

**AGENDA**  
**BOARD OF PSYCHOLOGY**  
**QUARTERLY MEETING**  
**OCTOBER 31, 2017- BOARD ROOM 1**

**10:00 a.m. Call to Order** – Herbert Stewart, Ph.D., LCP, Chair

- Welcome and Introductions
- Emergency Evacuation Instructions
- Adoption of Agenda

**Public Comment**

**Approval of Minutes of August 15, 2017**

**Reports of Officers and Staff**

- Agency Director's Report – David Brown, D.C
- Regulatory/Legislative Update – Elaine Yeatts, Senior Policy Analyst
- Board Counsel's Report – James Rutkowski, Assistant Attorney General
- Executive Director's Report – Jaime Hoyle, J.D.
- Deputy Executive Director's Report – Jennifer Lang
- Licensing Manager's Report – Deborah Harris
- Healthcare Workforce Survey Report-Elizabeth Carter, Ph.D.

**Reports of Committees**

- Board of Health Professions – Herbert Stewart, Ph.D.
- Chairperson Report- Herbert Stewart, Ph.D.
- Regulatory Committee Report – James Werth, Ph.D., ABPP

**Unfinished Business**

**New Business**

**4:00 pm      ADJOURN**

# **EVACUATION INSTRUCTIONS BOARD ROOM 1**

**PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.**

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

## **Board Room 1**

Exit the room using one of the doors at the back of the room. (**Point**)  
Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

**VIRGINIA BOARD OF PSYCHOLOGY  
QUARTERLY BOARD MEETING  
Minutes  
August 15, 2017**

A meeting of the Virginia Board of Psychology ("Board") convened on Tuesday, August 15, 2017 at the Department of Health Professions ("DHP"), 9960 Mayland Drive, 2<sup>nd</sup> Floor, Henrico, Virginia 23233 in Board Room 1.

**Board Members Present:**

JD Ball, Ph.D., ABPP  
Peter Sheras, Ph.D., ABPP  
Herbert Stewart, Ph.D., Chair  
Rebecca Vauter, Psy.D., ABPP  
Susan Brown Wallace, Ph.D.  
James Werth, Ph.D., ABPP, Vice-Chair

**Board Members Absent:**

Deja Lee, Citizen Member  
Jen Little, Citizen Member

**Staff Present:**

David Brown, DC, DHP Director  
Christy Evans, Discipline Case Specialist  
Lisa Hahn, DHP Chief Deputy Director  
Jaime Hoyle, JD, Executive Director  
Jennifer Lang, Deputy Executive Director  
James Rutkowski, Assistant Attorney General, Board Counsel  
Elaine Yeatts, DHP Senior Policy Analyst

**Call to Order**

Herbert Stewart, Ph.D., Chair, called the meeting to order at 10:15 a.m. and read the emergency evacuation instructions. Board members and staff introduced themselves. With six (6) members present, a quorum was established.

**Public Comment**

No comment was made.

**Approval of Minutes**

A motion was made by Dr. Sheras to approve the minutes from the May 16, 2017 board meeting. The motion was seconded by Dr. Ball and passed with a unanimous vote.

**Director's Report**

Dr. David Brown, Director of the Department of Health Professions, reported an update on Secretary Hazel's workgroup to review curricula in certain programs to discuss the inclusion of areas affecting opioid addiction. In addition to a meeting with the schools, two subcommittees were held to discuss addiction and pain

medication/management. Future discussions will include mental health programs, the role of non-prescribing health professionals in the patient education process for medication, and the creation of an online continuing education platform for licensees. As a result of this discussion, the board discussed the possibility of introducing a bill to the General Assembly that will allow the board to require up to two hours per annual renewal cycle in a specific continuing education area. Upon a motion by Dr. Sheras, and properly seconded by Dr. Wallace, the board voted unanimously to introduce a bill to the General Assembly similar to § 54.1-3314.1(J) of the *Code of Virginia*.

Dr. Brown reported changes to agency policies and procedures, effective July 1, 2017, that exclude Adjudication Specialists from participating in closed session discussions at informal conferences. The change was necessary to avoid their exclusion from participating in the formal hearing of the same matter. In certain cases, Special Conference Committee members, or staff, may request that the Adjudication Specialist attend the closed session of the informal conference. However, a new Adjudication Specialist will be assigned to the formal hearing.

### **Board Counsel's Report**

Mr. Rutkowski presented two expert witness admissibility standards (Traditional Virginia Standard and Virginia Medical Malpractice Standard) for the board's consideration. Upon a motion by Dr. Wallace, and properly seconded by Dr. Sheras, the board voted unanimously to adopt the Traditional Virginia Standard as its expert witness admissibility standard.

Mr. Rutkowski also answered questions from board members regarding PSYPACT. Based on discussion, Dr. Werth made a motion to authorize the Executive Director to discuss this issue with stakeholders on behalf of the Board. The motion was seconded by Dr. Ball and the board passed the motion with a unanimous vote.

### **Executive Director's Report**

Ms. Hoyle stated that discussions with the Association of State and Provincial Psychology Boards (ASPPB) staff regarding the Psychology Licensure Universal System (PLUS) would take place during the Fall. Ms. Hoyle also updated the board on the Qualified Mental Health Professional (QMHP) and Peer Recovery Specialist emergency regulations that the Board of Counseling would be adopting on August 18, 2017. These regulations would require QMHPs and Peer Recovery Specialists to register with the Board of Counseling to receive reimbursement from the Department of Medical Assistance Services (DMAS). Ms. Hoyle indicated that under these regulations, the definition of a QMHP would not include any mental health professional licensed by the Department of Health Professions. Ms. Hoyle also indicated that the Board's budget was included in the meeting materials and the board was in good financial shape.

### **Deputy Executive Director's Report**

#### Discipline

Ms. Lang reported that the discipline process continues to improve, and provided a detailed list of cases received, cases closed, and reasons for closure (listed below). In addition, she reported that the Continuing Education audit for the 2016-2017 renewal cycle will begin soon and that she hopes to have an update at the February 2018 meeting.

**CASE TOTALS (5/12/17 – 8/10/17)**

	COUNSELING	PSYCHOLOGY	SOCIAL WORK	BSU TOTAL
Cases Received	34	15	20	69
Cases Closed	29	15	24	68
Open Cases	34	20	23	77
Open Investigations in Enforcement	30	21	18	69

**OPEN CASES AT BOARD LEVEL (as of 8/10/17)**

	COUNSELING	PSYCHOLOGY	SOCIAL WORK	BSU TOTAL
Probable Cause Review	15	14	11	40
Scheduled for Informal Conferences	13	0	3	16
Scheduled for Formal Hearings	1	0	1	2
Consent Orders offered	2	1	4	7
Cases with APD for processing (IFC, FH, Consent Order)	3	5	4	12
<b>TOTAL OPEN CASES</b>	<b>34</b>	<b>20</b>	<b>23</b>	<b>77</b>

**CASE CLOSURES (5/12/17 – 8/10/17)**

	COUNSELING	PSYCHOLOGY	SOCIAL WORK	BSU TOTAL
Closed – no violation	12	9	23	44
Closed – undetermined	8	2	0	10
Closed – violation	3	3	1	7
Credentials/Reinstatement – Denied	4	1	0	5
Credentials/Reinstatement – Approved	2	0	0	2
<b>TOTAL cases closed</b>	<b>29</b> * 7 closed by staff as non-jurisdictional	<b>15</b> * 4 closed by staff as non-jurisdictional	<b>24</b> * 6 closed by staff as non-jurisdictional	<b>68</b>

**DISCIPLINARY ACTIONS (5/12/17 – 8/10/17)**

	COUNSELING	PSYCHOLOGY	SOCIAL WORK	BSU TOTAL
Consent Orders Entered	0	3	0	3
Informal Conferences Held Agency Subordinate	0	0	0	0
Informal Conferences Held Special Conference Committee	2	1	1	4
Formal Hearings Held	0	0	0	0
Summary Suspension Hearings Held	0	0	1	1

## Licensing

Ms. Lang reported that the board currently regulates 5,335 licensees and certificate holders. She further reported that since the last meeting, 206 licenses and certificates have been issued, which includes:

Licensed Applied Psychologist	1
Licensed Clinical Psychologist	84
Resident in Training	106
Licensed School Psychologist	1
Licensed School Psychologist-Limited	7
Certified Sex Offender Treatment Provider	7

## **Board of Health Professions Report**

Dr. Stewart reported that the Board of Health Professions full business meeting will take place on August 31, 2017.

## **Regulatory Committee Report**

Dr. Werth reported that the Regulatory Committee discussed areas of the Regulations Governing the Practice of Psychology as part of the periodic review. Ms. Yeatts provided an overview of the periodic review process and advised that the next step is for the board to consider the issuance of a Notice of Intended Regulatory Action ("NOIRA"). She reminded board members that the NOIRA must contain the sections of the regulations that the Board anticipates changing but that a full draft of the proposed changes is not needed until a later stage.

Ms. Yeatts and Dr. Werth reviewed and discussed, with the board, the applicable sections of the regulations as noted by the Regulatory Committee. Upon a motion by Dr. Ball, and properly seconded by Dr. Wallace, the board voted unanimously to publish a NOIRA to cover the issues and changes resulting from a periodic review of the Regulatory Committee.

## **Bylaws Review**

The board reviewed and discussed the proposed changes to the Bylaws contained in the board's Guidance Document 125-6. Upon a motion by Dr. Vauter, and properly seconded by Dr. Sheras, the board voted unanimously to adopt the Bylaws, as amended.

## **Guidance Document**

The board reviewed and considered the Regulatory Committee's proposed joint guidance document on assessment titles and signatures. The board voted unanimously to refer the document to the Boards of Counseling and Social Work for their consideration.

## **Election of Officers**

### Chair

Dr. Sheras made a motion, which was properly seconded by Dr. Ball, to nominate Dr. Stewart for Chair. Dr. Wallace made a motion to nominate Dr. Werth. However, Dr. Werth stated that he would prefer not to be considered for the position of Chair, to allow him to remain as the Chair of the Regulatory Committee, and Dr. Wallace withdrew the motion. No additional nominations were received. The board voted unanimously to elect Dr. Stewart, for a second term, as Chair of the board.

Vice-Chair

Dr. Ball made a motion, which was properly seconded by Dr. Vauter, to nominate Dr. Werth for Vice-Chair. No additional nominations were received. The board voted unanimously to elect Dr. Werth, for a second term, as Vice-Chair of the board.

**2018 Meeting Dates**

The board approved the following meetings dates for 2018:

Meeting	Date
Regulatory	02/05/2018
Board	02/06/2018
Regulatory	05/07/2018
Board	05/08/2018
Regulatory	08/13/2018
Board	08/14/2018
Regulatory	10/29/2018
Board	10/30/2018

**Adjournment**

With all business concluded, the meeting was adjourned at 3:34 p.m.

\_\_\_\_\_  
Herbert Stewart, Ph.D., Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jaime Hoyle, JD, Executive Director

\_\_\_\_\_  
Date

Virginia Department of Health Professions  
Cash Balance  
As of September 30, 2017

	<u>108- Psychology</u>
<b>Board Cash Balance as June 30, 2017</b>	\$ 1,037,083
<b>YTD FY18 Revenue</b>	41,700
<b>Less: YTD FY18 Direct and Allocated Expenditures</b>	<u>159,673</u>
<b>Board Cash Balance as September 30, 2017</b>	<u><u>\$ 919,110</u></u>



Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	25,735.00	41,350.00	15,615.00	62.24%
4002406	License & Renewal Fee	11,055.00	519,695.00	508,640.00	2.13%
4002407	Dup. License Certificate Fee	165.00	115.00	(50.00)	143.48%
4002409	Board Endorsement - Out	1,000.00	2,050.00	1,050.00	48.78%
4002421	Monetary Penalty & Late Fees	3,675.00	1,130.00	(2,545.00)	325.22%
4002432	Misc. Fee (Bad Check Fee)	70.00	70.00	-	100.00%
	Total Fee Revenue	<u>41,700.00</u>	<u>564,410.00</u>	<u>522,710.00</u>	<u>7.39%</u>
	Total Revenue	41,700.00	564,410.00	522,710.00	7.39%
5011110	Employer Retirement Contrib.	1,990.27	6,894.00	4,903.73	28.87%
5011120	Fed Old-Age Ins- Sal St Emp	1,110.03	4,398.00	3,287.97	25.24%
5011140	Group Insurance	193.26	670.00	476.74	28.84%
5011150	Medical/Hospitalization Ins.	2,238.50	7,776.00	5,537.50	28.79%
5011160	Retiree Medical/Hospitalizatn	174.07	603.00	428.93	28.87%
5011170	Long term Disability Ins	97.40	338.00	240.60	28.82%
	Total Employee Benefits	<u>5,803.53</u>	<u>20,679.00</u>	<u>14,875.47</u>	<u>28.06%</u>
5011200	Salaries				
5011230	Salaries, Classified	14,815.71	51,099.00	36,283.29	28.99%
5011250	Salaries, Overtime	-	6,371.00	6,371.00	0.00%
	Total Salaries	<u>14,815.71</u>	<u>57,470.00</u>	<u>42,654.29</u>	<u>25.78%</u>
5011300	Special Payments				
5011340	Specified Per Diem Payment	350.00	2,350.00	2,000.00	14.89%
5011380	Deferred Compnstrn Match Pmts	140.00	480.00	340.00	29.17%
	Total Special Payments	<u>490.00</u>	<u>2,830.00</u>	<u>2,340.00</u>	<u>17.31%</u>
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	Total Personal Services	<u>21,109.24</u>	<u>80,979.00</u>	<u>59,869.76</u>	<u>26.07%</u>
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	172.00	172.00	0.00%
5012140	Postal Services	3,546.28	4,560.00	1,013.72	77.77%
5012150	Printing Services	90.06	82.00	(8.06)	109.83%
5012160	Telecommunications Svcs (VITA)	35.25	425.00	389.75	8.29%
	Total Communication Services	<u>3,671.59</u>	<u>5,239.00</u>	<u>1,567.41</u>	<u>70.08%</u>
5012200	Employee Development Services				
5012210	Organization Memberships	-	5,500.00	5,500.00	0.00%
	Total Employee Development Services	<u>-</u>	<u>5,500.00</u>	<u>5,500.00</u>	<u>0.00%</u>
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	8,637.56	8,270.00	(367.56)	104.44%
5012440	Management Services	56.16	330.00	273.84	17.02%
5012460	Public Infrmtnl & Relatn Svcs	118.00	-	(118.00)	0.00%
5012470	Legal Services	-	250.00	250.00	0.00%
	Total Mgmnt and Informational Svcs	<u>8,811.72</u>	<u>8,850.00</u>	<u>38.28</u>	<u>99.57%</u>
5012600	Support Services				
5012640	Food & Dietary Services	151.35	432.00	280.65	35.03%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5012660	Manual Labor Services	34.32	427.00	392.68	8.04%
5012670	Production Services	209.02	935.00	725.98	22.36%
5012680	Skilled Services	1,661.28	13,815.00	12,153.72	12.03%
	<b>Total Support Services</b>	<b>2,055.97</b>	<b>15,609.00</b>	<b>13,553.03</b>	<b>13.17%</b>
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,130.46	2,822.00	1,691.54	40.06%
5012850	Travel, Subsistence & Lodging	499.64	101.00	(398.64)	494.69%
5012880	Trvl, Meal Reimb- Not Rprtbl	247.00	139.00	(108.00)	177.70%
	<b>Total Transportation Services</b>	<b>1,877.10</b>	<b>3,062.00</b>	<b>1,184.90</b>	<b>61.30%</b>
	<b>Total Contractual Svs</b>	<b>16,416.38</b>	<b>38,260.00</b>	<b>21,843.62</b>	<b>42.91%</b>
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	(37.76)	348.00	385.76	10.85%
5013130	Stationery and Forms	-	1,554.00	1,554.00	0.00%
	<b>Total Administrative Supplies</b>	<b>(37.76)</b>	<b>1,902.00</b>	<b>1,939.76</b>	<b>1.99%</b>
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	2.00	2.00	0.00%
	<b>Total Repair and Maint. Supplies</b>	<b>-</b>	<b>2.00</b>	<b>2.00</b>	<b>0.00%</b>
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	26.00	26.00	0.00%
5013630	Food Service Supplies	-	100.00	100.00	0.00%
	<b>Total Residential Supplies</b>	<b>-</b>	<b>126.00</b>	<b>126.00</b>	<b>0.00%</b>
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	<b>Total Specific Use Supplies</b>	<b>-</b>	<b>10.00</b>	<b>10.00</b>	<b>0.00%</b>
	<b>Total Supplies And Materials</b>	<b>(37.76)</b>	<b>2,040.00</b>	<b>2,077.76</b>	<b>1.85%</b>
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	32.00	32.00	0.00%
	<b>Total Insurance-Fixed Assets</b>	<b>-</b>	<b>32.00</b>	<b>32.00</b>	<b>0.00%</b>
5015300	Operating Lease Payments				
5015340	Equipment Rentals	88.16	540.00	451.84	16.33%
5015350	Building Rentals	2.43	-	(2.43)	0.00%
5015390	Building Rentals - Non State	755.27	3,531.00	2,775.73	21.39%
	<b>Total Operating Lease Payments</b>	<b>845.86</b>	<b>4,071.00</b>	<b>3,225.14</b>	<b>20.78%</b>
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	120.00	120.00	0.00%
5015540	Surety Bonds	-	8.00	8.00	0.00%
	<b>Total Insurance-Operations</b>	<b>-</b>	<b>128.00</b>	<b>128.00</b>	<b>0.00%</b>
	<b>Total Continuous Charges</b>	<b>845.86</b>	<b>4,231.00</b>	<b>3,385.14</b>	<b>19.99%</b>
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	52.00	52.00	0.00%
	<b>Total Educational &amp; Cultural Equip</b>	<b>-</b>	<b>52.00</b>	<b>52.00</b>	<b>0.00%</b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5022600	Office Equipment				
5022610	Office Appurtenances	-	70.00	70.00	0.00%
	Total Office Equipment	-	70.00	70.00	0.00%
	Total Equipment	-	122.00	122.00	0.00%
	Total Expenditures	38,333.72	125,632.00	87,298.28	30.51%
<b>Allocated Expenditures</b>					
20100	Behavioral Science Exec	31,720.77	125,460.60	93,739.83	25.28%
30100	Data Center	23,274.18	68,225.98	44,951.79	34.11%
30200	Human Resources	126.22	15,099.86	14,973.64	0.84%
30300	Finance	10,500.87	29,923.37	19,422.50	35.09%
30400	Director's Office	4,222.58	15,113.85	10,891.27	27.94%
30500	Enforcement	31,685.55	87,351.83	55,666.28	36.27%
30600	Administrative Proceedings	6,365.57	15,108.21	8,742.64	42.13%
30700	Impaired Practitioners	140.60	979.59	838.99	14.35%
30800	Attorney General	1,594.54	10,281.84	8,687.30	15.51%
30900	Board of Health Professions	2,278.87	8,590.28	6,311.41	26.53%
31100	Maintenance and Repairs	-	315.52	315.52	0.00%
31300	Emp. Recognition Program	-	242.79	242.79	0.00%
31400	Conference Center	7,393.53	4,399.46	(2,994.07)	168.06%
31500	Pgm Devlpmnt & Implmentn	2,036.18	8,432.44	6,396.26	24.15%
	Total Allocated Expenditures	121,339.47	389,525.62	268,186.15	31.15%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (117,973.19)	\$ 49,252.38	\$ 167,225.57	239.53%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	July	August	September	Total
4002400	Fee Revenue				
4002401	Application Fee	8,490.00	8,565.00	8,680.00	25,735.00
4002406	License & Renewal Fee	7,740.00	2,340.00	975.00	11,055.00
4002407	Dup. License Certificate Fee	105.00	35.00	25.00	165.00
4002409	Board Endorsement - Out	400.00	250.00	350.00	1,000.00
4002421	Monetary Penalty & Late Fees	2,750.00	625.00	300.00	3,675.00
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	70.00
	Total Fee Revenue	19,520.00	11,850.00	10,330.00	41,700.00
	Total Revenue	19,520.00	11,850.00	10,330.00	41,700.00
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	838.59	575.84	575.84	1,990.27
5011120	Fed Old-Age Ins- Sal St Emp	469.69	320.17	320.17	1,110.03
5011140	Group Insurance	81.42	55.92	55.92	193.26
5011150	Medical/Hospitalization Ins.	944.50	647.00	647.00	2,238.50
5011160	Retiree Medical/Hospitalizatn	73.35	50.36	50.36	174.07
5011170	Long term Disability Ins	41.04	28.18	28.18	97.40
	Total Employee Benefits	2,448.59	1,677.47	1,677.47	5,803.53
5011200	Salaries				
5011230	Salaries, Classified	6,278.55	4,268.58	4,268.58	14,815.71
	Total Salaries	6,278.55	4,268.58	4,268.58	14,815.71
5011340	Specified Per Diem Payment	50.00	300.00	-	350.00
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	140.00
	Total Special Payments	110.00	340.00	40.00	490.00
	Total Personal Services	8,837.14	6,286.05	5,986.05	21,109.24
5012000	Contractual Svcs				-
5012100	Communication Services				-
5012140	Postal Services	2,250.32	1,062.80	233.16	3,546.28
5012150	Printing Services	-	-	90.06	90.06
5012160	Telecommunications Svcs (VITA)	17.28	17.97	-	35.25
	Total Communication Services	2,267.60	1,080.77	323.22	3,671.59
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	4,175.09	4,277.00	185.47	8,637.56
5012440	Management Services	-	56.16	-	56.16
5012460	Public Infrmtnl & Relatn Svcs	-	32.00	86.00	118.00
	Total Mgmnt and Informational Svcs	4,175.09	4,365.16	271.47	8,811.72
5012600	Support Services				
5012640	Food & Dietary Services	-	-	151.35	151.35
5012660	Manual Labor Services	0.88	14.20	19.24	34.32
5012670	Production Services	5.12	88.80	115.10	209.02
5012680	Skilled Services	516.26	516.26	628.76	1,661.28
	Total Support Services	522.26	619.26	914.45	2,055.97

