistake, PCSAS is federally recognized -- by the U.S. Public Health Services and by the Department of Veterans Affairs (VA). And note that the VA is by far the largest provider of mental and behavioral health services in the world. It is a recognition that is substantially more focused on the quality of health and mental health training than would be had from DOE. In recognizing PCSAS, the VA said they hold CHEA as the “gold standard for determining quality.” In fact, it is our recognition by the VA that makes PCSAS students fully eligible for year-long internships organized by the Association of Psychology Internships and Postdoctoral Centers (APPIC). (See 12, below)

12. What about internships and licensing for PCSAS students?

The pipeline from enrollment in a doctoral program to licensure as an independent professional involves several key steps.

1. All graduates from PCSAS-accredited programs complete a clinical internship. A match system for internships is organized by the Association of Psychology Postdoctoral and Internship Centers (APPIC). APPIC policy had been that only students from programs accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) were eligible for the APPIC Match. However, APPIC’s policy changed with the growth of PCSAS and now states that students from PCSAS accredited programs are fully eligible to participate. This from APPIC’s Revised Policy webpage: “As of May 2018, the eligible accrediting organizations are American Psychological Association’s Commission on Accreditation (APA), the Canadian Psychological Association (CPA), and the Psychological Clinical Science Accreditation System (PCSAS).”

2. In many states, the requirements for licensure include taking the licensing exam that is administered by the Association of State and Provincial Psychology Boards (ASPBB). ASPPB is currently advocating for a revised version of this exam. PCSAS is closely monitoring this process and will be advocating for full eligibility for students from PCSAS-only programs to take this exam, which now appears to be the case.

3. APA accreditation is recognized for entry level competencies to be a licensed psychologist in some states. Eight states to date, either through recently passed legislation, newly revised regulations, or interpretations of existing regulations as communicated to us, currently allow for PCSAS graduates to be licensed. They are California, New York, Illinois, Delaware, Missouri, Michigan, Arizona, and New Mexico. They represent more than 30 percent of the U.S. population. Other states are in the process of changing laws and regulations. Both the Minnesota and the Pennsylvania licensing boards recently voted to recognize PCSAS, which starts the regulatory change process in both states. We expect a steady flow of more states over the next several years. Additional states have no need to change anything since they do not link accreditation to licensing. So PCSAS graduates already can be licensed in many states (e.g., Texas).

13. One important final note.

PCSAS has not nor will we ever ask for special privileges for PCSAS graduates. We only ask that our students be allowed to compete on a level playing field in psychology. If PCSAS students don't measure up, so be it. They won't have earned the right to a license or to practice.

But our graduates *do* measure up. According to the Association of State and Provincial Psychology Boards (ASPPB), 98% of PCSAS graduates pass the national licensing exam wherever it is given. The comparable figure for the entire population of students who are either accredited by the American Psychological Association or the Canadian Psychological Association; or designated by ASPPB is 81%. Similarly, PCSAS graduates do better on every subtest of the national exam. Licensed PCSAS graduates also are less likely to have any ethical complaints filed against them.

Also, according to the most recent 8-year data on internship placements, PCSAS students have an internship "match" rate of well over 90% - up to 98% depending on definitional terms – compared to under 80% for non-PCSAS students.

We believe PCSAS graduates will make an important contribution toward fulfilling our promise to provide the public with an increased supply of clinical scientists

who have received advanced clinical and research education and training with the ultimate goal of reducing the nation’s burden of mental illness by providing services that are safe, that work and that are cost-effective.

DEBORA BELL, PH.D.
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Jason Washburn, Ph.D.
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Sarah Owens, M.A.

2019-2021
Jennifer Boland, M.A.
Erica Szkody, M.A.

November 12, 2019

Alan Kraut, PhD
Executive Director, Psychological Clinical Science Accreditation System

Dear Dr. Kraut,

The Council of University Directors of Clinical Psychology (CUDCP) welcomes the opportunity to comment on the issue of parity in eligibility for licensure for graduates of accredited doctoral programs in clinical psychology. CUDCP, the largest training council in health service psychology, represents 175 scientist-practitioner and clinical scientist doctoral programs in clinical psychology.

CUDCP believes strongly in the value of accreditation as an important means of quality assurance in training. As a condition of membership, all of our member programs are accredited by at least one of two specialty accreditors in health service psychology, the American Psychological Association's Commission on Accreditation (CoA) and the Psychological Clinical Science Accreditation System (PCSAS). Both of these bodies are CHEA-recognized specialty accreditors. CUDCP maintains a position of accreditation neutrality with respect to our members' program-level accreditation. Thus, we strongly support the equity of graduates of programs accredited by either CoA or PCSAS with regard to training, licensure, and employment opportunities afforded to graduates of accredited programs.

Please let me know if I can be of further assistance.

Regards,

Debora Bell, Chair
Council of University Directors of Clinical Psychology

Department of Psychology
4400 University Drive, MS 3F5, Fairfax, Virginia 22030-4444
Phone: 703-993-1384; Fax: 703-993-1359

February 19, 2018

Dear Dr. Davila and Dr. Klein,

I am writing to let you know that the faculty of the Clinical Psychology Ph.D. program at George Mason University (GMU) is in full support of having students who graduated from Clinical Psychology Ph.D. programs accredited by the Psychological Clinical Science Accreditation System (PCSAS) be eligible for licensure in Virginia. We support a change in the licensing guidelines (at whatever level of administration is necessary) to specifically reflect that students graduating from programs accredited by either APA – OR – PCSAS be eligible for licensure in Virginia. In other words, we support parity for both accreditation systems.

Sincerely,

Christianne Esposito-Smythers, Ph.D.
Associate Professor
Director of Clinical Training

Keith Renshaw, Ph.D.
Associate Professor
Chair

February 28, 2022

Virginia Board of Psychology
9960 Mayland Drive
Richmond, VA 23233

Dear Members of the Virginia Board of Psychology:

We are students in the clinical psychology PhD training programs at Virginia Tech and the University of Virginia. We are writing to ask that the board recognize the Psychological Clinical Science Accreditation System (PCSAS)[1] as an additional accreditor of doctoral programs whose graduates are eligible for licensure as clinical psychologists in the Commonwealth of Virginia.

As students in PCSAS-accredited programs, we are being trained both as health care providers and as research scientists. This integration of science and practice is the core of PCSAS training. It means that upon graduating we will have gained the knowledge and skills needed not only to generate and disseminate knowledge, but also to function as independent clinicians. Given that all students in PCSAS-accredited programs must demonstrate mastery of core areas of clinical science, including psychopathology, assessment, diagnosis, intervention, supervision, research methods, data analysis, ethics, and individual differences; obtain supervised clinical experiences within their programs and via external practica; and complete a one-year clinical internship;[1] we are confident that we will be extremely well qualified for licensure and professional practice.

The development of clinical competencies in students from PCSAS-accredited programs is not only ensured via competency-based evaluations completed by internal and external supervisors, but also evident from students' successes in securing clinical internship placements and passing the national licensing exam. More than 90% of students in PCSAS-accredited programs matched for internships accredited by the Association of Psychology Postdoctoral and Internship Centers (APPIC) from 2011 to 2016 (vs. a rate less than 80% for students in other programs).[2] Moreover, 97% of graduates of PCSAS-accredited programs passed the 2017 Examination for Professional Practice in Psychology (vs. a rate of 82% for all graduates in clinical psychology).[3]

PCSAS currently accredits 39 programs widely viewed as among the best in the country and is recognized by the U.S. Department of Veterans Affairs, as well as by professional organizations such as the Association for Psychological Science, the Association for Behavioral and Cognitive Therapies, the Council of University Directors of Clinical Psychology, and APPIC. Furthermore, graduating from a PCSAS-accredited program makes graduates eligible for licensure as clinical

[1] Psychological Clinical Science Accreditation System. (2021). *Psychological Clinical Science Accreditation System: Purpose, organization, policies, and procedures.* Retrieved from https://www.pcsas.org/redesign/wp-content/uploads/2021/09/PCSAS-POPP-Manual-rev-Sept-2021.pdf
[2] As reported at https://www.pcsas.org/faq/ based on the following report. Association of Psychology Postdoctoral and Internship Centers. (2019). *APPIC Match: 2011-2019 match rates by doctoral program.* Retrieved from https://www.appic.org/Portals/0/downloads/APPIC_Match_Rates_2011-2019_by_UniversityV2.pdf
[3] As reported at https://www.pcsas.org/faq/ based on the following report. Association of State and Provincial Psychology Boards. (2017). *2017 psychology licensing exam scores by doctoral program.* Retrieved from https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_/2017_Doctoral_Report.pdf

psychologists in a growing number of states, including New York, Delaware, Illinois, Michigan, Missouri, New Mexico, Arizona, and California.[1]

The increasing recognition of PCSAS accreditation accords with the high-quality clinical and research training we receive, and we hope the board will share our enthusiasm for the PCSAS clinical science training model and recognize PCSAS accreditation for the licensure of clinical psychologists in Virginia. For more information about PCSAS, see https://www.pcsas.org/.

Thank you for considering this request.

Sincerely,

Virginia Tech

[Names of 24 students who agreed to sign]

University of Virginia

[Names of 18 students who agreed to sign]

UNIVERSITY of VIRGINIA
DEPARTMENT OF PSYCHOLOGY

Bethany Teachman, Ph.D.
Professor and Director of Clinical Training
Department of Psychology
University of Virginia
102 Gilmer Hall, PO Box 400400
Charlottesville, VA, 22904

March 19, 2018

Dear Dr. Cooper,
I am writing as the Director of Clinical Training in the Department of Psychology at the University of Virginia. I wish to note that the clinical faculty in our department fully supports allowing students who have graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia. We support parity for both the American Psychological Association and PCSAS accreditation systems.

