Virginia Department of Health Professions
Board of Psychology

Agenda
Regulatory Committee Meeting
September 26, 2022
1:00 pm.
9960 Mayland Dr., 2nd Floor
Board Room 3
Richmond, VA 23233

Call to Order – J.D. Ball, Ph.D, Committee Chair

- Welcome and Introductions/Roll Call
- Mission of the Board……..Page 2
- Emergency Egress Procedures

Approval of Minutes

- Regulatory Committee Meeting – June 27, 2022*……Page 4

Ordering of Agenda

Public Comment

*The Committee will receive public comment related to agenda **items** at this time. The Committee will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.* ……...Page 8

Chair Report – Dr. Ball

Unfinished Business

- Update on EPPP Part 2 - Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology and Social Work
- Discussion of Master's level psychologists
- Discussion of School Psychologists

New Business – Erin Barrett, JD, DHP Senior Policy Analyst

- Consideration of Amendments to Guidance Document 125-3.9*……...Page 9
- Consideration of Amendments to Guidance Document 125-7*……Page 14
- Consideration of Amendments to Guidance Document 125-8*……Page 28
- Consideration of Amendments to Guidance Document 125-9*……Page 35
- Consideration of Regulatory Reduction Changes*……Page 40

Next Meeting – December 5, 2022

*Requires a Committee Vote

Virginia Department of
Health Professions
Board of Psychology

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

EMERGENCY EGRESS

Please listen to the following instructions about exiting these premises in the event of an emergency.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

Board Room 1

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

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

Board Room 2

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

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

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

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

Board Rooms 3 and 4

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

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

Training Room 1

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

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

Training Room 2

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

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

Virginia Department of Health Professions
Board of Psychology

Virginia Board of Psychology
Regulatory Committee Meeting Minutes
Monday, June 27th, 2022 at 1:00 p.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 3

PRESIDING OFFICER:	J.D. Ball, Ph.D., ABPP, Regulatory Committee Chair
COMMITTEE MEMBERS PRESENT:	Christine Payne, BSN, MBA Peter Sheras, Ph.D., ABPP James Werth, Jr. Ph.D., ABPP
COMMITTEE MEMBERS ABSENT:	Norma Murdock-Kitt, Ph.D.
BOARD MEMBERS PRESENT:	Susan Wallace, Ph.D. Kathryn Zeanah, Ph.D.
BOARD STAFF PRESENT	Deborah Harris, Licensing Manager Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Deputy Executive Director Leoni Wells, Executive Assistant
DHP STAFF PRESENT:	Erin Barrett, JD, Sr. Senior Policy Analyst
CALL TO ORDER:	Dr. Ball called the meeting to order at 1:01 p.m. Dr. Ball read the mission statement of the Department of Health Professions, which is also the mission statement of the Board. Following a roll call of Board members and staff, Ms. Hoyle indicated a quorum was established.
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APPROVAL OF MINUTES:	Dr. Sheras moved to approve the March 14, 2022 Regulatory Committee Meeting minutes with non-substantive, line edits. The motion was seconded and carried unanimously.
ORDERING OF AGENDA:	The agenda was adopted as presented.
PUBLIC COMMENT PERIOD:	There was no public comment**.**
CHAIR REPORT:	Dr. Ball reported that several Board members and Ms. Hoyle presented at the Virginia Academy of Clinical Psychologists (VACP) Spring Conference.
UNFINISHED BUSINESS:	**Considering Psychological Clinical Science Accreditation System (PCSAS) as an Accrediting Body**

Over the last four years, the Board has considered the request to approve PCSAS as an accrediting body for doctoral education programs of clinical psychologist licensure applicants. As a part of its deliberation, the Board has held stakeholder meetings, heard presentations from PCSAS accredited schools in Virginia, and considered a petition for rule making, for which all public comment was positive. The Board also considered that PCSAS has received support from the U.S. Department of Veterans of Affairs (VA), the Council for Higher Education Accreditation (CHEA, and the Association of Psychology Postdoctoral and Internship Centers (APPIC). In addition, the EPPP pass rate of graduates of PCSAS programs is excellent, and the U.S. News & World Report has ranked all forty-one of the country's PCSAS-accredited programs its top fifty psychology programs.

Motion:
Dr. Sheras made a motion, which was properly seconded, to recommend to the full Board that the Board accept guidance document 125-1, pertaining to PCSAS, as presented. The motion passed unanimously.

Update on EPPP Part 2
Ms. Hoyle reported that there were no ASPPB updates on the EPPP Part 2 pass rate. With no new updates, the Committee took no further action at this time, except to note that, if the Board decides to adopt the EPPP-Part 2 it should give appropriate notice (two years notice –possibly fall of 2024) to programs and potential applicants.

Action Item:
The Committee will discuss the EPPP-Part 2 examination issue at the next Regulatory meeting. Staff will follow up with ASPPB for new data points on the pass/fail rates.

Update on Master's level psychologists
Dr. Wallace gave an update on the discussion at the ASPPB conference related to master level psychologists. Ms. Wallace suggested that the Board be proactive and prepare legislative language.

Dr. Werth suggested that the Committee look to our neighboring states for their scope of practice and supervision requirements when considering master level psychologists. Adding a new license type at the master's level would help with access to care if these new licensees were independently reimbursable.

Ms. Hoyle spoke to DMAS, and they stated that they support the need to pursue any possible path to more licensed mental health providers. They would need to understand what other states do, but they seemed favorable to the idea of master's level psychologists and their reimbursement of them. They also think that it would be helpful to have doctoral trainees reimbursed for services during their internship and practicum. Dr. Sheras stated that the APA Commission on Accreditation has a task force that is actively drafting accreditation standards. However he has not received any new information to present to the Board.

Action item:

Continue to research a tiered model master's level psychology license from our neighboring states and create a model practice act to determine the scope of practice and level of autonomy. Ms. Barrett stated that it would be helpful if the Board would list out their thoughts and comments on how they envision such a license type at its next meeting so that she can present information or answer any questions for any new legislation that might be brought forward. The Committee will add this action item to its next meeting agenda.

NEW BUSINESS:

Regulatory Chart
Ms. Barrett provided information on the Regulatory Chart provided in the agenda packet. The

Proposed Implementation for final adoption of PSYPACT
The Committee discussed the final adoption of PSYPACT regulations.

Motion:
Dr. Werth made a motion, which was properly seconded, to recommend that the full Board adopt final regulations for PSYPACT. The motion passed unanimously.

Consideration of Petition for Rulemaking
The Board discussed a petitioner's request, as presented in the agenda packet, to limit psychologists testifying in custody determinations to those with qualifications to do so. The Board decided to take no action on this request, based on its lack of jurisdiction to dictate evidentiary matters that are within the purview of the state court system.

Motion:
Dr. Sheras made a motion, which was properly seconded, to recommend that the full Board not initiate rule making. The motion passed unanimously.

Review of Guidance Document

Guidance Document 125-2 Impact of Criminal Convictions, Impairment, and Past History on Licensure, Certification or Registration by the Virginia Board of Psychology

Ms. Barrett will amend the guidance document to include wording recommended by the Committee and have an amended guidance document ready to be discussed and considered at the full Board meeting.

Motion:
Dr. Werth made a motion, which was properly seconded, to recommend that the full Board approve this document as amended. The motion passed unanimously.

Guidance document 125-3.1 Submission of Evidence of Completion of Graduate Work

Motion:
Dr. Werth made a motion, which was properly seconded, to recommend that the full Board approve this document as amended. The motion passed unanimously.

Guidance document 125-3.2 Official Beginning of Residency

Motion:
Dr. Werth made a motion, which was properly seconded, to recommend that the full Board rescind this guidance document. The motion passed unanimously.

Guidance document 125-5.1 Possible Disciplinary or Alternative Actions for Non-Compliance with Continuing Education Requirements

Motion:
Dr. Sheras made a motion, which was properly seconded, to recommend that the full Board approve this document as amended. The motion passed unanimously.

Discussion of School Psychologists
The Committee started the first of many discussions on the licensure of doctoral level school psychologists and school psychologists-limited. The Board discussed potential changes to the laws, scope of practice and regulations for individuals who have APA doctoral degrees in school psychology.

NEXT MEETING: The next Regulatory Committee meeting scheduled for September 26, 2022.

ADJOURNMENT: The meeting adjourned at 3:56 p.m.

_____ _____
J.D. Ball, Ph.D., ABPP, Chair Date

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

VIRGINIA LATINO ADVISORY BOARD

July 11, 2022

Jamie Hoyle, Executive Director
Virginia Boards of Psychology, Social Work, and Counseling
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Director Hoyle:

Thank you for leading the important work you do to ensure that Virginia has a robust regulatory environment for mental health services.

