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**Call to Order – Holly Tracy, LPC, LMFT, Committee Chairperson**

- Welcome and Introductions
- Mission of the Board-----Page 2

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**Approval of Agenda**

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**Approval of Minutes**

- Regulatory Committee Meeting – April 15, 2022\* -----Page 3

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**Public Comment**

*The Committee 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.*

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**Unfinished Business**

- Regulatory Update – Erin Barrett, JD, Senior Policy Analyst..... Page 6
- Discussion of Guidance Document 115-8 Approved Degrees in Human Services for QMHP Registration – Ms. Barrett
- Discussion of Reinstatement for Licensed Residents - Staff
- Discussion of the Need for Active/Inactive Status for Licensed Residents - Staff

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**Next Meeting – October 14, 2022**

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**Meeting Adjournment**

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*\*Requires a Committee Vote. This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707(F).*



Virginia Department of  
**Health Professions**  
Board of Counseling

## **MISSION STATEMENT**

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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.



- CALL TO ORDER:** Ms. Tracy called the Regulatory Committee meeting to order at 10:07 a.m.
- PRESIDING OFFICER:** Holly Tracy, LPC, LMFT, Committee Chair
- COMMITTEE MEMBERS PRESENT:** Barry Alvarez, LMFT  
Johnston Brendel, Ed.D, LPC, LMFT, Board Chair  
Gerard Lawson, PhD, LPC, LSATP (*virtually from Salem, VA-Dr. Lawson was not in attendance do to responsibilities on campus for Virginia Tech's Day of Remembrance*)  
Terry Tinsley, PhD, LPC, LMFT, CSOTP
- COMMITTEE MEMBERS ABSENT:** Vivian Sanchez-Jones, Citizen Member
- BOARD STAFF PRESENT:** Jaime Hoyle, J.D., Executive Director  
Jennifer Lang, Deputy Executive Director- Discipline  
Charlotte Lenart, Deputy Executive Director- Licensing (*virtually*)  
Jared McDonough, Administrative Assistant  
Leoni Wells, Executive Assistant
- DHP STAFF PRESENT:** Erin Barrett, Senior Policy Analyst, Regulatory Compliance Manager
- PUBLIC ATTENDEES/ COMMENTS:** Ms. Becky Bowers-Lanier
- ESTABLISHMENT OF A QUORUM/ROLL CALL:** Ms. Tracy requested a roll call by Ms. Hoyle. Ms. Hoyle announced that with four members present and one member virtual a quorum was established.
- MISSION STATEMENT:** Ms. Hoyle read the mission statement of the Department of Health Professions, which is also the mission statement of the Committee and Board.
- ADOPTION OF AGENDA:** Agenda was adopted as presented.
- APPROVAL OF MINUTES:** Meeting minutes from the Regulatory Committee Meeting held on May 14, 2021 were approved as written.
- PUBLIC COMMENT:** There were no public comments.
- UNFINISHED BUSINESS:** **I. Consideration of Telehealth Guidance Documents**  
  
The Committee had a lengthy discussion on the changes needed to Guidance Document 115-1.4 Guidance on Technology-Assisted Counseling. Ms. Hoyle will send the Committee an email with the updated guidance document to ensure that staff captured all of the changes requested.

**Motion:** Dr. Brendel moved to recommend to the full Board to accept the updated guidance document on technology with changes. The motion was seconded and carried unanimously.

## **NEW BUSINESS:**

### **I. Regulatory Report**

Ms. Barrett updated the Board on the current regulatory actions. Ms. Barrett stated that the full Board will need to discuss the comments received from the period review of the regulations. The Board received 181 comments that were all related to the endorsement section of the regulations. Ms. Barrett suggested that the Board consider rewording the endorsement section of the regulations to make ensure that licensees understand that graduating from a CACREP accredited school is not a requirement for licensure by endorsement.

### **II. Review & Consideration of Guidance Documents**

#### **a. Discussion of Guidance Document 115-2 Impact of Criminal Convictions**

The Committee and staff discussed recommended revisions to the guidance document related to criminal convictions.

**Motion:** Mr. Brendel moved to recommend to the full Board to reaffirm Guidance Document 115-2 with changes. The motion was seconded and carried unanimously.

#### **b. Discussion of Guidance Document 115-2.1 Use of Hypnosis**

The Committee discussed the need for a guidance document on the use of hypnosis.

**Motion:** Mr. Alvarez moved to recommend to the full Board to rescind Guidance Document 115-2.1. The motion was seconded and carried unanimously.

#### **c. Discussion of Guidance Document 115-1.9 Certification Accepted for CSAC Endorsement**

The Committee discussed no changes to the Certification Accepted for CSAC Endorsement Guidance Document.

**Motion:** Mr. Tinsley moved to recommend to the full Board to reaffirm Guidance Document 115-1.9. The motion was seconded and carried unanimously.

#### **d. Discussion of Guidance Document 115-4.1 Evidence of Clinical Practice for Licensure Endorsement.**

The Committee reviewed the document and did not recommend any changes.

**Motion:** Mr. Tinsley moved to recommend to the full Board to reaffirm Guidance Document 115-4.1. The motion was seconded and carried unanimously.

#### **e. Discussion of Guidance Document 115-8 Approved Degrees in Human Services for QMHP Registration**

The Committee had a lengthy discussion about a revision to the Approved Degrees in Human Services for QMHP Registration Guidance Document. The Committee suggested that the Board have three approval categories for the QMHP-Trainee. (QMHP-A, QMHP-C and QMHP-A/QMHP-C). The Committee requested the guidance document be revised and prepared by the staff and discussed at the next Committee meeting.

#### **f. Discussion of Guidance Document 115-4.11 Confidential Consent Agreement**

The Committee reviewed the document and did not recommend any changes.

RECESS: The meeting recessed at 11:43p.m.

RECONVENTION: The meeting reconvened at 12:00p.m.

**III. Discussion of Reinstatement for Licensed Resident**

The Committee unanimously agreed not to have a lengthy discussion about the Reinstatement for Licensed Residents at this meeting.

Action Item: Reinstatement of licensed residents to discussed at the next Committee meeting.

**IV. Discussion of the need for Active/Inactive Status for Licensed Residents**

The Committee unanimously agreed not to discuss the need for active/inactive status for Licensed Residents at this meeting.

Action Item: Active/inactive status for residents will be discussed at the next Committee meeting.

**V. Consideration of request for LMFT Reciprocity with Maryland**

The Committee discussed in great details the request for LMFT Reciprocity with Maryland. The Committee thoroughly reviewed Maryland's standards. After careful review it was determined that Maryland's requirements are significantly lower than Virginia's standards. Ms. Hoyle stated that she is scheduled to speak with the Executive Director in Maryland and will gather more information about Maryland's requirements. The Board agreed to wait to make a decision on this issue once the Committee receives additional information from Ms. Hoyle.

Action Item: Consider LMFT Reciprocity with Maryland at the next Committee meeting.

**NEXT MEETING:**

Ms. Tracy announced that the next Regulatory Committee Meeting will occur on July 15, 2022 at 10:00am.

**ADJOURNMENT:**

Ms. Tracy adjourned the April 15, 2022 Regulatory Committee meeting at 12:38 p.m.

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Holly Tracy, LPC, LMFT, Committee Chair

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Jaime Hoyle, JD, Executive Director

**Agenda Item: Consideration of final regulations following periodic review**

**Included in your agenda package are:**

- Comments received via Town Hall on proposed stage changes
- Draft final regulations

**Action needed:**

- Discussion of possible edits to final regulations; and
- Recommendation of final regulations to full board

Commenter	Title	Comment	Date/ID
Larry Epp, Ed.D., a Past President, LCPCM	Differentiation of CACREP versus Non-CACREP Counselors Not Equitable or Evidence Based	<p>At a time when the COVID-19 Pandemic has taught us that telehealth and license portability are critical to solving provider shortages, Virginia should be trying to create an easy to understand and streamlined licensure criteria to allow telehealth across state lines. When these conversations started, we did not have a national provider shortage, triggered by a secondary mental health pandemic, now that we do, our policies should be inclusive and allow the efficient portability of all counselors with three years of experience. The differentiation of CACREP versus non-CACREP counselors, and the punitive 10 year experience requirement for non-CACREP counselors, is not equitable and not justifiable based on the literature. This would exclude many of the graduates of Johns Hopkins from easily transferring their license to the Commonwealth, which has only had CACREP accreditation for 5 years, but is reputedly one of the best programs in the US. Virginia should be modeling its regulations on the developing Counseling Compact and not diverging from this wise movement to eventually allow national telehealth portability.</p>	3/23/22 8:42 am CommentID:120842
Peggy Brady-Amoon, PhD, LPC, Alliance for Professional Counselors	Opposition to inequitable licensure by endoresment proposal	<p>The Alliance for Professional Counselors (APC), a national organization of counselors and counselor educators that supports interdisciplinary cooperation and licensure portability, remains strongly opposed to a specific provision in the Virginia Board of Counseling's proposal for licensure by endorsement that we objected to in 2019.</p> <p>We particularly object to the provision that would permit licensed counselors who graduated from programs accredited by CACREP to qualify for licensure in Virginia with 3 years post-licensure experience while licensed counselors who graduated from programs that are not affiliated with CAREP would need 10 years post-licensure experience to qualify for licensure in Virginia. There is NO evidence to support this proposed discrepancy.</p> <p>Furthermore, this proposal would harm the public by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia. This proposal would also harm the majority of licensed counselors who graduated from programs that are not affiliated with CACREP by making it seem, despite lack of evidence, that they are less qualified. We call your attention to the two successive Virginia Economic Impact Analyses (2016, 2017) for further information. Furthermore, as Virginia has historically been a leader in the profession, this proposal could set a negative precedent.</p>	3/23/22 9:34 pm CommentID:120850

We fully respect that these decisions are within the purview of the Commonwealth of Virginia. However, APC asks your consideration because these proposed regulations are determinantal to the citizens and economy of Virginia – and have national implications. In our view, the Counseling Compact is a significantly better option for portability than the current (or previous) proposals.

Nick

Cacrep is nothing special

Only people ignorant of therapy practice would assume cacrep does anything influencing the quality of therapist to the degree Virginia is trying to infer with the difference of requirements. Try looking at additional certificates of practice with quality of requirements like 2-4 years of training and supervision in addition to a license. EMDR, Brainspotting, prolonged exposure, psychodrama all took me years to earn with high level PhDs and we all see terrific therapeutic outcomes. All clients pay high dollar for these specific services. I don't have a cacrep. Nobody who trains these certificates cares or even mentions cacrep. Anyone without those certificates have no clue what value they add to a practice. I can tell Virginia that if they did have a clue, they'd not make a cacrep the defining difference. I could easily outshine any recent graduate in skill level for years to come until they get the added value of advanced certification. This is the difference between a PA and a doctor with ten years surgery experience at a trauma center John Hopkins. Virginia is unaware enough to not know the difference or they'd even prefer a PA over the doctor because of their bachelors program. It's nothing short of pure ignorance to try to infer such meaning from cacrep. The most important work is field training and advanced certification

3/24/22 12:52 am  
CommentID:120852

Clayton Maguire, LPC LMFT

Urge "Counseling Compact" vs. CACREP

I have been licensed as a Professional Counselor in Virginia for 40 years, having graduated before CADREP existed. I urge the Board to not adopt regulations which require 3 years of experience for those graduating from a CACREP program vs. 10 from other colleges and Universities before licensed by endorsement. Only as I have been practicing for so long, and been a leader in the field (president of the state of Virginia affiliate of AMHCA), long term membership in ACA and AMHCA, do I know of the development of CACREP. Were I a recent college graduate, seeking graduate school admission, I might not even know of CACREP to use it as a screen for application. The current regulations screen effectively without adding a very biased 10 year requirement. Further, there is no evidence of which I am aware which would allow the equating of 3 years of experience of a CACREP graduate with 10 of one from a different credentialing graduate program. I would propose the Board instead adopt the Counseling

3/24/22 12:21 pm  
CommentID:120854



		<p>Compact, which I know many of the Board members are following. For those not familiar, I urge you to review the writings on the Counseling Compact by Counseling's national representation associations (ACA and AMHCA). Now that all 50 states license counselors licensure by endorsement is in order and equitable measures from all 50 states is preferable. Thank you for considering my point of view.</p>	
Jairo Fuertes, PHD	Another attempted grab by CACREP	<p>There is zero (ZERO) evidence that training in CACREP programs is superior, leads to better trained professionals or better outcomes for patients and clients. However, there is plenty of evidence of CACREP'S consistent and nonrelenting pressure to mislead legislators and consumers into believing that their brand is superior. This is another market grab by CACREP that should be denied. They want to corner the market in training and mental health care. Please vote down this ridiculous proposal.</p> <p>Dr. Fuertes</p>	3/24/22 1:24 pm CommentID:120855
Tom Dinzeo, Ph.D.	Unsupported distinction creating unnecessary inequity	<p>The proposed move to require an additional 7 years of training for graduates of non-CACREP programs is based on a highly flawed and unsupported notion. If the Non-CACREP training programs meet the State educational requirements and the graduates of these programs demonstrate competence during the standard period of evaluation, then what is the sense of unnecessarily burdening these mental health providers with an additional time requirement. This seems like a shameless ploy to disenfranchise all non-CACREP training programs, many of which are not eligible for accreditation due to arbitrary reasons (e.g., too many clinical psychology affiliated faculty teaching courses and not enough with "counselor identity").</p> <p>The Counseling Compact is a significantly better option than this proposal!</p>	3/24/22 2:07 pm CommentID:120856
Anonymous	CACREP DISCRIMINATION	<p>The erroneous misconception that CACREP is the only accreditation body capable of designing or judging a rigorous counseling program is discriminatory, shortsighted and without merit. There are many universities in the nation that are recognized by regional and national accreditation bodies that have programs that are far better or at least as good as the standards put out by CACREP.</p> <p>By discriminating against the students who attended those schools, you deprive the community of some of the best and most experienced therapists in the country. You also heavily lean into age discrimination. When I attended my Masters in Counseling Psychology program, my program far exceeded the number of classes and hours that were then required by CACREP, which was a fledgling organization trying to corner the market in counseling</p>	3/24/22 2:18 pm CommentID:120857

education accreditation. They've largely succeeded in doing that by putting forth the notion that their programs produce "more ethical" and better educated counselors. That is simply untrue. The behavior of the ACA during a recent election where they shut down pre-election comments is indicative of a group who wants to silence the majority of all counselors who graduated before CACREP even existed. CACREP, ACA and NBCC seem to have worked together in a highly questionable way, by structuring tests and counselor demographic/opinion/practice questionnaires in such a way as to diminish well educated and highly skilled, respected and qualified therapists. It's my understanding that one of the NBCC licensing tests was recently pulled because it lacked the normative, rigorous research required for standardized tests. It's also my understanding that a recent head of NBCC was asked to step down because of highly unprofessional conduct and that the NBCC actually lost its ability to accredit continuing education programs for a time. The 3 aforementioned entities seem to have set up a "you scratch my back..." arrangement that enriches them all, reduces educational choice, deliberately controls outcomes on testing and that attempts to shut out the majority of counselors in the field today.

The ACA recently had an opportunity to break the glass ceiling of getting Masters level counselors approved by the VA, which we all know is serving combat veterans who are killing themselves at never before seen rates because they don't have adequate access to mental health care in a timely manner. For most of modern history the VA only used Social Workers, who practice counseling but are not trained as counselors. There is some overlap in skillset but the training, almost complete lack of psychological theory classes, and basic theoretical foundations are entirely different. Given this marvelous opportunity to improve the conditions for veterans everywhere, the ACA struck a deal with the VA that excluded all of the older, most experienced counselors in favor of CACREP trained counselors, who again, do not represent the majority or the best. I believe this was yet another self-serving move to corner the market in counseling education.

I believe the attempt to punish and exclude non-CAPREP counselors, constitutes violation of anti-trust laws. Discriminating against non-CACREP therapists violates anti-age discrimination laws and possibly violates the rights of faith-based colleges and their graduates since CACREP promotes positions that are not necessarily shared by faith-based counselors. Such colleges should feel free to pursue regional accreditation and opt out of CACREP without diminishing their students' ability to make a living.

<p>Courtney Gasser, Ph.D., L.P., N.C.C.</p>	<p>Oppose current proposal--violation of licensure inclusivity</p>	<p>This proposal falsely suggests that licensed counselors who graduated from programs accredited by CACREP (who would need 3 years post-licensure experience) are more qualified than those who graduated from other programs (who would need 10 years post-licensure experience). There is no evidence that CACREP program graduates are better trained than the graduates of other programs. Also, licensed counselors who graduated from MPCAC accredited programs would be treated as second-class citizens as a result, which is inappropriate as both CACREP and MPCAC are accredited by CHEA and thus programs accredited by CACREP and MPCAC are meeting similar standards, and their graduates should be held to the same kinds of licensure rules.</p> <p>This proposal should be rescinded due to the above problem and, instead, the State of Virginia should pursue the Counseling Compact.</p>	<p>3/24/22 2:20 pm CommentID:120858</p>
<p>Anonymous</p>	<p>Urge Counseling Compact Vs. CACREP</p>	<p>There is zero (ZERO) evidence that training in CACREP programs is superior, leads to better-trained professionals or better outcomes for patients and clients.</p> <p>However, there is plenty of evidence of CACREP'S consistent and unrelenting pressure to mislead legislators and consumers into believing that their brand is superior. This is another market grab by CACREP that should be denied. They want to corner the market in training and mental health care. Please vote down this ridiculous proposal. I strongly urge the state of Virginia to push towards joining the counseling compact, a more inclusive route. If the pandemic, has taught us nothing, it has taught us that accessibility of mental health professionals is essential. Passing the proposal would be ignoring that.</p>	<p>3/24/22 2:50 pm CommentID:120859</p>
<p>Dr. Jody Kulstad</p>	<p>Inequitable Licensure Practices</p>	<p>This is a further attempt to push CACREP only onto Virginia counselor licensure. As others have noted, having CACREP accreditation only indicates that a program meets baseline requirements for training counselors. Programs who have CHOSEN to not pursue CACREP are often equally if not more rigorous and graduate excellent counseling professionals. This field needs more counselors, not less, and there is no evidence that those who graduate from CACREP programs are any more qualified than those who do not. To make a distinction and limit the licensing based on that is inequitable.</p> <p>To add to what another commentor mentioned - I graduate with my MA in Counseling in 1993 - long before CACREP had increased their requirements to 60 credits and before most programs even thought of anything but regional accreditation. This not only punishes those who graduate now, but those who</p>	<p>3/24/22 3:16 pm CommentID:120860</p>