If you have any questions, please contact me at 434-924-0676 or bteachman@virginia.edu.

Sincerely,

Bethany Teachman, Ph.D.
Director of Clinical Training

Signed on behalf of the clinical faculty in the Department of Psychology:

Joseph Allen, Ph.D.
James Coan, Ph.D.
Robert Emery, Ph.D.
Noelle Hurd, Ph.D.
Patricia Llewellyn, Ph.D.
Eric Turkheimer, Ph.D.
Melvin Wilson, Ph.D.

Office of the Executive Vice President and Provost

February 17, 2022

Virginia Board of Psychology
9960 Mayland Drive, Suite 300
Henrico, VA
23233-1463

Dear members of the Virginia Board of Psychology,

As Provost-designate of the University of Virginia (I begin serving as Provost on March 1, 2022), I am writing to recommend strongly that the Virginia Board of Psychology recognize the Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral programs whose graduates are eligible for licensure as clinical psychologists in the Commonwealth of Virginia. This request has the full support of the faculty of the Clinical Psychology Ph.D. program here at the University of Virginia.

As you know, PCSAS is an independent accreditation system that aims to provide science centered training in clinical psychology, and that requires all graduates to be competent both to conduct scientific research and to be independent providers of psychological services. The Council on Higher Education Accreditation (CHEA) recognized PCSAS as an accrediting system in 2012.

At present, 46 clinical psychology Ph.D. programs in major research universities in the U.S. and Canada are PCSAS-accredited. These programs are ranked by U.S. News & World Report as the top programs in the field. Importantly, the Ph.D. program at UVA has been PCSAS accredited since 2013. The clinical psychology program at UVA pursued PCSAS accreditation because the PCSAS system fosters clinical scientists who are well positioned to improve public health by disseminating the existing science on what mental health treatments work, delivering evidence-based clinical services, and expanding scientific knowledge in clinical psychology through cutting edge research.

A number of highly prestigious groups have recognized the rigorous training inherent in PCSAS- accredited programs, including the U.S. Department of Veterans Affairs (VA); the National Institutes of Health (NIH); the Association for Psychological Science (APS); the Academy of Psychological Clinical Science (APCS), the Association for Behavioral and Cognitive Therapies (ABCT); the Society for a Science of Clinical Psychology (SSCP, which, notably, is a section of Division 12 of APA); the Society for Research in Psychopathology; the Boards of Directors for both the Council of Graduate Departments of Psychology (COGDOP); the Council of University Directors of Clinical Psychology (CUDCP); and the Association of Psychology Postdoctoral and Internship Centers (APPIC). Notably, APPIC now allows PCSAS-

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only graduates to compete in the internship match, and the VA, the largest training site and employer of psychologists across the nation, allows PCSAS-only graduates to complete internship and be hired as psychologists. That is, the VA and APPIC no longer require that graduate students come from APA-accredited programs. We now operate in a dual accreditation system world.

Importantly, a number of states now grant licensure to PCSAS graduates, including Arizona, Michigan, Virginia, California, Missouri, Delaware, New York, and Illinois. Additional states are expected to follow soon, given mounting evidence that indicates that PCSAS graduates perform exceedingly well on a variety of metrics valued by clinical psychologists (e.g., national licensing exam scores, internship placements, publications records).

PCSAS accreditation places the UVA clinical program among the very best programs across the nation, thereby enhancing our reputation and allowing us to recruit exceptionally skilled faculty and graduate students. Moreover, license eligibility is critical for graduates of PCSAS-accredited programs, given their engagement in practice, supervision, and research activities with clinical populations. Further, PCSAS graduates from other programs would not come to our state for jobs if Virginia did not accept PCSAS accreditation. This is an unacceptable outcome, given the lack of providers that we have in our state, our goal to retain our graduates in our state, and our high rates of psychopathology and other adverse outcomes, especially since the COVID pandemic.

Recognizing PCSAS as an accreditor of doctoral programs whose graduates are eligible for licensure as clinical psychologists in Virginia is important to the mission of the University of Virginia and to reducing the burden of mental illness in our state. Doing so would ensure that we retain and recruit among the best and the brightest clinical psychologists to work on treatment development, evaluation, and dissemination to our Virginia communities.

I appreciate your consideration of this request, and I look forward to hearing the outcome after your meeting on March 15, 2022.

Sincerely,

Ian Baucom
Provost-designate

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North End Center, Suite 4300, Virginia Tech
300 Turner Street NW
Blacksburg, Virginia 24061
P: (540) 231-5422 F: (540) 231-3380
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February 23, 2022

Dr. Angela Scarpa
Director of Clinical Training
Department of Psychology
Virginia Tech
109 Williams Hall
Blacksburg, VA 24061

Dear Dr. Scarpa,

The College of Science at Virginia Tech supports allowing students to be eligible for licensure in Virginia if they have graduated from clinical psychology doctoral programs that are accredited by the Psychological Clinical Science Accreditation System (PCSAS). We believe multiple avenues for licensure will lead to improved capacity for mental health care in the state. As such, we support parity for both the American Psychological Association and PCSAS accreditation systems. Thank you for your consideration.

Sincerely,

Ron Fricker
Interim Dean

Roseanne Foti
Chair, Department of Psychology

VCU

College of Humanities and Sciences
Department of Psychology

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Box 842018
Richmond, Virginia 23284-2018

804 828-1193 • Fax: 804 828-2237
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psychology.vcu.edu

June 15, 2018

Dear Dr. Cooper,

The clinical faculty at Virginia Commonwealth University (VCU) supports allowing students who have graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia. We support parity for both the American Psychological Association and PCSAS accreditation systems.

Sincerely,

Rosalie Corona, Ph.D.
Associate Professor
Director of Clinical Training
Email: racorona@vcu.edu

Michael A. Southam-Gerow, Ph.D.
Professor
Chair-Elect and Director of Graduate Studies
Email: MASouthamGer@vcu.edu

June 27, 2018

The Virginia Association for Psychological Science supports the petition for including Psychological Clinical Science Accreditation System (PCSAS) as an additional accreditor of doctoral degrees in psychology to the education requirements and regulations for licensure as a clinical psychologist in Virginia.

Clinical psychologists have routinely been recognized as the most highly trained mental health professionals. Adding PCSAS recognizes and further demonstrates the high quality mental health training.

The ongoing public efforts in expanding health-care coverage - with attention to containing costs and improving services - requires increased training in science-informed assessment and treatment. PCSAS is well-positioned to provide this training.

The public trust in clinical psychology is increased with a reliance on science-informed treatment. Utilizing the best data-supported methods in clinical psychology assure the public of high quality mental and behavioral health care.

Virginia has a long history as a home to branches of the armed forces and US Department of Veterans Affairs facilities. The US Department of Veterans Affairs has already recognized PCSAS as a worthy and valuable accreditation program for clinical psychologists.

PCSAS enhances and strengthens the training of clinical psychologists. Virginia has demonstrated a history of exceedingly high standards for training and credentialing clinical psychologists. Other states with such high standards have already approved PCSAS (Illinois, Delaware, California, New Mexico, and New York). Recognizing PCSAS would demonstrate Virginia being on the forefront of continued high standards for clinical psychology training.

Finally, two of the prominent training programs for clinical psychologists in Virginia (University of Virginia-Psychology and Virginia Tech) have already met the stringent standards for PCSAS accreditation. Recognizing PCSAS will support future highly trained clinical psychologists remaining in the state and serving the public.

As an organization that supports and promotes psychological science in all forms, the Virginia Association for Psychological Science supports the petition to provide PCSAS parity with APA accreditation for clinical psychology licensure in Virginia.

L. Alan Eby, Psy.D.
VAPS Immediate Past-President
Licensed Clinical Psychologist

Signed on behalf of VAPS Executive Committee:

Greg Koop, Ph.D. (President)
Marilyn Gadomksi, Ph.D. (President-Elect)
Virginia Mackintosh, Ph.D. (Treasurer)
Craig Jackson, Ph.D. (Secretary)

Board	Board of Psychology	
Chapter		**Action / Stage Information**
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Implementation of Psychology Interstate Compact [Action 5567] Proposed - *Register Date: 1/3/22* *Comment period ends: 3/4/22* *Board can adopt final regs after 3/19/22* *Emergency expires: 7/2/22*

Report of the 2022 General Assembly

Board of Psychology

HB 80 Healthcare Regulatory Sandbox Program; established, report, sunset date.

Chief patron: Davis

Summary as passed House:

Healthcare Regulatory Sandbox Program; established. Requires the Department of Health to establish the Healthcare Regulatory Sandbox Program to enable a person to obtain limited access to the market in the Commonwealth to temporarily test an innovative healthcare product or service on a limited basis without otherwise being licensed or authorized to act under the laws of the Commonwealth. Under the Program, an applicant requests the waiver of certain laws, regulations, or other requirements for a 24-month testing period, with an option to request an additional six-month testing period. The bill provides application requirements, consumer protections, procedures for exiting the Program or requesting an extension, and recordkeeping and reporting requirements. The bill requires the Department to provide an annual report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health that provides information regarding each Program participant and that provides recommendations regarding the effectiveness of the Program. The bill has an expiration date of July 1, 2027.

02/23/22 Senate: Assigned Education sub: Health Professions
03/03/22 Senate: Reported from Education and Health (13-Y 2-N)
03/03/22 Senate: Rereferred to Finance and Appropriations
03/03/22 Senate: Reported from Finance and Appropriations with amendment (10-Y 4-N 1-A)
03/07/22 Senate: Constitutional reading dispensed (38-Y 0-N)

HB 242 Professional counselors, licensed; added to list of providers who can disclose or recommend records.

Chief patron: Adams, D.M.