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	July	August	September	Total
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	325.82	804.64	-	1,130.46
5012850	Travel, Subsistence & Lodging	103.10	396.54	-	499.64
5012880	Trvl, Meal Reimb- Not Rprtbl	59.25	187.75	-	247.00
	Total Transportation Services	488.17	1,388.93	-	1,877.10
	Total Contractual Svs	7,453.12	7,454.12	1,509.14	16,416.38
5013000	Supplies And Materials				
5013100	Administrative Supplies				-
5013120	Office Supplies	-	15.16	(52.92)	(37.76)
	Total Administrative Supplies	-	15.16	(52.92)	(37.76)
	Total Supplies And Materials	-	15.16	(52.92)	(37.76)
5015000	Continuous Charges				
5015300	Operating Lease Payments				
5015340	Equipment Rentals	-	44.08	44.08	88.16
5015350	Building Rentals	-	2.43	-	2.43
5015390	Building Rentals - Non State	236.45	276.78	242.04	755.27
	Total Operating Lease Payments	236.45	323.29	286.12	845.86
	Total Continuous Charges	236.45	323.29	286.12	845.86
	Total Expenditures	16,526.71	14,078.62	7,728.39	38,333.72
	Allocated Expenditures				
20100	Behavioral Science Exec	13,383.57	9,499.45	8,837.75	31,720.77
30100	Data Center	9,456.09	4,308.36	9,509.72	23,274.18
30200	Human Resources	38.81	48.45	38.96	126.22
30300	Finance	5,191.26	2,677.75	2,631.86	10,500.87
30400	Director's Office	1,678.35	1,319.83	1,224.40	4,222.58
30500	Enforcement	10,944.14	10,365.40	10,376.01	31,685.55
30600	Administrative Proceedings	232.41	5,524.58	608.58	6,365.57
30700	Impaired Practitioners	57.88	43.12	39.60	140.60
30800	Attorney General	-	-	1,594.54	1,594.54
30900	Board of Health Professions	973.45	685.74	619.68	2,278.87
31400	Conference Center	5.02	9.52	7,378.99	7,393.53
31500	Pgm Devlpmnt & Implmentn	759.52	662.20	614.46	2,036.18
	Total Allocated Expenditures	42,720.51	35,144.40	43,474.56	121,339.47
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (39,727.22)	\$ (37,373.02)	\$ (40,872.95)	\$ (117,973.19)

# BEHAVIORAL SCIENCE BOARDS

## COUNSELING, PSYCHOLOGY, AND SOCIAL WORK

### Discipline Reports

August 11, 2017 - October 5, 2017

#### CASES RECEIVED and ACTIVE INVESTIGATIONS

	Counseling	Psychology	Social Work	BSU Total
Cases <b>Received</b> for Board review	28	14	8	50
Open <b>Investigations</b> in Enforcement	28	25	21	74

#### CASES CLOSED

Closure Category	Counseling	Psychology	Social Work	BSU Total
Closed – <b>no violation</b>	11	13	7	31
Closed – <b>undetermined</b>	1	0	0	1
Closed – <b>violation</b>	4	1	2	7
Credentials/Reinstatement – <b>Denied</b>	0	0	2	2
Credentials/Reinstatement – <b>Approved</b>	1	0	0	1
<b>TOTAL CASES CLOSED</b>	17	14	11	42

#### OPEN CASES AT BOARD LEVEL (as of October 5, 2017)

Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	27	13	10	50
Scheduled for Informal Conferences	5	0	1	6
Scheduled for Formal Hearings	0	2	1	3
Consent Orders offered	3	1	1	5
Cases with APD for processing (IFC, FH, Consent Order)	10	4	7	21
<b>TOTAL OPEN CASES</b>	45	20	20	85

# BEHAVIORAL SCIENCE BOARDS

*COUNSELING, PSYCHOLOGY, AND SOCIAL WORK*

## Discipline Reports

August 11, 2017 - October 5, 2017

### HEARINGS HELD and CONSENT ORDERS ENTERED

Board Action	Counseling	Psychology	Social Work	BSU Total
Consent Orders Entered	0	1	2	3
Informal Conferences Held Agency Subordinate	5	0	0	5
Informal Conferences Held Special Conference Committee	3	0	2	5
Formal Hearings Held	1	0	0	1
Summary Suspension Hearings Held	0	1	0	1

### UPCOMING HEARINGS (2017 - 2018)

Hearing/Conference Type	Counseling	Psychology	Social Work
Informal Conferences	December 8, 2017 February 23, 2018 June 1, 2018 July 27, 2018	November 14, 2017 February 27, 2018 June 5, 2018 July 24, 2018	November 17, 2017 March 2, 2018 June 8, 2018 July 20, 2018
Formal Hearings	---	February 6, 2018	October 27, 2017



# COMMONWEALTH of VIRGINIA

*Department of Health Professions*

David E. Brown D.C.  
Director

Perimeter Center  
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TEL (804) 367-4400  
FAX (804) 527-4475

## Issued License Report For Psychology - License Issued Date Between 08/15/2017 - 10/16/2017

### Board Psychology

Clinical Psychologist	66
Resident in Training	29
School Psychologist	1
School Psychologist-Limited	21
Sex Offender Treatment Provider	3
	<b>120</b>

Psychology

Total for

**Page 1 of 1**

**Run Date: 10/16/2017 10:34**



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# *Virginia's Licensed Clinical Psychologist Workforce: 2017*

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Healthcare Workforce Data Center

August 2017

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Richmond, VA 23233  
804-367-2115, 804-527-4466(fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

*2,989 Licensed Clinical Psychologists voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Psychology express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**David E. Brown, D.C.**  
*Director*

**Lisa R. Hahn, MPA**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

Elizabeth Carter, Ph.D.  
*Executive Director*

Yetty Shobo, Ph.D.  
*Deputy Director*

Laura Jackson  
*Operations Manager*

Chris Coyle  
*Research Assistant*

Julia Chambers  
*Intern*

# Virginia Board of Psychology

## ***Chair***

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*Charlottesville*

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Rebecca Vauter, Psy.D., ABPP  
*Petersburg*

Susan Brown Wallace, Ph.D.  
*Springfield*

## ***Executive Director***

Jaime H. Hoyle, J.D.

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# The Licensed Clinical Psychologist Workforce: At a Glance:

## The Workforce

Licensees:	3,453
Virginia's Workforce:	2,566
FTEs:	2,189

## Background

Rural Childhood:	19%
HS Degree in VA:	21%
Prof. Degree in VA:	28%

## Current Employment

Employed in Prof.:	95%
Hold 1 Full-time Job:	55%
Satisfied?:	96%

## Survey Response Rate

All Licensees:	87%
Renewing Practitioners:	95%

## Education

Doctor of Psych.:	54%
Other Ph.D.:	46%

## Job Turnover

Switched Jobs:	5%
Employed over 2 yrs:	72%

## Demographics

Female:	66%
Diversity Index:	28%
Median Age:	50

## Finances

Median Income:	\$80k-\$90k
Health Benefits:	62%
Under 40 w/ Ed debt:	72%

## Time Allocation




Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	66%

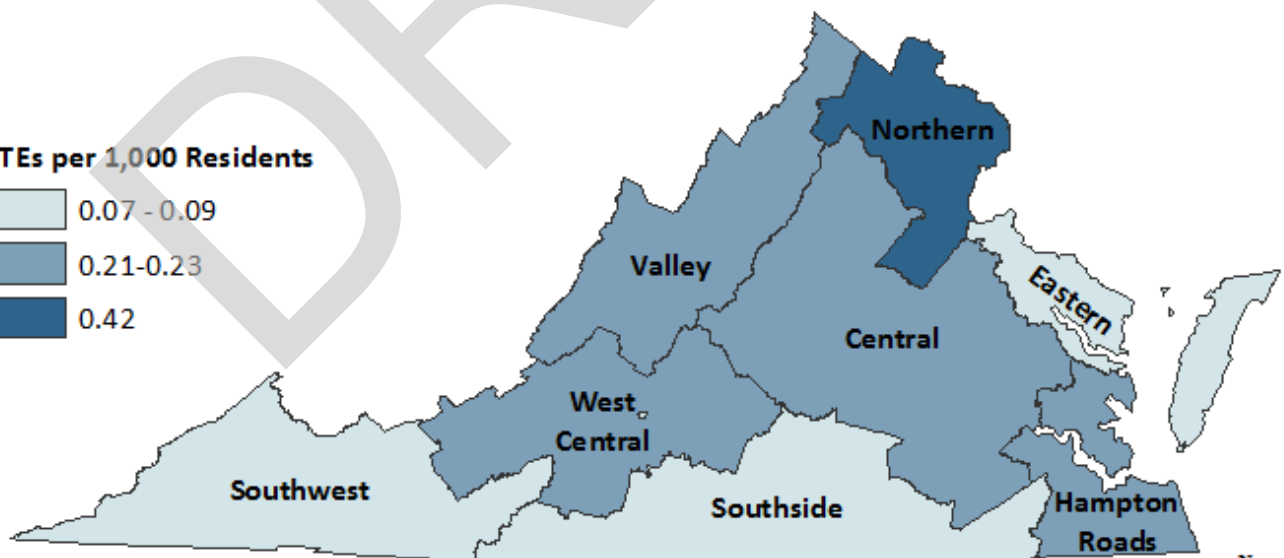
Source: Va. Healthcare Workforce Data Center

## Full Time Equivalency Units per 1,000 Residents by Council on Virginia's Future Regions

Source: VA Healthcare Workforce Data Center

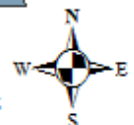
### FTEs per 1,000 Residents

	0.07 - 0.09
	0.21-0.23
	0.42



Annual Estimates of the Resident Population: July 1, 2015  
Source: U.S. Census Bureau Population Division

0 25 50 75 100  
Miles



2,989 Licensed Clinical Psychologists (LCPs) voluntarily took part in the 2017 Licensed Clinical Psychologist Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCPs. These survey respondents represent 87% of the 3,453 LCPs who are licensed in the state and 95% of renewing practitioners.

The HWDC estimates that 2,566 LCPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LCP at some point in the future. Between July 2016 and June 2017, Virginia's LCP workforce provided 2,189 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

66% of all LCPs are female, including 85% of those LCPs who are under the age of 40. In a random encounter between two LCPs, there is a 28% chance that they would be of different races or ethnicities, a measure known as the diversity index. For those LCPs who are under the age of 40, however, this value increases to 38%. Regardless, Virginia's LCP workforce is still less diverse than Virginia's population as a whole, which has a diversity index of 56%.

19% of all LCPs grew up in a rural area of Virginia, but just 5% of these professionals currently work in non-Metro areas of the state. Overall, just 3% of Virginia's LCPs currently work in non-Metro areas of the state. Meanwhile, 21% of all LCPs graduated from high school in Virginia, while 28% earned their initial professional degree in the state.

54% of the state's LCP workforce earned a Doctorate of Psychology as their highest professional degree, while the remaining LCPs received some other doctorate. In addition, 31% of all LCPs have a primary specialty in mental health, while 14% have a primary specialty related to children's health. 38% of all LCPs currently carry educational debt, including 72% of those under the age of 40. The median debt burden for those LCPs with educational debt is between \$80,000 and \$90,000.

95% of LCPs are currently employed in the profession. 55% currently hold one full-time position, while another 24% hold multiple positions. Only 5% of LCPs have switched jobs over the past 12 months, while 72% have worked at the same primary work location for at least two years. In addition, involuntary unemployment among LCPs was nearly non-existent over the past year, while 4% became unemployed voluntarily.

The median annual income for LCPs is between \$80,000 and \$90,000. In addition, among those LCPs who receive either an hourly wage or a salary at their primary work location, 73% also receive at least one employer-sponsored benefit. This includes 62% who have access to employer-sponsored health insurance and 60% who have access to some form of a retirement plan. 96% of LCPs indicate they are satisfied with their current employment situation, including 73% who indicate they are "very satisfied".

40% of all LCPs work in Northern Virginia, the most of any region in the state. In addition, another 24% of LCPs work in Central Virginia, while 17% work in Hampton Roads. 70% of all LCPs work in the private sector, including 58% who work at a for-profit institution. Meanwhile, private solo practices are the most common establishment type in Virginia, employing 27% of state's LCP workforce. Another 24% of the state's LCP workforce is employed at private group practices.

A typical LCP spends approximately 75% of her time treating patients. In fact, 66% serve a patient care role, meaning that at least 60% of their time is spent in patient care activities. In addition, the typical LCP treats between 1 and 24 patients per week at their primary work location, and approximately 59% of these patients are adults.

15% of all LCPs expect to retire by the age of 65. 25% of the current workforce expects to retire in the next ten years, while half the current workforce expects to retire by 2042. Over the next two years, 11% of LCPs plan on increasing patient care activities, while 4% plan on pursuing additional educational opportunities.

## Summary of Trends

---

Virginia had 429 more licensed clinical psychologists (LCPs) in 2017 compared to 2013. The number of clinical psychologists working in the state also increased from 2,326 in 2013 to 2,566 in 2017. Both sets of numbers have been on a four-year upward trend. However, this steady increase in workforce has resulted in a steady increase in full time equivalency units for the state. In 2013, 2,326 LCPs in the state provided 2,106 FTEs compared to the 2,189 FTEs provided by 2,566 LCPs in 2017. In 2014, 2,191 LCPs in the state provided 2,191 FTEs but FTEs dropped to 2,158 in 2015 before rising back up to 2,191 in 2016. The percent reporting they had a full-time position has increased steadily, but the percent reporting working more than 60 hours a week has declined overall. The percent reporting working more than 60 hours a week was at its lowest in 2015 at 5.7% when FTEs also dropped to its lowest point.

More clinical psychologists responded to the survey in 2017 than in 2013. The response rate for all clinical psychologists increased from 75% to 87% from 2013 to 2017 and the response rate for renewing clinical psychologists, the survey population, increased from 88% to 95%. Both rates have trended upward in the past four years.

There is some evidence of increasing gender racial/ethnic diversity in the state's LCP workforce. The diversity index of the LCP workforce increased from 24% in 2013 to 28% in 2017. Although the 38% diversity index of LCPs under age 40 is above the overall LCP population's, it is still well below the state average of 56%. The median age has lowered from 52 to 50 years old.

The rate of respondents reporting a rural childhood background has remained steadily around the 19% reported in 2017. Overall, 3% of all clinical psychologists work in rural areas in 2017; this rate is the lowest in the past four years. The percent of those reporting a rural childhood background that work in non-metro areas of the state has also declined from 6% in 2013 to 5% in 2017. The percent of LCPs reporting they attended high school in Virginia has increased steadily from 19% in 2013 to 21% in 2017. The rate of those who received their professional education in Virginia has consistently remained around 29% over the past 4 years.

Some changes were seen in the percent of LCPs with education debt between 2013 and 2017. The percent of those LCPs under age 40 who reported having education debt declined from 74% in 2013 to 72% in 2017; however, the debt distribution changed. For clinical psychologists of all ages, the percent with debt increased from 33% to 38%. Additionally, for all LCPs as well as only those under age 40, the percent with debt greater than \$150,000 doubled from 2013 to 2017: 6% to 12% for all and 16% to 30% for those under 40 years old.

The employment outlook continues to be strong for LCPs in Virginia. Unemployment is nearly non-existent. Further, employment quality has remained consistently high with over 95% of Virginia's clinical psychologists reporting they were satisfied with their jobs. Median income also increased from \$75,000-\$80,000 in 2013 to \$80,000-\$90,000 in 2017. The percent reporting a future plan to leave Virginia within the next two years increased from 2% in 2013 to 3% in 2017.

Fewer LCPs indicated they planned to increase their patient load in the next two years. In 2013, 16% reported they planned on increasing their patient care hours meanwhile 11% indicated they did in 2017. Additionally, the rate of those intending to increase their teaching hours declined from 8% in 2013 to 5% in 2017. There was also a decrease in those planning to pursue additional education in the next two years. This went from 6% in 2013 to 4% in 2017.