I am writing to follow up on a 2021 Annual Report recommendation that the Virginia Latino Advisory Board submitted to the Office of the Governor. The Board recommended that the Boards of Psychology, Social Work, and Counseling consider adding regulations to require that licensed providers in each profession complete continuing education credits in working with diverse populations annually in order to renew their licenses. This would be in addition to the required ethics credits that the Boards currently require by regulation.

It would be very helpful to work with you to identify appropriate next steps to advocate that the Boards consider making this regulatory change. Would it be possible to attend the regulatory meeting of the Board of Psychology on September 26 at 1pm, for example?

Collegially,

Joshua C. DeSilva, Psy.D.
Vice Chair, Virginia Latino Advisory Board
jdesilva.vlab@gmail.com
202-670-1605

Agenda Item: Consideration of amendments to Guidance Document 125-3.9

Included in your agenda package are:

- Guidance Document 125-3.9 with suggested revisions in redline
- Clean version of current suggestions to Guidance Document 125-3.9

Action needed:

- Motion to recommend changes to Guidance Document 125-3.9 to the full Board

Guidance Document: 125-3.9

Revised: September 27, 2022
Effective: November 24, 2022

BOARD OF PSYCHOLOGY

CONFIDENTIAL CONSENT AGREEMENTS

~~Legislation enacted in 2003 authorized the h~~Health regulatory boards ~~to~~ may resolve certain allegations of practitioner misconduct by ~~means of a~~ Confidential Consent Agreement ("CCA"). ~~-~~This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner. A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact, may include an admission or a finding of a violation, and may be considered by the Board in future disciplinary proceedings. A CCA, however, is not a public document, and cannot be disclosed by either the Board or the practitioner. *See* Va. Code § 54.1-2400(14).

A CCA ~~shall not~~cannot be used if the board determines ~~there is~~ probable cause exists ~~to believe that~~that the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients, or (ii) conducted his/her practice in a manner as to be a danger to patients or the public. Additionally, only two CCAs may be entered into by one practitioner in a 10 year period. *Id.*

~~A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.~~

~~A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. The entry of a CCA in the past may be considered by a board in future disciplinary proceedings. A practitioner may only enter into only two confidential consent agreements involving a standard of care violation within a 10 year period. The practitioner shall receive public discipline for any subsequent violation within the 10 year period, unless the board finds there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.~~

The Board of Psychology ~~has~~ adopted the following list ~~as examples~~ of violations ~~of Regulation or Statute~~ that may qualify for resolution by a ~~Confidential Consent Agreement~~CCA.~~:~~

Type of violation	Example
Advertising	A licensee or certificate holder using the title "Dr." without specifying "Ph.D.," "Ed.D.," or similar designation after his or her name.
Continuing education	Insufficient or improper coursework to meet requirements.

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	CCAs will not, however, be used in instances where a licensee untruthfully reported compliance.
Record keeping	Failure to record in a timely fashion; omission or inaccurate recording of dates, names, or times; and illegibility to the point of reasonably being unreadable.
Inadvertent breach of confidentiality	Providing information about a client to another person without authorization. For example, responding to "what time is my wife's appointment?" Such response acknowledges that the licensee is treating the individual.
Failure to report a known violation	A licensee failing to report a known violation after being instructed by a non-licensee supervisor not to report.
Fees and billing issues	Charging more than originally agreed upon. This would also apply to unintentionally billing for the wrong date(s).
Practicing on an expired license for 90 days or less	Failure to renew but continuing to practice. *Staff note: Board to discuss. This is included in other behavioral health CCA guidance.*

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~~**1. Advertising**~~

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~~Example: A licensee or certificate holder using the title "Dr." without specifying "Ph.D.," "Ed.D.," or such similar designation after his or her name.~~

~~**2. Continuing education**~~

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~~Example: Insufficient or improper coursework to meet the requirements. Confidential Consent Agreements will not, however, be used in instances where a licensee is found to have untruthfully reported compliance.~~

~~**3. Record keeping**~~

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~~Example: To include such infractions as failure to record in a timely fashion; omission or inaccurate recording of dates, names, or times; and illegibility to the point of reasonably being unreadable.~~

~~**4. Inadvertent breach of confidentiality**~~

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~~Example: Providing information about a client to another person without authorization, such as responding to, "what time is my wife's appointment?" By acknowledging the appointment the licensee has verified that he or she is treating someone.~~

~~**5. Failure to report a known violation**~~

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~~Example: A licensee working at an agency is "instructed" by a supervisor (non-licensee) not to report a violation. As a result, the licensee does not report the violation under fear of action from his or her employer.~~

~~**6. Fees and billing issues**~~

~~Example: The licensee charges more than originally agreed upon. This would also apply in situations of unintentionally billing for the wrong date(s).~~

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BOARD OF PSYCHOLOGY

CONFIDENTIAL CONSENT AGREEMENTS

Health regulatory boards may resolve certain allegations of practitioner misconduct by Confidential Consent Agreement ("CCA"). This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner. A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact, may include an admission or a finding of a violation, and may be considered by the Board in future disciplinary proceedings. A CCA, however, is not a public document, and cannot be disclosed by either the Board or the practitioner. *See* Va. Code § 54.1-2400(14).

A CCA cannot be used if the board determines probable cause exists that the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients, or (ii) conducted his/her practice in a manner as to be a danger to patients or the public. Additionally, only two CCAs may be entered into by one practitioner in a 10 year period. *Id.*

The Board of Psychology adopted the following list of violations that may qualify for resolution by a CCA.

Type of violation	Example
Advertising	A licensee or certificate holder using the title "Dr." without specifying "Ph.D.," "Ed.D.," or similar designation after his or her name.
Continuing education	Insufficient or improper coursework to meet requirements. CCAs will not, however, be used in instances where a licensee untruthfully reported compliance.
Record keeping	Failure to record in a timely fashion; omission or inaccurate recording of dates, names, or times; and illegibility to the point of reasonably being unreadable.
Inadvertent breach of confidentiality	Providing information about a client to another person without authorization. For example, responding to "what time is my wife's appointment?" Such response acknowledges that the licensee is treating the individual.
Failure to report a known violation	A licensee failing to report a known violation after being instructed by a non-licensee supervisor not to report.
Fees and billing issues	Charging more than originally agreed upon. This would also apply to unintentionally billing for the wrong date(s).
Practicing on an expired license for 90 days or less	Failure to renew but continuing to practice. *Staff note: Board to discuss. This is included in other behavioral health CCA guidance.*

Agenda Item: Consideration of amendments to Guidance Document 125-7

Included in your agenda package are:

- Guidance Document 125-7 with suggested revisions in redline
- Clean version of current suggestions to Guidance Document 125-7

Action needed:

- Recommend readoption of Guidance Document 125-7 with changes discussed by the Committee

Guidance document: 125-7

Revised September 27, 2022
Effective: November 23, 2022

Virginia Board of Psychology

Guidance on Electronic Communication and Telepsychology

~~The Board's opening statement in its Standards of Practice (Regulation~~ 18VAC125-20-150~~),~~, which governs standards of practice, applies regardless of whether psychological services are ~~being~~ provided face-to-face, ~~by~~ via technology, or with any~~an~~ other method~~.; it is as follows: "The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences."~~

The Board interprets telepsychology to include ~~E~~electronic communication, such as texts and emails related to client/patient care~~, are included in the Board's interpretation of telepsychology~~. Telepsychology ~~has become~~is a burgeoning means of delivering both professional assessment and intervention services. Telepsychology services have been implemented in a number of diverse settings to a broad range of clients, and may even be a preferred modality in some instances. Such tools may create~~With the advent of these tools in the digital age come~~ risks to privacy and possible disruption to client~~-~~/~~-~~patient care.

Not all ~~domains and~~ issues related to electronic transmission of services and telepsychology can be anticipated, but ~~this document~~the Board provides this guidance to psychologists providing telepsychological services to clients in the Commonwealth of Virginia for compliance with the Standards of Practice in ~~Regulation~~ 18VAC125-20-150. ~~-~~These guidelines pertain to professional exchanges between licensed psychologists and their clients/patients~~/~~ and supervisees. Psychologists who choose to use social media are faced with a variety of additional challenges that are not addressed in this document.

I. Definition of Telepsychology

For the purposes of this guidance document, the Board has adopted the definition of telepsychology developed by the American Psychological Association (APA)~~,~~/ the Association of State and Provincial Psychology Boards~~,~~/ and the APA Insurance Trust~~: and reported in their *Guidelines for the Practice of Telepsychology* (2013, p. 792):~~

> Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing or include images, sounds, or other data. These communications may

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> be synchronous, with multiple parties communicating in real time (e.g., interactive videoconferencing, telephone), or asynchronous (e.g., e-mail, online bulletin boards, storing and forwarding of information). Technologies may augment traditional in-person services (e.g., psychoeducational materials posted online after an in-person therapy session) or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing). Different technologies may be used in various combinations and for different purposes during the provision of telepsychology services. For example, videoconferencing and telephone may also be utilized for direct service, while e-mail and text are used for nondirect services (e.g., scheduling). Regardless of the purpose, psychologists strive to be aware of the potential benefits and limitations in their choices of technologies for particular clients in particular situations.