Summary as introduced:
Practice of licensed professional counselors. Adds licensed professional counselors to the list of eligible providers who can disclose or recommend the withholding of patient records, face a

malpractice review panel, and provide recommendations on involuntary temporary detention orders.

02/23/22 House: Enrolled
02/23/22 House: Bill text as passed House and Senate (HB242ER)
02/23/22 House: Signed by Speaker
02/23/22 Senate: Signed by President
02/24/22 House: Impact statement from DPB (HB242ER)

HB 244 Regulatory Budget Program; DPB to establish a continuous Program, report.

Chief patron: Webert

Summary as passed House:

Department of Planning and Budget; Regulatory Budget Program; report. Directs the Department of Planning and Budget, under the direction of the Secretary of Finance, to establish a continuous Regulatory Budget Program with the goal of setting a two-year target for each executive branch agency subject to the Administrative Process Act to (i) reduce regulations and regulatory requirements, (ii) maintain the current number of regulations and regulatory requirements, or (iii) allow regulations and regulatory requirements to increase by a specific amount over a two-year period. The bill requires the Secretary of Finance to report to the Speaker of the House of Delegates and the Chairman of the Senate Committee on Rules on the status of the Program no later than October 1 of each odd-numbered year. Finally, the bill provides that the Department, in consultation with the Office of the Attorney General, shall, by March 1, 2023, issue guidance for agencies regarding the Program and how an agency can comply with the requirements of the Program.

03/02/22 Senate: Reported from General Laws and Technology with substitute (12-Y 3-N)
03/02/22 Senate: Committee substitute printed 22107369D-S1
03/02/22 Senate: Rereferred to Finance and Appropriations
03/03/22 House: Impact statement from DPB (HB244S1)
03/03/22 Senate: Passed by indefinitely in Finance and Appropriations (11-Y 4-N)

HB 444 Virginia Freedom of Information Act; meetings conducted through electronic meetings.

Chief patron: Bennett-Parker

Summary as introduced:
Virginia Freedom of Information Act; meetings conducted through electronic meetings. Amends existing provisions concerning electronic meetings by keeping the provisions for electronic meetings held in response to declared states of emergency, repealing the provisions that are specific to regional and state public bodies, and allowing public bodies to conduct all-virtual public meetings where all of the members who participate do so remotely and that the public may access through electronic communications means. Definitions, procedural requirements, and limitations for all-virtual public meetings are set forth in the bill, along with technical amendments.

03/02/22 Senate: Reported from General Laws and Technology with substitute (12-Y 3-N)
03/02/22 Senate: Committee substitute printed 22107153D-S1
03/04/22 Senate: Passed by for the day
03/04/22 House: Impact statement from DPB (HB444S1)
03/07/22 Senate: Constitutional reading dispensed (38-Y 0-N)

HB 527 Interstate Medical Licensure Compact and Commission; created.

Chief patron: Helmer

Summary as introduced:
Interstate Medical Licensure Compact. Creates the Interstate Medical Licensure Compact to create a process for expedited issuance of a license to practice medicine in the Commonwealth for qualifying physicians to enhance the portability of medical licenses while protecting patient safety. The bill establishes requirements for coordination of information systems among member states and procedures for investigation and discipline of physicians alleged to have engaged in unprofessional conduct. The bill creates the Interstate Medical Licensure Compact Commission to administer the compact.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22101860D
01/11/22 House: Referred to Committee on General Laws
01/20/22 House: Impact statement from DPB (HB527)
01/25/22 House: Stricken from docket by General Laws (22-Y 0-N)

HB 537 Telemedicine; out-of-state providers, behavioral health services provided by practitioner.

Chief patron: Batten

Summary as passed House:

Telemedicine; out of state providers; behavioral health services. Allows certain practitioners of professions regulated by the Boards of Medicine, Counseling, Psychology, and Social Work who provide behavioral health services and who are licensed in another state, the District of Columbia, or a United States territory or possession and in good standing with the applicable regulatory agency to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the practitioner has previously established a practitioner-patient relationship with the patient. The bill provides that a practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.

02/10/22 Senate: Referred to Committee on Education and Health
02/23/22 Senate: Assigned Education sub: Health Professions
03/03/22 Senate: Reported from Education and Health (15-Y 0-N)
03/04/22 Senate: Passed by for the day
03/07/22 Senate: Constitutional reading dispensed (38-Y 0-N)

HB 555 **Health care providers; transfer of patient records in conjunction with closure, etc.**

Chief patron: Hayes

Summary as introduced:
Health care providers; transfer of patient records in conjunction with closure, sale, or relocation of practice; electronic notice permitted. Allows health care providers to notify patients either electronically or by mail prior to the transfer of patient records in conjunction with the closure, sale, or relocation of the health care provider's practice. Current law requires health care providers to provide such notice by mail.

02/23/22 House: Enrolled
02/23/22 House: Bill text as passed House and Senate (HB555ER)
02/23/22 House: Signed by Speaker
02/23/22 Senate: Signed by President
02/24/22 House: Impact statement from DPB (HB555ER)

HB 916 **Health care providers; health records of minors, available via secure website.**

Chief patron: Robinson

Summary as passed House:

Health care providers; health records of minors; available via secure website. Provides that every hospital and health care provider that makes patients' health records available to such patients through a secure website shall make all health records of a patient who is a minor available to such patient's parent through such secure website unless the hospital or health care provider cannot make such health record available in a manner that prevents disclosure of information, the disclosure of which has been denied by a health care provider or for which required consent has not been provided.

02/17/22 House: Impact statement from DPB (HB916H1)
02/23/22 Senate: Assigned Education sub: Health Professions
03/03/22 Senate: Reported from Education and Health (15-Y 0-N)
03/04/22 Senate: Passed by for the day
03/07/22 Senate: Constitutional reading dispensed (38-Y 0-N)

HB 1359 Health care; consent to services and disclosure of records.

Chief patron: Byron

Summary as passed House:

Health care; consent to services and disclosure of records. Provides that an authorization for the disclosure of health records shall remain in effect until (i) the authorization is revoked in writing to the person in possession of the health record subject to the authorization, (ii) any expiration date set forth in the authorization, or (iii) the person in possession of the health record becomes aware of any expiration event described in the authorization, whichever occurs first, and that a revocation shall not be effective to the extent that the person in possession of the health record released health records prior to such revocation.

The bill also provides that authorization for the release of health records shall include authorization for the person named in the authorization to assist the person who is the subject of the health record in accessing health care services, including scheduling appointments for the person who is the subject of the health record and attending appointments together with the person who is the subject of the health record.

The bill also provides that every health care provider shall make health records of a patient available to any person designated by a patient in an authorization to release medical records and that a health care provider shall allow a spouse, parent, adult child, adult sibling, or other person identified by a person to make an appointment for medical services on behalf of another person, regardless of whether the other person has executed an authorization to release medical records.

03/03/22 Senate: Committee substitute printed 22107081D-S1
03/03/22 Senate: Reported from Education and Health with substitute (11-Y 4-N)
03/04/22 Senate: Passed by for the day
03/04/22 House: Impact statement from DPB (HB1359S1)
03/07/22 Senate: Constitutional reading dispensed (38-Y 0-N)

SB 257 Counseling Compact; Dept. of Health Professions shall review merits entering into Compact.

Chief patron: Hashmi

Summary as introduced:
Licensure of professional counselors; Counseling Compact. Authorizes Virginia to become a signatory to the Counseling Compact. The Compact permits eligible licensed professional counselors to practice in Compact member states, provided that they are licensed in at least one member state. The bill has a delayed effective date of January 1, 2023, and directs the Board of Counseling to adopt emergency regulations to implement the provisions of the bill. The Compact takes effect when it is enacted by a tenth member state.

02/03/22 Senate: Read third time and passed Senate (26-Y 14-N)
02/23/22 House: Placed on Calendar
02/23/22 House: Read first time
02/23/22 House: Referred to Committee on Health, Welfare and Institutions
02/24/22 House: Stricken from docket by Health, Welfare and Institutions (22-Y 0-N)

SB 317 Out-of-state health care practitioners; temporary authorization to practice.

Chief patron: Favola

Summary as passed:

Out-of-state health care practitioners; temporary authorization to practice; licensure by reciprocity for physicians; emergency. Allows a health care practitioner licensed in another

state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure, provided that certain conditions are met. The bill directs the Board of Medicine to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. The bill requires the Department of Health Professions to annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure. The bill contains an emergency clause and is identical to HB 1187.

EMERGENCY

03/04/22 Senate: Enrolled
03/04/22 Senate: Bill text as passed Senate and House (SB317ER)
03/04/22 Senate: Signed by President
03/04/22 Senate: Impact statement from DPB (SB317ER)
03/04/22 House: Signed by Speaker

VIRGINIA BOARD OF PSYCHOLOGY

BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority
The Virginia Board of Psychology ("Board") is established and operates pursuant to Sections 54.1-2400 and 54.1-3600 et seq., of the Code of Virginia. Regulations promulgated by the Board of Psychology may be found in 18 VAC 125-20-10 et seq., "Regulations Governing the Practice of Psychology" and 18 VAC 125-30-10 et seq., "Regulations Governing the Certification of Sex Offender Treatment Providers."

B. Duties
The Virginia Board of Psychology is charged with promulgating and enforcing regulations governing the licensure and practice of clinical, applied, and school psychology and the certification and practice of sex offender treatment providers in the Commonwealth of Virginia. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses or certificates; setting standards of practice; and implementing a system of disciplinary action.

C. Mission
To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

ARTICLE II: THE BOARD

A. Membership

1. The Board shall consist of nine (9) members, appointed by the Governor as follows:
    a. Five (5) persons who are licensed as clinical psychologists;
    b. One (1) person licensed as a school psychologist
    c. One (1) person licensed in any category of psychology; and,
    d. Two (2) citizen members.