The percent of clinical psychologists who expect to retire by age 65 decreased slightly from 16% in 2013 to 15% in 2017. For LCPs over 50 years old those who expect to retire by age 65 dropped from 10% in 2013 to 8% in 2017. However, there has been an increase from 24% to 25% in those reporting that they expect to retire in the next decade. Further, as revealed in the last four years of data, half of the LCP workforce plan to retire in another two decades from the survey year.

**A Closer Look:**

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	3,031	88%
<b>New Licensees</b>	268	8%
<b>Non-Renewals</b>	154	4%
<b>All Licensees</b>	<b>3,453</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed LCPs**

Number:	3,453
New:	8%
Not Renewed:	4%

**Response Rates**

All Licensees:	87%
Renewing Practitioners:	95%

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. 95% of renewing LCPs submitted a survey. These represent 87% of LCPs who held a license at some point during the survey time period.*

Response Rates	
<b>Completed Surveys</b>	2,989
<b>Response Rate, all licensees</b>	87%
<b>Response Rate, Renewals</b>	95%

Source: Va. Healthcare Workforce Data Center

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
<b>Under 35</b>	83	286	78%
<b>35 to 39</b>	81	420	84%
<b>40 to 44</b>	40	387	91%
<b>45 to 49</b>	33	389	92%
<b>50 to 54</b>	37	257	87%
<b>55 to 59</b>	25	258	91%
<b>60 to 64</b>	45	326	88%
<b>65 and Over</b>	120	666	85%
<b>Total</b>	<b>464</b>	<b>2,989</b>	<b>87%</b>
<b>New Licenses</b>			
<b>Issued in Past Year</b>	147	121	45%
<b>Metro Status</b>			
<b>Non-Metro</b>	13	86	87%
<b>Metro</b>	273	2,163	89%
<b>Not in Virginia</b>	178	740	81%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- 1. The Survey Period:** The survey was conducted in June 2017.
- 2. Target Population:** All LCPs who held a Virginia license at some point between July 2016 and June 2017.
- 3. Survey Population:** The survey was available to LCPs who renewed their licenses online. It was not available to those who did not renew, including LCPs newly licensed in 2017.



## At a Glance:

### Workforce

Virginia's LCP Workforce: 2,566  
 FTEs: 2,189

### Utilization Ratios

Licensees in VA Workforce: 74%  
 Licensees per FTE: 1.58  
 Workers per FTE: 1.17

Source: Va. Healthcare Workforce Data Center

Virginia's LCP Workforce		
Status	#	%
Worked in Virginia in Past Year	2,519	98%
Looking for Work in Virginia	47	2%
Virginia's Workforce	2,566	100%
Total FTEs	2,189	
Licensees	3,453	

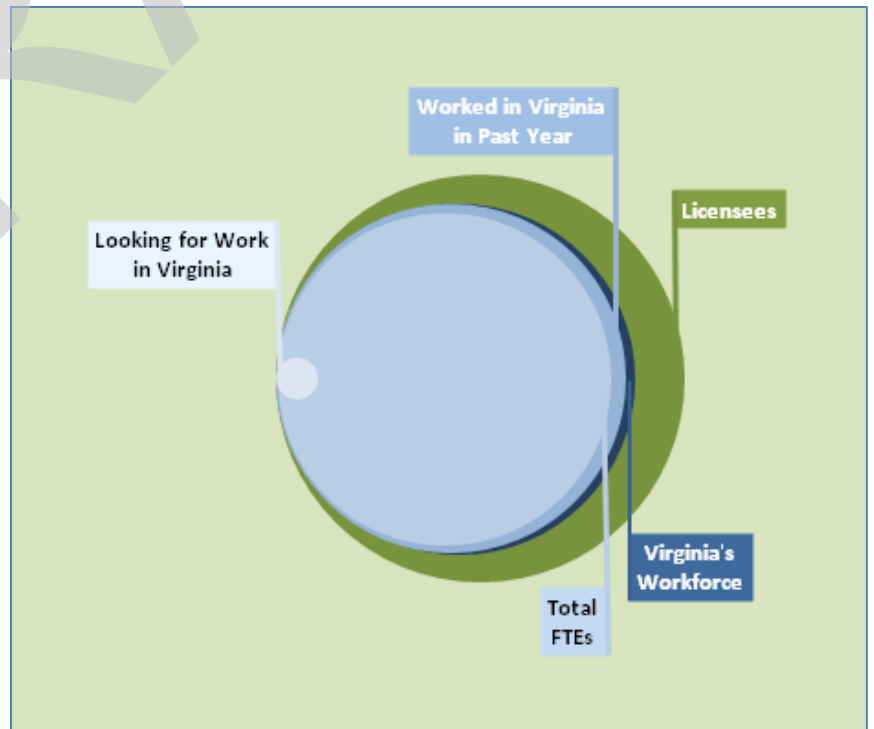
Source: Va. Healthcare Workforce Data Center

## Definitions

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

*This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:*

[www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc)



Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	31	13%	209	87%	239	11%
35 to 39	56	17%	274	83%	330	15%
40 to 44	55	21%	203	79%	258	12%
45 to 49	68	25%	205	75%	273	12%
50 to 54	52	30%	122	70%	174	8%
55 to 59	59	35%	110	65%	170	8%
60 to 64	132	54%	112	46%	243	11%
65 +	303	60%	199	40%	502	23%
<b>Total</b>	<b>756</b>	<b>35%</b>	<b>1,434</b>	<b>66%</b>	<b>2,190</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Gender**

% Female: 66%  
% Under 40 Female: 85%

**Age**

Median Age: 50  
% Under 40: 26%  
% 55+: 42%

**Diversity**

Diversity Index: 28%  
Under 40 Div. Index: 38%

Source: Va. Healthcare Workforce Data Center

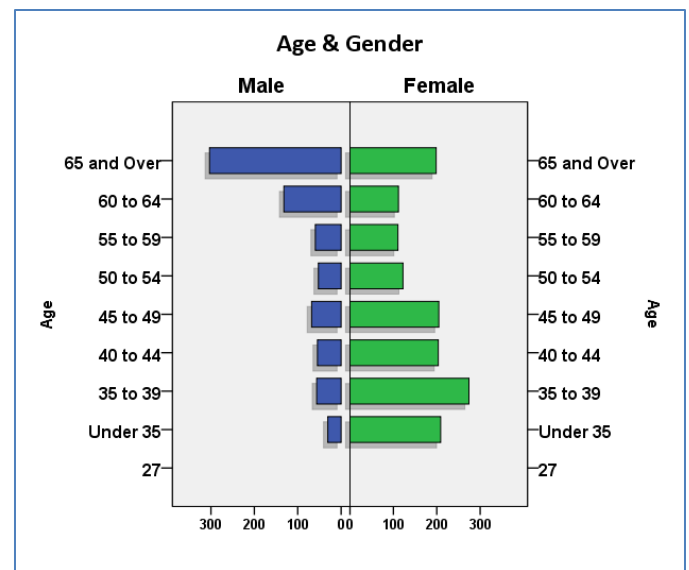
Race & Ethnicity					
Race/Ethnicity	Virginia*	LCPs		LCPs under 40	
	%	#	%	#	%
White	63%	1,857	85%	447	78%
Black	19%	132	6%	44	8%
Asian	6%	61	3%	27	5%
Other Race	0%	19	1%	6	1%
Two or more races	3%	43	2%	15	3%
Hispanic	9%	84	4%	32	6%
<b>Total</b>	<b>100%</b>	<b>2,196</b>	<b>100%</b>	<b>571</b>	<b>100%</b>

\*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2014.

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two LCPs, there is a 28% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index).*

*26% of all LCPs are under the age of 40, and 85% of these professionals are female. In addition, the diversity index among LCPs who are under the age of 40 is 38%.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 18%  
 Rural Childhood: 19%

### Virginia Background

HS in Virginia: 21%  
 Prof. Ed. in VA: 28%  
 HS or Prof. Ed. in VA: 39%

### Location Choice

% Rural to Non-Metro: 5%  
 % Urban/Suburban to Non-Metro: 3%

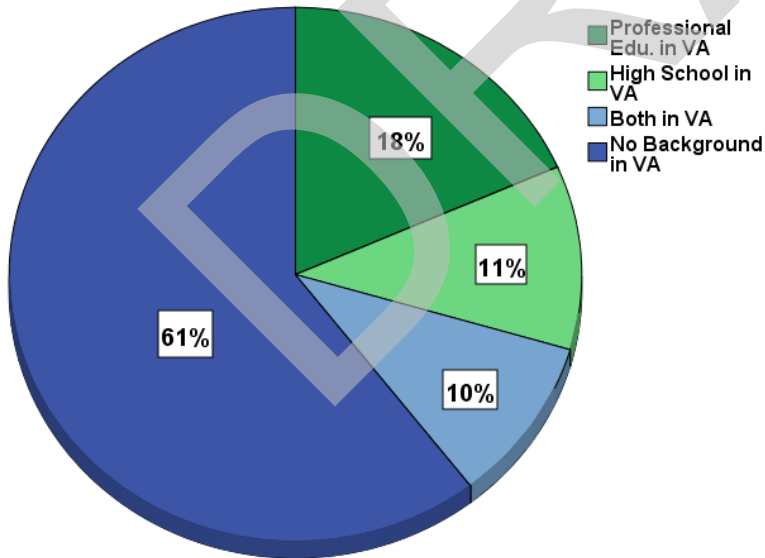
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	17%	65%	18%
2	Metro, 250,000 to 1 million	24%	62%	14%
3	Metro, 250,000 or less	24%	55%	21%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adj	11%	67%	22%
6	Urban pop, 2,500-19,999, Metro adj	28%	59%	13%
7	Urban pop, 2,500-19,999, nonadj	56%	22%	22%
8	Rural, Metro adj	13%	75%	13%
9	Rural, nonadj	33%	44%	22%
<b>Overall</b>		<b>19%</b>	<b>63%</b>	<b>18%</b>

Source: Va. Healthcare Workforce Data Center

### Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

19% of LCPs grew up in self-described rural areas, and 5% of these professionals currently work in non-metro counties. Overall, 3% of all LCPs in the state currently work in non-metro counties.

## Top Ten States for Licensed Clinical Psychologist Recruitment

Rank	All LCPs			
	High School	#	Init. Prof Degree	#
1	Virginia	458	Virginia	599
2	New York	262	Washington, D.C.	190
3	Maryland	154	California	159
4	Pennsylvania	150	Florida	120
5	New Jersey	108	New York	101
6	California	81	Ohio	84
7	Ohio	78	Pennsylvania	78
8	Outside U.S./Canada	76	Illinois	75
9	Florida	66	Maryland	58
10	North Carolina	62	Texas	52

Source: Va. Healthcare Workforce Data Center

*21% of licensed LCPs received their high school degree in Virginia, and 28% received their initial professional degree in the state.*

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	148	Virginia	211
2	New York	77	Washington, D.C.	70
3	Maryland	50	California	61
4	Pennsylvania	40	Florida	42
5	Ohio	31	New York	38
6	New Jersey	31	Pennsylvania	35
7	Outside U.S./Canada	29	Illinois	31
8	California	29	Maryland	26
9	North Carolina	20	Ohio	23
10	Florida	20	Tennessee	17

Source: Va. Healthcare Workforce Data Center

*Among LCPs who received their initial license in the past five years, 21% received their high school degree in Virginia, while 30% received their initial professional degree in the state.*

*26% of Virginia's licensees did not participate in the state's LCP workforce during the past year. 93% of these professional worked at some point in the past year, including 87% who worked in a job related to behavioral sciences.*

### At a Glance:

#### Not in VA Workforce

Total:	887
% of Licensees:	26%
Federal/Military:	33%
Va. Border State/DC:	30%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	0	0%
Master's Degree	0	0%
Doctor of Psychology	1,170	54%
Other Doctorate	979	46%
<b>Total</b>	<b>2,149</b>	<b>100%</b>

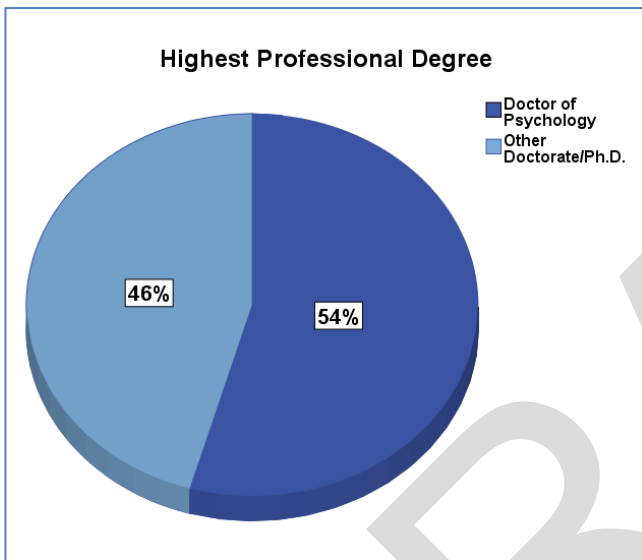
Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Education**  
 Doctor of Psychology: 54%  
 Other Doctorate/Ph.D.: 46%

**Educational Debt**  
 Carry debt: 38%  
 Under age 40 w/ debt: 72%  
 Median debt: \$80k-\$90k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*54% of LCPs hold a Doctorate of Psychology as their highest professional degree. 38% of LCPs carry educational debt, including 72% of those under the age of 40. The median debt burden among LCPs with educational debt is between \$80,000 and \$90,000.*

Amount Carried	All LCPs		LCPs under 40	
	#	%	#	%
None	1,200	62%	145	28%
Less than \$10,000	53	3%	19	4%
\$10,000-\$19,999	36	2%	7	1%
\$20,000-\$29,999	42	2%	16	3%
\$30,000-\$39,999	48	2%	17	3%
\$40,000-\$49,999	38	2%	18	4%
\$50,000-\$59,999	45	2%	21	4%
\$60,000-\$69,999	33	2%	13	3%
\$70,000-\$79,999	36	2%	18	4%
\$80,000-\$89,999	42	2%	11	2%
\$90,000-\$99,999	28	1%	11	2%
\$100,000-\$109,999	36	2%	18	4%
\$110,000-\$119,999	17	1%	8	2%
\$120,000-\$129,999	30	2%	22	4%
\$130,000-\$139,999	16	1%	6	1%
\$140,000-\$149,999	15	1%	9	2%
\$150,000 or More	227	12%	152	30%
<b>Total</b>	<b>1,942</b>	<b>100%</b>	<b>511</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

**At a Glance:**

**Primary Specialty**

Mental Health: 31%  
 Child: 14%  
 Forensic: 7%

**Secondary Specialty**

Mental Health: 12%  
 Child: 9%  
 Behavioral Disorders: 8%

Source: Va. Healthcare Workforce Data Center

*31% of all LCPs have a primary specialty in mental health. Another 14% have a primary specialty in children’s health, while 7% have a primary specialty in forensic science.*

Specialty	Specialties			
	Primary		Secondary	
	#	%	#	%
<b>Mental Health</b>	657	31%	231	12%
<b>Child</b>	300	14%	176	9%
<b>Forensic</b>	141	7%	131	7%
<b>Neurology/Neuropsychology</b>	132	6%	55	3%
<b>Behavioral Disorders</b>	75	4%	142	8%
<b>Health/Medical</b>	71	3%	119	6%
<b>School/Educational</b>	40	2%	66	4%
<b>Family</b>	38	2%	133	7%
<b>Marriage</b>	24	1%	78	4%
<b>Substance Abuse</b>	18	1%	53	3%
<b>Rehabilitation</b>	18	1%	28	1%
<b>Gerontologic</b>	17	1%	27	1%
<b>Industrial-Organizational</b>	10	0%	11	1%
<b>Vocational/Work Environment</b>	8	0%	18	1%
<b>Experimental or Research</b>	6	0%	17	1%
<b>Sex Offender Treatment</b>	4	0%	14	1%
<b>Public Health</b>	4	0%	8	1%
<b>Social</b>	0	0%	4	0%
<b>Other Specialty Area</b>	120	6%	169	9%
<b>General Practice (Non-Specialty)</b>	446	21%	401	21%
<b>Total</b>	<b>2,128</b>	<b>100%</b>	<b>1,881</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 95%  
 Involuntarily Unemployed: < 1%

### Positions Held

1 Full-time: 55%  
 2 or More Positions: 24%

### Weekly Hours:

40 to 49: 41%  
 60 or more: 7%  
 Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	2	0%
Employed in a behavioral sciences-related capacity	2,050	95%
Employed, NOT in a behavioral sciences-related capacity	39	2%
Not working, reason unknown	0	0%
Involuntarily unemployed	2	0%
Voluntarily unemployed	32	2%
Retired	36	2%
<b>Total</b>	<b>2,161</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

95% of LCPs are currently employed in their profession. 55% of LCPs hold one full-time job, and 41% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	70	3%
1 to 9 hours	52	2%
10 to 19 hours	156	7%
20 to 29 hours	200	9%
30 to 39 hours	329	15%
40 to 49 hours	869	41%
50 to 59 hours	309	14%
60 to 69 hours	120	6%
70 to 79 hours	20	1%
80 or more hours	7	0%
<b>Total</b>	<b>2,132</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	70	3%
One Part-Time Position	381	18%
Two Part-Time Positions	141	7%
One Full-Time Position	1,173	55%
One Full-Time Position & One Part-Time Position	314	15%
Two Full-Time Positions	11	1%
More than Two Positions	40	2%
<b>Total</b>	<b>2,130</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	18	1%
Less than \$40,000	184	11%
\$40,000-\$49,999	80	5%
\$50,000-\$59,999	112	7%
\$60,000-\$69,999	182	11%
\$70,000-\$79,999	154	9%
\$80,000-\$89,999	196	12%
\$90,000-\$99,999	151	9%
\$100,000-109,999	193	11%
\$110,000-\$119,999	116	7%
\$120,000-\$129,999	89	5%
\$130,000 or More	240	13%
<b>Total</b>	<b>1,714</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$80k-\$90k

**Benefits**  
(Salary & Wage Employees only)  
Health Insurance: 62%  
Retirement: 60%

**Satisfaction**  
Satisfied: 96%  
Very Satisfied: 73%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,525	73%
Somewhat Satisfied	494	24%
Somewhat Dissatisfied	62	3%
Very Dissatisfied	14	1%
<b>Total</b>	<b>2,094</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

The typical LCP earned between \$80,000 and \$90,000 per year. Among LCPs who received either an hourly wage or salary as compensation at the primary work location, 62% received health insurance and 60% also had access to some form of a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Health Insurance	815	40%	62%
Retirement	806	39%	60%
Paid Vacation	782	38%	62%
Paid Sick Leave	757	37%	61%
Dental Insurance	694	34%	55%
Group Life Insurance	579	28%	46%
Signing/Retention Bonus	60	3%	5%
<b>At Least One Benefit</b>	<b>990</b>	<b>48%</b>	<b>73%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	18	1%
Experience Voluntary Unemployment?	98	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	37	1%
Work two or more positions at the same time?	558	22%
Switch employers or practices?	134	5%
<b>Experienced at least one</b>	<b>735</b>	<b>29%</b>

Source: Va. Healthcare Workforce Data Center

*Only 1% of Virginia's LPCs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 3.9% during the past 12 months.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	22	1%	19	3%
Less than 6 Months	69	3%	45	8%
6 Months to 1 Year	177	9%	47	8%
1 to 2 Years	322	16%	100	17%
3 to 5 Years	423	20%	118	20%
6 to 10 Years	344	17%	88	15%
More than 10 Years	716	35%	170	29%
<b>Subtotal</b>	<b>2,073</b>	<b>100%</b>	<b>587</b>	<b>100%</b>
Did not have location	51		1,953	
Item Missing	442		25	
<b>Total</b>	<b>2,566</b>		<b>2,566</b>	

Source: Va. Healthcare Workforce Data Center

*49% of LPCs are salaried employees, while 31% receive income from their own business/practice.*

## At a Glance:

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 1%

**Turnover & Tenure**

Switched Jobs: 5%  
New Location: 16%  
Over 2 years: 72%  
Over 2 yrs, 2<sup>nd</sup> location: 64%

**Employment Type**

Salary/Commission: 49%  
Business/Practice Income: 31%

Source: Va. Healthcare Workforce Data Center

*72% of LCPs have worked at their primary location for more than two years, while 5% have switched jobs during the past 12 months.*

Employment Type		
Primary Work Site	#	%
Salary/Commission	840	49%
Hourly Wage	190	11%
By Contract	149	9%
Business/Practice Income	525	31%
Unpaid	8	0%
<b>Subtotal</b>	<b>1,711</b>	<b>100%</b>
Did Not Have Location	51	
Item Missing	804	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.6% in April 2017 to 4.2% in January 2017. The rate for June 2017, the last month used in this calculation, is preliminary.