Guidelines for the Practice of Telepsychology, AMERICAN PSYCHOLOGIST, VOL. 68, NO. 9, 791-800, 792 (Dec. 2013).

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II. Specific Guidance on Electronic Communication

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Psychologists should be cognizant of particular risks for disclosure of confidential patient personal health information ("PHI") through electronic (i.e., text and email) communications between mental health professionals and their patients. Although these communication methods share ~~with telephone communications~~ some significant security problems with telephone communications, electronic communications ~~(i.e., phone text and email correspondence)~~ carry particular risk as they can leave a written record of detailed information that is more easily retrieved, printed, and shared with others by any person who has or gains access to either computer device used in these two-way communications. Psychologists ~~are advised to~~should avoid using these tools for communicating any information that discloses a patient's ~~personal health information~~PHI or treatment details. Electronic communications are considered part of the patient's/client's health record.[1] ~~Even for routine patient scheduling arrangements, p~~Psychologists should be aware of and advise patient/clients of associated security risks in the use of these tools, even for routine matters such as scheduling arrangements. Psychologists should be cognizant of whether they are using a secure communication system. Electronic communications should be succinct and minimal in their number.

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[1] Health record is defined by statute. *See* ~~Code of Virginia Section~~Va. Code § 32.1-127.1:03(B). ~~definition: *"Health record" means any written, printed or electronically recorded material maintained by a health care entity in the course of providing health services to an individual concerning the individual and the services provided. "Health record" also includes the substance of any communication made by an individual to a health care entity in confidence during or in connection with the provision of health services or information otherwise acquired by the health care entity about an individual in confidence and in connection with the provision of health services to the individual.*~~

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III. Specific Guidance on Treatment, ~~/~~ Assessment, and ~~/~~ Supervision

(1) All provision of telepsychology services - therapeutic, assessment, or supervisory – is expected to be in real time, or synchronous.

(2) Practitioners of telepsychology in the Commonwealth of Virginia must hold a current, valid license issued by the Virginia Board of Psychology or shall be a supervisee of a licensee.

(3) ~~License holders understand that this guidance document does not provide licensees with authority to practice telepsychology in service to clients/ supervisees domiciled in any jurisdiction other than Virginia.~~This document only addresses telepsychology practices in the Commonwealth of Virginia. ~~and l~~ Licensees engaged in telepsychology into another state ~~out of state professional activities bear responsibility~~ are responsible for complying with the laws, rules, and ~~/or~~ policies for the practice of telepsychology set forth by other jurisdictions~~al boards of psychology~~.

(4) Psychologists should make every effort to verify the client's~~/~~, patient's~~/~~, or supervisee's geographic location at the start of each session. If the client,~~/~~ patient,~~/~~ or supervisee is located outside of Virginia and any other jurisdictions where the psychologist holds a license, the psychologist should contact the psychology licensing board in that jurisdiction to determine whether practice would be permitted or reschedule the appointment to a time when the client,~~/~~ patient,~~/~~ or supervisee is located in Virginia or another jurisdiction where the psychologist holds a current license.

(5) Psychologists who are licensed in Virginia, but are not in Virginia at the time they want to provide telepsychology services to a client, patient, or ~~/client/~~ supervisee in Virginia, should check with the jurisdiction where they are located to determine whether practice would be permitted.

(6) Statutes and regulations, including applicable federal law, governing the practice of psychology apply to all ~~l~~licensees ~~holders~~ practicing telepsychology. ~~shall comply with all of the regulations in 18 VAC 125-20-10 et seq., including the Standards of Practice specified in 18VAC125-20-150 and 18VAC125-20-160, and with requirements incurred in state and federal statutes relevant to the practice of clinical, school, or applied psychology.~~

(7) Licensees ~~holders~~ practicing telepsychology should establish and maintain current competence in the professional practice of telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge, and should limit their practice to those areas of competence. Licensees ~~holders~~ should establish and maintain competence in the appropriate use of the information technologies utilized in the practice of telepsychology.

(8) ~~License holders recognize that t~~Telepsychology is not appropriate for all psychological problems and all clients/patients or supervisees. ~~, and d~~ Decisions regarding the appropriate use of telepsychology ~~are~~ should be made on a case-by-case basis. Licensees ~~holders~~ practicing telepsychology ~~are~~ should be aware of additional risks incurred when practicing clinical, school, or applied psychology through the use of distance communication technologies and should take

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Commented [VP1]: applicable laws/regs/policies may come from other state entities in other JX

Commented [VP2]: We don't say "shall" in guidance documents because these are interpretations of the law and do not have the force of law.

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special care to conduct their professional practice in a manner that protects and makes paramount the welfare of the client,/ patient,/ or supervisee.

(9) Psychologists who provide telepsychology services should make reasonable efforts to protect and maintain the confidentiality of the data and information relating to their clients and inform them of any possible increased risks of compromised confidentiality that may be inherent in the use of the telecommunication technologies.

(10) Licensees ~~holders~~ practicing telepsychology should:

(a) Conduct a risk-benefit analysis and document findings specific to:

(i) The chronological and developmental age of the client~~/~~ or patient~~,~~ and the presence of any physical or mental conditions that may affect the utility of telepsychology. Section 508 of the Rehabilitation Act, 29 U.S.C 794(d) is pertinent to making technology available to a client or~~/~~ patient with disabilities.

(ii) Whether the client~~'s/~~ or patient's presenting problems and apparent condition are consistent with the use of telepsychology to the client~~'s/~~ or patient's benefit; and

(iiI) Whether the client,/ patient,/ or supervisee has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

(b) Not provide telepsychology services to any person or persons when the outcome of the analysis required in paragraph~~s~~ (10)(a)~~(i) and (10)(a)(ii) and (10)(a)(iii)~~ is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues.

(c) Consider the potential impact of multicultural issues when delivering telepsychological services to diverse clients.

(d) Upon initial and subsequent contacts with the client,/ patient,/ or supervisee, make reasonable efforts to verify the identity of the client,/ patient,/ or supervisee.~~;~~

(e) Obtain alternative means of contacting the client,/ patient,/ ore supervisee, such as ~~(e.g.,~~ a landline ~~and/~~or cell phone number.~~);~~

(f) Provide ~~to the client/ patient/supervisee~~ alternative means of contacting the licensee to the client, patient, or supervisee.~~;~~

(g) Establish a written agreement relative to the client~~'s/~~ or patient's access to face-to-face emergency services in the client~~'s or/~~ patient's geographical area, in instances such as, but not necessarily limited to, the client~~/~~ or patient experiencing a suicidal or homicidal crisis that is consistent with the jurisdiction's duty to protect and civil commitment statutes.~~;~~

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Field Code Changed

(h) Whenever feasible, use secure communications with clients, patients, or ~~/~~supervisees, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications.

(i) Discuss privacy in both the psychologist's ~~room~~ physical location and the client,~~/~~ patient, ~~/~~ or supervisee's ~~room~~ physical location and how to handle the possible presence of other people in or near the room where the participant is located.

(j) Prior to providing telepsychology services, obtain ~~the~~ written informed consent of the client,~~/~~ patient, ~~/~~or supervisee, in language that is likely to be understood and consistent with accepted professional and legal requirements, relative to:

(i) The limitations of using distance technology in the provision of clinical, school, or applied psychological services ~~/~~or supervision;

(ii) Potential risks to confidentiality of information because of the use of distance technology;

(iii) Potential risks of sudden and unpredictable disruption of telepsychology services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

(iv) When and how the licensee will respond to routine electronic messages;

(v) Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances;

(vi) Who else may have access to communications between the client~~/~~ or patient and the licensee;

(vii) Specific methods for ensuring that a client''s~~/~~ or patient's electronic communications are directed only to the licensee or supervisee;

(viii) How the licensee stores electronic communications exchanged with the client,~~/~~ patient, or~~/~~ supervisee;

(k) Ensure that confidential communications stored electronically cannot be recovered ~~and/~~or accessed by unauthorized persons while the record is being maintained or when the licensee disposes of electronic equipment and data;

(l) Discuss payment considerations with clients to minimize the potential for misunderstandings regarding insurance coverage and reimbursement.

(11) Documentation should clearly indicate when services are provided through telepsychology and appropriate billing codes should be used.