2. At least one of the seven psychologist members of the Board shall be a member of the faculty at an accredited college or university in the Commonwealth and shall be actively engaged in teaching psychology.

3. The terms of the members of the Board shall be four (4) years.

4. Members of the Board shall not hold a voting office in any related professional association within the Commonwealth of Virginia or one that takes a policy position on the regulations of the Board. Members of the Board holding a voting office in a national professional association shall abstain from voting on issues where there may be a conflict of interest present. This section shall not apply to members who hold a committee membership or an office with the Association of State and Provincial Psychology Boards.

B. Officers of the Board

1. The Chair or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chair shall appoint all committees, and shall sign as Chair to the certificates authorized to be signed by the Chair.

2. The Vice-Chair shall act as Chair in the absence of the Chair and assume the duties of Chair in the event of an unexpired term.

3. In the absence of the Chair and Vice-Chair, the Chair shall appoint another board member to preside at the meeting and/or formal administrative hearing.

4. The Chair of the Board may function as an ex-officio voting member of any committee.

C. Duties of Members

1. Each member shall participate in all matters before the Board.

2. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions who may notify the Secretary of Health and Human Resources and Secretary of the Commonwealth.

3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

D. Election of Officers

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

2. The election of officers shall occur at the first scheduled Board meeting following July 1 of each odd year, and elected officers shall assume their duties at the end of the meeting.
    a. Officers shall be elected at a meeting of the Board with a quorum present.

    b. The Chair shall ask for nominations from the floor by office.

    c. The election shall occur in the following order: Chair, Vice-Chair

    d. Voting shall be by voice unless otherwise decided by a vote of the members present. The results shall be recorded in the minutes.

    e. A simple majority shall prevail with the Current Chair casting a vote only to break a tie.

f. Special elections to fill an unexpired term shall be held in the event of a vacancy of an officer at the subsequent Board meeting following the occurrence of an office being vacated.

E. Meetings

1. The Board shall meet quarterly, unless a meeting is not required to conduct Board business.

2. Order of Business at Meetings
   a. Adoption of Agenda

   b. Period of Public Comment

   c. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board

   d. Reports of Officers and staff

   e. Reports of Committees

   f. Election of Officers (as needed)

   g. Unfinished Business

   h. New Business

3. The order of business may be changed at any meeting by a majority vote.

ARTICLE III: COMMITTEES

A. Duties and Frequency of Meetings

1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.

2. All standing committees shall meet as necessary to conduct the business of the Board.

B. Standing Committees

Standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee
Special Conference Committee
Any other Standing Committees created by the Board

1. Regulatory/Legislative Committee
   a. The Chair of the Committee shall be appointed by the Chair of the Board.

   b. The Regulatory/Legislative Committee shall consist of at least three (3) Board members appointed by the Chair of the Board.

c. The Committee shall consider all questions bearing upon State legislation and regulation governing the professions regulated by the Board.

d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the discretion of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.

e. The Chair of the Committee shall submit proposed changes in applicable law and regulations in writing to the Board prior to any scheduled meeting.

2. Special Conference Committee

   a. The Special Conference Committee shall:
      i. consist of two (2) Board members;

      ii. conduct informal conferences pursuant to §§ 2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia* as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.

      iii. Hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.

   b. The Chair of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members is unable to attend a scheduled conference date or has a conflict of interest.

   c. Should the caseload increase to the level that additional special conference committees are needed, the Chair of the Board may appoint additional committees.

ARTICLE IV: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

1. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.

2. The Board delegates to Board staff the authority to issue and renew licenses, certificates, and registrations, and to approve supervision applications that meet regulatory and statutory qualifications. If there is basis upon which the Board could refuse to issue or renew the license, certification, or registration, or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Board, or in accordance with delegated authority provided in a guidance document of the Board.

3. The Board delegates to the Executive Director the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not limited to, licensure, certification, and registration applications, renewal forms, and documents used in the disciplinary process.

4. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.

5. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) year for the completion of continuing education requirements upon written request from the licensee or certificate holder prior to the renewal date.

6. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.

7. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action, and there is no basis for the Board to refuse to reinstate.

8. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without a review by a Board member.

9. The Board delegates authority to the Executive Director, who may consult with a member of the Board, to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

10. The Board delegates authority to the Executive Director to review information regarding alleged violations of law or regulations and, in consultation with a member of the Board, make a determination as to whether probable cause exists to proceed with possible disciplinary action.

11. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

12. The Board delegates authority to the Executive Director to assign the determination of probable cause to a board member to proceed with possible disciplinary action.

13. The Board delegates the authority to the Executive Director to assign the determination of probable cause to the Board's professional disciplinary review coordinator who may offer a confidential consent agreement or a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case after consultation with Board staff.

14. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, to offer a confidential consent agreement, a pre-hearing consent order, or schedule an informal conference.

15. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, to consider the summary suspension of a license or to consider settlement proposals.

16. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

17. The Board delegates to the Executive Director the authority to sign as entered a Pre-Hearing Consent Order for Indefinite Suspension or revocation of a license, certificate, or registration.

18. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

19. The Board delegates to the Chair the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.

20. The Board authorizes the Executive Director to delegate tasks to the Deputy Executive Director.

ARTICLE V: AMENDMENTS

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

Revised: May 7, 2013, November 5, 2013, August 15, 2017, April 16, 2020

Virginia Board of Psychology

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for holding meetings of the Board of Psychology with electronic participation by some of its members and the public.

Policy:

This policy for conducting a meeting with electronic participation shall be in accordance with *§ 2.2-3708.2 of the Code of Virginia.*

Authority:

§ 2.2-3708.2. Meetings held through electronic communication means.

A. The following provisions apply to all public bodies:
1. Subject to the requirements of subsection C, all public bodies may conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on or before the day of a meeting, a member of the public body holding the meeting notifies the chair of the public body that:
a. Such member is unable to attend the meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance or (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or
b. Such member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. Participation by a member pursuant to this subdivision b is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.
2. If participation by a member through electronic communication means is approved pursuant to subdivision 1, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public. If participation is approved pursuant to subdivision 1 a, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to (i) a temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) a family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 1 b, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.
If a member's participation from a remote location pursuant to subdivision 1 b is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

3. Any public body, or any joint meetings thereof, may meet by electronic communication means without a quorum of the public body physically assembled at one location when the Governor has declared a state of emergency in accordance with § 44-146.17 or the locality in which the public body is located has declared a local state of emergency pursuant to § 44-146.21, provided that (i) the catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in a single location and (ii) the purpose of the meeting is to provide for the continuity of operations of the public body or the discharge of its lawful purposes, duties, and responsibilities. The public body convening a meeting in accordance with this subdivision shall:
a. Give public notice using the best available method given the nature of the emergency, which notice shall be given contemporaneously with the notice provided to members of the public body conducting the meeting;
b. Make arrangements for public access to such meeting through electronic communication means, including videoconferencing if already used by the public body;
c. Provide the public with the opportunity to comment at those meetings of the public body when public comment is customarily received; and
d. Otherwise comply with the provisions of this chapter.
The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.
The provisions of this subdivision 3 shall be applicable only for the duration of the emergency declared pursuant to § 44-146.17 or 44-146.21.
B. The following provisions apply to regional public bodies:
1. Subject to the requirements in subsection C, regional public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on the day of a meeting, a member of a regional public body notifies the chair of the public body that such member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting.
2. If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public.
If a member's participation from a remote location is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.
C. Participation by a member of a public body in a meeting through electronic communication means pursuant to subdivisions A 1 and 2 and subsection B shall be authorized only if the following conditions are met:
1. The public body has adopted a written policy allowing for and governing participation of its members by electronic communication means, including an approval process for such participation, subject to the express limitations imposed by this section. Once adopted, the policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting;
2. A quorum of the public body is physically assembled at one primary or central meeting location; and

3. The public body makes arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

D. The following provisions apply to state public bodies:

1. Except as provided in subsection D of § 2.2-3707.01, state public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means, provided that (i) a quorum of the public body is physically assembled at one primary or central meeting location, (ii) notice of the meeting has been given in accordance with subdivision 2, and (iii) members of the public are provided a substantially equivalent electronic communication means through which to witness the meeting. For the purposes of this subsection, "witness" means observe or listen.

If a state public body holds a meeting through electronic communication means pursuant to this subsection, it shall also hold at least one meeting annually where members in attendance at the meeting are physically assembled at one location and where no members participate by electronic communication means.

2. Notice of any regular meeting held pursuant to this subsection shall be provided at least three working days in advance of the date scheduled for the meeting. Notice, reasonable under the circumstance, of special, emergency, or continued meetings held pursuant to this section shall be given contemporaneously with the notice provided to members of the public body conducting the meeting. For the purposes of this subsection, "continued meeting" means a meeting that is continued to address an emergency or to conclude the agenda of a meeting for which proper notice was given.

The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary or central meeting location and any remote locations that are open to the public pursuant to subdivision 4; shall include notice as to the electronic communication means by which members of the public may witness the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

3. A copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body conducting the meeting.

4. Public access to the remote locations from which additional members of the public body participate through electronic communication means shall be encouraged but not required. However, if three or more members are gathered at the same remote location, then such remote location shall be open to the public.

5. If access to remote locations is afforded, (i) all persons attending the meeting at any of the remote locations shall be afforded the same opportunity to address the public body as persons attending at the primary or central location and (ii) a copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of the public body for the meeting shall be made available for inspection by members of the public attending the meeting at any of the remote locations at the time of the meeting.

6. The public body shall make available to the public at any meeting conducted in accordance with this subsection a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § 30-179.