		<p>graduated years ago<sub>12</sub></p> <p>This field and our state needs to be more inclusive not exclusive.</p>	
Debra Mollen	Stop the CACREP Monopoly	<p>I add my strong opposition to the the current proposal that would unfairly and discriminatorily penalize professionals who graduate from non-CACREP-accredited programs. This proposal is not based on any scientific data that suggests licensed counselors educated in CACREP-accredited programs are in any way better prepared, trained, or equipped to serve in their roles than those from non-CACREP-accredited programs. Moreover, adding superfluous obstacles to those who graduate from other programs is unnecessary and ultimately penalizes both those who graduated from non-CACREP-accredited programs and the Virginians they serve.</p>	3/24/22 4:51 pm CommentID:120861
Ashley Simon - University of Baltimore	CACREP Discriminatory Practices	<p>I am disturbed beyond words that you feel that graduates of any university that are not accredited by CACREP are somehow not worthy of practicing in the state of Virginia. There are many fabulous schools that provide extensive education in counseling and clinical psychology. I am enrolled in University of Baltimore and they offer an extensive program for graduate students, consisting of three years of education and internship opportunities. There are many universities offering fantastic programs in psychology as well as accrediting bodies that support and demand excellence in the field. I am not sure I understand your reasoning behind this discriminatory judgement, especially during times when people in our country desperately need counselors to help them deal with their problems. The number of people suffering from mental health issues is far greater than we have witnessed in the past. Psychology has come a long way in its methods and understanding of the field as a whole. Without counselors, people are dying needlessly as they suffer in silence. Now is not the time to be assuming that one accrediting body is superior to the others.</p> <p>Ashley Simon</p>	3/24/22 5:01 pm CommentID:120862
Bryan Kim, Ph.D., LMHC	Please do not support this legislation	<p>To Whom It May Concern:</p> <p>I'm writing in strong opposition to the provision in this law that would permit other-state licensed counselors who graduated from programs accredited by CACREP to qualify for licensure in Virginia with 3 years post-licensure experience while other-state licensed counselors who graduated from programs that are not affiliated with CACREP would need 10 years of post-licensure experience. There is no scientific evidence to support this proposed discrepancy and it is discriminatory to those who are not CACREP graduates. Most importantly, the residents of Virginia will suffer because this proposed regulation will limit</p>	3/24/22 5:22 pm CommentID:120863

		<p>the number of qualified licensed counseling professionals to serve individuals with mental health difficulties, particularly during a time of COVID when the mental health service needs are so great. Please do not pass this regulation.</p> <p>sincerely,</p> <p>Bryan Kim, Ph.D., LMHC</p>	
Mary Ammon, University of Baltimore	Inclusive Licensure Requirements are a Necessity	<p>There is no scientific evidence stating that people who do not graduate from CACREP programs are any less qualified than those who do. This mandate would greatly restrict the amount of counselors who are in the mental health field at a time when practitioners are desperately needed. This is an elitist movement to discredit those who have graduated from programs that are perfectly qualified to educate counselors just because they don't have an arbitrary badge of accreditation next to their name. Licensure requirements should be based on critical individual requirements being fulfilled by a degree program, not because it has the endorsement of an organization. This mandate cannot go through and restrict access to licensure. There is a shortage of mental health practitioners in the field and to deliberately deny perfectly qualified graduates from obtaining licensure is to the great detriment of the public that needs these mental health resources. This is an unethical mandate and should not be passed.</p>	3/24/22 5:44 pm CommentID:120864
Pamela Foley, Ph.D., Seton Hall University	No empirical evidence to support an additional 7 years of experience for non-CACREP graduates	<p>I am writing to urge you to reject the proposed new rule for counselor licensure, requiring graduates of programs that are accredited by organizations other than CACREP to have an additional 7 years of experience. I would like to remind the Virginia Board of Counseling that their role is to protect the public. There is no evidence to support this requirement, and it will seriously limit the availability of mental health services to Virginia residents, at a time when the need for mental health support has greatly increased. As an educator in a program that has been training counselors for responsible professional practice for decades, I cannot see this proposal as anything other than an effort by a large guild to provide its own graduates with a privileged position, at the expense of graduates of equally rigorous training programs. Please reconsider this ill-advised and clearly self-serving proposal.</p> <p>Thank you.</p>	3/25/22 9:44 am CommentID:120865
Janice C Lang, LCPC	Vote against this regulation!	<p>There is no evidence that graduates from a CACREP accredited program are any more qualified than counselors who don't. There are many universities that produce exceedingly qualified counselors, thereby invalidating the need for such a counselor to have 7 more years of experience than one graduating from a</p>	3/25/22 11:16 am CommentID:120867



		<p>CACREP program.<sup>14</sup> In addition, by enacting such legislation, you are artificially limiting the resources and possibilities that citizens of VA have when looking for mental health help. Not only are you limiting the options for your citizens, you are doing so during a time of greatly increased need. Vote no on this regulation and vote for inclusion of all counselors!</p>	
<p>Avi Pear - University of Baltimore</p>	<p>Of all times to restrict license portability...</p>	<p>...now is NOT the time. Other commenters have raised valuable points against the merits of CACREP accreditation. To reiterate some, there is little research suggesting that CACREP accredited counselors provide better care than non-accredited counselors; CACREP's standards seem arbitrary and are hard to justify; CACREP does not recognize the value of counseling psychology. However, I'd like to emphasize a different aspect. During this difficult post-pandemic time, mental health practitioners are in high demand and many clinics have long waiting lists. The state of Virginia itself has a shortage of mental health providers (see here, here, here) According to NAMI, 22% of Virginians were unable to receive mental health care in February 2021. 56% of children 12-17 with depression were unable to receive treatment as well over the past year. By requiring CACREP accreditation, these numbers are sure to increase. Any additional protection to the public that CACREP accreditation purports is likely to be canceled out by the damage of restricting the number of therapists.</p>	<p>3/25/22 5:04 pm CommentID:120869</p>
<p>Azara Santiago Rivera, Ph.D.</p>	<p>In Opposition of the Differential Treatment Suggested in the Proposal</p>	<p>I am in full support of interdisciplinary cooperation and counselor license portability. Suggesting that licensed professional counselors who are graduates of CACREP accredited programs require only three years of post-licensure experience, whereas licensed professionals who are graduates of other counseling training program must have seven years of post-licensure experience is an example of unfounded differential treatment. This is clearly exclusionary. There is no evidence that licensed counselors from CACREP programs are better prepared than counselors who are graduates of other counseling programs. At a time of great need for mental health services in this country we should be working collaboratively across all counseling programs to train competent counselors, and facilitate licensure acquisition rather than engage in such divisiveness.</p>	<p>3/25/22 5:08 pm CommentID:120870</p>
<p>Autumn Boyle, University of Baltimore</p>	<p>You're Making the Mental Health Crisis Worse</p>	<p>As a graduate student on track for licensure in clinical professional counseling in the state of Maryland who will actively seek to get licensure in Virginia (so I can work in the DMV), this proposal seeks to make the current mental health crisis <i>much worse</i> in the state of Virginia. There is no empirical evidence to support that graduates of CACREP-accredited institutions are more qualified or prepared for licensure in the state of Virginia than graduates from, say, MPCAP-accredited</p>	<p>3/25/22 10:12 pm CommentID:120871</p>

institutions.

15

With this proposal, the state of Virginia is severely restricting the number of counselors who may apply for licensure in the state of Virginia in the coming years. Why? There are only *three* CACREP-accredited clinical mental health counseling programs in the entire state of Maryland, none of which are in the DMV area. That means the graduates from Maryland clinical mental health counseling programs most likely to want to apply for licensure in the state of Virginia in the coming years would have to wait an *entire decade* to qualify.

How on earth could this be considered a solution for the current mental health crisis in the state of Virginia? Make access to licensure equitable for *all* qualified mental health professionals, and put this decades-long feud between the American Counseling Association (who, without evidence, insists their accrediting body is superior) and the American Psychological Association to rest.

Sr. Catherine Waters, OP, PhD, Professor Emerita, Caldwell University, Cald

Regulations Governing the Practice of Professional Counseling [18 VAC 115 ? 20]

Research has indicated that there is no identifiable difference in the preparation or competence between graduates of CACREP-accredited Counseling Programs and those from programs which did not choose to apply for this accreditation. There is no rationale therefore to create these stringent standards for graduates from the latter group. Please reconsider.

3/27/22 3:20 pm  
CommentID:120874

Jessica Martin, PhD; University at Albany-SUNY

IN OPPOSITION

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

3/28/22 9:49 am  
CommentID:120877

Anonymous

Opposition

I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who

3/28/22 9:52 am  
CommentID:120878

		<p>graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</p>	
Joseph Hammer, PhD, LP	Oppose this discriminatory regulatory action	<p>This regulatory action would harm Virginians, who need greater access to qualified (i.e., already licensed) counselors, not lesser access. There is no documented evidence that licensed counselors from CACREP programs are better prepared than licensed counselors from programs accredited by other accrediting bodies such as MPCAC. So why give special treatment and create an arbitrary caste system to one group of professionals over another? And for anyone that cares about market access, fostering competition, and a healthy free market economy, this makes even less sense.</p>	3/28/22 10:00 am CommentID:120880
Lynn Gilman	OPPOSE	<p><i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</i></p>	3/28/22 10:07 am CommentID:120881
Alex Fietzer, PhD	Oppose proposed legislation requiring non-CACREP counselors to obtain 7 more years of experience	<p>I'm writing to express my opposition to the Virginia Board of Counseling's current proposal that would require licensed counselors who graduated from CACREP-accredited programs to only require three years of post licensure experience whereas licensed counselors from non-CACREP-accredited programs would require ten years of post licensure experience. There is no current evidence that counselors graduating from CACREP-accredited programs are better prepared than their peers who graduated from other programs. Given the immense need for affordable mental health that licensed professional counselors can provide, this proposal risks harming the public good by limiting the number of licensed counselors who would qualify for licensure (and, therefore, professional counseling work) in the state of Virginia.</p>	3/28/22 10:18 am CommentID:120882
Sally S	Oppose this baseless and prejudicial regulation	<p><i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required</i></p>	3/28/22 10:20 am CommentID:120883



to show 7 more years<sup>17</sup> of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.

*Don't pander to CACREP guild interests - keep the well-being of the people of Virginia first!*

Timothy Melchert

In Opposition

I am **strongly opposed** to this endorsement proposal that would require licensed counselors who graduated from non-CACREP programs to have 7 more years of professional experience than their peers from CACREP programs. There is no research evidence to support this requirement and the proposal is a highly unusual attempt to discriminate against programs not affiliated with CACREP. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors in Virginia at a time when there is a shortage of licensed behavioral health treatment professionals. It would also be embarrassing for the State of Virginia to impose such a discriminatory requirement.

3/28/22 10:28 am  
CommentID:120884

D ja Fitzgerald, M.Ed.

Opposition

I'm writing to convey my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care. I would hope that any policy change would stem from a data-informed position.

3/28/22 10:51 am  
CommentID:120886

Nathan Grant Smith, Ph.D.

Opposed to proposed requirements for licensed counselors

As a graduate of a Virginia university (Ph.D., Virginia Commonwealth University, 2002), I am writing to express my opposition to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would harm the public by unnecessarily

3/28/22 11:02 am  
CommentID:120887

		limiting the number <sup>18</sup> of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.	
Robert A. Byrom Jr., PhD	Discriminatory CACREP Proposal	<p><i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</i></p> <p>There are a considerable number of alternatives (identified in other messages related to this very issue) that would add value to VA's mental health practitioner pool as contrasted with the loss of value that this proposal would create.</p>	3/28/22 11:36 am CommentID:120888
Jennifer M. Taylor, Ph.D., Associate Professor and Training Director	In Opposition	<p>I am writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs, particularly as there are other national accrediting bodies (e.g., MPCAC, which is a CHEA-recognized accrediting organization) that prepare students with rigorous training standards. Many MPCAC programs (ours included) meet and exceed CACREP's training requirements, with the sole exception that the Ph.D. degrees of our faculty are in Counseling Psychology rather than Counselor Education. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</p>	3/28/22 11:40 am CommentID:120889
Katharine Shaffer, PhD	OPPOSE proposed regulatory change regarding licensure by endorsement	<p>This issue has been raised (and struck down) again and again in Virginia. No evidence exists that counselors trained in CACREP programs are superior <i>in any way</i> to counselors trained in programs accredited by MPCAC (recognized by CHEA as accrediting science-based counseling programs) or programs that remain unaccredited but have nonetheless been graduating license-eligible counselors for many decades. Many of</p>	3/28/22 11:44 am CommentID:120890

these programs actively choose *not* to pursue CACREP accreditation due to values differences or because of the discriminatory hiring practices for counselor educators only as core faculty in CACREP programs (yes, the 50% core faculty rule exists, but almost no program can afford to double its faculty to satisfy this inane requirement, which coincidentally works *against* a multidisciplinary approach to training and mental health care). None of CACREP's attempts to legitimize itself as the sole authority on counselor education are based in empirical fact and none are actually working on behalf of the *public*, which *is* the role of the regulatory board. At a time when mental health needs are at an all-time high, this attempt to prioritize CACREP graduates in practice (based on not a shred of evidence) is not only tone deaf, but dangerous for the mental health of Virginians who desperately need care from duly trained, licensed and experienced therapists, many of whom *did not and will not graduate from CACREP* programs.

Anonymous	OPPOSE this legislation!		3/28/22 12:30 pm CommentID:120892
Rosie Phillips Davis	Regulations Governing the Practice of Professional Counseling [18 VAC 115 ? 20]	At a time of a crisis in mental health in our country the last thing we need is an act limiting the practice on a counselor for 7 years because they are not from a CACREP school. Where is the evidence for such a recommendation? It does not exist. I actually wish that even in the accredited programs individuals would have more training.	3/28/22 12:32 pm CommentID:120893
Mary O'Leary Wiley, PhD	Legislation is contrary to public need: Oppose	<i>I am writing to express my opposition to the proposal that would require non-CACREP programs be required to demonstrate seven more years of experience than those graduating from CACREP programs. There is no documented evidence that licensed counselors who graduated from programs accredited by exclusively one group (CACREP) are better trained or perform better than those who graduated from</i>	3/28/22 12:39 pm CommentID:120894

		<p><i>other programs. Especially in this time of huge mental health distresss post-COVID-19 (health care providers, first responders, educators, students, etc. etc.), in Virginia and beyond, I believe this proposal would harm the public by needlessly limiting the number of counselors who would quality for licensure (and therefore professional counseling work) in Virginia.</i></p>	
Brooke Rappaport	Oppose this legislation	<p>I'm writing to express my opposition to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would harm the public by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</p>	3/28/22 1:17 pm CommentID:120896
Tamara Kintzer, NCC, LCPC	Oppose this legislation	<p>Good afternoon,</p> <p>I graduated from an CACREP Accredited University and have been in practice for at least three years now at an OMHC in Salisbury Md. I have a Co-Worker who is equally as competent and educated as I am who has worked as a Mental Health therapist for the same amount of time but did not graduate from an Accredited program. To allow me to practice and not her hurts the people we are here to serve in a time where we are most needed.</p> <p>Please consider opposing this limiting legislation.</p> <p>Thank you,</p> <p>Tammy Kintzer, NCC, LCPC</p>	3/28/22 1:59 pm CommentID:120897
A. Vareschi	Oppose	<p>I'm writing to express my strong opposition to this proposal that would require licensed counselors from non-CACREP accredited programs to be required to earn 7 more years of experience than their colleagues graduating from CACREP accredited programs.</p> <p>There is no evidence that licensed counselors graduating from CACREP programs are better prepared than their colleagues who graduated from others. Two of my clinical supervisors graduated from non-CACREP accredited programs and their clinical acumen has been invaluable to my development as a</p>	3/28/22 2:07 pm CommentID:120898

		<p>clinician. This proposal would even further limit the number of licensed counselors available to serve Virginians in a climate where mental health services are more needed than ever.</p>	
Simone	Oppose this legislation	<p>I graduated from a non-CACREP program. I have been practicing since 2009 and prior to my graduation from graduate school I completed 60 credits.</p> <p>Individuals who attended non CACREP program are just as knowledgeable and have the clinical skills to support clients. This legislation will not be helpful during the current mental health crisis.</p>	3/28/22 2:10 pm CommentID:120899
L.R.	Oppose Legislation		3/28/22 2:17 pm CommentID:120900
Meghan Powers, LGPC	Oppose legislation	<p>Legislation that would put the credentials of CACREP-accredited practitioners over a broader portability of licensure ultimately hurts those vulnerable populations that need support the most. Unnecessarily limiting the ability to practice based on no evidence would only limit the accessibility of therapy. The state of Virginia can and should do better for its people.</p>	3/28/22 2:25 pm CommentID:120901
Jeffrey Taulbee, LCPC, Wayfarer Counseling	Oppose this legislation, support the Counseling Compact instead	<p>As a Licensed Clinical Professional Counselor in Maryland, I received my training from a clinical psychology program that emphasized evidence based practice, understanding and promoting scientific research, and ethical best practices. This program was not CACREP accredited, yet I received a comprehensive and thorough training. While I admire some the goals of CACREP, there is insufficient evidence to support the notion that CACREP is the sole arbiter of qualified counselors.</p> <p>In this mental health crisis, when the demand for qualified therapists is higher than ever and clients are struggling to find mental health providers who are able to accept new clients, this is a very ill-advised time to pass legislation that would exacerbate this problem even more.</p>	3/28/22 2:34 pm CommentID:120902
Anonymous	Strongly oppose inclusive	<p>CACREP only agendas are politically motivated, we need one based on data!</p>	3/28/22 3:03 pm CommentID:120903

policy is a necessity

22

Christopher Hall, LCPC

Strongly Oppose

Any legislation that restricts rather than broadens access to services based upon insufficient data should not go into effect. There is no evidence that clinicians from CACREP schools are better prepared than those who did not. This proposal needlessly requires people to show 7 more years of experience if they did not go to a CACREP school, in effect limiting access to services. The Counseling Compact is a better option than this proposal.

3/28/22 3:16 pm  
CommentID:120905

Pamela Almandrez

Not a good idea

As a Mental Health Counselor in the state of Maryland who works with the College population; many of my clients are from DC, MD, VA, NJ and NY. When my clients have to withdrawal from school due to a medical reason or are returning to their home state for the summer, it is extremely difficult to find them a psychotherapist who is able to work with them long term. I want my clients to be able to establish a relationship with a therapist in their community where they can continue getting care even post-graduation. Outside of the DMV area, it is very difficult to find providers...you have no idea how helpful telemedicine has been during the past few years of the pandemic. Suddenly we were able to connect people with the perfect therapist for them, who specialized in their needs specifically, students that were restricted to their homes due to negative home lives, were still able to receive treatment. People who were inconsistent coming to therapy in person, suddenly had a 100% show rate. Moreover, there has been a great benefit to seeing the living spaces our clients are in, we are able to see just how bad their depression has become, we are able to see that they are unable to get out of bed, but still making the motivation to come to therapy because we are the only people who have not given up on them.

Moreover, if individuals who were able to get help, no longer can receive services due to the state lines, where does that leave them? Who is going to help them? It is unethical to leave people without the care they need. Furthermore, the licensing restrictions in the VA make it really difficult for anyone with an out of state license to transfer their license over, so it sounds like VA will lose a lot of mental health care for their citizens and given the drastic increase in depression rates across America...this is not the time to pull back.