## At a Glance:

### Concentration

Top Region:	40%
Top 3 Regions:	81%
Lowest Region:	< 1%

### Locations

2 or more (Past Year):	29%
2 or more (Now*):	27%

Source: Va. Healthcare Workforce Data Center

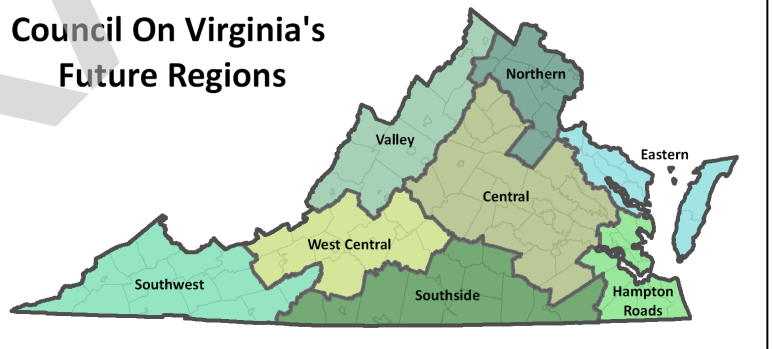
40% of LCPs work in Northern Virginia, the most of any region in the state. Another 24% work in Central Virginia, while 17% work in Hampton Roads.

## A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	494	24%	129	21%
Eastern	10	0%	2	0%
Hampton Roads	350	17%	90	15%
Northern	836	40%	211	35%
Southside	21	1%	9	1%
Southwest	26	1%	13	2%
Valley	113	5%	24	4%
West Central	171	8%	37	6%
Virginia Border State/DC	36	2%	44	7%
Other US State	18	1%	42	7%
Outside of the US	1	0%	0	0%
<b>Total</b>	<b>2,076</b>	<b>100%</b>	<b>601</b>	<b>100%</b>
Item Missing	437		12	

Source: Va. Healthcare Workforce Data Center

## Council On Virginia's Future Regions



27% of all LCPs currently have multiple work locations, while 28% have had multiple work locations during the past year.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	47	2%	67	3%
1	1,462	69%	1,478	70%
2	301	14%	292	14%
3	268	13%	260	12%
4	26	1%	10	1%
5	5	0%	3	0%
6 or More	12	1%	10	1%
<b>Total</b>	<b>2,121</b>	<b>100%</b>	<b>2,121</b>	<b>100%</b>

\*At the time of survey completion, June 2017.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	1,127	58%	400	73%
<b>Non-Profit</b>	233	12%	76	14%
<b>State/Local Government</b>	330	17%	55	10%
<b>Veterans Administration</b>	102	5%	3	1%
<b>U.S. Military</b>	88	5%	7	1%
<b>Other Federal Government</b>	58	3%	6	1%
<b>Total</b>	<b>1,938</b>	<b>100%</b>	<b>547</b>	<b>100%</b>
<b>Did not have location</b>	51		1,953	
<b>Item Missing</b>	577		65	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For Profit: 58%

Federal: 13%

**Top Establishments**

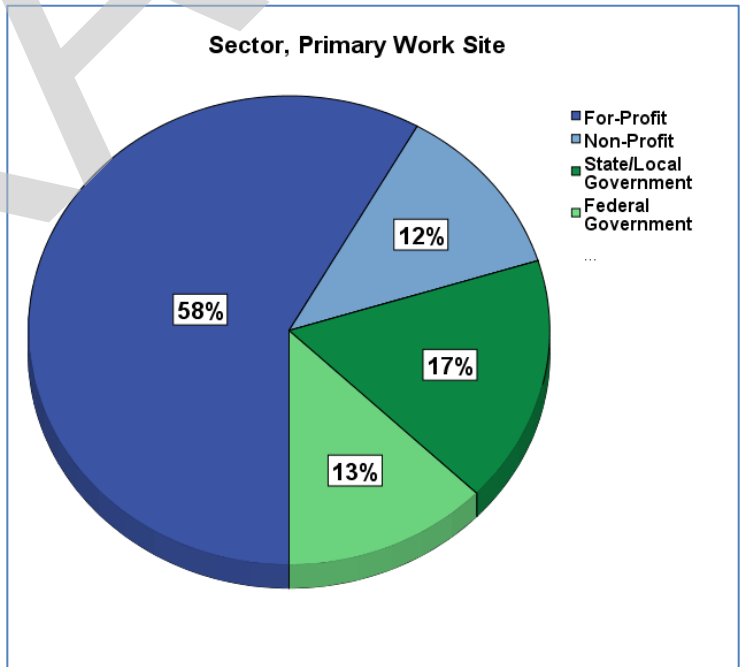
Private Practice, Solo: 27%

Private Practice, Group: 24%

Academic Institution: 10%

Source: Va. Healthcare Workforce Data Center

*70% of LCPs work in the private sector, including 58% who work at for-profit establishments. Another 17% of LCPs work for state or local governments.*



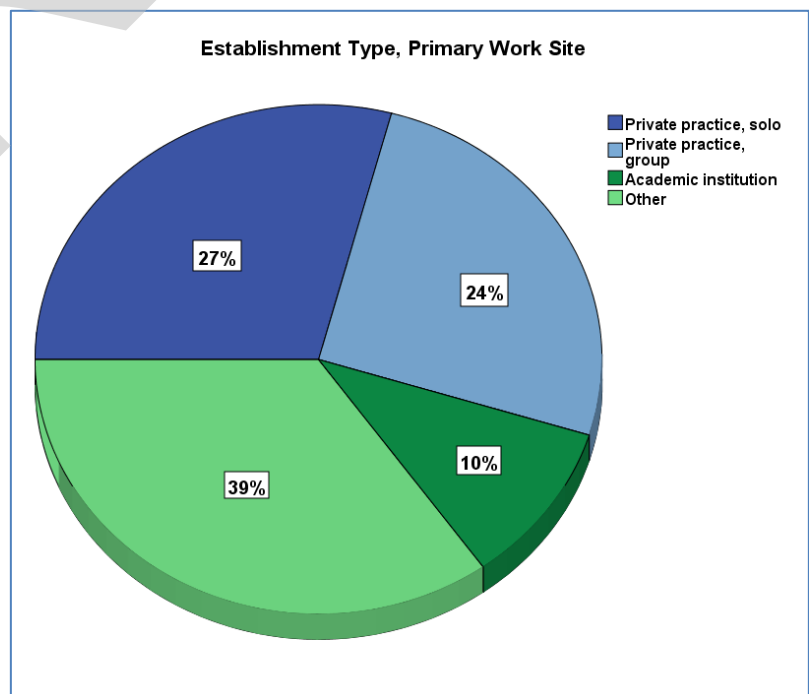
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Private practice, solo	492	27%	157	30%
Private practice, group	433	24%	124	24%
Academic institution (teaching health professions students)	175	10%	65	12%
Hospital, general	109	6%	12	2%
Mental health facility, outpatient	104	6%	30	6%
Hospital, psychiatric	87	5%	16	3%
School (providing care to clients)	75	4%	16	3%
Community-based clinic or health center	59	3%	16	3%
Community Services Board	41	2%	5	1%
Administrative or regulatory	32	2%	4	1%
Corrections/Jail	30	2%	7	1%
Residential mental health/substance abuse facility	22	1%	4	1%
Rehabilitation facility	22	1%	6	1%
Physician office	16	1%	6	1%
Other Practice Setting	131	6%	56	8%
<b>Total</b>	<b>1,828</b>	<b>100%</b>	<b>524</b>	<b>100%</b>
Did Not Have a Location	51		1,953	

The primary location for over half of all LCPs is either a solo or group private practice; another 10% of LCPs works at an academic institution.

Source: Va. Healthcare Workforce Data Center

Among those LCPs who also have a secondary work location, 54% work at either a solo or group private practice, while 12% work at an academic institution.



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

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

### Roles

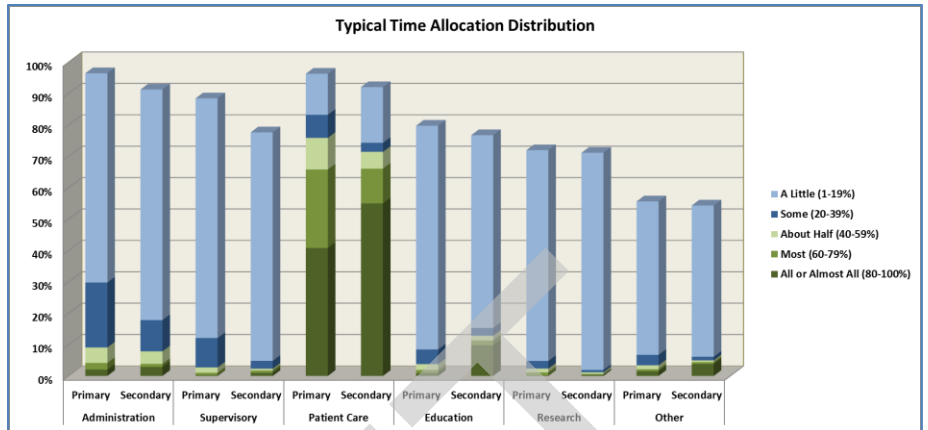
Patient Care: 66%  
Administrative: 4%  
Education: 2%

### Patient Care LCPs

Median Admin Time: 1%-9%  
Ave. Admin Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



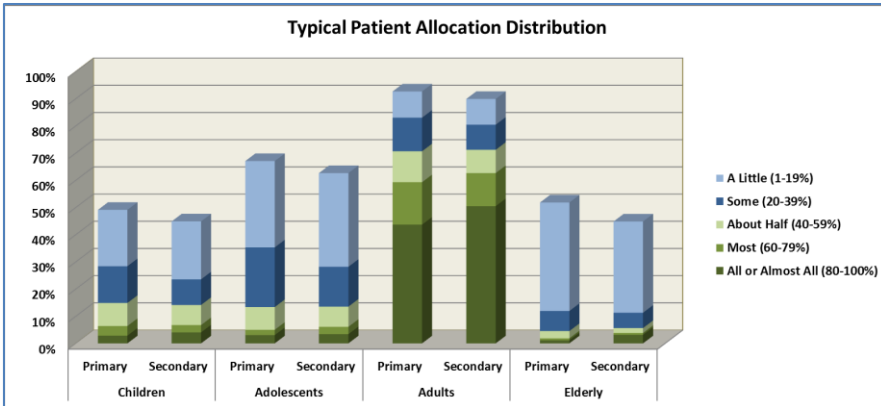
Source: Va. Healthcare Workforce Data Center

*The typical LCP spends approximately 75% of her time treating patients. In fact, 66% of all LCPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Allocation													
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other		
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	
<b>All or Almost All (80-100%)</b>	2%	3%	0%	1%	41%	55%	1%	10%	0%	0%	1%	4%	
<b>Most (60-79%)</b>	2%	1%	1%	1%	25%	11%	1%	2%	1%	0%	1%	1%	
<b>About Half (40-59%)</b>	5%	4%	2%	1%	10%	5%	2%	2%	1%	1%	1%	1%	
<b>Some (20-39%)</b>	21%	10%	9%	2%	7%	3%	5%	2%	2%	1%	3%	1%	
<b>A Little (1-19%)</b>	67%	73%	76%	73%	13%	18%	71%	61%	67%	69%	49%	48%	
<b>None (0%)</b>	4%	9%	12%	22%	4%	8%	20%	23%	28%	29%	44%	46%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:  
(Primary Locations)

Typical Patient Allocation

Children: None  
 Adolescents: 1%-9%  
 Adults: 70%-79%  
 Elderly: 1%-9%

Roles

Children: 6%  
 Adolescents: 5%  
 Adults: 59%  
 Elderly: 2%

Source: Va. Healthcare Workforce Data Center

Approximately 75% of all patients seen by a typical LCP at her primary work location are adults. In addition, 59% of LCPs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Time Spent	Patient Allocation							
	Children		Adolescents		Adults		Elderly	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	3%	4%	3%	3%	44%	50%	1%	3%
<b>Most (60-79%)</b>	4%	3%	2%	3%	16%	12%	1%	1%
<b>About Half (40-59%)</b>	8%	7%	8%	7%	11%	9%	3%	2%
<b>Some (20-39%)</b>	14%	9%	22%	15%	12%	9%	7%	6%
<b>A Little (1-19%)</b>	21%	21%	32%	34%	10%	9%	40%	34%
<b>None (0%)</b>	51%	55%	33%	37%	7%	10%	48%	55%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Patients Per Week

Primary Location: 1-24

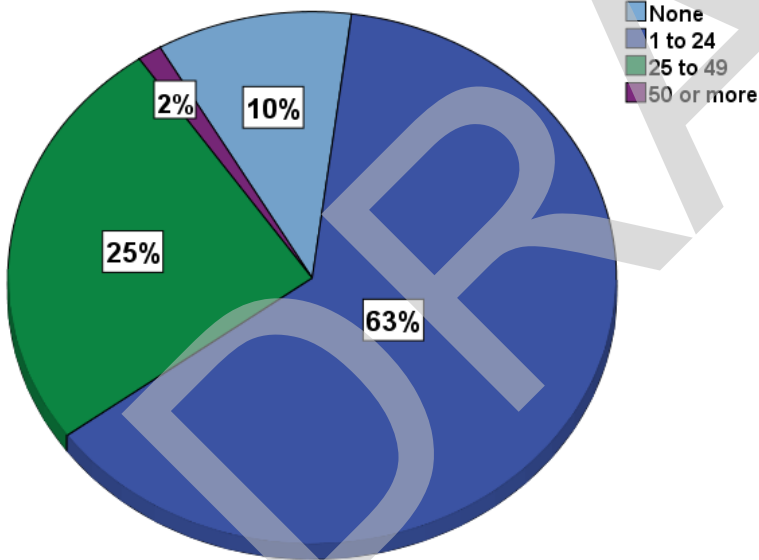
Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
<b>None</b>	200	10%	110	20%
<b>1 to 24</b>	1,210	63%	408	76%
<b>25 to 49</b>	490	25%	17	3%
<b>50 to 74</b>	12	1%	0	0%
<b>75 or More</b>	12	1%	3	0%
<b>Total</b>	<b>1,925</b>	<b>100%</b>	<b>539</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### Patients Per Week, Primary Work Site



63% of all LCPs treat between 1 and 24 patients per week at their primary work location. Among those LCPs who also have a secondary work location, 76% treat between 1 and 24 patients per week.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All LCPs		LCPs over 50	
	#	%	#	%
<b>Under age 50</b>	8	0%	-	-
<b>50 to 54</b>	9	0%	1	0%
<b>55 to 59</b>	63	3%	8	1%
<b>60 to 64</b>	194	10%	62	7%
<b>65 to 69</b>	593	32%	240	26%
<b>70 to 74</b>	505	27%	293	32%
<b>75 to 79</b>	201	11%	132	14%
<b>80 or over</b>	77	4%	55	6%
<b>I do not intend to retire</b>	227	12%	137	15%
<b>Total</b>	<b>1,877</b>	<b>100%</b>	<b>928</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All LCPs**

Under 65: 15%

Under 60: 4%

**LCPs 50 and over**

Under 65: 8%

Under 60: 1%

**Time until Retirement**

Within 2 years: 7%

Within 10 years: 25%

Half the workforce: By 2042

Source: Va. Healthcare Workforce Data Center

4% of LCPs expect to retire no later than the age of 60, while 15% expect to retire by the age of 65. Among those LCPs who are ages 50 or over, 8% still expect to retire by the age of 65.

Within the next two years, only 2% of Virginia's LCPs plan on leaving the state to practice elsewhere, while 1% plans on leaving the profession entirely. Meanwhile, 11% plan on increasing patient care hours, and 4% expect to pursue additional educational opportunities.

Future Plans		
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	25	1%
<b>Leave Virginia</b>	54	2%
<b>Decrease Patient Care Hours</b>	247	10%
<b>Decrease Teaching Hours</b>	28	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	293	11%
<b>Increase Teaching Hours</b>	139	5%
<b>Pursue Additional Education</b>	102	4%
<b>Return to Virginia's Workforce</b>	17	1%

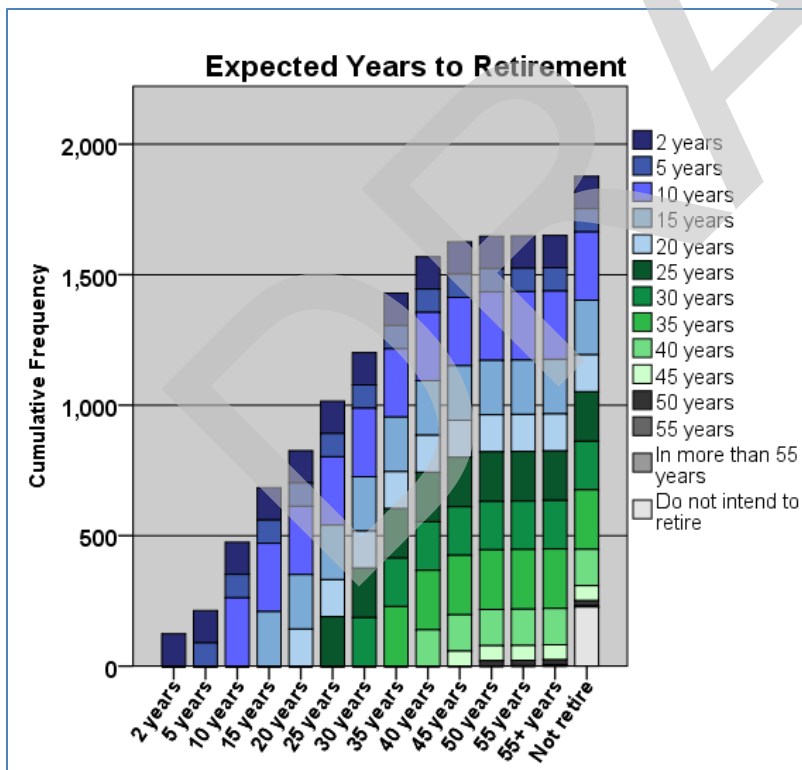
Source: Va. Healthcare Workforce Data Center



By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCPs. 7% of LCPs expect to retire in the next two years, while 25% plan on retiring in the next ten years. More than half of the current LCP workforce expects to retire by 2042.