7. Minutes of all meetings held by electronic communication means shall be recorded as required by § 2.2-3707. Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. For emergency meetings held by electronic communication means, the nature of the emergency shall be stated in the minutes.
8. Any authorized state public body that meets by electronic communication means pursuant to this subsection shall make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:
a. The total number of meetings held that year in which there was participation through electronic communication means;
b. The dates and purposes of each such meeting;
c. A copy of the agenda for each such meeting;
d. The primary or central meeting location of each such meeting;
e. The types of electronic communication means by which each meeting was held;
f. If possible, the number of members of the public who witnessed each meeting through electronic communication means;
g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;
h. The identity of any members of the public body who were recorded as absent at each meeting and any members who were recorded as absent at a meeting but who monitored the meeting through electronic communication means;
i. If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;
j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and
k. A written summary of the public body's experience conducting meetings through electronic communication means, including its logistical and technical experience.
E. Nothing in this section shall be construed to prohibit the use of interactive audio or video means to expand public participation.

Procedures:

1. In order to conduct a meeting with electronic participation, a quorum of the board or a committee of the board must be physically present at a central location.

2. If a quorum is attained, one or more members of the board or committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to: 1) a temporary or permanent disability or other medical condition that prevents the member's physical attendance; 2) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or 3) a personal matter, identifying with specificity the nature of the personal matter. Attendance by a member electronically for personal reasons is limited to two meetings per calendar year or no more than 25% of meetings held.

3. Participation by a member through electronic communication means must be approved by the board chair or president. If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity

4. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location does not need to be open to the public.

5. The board or committee shall also include in its minutes the fact that the member participated through electronic communication means due to a temporary or permanent disability or other medical condition that prevented the member's physical attendance or if the member participated electronically due to a personal matter, the minutes shall state the specific nature of the personal matter cited by the member. If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

6. If a board or committee holds a meeting through electronic communication, it must also hold at least one meeting annually where members are in attendance at the central location and no members participate electronically.

7. Notice of a meeting to be conducted electronically, along with the agenda, should be provided to the public contemporaneously with such information being sent to board members at least three working days in advance of such meeting. Notice of special, emergency, or continued meetings must be given contemporaneously with the notice provided to members.

8. Meeting notices and agendas shall be posted on the Virginia Regulatory Townhall (which sends notice to Commonwealth Calendar and the Board's website). They should also be provided electronically to interested parties on the Board's public participation guidelines list.

9. The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary meeting location; shall include notice as to the electronic communication means by which members of the public may participate in the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

10. The board or committee must make arrangement for the voice of the remote participant(s) to be heard by all persons at the primary or central meeting location.

11. The agenda shall include a link to a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § 30-179 to allow members of the public to assess their experience with participation in the electronic meeting.

Form:
Link to Public comment form from the Freedom of Information Council
http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm

Adopted on (date): March 15, 2022

Virginia Department of
Health Professions
Board of Health Professions

Draft
Meeting Minutes
Full Board Meeting
December 2, 2021

Call to Order
The December 2, 2021, Virginia Board of Health Professions (Board) meeting was called to order at 9:46 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia 23233.

Presiding Officer – James Wells, RPh, Chair

Board Members Present
Barry Alvarez, LMFT, Board of Counseling
Margaret Lemaster, RDH, Board of Dentistry
Mitchell Davis, NHA, Board of Long-Term Care Administrators
Brenda Stokes, MD, Board of Medicine
Sarah Melton, PHARMD, Board of Pharmacy
Allen Jones, Jr., DPT, PT, Board of Physical Therapy
Steve Karras, DVM, Board of Veterinary Medicine
Carmina Bautista, MSN, FNP-BC, BC-ADM, Citizen Member
Sahil Chaudhary, Citizen Member

Members Not Present
Alison King, PhD, CCC-SLP, Board of Audiology & Speech Language-Pathology
Kenneth Hickey, MD, Board of Funeral Directors and Embalmers
Ann Gleason, PhD, Board of Nursing
Helene Clayton-Jeter, OD, Board of Optometry
Susan Wallace, PhD, Board of Psychology
Michael Hayter, LCSW, CSAC, SAP, Board of Social Work
Sheila Battle, MHS, Citizen Member
Martha Rackets, PhD, Citizen Member

Staff Present
Leslie L. Knachel, Executive Director, Board of Health Professions
David E. Brown, DC, Agency Director
Barbara Allison-Bryan, MD, Chief Deputy Director
Elaine Yeatts, Sr. Policy Analyst
Charis Mitchell, Assistant Attorney General, Board Counsel
Sylvia Robinson, Administrative Assistant
Corie Tillman Wolf, JD, Executive Director, Boards of Funeral Directors & Embalmers, Long-Term Care Administrators and Physical Therapy
Jay Douglas, MSM, RN, CSAC, FRE, Executive Director, Board of Nursing
Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology and Social Work
Sandra Reen, Executive Director, Board of Dentistry
William Harp, MD, Executive Director, Board of Medicine

DRAFT

Public Present
No public attended.

Establishment of Quorum
With ten board members present, a quorum was established.

Mission Statement
Mr. Wells read the Department of Health Professions' mission statement.

Introductions
Since its last meeting, the Board received multiple new board member appointments, a new executive director and new board staff. Mr. Wells requested that all members in attendance introduce themselves.

Ordering of Agenda
The agenda was accepted as presented.

Public Comment
There were no requests to provide public comment.

Approval of Minutes
Mr. Wells opened the floor to any edits or corrections regarding the draft minutes from the January 21, 2021 Nominating Committee meeting minutes and the May 13, 2021 Full Board meeting minutes. Hearing none, Mr. Wells stated that the minutes were approved as presented.

Director's Report – David E. Brown, D.C., Director
Dr. Allison-Bryan provided an update on current COVID-19 statistics. Based on this information, Dr. Brown advised that DHP employees would not be returning to the office on January 3, 2022, as originally planned.

Dr. Brown presented Dr. Elizabeth Carter, Chief Data Scientist for the agency, with a plaque for her many years of service as the Executive Director for the Board of Health Professions.

Legislative and Regulatory Report – Elaine Yeatts
Ms. Yeatts provided an overview of the agency's regulatory boards' current actions, 2021 general assembly regulatory/policy actions and reports submitted to the general assembly.

Policy Action – Consideration of Electronic Meeting Policy
Ms. Yeatts provided information on the purpose of the Electronic Meeting policy.

Dr. Jones, Jr. made a motion to adopt the Electronic Meeting Policy as presented. Dr. Stokes seconded the motion. The motion carried unanimously.

Board Discussion Items

Review of § 54.1-2510. Powers and Duties of Board of Health Professions
Ms. Knachel provided a review of the Powers and Duties of the Board of Health Professions.

DRAFT

Practitioner Self Referral: Peninsula Vascular Center, PC

Closed Session - A motion was made by Dr. Karras to convene a closed meeting to reach a decision in the matter regarding the agency subordinate recommendation for the Application for Practitioner Self-Referral Advisory Opinion for Peninsula Vascular Center, PC. Additionally, Dr. Karras moved that Ms. Knachel and Ms. Mitchell attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded by Dr. Stokes. The motion carried unanimously. Mr. Wells did not attend the closed meeting.

Reconvene – Dr. Karras moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Chaudhary. The motion carried unanimously.

Decision - Dr. Jones, Jr., made a motion to adopt the Practitioner Self-Referral recommendation for Peninsula Vascular Center, PC as presented. Dr. Stokes seconded the motion. The motion carried with nine votes in favor of the motion. Mr. Wells abstained.

Amendments to Guidance Document 75-4 Bylaws

Ms. Knachel reviewed the recommended amendments to Guidance Document 75-4 Bylaws. Based on the current bylaws, a vote on the proposed changes will be taken at the next meeting of the Board.

Board Member Training

Ms. Knachel asked that the Board discuss training recommendations for board members. The Board requested training be provided on Conflict of Interest, FOIA and Sanction Reference Points.

Format for Individual Board Reports

Ms. Knachel presented information regarding board reports and opened the floor to discussion. Meeting minutes, report topics and executive director recommendations were discussed. The Board requested that Ms. Knachel discuss format options with the Board Executive Directors and present options at the next meeting.

Board Counsel Report

Ms. Mitchell stated she had nothing to report.

Board Chair's Report

Mr. Wells thanked the board members for their attendance at the meeting and the good work that the Board does in service to the Commonwealth.

Staff Reports

Executive Director's Report

Ms. Knachel reviewed the proposed 2022 board meeting calendar dates. She was asked to review with Mr. Wells the committee assignments and provide an explanation of the responsibilities for each of the Board's Committees.

New Business

There was no new business to report.

DRAFT

Next Meeting
The next full board meeting is scheduled for Tuesday, March 29, 2022.

Adjournment
With no objection, Mr. Wells adjourned the meeting at 12:00 p.m.