3/28/22 3:27 pm  
CommentID:120906

Kayla Watson, University of Baltimore

Strongly Oppose

I'm writing to express my strong **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs to be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other

3/28/22 3:31 pm  
CommentID:120907



		<p>programs. This proposal would <b>harm the public</b> by unnecessarily limiting<sup>23</sup> the number of licensed counselors who would qualify for licensure in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</p>	
Debra Ament, LCPC	counseling compact and reciprocity	<p>Please allow reciprocity and equal licensing across the state line with Maryland. We all have many clients who work for the government and move back and forth across Maryland, DC and Virginia, and we need to offer these clients services without restrictions. All Masters level clinicians are trained and capable of working with clients in the region. Why would you put restrictions on any license from another state.</p> <p>At some point in time it would be nice to come together and have one national license for all Masters level counselors. And as of this date- more than half of my clients are still being seen through telehealth.</p>	3/28/22 3:33 pm CommentID:120908
Gabrielle Shirdon, LCPC	Oppose Legislation	<p>CACREP programs were just getting started when I was in graduate school, I started graduate school in 2009. The school I went to was CACREP aligned and I had to meet the same educational requirements that were required by CACREP, at that time.</p> <p>In order to get licensed you have to show proof that you took specific courses. That means if a counselor has all the required courses (60 credits) to get a license then they are qualified whether they went to a CACREP accredited school or not. Clinicians that have 60 credits and 3 years of experience have the same qualifications regardless of whether the program was accredited by CACREP.</p> <p>Clinicians with more experience shouldn't be excluded because they did graduate school before CACREP was a thing. It doesn't make us less qualified clinicians. We have also done more training since licensure.</p>	3/28/22 3:34 pm CommentID:120909
Michael R. Marshall	I oppose this proposal	<p>As a resident of Maryland--a state with close ties to and a border with Virginia--I and many I know will be affected as we seek mental health care close to where we work and when we must travel. As such, I strongly oppose this proposal. It would be unfair and discriminatory against non-CACREP program graduates. There is no evidence that licensed counselors from CACREP programs perform any better than those from other programs. This is a thinly veiled attempt by CACREP to create a cartel that would hurt the people who need qualified counselors the most. All licensed counselors should be accorded the same status and treatment. Regulators need to ensure that as many qualified professionals as possible</p>	3/28/22 3:39 pm CommentID:120910

are available to meet<sup>24</sup> the growing demand for mental health therapy. This proposal will work against those goals and only cause confusion and suffering.

Thank you.

Boston College

Reg Amounts to Restraint of Trade, At Odds w/ FTC and DOD Recommendations, Unnecessary

The proposed regulation amounts to **restraint of trade**. Licensed counselors who'd bring knowledge and skill to VA in order to serve the public would be restricted from professional practice for 10 years post-license at a time when there are **public health and labor force crises**. Qualified applicants would be unable to practice, earn a living, and pay taxes in VA **based upon an unproven implication** that CACREP trained counselors are competent in 3 years, but others are not competent for 10 years. Most importantly, **the public would be harmed** by limited access to competent counselors at a time of crisis and by limited competition. The legislature in Florida recently passed legislation to eliminate a similarly restrictive law involving the educational requirements of counselors (see **FLA SB 566: Mental Health Professional Licensure**). The regulation is also **unnecessary**. There is a national legislative initiative underway (with the support of the ACA and AMHCA) to establish interstate compacts with the **reasonable universal license portability standard of 3-years post-license practice**. The **Dept of Defense** offered support for such interstate compacts to protect the spouses of active duty personnel who are harmed by restrictive trade practices. The FTC issued a 2018 report (which cited the DoD) that is also in favor of the interstate compact as the most efficient and effective way to resolve this issue. **In sum, the proposed regulation amounts to restraint of trade and is unnecessary.**

3/28/22 3:53 pm  
CommentID:120911

Wendy Meltzer, LPC

Oppose this regulation and support Counseling Compact

*I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care. The Counseling Compact will increase access to necessary care.*

3/28/22 3:57 pm  
CommentID:120912

Rebecca M Schaffner

Strongly Opposed

As a therapist with over 7 years of experience I strongly oppose this! The mental health state of this nation is terrible and by implementing such discriminatory CACREP vs not and other issues we are severely limiting the mental health services for our

3/28/22 4:00 pm  
CommentID:120913



		people. Not to mention limiting services for the undeserved and rural populations. Let's Do No Harm and Serve the Public and allow us to do so!	
Michelle Schoonmaker, LCPC - private practice	Strongly oppose	I strongly oppose this action. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. There needs to be licensure portability, which the Counseling Compact addresses inclusively ( <a href="https://counselingcompact.org/">https://counselingcompact.org/</a> ).	3/28/22 4:15 pm CommentID:120914
Anonymous	Opposed Legislation	This legislation works under the idea that CACREP is the only accrediting body that puts out competent counselors. There are many competent counselors that have gone to other programs including programs accredited by MPCAC. If one were to look at the standards for these programs you would see much overlap and the competencies of these counselors should not be lessened due to one accrediting body. This will hurt not only future counselors, but the public in general who needs more access to mental health professionals. It has been noted by multiple sources that mental health issues are the next area that needs to be tackled, this was true prior to COVID and have only worsened since. It's important to make sure counselors are competent, but saying that only CACREP counselors are competent in this amount of time is not accurate and could be harmful.	3/28/22 4:21 pm CommentID:120915
Anonymous	Oppose this legislation, support the counseling compact	The suggestion that counselors who attended non-cacrep schools are less qualified than those who did is false. My non-cacrep program integrated first hand clinical experience throughout the entire program which means I graduated with more experience and direct clinical hours than some who attended a CACREP school.	3/28/22 4:39 pm CommentID:120916
Anonymous	This is a barrier to mental health access	There is a shortage of mental health professionals and a surplus of mental health demand. The world is "on fire" and people need and are seeking help. <b>Enacting this legislation would reduce the number of eligible mental health professionals who can provide telehealth services in Virginia.</b> Non-CACREP accredited programs are valid and should not be weaponized in the form of restricted practice. Please, please reconsider.  Respectfully,  Shannon Graham LCPC	3/28/22 4:58 pm CommentID:120917
Catherine D NUGENT	Oppose this Legislation. Support the Counseling Compact Instead	I oppose the proposed legislation because it is preceded on an unproved claim--that graduates of CACREP-accredited programs are somehow more qualified than graduates of non-CACREP programs. There is no evidence to support this claim. Instead of this faulty framework, please support the Interstate	3/28/22 4:58 pm CommentID:120918

Compact. This Compact would allow licensed counselors to practice across state lines, providing services in a state in the Compact. During the pandemic, when licensure regulations were relaxed and waivers or temporary licenses easily available, I began counseling with a client in DC. She sought my services particularly because of special expertise and training I have. When the waivers were ended, I had to refer this client to someone licensed in DC. (I am licensed in MD.) This was 6 months ago, and so far, she has not been able to find a therapist to meet her needs. This anecdote illustrates the fact that arbitrary licensure laws and regulations can run counter to a client's needs and preferences, denying a client the right to have continuity of care and choice of an expert provider who may not live in their state. Thank you for your consideration.

Anonymous	Oppose this legislation	<p><i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</i></p> <p>Thank you.</p> <p>Licensed Clinical Psychologist</p>	3/28/22 5:05 pm CommentID:120919
Shantisse Mason, LCPC, LCADC	Strongly Oppose	We need to ensure that everyone has opportunity for mental health services and those of us who have earned the degrees, certifications and trainings should not have restrictions to provide such service based the school/program we attended. This legislation is offensive and isolates those wanting to provide clinical services to the general public	3/28/22 5:12 pm CommentID:120920
Oppose the Legislation-- Support the Counseling Compact	Oppose the Legislation & Support the Counseling Compact	There is no documented evidence to indicate that counselors who have graduated from CACREP accredited programs are better equipped to serve the public than counselors who have graduated from non-CACREP accredited programs. Despite this reality, these claims continue to be made, likely from organizations (like CACREP) who financially gain when legislation is changed to require CACREP accreditation. Over the past few years, I have witnessed the fear mongering of people and organizations that falsely claim that counselors who	3/28/22 5:20 pm CommentID:120921

graduate from non-CACREP<sup>27</sup> accredited schools pose a risk to the public as they are not as well trained.

Stating that law makers must "protect the public" by ensuring that counselors have training from CACREP schools is to mislead lawmakers who have zero training in counseling for their own financial gain. At times, lawmakers make decisions with good intentions, but with zero understanding of the actual work of the professionals on the ground and/or of the implications of their decision-making. Changing legislation in support of CACREP means giving CACREP money and limiting access to much needed mental health counseling services.

Rather than support CACREP, support the Counseling Compact. In doing so, you will increase access to counseling services while addressing the needs of people in modern and mobile times.

Susan Morgan Stork,  
AASECT  
Certified Sex  
Therapist in  
MD, NM, DE

Oppose this  
Legislation +  
Support the  
Counseling  
Compact Instead -  
we are in crisis in  
Mental Health

3/28/22 5:20 pm  
CommentID:120922

There is no evidence to support this claim.

Instead of this faulty framework, please support the Interstate Compact.

This Compact would allow licensed counselors to practice across state lines, providing services in a state in the Compact.

During the pandemic, when licensure regulations were relaxed + waivers or temporary licenses easily available, I began counseling a client in the DMV.

She sought my services particularly because of the special expertise and training I have in Sex Therapy. When the waivers ended, I had to refer this client to someone licensed in Washington DC-- (I am licensed in MD, NM + DE.)

This was 10+ months ago, and so far, this client has not been able to find a therapist to meet their specialty needs.

This anecdote illustrates the fact that arbitrary licensure laws + regulations can be barriers to a client's needs and preferences, denying a client the right to have "continuity of care" and the choice of specialty provider *who may not live in their state of licensure*.

Thank you for your deep consideration + attention to these mental health matters that impact EVERYONE in

a time of a **Mental Health Crisis**.

28

Suzette L Nozick	Opposition to inequitable licensure	Please allow practice across state lines. Or a movement towards that. Honestly, at this point it is the only thing that makes sense. And it is definitely best practices. Isn't that what we are supposed to be all about? Being stingy about who can and cannot care for Virginia residents is definitely NOT best practices	3/28/22 5:42 pm CommentID:120923
Anonymous	OPPOSE LEGISLATION	I strongly oppose this legislation that promotes inequitable licensure for counselors seeking licensure in VA. There is no evidence that suggests counselors who graduate from a CACREP accredited school are more prepared than counselors who attended non-CACREP schools. Creating an experience-needed disparity between counselors based on this accreditation is unethical and would create a clear barrier to access of mental health treatment in a time when mental health treatment is needed most. I recommend the Counseling Compact as a significantly better option than this proposal.	3/28/22 6:19 pm CommentID:120926
Carol Hallinan, LCPC	CACREP Measure	<p>It's disappointing to find that so many counselors credentials are attempting to be diminished because some uneducated fools feel CACREP is the gold standard. I have been fully licensed for two years after completing a Masters in Counseling where I was well trained, offered and accepted many opportunities to hone my craft through internships, and tested for knowledge to be licensed in the SAME test taken by folks who went to a CACREP accredited school. I chose the school I went to because it matched my values, financial ability and scheduling needs at that time.</p> <p>Since graduating, I have become a certified trauma therapist, certified in EMDR and will be working towards my certification in psychedelic assisted therapy starting this summer. Do these mean less because I didn't attend the "right" school?</p> <p>I'm sorry for the people of Virginia that this is even being considered. They are no less in need of mental health assistance than others across the country but will be penalized if your board chooses to move forward with this terrible proposal.</p> <p>I strongly oppose this proposal and hope you are able to make good choices for the people of your state.</p>	3/28/22 7:14 pm CommentID:120927
Anonymous	Oppose CACREP Provision	<p>I am writing in opposition of the CACREP-exclusive provision with VA counseling license portability. In an effort to make psychotherapy more accessible during our nation's mental health crisis, this requirement would eliminate otherwise well qualified professionals to provide mental health care services to those in need.</p> <p>Thank you for your time and consideration.</p>	3/28/22 8:11 pm CommentID:120928

Kevin N. Jenkins, LCPC	Strongly Oppose This Legislation	I strongly oppose this legislation. Consumers are seeking mental health services at a very high rate. Please allow licensed, competent, clinical therapists to work with these individuals.	3/28/22 8:12 pm CommentID:120929
Michael Gale, Ph.D.	Oppose	<i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</i>	3/28/22 8:20 pm CommentID:120930
Stephanie G. Carrera, PhD, LP	Please Strongly Oppose this CACREP Proposal	<i>I <b>oppose</b> this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care. Please strongly oppose this CACREP proposal.</i>	3/28/22 9:25 pm CommentID:120931
Stephanie Woodrow, LPC, Owner of the National Anxiety and OCD Treatment Cen	Opposed	With an increasing need from the public and demand on mental health clinicians, it's more important than ever that we do not add barriers to people accessing care. This will do just that. Please support the Counseling Compact and help not only Virginians, but clinicians treating patients in the state as well.	3/28/22 9:41 pm CommentID:120932
Andy suth , Adler University	Oppose Cacrep monopoly	<i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who</i>	3/28/22 9:42 pm CommentID:120933

graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.

Simon Goldberg

Oppose legislation

I'm writing to express my **opposition** to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.

I believe this legislation represents an attempt to unfairly exclude qualified individuals from providing mental health treatment to the people of Virginia.

3/28/22 11:08 pm  
CommentID:120934

Melissa Ertl, PhD

Strong opposition

I strongly oppose this endorsement proposal. Not only is it unfair to require licensed counselors from non-CACREP programs to accrue 7 more years of clinical experience than their peers who graduated from CACREP programs in order to be licensed--but it is also an arbitrary and burdensome requirement that is not empirically-based and that would, without doubt, further the mental health disparities in the state of Virginia. There is no evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. At a time when licensed mental health counselors are in high need to support the mental health of the public, this proposal seeks to unnecessarily limit the number of licensed counselors who would qualify for licensure (and professional counseling work) in Virginia.

3/29/22 12:23 am  
CommentID:120935

Krissa Rouse, MA, LCPC

Strongly Opposed

There is **NO documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs!** At a time when counseling services are in high demand, and those in need are struggling to find available providers, this bill will lead to greater shortages in care providers in Virginia.

3/29/22 7:38 am  
CommentID:120936

Noelle Benach, LCPC

I strongly oppose the proposed regulations - Put the

I strongly oppose the proposed regulations for licensure by endorsement as there is **no** documented evidence that licensed counselors who graduated from programs

3/29/22 7:59 am  
CommentID:120937



	needs of clients FIRST.	<p>accredited by CACREP<sup>31</sup> are better prepared than their peers who graduated from other programs. There is NO evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs.</p> <p>This proposed legislation makes it difficult for clients to access specialized care that may not be available in their immediate vicinity, and therefor may cause significant harm to those seeking a continuation of care.</p> <p>Instead, I support the Counseling Compact, which accomplishes portability in an inclusive way. The Compact would allow licensed counselors to practice across state lines, providing services in a state in the Compact.</p> <p>I strongly urge you to consider these clients and skilled clinicians, especially during this global period of mental health crisis - and to vote <b>NO</b> to the proposed legislation.</p> <p>Thank you for your time and consideration.</p>	
Cathryn Hay, PhD	Strongly opposed to this non-traditional and harmful means of accrediting unprepared individuals	This cockamany idea could only come from Virginia.	3/29/22 8:32 am CommentID:120938
mark Donovan	I oppose this legislation strongly	There is no evidence differentiating graduates of differently accredited programs from another. I own a large practice in Maryland. I was looking to open in Virginia. If this bill is passed I will cancel all plans to bring my practice to VA. There is no sense in this bill. It is purely political.	3/29/22 8:40 am CommentID:120939
Sharon S Rostosky	I oppose this regulation!!!		3/29/22 8:53 am CommentID:120940
Susan Roistacher LCPC,	CACREP requirements proposal	Strongly oppose. This proposal does not protect the public. It limits access to treatment unnecessarily,	3/29/22 9:00 am CommentID:120942

LCPCM President		without benefit to anyone. 32	
Ed Schultze	I strongly oppose this	I strongly oppose this	3/29/22 9:37 am CommentID:120945
Anonymous	I oppose this regulation	<i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</i>	3/29/22 9:55 am CommentID:120947
FLERLAGE LCPC, LCADC	opposed	<p><b>I strongly oppose the proposed regulations - Put the needs of clients FIRST.</b></p> <p>I strongly oppose the proposed regulations for licensure by endorsement as there is <b>no</b> documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. There is NO evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs.</p> <p>This proposed legislation makes it difficult for clients to access specialized care that may not be available in their immediate vicinity, and therefor may cause significant harm to those seeking a continuation of care.</p> <p>Instead, I support the Counseling Compact, which accomplishes portability in an inclusive way. The Compact would allow licensed counselors to practice across state lines, providing services in a state in the Compact.</p> <p>I strongly urge you to consider these clients and skilled clinicians, especially during this global period of mental health crisis - and to vote <b>NO</b> to the proposed legislation.</p> <p>Thank you for your time and consideration.</p> <p>Debra Flerlage LCPC, LCADC</p>	3/29/22 10:34 am CommentID:120948
Ruth Palmer, PhD, Eastern University	Strongly oppose		3/29/22 10:36 am CommentID:120949



Christen Elizabeth Dressel	I oppose this regulation	Counselors who pursue their licensure go through rigorous steps regardless if they graduated from at CACREP program. Unless a counselor does not complete the steps for licensure or has disciplinary action there should not be any difference in steps for licensure based on where a counselor graduated from. If you meet the standards required and follow the licensing process that should be all that matters. Please do not limit the ability if people to help those in need with this regulation.	3/29/22 10:49 am CommentID:120951
Christen Elizabeth Dressel - LCPC, NCC, CCMHC	I oppose this regulation	Counselors who pursue their licensure go through rigorous steps regardless if they graduated from at CACREP program. Unless a counselor does not complete the steps for licensure or has disciplinary action there should not be any difference in steps for licensure based on where a counselor graduated from. If you meet the standards required and follow the licensing process that should be all that matters. Please do not limit the ability if people to help those in need with this regulation.	3/29/22 10:52 am CommentID:120952
Karla	Strongly Oppose	I strongly Oppose this legislation proposal.	3/29/22 11:19 am