Time to Retirement			
Expect to retire within...	#	%	Cumulative %
2 years	124	7%	7%
5 years	89	5%	11%
10 years	262	14%	25%
15 years	209	11%	36%
20 years	142	8%	44%
25 years	190	10%	54%
30 years	186	10%	64%
35 years	228	12%	76%
40 years	139	7%	84%
45 years	57	3%	87%
50 years	21	1%	88%
55 years	1	0%	88%
In more than 55 years	2	0%	88%
Do not intend to retire	227	12%	100%
<b>Total</b>	<b>1,877</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to average over 10% of the current workforce every five years by 2027. Retirements will peak at 14% of the current workforce around the same period.

## At a Glance:

### FTEs

Total: 2,189  
 FTEs/1,000 Residents: 0.263  
 Average: 0.87

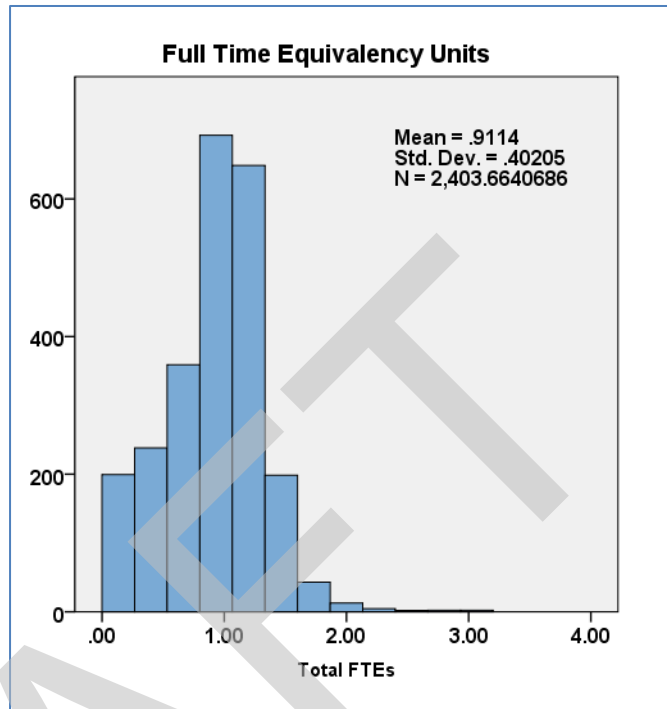
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Medium  
 Gender, Partial Eta<sup>2</sup>: Small

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

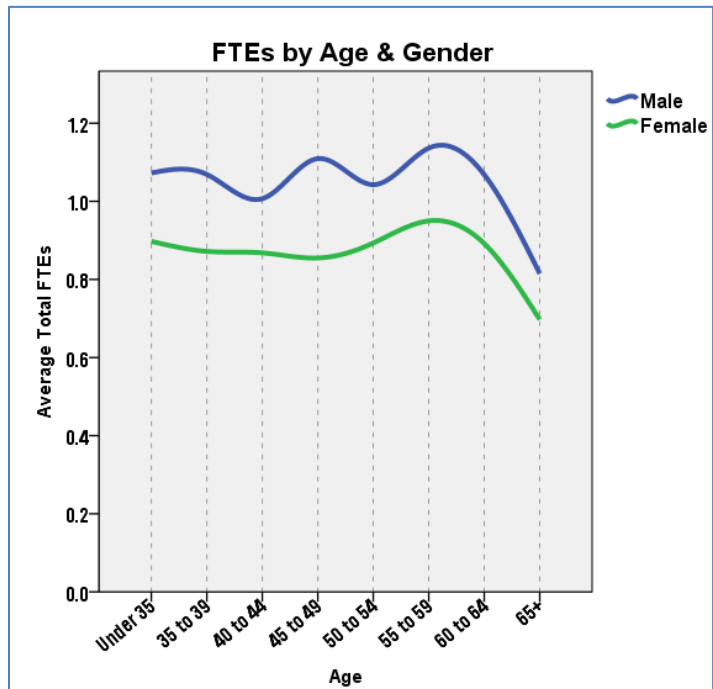


Source: Va. Healthcare Workforce Data Center

The typical (median) LCP provided 0.93 FTEs, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.<sup>2</sup>

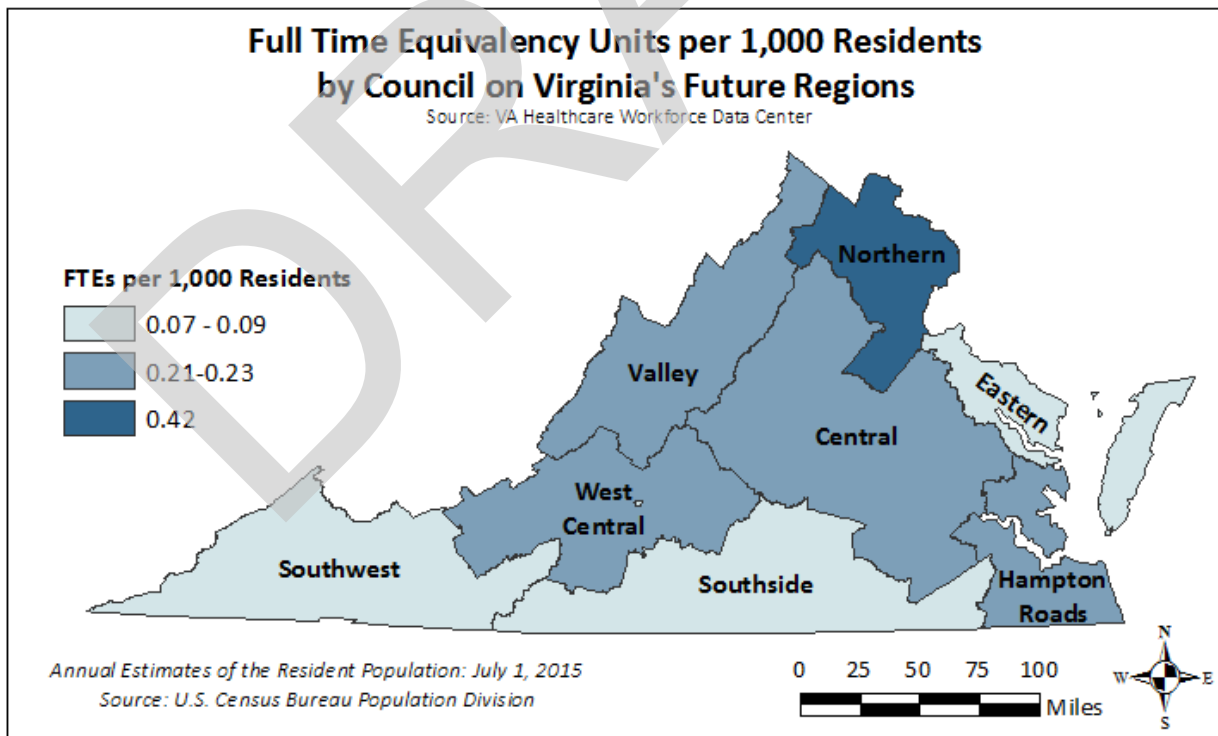
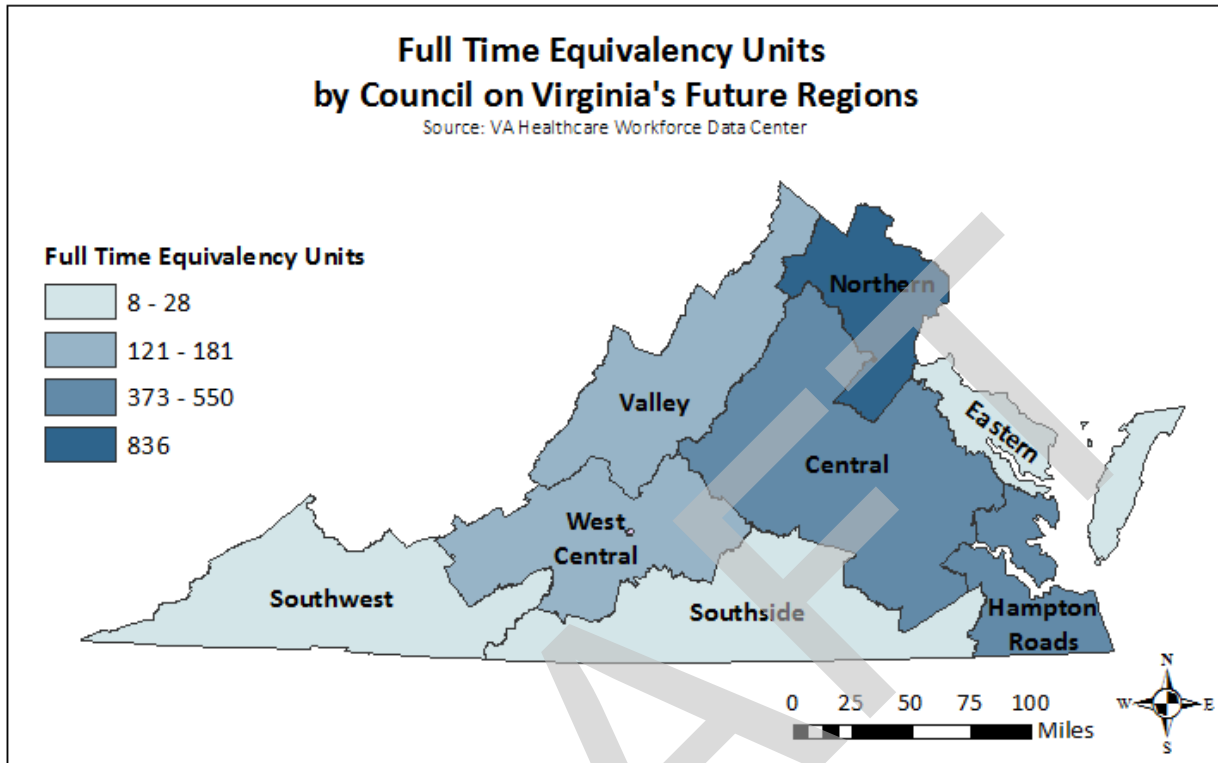
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.91	0.94
35 to 39	0.86	0.94
40 to 44	0.90	0.92
45 to 49	0.90	0.81
50 to 54	0.85	0.84
55 to 59	0.97	0.96
60 to 64	0.96	0.93
65 and Over	0.75	0.64
Gender		
Male	0.97	1.05
Female	0.86	0.92

Source: Va. Healthcare Workforce Data Center

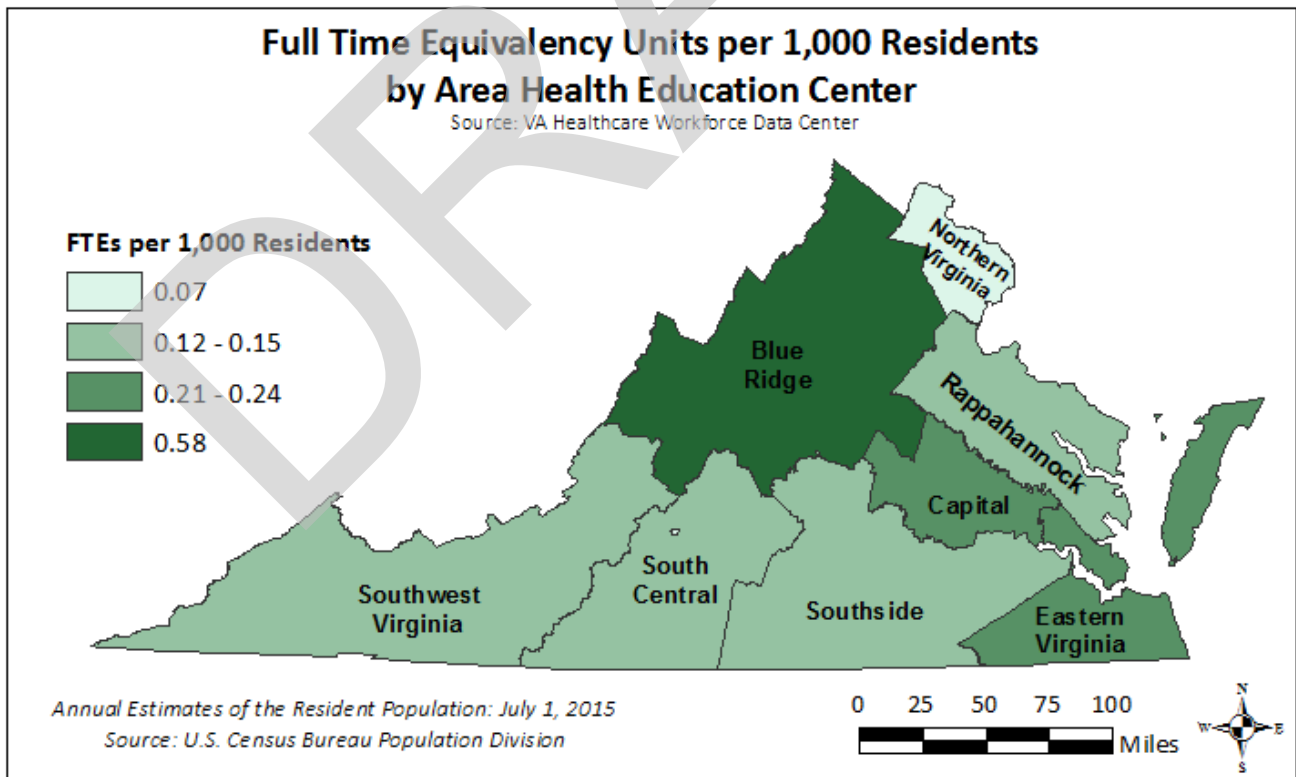
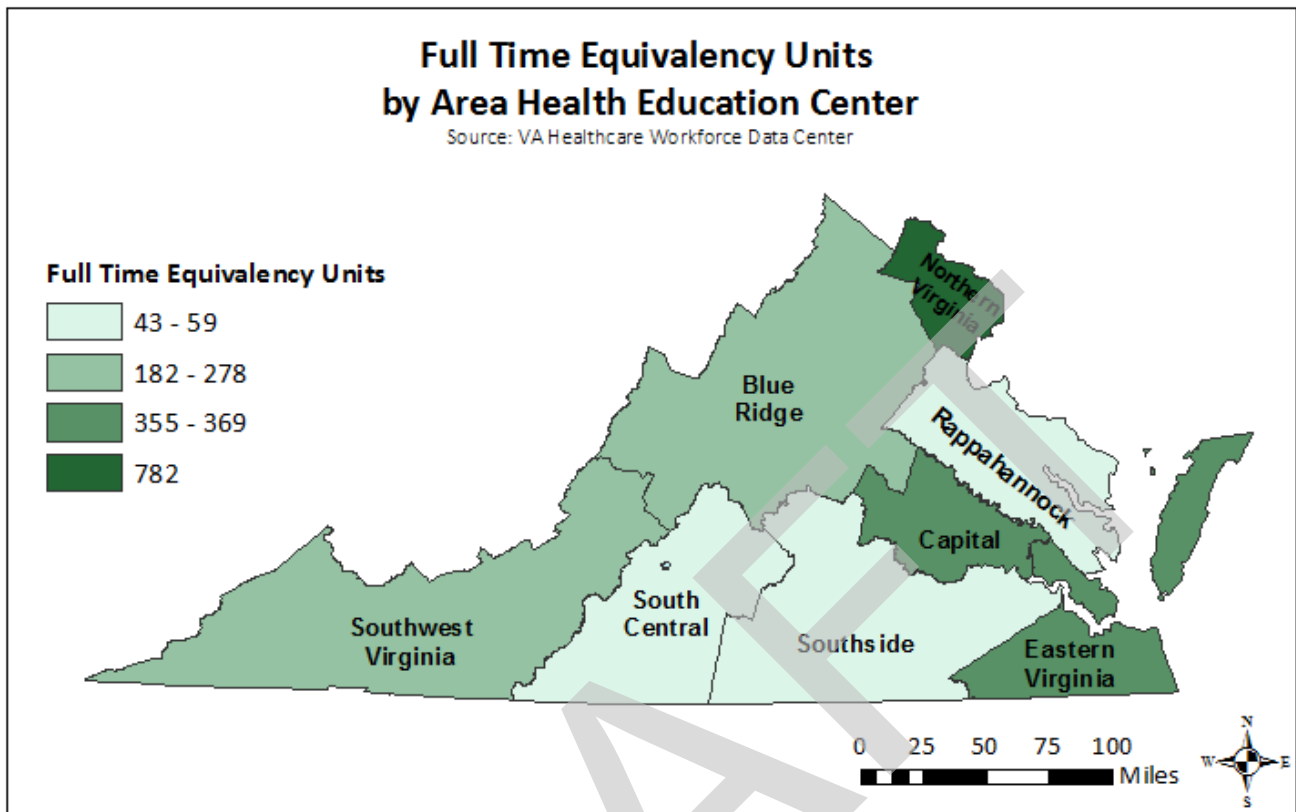