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(12) Psychologists who offer assessment services via telepsychology are expected to have considered and addressed the following broad concerns for any and all tests used with technology:

(a) Preservation of the acceptable psychometric properties (e.g., reliability, validity, normative reference group comparisons);

(b) Maintenance of any expected standardization guidelines in test administration to allow prior psychometric research to remain applicable;

(c) Adherence to scientifically accepted interpretation guidelines;

(d) Acceptability of the evaluation environment;

(e) Full disclosure of the unique risks to clients within a consent to evaluation process;

(f) Anticipation and satisfactory management of technical problems that may arise;

(g) Assurance that the examinee characteristics are adequately matched to normative reference populations; and

(h) ~~a~~Assurance that examinee identity and associated text results are secure with respect to confidentiality.

(13) In the context of a face-to-face professional relationship, this document does not apply to:

(a) Electronic communication used ~~specific~~ to schedule appointment~~s scheduling~~, for billing, ~~and/~~or for the establishment of benefits and eligibility for services; and~~,~~

(b) Telephone or other electronic communications made for the purpose of ensuring client/or patient welfare in accord with reasonable professional judgment.

IV. Recommended References

The Board recommends that any psychologist considering the use of telepsychology read and become familiar with the *Guidelines for the Practice of Telepsychology*, AMERICAN PSYCHOLOGIST, VOL. 68, NO. 9, 791-800 (Dec. 2013), and the "Practice Guidelines for Video-Based Online Mental Health Services" developed by the American Telemedicine Association (2013). Further, given the complexity associated with telepsychology, psychologists who want to offer such services will want to review other resources. The American Psychological Association (APA) has published several books ~~(e.g., Luxton, Nelson, & Maheu, 2016)~~,[2] including an ethics casebook that is a companion to the APA's *Guidelines for the Practice of Telepsychology* (Campbell, Millan, & Martin, 2018). In addition, the Ohio Psychological Association has

[2] *E.g.*, LUXTON, NELSON, & MAHEU, A PRACTITIONER'S GUIDE TO TELEMENTAL HEALTH: HOW TO CONDUCT LEGAL, ETHICAL, AND EVIDENCE-BASED TELEPRACTICE (2016).

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developed a variety of resources, including a model informed consent document and a list of areas of competence for telepsychology.

~~(See~~ *See* https://ohpsych.site-ym.com/page/CommunicationandTech~~)~~.

Other References

American Telemedicine Association. (2013). *Practice guidelines for video-based online mental health services.* Arlington, VA: Author. Available at https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services_ATA_5_29_13.pdf

Campbell, L. F., Millan, F., & Martin, J. N. (2018). *A telepsychology casebook: Using technology ethically and effectively in your professional practice.* Washington, DC: American Psychological Association.

Joint Task Force for the Development of Telepsychology Guidelines for Psychologists. (2013). Guidelines for the practice of telepsychology. *American Psychologist, 68,* 791-800. Available at http://www.apa.org/pubs/journals/features/amp-a0035001.pdf

Luxton, D. D., Nelson, E.-L., & Maheu, M. M. (2016). *A practitioner's guide to telemental health: How to conduct legal, ethical, and evidence-based telepractice.* Washington, DC: American Psychological Association.

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Virginia Board of Psychology

Guidance on Electronic Communication and Telepsychology

18VAC125-20-150, which governs standards of practice, applies regardless of whether psychological services are provided face-to-face, via technology, or with any other method.

The Board interprets telepsychology to include electronic communication, such as texts and emails related to client/patient care. Telepsychology is a burgeoning means of delivering both professional assessment and intervention services. Telepsychology services have been implemented in a number of diverse settings to a broad range of clients, and may even be a preferred modality in some instances. Such tools may create risks to privacy and possible disruption to client/patient care.

Not all issues related to electronic transmission of services and telepsychology can be anticipated, but the Board provides this guidance to psychologists providing telepsychological services to clients in the Commonwealth of Virginia for compliance with the Standards of Practice in 18VAC125-20-150. These guidelines pertain to professional exchanges between licensed psychologists and their clients/patients and supervisees. Psychologists who choose to use social media are faced with a variety of additional challenges that are not addressed in this document.

I. Definition of Telepsychology

For the purposes of this guidance document, the Board has adopted the definition of telepsychology developed by the American Psychological Association (APA), the Association of State and Provincial Psychology Boards, and the APA Insurance Trust:

> Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing or include images, sounds, or other data. These communications may be synchronous, with multiple parties communicating in real time (e.g., interactive videoconferencing, telephone), or asynchronous (e.g., e-mail, online bulletin boards, storing and forwarding of information). Technologies may augment traditional in-person services (e.g., psychoeducational materials posted online after an in-person therapy session) or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing). Different technologies may be used in various

> combinations and for different purposes during the provision of telepsychology services. For example, videoconferencing and telephone may also be utilized for direct service, while e-mail and text are used for nondirect services (e.g., scheduling). Regardless of the purpose, psychologists strive to be aware of the potential benefits and limitations in their choices of technologies for particular clients in particular situations.

Guidelines for the Practice of Telepsychology, AMERICAN PSYCHOLOGIST, VOL. 68, NO. 9, 791-800, 792 (Dec. 2013).

II. Specific Guidance on Electronic Communication

Psychologists should be cognizant of particular risks for disclosure of confidential patient personal health information ("PHI") through electronic (i.e., text and email) communications between mental health professionals and their patients. Although these communication methods share some significant security problems with telephone communications, electronic communications carry particular risk as they can leave a written record of detailed information that is more easily retrieved, printed, and shared with others by any person who has or gains access to either computer device used in these two-way communications. Psychologists should avoid using these tools for communicating any information that discloses a patient's PHI or treatment details. Electronic communications are considered part of the patient's/client's health record.[1] Psychologists should be aware of and advise patient/clients of associated security risks in the use of these tools, even for routine matters such as scheduling arrangements. Psychologists should be cognizant of whether they are using a secure communication system. Electronic communications should be succinct and minimal in their number.

III. Specific Guidance on Treatment, Assessment, and Supervision

(1) All provision of telepsychology services - therapeutic, assessment, or supervisory – is expected to be in real time, or synchronous.

(2) Practitioners of telepsychology in the Commonwealth of Virginia must hold a current, valid license issued by the Virginia Board of Psychology or shall be a supervisee of a licensee.

(3) This document only addresses telepsychology practices in the Commonwealth of Virginia. Licensees engaged in telepsychology into another state are responsible for complying with the laws, rules, and policies for the practice of telepsychology set forth by other jurisdictions.

(4) Psychologists should make every effort to verify the client's, patient's, or supervisee's geographic location at the start of each session. If the client, patient, or supervisee is located outside

[1] Health record is defined by statute. *See* Va. Code § 32.1-127.1:03(B).

of Virginia and any other jurisdictions where the psychologist holds a license, the psychologist should contact the psychology licensing board in that jurisdiction to determine whether practice would be permitted or reschedule the appointment to a time when the client, patient, or supervisee is located in Virginia or another jurisdiction where the psychologist holds a current license.

(5) Psychologists who are licensed in Virginia, but are not in Virginia at the time they want to provide telepsychology services to a client, patient, or supervisee in Virginia, should check with the jurisdiction where they are located to determine whether practice would be permitted.

(6) Statutes and regulations, including applicable federal law, governing the practice of psychology apply to all licensees practicing telepsychology.

(7) Licensees practicing telepsychology should establish and maintain current competence in the professional practice of telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge, and should limit their practice to those areas of competence. Licensees should establish and maintain competence in the appropriate use of the information technologies utilized in the practice of telepsychology.

(8) Telepsychology is not appropriate for all psychological problems and all clients/patients or supervisees. Decisions regarding the appropriate use of telepsychology should be made on a case-by-case basis. Licensees practicing telepsychology should be aware of additional risks incurred when practicing clinical, school, or applied psychology through the use of distance communication technologies and should take special care to conduct their professional practice in a manner that protects and makes paramount the welfare of the client, patient, or supervisee.

(9) Psychologists who provide telepsychology services should make reasonable efforts to protect and maintain the confidentiality of the data and information relating to their clients and inform them of any possible increased risks of compromised confidentiality that may be inherent in the use of the telecommunication technologies.

(10) Licensees practicing telepsychology should:

(a) Conduct a risk-benefit analysis and document findings specific to:

(i) The chronological and developmental age of the client or patient and the presence of any physical or mental conditions that may affect the utility of telepsychology. Section 508 of the Rehabilitation Act, 29 U.S.C 794(d) is pertinent to making technology available to a client or patient with disabilities.

(ii) Whether the client's or patient's presenting problems and apparent condition are consistent with the use of telepsychology to the client's or patient's benefit; and

(iiI) Whether the client, patient, or supervisee has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

(b) Not provide telepsychology services to any person or persons when the outcome of the analysis required in paragraph (10)(a) is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues.

(c) Consider the potential impact of multicultural issues when delivering telepsychological services to diverse clients.

(d) Upon initial and subsequent contacts with the client, patient, or supervisee, make reasonable efforts to verify the identity of the client, patient, or supervisee.