Lawrence, LCPC, BC- TMH, CPC		<p>There is no documented evidence that licensed<sup>34</sup> counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs!</p> <p>In a time where there is a need for more not less qualified counselors to provide care to clients, this legislation would go against the needs of care for clients who desperately need it and I believe cause harm.</p>	CommentID:120953
Anonymous	CACREP Rgulations	<p>CACREP should not be required. There are so many other accredited university programs as well.</p> <p>I oppose this bill.</p>	3/29/22 11:22 am CommentID:120954
Amy Price, MA, LCPC	Strongly Oppose	<p>I join counseling professionals from across the country to urge you to stop the proposed regulations that would limit access to care for Virginia residents to only counselors who graduated from programs accredited by CACREP to qualify for licensure in Virginia with 3 years post-licensure experience, while imposing requirements of 10 years for licensed professionals who graduated from other accredited programs. CACREP is not the only accrediting body for counselor programs, and there is no documented evidence that their graduates are better prepared.</p> <p>Not only is this legislation discriminatory against qualified licensed counselors, it is proposed at a time when there are public health and labor force crises in behavioral health care impacting the residents of Virginia and beyond. The legislature in Florida recently passed legislation to eliminate a similarly restrictive law involving the educational requirements of counselors (see FLA SB 566: Mental Health Professional Licensure). Furthermore, there is a national legislative initiative underway (with the support of the ACA and AMHCA) to establish interstate compacts with the reasonable universal license portability standard of 3-years post-license practice. The Department of Defense offered support for such interstate compacts to protect the spouses of active duty personnel who are harmed by restrictive trade practices. The FTC issued a 2018 report which cited the DoD that is also in favor of the interstate compact as the most efficient and effective way to resolve this issue. In sum, the proposed regulation amounts to restraint of trade, is discriminatory against qualified healthcare professionals, and limits access to quality care for residents of Virginia thus making it more difficult for them to seek, obtain, and be treated for their mental health needs when they are most urgently needed.</p>	3/29/22 11:27 am CommentID:120955
Anonymous	Oppose	Opposed to unnecessary barriers being put in place in the time of a mental health crisis in our country.	3/29/22 11:29 am CommentID:120956

Angela Keck	Oppose the proposed regulations	Oppose the proposed <sup>35</sup> regulations.	3/29/22 11:36 am CommentID:120957
Kathleen Ferrara Lombardo MA, LCPC, Kathleen Ferrara Lombardo Counseling Se	oppose CACREP regulation	This is yet another attempt to make it more difficult to bring our Mental Health services when they are so needed. Instead of putting some stupid restriction in place that serves no beneficial purpose, put your focus on increased access to services.	3/29/22 11:49 am CommentID:120958
Catherine Martin-Davis, LCPC	Strongly Oppose	Strongly oppose.	3/29/22 11:54 am CommentID:120959
Katie Richard	Oppose	There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. Requiring licensed counselors to show 7 more years of experience than their peers who graduated from programs accredited by CACREP will further limit the number of licensed professionals at a time of great need and when it is already challenging for most clients to find a therapist.	3/29/22 11:59 am CommentID:120960
Courtenay Culp, LCPC, LPC Prior ED and Past President of LCPCM	CACREP Legislation	Strongly oppose this legislation	3/29/22 12:08 pm CommentID:120961
Healing Songs Therapy	Strongly oppose	Strongly oppose this legislation!!	3/29/22 12:24 pm CommentID:120962
LaShandra C. Oliver-Moshier	During a mental health crisis we don't need arbitrary barriers put in place.	It's clear that we are in a mental health crisis. More people than ever are needing support after the last several years and choosing to create a rule that prevents therapists from practicing in the state of Virginia is the last thing we need. CACREP schools have not been shown to produce better clinicians, they just show they abide by new set of rules someone made up. tomorrow, some other accreditation board can make up another set of rules. Have a clinician apply and provide references if you want to gauge their qualifications. Basing that choice on their school is clearly just made up to put an arbitrary barrier in place that will prevent clients from getting much-needed care. You aren't guaranteeing folks good care, you're guaranteeing fewer options.	3/29/22 12:25 pm CommentID:120963
Yitzchak Feldman, University of Baltimore	Oppose	The Counseling Compact is a significantly better option than this proposal!	3/29/22 1:37 pm CommentID:120966
Jay Farris	CACREP requirement is ludicrous-strongly	The CACREP movement is another money making effort. It pushes already licensed professional counselors back to an academic environment to learn	3/29/22 2:03 pm CommentID:120967

	oppose	more theory, pay for more education, reduces the availability of mental health care providers; and for what? There is no research to indicate that the CACREP program produces better qualified, nor better professional counselors. What makes better counselors is quality supervision and experience, and further training with institutions such as the Beck Institute, Ellis Institute, Gottman Institute, etc. where counselors learn how to apply actual modalities, not just how to spell them! Put an end to this CACREP nonsense!	
Mega Gatewood	Strongly oppose - totally arbitrary distinction between CACREP and non CACREP		3/29/22 2:19 pm CommentID:120968
Nicole Johnson	I oppose this, this would further decrease access to the critical mental health care folks need	I oppose this amendment as this would further decrease access to the critical mental health care folks need. There are currently lengthy waitlists for folks to gain access to care and this not decreasing but increasing. This would create further the current mental health crisis. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! Why then, should the majority of licensed counselors who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP? Why would the Commonwealth of Virginia want to unnecessarily reduce the number of licensed professionals at a time of great need? The Counseling Compact is a significantly better option than this proposal! The Alliance for Professional Counselors (APC) fully supports portability for all counselors and supports the Counseling Compact, which accomplishes portability in an inclusive way. <a href="https://counselingcompact.org">https://counselingcompact.org</a> .	3/29/22 2:29 pm CommentID:120969
Dr William Sharp	Opposition to monopolies and lack of evidence-based implications	I strongly oppose the distinction between CACREP and non-CACREP schools implied in this legislation. I have seen no evidence that the 2 years most masters students spend in a CACREP counseling program would be able to be licensed as a professional counselor more than three times faster than someone graduating from a regionally accredited non-CACREP program (the 3 years versus 10 years stated in the legislation). The distinction would create a monopoly for CACREP schools and the loss of a number of small colleges and university programs which have produced competent clinicians as no one would choose those schools if they had to work at diminished wages for 10 years versus 3. Inclusive and supportive alternatives are circulating nationwide now and would be a better option, i.e. interstate compacts to support license	3/29/22 2:50 pm CommentID:120970

		portability which would benefit both the public and the provider. These are supported by both professional counseling associations-- ACA and AMHCA. This legislation would amount to monopolies and has no basis in research or evidence which mental health should strive to be.	
Stephen Soldz, Boston Graduate School of Psychoanalysis	Object to CACREP Only	This proposed policy is deeply problematic and not in the interests of either the counseling profession or of Florida citizens. The counseling profession has a multiplicity of programs with varied accreditations. There is no empirical evidence that one is superior to another. Therefore, there is no rational argument for giving such extreme priority (3 years vs 10) to graduates of CACREP programs. This is simply a power grab by one segment of the profession, not a policy in the public interest.	3/29/22 3:05 pm CommentID:120971
Jessica Morrell	Opposing CACREP only!	I strongly oppose the amendment as this would further decrease access to the critical mental health care folks need. Mental health treatment is already hard to access for folks due to finances, a lack of counselors, and the public health crisis that has been ongoing. Not only is there a lack of evidence supporting the supposed superiority of CACREP-accredited graduates, but this amendment would significantly reduce the amount of clinicians that are able to provide quality care to clients that are in need of services. There are many potential clinicians from a wide range of qualified and esteemed programs that would positively impact clientele in the state of Virginia. Rather than this amendment, I strongly support the Counseling Compact. I strongly encourage the support of the Counseling Compact, which promotes accessibility and inclusive portability for potential and present clinicians. <a href="https://counselingcompact.org">https://counselingcompact.org</a> .	3/29/22 3:16 pm CommentID:120972
Stephen Soldz, Boston Graduate School of Psychoanalysis	Second submission, with correction	This proposed policy is deeply problematic and not in the interests of either the counseling profession or of Virginia citizens. The counseling profession has a multiplicity of programs with varied accreditations. There is no empirical evidence that one is superior to another. Therefore, there is no rational argument for giving such extreme priority (3 years vs 10) to graduates of CACREP programs. This is simply a power grab by one segment of the profession, not a policy in the public interest.	3/29/22 3:36 pm CommentID:120973
Patricia J. Simpson, LCPC, C-IAYT	strongly oppose. This proposal does not protect the public. It limits access to treatment unnecessarily	As a Licensed Clinical Professional Counselor using my Maryland license for twenty years and now engaging in tele-therapy while living in Massachusetts for two years, I continue to see the range of treatment and portability needed to work with people in different states. I have been discouraged by the CACREP policies that shut out psychology from mental health. I consider the boundaries as discriminating to expertly train mental health practitioners and a negative impact on our communities across state barriers during these	3/29/22 3:54 pm CommentID:120974

times of crisis. I support the Compact.

		times of crisis. I support the Compact.	
Anonymous	Oppose	I strongly oppose	3/29/22 3:55 pm CommentID:120975
Anonymous	Oppose	I strongly oppose	3/29/22 3:55 pm CommentID:120976
Anonymous	Strongly Oppose	When states and organizations should be working together to facilitate mental health services to the population, why is Virginia working to limit it? That is a question that anyone who supports this bill must address.	3/29/22 4:01 pm CommentID:120977
Mollie Thorn	Strongly oppose CACREP only!	This regulation would not serve the public. It would limit the public's access to very much needed mental health services.	3/29/22 4:17 pm CommentID:120978
Aaron Brager	Opposed	There is no current evidence to support a non-CACREP accredited clinician is any less capable/competent than one with an accredited degree. That being said I have a CACREP degree and cannot say to any certainty I have had anything more in my education than others without this 'gold standard'.	3/29/22 4:23 pm CommentID:120979
Anonymous	cacrep is a company using regulatory capture to write itself into regulations for profit! Oppose!	I am an LPC in Virginia. This is a ridiculous proposal allowing private companies to influence policy for direct profit. I vehemently appose this process	3/29/22 4:37 pm CommentID:120980
Marli Corbett	Strongly Oppose	I strongly oppose this action as it would unfairly and unnecessarily limit access to quality mental health care in an already understaffed field. This is a time when regulatory boards should be moving <b>towards</b> portability rather than away from it. Furthermore, the inequitable treatment of licensed professionals who graduated from programs that were not CACREP-accredited is not evidence-based. Instead, please consider the the Counseling Compact, which accomplishes portability in an inclusive way. <a href="https://counselingcompact.org">https://counselingcompact.org</a> .	3/29/22 4:40 pm CommentID:120981
Mary Wilbanks	Oppose	This legislation does nothing but limit the public's access to what are very much needed mental health services. Also, I've been doing this work for 10yrs and have never seen how CACREP therapists are any better or better prepared than the rest of us. The research to support the legislation is based on faulty research. The conclusions are based on stated evidence that is not true. In fact given that the research results are not true, the whole research is biased and false.	3/29/22 4:41 pm CommentID:120982
Daniel Maurer	Opposed	I graduated from a master's program that was not CACREP six years ago. I obtained my LPC, LCADC, and ACS in the past six years. In working with fellow therapists and supervising therapists, I have never noticed any difference between clients from CACREP programs compared to those from other programs. In my first six years post graduation, I have had multiple people in the field comment how well trained I was in	3/29/22 6:00 pm CommentID:120984



		my education. To extend the amount of experience dramatically for non CARCEP schools is excessive and arbitrary.	
Margaret Fernan, LCPC	oppose	oppose	3/29/22 7:01 pm CommentID:120985
Eve Adams	Strongly Oppose	<i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</i>	3/29/22 7:09 pm CommentID:120986
Meghan Maggitti	Oppose CACREP only	I support inclusion, this measure is discriminatory against counselors! NO to CACREP ONLY!	3/29/22 7:15 pm CommentID:120987
Giovanna D	Strongly Oppose	<b>"I'm writing to express my strong opposition to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is no documented evidence that licensed counselors who graduate from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal may cause harm to the people of Virginia by unnecessarily limiting the number of licensed counselors who qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care."</b>	3/29/22 8:49 pm CommentID:120988
Sue Motulsky, EdD, Lesley University	Strongly oppose	<i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care. CACREP wants to be the only game in town, but it is not and should not be. While it holds sway in some parts of the country, other parts such as New England, are able to train and graduate excellent mental health counselors</i>	3/29/22 11:41 pm CommentID:120989

		<i>(some of the best in the US) in non-CACREP programs. There are other accrediting groups that also exist and no one player should be a monopoly-- just like anti-trust movements. All qualified accredited programs and graduates should be treated the same under the law and by various states.</i>	
Spring Oak Psychological Services	Strongly Oppose CACREP Exclusivity Legislation	<p>Here we go again! CACREP trying to "sneak into" exclusivity status in Virginia. We are in a mental health pandemic! Now is not the time to be restricting access to qualified, competent mental health/professional counseling services.</p> <p>Additionally, we are in a desperately needed and long overdue time of inclusion, not exclusion of those who don't meet certain "standards" as CACREP is attempting to do. It is offensive to be viewed as inferior by these power hungry exclusivists.</p> <p>Regionally accredited graduate counseling programs (and thus their graduates) have been vetted by the regional accrediting bodies where their programs are located. Do we give higher status to certain doctors, nurses, social workers, lawyers, accountants, engineers, etc who graduate from graduate schools that have joined "trumped up" accrediting organizations? Not that I am aware of. The accrediting agencies that accredit these programs are the duly appointed agencies for their professional specialties in their regions. There are no competing accrediting agencies for these graduate schools. Why do we let the manipulative, power seeking CACREP attempt to "dupe" us! We're too smart for that, aren't we?</p>	3/30/22 12:36 am CommentID:120991
Anonymous	OPPOSE	OPPOSE	3/30/22 9:40 am CommentID:120992
Emily Bullock Yowell, PhD University of Southern Mississippi	Strongly Oppose	The proposed regulations in Virginia to require 10 years of practice post-degree for individuals graduating from programs not affiliated with CACREP (such as programs accredited by MPCAC) while only requiring a more standard 3 years of those graduating from CACREP programs is overly restrictive, not based on evidence, and increases disparity in access to mental health assistance. In a period of mental health crisis in our country, placing additional restrictions on the practice of mental health practitioners in the wrong move. Let's focus on legislation that provides additional access to mental health care for Virginians rather than serving the agenda of well-funded lobbying groups.	3/30/22 11:33 am CommentID:120993
Anonymous	Strongly Oppose	<i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are</i>	3/30/22 11:36 am CommentID:120994



*better prepared than their peers who graduated from other programs. This proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.*

Meg Connor

Strongly Oppose

*I strongly **oppose** this proposal because it requires licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is **no documented evidence** that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This is a marketing ploy by CACREP! At a time when mental health counseling services are needed more urgently than ever, this proposal would **harm the public** by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia.*

3/30/22 11:59 am  
CommentID:120997

Amy Moulton,  
LPC

Strongly Oppose:  
Please Do Not  
Restrict Mental  
Health Services

I wish to express my strong opposition to the endorsement proposal requiring graduates from non-CACREP programs to provide evidence of an additional seven years of training beyond what is required of their CACREP peers. This is an absolutely absurd regulation, there is no reason to require additional supervision that is **more than twice** the length of masters level graduate counseling programs.

1. There is no evidence that is not provided by CACREP which indicates that non-CACREP programs (and MPCAC or APA programs specifically) are inferior and do not appropriately train their graduates to work in the field. Evidence that is provided by CACREP has to be viewed through an appropriate lens of skepticism.
2. I cannot think of an elected public service official who has not acknowledged the increased need for mental health and substance use professionals within their community. This proposal disincentivizes and creates a barrier for those who would provide those services. There are limitations to the places that non-licensed mental healthcare professionals can work, limitations to the amount of money they can earn, and limitations to the populations they can work with. These limitations are appropriate as part of our training, however it is completely unreasonable to expect someone to spend **the better part of a decade** in that position. When the number of people in the mental healthcare field already have extremely high rates of burn out, why would we put in place regulations to

3/30/22 12:12 pm  
CommentID:120999

make the job <sup>42</sup>more inaccessible? There will be less people to provide the services that are needed, which leads to an overwhelmed system and higher rates of suicide, overdose, incarceration, and CPS involvement.

3. CACREP requires that the colleges and universities core faculty (all the professors) have a PhD from a CACREP-accredited program. I can understand reading this and going, "Yes, that's fine," however, if we consider that this endorsement would essentially require every counseling student to attend a CACREP institution or start out at a disadvantage to all their peers, this acts as a barrier for completely qualified educational counseling professionals. An APA accredited Counseling Psychology program likely has a number of experienced, talented, and qualified staff who also graduated from APA accredited programs. CACREP will freeze out faculty that may be very good educators and great clinicians with a lot of relevant expertise and they do so to advance CACREP as an organization NOT because someone with a PhD in Counseling Psych is unqualified to teach Masters Counseling students (they are absolutely are).

I realize I have written a lot for you to read, however I sincerely hope you take the time to consider the information provided here. While this may seem a small matter to you, this would negatively impact potential future counselors, current counseling students who had the misfortune to pick a university that is fully accredited but does not have lobbyists, counseling professionals who provide education and supervision to the next generation, and, most importantly, the people who need the healthcare services that are provided by licensed counselors.

Please, I urge you with all sincerity to reconsider this proposal. There are so many barriers to access of healthcare and none of these will be better addressed by what is being suggested. I thank you for your consideration of what I have written.

Anonymous

Strongly Oppose

I strongly oppose this proposal as there is no evidence to suggest that licensed counselors who graduate from non-CACREP programs are less prepared than those who graduate from CACREP programs. Further, this will create harm to the general public by reducing the number of providers at a time when mental health counseling is much needed.

3/30/22 12:40 pm  
CommentID:121000

Susan Woodhouse, Ph.D.

Strongly Oppose

This is a harmful idea that would needlessly limit the mental health services available to the people of Virginia and would result in the groundless restraint of trade. Licensed counselors contribute in important ways

3/30/22 1:04 pm  
CommentID:121001

to public health and mental health, and CACREP seeks to restrict<sup>43</sup> duly trained professional counselors from being able to serve the people of Virginia for 10 years, under the mistaken notion that those trained in accredited programs outside of the CACREP system need additional practice post-training (10 years as compared to 3 years for CACREP). This is patently false. There are other accrediting bodies that legitimately provide OUTSTANDING training for licensed professional counselors. There is absolutely no evidence that counselors educated in CACREP-accredited programs are better prepared than professional counselors that are educated in MPCAC-accredited programs. It is time for the public and lawmakers to be aware of the fact that CACREP is attempting to create a CACREP monopoly by falsely implying that there is only one legitimate way to accredit professional counseling program. This is simply not true. The public would be harmed by this baseless restraint in trade that would limit access to needed treatment by the public in Virginia. This would harm the citizens of Virginia.

Other states have recently passed legislation to get rid of restrictive laws much like this current proposal. For example, see FLA SB 566 (Mental Health Professional Licensure).

There is a national legislative initiative, which is supported by the professional organizations for Professional Counselors, to develop interstate compacts with a reasonable universal license portability standard of 3-years post-license practice. The Department of Defense has supported the idea of such interstate compacts. Moreover, the FTC issued a report in 2018--citing the Department of Defense--saying that the FTC also supports interstate compacts as a way to efficiently and effectively resolve this issue and avoid unnecessary restraint of trade.

There is nothing wrong with CACREP accreditation. However, CACREP is not the only strong accrediting body in our nation. Another important accrediting body is MPCAC--which stands for Master's in Psychology and Counseling Accreditation Council (<http://mpcacaccreditation.org>). Other professional organizations are likely to create strong accreditation standards as well. There is no reason to limit practice based on CACREP, because the public health is also well-served by these other accrediting bodies.