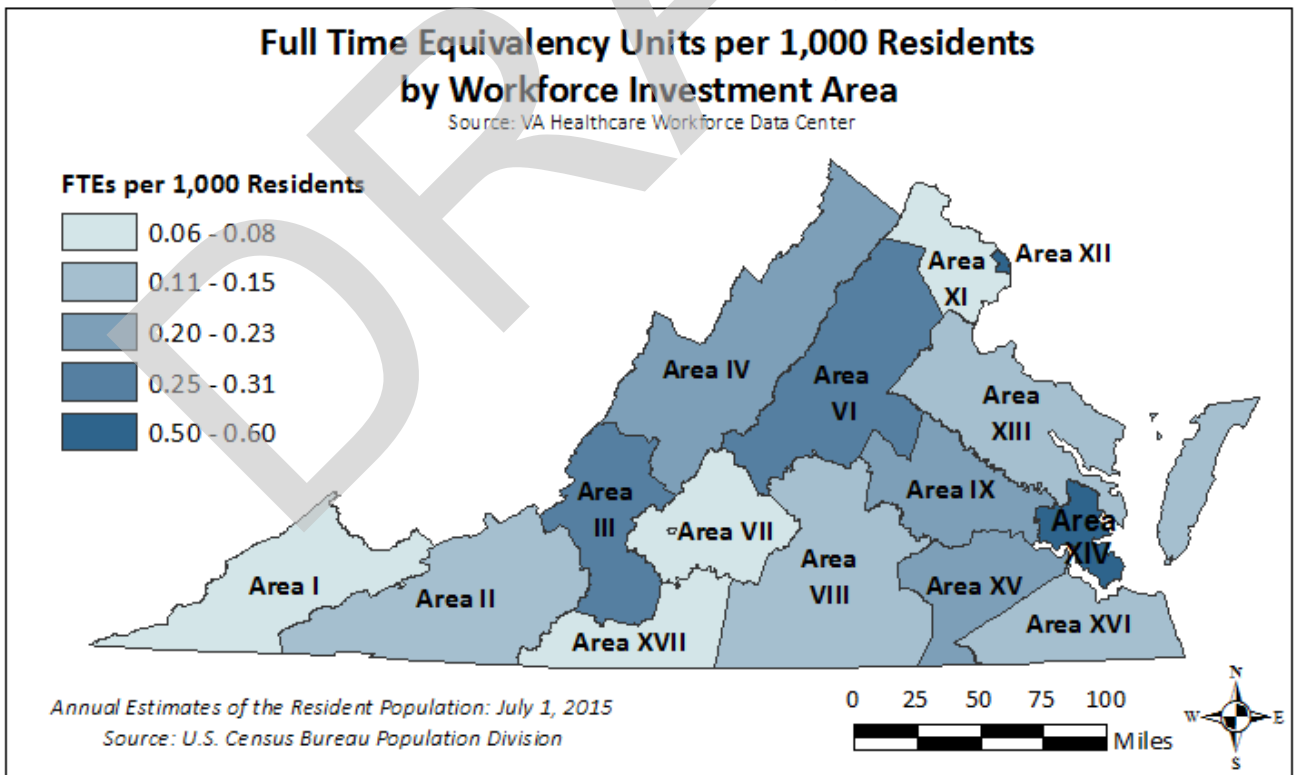
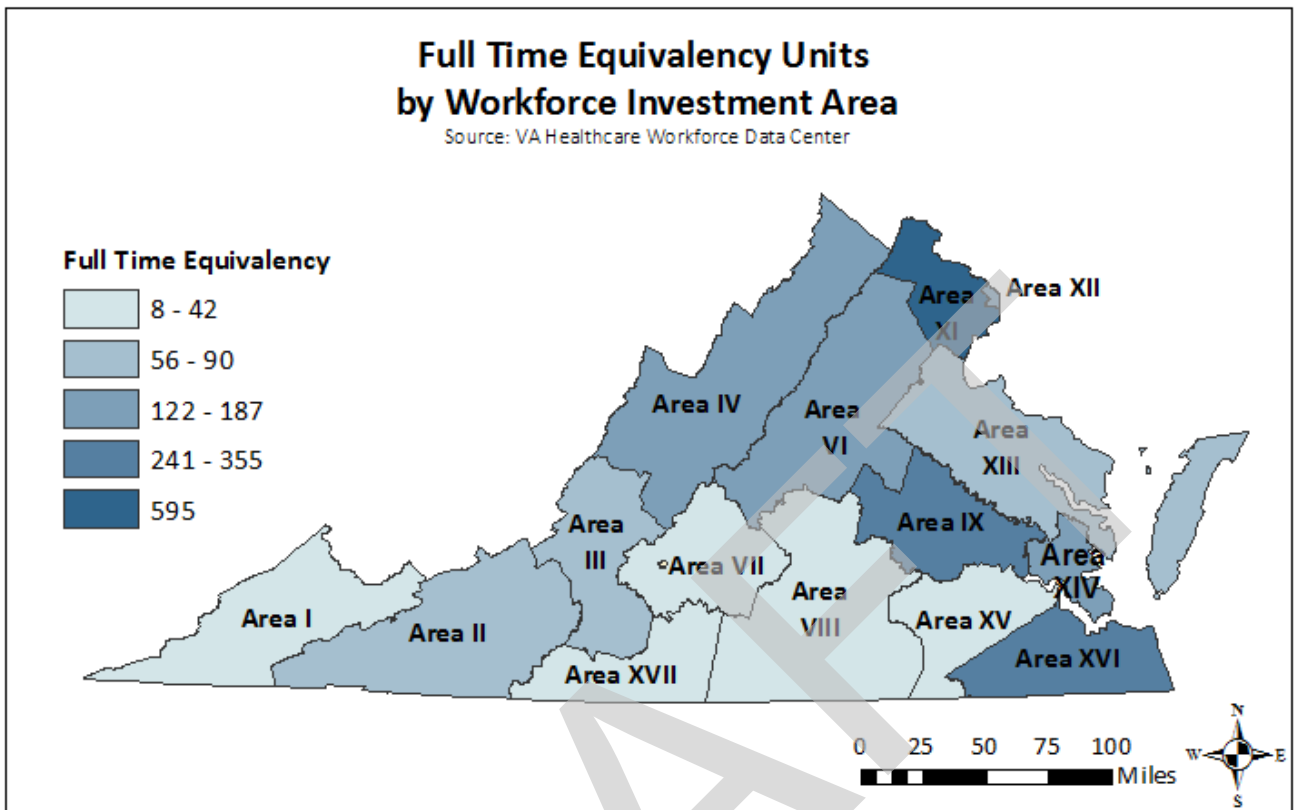
Source: Va. Healthcare Workforce Data Center

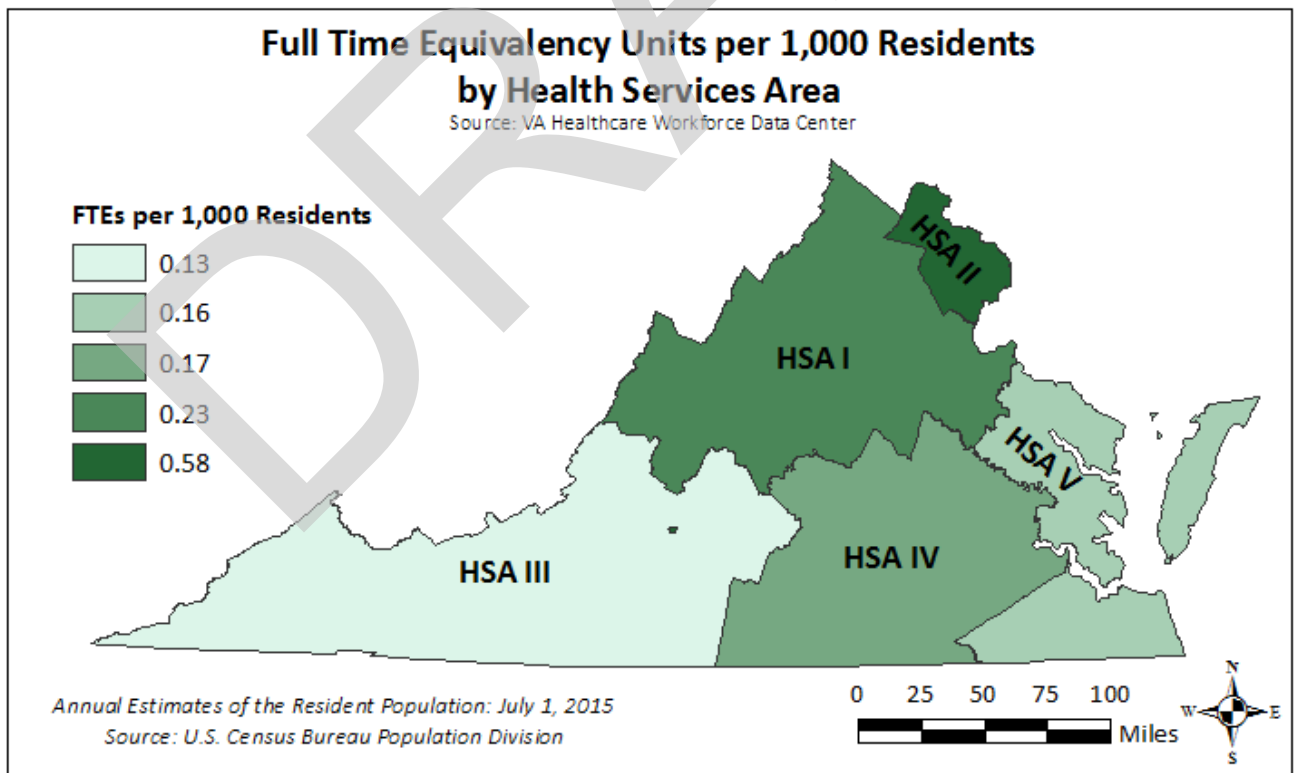
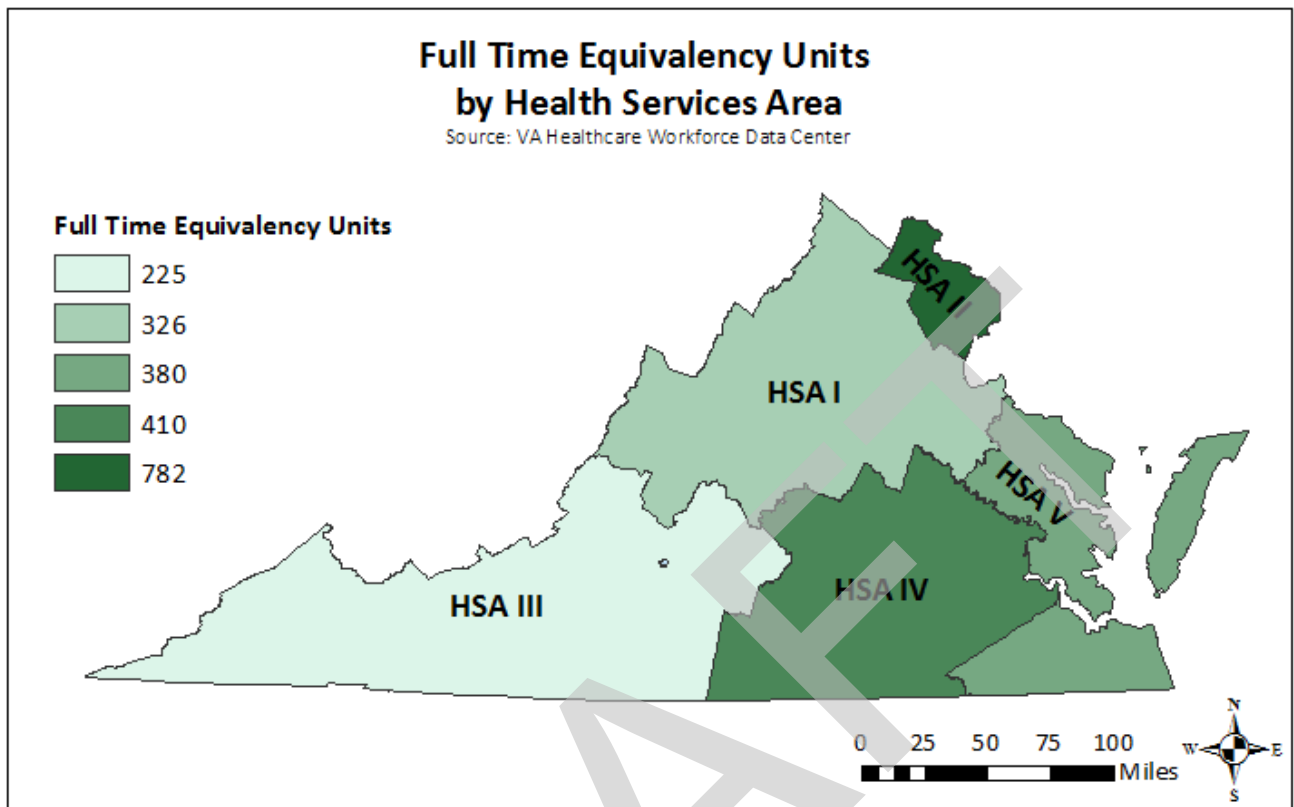
<sup>2</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test is not significant)

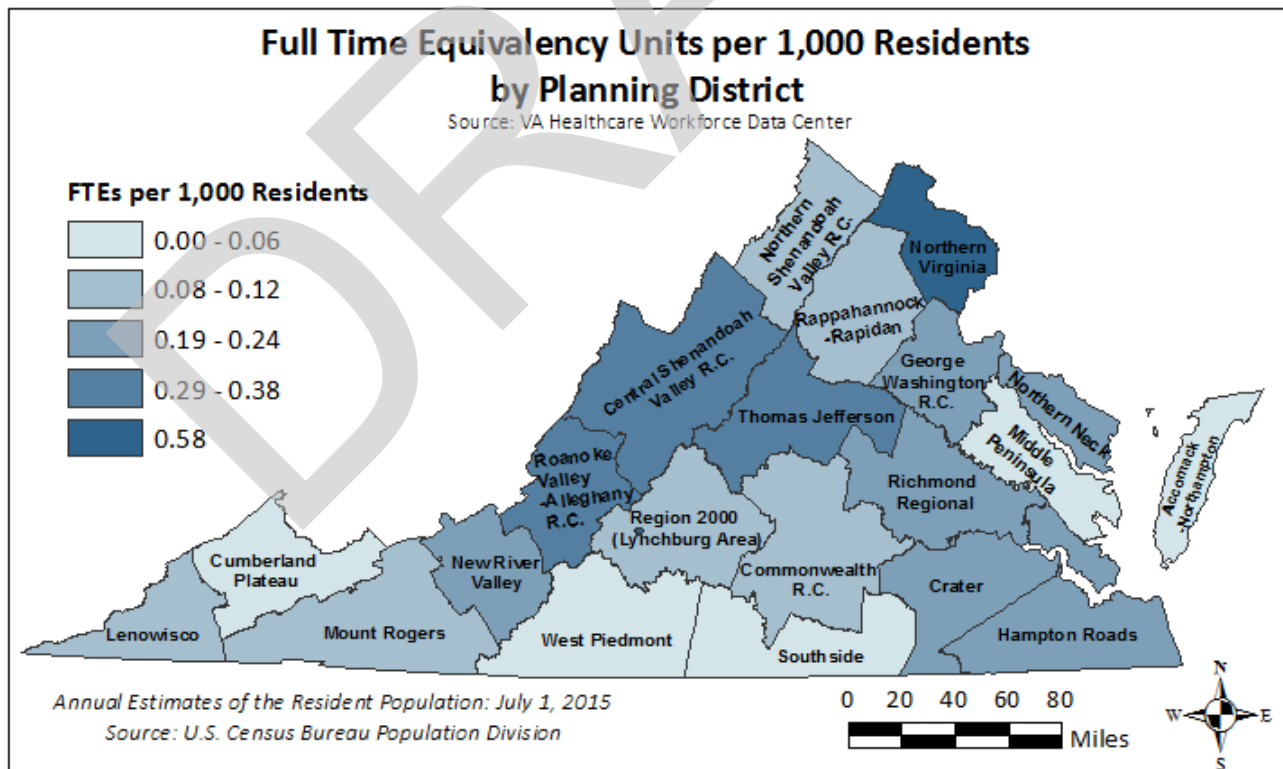
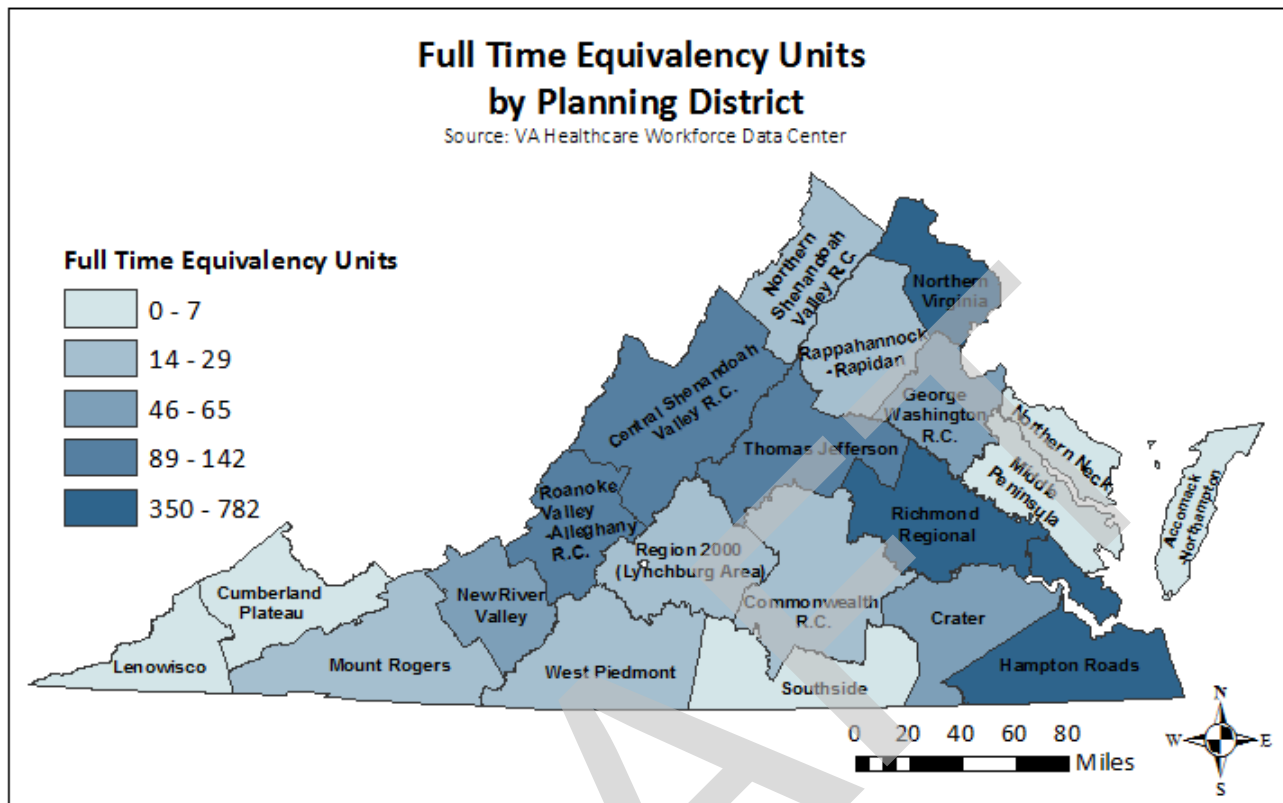


<sup>3</sup> These are now referred to as VA Performs' regions: <http://vaperforms.virginia.gov/Regions/regionalScorecards.php>









Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	1,923	89.81%	1.113492	1.045633	1.243588
Metro, 250,000 to 1 million	134	88.81%	1.12605	1.057426	1.257614
Metro, 250,000 or less	379	83.64%	1.195584	1.122722	1.335272
Urban pop 20,000+, Metro adj	8	100.00%	1	0.949502	1.116837
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	44	86.36%	1.157895	1.08733	1.293179
Urban pop, 2,500-19,999, nonadj	12	100.00%	1	0.949502	1.032566
Rural, Metro adj	25	72.00%	1.388889	1.304247	1.551162
Rural, nonadj	10	100.00%	1	0.955094	1.116837
Virginia border state/DC	502	84.46%	1.183962	1.111809	1.322292
Other US State	416	75.96%	1.316456	1.236228	1.470266

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 35	369	77.51%	1.29021	1.116837	1.551162
35 to 39	501	83.83%	1.192857	1.032566	1.434119
40 to 44	427	90.63%	1.103359	0.955094	1.32652
45 to 49	422	92.18%	1.084833	1.045633	1.304247
50 to 54	294	87.41%	1.143969	0.990247	1.375343
55 to 59	283	91.17%	1.096899	0.949502	1.318753
60 to 64	371	87.87%	1.138037	0.985112	1.368211
65 and Over	786	84.73%	1.18018	1.021592	1.418878

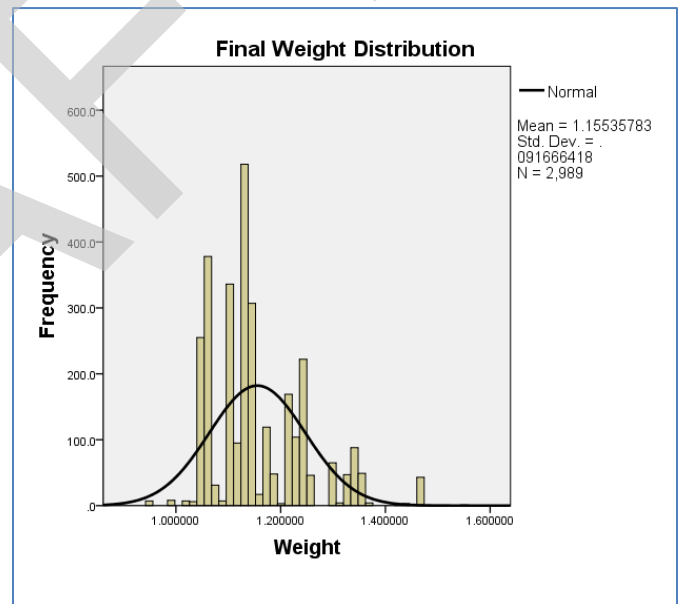
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: [www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

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

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.86562**



Source: Va. Healthcare Workforce Data Center



*Commonwealth of Virginia*



**REGULATIONS**  
**GOVERNING THE PRACTICE OF**  
**PSYCHOLOGY**

**VIRGINIA BOARD OF PSYCHOLOGY**

**Title of Regulations: 18 VAC 125-20-10 et seq.**

**Statutory Authority: § 54.1-2400 and Chapter 36 of Title 54.1  
of the *Code of Virginia***

**Revised Date: March 9, 2017**

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## **Part I. General Provisions.**

### **18VAC125-20-10. Definitions.**

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

"APA" means the American Psychological Association.