(e) Obtain alternative means of contacting the client, patient, ore supervisee, such as a landline or cell phone number.

(f) Provide alternative means of contacting the licensee to the client, patient, or supervisee.

(g) Establish a written agreement relative to the client's or patient's access to face-to-face emergency services in the client's or patient's geographical area, in instances such as, but not necessarily limited to, the client or patient experiencing a suicidal or homicidal crisis that is consistent with the jurisdiction's duty to protect and civil commitment statutes.

(h) Whenever feasible, use secure communications with clients, patients, or supervisees, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications.

(i) Discuss privacy in both the psychologist's physical location and the client, patient, or supervisee's physical location and how to handle the possible presence of other people in or near the room where the participant is located.

(j) Prior to providing telepsychology services, obtain written informed consent of the client, patient, or supervisee, in language that is likely to be understood and consistent with accepted professional and legal requirements, relative to:

(i) The limitations of using distance technology in the provision of clinical, school, or applied psychological services or supervision;

(ii) Potential risks to confidentiality of information because of the use of distance technology;

(iii) Potential risks of sudden and unpredictable disruption of telepsychology services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

(iv) When and how the licensee will respond to routine electronic messages;

(v) Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances;

(vi) Who else may have access to communications between the client or patient and the licensee;

(vii) Specific methods for ensuring that a client's or patient's electronic communications are directed only to the licensee or supervisee;

(viii) How the licensee stores electronic communications exchanged with the client, patient, or supervisee;

(k) Ensure that confidential communications stored electronically cannot be recovered or accessed by unauthorized persons while the record is being maintained or when the licensee disposes of electronic equipment and data;

(l) Discuss payment considerations with clients to minimize the potential for misunderstandings regarding insurance coverage and reimbursement.

(11) Documentation should clearly indicate when services are provided through telepsychology and appropriate billing codes should be used.

(12) Psychologists who offer assessment services via telepsychology are expected to have considered and addressed the following broad concerns for any and all tests used with technology:

(a) Preservation of the acceptable psychometric properties (e.g., reliability, validity, normative reference group comparisons);

(b) Maintenance of any expected standardization guidelines in test administration to allow prior psychometric research to remain applicable;

(c) Adherence to scientifically accepted interpretation guidelines;

(d) Acceptability of the evaluation environment;

(e) Full disclosure of the unique risks to clients within a consent to evaluation process;

(f) Anticipation and satisfactory management of technical problems that may arise;

(g) Assurance that the examinee characteristics are adequately matched to normative reference populations; and

(h) Assurance that examinee identity and associated text results are secure with respect to confidentiality.

(13) In the context of a face-to-face professional relationship, this document does not apply to:

(a) Electronic communication used to schedule appointments, for billing, or for the establishment of benefits and eligibility for services; and

(b) Telephone or other electronic communications made for the purpose of ensuring client or patient welfare in accord with reasonable professional judgment.

IV. Recommended References

The Board recommends that any psychologist considering the use of telepsychology read and become familiar with the *Guidelines for the Practice of Telepsychology*, AMERICAN PSYCHOLOGIST, VOL. 68, NO. 9, 791-800 (Dec. 2013), and the "Practice Guidelines for Video-Based Online Mental Health Services" developed by the American Telemedicine Association (2013). Further, given the complexity associated with telepsychology, psychologists who want to offer such services will want to review other resources. The American Psychological Association (APA) has published several books,[2] including an ethics casebook that is a companion to the APA's *Guidelines for the Practice of Telepsychology* (Campbell, Millan, & Martin, 2018). In addition, the Ohio Psychological Association has developed a variety of resources, including a model informed consent document and a list of areas of competence for telepsychology.

See https://ohpsych.site-ym.com/page/CommunicationandTech.

Other References

American Telemedicine Association. (2013). *Practice guidelines for video-based online mental health services.* Arlington, VA: Author. Available at https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services_ATA_5_29_13.pdf

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Luxton, D. D., Nelson, E.-L., & Maheu, M. M. (2016). *A practitioner's guide to telemental health: How to conduct legal, ethical, and evidence-based telepractice.* Washington, DC: American Psychological Association.

[2] *E.g.*, LUXTON, NELSON, & MAHEU, A PRACTITIONER'S GUIDE TO TELEMENTAL HEALTH: HOW TO CONDUCT LEGAL, ETHICAL, AND EVIDENCE-BASED TELEPRACTICE (2016).

Agenda Item: Consideration of amendments to Guidance Document 125-8

Included in your agenda package are:

- Guidance Document 125-8 with suggested revisions in redline
- Clean version of current suggestions to Guidance Document 125-8

Action needed:

- Motion to recommend full Board adopt changes to Guidance Document 125-8

Guidance document: 125-8

Revised: September 27, 2022
Effective: November 24, 2022

Board of Psychology

Guidance on Use of Assessment Titles and Signatures

Conducting client evaluations or assessments pertaining to diagnosis and psychosocial or mental health functioning is within the scope of practice of several licensed mental health professionals. Although some jurisdictions have attempted to define by regulation or statute what types of assessments may be done by what specific mental health professionals, Virginia has not taken that approach. ~~-~~In Virginia, each profession is regulated by its own regulatory body, and each takes its own approach to training and standards of practice.

Just as different healthcare specialists may rely on similar but not identical assessment procedures, different behavioral health professionals may approach assessment practice with both shared and distinctive skills and tools. ~~-~~Historically, protection of the public has relied upon each profession's Board oversight to hold its own members to its own discipline's standard of practice, with the expectation that each licensee practice within areas of professional competence.

In the case of shared or overlapping services across professional licenses, there can be considerable public confusion regarding the work of different licensees and ~~what~~ which regulatory board oversees their work. ~~Accordingly, as a further public safeguard, each licensure board may want to encourage its own licensees to represent themselves and their work unambiguously by labeling their work and themselves in accordance with their own licensure board's current license/regulatory language.~~ Within the Board of Psychology, our recommendations for licensees of this Board are as follows:

Commented [VP1]: I do not recommend keeping this sentence, as it's using a guidance document of this board to suggest other boards take a specific action.

- Use an Unambiguous **Work Product** Heading
  - Label work products with language that is parallel with and specific to the practitioner's license.
  - Suggested ~~W~~work ~~P~~product headings are included in the ~~T~~table below.

- Use an Unambiguous **Examiner** Title
  - The title in a signature block or other relevant self-designation on a document summarizing an assessment work product should clearly convey the examiner's professional identity and field(s) of licensure.
  - Listing the ~~E~~examiner's specific ~~L~~license number is optional.
  - Suggested ~~S~~signature ~~T~~titles are included in the ~~T~~table below.

Virginia License	Suggested Report Heading	Suggested Signature Title
Clinical Psychologist School Psychologist Applied Psychologist	"Psychological Assessment" "Psychological Evaluation" "Psychological Report" Note: Additional, more specific, terms may be added, depending on the focus of the report and the Psychologist's area(s) of further post-doctoral training and competence (e.g., Forensic Psychology Evaluation, Geriatric Psychology Evaluation, Medical Psychology Evaluation, Neuropsychological Evaluation, Pediatric Psychology Evaluation, etc.).	"Clinical Psychologist" or "Licensed Clinical Psychologist" "Licensed School Psychologist" or "Licensed School Psychologist, Limited"[1] "Applied Psychologist" or "Licensed Applied Psychologist" Note: Board Certification or other credentials may be added underneath the Psychologist's licensure category (e.g., "Board Certified in Neuropsychology") and associated initials may be added after the Psychologist's degree (e.g., John Smith, Ph.D., ABPP), especially if relevant given to the heading and focus of the document. However, terms such as "forensic psychologist," "neuropsychologist," and others ~~hold no legal standing~~are not licensure categories in Virginia. Therefore, reports still should carry the appropriate signature title listed above in order to indicate to the public the licensure category and state Board regulating this practice.

Clarify conflict with required labels: When a psychologist's employer, work setting, or legal work context requires that a particular label be used for assessment work products that differ from those listed in the guidelines above, the psychologist should clarify his or her professional identity to the client at the outset of the evaluation and make this explicit within the report and in the signature block (e.g., ~~–~~"Psychological Evaluation" by XXXXXXX, Clinical Psychologist [or Licensed Clinical Psychologist]).

In offering this collective guidance to its licensees, the ~~Virginia~~ Board of Psychology is adding no regulatory restrictions to the use of various professional titles~~/~~ or terms beyond existing protected

[1] This Guidance Document does not apply to persons certified by the Virginia Department of Education to provide school psychological services who are not licensed by the Board of Psychology.

titles in Virginia statutes and respective regulations. Rather, this document provides best practice guidelines for its regulated members to minimize public confusion and clearly communicate to their clients what licensure Board governs the licensed examiner's practice. The Board of Psychology believes this guidance will best represent its members to the public and best direct service recipients to the examiner's specific practice standards.