____

Leslie L. Knachel, Executive Director Date

DRAFT

Virginia Department of
Health Professions
Board of Psychology

Discipline Reports

08/12/2021 - 02/16/2022

NEW CASES RECEIVED IN BOARD 08/12/2021 - 02/16/2022				
	Counseling	**Psychology**	**Social Work**	**BSU Total**
Cases **Received** for Board review	178	64	48	***290***

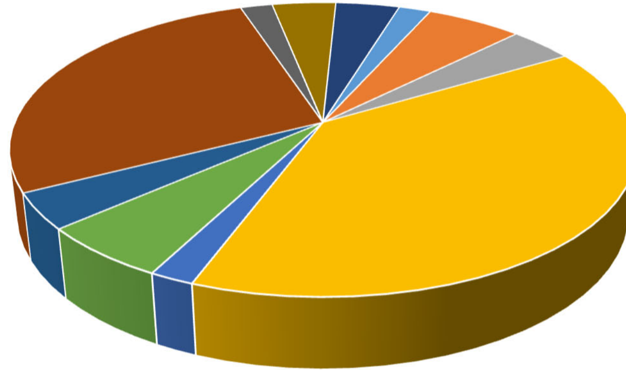
OPEN CASES (as of 02/16/2022)				
Open Case Stage	**Counseling**	**Psychology**	**Social Work**	**BSU Total**
Probable Cause Review	52	100	16	
Scheduled for Informal Conferences	27	0	17	
Scheduled for Formal Hearings	4	1	0	
Other (on hold, pending settlement, etc)	20	11	10	
Cases with APD for processing (IFC, FH, Consent Order)	9	6	0	
TOTAL CASES AT BOARD LEVEL	**112**	**118**	**43**	***273***
OPEN INVESTIGATIONS	**95**	**31**	**22**	***148***
TOTAL OPEN CASES	**207**	**149**	**65**	***421***

UPCOMING CONFERENCES AND HEARINGS		
Informal Conferences	Conferences Held:	November 19, 2021
	Scheduled Conferences:	April 21, 2022 June 17, 2022
Formal Hearings	Hearings Held:	n/a
	Scheduled Hearings:	Following board meetings, as needed

Virginia Department of
Health Professions
Board of Psychology

CASES CLOSED (08/12/2021 - 02/16/2022)	
Closed – **no violation**	45
Closed – **undetermined**	4
Closed – **violation**	1
Credentials/Reinstatement – **Denied**	0
Credentials/Reinstatement – **Approved**	1
TOTAL CASES CLOSED	**51**

Closed Case Categories



- Abuse/Abandonment/Neglect (1)
- Business Practice Concerns (3)
- Criminal Activity (2) 1 violation
- Diagnosis/Treatment (20)
- Eligibility (1)
- Inability to Safely Practice (3)
- Inappropriate Relationship (2)
- No jurisdiction (14)
- Records Release (1)
- Scope of Practice (2)
- Unlicensed Activity (2)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	**366 days**
Avg. time in Enforcement (investigations)	115 days
Avg. time in APD (IFC/FH preparation)	30 days
Avg. time in Board (includes hearings, reviews, etc).	252 days
Avg. time with board member (probable cause review)	33 days

Virginia Department of
Health Professions
Board of Psychology

PSYCHOLOGY LICENSING REPORT

Satisfaction Survey Results
2022 1st Quarter (July 1, 2021 – September 30, 2021) **88.4%**

TOTALS AS OF February 22, 2022*

Current Licenses	
Clinical Psychologists	4,278
Resident in Training	374
Applied Psychologist	27
School Psychologists	98
Resident in School Psychology	12
School Psychologist-Limited	656
Sex Offender Treatment Provider	441
Sex Offender Treatment Provider Trainee	109
Total	**5,995**

*Unofficial numbers (for informational purposes only)

Virginia Department of
Health Professions
Board of Psychology

APPLICATIONS RECEIVED

Applications Received	August 2021*	September 2021*	October 2021*	November 2021*	December 2021*	January 2022*
Clinical Psychologists	43	60	41	33	31	28
Resident in Training	8	14	7	5	5	4
Applied Psychologist	0	0	0	1	1	0
School Psychologists	1	0			1	1
Resident in School Psychology	1	2	1		0	
School Psychologist-Limited	7	14	4	1	4	7
Sex Offender Treatment Provider	3	2	1	1	1	1
Sex Offender Treatment Provider Trainee	3	4	1	1	3	5
Total	**66**	**96**	**58**	**42**	**46**	**46**

LICENSES ISSUED

Licensed Issued	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022*
Clinical Psychologists	36	47	52	30	32	23
Resident in Training	7	9	13	3	8	3
Applied Psychologist	0	0	0	0	0	0
School Psychologists	1	0	1	0	0	0
Resident in School Psychology	1	2	2	0	0	0
School Psychologist-Limited	7	8	8	2	7	4
Sex Offender Treatment Provider	3	4	1	1	1	1
Sex Offender Treatment Provider Trainee	8	6	2	0	0	5
Total	**63**	**76**	**79**	**36**	**48**	**36**

*Unofficial numbers (for informational purposes only)

PSYPACT COMMISSION NEWSLETTER

December 2021
Volume 2, Issue 5

Reducing regulatory barriers. Increasing access to mental healthcare.

A Message from the Chair Don Meck

This has been a great year and we all have much to be thankful for. PSYPACT continues to grow and meet the needs of those who previously had no access to necessary psychological services. Indirectly, the compact has also provided the opportunity of qualified psychologists to expand their practices into other states who are members of the compact. A win/win situation for both our member's citizens and psychologists. Hopefully, we will continue to grow this next year. Have a great holiday season, you deserve it. Thanks for your involvement in PSYPACT.

Donald S. Meck, Ph.D., J.D., ABPP
Chair, PSYPACT Commission

Upcoming Meetings

- January 6, 2022 - PSYPACT Training and Public Relations Committee Meeting
- January 13, 2022 - PSYPACT Finance Committee Meeting
- January 19, 2022 - PSYPACT Rules Committee Meeting
- January 20, 2022 - PSYPACT Training and Public Relations Committee Meeting
- January 25, 2022 - PSYPACT Requirements Review Committee Meeting
- February 2, 2022 - PSYPACT Executive Board Meeting
- July 14, 2022 - PSYPACT Commission Mid-Year Meeting
- November 17, 2022 - PSYPACT Commission Annual Meeting

PSYPACT Commissioners

Lori Rall
Alabama

Heidi Paakkonen
Arizona

Lisa Fitzgibbons
Arkansas

Nate Brown
Colorado

Shauna Slaughter
Deleware

LaTrice Herndon
District of Columbia

Don Meck
Georgia

Cecilia Abundis
Illinois

David Fye
*Kansas (*Effective 1/1/2022)*

Jean Deters
Kentucky

Jayne Boulos
Maine

Lorraine Smith
Maryland

Robin McLeod
Minnesota

Pam Groose
Missouri

Kris Chiles
Nebraska

Gary Lenkeit
Nevada

Deborah Warner
New Hampshire

To Be Named
New Jersey

Susan Hurt
North Carolina

Ronald Ross
Ohio

Teanne Rose
Oklahoma

Christina Stuckey
Pennsylvania

Mark Fleming
Tennessee

Patrick Hyde
Texas

Jennifer Falkenrath
Utah

Jaime Hoyle
Virginia

Scott Fields
West Virginia

Mariann Burnetti-Atwell
ASPPB

IMPORTANT ANNOUNCEMENT

The PSYPACT Commission is now active on social media sites.

We invite you to follow us on our Facebook, Twitter and LinkedIn pages. Please click the links to be taken to our pages. We look forward to connecting with you!

PSYPACT Commission Annual Meeting November 18, 2021

A meeting for the PSYPACT Commission was held on November 18, 2021. During the meeting, minutes from the August 2021 PSYPACT Commission meeting were approved and are available on the PSYPACT website at www.psypact.org. Additionally, PSYPACT Executive Director Janet Orwig provided updates to the PSYPACT Commission. The PSYPACT Commission also approved reports from the Rules, Finance, Training and PR and Requirements Review Committees. An election was held at this meeting for the positions of Chair, Treasurer and Member at Large. The PSYPACT Commission also rereviewed Arkansas and West Virginia legislation and officially voted to accept these states into the PSYPACT Commission. The Commission also approved an official PSYPACT Authorization document that will show PSYPACT providers APIT or TAP information. To request your verification document please email us at info@psypact.org. The PSYPACT Commission will hold a midyear meeting in July 2022 and the next annual meeting in November 2022.

2022 PSYPACT Executive Board

Chair	Don Meck
Vice Chair	Pam Groose
Treasurer	Teanne Rose
Member at Large	Gary Lenkeit
Member at Large	Patrick Hyde
Ex Officio Member	Mariann Burnetti-Atwell

2022 PSYPACT State Assessment Fees

Invoices for the 2022 PSYPACT State Assessment Fees will be sent out in January. If you have any questions regarding the assessment fees, please contact us at info@psypact.org.

Committee Members

Rules Committee	Finance Committee	Training and Public Relations Committee	Requirements Review Committee
Don Meck	Teanne Rose	Heidi Paakkonen	Gary Lenkeit
Pam Groose	Jaime Hoyle	Lori Rall	Jean Deters
Deborah Warner	Heidi Paakkonen	Mariann Burnetti-Atwell	Christina Stuckey
Patrick Hyde			Ron Ross
Susan Hurt			

Verification of PSYPACT Credentials

Available at www.verifypsypact.org, users of the site can search for all licensed psychologists who currently hold an active APIT or TAP.

Updates from the Committees

Requirements Review Committee: The Requirements Review Committee met on November 9, 2021 to discuss correspondence that has been received and decided at this time no further action is necessary. The next meeting of this committee is set for January 25, 2022.

New Commissioner Welcome

The PSYPACT Commission would like to officially welcome Ms. Lisa Fitzgibbons, who is the newly appointed Commissioner for the state of Arkansas, Mr. Nate Brown, who is the newly appointed Commissioner for Colorado, Ms. LaTrice Herndon, who is the newly appointed Commissioner for the District of Columbia, Ms. Jayne Boulos, who is the newly appointed commissioner for the state of Maine, Ms. Robin McLeod, who is the newly appointed Commissioner for the state of Minnesota, Mr. Mark Fleming who is the newly appointed commissioner for the state of Tennessee and Ms. Jennifer Falkenrath, as the newly appointed Commissioner for the state of Utah.