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

"Board" means the Virginia Board of Psychology.

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

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

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

"NASP" means the National Association of School Psychologists.

"NCATE" means the National Council for the Accreditation of Teacher Education.

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

"Professional psychology program" means an integrated program of doctoral study designed to train professional psychologists to deliver services in psychology.

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

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

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

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

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person and provides the supervision required by such a person.

**18VAC125-20-20. [Repealed]**

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

A. The board has established fees for the following:

	Clinical psychologists Applied psychologists School psychologists	School psychologists- limited
1. Registration of residency (per residency request)	\$50	
2. Add or change supervisor	\$25	
3. Application processing and initial licensure	\$200	\$85
4. Annual renewal of active license	\$140	\$70
5. Annual renewal of inactive license	\$70	\$35
6. Late renewal	\$50	\$25
7. Verification of license to another jurisdiction	\$25	\$25
8. Duplicate license	\$5	\$5
9. Additional or replacement wall certificate	\$15	\$15
10. Returned check	\$35	\$35
11. Reinstatement of a lapsed license	\$270	\$125
12. Reinstatement following revocation or suspension	\$500	\$500

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

C. Between April 30, 2016 and June 30, 2016, the following renewal fees shall be in effect:

1. For an active license as a clinical, applied or school psychologist, it shall be \$84. For an inactive license as a clinical, applied or school psychologist, it shall be \$42.
2. For an active license as a school psychologist-limited, it shall be \$42. For an inactive license as a school psychologist-limited, it shall be \$21.

**Part II. Requirements for Licensure.**

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

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

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

A. Every applicant for examination for licensure by the board shall:

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

2. Submit the following:

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

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

c. The application processing fee prescribed by the board;

d. Official transcripts documenting the graduate work completed and the degree awarded; transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained. Applicants who are graduates of institutions that are not regionally accredited shall submit documentation from an accrediting agency acceptable to the board that their education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55 or 18VAC125-20-56; and

e. Verification of any other health or mental health professional license or certificate ever held in another jurisdiction.

B. In addition to fulfillment of the education and experience requirements, each applicant for licensure by examination must achieve a passing score on the Examination for Professional Practice of Psychology.

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

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

Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing fee prescribed by the board;

3. An attestation of having read and agreed to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia;

4. Verification of all other health and mental health professional licenses or certificates ever held in any jurisdiction. In order to qualify for endorsement, the applicant shall not have surrendered a license or certificate while under investigation and shall have no unresolved action against a license or certificate;

5. A current report from the National Practitioner Data Bank; and
6. Further documentation of one of the following:
  - a. A current listing in the National Register of Health Service Psychologists;
  - b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
  - c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
  - d. Ten years of active licensure in a category comparable to the one in which licensure is sought, with an appropriate degree as required in this chapter documented by an official transcript; or
  - e. If less than 10 years of active licensure, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following:
    - (1) Documentation of post-licensure active practice for at least 24 of the last sixty months immediately preceding licensure application;
    - (2) Verification of a passing score on the Examination for Professional Practice of Psychology as established in Virginia for the year of that administration; and
    - (3) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

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

- A. Every applicant for licensure as a school psychologist-limited shall submit to the board:
  1. A copy of a current license issued by the Board of Education showing an endorsement in psychology.
  2. An official transcript showing completion of a master's degree in psychology.
  3. A completed Employment Verification Form of current employment by a school system under the Virginia Department of Education.
  4. The application fee.
- B. At the time of licensure renewal, school psychologists-limited shall be required to submit an updated Employment Verification Form if there has been a change in school district in which the licensee is currently employed.

**18VAC125-20-50 to 18VAC125-20-53. [Repealed]**

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

A. The applicant shall hold a doctorate from a professional psychology program in a regionally accredited university, which was accredited by the APA in clinical or counseling psychology within four years after the applicant graduated from the program, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a doctorate from an APA accredited program, the applicant shall hold a doctorate from a professional psychology program which documents that it offers education and training which prepares individuals for the practice of clinical psychology as defined in §54.1-3600 of the Code of Virginia and which meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from an acceptable credential evaluation service which provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas.

a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).

b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).

d. Psychological measurement.

e. Research methodology.

f. Techniques of data analysis.

g. Professional standards and ethics.

6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:

a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).

b. Human development (e.g., child, adolescent, geriatric psychology).

c. Dysfunctional behavior, abnormal behavior or psychopathology.

d. Theories and methods of intellectual assessment and diagnosis.

e. Theories and methods of personality assessment and diagnosis including its practical application.

f. Effective interventions and evaluating the efficacy of interventions.

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

D. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65 B, in the pre-doctoral practicum supervised experience that meets the following standards:

1. The supervised professional experience shall be part of an organized sequence of training within the applicant's doctoral program, which meets the criteria specified in subsections A or B of this section.

2. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.

a. "Face-to-face direct client services" means treatment/intervention, assessment, and interviewing of clients.

b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.

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

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



- a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;
  - b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and
  - c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.
4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.
  5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.
  6. The hours of pre-doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.

**18VAC125-20-55. Education requirements for applied psychologists.**

- A. The applicant shall hold a doctorate from a professional psychology program from a regionally accredited university which meets the following criteria:
  1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education, or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board which demonstrates that the program meets the requirements set forth in this chapter.
  2. The program shall be recognizable as an organized entity within the institution.
  3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.
  4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.
  5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas.

- a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).
- b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).
- c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).
- d. Psychological measurement.
- e. Research methodology.
- f. Techniques of data analysis.
- g. Professional standards and ethics.

B. Demonstration of competence in applied psychology shall be met by including a minimum of at least 18 semester hours or 30 quarter hours in a concentrated program of study in an identified area of psychology, e.g., developmental, social, cognitive, motivation, applied behavioral analysis, industrial/organizational, human factors, personnel selection and evaluation, program planning and evaluation, teaching, research or consultation.

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

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

B. If the applicant does not hold a master's degree in school psychology from a program accredited by the APA, NCATE or NASP, the applicant shall have a master's degree from a psychology program which offers education and training to prepare individuals for the practice of school psychology as defined in §54.1-3600 of the Code of Virginia and which meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education, or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board which demonstrates that the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate

professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of two academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas.

a. Psychological foundations (e.g., biological bases of behavior, human learning, social and cultural bases of behavior, child and adolescent development, individual differences).

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

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

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

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

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

a. Orientation to the educational process;

b. Assessment for intervention;

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

d. Indirect intervention, including consultation.

**18VAC125-20-60. [Repealed]**

**18VAC125-20-65. Supervised experience.**

**A. Internship requirement.**

1. Candidates for clinical psychologist licensure shall have successfully completed an internship that is either accredited by APA, APPIC<sub>2</sub> or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards.

2. Candidates for school psychologist licensure shall have successfully completed an internship accredited by the APA, APPIC or NASP or one that meets equivalent standards.

## B. Residency requirement.

1. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours in a period of not less than 12 months and not to exceed three years of supervised experience in the delivery of clinical or school psychology services acceptable to the board, or the applicant may request approval to begin a residency
2. Supervised experience obtained in Virginia without prior written board approval will not be accepted toward licensure. Candidates shall not begin the residency until after completion of the required degree as set forth in 18VAC125-20-54 or 18VAC125-20-56. An individual who proposes to obtain supervised post-degree experience in Virginia shall, prior to the onset of such supervision, submit a supervisory contract along with the application package and pay the registration of supervision fee set forth in 18VAC125-20-30.
3. There shall be a minimum of two hours of individual supervision per week. Group supervision of up to five residents may be substituted for one of the two hours per week on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per week.
4. Residents may not refer to or identify themselves as applied psychologists, clinical psychologists, or school psychologists; independently solicit clients; bill for services; or in any way represent themselves as licensed psychologists. Notwithstanding the above, this does not preclude supervisors or employing institutions for billing for the services of an appropriately identified resident. During the residency period they shall use their names, the initials of their degree, and the title, "Resident in Psychology," in the licensure category in which licensure is sought.
5. Supervision shall be provided by a psychologist licensed to practice in the licensure category in which the resident is seeking licensure.
6. The supervisor shall not provide supervision for activities beyond the supervisor's demonstrable areas of competence, nor for activities for which the applicant has not had appropriate education and training.
7. At the end of the residency training period, the supervisor or supervisors shall submit to the board a written evaluation of the applicant's performance.
8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervisors.

C. For a clinical psychologist license, a candidate may submit evidence of having met the supervised experience requirements in a pre-doctoral practicum as specified in 18VAC125-20-54 D in substitution for all or part of the 1,500 residency hours specified in this section. If the supervised experience hours completed in a practicum do not total 1,500 hours, a person may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.

D. Candidates for clinical psychologist licensure shall provide documentation that the internship and residency included appropriate emphasis and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

**18VAC125-20-70. [Repealed]**

### **Part III. Examinations.**

**18VAC125-20-80. General examination requirements.**

A. An applicant for clinical or school psychologist licensure enrolled in an approved residency training program required in 18VAC125-20-65 who has met all requirements for licensure except completion of that program shall be eligible to take the national written examinations.

B. A candidate approved by the board to sit for an examination shall take that examination within two years of the date of the initial board approval. If the candidate has not taken the examination by the end of the two-year period here prescribed, the applicant shall reapply according to the requirements of the regulations in effect at that time.

C. The board shall establish passing scores on the examination.

**18VAC125-20-90 to 18VAC125-20-110. [Repealed]**

### **Part V. Licensure Renewal; Reinstatement.**

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

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

1. Every licensee who intends to continue to practice shall, on or before the expiration date of the license, submit to the board a license form supplied by the board and the renewal fee prescribed in 18VAC125-20-30.

2. Licensees who wish to maintain an active license shall pay the appropriate fee and verify on the renewal form compliance with the continuing education requirements prescribed in 18VAC125-20-121. First-time licensees by examination are not required to verify continuing education on the first renewal date following initial licensure.

3. A licensee who wishes to place his license in inactive status may do so upon payment of the fee prescribed in 18VAC125-20-30. No person shall practice psychology in Virginia unless he holds a current active license. An inactive licensee may activate his license by fulfilling the reactivation requirements set forth in 18VAC125-20-130.

4. Licensees shall notify the board office in writing of any change of address of record or of the public address, if different from the address of record. Failure of a licensee to receive a renewal notice and application forms from the board shall not excuse the licensee from the renewal requirement.

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

**18VAC125-20-122. Continuing education providers.**

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

1. Any psychological association recognized by the profession or providers approved by such an association.
2. Any association or organization of mental health, health or psychoeducational providers recognized by the profession or providers approved by such an association or organization.
3. Any association or organization providing courses related to forensic psychology recognized by the profession or providers approved by such an association or organization.
4. Any regionally accredited institution of higher learning. A maximum of 14 hours will be accepted for each academic course directly related to the practice of psychology.
5. Any governmental agency or facility that offers mental health, health or psychoeducational services.
6. Any licensed hospital or facility that offers mental health, health or psychoeducational services.
7. Any association or organization that has been approved as a continuing competency provider by a psychology board in another state or jurisdiction.

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

1. Maintain documentation of the course titles and objectives and of licensee attendance and completion of courses for a period of four years.
2. Monitor attendance at classroom or similar face-to-face educational experiences.
3. Provide a certificate of completion for licensees who successfully complete a course.

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

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

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

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

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

12. Construct, maintain, administer, interpret and report testing and diagnostic services in a manner and for purposes which are appropriate;

13. Keep pertinent, confidential records for at least five years after termination of services to any consumer;

14. Design, conduct and report research in accordance with recognized standards of scientific competence and research ethics; and

15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology.

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

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

1. Conviction of a felony, or a misdemeanor involving moral turpitude;

2. Procuring of a license by fraud or misrepresentation;

3. Misuse of drugs or alcohol to the extent that it interferes with professional functioning;

4. Negligence in professional conduct or violation of practice standards including but not limited to this chapter;

5. Performing functions outside areas of competency;

6. Mental, emotional, or physical incompetence to practice the profession;

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

8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession regulated or any provision of this chapter.

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

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

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

*Commonwealth of Virginia*



**REGULATIONS**  
**GOVERNING THE CERTIFICATION OF**  
**SEX OFFENDER TREATMENT PROVIDERS**

**VIRGINIA BOARD OF PSYCHOLOGY**

**Title of Regulations: 18 VAC 125-30-10 et seq.**

**Statutory Authority: §§ 54.1-2400 and Chapter 36 of Title 54.1  
of the *Code of Virginia***

**Revised Date: January 27, 2016**

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## **Part I. General Provisions.**

### **18VAC125-30-10. Definitions.**

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

"Ancillary services" means training in anger management, stress management, assertiveness, social skills, substance abuse avoidance and sex education as part of an identified sex offender treatment provider program.

"Applicant" means an individual who has submitted a completed application with documentation and the appropriate fees to be examined for certification as a sex offender treatment provider.

"Assessment" means using specific techniques of evaluation and measurement to collect facts related to sexually abusive thoughts and behaviors contributing to sexual offense.

"Board" means the Virginia Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-2924.1, 54.1-3005, 54.1-3505, 54.1-3609, 54.1-3610, 54.1-3611, and 54.1-3705 of the Code of Virginia and the regulations promulgated pursuant to these provisions.

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

"Sex offender" means (i) any person who has been adjudicated or convicted of a sex offense or has a founded child sexual abuse status by the Department of Social Services; (ii) any person for whom any court has found sufficient evidence without specific finding of guilt of committing a felony or misdemeanor which may be reasonably inferred to be sexually motivated; or (iii) any person who admits to or acknowledges behavior which would result in adjudication, conviction, or a founded child sexual abuse status.

"Sex offense" means behavior in violation of any of the following statutes in the Code of Virginia: § 18.2-48 in part (abduction of any person with intent to defile such person), § 18.2-60.3 in part (includes only those instances in which sexual motivation can be reasonably inferred), § 18.2-61, § 18.2-63, § 18.2-64.1, § 18.2-67.1, § 18.2-67.2, § 18.2-67.2:1, § 18.2-67.3, § 18.2-67.4, § 18.2-67.5, § 18.2-130 in part (includes only those instances in which sexual motivation can be reasonable inferred), subsection A of § 18.2-361 in part "If any person carnally knows in any manner any brute animal" and subsection B § 18.2-361 in its entirety, § 18.2-366, § 18.2-370, § 18.2-370.1, § 18.2-374.1 (not to include plethysmographic testing materials in the possession of qualified mental health professionals or technicians), § 18.2-387.

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

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person as it relates to sex offender treatment and provides the supervision required by such a person. The supervisor shall be a certified sex offender treatment provider and licensed by the Board of Medicine, Nursing, Counseling, Psychology or Social Work.

"Treatment" means therapeutic intervention to change sexually abusive thoughts and behaviors which specifically addresses the occurrence and dynamics of sexual behavior and utilizes specific strategies to promote change.

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

A. The board has established the following fees applicable to the certification of sex offender treatment providers:

Registration of supervision	\$50
Add or change supervisor	\$25
Application processing and initial certification fee	\$90
Certification renewal	\$75
Duplicate certificate	\$5
Late renewal	\$25
Reinstatement of an expired certificate	\$125
Replacement of or additional wall certificate	\$15
Returned check	\$35
Reinstatement following revocation or suspension	\$500
One-time reduction in fee for renewal on June 30, 2016	\$45

B. Fees shall be made payable to the Treasurer of Virginia. All fees are nonrefundable.  
Statutory Authority

**Part II. Requirements for Certification.**

**18VAC125-30-30. Prerequisites to certification.**

A. Every applicant for certification by the board shall:

1. Meet the educational requirements prescribed in 18VAC125-30-40;
2. Meet the experience requirements prescribed in 18VAC125-30-50;
3. Submit to the board:
  - a. A completed application form;
  - b. Documented evidence of having fulfilled the education, experience, and supervision set forth in 18VAC125-30-40 and 18VAC125-30-50; and
  - c. Reference letters from three licensed health care professionals familiar with and attesting to the applicant's skills and experience.

B. The board may certify by endorsement an individual who can document current certification as a sex offender treatment provider in good standing obtained by standards substantially equivalent to those outlined in this chapter as verified by an out-of-state certifying agency on a board-approved form.

**18VAC125-30-40. Educational requirements.**

An applicant for certification as a sex offender treatment provider shall:

1. Document completion of one of the following degrees:
  - a. A master's or doctoral degree in social work, psychology, counseling, or nursing from a regionally accredited university; or
  - b. The degree of Doctor of Medicine or Doctor of Osteopathic Medicine from an institution that is approved by an accrediting agency recognized by the Virginia Board of Medicine. Graduates of institutions that are not accredited by an acceptable accrediting agency shall establish the equivalency of their education to the educational requirements of the Virginia Board of Social Work, Psychology, Counseling, Nursing or Medicine.