Board of Psychology

Guidance on Use of Assessment Titles and Signatures

Conducting client evaluations or assessments pertaining to diagnosis and psychosocial or mental health functioning is within the scope of practice of several licensed mental health professionals. Although some jurisdictions have attempted to define by regulation or statute what types of assessments may be done by what specific mental health professionals, Virginia has not taken that approach. In Virginia, each profession is regulated by its own regulatory body, and each takes its own approach to training and standards of practice.

Just as different healthcare specialists may rely on similar but not identical assessment procedures, different behavioral health professionals may approach assessment practice with both shared and distinctive skills and tools. Historically, protection of the public has relied upon each profession's Board oversight to hold its own members to its own discipline's standard of practice, with the expectation that each licensee practice within areas of professional competence.

In the case of shared or overlapping services across professional licenses, there can be considerable public confusion regarding the work of different licensees and which regulatory board oversees their work. Within the Board of Psychology, our recommendations for licensees of this Board are as follows:

- Use an Unambiguous **Work Product** Heading
    - Label work products with language that is parallel with and specific to the practitioner's license.
    - Suggested work product headings are included in the table below.

- Use an Unambiguous **Examiner** Title
    - The title in a signature block or other relevant self-designation on a document summarizing an assessment work product should clearly convey the examiner's professional identity and field(s) of licensure.
    - Listing the examiner's specific license number is optional.
    - Suggested signature titles are included in the table below.

Virginia License	Suggested Report Heading	Suggested Signature Title
Clinical Psychologist School Psychologist Applied Psychologist	"Psychological Assessment" "Psychological Evaluation" "Psychological Report" Note: Additional, more specific, terms may be added, depending on the focus of the report and the Psychologist's area(s) of further post-doctoral training and competence (e.g., Forensic Psychology Evaluation, Geriatric Psychology Evaluation, Medical Psychology Evaluation, Neuropsychological Evaluation, Pediatric Psychology Evaluation, etc.).	"Clinical Psychologist" or "Licensed Clinical Psychologist" "Licensed School Psychologist" or "Licensed School Psychologist, Limited"[1] "Applied Psychologist" or "Licensed Applied Psychologist" Note: Board Certification or other credentials may be added underneath the Psychologist's licensure category (e.g., "Board Certified in Neuropsychology") and associated initials may be added after the Psychologist's degree (e.g., John Smith, Ph.D., ABPP), especially if relevant given to the heading and focus of the document. However, terms such as "forensic psychologist," "neuropsychologist," and others are not licensure categories in Virginia. Therefore, reports still should carry the appropriate signature title listed above in order to indicate to the public the licensure category and state Board regulating this practice.

Clarify conflict with required labels: When a psychologist's employer, work setting, or legal work context requires that a particular label be used for assessment work products that differ from those listed in the guidelines above, the psychologist should clarify his or her professional identity to the client at the outset of the evaluation and make this explicit within the report and in the signature block (e.g., "Psychological Evaluation" by XXXXXXX, Clinical Psychologist [or Licensed Clinical Psychologist]).

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[1] This Guidance Document does not apply to persons certified by the Virginia Department of Education to provide school psychological services who are not licensed by the Board of Psychology.

titles in Virginia statutes and respective regulations. Rather, this document provides best practice guidelines for its regulated members to minimize public confusion and clearly communicate to their clients what licensure Board governs the licensed examiner's practice. The Board of Psychology believes this guidance will best represent its members to the public and best direct service recipients to the examiner's specific practice standards.

Agenda Item: Consideration of Guidance Document 125-9

Included in your agenda package are:

- Guidance Document 125-9, adopted in 2019
- Va. Code § 54.1-2409.5, which became effective July 1, 2020

Staff Note: Reduction of guidance documents is included in governor's regulatory reduction count. Policy staff recommends rescinding Guidance Document 125-9 due to the intervening legislation which prohibits engaging in conversion therapy with minors and makes the action unprofessional conduct subject to discipline.

Action needed:

- Rescission of Guidance Document 125-9

Virginia Board of Psychology

Guidance Document on the Practice of Conversion Therapy

For the purposes of this guidance "conversion therapy" or "sexual orientation change efforts" is defined as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any[i] gender. "Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity in any direction.

In 18VAC125-20-150 of the *Regulations Governing the Practice of Psychology* ("Regulations"), the Virginia Board of Psychology ("Board") has stated that "[t]he protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences."

One of the standards of practice established in the Regulations is that persons licensed or registered by the Board shall:

"*Avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable.*" 18VAC125-20-150(B)(5).

Many national behavioral health and medical associations have issued position and policy statements regarding conversion therapy/sexual orientation change efforts, especially with minors. Such statements have typically noted that conversion therapy has not been shown to be effective or safe.

Consistent with established positions by the American Psychological Association, National Association of School Psychologists, and Virginia Academy of Clinical Psychologists (see below), the Board considers "conversion therapy" or "sexual orientation change efforts" (as defined above) to be services that have the potential to harm patients or clients, especially minors. Thus, under the Regulations governing applied, clinical, and school psychologists and others licensed or registered by the Board, practicing conversion therapy/sexual orientation change efforts with minors could result in a finding of misconduct and disciplinary action against the licensee or registrant.

An email communication to the Board, dated May 7, 2018, stated the position of the Virginia Academy of Clinical Psychologists (VACP).

The following was unanimously approved by the VACP Board of Directors and represents the official position statement of VACP:

- *Significant research by both the American Psychological Association and the American Psychiatric Association substantiates that "conversion therapy" should be prohibited in that it has the potential to be harmful to patients. "Conversion therapy," or, "efforts to change a person's sexual orientation" shall mean any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. "Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person, or facilitates a person's coping, social support, and identity exploration and development. This includes sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity.*

- *It is the stance of VACP that "Conversion therapy" should be considered as a violation of standards of practice in that rendering such services is considered to have real potential of jeopardizing the health and well-being of patients.*

The American Psychological Association has issued several statements related to this subject, including:

> "Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts" (2010) [https://www.apa.org/about/policy/sexual-orientation.pdf] :
>
> > … On the basis of the Task Force's findings, the APA encourages mental health professionals to provide assistance to those who seek sexual orientation change by utilizing affirmative multiculturally competent and client-centered approaches that recognize the negative impact of social stigma on sexual minorities and balance ethical principles of beneficence and nonmaleficence, justice, and respect for people's rights and dignity. [note: internal footnotes and references deleted for readability]
> > … Be it further resolved that the [American Psychological Association] concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;
> > …Be it further resolved that the [American Psychological Association] advises patients, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and social support, and reduce rejection of sexual minority youth….

The National Association of School Psychologists stated in its Position Statement on "Safe and Supportive Schools for LGBTQ+ Youth" (2017) that:

> The National Association of School Psychologists (NASP) believes school psychologists are ethically obligated to ensure all youth with diverse sexual orientations, gender identities, and/or gender expressions, are able to develop and express their personal identities in a school climate that is safe, accepting, and respectful of all persons and free from discrimination, harassment, violence, and abuse. Specifically, NASP's ethical guidelines require school psychologists to promote fairness and justice, help to cultivate safe and welcoming school climates, and work to identify and reform both social and system-level patterns of injustice (NASP, 2010, pp. 11–12). NASP further asserts all youth are entitled to equal opportunities to participate in and benefit from affirming and supportive educational and mental health services within schools. As such, any efforts to change one's sexual orientation or gender identity are unethical, are illegal in some states, and have the potential to do irreparable damage to youth development (Just the Facts Coalition, 2008 (emphasis added)). The acronym LGBTQ+ is intended to be inclusive of students of diverse sexual orientations, gender identities, and/or gender expressions, and the term youth is inclusive of all children, adolescents, and young adults.

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[i] Because of the evolving nature of terminology in this area, both the American Psychological Association and National Association of School Psychologists have included definitions in their documents related to sexual orientation and gender expression. Of special note, these definitions have made it clear that adhering to a binary construction of gender (male OR female) is inconsistent with evolving descriptions of self and others. For example, in its "Guidelines for Psychological Practice with Transgender and Gender Nonconforming People," the American Psychological Association stated in Guideline 1 that "Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person's gender identity may not align with sex assigned at birth." (p. 3) [https://www.apa.org/practice/guidelines/transgender.pdf]. Thus, the definition above refers to "any" gender and "in any direction" instead of referring specifically to "same" gender attraction.

9/14/2022

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 24. General Provisions

§ 54.1-2409.5. Conversion therapy prohibited.

A. As used in this section, "conversion therapy" means any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. "Conversion therapy" does not include counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity.

B. No person licensed pursuant to this subtitle or who performs counseling as part of his training for any profession licensed pursuant to this subtitle shall engage in conversion therapy with a person under 18 years of age. Any conversion therapy efforts with a person under 18 years of age engaged in by a provider licensed in accordance with the provisions of this subtitle or who performs counseling as part of his training for any profession licensed pursuant to this subtitle shall constitute unprofessional conduct and shall be grounds for disciplinary action by the appropriate health regulatory board within the Department of Health Professions.