Executive Director's Report

Janet Orwig

As 2021 comes to an end, I want to take this opportunity to provide summary of a very busy year and what a year it has been! We saw 22 bills introduced with 12 of those being enacted. We started the year with 15 jurisdictions being enacted and effective and ended the year with 26! The Commission has issued over 3,400 APITs and over 100 TAPs.
Interest in PSYPACT continues to grow as can be seen by the number of visitors that come to the PSYPACT website. From January 1, 2021 through December 2, 2021, the PSYPACT site has welcomed over 124,000 visitors.
Thank you all for your hard work and support during this very busy year. Looking forward to working with you all in 2022.

Janet P. Orwig, MBA, CAE
PSYPACT Executive Director

Communications Update

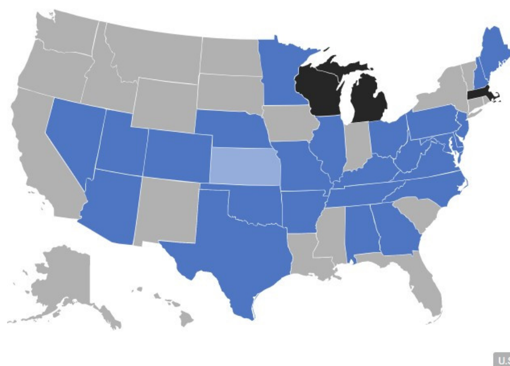
Interest in PSYPACT continues to grow! We hear daily from psychologists interested in learning more about the compact and how they can participate and use an email listserv to provide periodic updates about important application updates and information as new states introduce and enact PSYPACT legislation. To date, we have over 5,200 participants in the PSYPACT listserv. To sign up, email us at info@psypact.org or visit https://psypact.org/page/Listserv.

Did you know?

PSYPACT is available to host webinars and provide presentations for psychologists in your state to learn more about PSYPACT and how it works. If you are interested, contact us at info@psypact.org. Additional training materials can also be found on the PSYPACT website at www.psypact.org.

Legislative Activity

2021 Legislative Session Update



Currently, 26 states participate in PSYPACT including Alabama, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Georgia, Illinois, Kentucky, Maine, Maryland, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, West Virginia. The state of Kansas will become an effective PSYPACT state on 1/1/2022. As the 2021 legislative session has now ended, we are happy to report that we saw legislation introduced in 22 states this session. We currently have legislation introduced in Massachusetts as MA S 5242, Michigan as MI 5489 and Wisconsin as WI S 534 and WI A 537. Florida as pre-filed legislation for the 2022 session as FL H 953.

Staff Contact Information

Janet Orwig	Jessica Cheaves	Felicia Evans
PSYPACT Executive Director	*PSYPACT Coordinator*	*PSYPACT Specialist*
jorwig@asppb.org	jcheaves@asppb.org	fevans@asppb.org

PSYPACT by the Numbers

TELEPSYCHOLOGY

5356
ASPPB E. Passports Issued

4835
PSYPACT APITs Issued

TEMPORARY PRACTICE

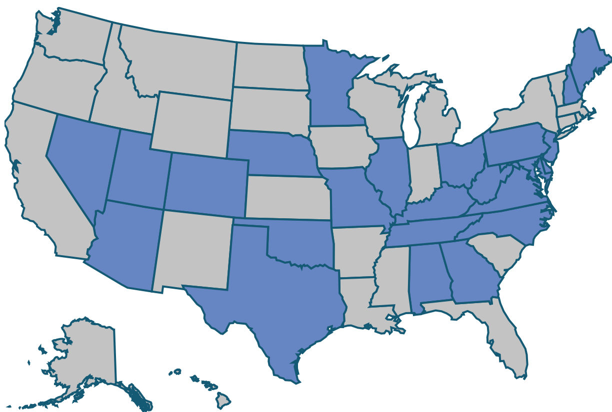
297
ASPPB IPCs Issued

187
PSYPACT TAPs Issued

STATE LEVEL BREAKDOWN

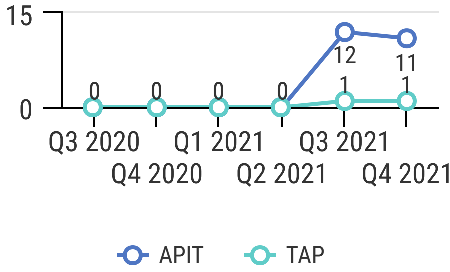
State	APITs	TAPs	State	APITs	TAPs
ALABAMA	23	2	NEBRASKA	45	3
ARIZONA	175	12	NEVADA	85	6
ARKANSAS	1	1	NEW HAMPSHIRE	77	3
COLORADO	328	11	NEW JERSEY	70	2
DELAWARE	102	1	NORTH CAROLINA	221	5
DISTRICT OF COLUMBIA	193	5	OHIO	150	6
GEORGIA	275	16	OKLAHOMA	46	3
ILLINOIS	511	20	PENNSYLVANIA	575	9
KENTUCKY	26	0	TENNESSEE	69	4
MAINE	20	0	TEXAS	574	33
MARYLAND	440	6	UTAH	134	14
MINNESOTA	78	0	VIRGINIA	409	14
MISSOURI	207	11	WEST VIRGINIA	1	0