Department of Counseling and Psychology, Lesley University

Strongly oppose

3/30/22 1:14 pm  
CommentID:121002

Julie V. Battle, Ph.D.	Strongly Oppose	<p>The proposed regulations in Virginia to require 10 years of practice post degree for individuals graduating from programs not affiliated with CACREP (such as programs accredited by MPCAC) while only requiring 3 years of practice post-degree for individuals graduating from CACREP programs are overly restrictive and not based on any evidence. MPCAC requirements are comparable to CACREP requirements and add an emphasis on making sure services provided are empirically based. The mission of MPCAC is to “provide science-based education and training in the practice of counseling and psychological services at the master’s degree level, using both counseling and psychological principles and theories as they apply to specific populations and settings” (<a href="http://mpcacaccreditation.org/">http://mpcacaccreditation.org/</a>). There are 59 programs across 23 states accredited by MPCAC, with 9 additional programs currently under review. Virginia is ranked 39<sup>th</sup> in access to mental health care (<a href="https://mhanational.org/issues/2021/ranking-states#four">https://mhanational.org/issues/2021/ranking-states#four</a>). The proposed regulations will deter students from MPCAC-accredited programs from moving to and practicing in Virginia. This is not good for the state, is not based in research, and is a restriction of trade that will likely result in legal challenges.</p>	3/30/22 2:00 pm CommentID:121004
Anonymous	Strongly oppose	<p>There is already a great deficit in the mental health world. There are not enough Therapists and we are in a true mental health crisis. To make it more difficult for Therapist to provide as many devices to as many clients as possible in a day would cause the crisis to increase further.</p>	3/30/22 2:36 pm CommentID:121005
Anonymous LPC	Strongly Oppose CACREP Licensing Restrictions	<p>This proposal places significant limitations on access to (and continuity of) care for individuals seeking mental health services. We are in the midst of a mental health crisis where providers are at max capacity and clients are needing to wait months in order to connect with necessary services. By placing limitations on licensure based off of arbitrary statements that CACREP status deems an individual more qualified to provide services, you are placing undue stress on an already maxed out system. I strongly oppose the proposed regulations for licensure by endorsement.</p>	3/30/22 4:26 pm CommentID:121007
Anonymous	Strongly oppose	<p>Strongly opposed. This is a superfluous measure, with no evidence to back the action.</p>	3/30/22 4:58 pm CommentID:121009
Elizabeth Gil,	Opposed	<p>There is <b>NO documented evidence that licensed</b></p>	3/30/22 5:01 pm

LCPC		<b>counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs!</b> At a time when counseling services are in high demand, and those in need are struggling to find available providers, this bill will lead to greater shortages in care providers in Virginia.	CommentID:121010
Anonymous	Strongly Oppose	I strongly oppose the proposed legislation, which supports CACREP-only licensure due to the false assumption that CACREP graduates are better off or more qualified than their peers who attended non-CACREP programs. These types of legislations perpetuate the national mental health provider shortage, which in turn will lead to an increase in clients in crisis (such as ER visits and psychiatric hospitalizations) and an increase in untreated mental health issues. Instead, I urge legislators to consider the Counseling Compact instead, which is more inclusive and streamlined for providers and offers clients more options.	3/30/22 5:33 pm CommentID:121012
Michael Saferin-Reed, M.S. NCC LCPC (Maryland)	Strongly Oppose	Given the need for more counselors and access to mental health services, this bill needs to be amended.	3/30/22 5:40 pm CommentID:121013
Elizabeth Barragato	Strongly oppose	<i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</i>	3/30/22 5:54 pm CommentID:121014
Anonymous	Strongly oppose	Strongly oppose	3/30/22 6:33 pm CommentID:121015
Darryl Webster, LCPC	Oppose	Given that I graduated from a university that is now CACREP accredited, but was not CACREP accredited when I attended a few years ago, it makes no sense. What have I been doing for the last several years? This is what I call buffoonery.	3/30/22 6:36 pm CommentID:121016
Anonymous	Strongly Oppose	I strongly oppose this action. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. There needs to be licensure portability, which the Counseling Compact addresses inclusively ( <a href="https://counselingcompact.org/">https://counselingcompact.org/</a> ).	3/30/22 6:42 pm CommentID:121017
Michael	Opposition from	The CACREP is not the first organization who has	3/30/22 8:08 pm

Moates, MA,  
QBA, LBA,  
QMHP-T/R

Global Institute for  
Behavior  
Practitioners and  
Examiners -  
Duplicate  
Discussion

tried to write itself into the law.  
46

CommentID:121021

A similar thing is happening right now in the Commonwealth Board of Medicine - Behavior Analysts where the BACB is trying to make itself required for licensure and the majority of comments oppose this.

Just like with the CACREP, BACB similarly thinks that it is better than everyone else and want to block off providers during the COVID 19 crisis.

See:

<https://townhall.virginia.gov/L/comments.cfm?stageid=8872>

**Michael Moates, M.A., QBA, IBA, LBA, QMHP - T/R**

Doctor of Education Candidate | Fielding Graduate University

Executive Director, Global Institute for Behavior Practitioners and Examiners

Adjunct College Professor of Psychology, University of the People

Student Health Advisory Committee, Eagle Mountain Saginaw ISD

Senior Member, Civil Air Patrol, United States Air Force Auxiliary

Contributor, NewsBreak

Licensed Behavior Analyst, Virginia Board of Medicine

Qualified Behavior Analyst - Qualified Applied Behavior Analyst Credentialing Board

International Behavior Analyst - International Behavior Analysis Organization

Commissioned Notary Public, Texas Secretary of State

Qualified Mental Health Professional - Trainee, State of Virginia

Qualified Mental Health Professional - Registrant, State of Oregon

Non-Violent Crisis Intervention Certified - Crisis Prevention Institute



		<p>Certified Accreditation Evaluator, Distance Education Accreditation Commission</p> <p>Member, Christian Counselors of Texas</p> <p>Member, Alonso Center for Psycho?dynamic Studies</p> <p>Member, Carnegie Project on the Education Doctorate</p> <p>Member, American Nurses Association &amp; Texas Nurses Association</p> <p>Member, International Society of Psychiatric Mental Health Nurses</p>	
Shannon Reed, LCPC	This is not right!	I strongly oppose this legislation. The world is still in crisis and people need and want help. Please don't take away some individuals only way to receive help and support that they desperately need and deserve.	3/30/22 8:18 pm CommentID:121022
Michael Moates, MA, QBA, LBA, QMHP-T/R	THIS ALREADY FAILED AND THIS IS A SNEAK ATTEMPT TO CIRCUMVENT THE WILL OF THE PEOPLE BY A NEW BOARD	THIS ALREADY FAILED AND THIS IS A SNEAK ATTEMPT TO CIRCUMVENT THE WILL OF THE PEOPLE BY A NEW BOARD. SEE:  <a href="https://townhall.virginia.gov/L/viewcomments.cfm?stageid=7071">https://townhall.virginia.gov/L/viewcomments.cfm?stageid=7071</a>	3/30/22 8:44 pm CommentID:121023
Gregory Smith, LCPC	CACREP requirement- strongly oppose	Strongly opposed.	3/30/22 8:45 pm CommentID:121024
Montgomery County Counseling Center	Oppose- The shortage of providers is already too problematic to further limit ability to access care	There is already a severe shortage of mental health care providers and it's only going to get worse in the coming years. We need ALL hands on deck, not just "CACREP" hands on deck!	3/30/22 9:07 pm CommentID:121027
Michael Misterka, LCSW-C	Strongly Oppose	Strongly Oppose this bad idea esp. now when more providers are needed.	3/30/22 9:52 pm CommentID:121028
Beverly Smith, PhD, LPC (AMHCA President & Interim CEO)	Strongly Opposed		3/30/22 10:40 pm CommentID:121029

Anonymous	Opposed	Strongly opposed! This isn't right. Too much legislation, its a mental health crisis and people need help.	3/30/22 11:23 pm CommentID:121030
Jamey Leeanne Rislin, PhD, LCSW, MSW	Strongly Opposed	<i>I am writing to express my opposition to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. Furthermore, many licensed counselors who graduate from programs accredited by other accreditation bodies are required to engage in several years of study and hand-ons professional experience through practicums, internships and post-doctoral studies. This proposal would harm the public by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care. It would also limit the peoples ability to have and exercise choice in the type of professionals they can contract with for services to support the community.</i>	3/31/22 3:11 am CommentID:121032

Anonymous	Strongly Oppose	I strongly oppose the proposed regulations and legislation. People need help more than ever during this time.	3/31/22 8:40 am CommentID:121033
L Parker	Oppose this Legislation	<p><i>I currently live in Idaho, but have family in Virginia and plan to retire there with a small private practice</i></p> <p><i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is <b>no documented evidence</b> that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs. This proposal would <b>harm the public</b> by unnecessarily limiting the number of licensed counselors who would qualify for licensure (and therefore professional counseling work) in Virginia at a time when the people of Virginia need greater, not reduced, access to mental health care.</i></p>	3/31/22 9:02 am CommentID:121034
Anonymous	Oppose the legislation - unequal and restriction of trade	<p>The proposed regulations in Virginia to require 10 years of practice post degree for individuals graduating from programs not affiliated with CACREP (such as programs accredited by MPCAC) while only requiring 3 years of practice post-degree for individuals graduating from CACREP programs are overly restrictive and not based on any evidence. MPCAC requirements are comparable to CACREP requirements and add an emphasis on making sure services provided are empirically based. The mission of MPCAC is to “provide science-based education and training in the practice of counseling and psychological services at the master’s degree level, using both counseling and psychological principles and theories as they apply to specific populations and settings” (<a href="http://mpcacaccreditation.org/">http://mpcacaccreditation.org/</a>). There are 59 programs across 23 states accredited by MPCAC, with 9 additional programs currently under review. Virginia is ranked 39<sup>th</sup> in access to mental health care (<a href="https://mhanational.org/issues/2021/ranking-states#four">https://mhanational.org/issues/2021/ranking-states#four</a>). The proposed regulations will deter students from MPCAC-accredited programs from moving to and practicing in Virginia. This is not good for the state, is not based in research, and is a restriction of trade that will likely result in legal challenges.</p> <p>As an educator of counselors in South Carolina who has had graduates move to VA this would deter competent providers from practicing in your state and reduces access to care. The goal should be competence and inclusivity, not decisions based solely on one accrediting body.</p>	3/31/22 9:14 am CommentID:121035
Anonymous	Oppose	There is no difference in competency level between	3/31/22 9:21 am

		<p>clinicians. I strongly<sup>50</sup> oppose this bill. Allow us to help everyone in need because we are qualified to do so and the people are desperately asking for it.</p>	<p>CommentID:121036</p>
Anonymous	Oppose	Oppose	<p>3/31/22 9:31 am CommentID:121037</p>
Crystal Hank, Psy.D., LCP, The Citadel	Strongly Oppose	<p>I strongly oppose making individuals who have a non-CACREP master degrees have to have 10 (instead of 3) years of experience post-licensure in order to be eligible for licensure in VA. I am from VA originally, and in my move to South Carolina, began teaching in the Masters in Clinical-Counseling Psychology at The Citadel (which is accredited by MPCAC). I can honestly say that this program is as rigorous as even my doctorate program was (because the courses are taught by licensed clinical psychologists). There is no reason to require more years post-licensure, because our students even before graduation have been put through a comprehensive exam, a practicum placement, and an internship experience. By the time they seek the additional hours of supervised experience for licensure in SC, they are MORE THAN well prepared to work in this field. Even having a doctorate degree myself, I find that they become amazing colleagues due to their extensive training and rigorous education, and our field placements are always eager to hire our students post graduation. There is absolutely NO evidence to suggest that MPCAC accredited programs are less than CACREP accredited programs in any way. Aren't we an evidence based field? Where is the supporting research to make such a limiting decision? Please consider this, and oppose this legislation.</p> <p>Kind regards,</p> <p>Dr. Crystal Hank, Psy.D., LP</p> <p>Professor of Practice, Diversity and Inclusion Coordinator for the CCP, and Field Placement Coordinator, The Citadel</p> <p>P:540-969-8371</p> <p>E: chank@citadel.edu</p>	<p>3/31/22 10:53 am CommentID:121038</p>
Marie Aleman	Strongly Opposed-- Do not severely reduce/limit the number of licensed professionals available!!	<p>The Virginia Board of Counseling's current proposal offers several options for all licensed counselors who would seek a license in Virginia. However, this proposal, like several earlier proposals, <b>includes an option that falsely suggests that licensed counselors who graduated from programs accredited by CACREP (who would need 3 years post-licensure experience) are more qualified than those who graduated from Non-CACREP or Counseling Psychology programs (who would need 10 years post-licensure experience).</b></p>	<p>3/31/22 12:21 pm CommentID:121039</p>

		<p>There is no documented evidence that licensed counselors who graduated from programs accredited by CACREP are better prepared than their peers who graduated from other programs! <b>Why then, should the majority of licensed counselors in Maryland who did not graduate from programs accredited by CACREP be required to show 7 more years of experience than their peers who graduated from programs accredited by CACREP to transfer their license to Virginia to offer telehealth services? Why would the Commonwealth of Virginia want to unnecessarily reduce the number of licensed professionals at a time of great need?</b></p> <p>The Counseling Compact (see above) is a significantly better option than this proposal!</p>	
Dr. Pamela Rice	Support for the Counseling Compact	I would like to express my support for the Counseling Compact because it accomplishes portability in an inclusive manner. Many counselors in Maryland who graduated from a program which is not CACREP accredited are as qualified as counselors who graduated from programs which are CACREP accredited. I am in support of the Counseling Compact because it will allow qualified counselors in Maryland to provide therapy for clients in Virginia who need their services.	3/31/22 12:25 pm CommentID:121040
Anonymous	Strongly Oppose	Strongly oppose any legislation that limits a humans ability to receive care from a provider	3/31/22 12:36 pm CommentID:121041
Amy Rottier, CCS	Strongly Oppose	There is no evidence differentiating graduates of differently accredited programs from another. By creating this artificial divide you are excluding opportunities for trained, effective counselors to help Virginians. This is incredibly irresponsible, especially in the current environment.	3/31/22 12:36 pm CommentID:121042
Samantha Klunk-Nduura, LCPC	Strongly Oppose	I am strongly opposed to this current proposal that would unfairly penalize professionals who graduate from non-CACREP-accredited programs. The proposal is not based on any scientific data that suggests licensed counselors educated in CACREP-accredited programs are in any way better prepared to serve in their roles as helping professionals than those from non-CACREP accredited programs. Additionally, this adds superfluous obstacles to individuals who are seeking care.	3/31/22 12:42 pm CommentID:121043
Caitlin Cordial, LGPC, B'Well Counseling Services	Increase Access to Mental Health Services.	I urge the state of Virginia to consider the adverse impact this legislation would have on it's residents. In the midst of an ongoing mental health crisis, severely limiting the workforce of counselors by favoring those from CACREP institutions would make life saving treatment inaccessible to many individuals seeking counseling. To date, there is absolutely no empirical evidence that shows counselors from CACREP institutions perform better than those from other	3/31/22 1:01 pm CommentID:121044

		<p>programs. Please do not create a shortage of mental health providers on your state through this legislation. Please hold compassion for your residents, particularly those who need community mental health resources. They are often helped by providers from a wide range of competent training programs outside of CACREP accreditation.</p>	
Julie Kraus, LCPC	Oppose	This recommends implementation of more barriers for those that need behavioral health services at a crucial time	3/31/22 1:13 pm CommentID:121045
Donna Carson	Opposed	I am registered as a Supervisor for RICs and recently received a survey asking how the state can assist in getting RICs licensed sooner as there is such a shortage of practitioners that people are suffering as they cannot find therapists.	3/31/22 2:06 pm CommentID:121047
Sandra Navarra	licensure in VA	I oppose the new ruling to show preference for counselors with a degree from a CACREP institution. Thank you for your time and thoughtful consideration.	3/31/22 2:58 pm CommentID:121048
NVLPC, the Virginia Chapter of AMHCA	Strongly Oppose	As the current President of Northern Virginia Licensed Professional Counselors (NVLPC), the Virginia Chapter of the American Mental Health Counselors Association (AMHCA), I would like to represent two categories who may be impacted by this regulation change – the Licensed Professional Counselor (LPC) and the military spouse. Being licensed as a professional counselor is very important to me. I am a military spouse and understand the trials of being military connected and trying to continue to work in this field. While I have not personally had to move to Virginia and get licensed afterwards, I have supervised military persons who wanted reciprocity in Virginia, and military connected families who have relocated here with a license from another jurisdiction, wanting to be licensed here in Virginia. It is my belief that any board-certified discipline be held to rigorous requirements for endorsement. I strongly oppose this regulation of a 10-year wait time for endorsement. I agree with the posts that have come before mine that highlight the need for providers not going away. If we impose unnecessary restrictions, I believe we hurt this profession. I have held my license for over 15-years and am a Clinical Supervisor for the LPC and the Licensed Marriage and Family Therapist (LMFT). If I were newly licensed, or a military spouse new to this area, and read these guidelines, I would be heart sick to discover that I may have to wait a max of 10-years before I could have endorsement in Virginia. In addition, I am strongly in favor of the counseling compact which would allow for reciprocity across state lines and support the rigor demanded for this credential. I believe if we are going to support the LPC and create an equitable platform for endorsement we need to support organizations such as	3/31/22 4:04 pm CommentID:121049



AMHCA who advocate for the counseling compact.

53

Linda Bacheller, PsyD, JD

Strongly Oppose

I strongly oppose the legislation that would discriminate against those that come from non-CACREP-program. By putting a 10-year requirement, rather than 3-year which is required for CACREP you are putting individuals in an untenable position. You can not favor one side over the other, but you MUST give equal protection. As has been commented on before, there is no empirical evidence that CACREP programs are more rigorous, or put out students that are superior to students that come from a program housed in the psychology department of a university.

3/31/22 5:48 pm  
CommentID:121050

Spencer Niles

Strongly support.

The opposition offers comments that seem uninformed and lacking in professional counselor identity. Unfortunately, for them, identity matters. Identity is connected to training. Counselor training and psychologist training overlap but are also distinct. Professional affiliations, history, and professional orientation differ. I wonder if the same people who are so against this are advocating for a more inclusive APA? I wonder if they are upset because APA programs DO NOT hire CACREP PhD graduates? This is an attempt at turf grabbing by those against.

3/31/22 7:02 pm  
CommentID:121051

Pat Doane

Strongly opposed to this legislation and strongly support COMPACT. We need more available counselors

Strongly oppose this legislation. Strongly support COMPACT. We need more available counselors, not less.

3/31/22 9:21 pm  
CommentID:121056

Donna Gibson

Strongly support

As an LPC in VA and SC as well as a counselor educator, I can attest the majority of LPCs with the identity of counselor graduate from CACREP-accredited programs. CACREP has been the historical standard for quality training of counselors. In fact, the American Counseling Association who initiated the counseling compact movement endorses CACREP for counselor training. The many who oppose represent well-meaning individuals who are blaming this potential requirement for limiting the number of counselors who can serve individuals. In fact, that issue is not related to CACREP or the counseling profession at all. The psychology profession, many years ago, determined that their training would be limiting to doctoral-level practitioners. There are very few masters, practice-oriented psychology programs available to students in the country. Hence, when students seek these masters programs, they are uninformed that the only available license may be an LPC. Professional counselors should not have their training and licensure dictated by another discipline. That is a primary case for my support of this legislation.