2020, cc. 41, 721.

Agenda Item: Consideration of regulatory reduction changes

Included in your agenda package are:

- 18VAC125-20 with suggested revisions

Action needed:

- Discussion regarding suggested changes;
- Addition of any amendments from the Committee; and
- Motion to make recommendation to the full Board

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: August 18, 2021

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TABLE OF CONTENTS

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.

"CAEP" means Council for the Accreditation of Educator Preparation.

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

"CPA" means Canadian Psychological Association.

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

"Face-to-face" means in person.

~~"Intern" means an individual who is enrolled in a professional psychology program internship.~~

"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.

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

"Practicum student" means an individual who is enrolled in a professional psychology program and is receiving pre-internship training and seeing clients.

"Professional psychology program" means an integrated program of doctoral study in clinical or counseling psychology or a master's degree or higher program in school psychology designed to train professional psychologists to deliver services in psychology.

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

Commented [VP1]: This is not necessary to include in regulations due to existence in Code

Commented [VP2]: Consider moving this definition from here to the one place it's used. The way it's used in the regulation, there is no indication that it's a defined term unless you are looking here. Not clear to the average reader that they need to look for this.

Commented [VP3]: This word is actually only used once in this chapter. "Internship" is what is used everywhere else. This could be eliminated without confusion.

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

"Resident" means an individual who has received a doctoral degree in a clinical or counseling psychology program or a master's degree or higher in school psychology and is completing a board-approved residency.

~~"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 responsibility for the education and training activities of a person under supervision and for the care of such person's clients and who provides supervision consistent with the training and experience of both the supervisor and the person under supervision and with the type of services being provided.

18VAC125-20-20. (Repealed.)

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

A. The board has established fees for the following:

	Applied psychologists, Clinical psychologists, School psychologists	~~School psychologists-limited~~
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. Handling fee for returned check or dishonored credit card or debit card	$50	~~$50~~
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 May 1, 2020, and June 30, 2020, the following renewal fees shall be in effect:~~

~~1. For annual renewal of an active license as a clinical, applied, or school psychologist, it shall be $100. For an inactive license as a clinical, applied, or school psychologist, it shall be $50.~~

~~2. For annual renewal of an active license as a school psychologist limited, it shall be $50. For an inactive license as a school psychologist limited, it shall be $25.~~

18VAC125-20-35. Change of name or address.

Licensees or registrants shall notify the board in writing within 60 days of:

1. Any legal name change; or

2. Any change of address of record or of the licensee's or registrant's public address if different from the address of record.

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 licensure by examination 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;

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

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

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

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

Commented [VP4]: Consider removal. Licensees are already required to comply with current standards of practice and laws governing the practice area they are licensed in. Boilerplate attestation does not change anything.

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;

Commented [VP5]: Same as above

4. Verification of all other health and mental health professional licenses, certificates, or registrations ever held in Virginia or any jurisdiction of the United States or Canada. In

order to qualify for endorsement, the applicant shall not have surrendered a license, certificate, or registration while under investigation and shall have no unresolved action against a license, certificate, or registration;

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

6. Further documentation of one of the following:

a. A current credential issued by the National Register of Health Service Psychologists;

b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;

c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;

d. Five years of active licensure in a category comparable to the one in which licensure is sought with at least 24 months of active practice within the last 60 months immediately preceding licensure application; or

e. If less than five years of active licensure or less than 24 months of active practice within the last 60 months, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience, and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following: (1) Verification of a passing score on all parts of the Examination for Professional Practice of Psychology that were required at the time of original licensure; and (2) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

~~**18VAC125-20-43. 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. (Repealed.)

18VAC125-20-51. (Repealed.)

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

A. Beginning June 23, 2028, an applicant shall hold a doctorate in clinical or counseling psychology from a professional psychology program in a regionally accredited university that was accredited at the time the applicant graduated from the program by the APA, CPA, or an accrediting body acceptable to the board. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information verifying that the program is substantially equivalent to an APA-accredited program.

B. Prior to June 23, 2028, an applicant shall either hold a doctorate from an accredited program, as specified in subsection A of this section, or shall hold a doctorate from a professional psychology program that documents that the program offers education and training that prepares individuals for the practice of clinical psychology as defined in § 54.1-3600 of the Code of Virginia and meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. 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 that 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 involving assessment, diagnosis, and psychological interventions. The practicum experiences 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 shall graduate from an educational program in clinical psychology that includes an appropriate emphasis on and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

E. Candidates for clinical psychologist licensure shall have successfully completed an internship in a program that is either accredited by APA or CPA, or is a member of APPIC, or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards. If the internship was obtained in an educational program outside of the United States or Canada, a credentialing service approved by the board shall verify equivalency to an internship in an APA-accredited program.

F. 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, in the doctoral practicum supervised experience, which occurs prior to the internship, and 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 that meets the criteria specified in 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 or 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 onsite 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 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.

7. If the supervised experience hours completed in a series of practicum experiences do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate shall fulfill the remainder of the hours by meeting requirements specified in 18VAC125-20-65.

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 that meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. 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 that 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, for example, 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 or CAEP or was approved by 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 or CAEP or approved by NASP, the applicant shall have a master's degree from a psychology program that 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 that meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. 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 that 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 that 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.

C. Candidates for school psychologist licensure shall have successfully completed an internship in a program accredited by APA or CAEP, or approved by NASP, or is a member of APPIC or one that meets equivalent standards.

18VAC125-20-60. (Repealed.)

18VAC125-20-65. Residency.

A. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours of supervised experience in the delivery of clinical or school psychology services acceptable to the board.

1. For clinical psychology candidates, the hours of supervised practicum experiences in a doctoral program may be counted toward the residency hours, as specified in 18VAC125-20-54. Hours acquired during the required internship shall not be counted toward the 1,500 residency hours. If the supervised experience hours completed in a practicum do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.

2. School psychologist candidates shall complete all the residency requirements after receipt of their final school psychology degree.

B. Residency requirements.

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 extend a residency if there were extenuating circumstances that precluded completion within three years.

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.

3. In order to have the residency accepted for licensure, an individual who proposes to obtain supervised post-degree experience in Virginia shall register with the board prior to the onset of such supervision by submission of:

a. A supervisory contract along with the application package;

b. The registration of supervision fee set forth in 18VAC125-20-30; and

c. An official transcript documenting completion of educational requirements as set forth in 18VAC125-20-54 or 18VAC125-20-56 as applicable.

4. If board approval was required for supervised experience obtained in another United States jurisdiction or Canada in which residency hours were obtained, a candidate shall provide evidence of board approval from such jurisdiction.

5. There shall be a minimum of two hours of individual supervision per 40 hours of supervised experience. Group supervision of up to five residents may be substituted for one of the two hours 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 40 hours.

6. Supervision shall be provided by a psychologist who holds a current, unrestricted license in the jurisdiction in which supervision is being provided and who is licensed to practice in the licensure category in which the resident is seeking licensure.

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

Commented [VP6]: Moved here from definition section

8. The supervising psychologist shall maintain records of supervision performed and shall regularly review and co-sign case notes written by the supervised resident during the residency period. At the end of the residency training period, the supervisor shall submit to the board a written evaluation of the applicant's performance.

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

C. Residents shall not refer to or identify themselves as clinical psychologists or school psychologists, independently solicit clients, bill directly for services, or in any way represent themselves as licensed psychologists. Notwithstanding, this does not preclude supervisors or employing institutions from billing for the services of an appropriately identified resident. During the residency period, residents shall use their names, the initials of their degree, and the title "Resident in Psychology" in the licensure category in which licensure is sought.

18VAC125-20-70. (Repealed.)

Part III
Examinations

18VAC125-20-80. General examination requirements.

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

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

18VAC125-20-90. (Repealed.)

Part IV
Licensure [Repealed]

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.~~

A. Licensees shall renew their licenses on or before June 30 of each year and shall:

1. Pay the renewal fee prescribed by the board; and

2. Verify compliance with continuing education requirements prescribed in 18VAC125-20-121 on the renewal form. A practitioner shall be exempt from the continuing competency requirements for the first renewal following the date of initial licensure by examination in Virginia.

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

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

~~3.~~B. A licensee who wishes to place his license in inactive status may do so upon payment of the fee prescribed in 18VAC125-20-30. ~~A person with an inactive license is not authorized to practice; a~~ No person shall practice psychology in Virginia without a current active license. An inactive licensee may activate a license by fulfilling the reactivation requirements set forth in 18VAC125-20-130.

~~4.~~C. 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.