2. Provide documentation of 50 clock hours of training acceptable to the board in the following areas, with 15 clock hours in each area identified in subdivisions 2 a and b of this section, 10 clock hours in each area identified in subdivision 2 c of this section, and five clock hours in each area identified in subdivisions 2 d and e of this section:
  - a. Sex offender assessment;
  - b. Sex offender treatment interventions;
  - c. Etiology/developmental issues of sex offense behavior;
  - d. Criminal justice and legal issues related to sexual offending; and
  - e. Program evaluation, treatment efficacy, and issues related to recidivism of sex offenders.

**18VAC125-30-50. Experience requirements; supervision.**

A. Registration of supervision.

1. In order to register supervision with the board, individuals shall submit:
  - a. A completed supervisory contract;
  - b. The registration fee prescribed in 18VAC125-30-20; and
  - c. Official graduate transcript.

2. The board may waive the registration requirement for individuals who have obtained at least five years documented work experience in sex offender treatment in another jurisdiction.

B. An applicant for certification as a sex offender treatment provider shall provide documentation of having 2,000 hours of postdegree clinical experience in the delivery of clinical assessment/treatment services. At least 200 hours of this experience must be face-to-face treatment and assessment with sex offender clients.

1. The experience shall include a minimum of 100 hours of face-to-face supervision within the 2,000 hours experience with a minimum of six hours per month. A minimum of 50 hours shall be in individual face-to-face supervision. Face-to-face supervision obtained in a group setting shall include no more than six trainees in a group.

2. If the applicant has obtained the required postdegree clinical experience for a mental health license within the past 10 years, he can receive credit for those hours that were in the delivery of clinical assessment/treatment services with sex offender clients provided:

- a. The applicant can document that the hours were in the treatment and assessment with sex offender clients; and
- b. The supervisor for those hours can attest that he was licensed and qualified to render services to sex offender clients at the time of the supervision.

C. Supervised experience obtained in Virginia without prior written board approval shall not be accepted toward certification. Candidates shall not begin the experience until after completion of the required degree as set forth in 18VAC125-30-40. An individual who proposes to obtain supervised postdegree experience in Virginia shall, prior to the onset of such supervision, submit a supervisory contract along with the application package and pay the registration of supervision fee set forth in 18VAC125-30-20.

D. The supervisor.

1. The supervisor shall assume responsibility for the professional activities of the applicant.
2. The supervisor shall not provide supervision for activities for which the prospective applicant has not had appropriate education.
3. The supervisor shall hold a current and unrestricted license as a clinical nurse specialist, doctor of medicine or osteopathic medicine, professional counselor, clinical social worker, or clinical psychologist and shall provide supervision only for those sex offender treatment services which he is qualified to render.

4. At the time of formal application for certification, the board approved supervisor shall document for the board the applicant's total hours of supervision, length of work experience, competence in sex offender treatment, and needs for additional supervision or training.

**18VAC125-30-60. [Repealed]**

**18VAC125-30-70. Supervision of unlicensed persons.**

Those persons providing ancillary services as part of an identified sex offender treatment program in an exempt practice situation and not meeting the educational and experience requirements to become an applicant shall provide such services under the supervision of a certified sex offender treatment provider.

**Part III. Renewal and Reinstatement.**

**18VAC125-30-80. Annual renewal of certificate.**

- A. Every certificate issued by the board shall expire on June 30 of each year.
- B. Along with the renewal application, the certified sex offender treatment provider shall:
  - 1. Submit the renewal fee prescribed in 18VAC125-30-20; and
  - 2. Attest to having obtained six hours of continuing education in topics related to the provision of sex offender treatment within the renewal period. Continuing education shall be offered by a sponsor or provider approved by the Virginia Board of Social Work, Psychology, Counseling, Nursing, or Medicine or by the Association for the Treatment of Sexual Abusers or one of its state chapters. Hours of continuing education used to satisfy the renewal requirements for another license may be used to satisfy the six-hour requirement for sex offender treatment provider certification, provided it was related to the provision of sex offender treatment.
- C. Certificate holders shall notify the board in writing of a change of address of record or of the public address, if different from the address of record, within 60 days. Failure to receive a renewal notice and application form or forms shall not excuse the certified sex offender treatment provider from the renewal requirement.

**18VAC125-30-90. Reinstatement.**

- A. A person whose certificate has expired may renew it within one year after its expiration date by paying the renewal fee and the late renewal fee prescribed in 18VAC125-30-20.
- B. A person whose certificate has expired beyond one year and who wishes to resume practice shall:
  - 1. Submit a reinstatement application along with the reinstatement fee.
  - 2. Provide evidence satisfactory to the board of current ability to practice.
  - 3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for certification.

**Part IV. Standards of Practice; Disciplinary Action; Reinstatement.**

**18VAC125-30-100. 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 certified practitioners who provide services to sex offenders.

B. Persons certified by the board and applicants under supervision shall:

1. Practice in a manner that ensures community protection and safety.
2. Treat all sex offender clients with dignity and respect, regardless of the nature of their crimes or offenses.
3. Provide only services and use only techniques for which they are qualified by training and experience.
4. Inform sex offender clients of (i) the purposes of an interview, testing, or evaluation session; (ii) the ways in which information obtained in such sessions will be used before asking the sex offender client to reveal personal information or allowing such information to be divulged; (iii) the methods of interventions, including any experimental methods of treatment; and (iv) the risks and benefits of any treatment.
5. Inform sex offender clients of the limits of confidentiality and any circumstances which may allow an exception to the agreed upon confidentiality, including (i) as obligated under dual-client situations, especially in criminal justice or related settings; (ii) when the client is a danger to self or others; (iii) when under court order to disclose information; (iv) in cases of suspected child abuse; and (v) as otherwise required by law.
6. Not require or seek waivers of privacy or confidentiality beyond the requirements of treatment, training, or community safety.
7. Explain to juvenile sex offender clients the rights of their parents or legal guardians, or both, to obtain information relating to the sex offender client.
8. Maintain sex offender client records securely, inform all employees of the rules applicable to the appropriate level of confidentiality, and provide for the destruction of records which are no longer useful.
9. Retain sex offender client records for a minimum of five years from the date of termination of services.
10. Stay abreast of new developments, concepts, and practices which are important to providing appropriate professional services.
11. Never engage in dual relationships with sex offender clients or former clients, or current trainees that could impair professional judgment or compromise the sex offender client's or trainee's well-being, impair the trainee's judgment, or increase the risk of sex offender client or trainee exploitation. Engaging in sexual intimacies or romantic relationships with sex offender clients or former clients, or with current trainees is strictly prohibited.
12. Report to the board known or suspected violations of the laws and regulations governing the practice of sex offender treatment providers, as well as any information that a sex offender treatment provider is unable to practice with reasonable skill and safety because of illness or substance abuse or otherwise poses a danger to himself, the public, or clients.
13. Provide clients with accurate information concerning tests, reports, billing, payment responsibilities, therapeutic regime, and schedules before rendering services.
14. Maintain cooperative and collaborative relationships with corrections/probation/parole officers or any responsible agency for purposes of the effective supervision and monitoring of a sex offender client's behavior in order to assure public safety.
15. Consider the validity, reliability, and appropriateness of assessments selected for use with sex offender clients. Where questions exist about the appropriateness of utilizing a particular assessment with a sex offender client, expert guidance from a knowledgeable, certified sex offender treatment provider shall be sought.

16. Recognize the sensitivity of sexual arousal assessment testing and treatment materials, safeguard the use of such materials in compliance with § 18.2-374.1:1 of the Code of Virginia, and use them only for the purpose for which they are intended in a controlled penile plethysmographic laboratory assessment.

17. Be aware of the limitations of plethysmograph and that plethysmographic data is only meaningful within the context of a comprehensive evaluation or treatment process or both.

18. Be knowledgeable of the limitations of the polygraph and take into account its appropriateness with each individual client and special client population.

19. Comply with all laws of the Code of Virginia applicable to the practice of sex offender treatment providers.

#### **18VAC125-30-110. Grounds for disciplinary action.**

The board may revoke, suspend, restrict or refuse to issue a certificate, or reprimand or fine a practitioner in accord with the following:

1. Violation of the standards of practice.
2. Conviction of a felony or a misdemeanor involving moral turpitude.
3. Misuse of drugs or alcohol which interferes with professional functioning.
4. Mental or physical illness which interferes with professional functioning.
5. The denial, revocation, suspension, or restriction of a registration, license or certificate to practice in another state, or a United States possession or territory or the surrender of any such registration, license or certificate while an active investigation is pending.

#### **18VAC125-30-120. Reinstatement following disciplinary action.**

A. Any person whose certificate has been revoked by the board under the provisions of 18VAC125-30-110 may, three years subsequent to such board action, submit a new application to the board for certification to the board. Any person whose certificate has been denied renewal by the board under the provisions of 18VAC125-30-110 may, two years subsequent to such board action, submit a new application to the board for certification to the board.

B. The board in its discretion may, after a hearing, grant reinstatement.

C. The applicant for reinstatement, if approved, shall be certified upon payment of the appropriate fees applicable at the time of reinstatement.

# Chapter 36 of Title 54.1 of the Code of Virginia

## Psychology

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## **§ 54.1-3600. Definitions.**

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

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

"Board" means the Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-2924.1, 54.1-3005, 54.1-3505, 54.1-3611, and 54.1-3705 and the regulations promulgated pursuant to these provisions.

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

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

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

1. "Testing and measuring" which consists of the psychological evaluation or assessment of personal characteristics such as intelligence, abilities, interests, aptitudes, achievements, motives, personality dynamics, psychoeducational processes, neuropsychological functioning, or other psychological attributes of individuals or groups.
2. "Diagnosis and treatment of mental and emotional disorders" which consists of the appropriate diagnosis of mental disorders according to standards of the profession and the ordering or providing of treatments according to need. Treatment includes providing counseling, psychotherapy, marital/family therapy, group therapy, behavior therapy, psychoanalysis, hypnosis, biofeedback, and other psychological interventions with the objective of modification of perception, adjustment, attitudes, feelings, values, self-concept, personality or personal goals, the treatment of alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, pain, injury or disability.
3. "Psychological consulting" which consists of interpreting or reporting on scientific theory or research in psychology, rendering expert psychological or clinical psychological opinion, evaluation, or engaging in applied psychological research, program or organizational development, administration, supervision or evaluation of psychological services.

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

The "practice of school psychology" means:

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

2. "Counseling" which consists of professional advisement and interpretive services with children or adults for amelioration or prevention of problems that impact education.

Counseling services relative to the practice of school psychology include but are not limited to the procedures of verbal interaction, interviewing, behavior modification, environmental manipulation and group processes.

3. "Consultation" which consists of educational or vocational consultation or direct educational services to schools, agencies, organizations or individuals. Psychological consulting as herein defined is directly related to learning problems and related adjustments.

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

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

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

(1976, c. 608, § 54-936; 1987, cc. 522, 543; 1988, c. 765; 1994, c. 778; 1996, cc. 937, 980; 2004, c. 11.)

#### **§ 54.1-3601. Exemption from requirements of licensure.**

The requirements for licensure provided for in this chapter shall not be applicable to:

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and the person rendering such service is not held out, by himself or otherwise, as a licensed practitioner or a provider of clinical or school psychology services.

2. The activities or services of a student pursuing a course of study in psychology in an institution accredited by an accrediting agency recognized by the Board or under the supervision of a practitioner licensed or certified under this chapter, if such activities or services constitute a part of his course of study and are adequately supervised.

3. The activities of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether

with or without charge, for or under the auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization, except that any such person who renders psychological services, as defined in this chapter, shall be (i) supervised by a licensed psychologist or clinical psychologist; (ii) licensed by the Department of Education as a school psychologist; or (iii) employed by a school for students with disabilities which is certified by the Board of Education. Any person who, in addition to the above enumerated employment, engages in an independent private practice shall not be exempt from the licensure requirements.

5. Persons regularly employed by private business firms as personnel managers, deputies or assistants so long as their counseling activities relate only to employees of their employer and in respect to their employment.

6. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction consulting with licensed psychologists in this Commonwealth.

7. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction when in Virginia temporarily and such psychologist has been issued a temporary license by the Board to participate in continuing education programs or rendering psychological services without compensation to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106.

8. The performance of the duties of any commissioned or contract clinical psychologist in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States while such individual is so commissioned or serving.

9. Any person performing services in the lawful conduct of his particular profession or business under state law.

10. Any person duly licensed as a psychologist in another state or the District of Columbia who testifies as a treating psychologist or who is employed as an expert for the purpose of possibly testifying as an expert witness.

(1976, c. 608, § 54-944; 1986, c. 581; 1988, c. 765; 1996, cc. 937, 980; 2000, c. 462.)

**§ 54.1-3602. Administration or prescription of drugs not permitted.**

This chapter shall not be construed as permitting the administration or prescribing of drugs or in any way infringing upon the practice of medicine as defined in Chapter 29 (§ 54.1-2900 et seq.) of this title.

(1976, c. 608, § 54-945; 1988, c. 765.)

**§ 54.1-3603. Board of Psychology; membership.**

The Board of Psychology shall regulate the practice of psychology. The membership of the Board shall be representative of the practices of psychology and shall consist of nine members as follows: five persons who are licensed as clinical psychologists, one person licensed as a school psychologist, one person licensed as an applied psychologist and two citizen members. At least one of the seven psychologist members of the Board shall be a member of the faculty at an accredited college or university in this Commonwealth actively engaged in teaching psychology. The terms of the members of the Board shall be four years.

(1976, c. 608, § 54-937; 1981, c. 447; 1982, c. 165; 1985, c. 159; 1986, cc. 464, 510; 1988, cc. 42, 765; 1996, cc. 937, 980.)

**§ 54.1-3604. Nominations.**

Nominations for professional members may be made from a list of at least three names for each vacancy submitted to the Governor by the Virginia Psychological Association, the Virginia Academy of Clinical Psychologists, the Virginia Applied Psychology Academy and the Virginia Academy of School Psychologists. The Governor may notify such organizations of any professional vacancy other than by expiration. In no case shall the Governor be bound to make any appointment from among the nominees.

(1986, c. 464, § 54-937.1; 1988, c. 765; 1996, cc. 937, 980.)

**§ 54.1-3605. Powers and duties of the Board.**

In addition to the powers granted in other provisions of this title, the Board shall have the following specific powers and duties:

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.
2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.
3. To designate specialties within the profession.
4. To issue a temporary license for such periods as the Board may prescribe to practice psychology to persons who are engaged in a residency or pursuant to subdivision 7 of § 54.1-3601.

5. To promulgate regulations for the voluntary certification of licensees as sex offender treatment providers.

6. To administer the mandatory certification of sex offender treatment providers for those professionals who are otherwise exempt from licensure under subdivision 4 of §§ 54.1-3501, 54.1-3601 or § 54.1-3701 and to promulgate regulations governing such mandatory certification. The regulations shall include provisions for fees for application processing, certification qualifications, certification issuance and renewal and disciplinary action.

7. To promulgate regulations establishing the requirements for licensure of clinical psychologists that shall include appropriate emphasis in the diagnosis and treatment of persons with moderate and severe mental disorders.

(1976, c. 608, §§ 54-929, 54-931; 1983, c. 115; 1986, cc. 64, 100, 464; 1988, c. 765; 1993, c. 767; 1994, c. 778; 1996, cc. 937, 980; 1997, c. 556; 1999, c. 630; 2001, cc. 186, 198; 2004, c. 11.)

**§ 54.1-3606. License required.**

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

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

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

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

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

(1979, c. 408, § 54-939.1; 1988, c. 765; 1996, cc. 937, 980; 1999, cc. 967, 1005.)

**§ 54.1-3606.1. Continuing education.**

A. The Board shall promulgate regulations governing continuing education requirements for psychologists licensed by the Board. Such regulations shall require the completion of the equivalent of 14 hours annually in Board-approved continuing education courses for any license renewal or reinstatement after the effective date.

B. The Board shall include in its regulations governing continuing education requirements for licensees a provision allowing a licensee who completes continuing education hours in excess of the hours required by subsection A to carry up to seven hours of continuing education credit forward to meet the requirements of subsection A for the next annual renewal cycle.

C. The Board shall approve criteria for continuing education courses that are directly related to the respective license and scope of practice of school psychology, applied psychology and clinical psychology. Approved continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders. Any licensed hospital, accredited institution of higher education, or national, state or local health, medical, psychological or mental health association or organization may submit applications to the Board for approval as a provider of continuing education courses satisfying the requirements of the Board's regulations. Approved course providers may be required to register continuing education courses with the Board pursuant to Board regulations. Only courses meeting criteria approved by the Board and offered by a Board-approved provider of continuing education courses may be designated by the Board as qualifying for continuing education course credit.

D. All course providers shall furnish written certification to licensed psychologists attending and completing respective courses, indicating the satisfactory completion of an approved continuing education course. Each course provider shall retain records of all persons attending and those persons satisfactorily completing such continuing education courses for a period of four years following each course. Applicants for renewal or reinstatement of licenses issued pursuant to this article shall retain for a period of four years the written certification issued by any course provider. The Board may require course providers or licensees to submit copies of such records or certification, as it deems necessary to ensure compliance with continuing education requirements.

E. The Board shall have the authority to grant exemptions or waivers or to reduce the number of continuing education hours required in cases of certified illness or undue hardship.  
2000, c. [83](#); 2015, c. [359](#).

**§ 54.1-3607. .**

Repealed by Acts 1996, cc. 937 and 980.

**§ 54.1-3608. .**

Repealed by Acts 2001, cc. 186 and 198.

**§§ 54.1-3609. , 54.1-3610.**

Repealed by Acts 2004, c. 11.

**§ 54.1-3611. Restriction of practice; use of titles.**

No person, including licensees of the Boards of Counseling; Medicine; Nursing; Psychology; or Social Work, shall claim to be a certified sex offender treatment provider unless he has been so certified. No person who is exempt from licensure under subdivision 4 of §§ 54.1-3501, 54.1-3601 or § 54.1-3701 shall hold himself out as a provider of sex offender treatment services unless he is certified as a sex offender treatment provider by the Board of Psychology.

(1994, c. 778; 1999, c. 630; 2000, c. 473.)

**§ 54.1-3612. .**

Repealed by Acts 1997, c. 698.

**§ 54.1-3613. .**

Repealed by Acts 2004, cc. 40 and 68.

**§ 54.1-3614. Delegation to unlicensed persons.**

Any licensed psychologist may delegate to unlicensed personnel supervised by him such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by psychologists, if such activities or functions are authorized by and performed for such psychologist and responsibility for such activities or functions is assumed by such psychologist.

(1996, cc. 937, 980.)

**§ 54.1-3615. .**

Repealed by Acts 2004, c. 64.

**§ 54.1-3616. Use of title "Doctor."**

No person regulated under this chapter shall use the title "Doctor" or the abbreviation "Dr." in writing or in advertising in connection with his practice unless he simultaneously uses a clarifying title, initials, abbreviation or designation or language that identifies the type of practice for which he is licensed.

(1996, cc. 937, 980.)