4/1/22 11:50 am  
CommentID:121057

Anita Neuer Colburn	Strongly Support	If we don't stand up <sup>54</sup> for who we are as a unique profession, we will ultimately not be recognizable as a separate discipline. The legislation on the table increases pathways to professional counselor licensure, rather than limiting them. Professional identity requires clear boundaries around who we are and who we're not, and CACREP accreditation is one boundary that helps protect and support professional counselor identity.	4/1/22 1:29 pm CommentID:121058
Lara Peter, Congruent Counseling	strongly oppose	<i>I'm writing to express my <b>opposition</b> to this endorsement proposal that would require licensed counselors from non-CACREP programs be required to show 7 more years of experience than their peers who graduated from CACREP programs. As a graduate of a counseling psychology program (non-CACREP), I am as prepared as my peers from other programs to provide effective and compassionate care to my clients.</i>	4/1/22 2:09 pm CommentID:121060
Society of Counseling Psychology, via Kimberly Howard	Strongly oppose	<p>The Society of Counseling Psychology (SCP) is a national organization of counseling psychologists and counselor educators that supports interdisciplinary cooperation and licensure portability. As a professional group, we are writing to express our strong opposition to a specific provision in the Virginia Board of Counseling's proposal for licensure by endorsement that we objected to in 2019 – specifically that licensed counselors from non-CACREP programs would be required to show 7 more years of experience than their peers who graduated from CACREP programs. There is no documented evidence that counselors graduating from CACREP accredited programs are better prepared for practice or more effective in their practice than counselors who have graduated from other programs.</p> <p>Furthermore, we strongly believe that proposal would harm the public as it would unnecessarily limit the number of licensed counselors who would qualify for licensure in Virginia and therefore the depth and breadth of the counseling workforce in the state. (and therefore professional counseling work) in Virginia. This is particularly problematic as we have seen the need for mental health services on the rise. The people of Virginia need greater, not reduced, access to mental health care.</p> <p>We respectfully ask that you consider how the regulations would be detrimental to the well-being of the citizens Virginia as well as to the state's economy. In our view, the Counseling Compact is a significantly better option for portability than the current (or previous) proposals.</p>	4/1/22 3:07 pm CommentID:121062
Lara Heflin, New Mexico Highlands	Strongly oppose	The proposed regulations in Virginia (to require 10 years of practice post degree for individuals graduating from programs not affiliated with CACREP while only	4/1/22 4:53 pm CommentID:121063

University

requiring 3 years of practice post-degree for individuals graduating from CACREP programs) constitute restraint of trade, are not based on evidence, and make it more difficult for citizens of Virginia to access quality mental health care. Virginia is ranked 39<sup>th</sup> in access to mental health care (<https://mhanational.org/issues/2021/ranking-states#four>), and the proposed legislation would worsen access to mental health care without providing any benefits to its citizens.

While it is appropriate to regulate who provides mental health services, such regulations should be based on evidence. Many mental health programs (59 programs across 23 states) in Psychology or Counseling are accredited by MPCAC (which is itself CHEA-accredited), which has similar—and in some ways **more stringent**--educational requirements as CACREP's. MPCAC requirements emphasize ensuring services provided are empirically based, and emphasize thorough training in providing services to diverse populations. The mission of MPCAC is to "provide science-based education and training in the practice of counseling and psychological services at the master's degree level, using both counseling and psychological principles and theories as they apply to specific populations and settings" (<http://mpcacaccreditation.org/>). The proposed regulations will deter students from MPCAC-accredited programs from moving to and practicing in Virginia. Such regulations are not based in research, only on one group of individuals trying to restrict competitors from providing mental health services. Moreover, it likely constitutes restriction of trade that could result in legal challenges.

Anthony Isacco, PhD  
Chatham University

Strongly oppose

The proposed regulations in Virginia to require 10 years of practice post degree for individuals graduating from programs not affiliated with CACREP (such as programs accredited by MPCAC) while only requiring 3 years of practice post-degree for individuals graduating from CACREP programs are overly restrictive and not based on any evidence. MPCAC requirements are comparable to CACREP requirements and add an emphasis on making sure services provided are empirically based. The mission of MPCAC is to "provide science-based education and training in the practice of counseling and psychological services at the master's degree level, using both counseling and psychological principles and theories as they apply to specific populations and settings" (<http://mpcacaccreditation.org/>). There are 59 programs across 23 states accredited by MPCAC, with 9 additional programs currently under review. Virginia is ranked 39<sup>th</sup> in access to mental health care ([4/1/22 4:58 pm  
CommentID:121064](https://mhanational.org/issues/2021/ranking-</a></p></div>
<div data-bbox=)

		states#four). The proposed regulations will deter students from MPCAC-accredited programs from moving to and practicing in Virginia. This is not good for the state, is not based in research, and is a restriction of trade that will likely result in legal challenges.	
Anonymous	Oppose CACREP Regulation	I am writing to strongly oppose the preferential treatment of counselors from CACREP programs in the proposed regulation for licensure by endorsement. There is not evidence that CACREP graduates are better prepared than those who come from programs with other types of accreditation. Further, as a faculty person in a program that WAS CACREP and is now MPCAC accredited, I can affirm that our program is not less rigorous and we made the change due to CACREP's exclusionary practices regarding faculty degrees (Counselor Education over Counseling/Clinical/School Psychology). Our graduates have no trouble passing the NCE and typically score higher than the average. There are many regulations that protect the public health in the licensure process including required curriculum, supervised field experiences, and examination at initial licensure. This proposed regulation is not in the service of protecting the public health, but will deter licensed professionals with degrees from non-CACREP accredited programs from seeking licensure in Virginia. This is a disservice to the mental health people in your communities. This regulation will yield fewer counselors seeking licensure in your state.	4/1/22 5:23 pm CommentID:121065
Anonymous	Strongly support	CACREP programs are specifically designed to train counselors in the skills they need to provide supportive services to clients.	4/1/22 7:42 pm CommentID:121066
Anonymous, LPC	Strongly Support	Professional identity is important and CACREP establishes those boundaries to ensure clear pathways for Professional Counselors to attain licensure.	4/1/22 7:43 pm CommentID:121067
Anonymous	Strongly support	Having standardized counselor training, which is regularly controlled by an external committee, is an important ingredient for effective professional counselors. CACREP sets clear standards for the necessary counselor identity and skills to attain licensure and ensure high quality services.	4/1/22 7:45 pm CommentID:121068
Anonymous	Strongly Oppose	Although professional identity is important, this will make it difficult for people from other states to gain licensure in VA.	4/1/22 8:44 pm CommentID:121069
Amber Pope, PhD, LPC, LMHC	Strongly oppose	At a time when there is an increased need for licensed MH professionals in Virginia to serve our communities (I live in the Hampton Roads area and many of the LPCs here have wait lists, and it can take clients months to get in for outpatient treatment), the Board of Counseling should be working towards increased reciprocity for licensure with other states. Requiring a fully licensed counselor form another state without a CACREP degree to have 7 years more experience to	4/1/22 9:04 pm CommentID:121070

get licensed by endorsement in Virginia vs. a fully licensed counselor<sup>57</sup> with a CACREP degree contradicts efforts in the state (such as those by the Virginia Health Care Foundation described below) to increase the number of behavioral health providers within the next few years to meet the increased need for mental health services. The proposed legislation makes it exceedingly more difficult for fully licensed counselors from other states without CACREP degrees to get licensed, even though counselors getting licensed by endorsement have to demonstrate a 60 credit hour master's degree with coursework that mirrors CACREP standards.

According to a white paper from the Virginia Healthcare Foundation (accessible here: <https://www.vhcf.org/data/capacity-of-virginias-licensed-behavioral-health-workforce/>), Virginia faced a shortage of licensed behavioral health providers including LPCs prior to the COVID-19 pandemic. Virginia ranks 39th in the number of behavioral health providers per 100,000 residents, and 41st in behavioral health accessibility. Approximately 41% of Virginians currently live in an area designated as a Mental Health Professional Shortage Area (MHPSA) by the Health Resources and Services Administration (HRSA) as compared to 30% of citizens residing in MHPSAs in other states. Further, the number of licensed behavioral health providers in Virginia is estimated to decrease in the next 5 years due to a) attrition from the profession which has been compounded by the COVID-19 pandemic, and b) because ~32% of LPCs in Virginia are within 10 years of retirement age. Hence, an additional 200 individuals need to be licensed per year to maintain the current number of LPCs in Virginia so increasing access and pathways to licensure is necessary to maintain the behavioral health workforce capacity and increase accessibility to mental health services for Virginian residents.

Ashley Laws

In support

I am in support of the compact- it would further the field of counseling.

4/1/22 10:53 pm  
CommentID:121071

Kublai Duhart  
LCPC

Strongly Oppose

If individuals or groups are attempting to state that CACREP accredited programs are producing graduates who should receive privileges over non-CACREP

4/1/22 11:39 pm  
CommentID:121072

accredited program graduates, they should present documentation to justify their statements. Has a study been conducted to show that CACREP graduates have scored significantly higher on the National Counseling Exam than graduates/students from non-CACREP accredited programs? As a graduate of an HBCU in Virginia for my undergraduate degree and then a graduate of an HBCU in Maryland for my Master's degree, I believe in providing quality services to all clients who are ready, willing, and able to work with me. There is a possibility that the Great State of Virginia will unfortunately negatively affect its citizens in ways that will be unrecognized by the uninformed and felt individually and deeply for generations to come by many if they are unable to receive mental and emotional services by providers who they believe can best meet their needs. I am vehemently against any and all separation of licensed professional counselors in any way due to the need for professional unity within the United States of America to combat the growing mental health disparities that are being seen on a growing basis.

Jess Balk-Huffines, LCPC

Strongly oppose

Why would we alienate capable providers with long-term practice from serving Virginia residents? Mandating either the accreditation and/or multiple years of treatment above and beyond traditional supervision further prevents residents from accessing care. Additionally, why would current providers move to Virginia and/or seek licensure if they are unable to proceed? I do not understand why this is trying to moving forward again outside of further exclusionary gatekeeping.

4/2/22 11:26 am  
CommentID:121075



**Project 5799 - Proposed****Board of Counseling****Result of Periodic Review****18VAC115-20-10. Definitions.**

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Counseling"

"Professional counselor"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a professional counselor.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical counseling services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

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

"CORE" means Council on Rehabilitation Education.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of counseling according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical counseling services for a client or the use of visual, real-time, interactive, secured technology for delivery of such services.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited college or university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Jurisdiction" means a state, territory, district, province, or country that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of counseling as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience.

"Resident" means an individual who has a supervisory contract and has been issued a temporary license by the board to provide clinical services in professional counseling under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

**18VAC115-20-40. Prerequisites for licensure by examination.**

Every applicant for licensure examination by the board shall:

1. Meet the degree program requirements prescribed in 18VAC115-20-49, the coursework requirements prescribed in 18VAC115-20-51, and the experience requirements prescribed in 18VAC115-20-52;
2. Pass the licensure examination specified by the board;
3. Submit the following to the board:
  - a. A completed application;
  - b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-20-49 and 18VAC115-20-51. Transcripts previously submitted for board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;

- c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-20-52 and copies of all required evaluation forms, including verification of current licensure of the supervisor if any portion of the residency occurred in another jurisdiction;
  - d. Verification of any other mental health or health professional license or certificate ever held in another jurisdiction;
  - e. The application processing and initial licensure fee as prescribed in 18VAC115-20-20; and
  - f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (~~NPDB~~); and
4. Have no unresolved disciplinary action against a mental health or health professional license ~~or~~ certificate, or registration held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

**18VAC115-20-45. Prerequisites for licensure by endorsement.**

A. Every applicant for licensure by endorsement shall hold or have held a professional counselor license for independent clinical practice in another jurisdiction of the United States and shall submit the following:

- 1. A completed application;
- 2. The application processing fee and initial licensure fee as prescribed in 18VAC115-20-20;
- 3. Verification of all mental health or health professional licenses ~~or~~ certificates, or registrations the applicant holds or has ever held in any other jurisdiction. In order to qualify

for endorsement the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. Documentation of having completed education and experience requirements as specified in subsection B of this section;

5. Verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained;

6. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (~~NPDB~~); and

7. An ~~affidavit~~ attestation of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.

B. Every applicant for licensure by endorsement shall meet one of the following:

1. Educational requirements consistent with those specified in 18VAC115-20-49 and 18VAC115-20-51 and experience requirements consistent with those specified in 18VAC115-20-52; or

2. ~~If an applicant does not have~~ In lieu of documentation of educational and experience credentials consistent with those required by this chapter, ~~he shall~~ the applicant may provide:

~~a. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and~~

~~b.~~ a. Evidence of post-licensure clinical practice in counseling, as defined in § 54.1-3500 of the Code of Virginia, at the highest level for independent practice for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical

practice shall mean the rendering of direct clinical counseling services ~~or~~, clinical supervision of counseling services, or teaching graduate-level courses in counseling;  
~~or~~

~~3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board-recognized entity.~~

b. Verification of the Certified Clinical Mental Health Counselor credential from the National Board of Certified Counselors (NBCC) or any other board-recognized entity;

c. Evidence of an active license at the highest level of counselor licensure for independent practice for at least 10 years prior to the date of application; or

d. Evidence of an active license at the highest level of counselor licensure for independent practice for at least three years prior to the date of application and one of the following:

(1) The National Certified Counselor credential, in good standing, as issued by the NBCC; or

(2) A graduate-level degree from a program accredited in clinical mental health counseling by CACREP.

#### **18VAC115-20-51. Coursework requirements.**

A. The applicant shall have successfully completed ~~60~~;

1. The requirements for a degree in a program accredited by CACREP in clinical mental health counseling or any other specialty approved by the board; or



2. Sixty semester hours or 90 quarter hours of graduate study in the following core coursework with a minimum of three semester hours or 4.0 quarter hours in each of subdivisions ~~1 through 12~~ 2 a through 2 l of this subsection:

- ~~1.~~ a. Professional counseling identity, function, and ethics;
  - ~~2.~~ b. Theories of counseling and psychotherapy;
  - ~~3.~~ c. Counseling and psychotherapy techniques;
  - ~~4.~~ d. Human growth and development;
  - ~~5.~~ e. Group counseling and psychotherapy theories and techniques;
  - ~~6.~~ f. Career counseling and development theories and techniques;
  - ~~7.~~ g. Appraisal, evaluation, and diagnostic procedures;
  - ~~8.~~ h. Abnormal behavior and psychopathology;
  - ~~9.~~ i. Multicultural counseling theories and techniques;
  - ~~10.~~ j. Research;
  - ~~11.~~ k. Diagnosis and treatment of addictive disorders;
  - ~~12.~~ l. Marriage and family systems theory; and
- ~~13.~~ 3. Supervised internship as a formal academic course of at least 600 hours to include 240 hours of face-to-face client contact. Only internship hours earned after completion of 30 graduate semester hours may be counted ~~towards~~ toward residency hours. If the academic course was less than 600 hours, the board may approve the completion of up to 100 of the 600 hours and up to 40 of the 240 hours of face-to-face client contact to be added to the hours required for residency.

B. If 60 graduate hours in counseling were completed prior to April 12, 2000, the board may accept those hours if they meet the regulations in effect at the time the 60 hours were completed.

**18VAC115-20-52. Resident license and requirements for a residency.**

A. Resident license. Applicants for temporary licensure as a resident in counseling shall:

1. Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the clinical supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing clinical counseling services;
2. Have submitted an official transcript documenting a graduate degree that meets the requirements specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51;
3. Pay the ~~registration~~ resident licensure fee;
4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (~~NPDB~~); and
5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a professional counselor shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:
  - a. Assessment and diagnosis using psychotherapy techniques;
  - b. Appraisal, evaluation, and diagnostic procedures;

- c. Treatment planning and implementation;
  - d. Case management and recordkeeping;
  - e. Professional counselor identity and function; and
  - f. Professional ethics and standards of practice.
2. The 3,400-hour residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted toward the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.
  3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
  4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.
  5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.
  6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours toward the requirements of a residency.

7. Supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a professional counselor.

8. The residency shall be completed in not less than 21 months or more than ~~four~~ six years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, ~~2020~~ 2022. ~~An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.~~ A resident shall meet the renewal requirements of subsection C of 18VAC115-20-100 in order to maintain a license in current, active status.

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

10. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, their resident license number, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and phone number.

11. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

12. Residency hours shall be accepted if they were approved by the licensing board in another United States jurisdiction that meet and completed in that jurisdiction, and if those hours are consistent with the requirements of this ~~section shall be accepted~~ subsection.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;
2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and
3. Hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. ~~Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.~~

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.
2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency, regardless of whether the supervisor is onsite or offsite at the location where services are provided by the resident.

3. The supervisor is accountable for the resident's compliance with residency requirements of this section.
4. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.
4. ~~5.~~ The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.
- ~~5.~~ ~~6.~~ The supervisor shall provide supervision as defined in 18VAC115-20-10.
7. The supervisor shall maintain copies of supervisory contracts, quarterly reports, and the verification of supervision forms evaluating the applicant's competency for five years after termination or completion of supervision.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements that were in effect at the time the supervision was rendered.

**18VAC115-20-106. Continuing competency activity criteria.**

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice, or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;
4. Social and cultural foundations;
5. The helping relationship;

6. Group dynamics, processing, and counseling;
7. Lifestyle and career development;
8. Appraisal of individuals;
9. Research and evaluation;
10. Professional orientation;
11. Clinical supervision;
12. Marriage and family therapy; or
13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:

- a. Regionally accredited university or college level academic courses in a behavioral health discipline.
- b. Continuing education programs offered by universities or colleges.
- c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.
- d. Workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:



- (1) The International Association of Marriage and Family Counselors and its state affiliates.
- (2) The American Association for Marriage and Family Therapy and its state affiliates.
- (3) The American Association of State Counseling Boards.
- (4) The American Counseling Association and its state and local affiliates.
- (5) The American Psychological Association and its state affiliates.
- (6) The Commission on Rehabilitation Counselor Certification.
- (7) NAADAC, The Association for Addiction Professionals and its state and local affiliates.
- (8) National Association of Social Workers.
- (9) National Board for Certified Counselors.
- (10) A national behavioral health organization or certification body.
- (11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.
- (12) The American Association of Pastoral Counselors.

## 2. Individual professional activities.

- a. ~~Publication/presentation/new~~ Publication, presentation, or new program development.

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development. Activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

(5) Attendance at board meetings or disciplinary proceedings. Activity shall count for actual time of meeting or proceeding for a maximum of two hours during one renewal period.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of ~~40~~ six hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision provided to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officer of state or national counseling organization; editor ~~and/or~~ or reviewer of professional counseling journals; member of state counseling ~~licensure/certification~~ licensure or certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; or other leadership positions with justifiable

professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists ~~him~~ the regulant in ~~his~~ the direct service of ~~his~~ the regulant's clients. Examples include language courses, software training, and medical topics, etc.