A. Licensees shall ~~be required to~~ complete a minimum of 14 hours of board-approved continuing education courses each year for annual licensure renewal. A minimum of 1.5 of these hours shall be in courses that emphasize the ethics, laws, and regulations governing the profession

Commented [VP7]: Previous version was too wordy and not in active voice. These edits contain the same substantive information but organize it in a more readable fashion and eliminate redundant phrases.

Commented [VP8]: Redundant of next sentence.

of psychology, including the standards of practice set out in 18VAC125-20-150. A licensee who completes continuing education hours in excess of the 14 hours may carry up to seven hours of continuing education credit forward to meet the requirements for the next annual renewal cycle.

B. For the purpose of this section, "course" means an organized program of study, classroom experience, or similar educational experience that is directly related to the practice of psychology and is provided by a board-approved provider that meets the criteria specified in 18VAC125-20-122.

1. At least six of the required hours shall be earned in face-to-face or real-time interactive educational experiences. Real-time interactive shall include a course in which the learner has the opportunity to interact with the presenter during the time of the presentation.

2. The board may approve up to four hours per renewal cycle for each of the following specific educational experiences:

a. Preparation for and presentation of a continuing education program, seminar, workshop, or academic course offered by an approved provider and directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the presentation is given, and may not be credited toward the face-to-face requirement.

b. Publication of an article or book in a recognized publication directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the writing is published, and may not be credited toward the face-to-face requirement.

c. Serving at least six months as editor or associate editor of a national or international, professional, peer-reviewed journal directly related to the practice of psychology.

3. Ten hours will be accepted for one or more three-credit-hour academic courses completed at a regionally accredited institution of higher education that are directly related to the practice of psychology.

4. The board may approve up to two hours per renewal cycle for membership on a state licensing board in psychology.

C. Courses must be directly related to the scope of practice in the category of licensure held. 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.

D. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

E. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

F. Up to two of the 14 continuing education hours required for renewal may be satisfied through delivery of psychological services, without compensation, to low-income individuals receiving mental health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

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 regionally accredited institution of higher learning.

4. Any governmental agency or facility that offers mental health, health, or psychoeducational services.

5. Any licensed hospital or facility that offers mental health, health, or psychoeducational services.

6. Any association or organization that has been approved as a continuing education 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. The certificate shall indicate the number of continuing education hours for the course and shall indicate hours that may be designated as ethics, laws, or regulations governing the profession, if any.

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

A. All licensees in active status ~~are required to~~ shall 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.

D. Compliance with continuing education requirements, including the maintenance of records and the relevance of the courses to the category of licensure, is the responsibility of the licensee. The board may request additional information if such compliance is not clear from the transcripts or certificates.

E. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.

18VAC125-20-130. Late renewal; reinstatement; reactivation.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC125-20-30 and the license renewal fee for the year the license was not renewed and by completing the continuing education requirements specified in 18VAC125-20-121 for that year.

B. A person whose license has not been renewed for one year or more and who wishes to resume practice shall:

1. Present evidence to the board of having met all applicable continuing education requirements equal to the number of years the license has been expired, not to exceed four years;

2. Pay the reinstatement fee as prescribed in 18VAC125-20-30; and

3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for licensure.

C. A psychologist wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal and document completion of continued education hours equal to the number of years the license has been inactive, not to exceed four years.

18VAC125-20-140. (Repealed.)

Part VI
Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC125-20-150. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity, and worth of all people and are mindful of individual differences. Regardless of the delivery method, whether face-to-face or by use of technology, ~~these~~ practice standards shall apply to the practice of psychology.

Commented [VP9]: This statement is better for a guidance document.

B. Persons regulated by the board shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by education, training, and appropriate experience;

2. Delegate to persons under their supervision only those responsibilities such persons can be expected to perform competently by education, training, and experience;

3. Maintain current competency in the areas of practices through continuing education, consultation, or other procedures consistent with current standards of scientific and professional knowledge;

4. Accurately represent their areas of competence, education, training, experience, professional affiliations, credentials, and published findings to ensure that such statements are neither fraudulent nor misleading;

5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;

6. Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;

7. Avoid harming, exploiting, misusing influence, or misleading patients or clients, research participants, students, and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable;

8. Not engage in, direct, or facilitate torture, which is defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that causes harm;

9. Withdraw from, avoid, adjust, or clarify conflicting roles with due regard for the best interest of the affected party and maximal compliance with these standards;

10. Make arrangements for another professional to deal with emergency needs of clients during periods of foreseeable absences from professional availability and provide for continuity of care when services must be terminated;

11. Conduct financial responsibilities to clients in an ethical and honest manner by:

a. Informing clients of fees for professional services and billing arrangements as soon as is feasible;

b. Informing clients prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment;

c. Obtaining written consent for fees that deviate from the practitioner's usual and customary fees for services;

d. Participating in bartering only if it is not clinically contraindicated and is not exploitative; and

e. Not obtaining, attempting to obtain, or cooperating with others in obtaining payment for services by misrepresenting services provided, dates of service, or status of treatment.

12. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes;

13. Construct, maintain, administer, interpret, and report testing and diagnostic services in a manner and for purposes that are current and appropriate;

14. Design, conduct, and report research in accordance with recognized standards of scientific competence and research ethics. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as participants in human research, with the exception of retrospective chart reviews;

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

16. Accurately inform a client or a client's legally authorized representative of the client's diagnoses, prognosis, and intended treatment or plan of care. A psychologist shall present information about the risks and benefits of the recommended treatments in understandable terms and encourage participation in the decisions regarding the patient's care. When obtaining informed consent treatment for which generally recognized techniques and procedures have not been established, a psychologist shall inform clients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation;

17. Clearly document at the outset of service delivery what party the psychologist considers to be the client and what, if any, responsibilities the psychologist has to all related parties;

18. Determine whether a client is receiving services from another mental health service provider, and if so, document efforts to coordinate care; and

19. Document the reasons for and steps taken if it becomes necessary to terminate a therapeutic relationship (e.g., when it becomes clear that the client is not benefiting from the relationship or when the psychologist feels endangered). Document assistance provided in making arrangements for the continuation of treatment for clients, if necessary, following termination of a therapeutic relationship. ~~; and~~

~~20. Not engage in conversion therapy with any person younger than 18 years of age.~~

Commented [VP10]: Already covered by 54.1-2409.5

C. In regard to confidentiality, persons regulated by the board shall:

1. Keep confidential their professional relationships with patients or clients and disclose client information to others only with written consent except as required or permitted by law. Psychologists shall inform clients of legal limits to confidentiality;

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

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

D. In regard to client records, persons regulated by the board shall:

1. Maintain timely, accurate, legible, and complete written or electronic records for each client. For a psychologist practicing in an institutional setting, the recordkeeping shall follow the policies of the institution or public facility. For a psychologist practicing in a noninstitutional setting, the record shall include:

a. The name of the client and other identifying information;

b. The presenting problem, purpose, or diagnosis;

c. Documentation of the fee arrangement;

d. The date and clinical summary of each service provided;

e. Any test results, including raw data, or other evaluative results obtained;

f. Notation and results of formal consults with other providers; and

g. Any releases by the client;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and dispose of written, electronic, and other records in such a manner as to ensure their confidentiality; and

3. Maintain client records for a minimum of five years or as otherwise required by law from the last date of service, with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining 18 years of age;

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

c. Records that have been transferred pursuant to § 54.1-2405 of the Code of Virginia pertaining to closure, sale, or change of location of one's practice.

E. In regard to dual relationships, persons regulated by the board shall:

1. Not engage in a dual relationship with a person under supervision that could impair professional judgment or increase the risk of exploitation or harm. Psychologists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, intern, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other of the client) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Because sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, and adverse impact on the client;

3. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the psychologist in his professional capacity; and

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

~~F. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons licensed by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.~~

Commented [VP11]: This is already in the cited statute – this provision is redundant

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

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

1. Conviction of a felony, or a misdemeanor involving moral turpitude (i.e., relating to lying, cheating, or stealing);

2. Procuring or attempting to procure or maintaining a license or registration by fraud or misrepresentation;

3. Conducting practice in such a manner so as to make it a danger to the health and welfare of clients or to the public;

4. Engaging in intentional or negligent conduct that causes or is likely to cause injury to a client;

5. Performing functions outside areas of competency;

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

7. Failing to comply with the continuing education requirements set forth in this chapter;

8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession, including § 32.1-127.1:03 of the Code of Virginia relating to health records;

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

10. Performing an act or making statements that are likely to deceive, defraud, or harm the public;

11. Having a disciplinary action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction or surrendering such a license, certification, or registration in lieu of disciplinary action;

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

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

14. Violating any provisions of this chapter, including practice standards set forth in 18VAC125-20-150.

~~**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.~~

Commented [VP12]: Consider repeal. This information is in 54.1-2408.2 and the fee issue is already addressed in the fee section (30)