Numbers current as of 12/23/2021

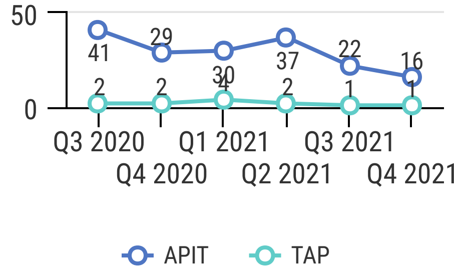


Looking at PSYPACT State Trends

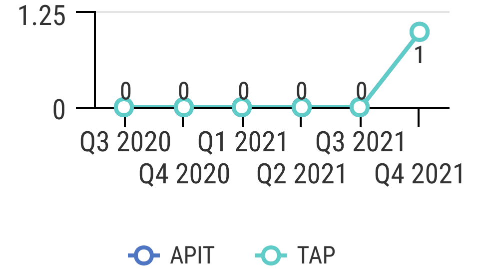
Alabama



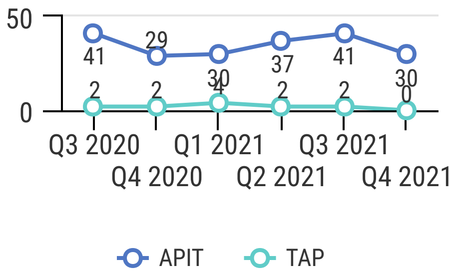
Arizona



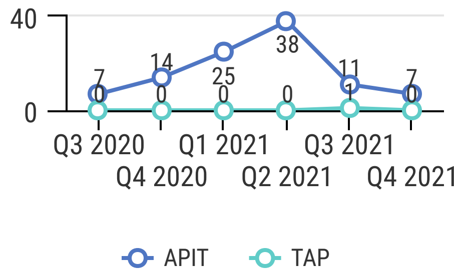
Arkansas



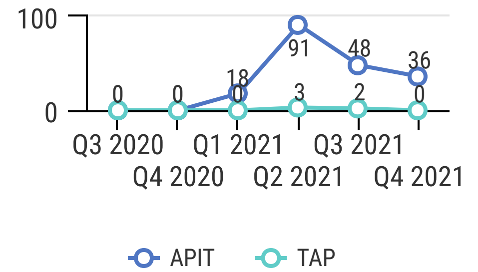
Colorado



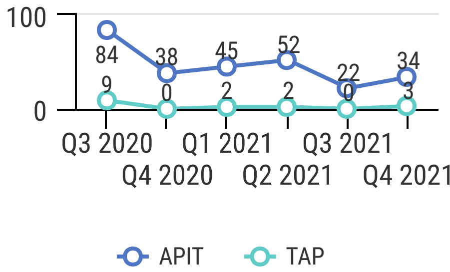
Delaware



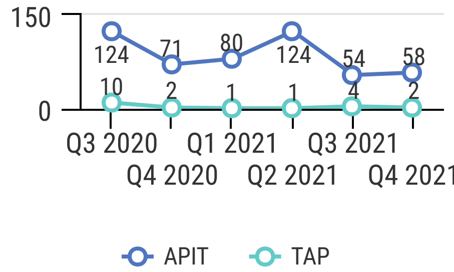
District of Columbia



Georgia



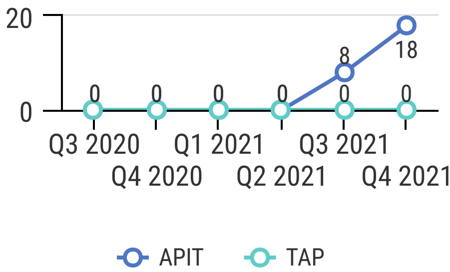
Illinois



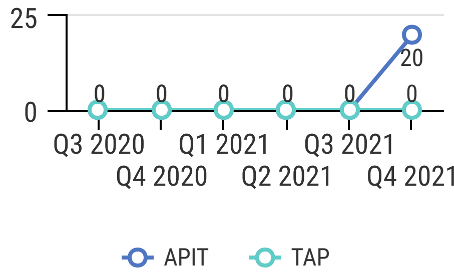
Kansas

N/A

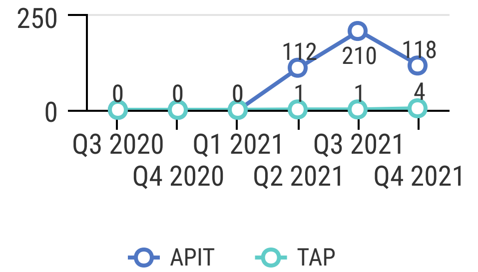
Kentucky



Maine

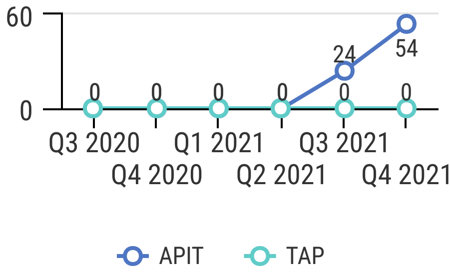


Maryland

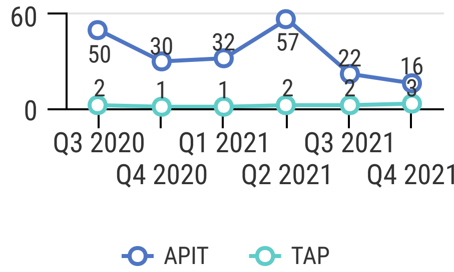


Looking at PSYPACT State Trends

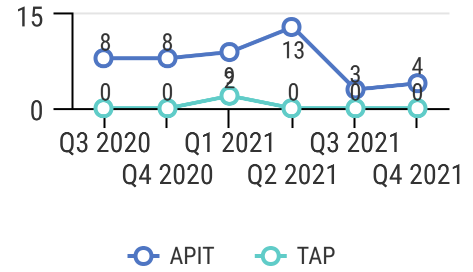
Minnesota



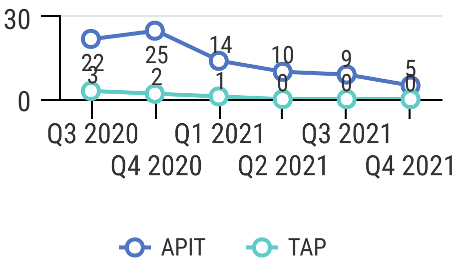
Missouri



Nebraska



Nevada



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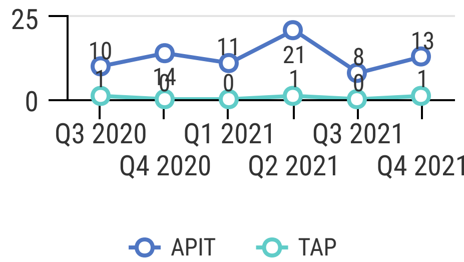

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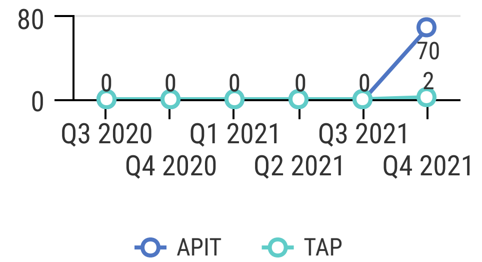

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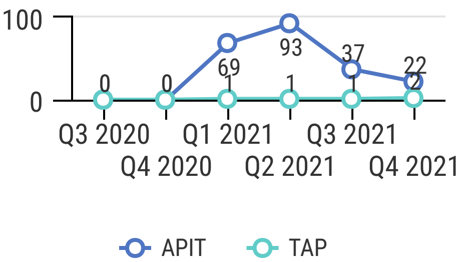

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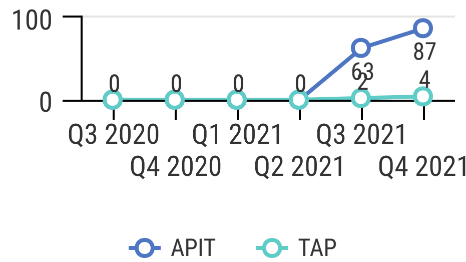

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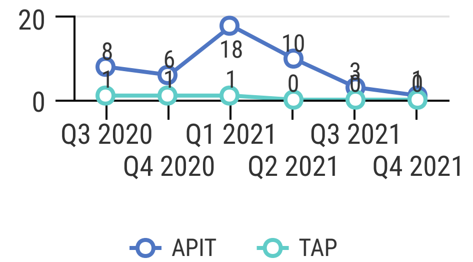

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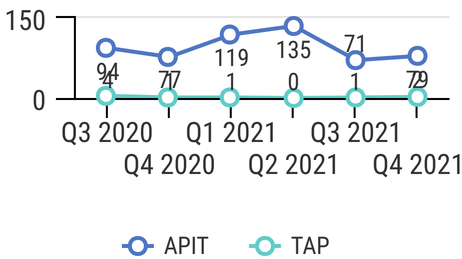

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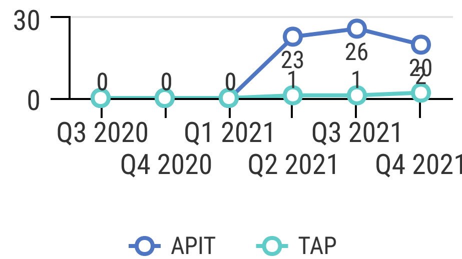

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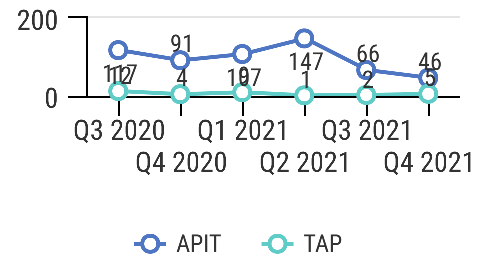
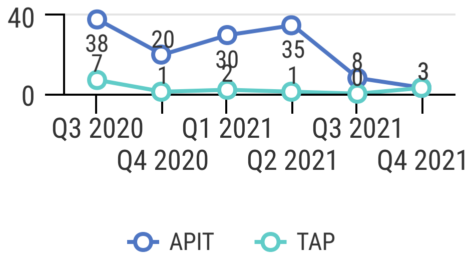
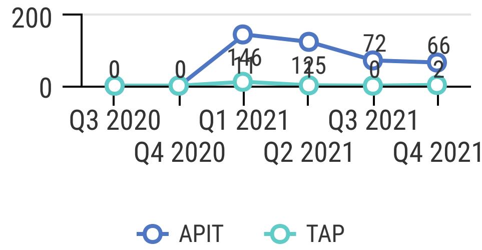
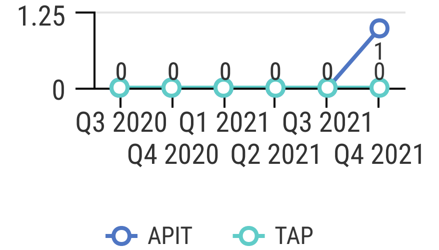


Looking at PSYPACT State Trends







PSYPACT ANNUAL FINANCIAL REPORT

This report is provided by the PSYPACT Commission Finance Committee.

2021
January-December 2021

SUMMARY AND KEY HIGHLIGHTS

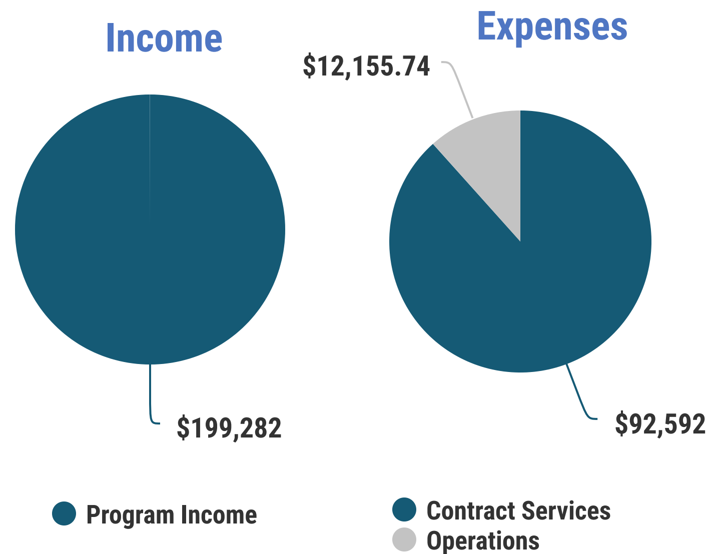
- **Organization Name:** Psychology Interjurisdictional Compact Commission
- **Time Period:** January-December 2021
- **Total number of Authority To Practice Interjurisdictional Telepsychology (APIT) applications started in 2021:** 3,706
- **Total number of Temporary Authorization to Practice (TAP) applications started in 2021:** 118
- **State Assessment Fees:** State assessment fees will be charged to PSYPACT participating states beginning in 2022.

PSYPACT Participating States

(total number of PSYPACT Authorizations issued in 2021 by state.)

States	APITs	TAPs	States	APITs	TAPs
Alabama	23	2	Nebraska	29	3
Arizona	105	8	Nevada	38	1
Arkansas	1	1	New Hampshire	53	2
Colorado	221	7	New Jersey	70	2
Delaware	85	1	North Carolina	221	5
District of Columbia	193	5	Ohio	150	6
Georgia	153	7	Oklahoma	32	1
Illinois	316	8	Pennsylvania	404	4
Kentucky	26	0	Tennessee	69	4
Maine	20	0	Texas	366	17
Maryland	440	6	Utah	76	6
Minnesota	78	0	Virginia	409	14
Missouri	127	8	West Virginia	1	0
			TOTAL	3706	118

INCOME VS EXPENDITURE FOR 2021



Ordinary Income/Expense

Income		
Program Income*	$199,282.00	
Total Income		$199,282.00
Expense		
Contract Services		
Outside Contract Services**	$92,592.00	
Total Contract Services		$92,592.00
Operations		
Bank Charges***	$9,325.74	
Charge Backs****	$2,830.00	
Total Operations		$12,155.74
Total Expense		$104,747.74

** Total of APIT and TAP application fees $40 per application*
*** Memorandum of Understanding Quarterly Payment to ASPPB for 1st Quarter applications*
**** Credit Card Processing for APIT and TAP application fees*
***** Refunds/Overpayments of APIT and TAP application fees*

Net Ordinary Income:
$94,534.26