**18VAC115-20-107. Documenting compliance with continuing competency requirements.**

A. All licensees are required to maintain original documentation for a period of two years following renewal.

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

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

1. To document completion of formal organized learning activities, the licensee shall provide:

- a. Official transcripts showing credit hours earned; or
- b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

- a. Certificates of participation;
- b. Proof of presentations made;

- c. Reprints of publications;
- d. Letters from educational institutions or agencies approving continuing education programs;
- e. Official notification from the association that sponsored the item writing workshop or continuing education program; or
- f. Documentation of attendance at formal staffing or participation in clinical supervision/consultation by a signed affidavit attestation on a form provided by the board.

D. Continuing competency hours required by a disciplinary order shall not be used to satisfy renewal requirements.

**18VAC115-20-110. Late renewal; reinstatement.**

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-20-20 as well as the license renewal fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a professional counselor license after one year or more and wishes to resume practice shall (i) apply for reinstatement; (ii) pay the reinstatement fee for a lapsed license; (iii) submit verification of any mental health license ~~he~~ the person holds or has held in another jurisdiction, if applicable; (iv) provide a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and (v) provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive professional counselor license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

D. A person who fails to renew a resident license after one year or more and wishes to resume his residency within the six-year limitation from the date of initial issuance of a resident license shall (i) apply for reinstatement; (ii) pay the initial licensure fee for a resident in counseling; and (iii) provide evidence of having met continuing competency requirements not to exceed a maximum of 12 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the resident license.

**18VAC115-20-130. Standards of practice.**

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone, or electronically, these standards shall apply to the practice of counseling.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience, and appropriate professional experience and represent their education, training, and experience accurately to clients;
3. Stay abreast of new counseling information, concepts, applications, and practices that are necessary to providing appropriate, effective professional services;
4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;
5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;
6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;
7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;
8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;
9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider professional, and if so, ~~refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional~~ document efforts to coordinate care;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature;

13. Advertise professional services fairly and accurately in a manner that is not false, misleading, or deceptive, including compliance with 18VAC115-20-52 regarding the requirements for representation to the public by residents in counseling; and

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

15. Make appropriate referrals based on the interests of the client; and

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

C. In regard to patient records, persons licensed or registered by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;



2. Maintain timely, accurate, legible, and complete client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with the client's expressed written consent or that of the client's legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

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

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;

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

c. Records that have been transferred to another mental health service provider or given to the client or his legally authorized representative.

D. In regard to dual or multiple relationships, persons licensed or registered by the board shall:

1. Avoid dual or multiple relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship

cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation or neglect occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Counselors shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Counselors who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of, or participation in sexual behavior or involvement with a counselor does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationship or sexual intimacy or establish a counseling or psychotherapeutic relationship with a ~~supervisee~~ person under supervision or student. Counselors shall avoid any nonsexual dual relationship with a ~~supervisee~~ person under supervision or student in which there is a risk of exploitation or potential harm to the ~~supervisee~~ person under supervision or student or the potential for interference with the supervisor's professional judgment; and

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

E. Persons licensed or registered by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of professional counseling.

F. Persons licensed or registered by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent, or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

**18VAC115-20-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license or registration.**

A. Action by the board to revoke, suspend, deny issuance or renewal of a license, or take disciplinary action may be taken in accordance with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of professional counseling, or any provision of this chapter;
2. ~~Procurement of~~ Procuring, attempting to procure, or maintaining a license, ~~including submission of an application or supervisory forms,~~ or registration by fraud or misrepresentation;
3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients ~~or to the public, or if one is unable to practice counseling with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;~~
4. Demonstrating an inability to practice counseling with reasonable skill and safety to clients by reason of illness or substance misuse or as a result of any mental, emotional, or physical condition;

~~5.~~ 5. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

~~5.~~ 6. Performance of functions outside the demonstrable areas of competency;

~~6.~~ 7. Failure to comply with the continued competency requirements set forth in this chapter;

~~7.~~ 8. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of counseling, or any part or portion of this chapter; or

~~8.~~ 9. Performance of an act likely to deceive, defraud, or harm the public;

10. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility;

11. Having an action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

12. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

13. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or abuse of aged or incapacitated adults as required in § 63.2-1606 of the Code of Virginia.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

**18VAC115-50-10. Definitions.**

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia: (i) "board," (ii) "marriage and family therapy," (iii) "marriage and family therapist," and (iv) "practice of marriage and family therapy."

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Clinical marriage and family services" means activities such as assessment, diagnosis, and treatment planning and treatment implementation for couples and families.

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

"Face-to-face" means the in-person delivery of clinical marriage and family services for a client or the use of visual, real-time, interactive, secured technology for delivery of such services.

"Internship" means a formal academic course from a regionally accredited university in which supervised practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Residency" means a postgraduate, supervised clinical experience.

"Resident" means an individual who has a supervisory contract and has been issued a temporary license by the board approval to provide clinical services in marriage and family therapy under supervision.

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

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

#### **18VAC115-50-20. Fees.**

A. The board has established fees for the following:

Application and initial licensure as a resident	\$65
Pre-review of education only	\$75
Initial licensure by examination: Processing and initial licensure as a marriage and family therapist	\$175
Initial licensure by endorsement: Processing and initial licensure as a marriage and family therapist	\$175
Active annual license renewal for a marriage and family therapist	\$130
Inactive annual license renewal for a marriage and family therapist	\$65
Annual renewal for a resident in marriage and family therapy	\$30
<del>Penalty for late</del> <u>Late</u> renewal for a marriage and family therapist	\$45
Late renewal for resident in marriage and family therapy	\$10

Reinstatement of a lapsed license for a marriage and family therapist	\$200
<u>Reinstatement of lapsed resident license</u>	<u>\$75</u>
Verification of license to another jurisdiction	\$30
Additional or replacement licenses	\$10
Additional or replacement wall certificates	\$25
Returned check or dishonored credit or debit card	\$50
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

**18VAC115-50-40. Application for licensure by endorsement.**

A. Every applicant for licensure by endorsement shall hold or have held a license for the independent clinical practice of marriage and family ~~license~~ therapy in another jurisdiction in the United States and shall submit:

1. A completed application;
2. The application processing and initial licensure fee prescribed in 18VAC115-50-20;
3. Documentation of licensure as follows:
  - a. Verification of all mental health or health professional licenses ~~or~~ certificates, or registrations the applicant holds or has ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis; and
  - b. Documentation of a marriage and family therapy license obtained by standards specified in subsection B of this section;



4. Verification of a passing score on a marriage and family therapy licensure examination in the jurisdiction in which licensure was obtained;
5. An affidavit attestation of having read and understood the regulations and laws governing the practice of marriage and family therapy in Virginia; and
6. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

B. Every applicant for licensure by endorsement shall meet one of the following:

1. Educational requirements consistent with those specified in 18VAC115-50-50 and 18VAC115-50-55 and experience requirements consistent with those specified in 18VAC115-50-60;

2. ~~If an applicant does not have~~ In lieu of documentation of educational and experience credentials consistent with those required by this chapter, ~~he shall~~ the applicant may provide:

~~a. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and~~

~~b. a.~~ Evidence of post-licensure clinical practice as a marriage and family therapist for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical services in marriage and family therapy ~~or~~ clinical supervision of marriage and family services, or teaching graduate level courses in marriage and family therapy; or

~~3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board recognized entity.~~

b. Evidence of an active license at the highest level of licensure for independent practice of marriage and family therapy for at least 10 years prior to the date of application; or

c. Evidence of an active license at the highest level of licensure for independent practice of marriage and family therapy for at least three years prior to the date of application and a graduate-level degree from a program accredited in marriage and family therapy by COAMFTE or CACREP.

**18VAC115-50-55. Coursework requirements.**

A. The applicant shall have successfully completed:

1. The requirements for a marriage and family therapy program accredited by CACREP;

or

2. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate coursework with a minimum of six semester hours or nine quarter hours completed in each of the core areas identified in subdivisions 1 and 2 of this subsection, and three semester hours or 4.0 quarter hours in each of the core areas identified in subdivisions 3 through 9 of this subsection:

1. Marriage and family studies (marital and family development; family systems theory);

2. Marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches);

3. a. A minimum of 12 semester hours or 18 quarter hours completed in marriage and family studies (marital and family development, family systems, systemic therapeutic interventions, and application of major theoretical approaches).

b. Three semester hours or four quarter hours in each of the following core areas:

(1) Human growth and development across the lifespan;

~~4.~~ (2) Abnormal behaviors;

~~5.~~ (3) Diagnosis and treatment of addictive behaviors;

~~6.~~ (4) Multicultural counseling;

~~7.~~ (5) Professional identity and ethics;

~~8.~~ (6) Research (research methods; quantitative methods; statistics); or

~~9.~~ (7) Assessment and treatment (appraisal, assessment and diagnostic procedures);

and

~~10. Supervised~~ c. A supervised internship as a formal academic course of at least 600 hours to include 240 hours of direct client contact, of which 200 hours shall be with couples and families. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours. If the academic course was less than 600 hours, the board may approve the completion of up to 100 of the 600 hours and up to 40 of the 240 hours of direct client contact to be added to the hours required for residency.

B. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, ~~including.~~ However, the applicant must provide evidence of a minimum of ~~six~~ 12 semester hours or ~~nine~~ 18 quarter hours completed in marriage and family studies (marital and family development; family systems theory) and ~~six~~ semester hours or nine quarter hours completed in marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches) therapy (marital and

family development, family systems, systemic therapeutic interventions, and application of major theoretical approaches).

**18VAC115-50-60. Resident license and requirements for a residency.**

A. Resident license. Applicants for temporary licensure as a resident in marriage and family therapy shall:

1. Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing marriage and family services.
2. Have submitted an official transcript documenting a graduate degree as that meets the requirements specified in 18VAC115-50-50 to include completion of the coursework and internship requirement specified in 18VAC115-50-55;
3. Pay the ~~registration~~ resident license fee;
4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (~~NPDB~~); and
5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a marriage and family therapist shall have completed no fewer than 3,400 hours of supervised residency in the role of a marriage and family therapist, to include 200 hours of in-person supervision with the supervisor in the consultation and review of marriage and family services provided by the resident. For the

purpose of meeting the 200 hours of supervision required for a residency, in-person may also include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.

- a. Residents shall receive a minimum of one hour and a maximum of four hours of supervision for every 40 hours of supervised work experience.
  - b. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
  - c. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed marriage and family therapist or a licensed professional counselor.
2. The 3,400-hour residency shall include documentation of at least 2,000 hours in face-to-face clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours of the 3,400-hour residency may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.

3. ~~The residency shall consist of practice in the core areas set forth in 18VAC115-50-55.~~ applicant for licensure shall have completed a 3,400-hour supervised residency in the role of a marriage and family therapist working with various populations, clinical problems, and theoretical approaches in the following areas:

- a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Marriage and family therapy identity and function; and

f. Professional ethics and standards of practice.

4. The residency shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18VAC115-50-50.

5. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-50-50, may count for up to an additional 300 hours towards the requirements of a residency.

6. Supervised practicum and internship hours in a COAMFTE-accredited or a CACREP-accredited doctoral program in marriage and family therapy or counseling may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a marriage and family therapist or professional counselor.

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

8. Residents shall not call themselves marriage and family therapists, directly bill for services rendered, or in any way represent themselves as marriage and family therapists. During the residency, residents may use their names, the initials of their degree, their resident license number, and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing that the resident does not have authority for independent

practice and is under supervision, along with the name, address, and telephone number of the resident's board-approved supervisor.

9. Residents shall not engage in practice under supervision in any areas for which they do not have appropriate education.

10. The residency shall be completed in not less than 21 months or more than ~~four~~ six years from the start of residency. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, ~~2020~~ 2022. ~~An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.~~ A resident shall meet the renewal requirements of subsection C of 18VAC115-50-90 in order to maintain a resident license in current, active status.

11. Residency hours ~~that are~~ shall be accepted if they were approved by the licensing board in another United States jurisdiction and ~~that meet~~ completed in that jurisdiction and if those hours are consistent with the requirements of subsection B of this section shall be accepted.

12. Supervision that is not concurrent with a residency will not be accepted, nor can residency hours be accrued in the absence of approved supervision.

C. Supervisory qualifications. A person who provides supervision for a resident in marriage and family therapy shall:

1. Hold an active, unrestricted license as a marriage and family therapist or professional counselor in the jurisdiction where the supervision is being provided;
2. Document two years post-licensure marriage and family therapy experience; and
3. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of



continuing education in supervision offered by a provider approved under 18VAC115-50-96. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist. ~~Supervisors who are clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.~~

D. Supervisory responsibilities.

1. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall report the total hours of residency and evaluate the applicant's competency to the board. The supervisor shall maintain copies of supervisory contracts, quarterly reports, and verification of supervision forms evaluating an applicant's competency for five years after termination or completion of supervision.

2. Supervision by an individual whose relationship to the resident is deemed by the board to compromise the objectivity of the supervisor is prohibited.

3. The supervisor shall provide supervision as defined in 18VAC115-50-10 and shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract ~~for the duration~~ until completion or termination of the residency, regardless of whether the supervisor is onsite or offsite at the location where services are provided by the resident.

4. The supervisor is accountable for the resident's compliance with residency requirements of this section.

**18VAC115-50-70. General examination requirements.**

A. All applicants for initial licensure shall pass an examination, as prescribed by the board, with a passing score as determined by the board. ~~The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.~~

B. An applicant is required to pass the prescribed examination within six years from the date of initial issuance of a resident license by the board.

C. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a marriage and family therapist.

**18VAC115-50-96. Continuing competency activity criteria.**

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;
4. Social and cultural foundations;
5. The helping relationship;
6. Group dynamics, processing and counseling;
7. Lifestyle and career development;
8. Appraisal of individuals;
9. Research and evaluation;
10. Professional orientation;
11. Clinical supervision;
12. Marriage and family therapy; or
13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:

a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.

d. Workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(2) The American Association for Marriage and Family Therapy and its state affiliates.

(3) The American Association of State Counseling Boards.

(4) The American Counseling Association and its state and local affiliates.

(5) The American Psychological Association and its state affiliates.

(6) The Commission on Rehabilitation Counselor Certification.

(7) NAADAC, The Association for Addiction Professionals. and its state and local affiliates.

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

(11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

(12) The American Association of Pastoral Counselors.

## 2. Individual professional activities.

a. ~~Publication/presentation/new~~ Publication, presentation, or new program development.

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

(5) Attendance at board meetings or disciplinary proceedings. Activity shall count for actual time of meeting or proceeding for a maximum of two hours during one renewal period.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of ~~40~~ six hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officers of state or national counseling organization; editor or reviewer of professional counseling journals; member of state counseling ~~licensure/certification~~ licensure or certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists ~~him~~ the regulant in ~~his~~ the direct service of ~~his~~ the regulant's clients. Examples include language courses, software training, medical topics, etc.

**18VAC115-50-97. Documenting compliance with continuing competency requirements.**

A. All licensees are required to maintain original documentation for a period of two years following renewal.

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

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

1. To document completion of formal organized learning activities, licensee shall provide:
  - a. Official transcripts showing credit hours earned; or
  - b. Certificates of participation.
2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.
3. Documentation of individual professional activities shall be by one of the following:
  - a. Certificates of participation;
  - b. Proof of presentations made;
  - c. Reprints of publications;
  - d. Letters from educational institutions or agencies approving continuing education programs;
  - e. Official notification from the association that sponsored the item writing workshop or continuing education program; or
  - f. Documentation of attendance at formal staffing ~~shall be~~ or participation in clinical supervision/consultation by signed ~~affidavit~~ attestation on a form provided by the board.

D. Continuing competency hours required by a disciplinary order shall not be used to satisfy renewal requirements.

**18VAC115-50-100. Late renewal, reinstatement.**

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-50-20 as well as the license fee prescribed for the period the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person seeking reinstatement of a marriage and family therapy license one year or more after its expiration date must:

1. Apply for reinstatement and pay the reinstatement fee;
2. Submit ~~documentation~~ verification of any mental health license he holds or has held in another jurisdiction, if applicable;
3. Submit evidence regarding the continued ability to perform the functions within the scope of practice of the license if required by the board to demonstrate competency; ~~and~~
4. Provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement; and
5. Provide a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank.

C. A person wishing to reactivate an inactive marriage and family license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal and (ii) documentation of continued competency hours equal to the number of years the license has been inactive, not to exceed a maximum of 80 hours, obtained within the four years immediately preceding application for reinstatement. The board may require additional evidence regarding the person's continued ability to perform the functions within the scope of practice of the license.



D. A person who fails to renew a resident license after one year or more and wishes to resume his residency within the six-year limitation from the date of initial issuance of a resident license shall (i) apply for reinstatement; (ii) pay the initial licensure fee for a resident in counseling; and (iii) provide evidence of having met continuing competency requirements not to exceed a maximum of 12 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the resident license.

**18VAC115-50-110. Standards of practice.**

A. The protection of the public's health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of marriage and family therapy.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;
2. Practice only within the boundaries of their competence, based on their education, training, supervised experience, and appropriate professional experience and represent their education, training, and experience accurately to clients;
3. Stay abreast of new marriage and family therapy information, concepts, applications, and practices that are necessary to providing appropriate, effective professional services;
4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;
6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;
7. Disclose to clients all experimental methods of treatment and inform client of the risks and benefits of any such treatment. Ensure that the welfare of the client is not compromised in any experimentation or research involving those clients;
8. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services;
9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;
10. Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms;
11. Determine whether a client is receiving services from another mental health service ~~provider professional~~, and if so, ~~refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional~~ document efforts to coordinate care;
12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or

university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature;

13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive, including compliance with 18VAC115-50-60 regarding requirements for representation to the public by residents in marriage and family therapy;

and

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

15. Make appropriate referrals based on the interests of the client; and

16. Not willfully or negligently breach the confidentiality between a practitioner and a client.

A breach of confidentiality that is required or permitted by applicable law or is beyond the control of the practitioner shall not be considered negligent or willful.

C. In regard to patient records, persons licensed or registered by the board shall:

1. Maintain timely, accurate, legible, and complete written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release client records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations; and

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

- a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;
- b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or
- c. Records that have transferred to another mental health service provider or given to the client or his legally authorized representative.

D. In regard to dual or multiple relationships, persons licensed or registered by the board shall:

1. Avoid dual or multiple relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include familial, social, financial, business, bartering, or close personal relationships with clients. Marriage and family therapists shall take appropriate professional precautions when a dual or multiple relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and also not counsel persons with whom they have had a sexual intimacy or romantic relationship. Marriage and family

therapists shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Marriage and family therapists who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a marriage and family therapist does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationships or sexual relationship or establish a counseling or psychotherapeutic relationship with a supervisee person under supervision or student. Marriage and family therapists shall avoid any nonsexual dual relationship with a supervisee person under supervision or student in which there is a risk of exploitation or potential harm to the supervisee person under supervision or student or the potential for interference with the supervisor's professional judgment; and

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

E. Persons licensed or registered by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of marriage and family therapy.

F. Persons licensed or registered by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

**18VAC115-50-120. Disciplinary action.**

A. Action by the board to revoke, suspend, deny issuance or removal of a license, or registration or take other disciplinary action may be taken in accordance with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of marriage and family therapy, or any provision of this chapter;

2. ~~Procurement of~~ Procuring, attempting to procure, or maintaining a license, ~~including submission of an application or supervisory forms,~~ or registration by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or the general public ~~or if one is unable to practice marriage and family therapy with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;~~

4. Demonstrating an inability to practice marriage and family therapy with reasonable skill and safety to clients by reason of illness or substance misuse or as a result of any mental, emotional, or physical condition;

~~5.~~ 5. Intentional or negligent conduct that causes or is likely to cause injury to a client ~~or clients;~~

~~5.~~ 6. Performance of functions outside the demonstrable areas of competency;

~~6.~~ 7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of marriage and family therapy, or any part or portion of this chapter;

~~7.~~ 8. Failure to comply with the continued competency requirements set forth in this chapter; or

~~8.~~ 9. Performance of an act likely to deceive, defraud, or harm the public;

10. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility;

11. Having an action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

12. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

13. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or abuse of aged or incapacitated adults as required in § 63.2-1606 of the Code of Virginia.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

**18VAC115-60-10. Definitions.**

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a substance abuse treatment practitioner.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical substance abuse treatment services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

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

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of substance abuse treatment according to the conditions set forth in § 54.1-3501 of the Code of Virginia.



"Face-to-face" means the in-person delivery of clinical substance abuse treatment services for a client or the use of visual, real-time, interactive, secured technology for delivery of such services.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods and techniques.

"Jurisdiction" means a state, territory, district, province, or country that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of substance abuse treatment as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience.

"Resident" means an individual who has a supervisory contract and has been issued a temporary license by the board to provide clinical services in substance abuse treatment under supervision.

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

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

**18VAC115-60-20. Fees required by the board.**

A. The board has established the following fees applicable to licensure as a substance abuse treatment practitioner or resident in substance abuse treatment:

Application and initial licensure as a resident in substance abuse treatment	\$65
Pre-review of education only	\$75
Initial licensure by examination: Processing and initial licensure as a substance abuse treatment practitioner	\$175
Initial licensure by endorsement: Processing and initial licensure as a substance abuse treatment practitioner	\$175
Active annual license renewal for a substance abuse treatment practitioner	\$130
Inactive annual license renewal for a substance abuse treatment practitioner	\$65
Annual renewal for a resident in substance abuse treatment	\$30
Duplicate license	\$10
Verification of license to another jurisdiction	\$30
Late renewal for a substance abuse treatment practitioner	\$45
Late renewal for a resident in substance abuse treatment	\$10
Reinstatement of a lapsed license of a substance abuse treatment practitioner	\$200
<u>Reinstatement of a lapsed resident license</u>	<u>\$75</u>
Replacement of or additional wall certificate	\$25
Returned check or dishonored credit or debit card	\$50
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

**18VAC115-60-40. Application for licensure by examination.**

Every applicant for licensure by examination by the board shall:

1. Meet the degree program, coursework, and experience requirements prescribed in 18VAC115-60-60, 18VAC115-60-70, and 18VAC115-60-80;
2. Pass the examination required for initial licensure as prescribed in 18VAC115-60-90;
3. Submit the following items to the board:
  - a. A completed application;
  - b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70. Transcripts previously submitted for board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;
  - c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-60-80 and copies of all required evaluation forms, including verification of current licensure of the supervisor of any portion of the residency occurred in another jurisdiction;
  - d. ~~Documentation~~ Verification of any other mental health or health professional license or certificate ever held in another jurisdiction;
  - e. The application processing and initial licensure fee as prescribed in 18VAC115-60-20; and
  - f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (~~NPDB~~); and

4. Have no unresolved disciplinary action against a mental health or health professional license ~~or~~ certificate, or registration held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

**18VAC115-60-50. Prerequisites for licensure by endorsement.**

Every applicant for licensure by endorsement shall submit:

1. A completed application;
2. The application processing and initial licensure fee as prescribed in 18VAC115-60-20;
3. Verification of all mental health or health professional licenses ~~or~~ certificates, or registrations ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved disciplinary action against a license ~~or~~ certificate, or registration. The board will consider history of disciplinary action on a case-by-case basis;
4. Further documentation of one of the following:
  - a. A current license for the independent practice of substance abuse treatment ~~license or addiction counseling~~ in good standing in another jurisdiction ~~obtained by meeting requirements substantially equivalent to those set forth in this chapter; or~~
  - b. A mental health license in good standing from Virginia or another United States jurisdiction in a category acceptable to the board that required completion of a master's degree in mental health to include 60 graduate semester hours in mental health as documented by an official transcript; and
    - (1) Board-recognized national certification in substance abuse treatment or addiction counseling;
    - (2) If the master's degree was in substance abuse treatment, ~~two years of the applicant shall have~~ post-licensure experience in providing substance abuse treatment or

addiction counseling in 24 out of the past 60 months immediately preceding the submission of the application to the board;

(3) If the master's degree was not in substance abuse treatment or addiction counseling, ~~five~~ two years of post-licensure experience in substance abuse treatment or addiction counseling plus 12 credit hours of didactic training in the substance abuse treatment competencies set forth in 18VAC115-60-70 C as documented by an official transcript; or

(4) Current substance abuse counselor certification in Virginia in good standing ~~or a Virginia substance abuse treatment specialty licensure designation~~ with two years of post-licensure or certification substance abuse treatment or addiction counseling experience; ~~or~~

~~c. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials and evidence of post-licensure clinical practice for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical substance abuse treatment services or clinical supervision of such services;~~

5. Verification of a passing score on ~~a substance abuse~~ the licensure examination as established by the jurisdiction in which licensure was obtained. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia prescribed in 18VAC115-60-90, or if the applicant is licensed in another jurisdiction, a licensing examination deemed to be substantially equivalent by the board;

6. An ~~affidavit~~ attestation of having read and understood the regulations and laws governing the practice of substance abuse treatment in Virginia; and
7. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (~~NPDB~~).

**18VAC115-60-60. Degree program requirements.**

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice substance abuse treatment, addiction counseling, or a related counseling discipline as defined in § 54.1-3500 of the Code of Virginia from a college or university accredited by a regional accrediting agency that meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;
2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and
3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP as programs in addictions counseling are recognized as meeting the requirements of subsection A of this section.

C. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

**18VAC115-60-70. Coursework requirements.**

A. The applicant shall have successfully completed ~~60 semester hours or 90 quarter hours of~~ graduate study.

~~B.~~ The applicant shall have completed:

1. The requirements for a degree in a program accredited by CACREP in addiction counseling or any other specialty approved by the board; or

2. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study in a general core curriculum containing a minimum of three semester hours or 4.0 quarter hours in each of the areas identified in this section:

- ~~1.~~ a. Professional identity, function and ethics;
- ~~2.~~ b. Theories of counseling and psychotherapy;
- ~~3.~~ c. Counseling and psychotherapy techniques;
- ~~4.~~ d. Group counseling and psychotherapy, theories and techniques;
- ~~5.~~ e. Appraisal, evaluation and diagnostic procedures;
- ~~6.~~ f. Abnormal behavior and psychopathology;
- ~~7.~~ g. Multicultural counseling, theories and techniques;
- ~~8.~~ h. Research; and
- ~~9.~~ i. Marriage and family systems theory.

~~C.~~ B. The applicant shall also have completed 12 graduate semester credit hours or 18 graduate quarter hours in the following substance abuse treatment competencies. Evidence of current certification as a master addictions counselor may be used to verify completion of the required graduate hours specified in this subsection.

1. Assessment, appraisal, evaluation and diagnosis specific to substance ~~abuse~~ use disorder;

2. Treatment planning models, client case management, interventions and treatments to include relapse prevention, referral process, step models and documentation process;
3. Understanding addictions: The biochemical, sociocultural, and psychological factors of substance use and abuse;
4. Addictions and special populations including, ~~but not limited to,~~ adolescents, women, ethnic groups and the elderly; and
5. Client and community education.

~~D. C.~~ C. The applicant shall have completed a supervised internship of 600 hours as a formal academic course to include 240 hours of ~~direct~~ face-to-face client contact, of which 200 hours shall be in addiction counseling or treating substance abuse-specific treatment problems use disorder. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours. If the academic course was less than 600 hours, the board may approve completion of up to 100 of the 600 hours and up to 40 of the 240 hours of face-to-face client contact to be added to the hours required for residency.

~~E. One course may satisfy study in more than one content area set forth in subsections B and C of this section.~~

~~F. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including the hours specified in subsection C of this section.~~

**18VAC115-60-80. Resident license and requirements for a residency.**

A. Licensure. Applicants for a temporary resident license in substance abuse treatment shall:



1. Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing substance abuse treatment services;
2. Have submitted an official transcript documenting a graduate degree that meets the requirements specified in 18VAC115-60-60 to include completion of the coursework and internship requirement specified in 18VAC115-60-70;
3. Pay the registration fee;
4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (~~NPDB~~); and
5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Applicants who are beginning their residencies in exempt settings shall register supervision with the board to assure acceptability at the time of application.

C. Residency requirements.

1. The applicant for licensure as a substance abuse treatment practitioner shall have completed no fewer than 3,400 hours in a supervised residency in substance abuse treatment with various populations, clinical problems and theoretical approaches in the following areas:
  - a. Clinical evaluation;
  - b. Treatment planning, documentation, and implementation;
  - c. Referral and service coordination;

- d. Individual and group counseling and case management;
  - e. Client family and community education; and
  - f. Professional and ethical responsibility.
2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident occurring at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency.
- a. No more than half of these hours may be satisfied with group supervision.
  - b. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
  - c. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.
  - d. For the purpose of meeting the 200-hour supervision requirement, in-person supervision may include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.
  - e. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.
3. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical services with at least 1,000 of those hours providing substance abuse treatment ~~services~~ or addiction counseling with individuals, families, or groups of ~~individuals suffering from the effects of substance abuse or dependence~~ people with substance use disorder. The remaining hours (1,400 of the 3,400) may be spent in the performance of ancillary services.

4. A graduate level degree internship in excess of 600 hours, which is completed in a program that meets the requirements set forth in 18VAC115-60-70, may count for up to an additional 300 hours towards the requirements of a residency.
5. The residency shall be completed in not less than 21 months or more than ~~four~~ six years from the start of the residency. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, ~~2020~~ 2022. ~~An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.~~ A resident shall meet the renewal requirements of subsection C of 18VAC115-60-110 in order to maintain a license in current, active status.
6. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.
7. Residents may not call themselves substance abuse treatment practitioners, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or substance abuse treatment practitioners. During the residency, residents shall use their names and the initials of their degree, their resident license number, and the title "Resident in Substance Abuse Treatment" in all written communications. Clients shall be informed in writing that the resident does not have authority for independent practice and is under supervision and shall provide the board-approved supervisor's name, professional address, and telephone number.
8. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

9. Residency hours that are approved by the licensing board in another United States jurisdiction and ~~that meet~~ are completed in that jurisdiction shall be accepted if those hours are consistent with the requirements of this ~~section shall be accepted~~ subsection.

D. Supervisory qualifications.

1. A person who provides supervision for a resident in substance abuse treatment shall hold an active, unrestricted license as a professional counselor or substance abuse treatment practitioner in the jurisdiction where the supervision is being provided. ~~Supervisors who are marriage and family therapists, school psychologists, clinical psychologists, clinical social workers, clinical nurse specialists, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.~~

2. All supervisors shall document two years post-licensure substance abuse treatment experience and at least 100 hours of didactic instruction in substance abuse treatment. Supervisors must document a three-credit-hour course in supervision, a 4.0-quarter-hour course in supervision, or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-60-116.

E. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract ~~for the duration~~ until completion or termination of the residency, regardless of whether the supervisor is onsite or offsite at the location where services are provided by the resident.

3. The supervisor is accountable for the resident's compliance with residency requirements of this section.

4. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall maintain copies of supervisory contracts, quarterly reports, and the verification of supervision forms evaluating an applicant's competency for five years after termination or completion of supervision.

~~4.~~ 5. The supervisor shall report the total hours of residency to the board and shall evaluate the applicant's competency in the six areas stated in subdivision C 1 of this section.

~~F. Documentation of supervision. Applicants shall document successful completion of their residency on the Verification of Supervision form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet.~~

**18VAC115-60-90. General examination requirements; time limits.**

A. Every applicant for licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board. Such applicant is required to pass the prescribed examination within six years from the date of initial issuance of a resident license by the board.

B. Every applicant for licensure as a substance abuse treatment practitioner by endorsement shall have passed a substance abuse examination deemed by the board to be substantially equivalent to the Virginia examination.

~~C. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.~~

~~D.~~ The board shall establish a passing score on the written examination.

~~E.~~ D. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a substance abuse treatment practitioner.

**18VAC115-60-116. Continuing competency activity criteria.**

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;
4. Social and cultural foundations;
5. The helping relationship;
6. Group dynamics, processing and counseling;
7. Lifestyle and career development;
8. Appraisal of individuals;
9. Research and evaluation;
10. Professional orientation;
11. Clinical supervision;
12. Marriage and family therapy; or
13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:
  - a. Regionally accredited university-or college-level academic courses in a behavioral health discipline.

- b. Continuing education programs offered by universities or colleges.
- c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.
- d. Workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:
  - (1) The International Association of Marriage and Family Counselors and its state affiliates.
  - (2) The American Association for Marriage and Family Therapy and its state affiliates.
  - (3) The American Association of State Counseling Boards.
  - (4) The American Counseling Association and its state and local affiliates.
  - (5) The American Psychological Association and its state affiliates.
  - (6) The Commission on Rehabilitation Counselor Certification.
  - (7) NAADAC, The Association for Addiction Professionals, and its state and local affiliates.
  - (8) National Association of Social Workers.
  - (9) The National Board for Certified Counselors.
  - (10) A national behavioral health organization or certification body.
  - (11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

## 2. Individual professional activities.

a. ~~Publication/presentation/new~~ Publication, presentation, or new program development.

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development. Activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

(5) Attendance at board meetings or disciplinary proceedings. Activity shall count for actual time of meeting or proceeding for a maximum of two hours during one renewal period.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of ~~10~~ six hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officers of state



or national counseling organization; editor or reviewer of professional counseling journals; member of state counseling ~~licensure/certification~~ licensure or certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists ~~him~~ the regulant in ~~his~~ the direct service of ~~his~~ the regulant's clients. Examples include language courses, software training, medical topics, etc.

**18VAC115-60-117. Documenting compliance with continuing competency requirements.**

A. All licensees are required to maintain original documentation for a period of two years following renewal.

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

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

1. To document completion of formal organized learning activities, licensee shall provide:
  - a. Official transcripts showing credit hours earned; or
  - b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

d. Letters from educational institutions or agencies approving continuing education programs;

e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

f. Documentation of attendance at formal staffing or participation in clinical supervision/consultation shall be by signed affidavit attestation on a form provided by the board.

D. Continuing competency hours required by a disciplinary order shall not be used to satisfy renewal requirements.

**18VAC115-60-120. Late renewal; reinstatement.**

A. A person whose license has expired may renew it within one year after its expiration date by paying the late renewal fee prescribed in 18VAC115-60-20, as well as the license fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a substance abuse treatment practitioner license after one year or more and wishes to resume practice shall (i) apply for reinstatement; (ii) pay the

reinstatement fee for a lapsed license; (iii) submit verification of any mental health license he the person holds or has held in another jurisdiction, if applicable; (iv) provide a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and (v) provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive substance abuse treatment practitioner license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reactivation; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

D. A person who fails to renew a resident license after one year or more and wishes to resume his residency within the six-year limitation from the date of initial issuance of a resident license shall (i) apply for reinstatement; (ii) pay the initial licensure fee for a resident in substance abuse treatment; and (iii) provide evidence of having met continuing competency requirements not to exceed a maximum of 12 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the resident license.

#### **18VAC115-60-130. Standards of practice.**

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons

whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of substance abuse treatment.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;
2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training and experience accurately to clients;
3. Stay abreast of new substance abuse treatment information, concepts, application, and practices that are necessary to providing appropriate, effective professional services;
4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;
5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;
6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;
7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;
9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;
10. Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms;
11. Determine whether a client is receiving services from another mental health service provider professional, and if so, ~~refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional~~ document efforts to coordinate care;
12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature;
13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive, including compliance with 18VAC115-60-80 regarding requirements for representation to the public by residents in counseling; ~~and~~
14. Not engage in conversion therapy with any person younger than 18 years of age;
15. Make appropriate referrals based on the interests of the client; and

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

C. In regard to patient records, persons licensed or registered by the board shall:

1. Maintain timely, accurate, legible, and complete written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;
2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;
3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;
4. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the substance abuse treatment relationship with the following exceptions:
  - a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;
  - b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or
  - c. Records that have been transferred to another mental health service provider or given to the client; and

5. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations.

D. In regard to dual or multiple relationships, persons licensed or registered by the board shall:

1. Avoid dual or multiple relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation or neglect occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Licensed substance abuse treatment practitioners shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Licensed substance abuse treatment practitioners who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a licensed substance abuse treatment practitioner does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any sexual intimacy or romantic relationship or establish a counseling or psychotherapeutic relationship with a ~~supervisee~~ person under supervision or student.

Licensed substance abuse treatment practitioners shall avoid any nonsexual dual relationship with a ~~supervisee~~ person under supervision or student in which there is a risk of exploitation or potential harm to the ~~supervisee~~ person under supervision or the potential for interference with the supervisor's professional judgment; and

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

E. Persons licensed or registered by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of substance abuse treatment.

F. Persons licensed or registered by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

**18VAC115-60-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license or registration.**

A. Action by the board to revoke, suspend, deny issuance or renewal of a license, or take other disciplinary action may be taken in accord with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of substance abuse treatment, or any provision of this chapter;



2. ~~Procurement of~~ Procuring, attempting to procure, or maintaining a license, including submission of an application or supervisory forms, or registration by fraud or misrepresentation;
3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients ~~or to the public, or if one is unable to practice substance abuse treatment with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;~~
4. Demonstrating an inability to practice substance abuse treatment with reasonable skill and safety to clients by reason of illness or substance misuse or as a result of any mental, emotional, or physical condition;
5. Intentional or negligent conduct that causes or is likely to cause injury to a client;
5. ~~6.~~ 6. Performance of functions outside the demonstrable areas of competency;
6. ~~7.~~ 7. Failure to comply with the continued competency requirements set forth in this chapter;
7. ~~8.~~ 8. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of licensed substance abuse ~~therapy~~ treatment, or any part or portion of this chapter; ~~or~~
8. ~~9.~~ 9. Performance of an act likely to deceive, defraud, or harm the public;
10. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility;
11. Having an action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

12. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

13. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or abuse of aged or incapacitated adults as required in § 63.2-1606 of the Code of Virginia.

B. Following the revocation or suspension of a license the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.