

Call to Order – J.D. Ball, Ph.D, Acting Board Chair

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

Adoption of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.Page 5

Approval of Minutes

- Board Meeting – June 28, 2022*Page 6

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

Chair Report (Verbal Report) – Dr. Ball

Staff Reports

Executive Director’s Report – Jaime Hoyle, JD, Executive Director for the Boards of Counseling, Psychology and Social Work.....Page 12

Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work.....Page 40

Licensing Report – Charlotte Lenart, Deputy Executive Director of Licensing for the Boards of Counseling, Psychology, and Social Work.....Page 42

Committee Reports

Regulatory Committee Report – J.D. Ball, Ph.D, LCP./Erin Barrett, JD, DHP Senior Policy Analyst

- Consideration of Amendments to Guidance Document 125-3.9*Page 45
- Consideration of Amendments to Guidance Document 125-7*Page 50
- Consideration of Amendments to Guidance Document 125-8*Page 64
- Consideration of Amendments to Guidance Document 125-9*Page 71
- Consideration of Regulatory Reduction Changes*Page 76

Election of Officers – Jaime Hoyle.....Page 103

Presentation

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- Virginia’s Licensed Clinical Psychologist Workforce: 2022- Yetty Shobo, PhD, Director, HealthCare Workforce Data Center.....Page 109
-
-

Next Meeting – December 6, 2022

Adjournment

*Requires a Board Vote

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

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).



Virginia Department of
Health Professions
Board of Psychology

MISSION STATEMENT

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

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.



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,

A handwritten signature in black ink, appearing to read "J. DeSilva Psy.D.", with a stylized flourish at the end.

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



Virginia Board of Psychology
Full Board Meeting Minutes
Tuesday, June 28th, 2022 at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 3

- PRESIDING OFFICER:** James Werth, Jr. Ph.D., Board Chair
- BOARD MEMBERS PRESENT:** Christine Payne, BSN, MBA
 Peter Sheras, Ph.D.
 J.D. Ball, Ph.D.
 Aliya Chapman, Ph.D.
 Susan Brown Wallace, Ph.D.
 Kathryn Zeanah, Ph.D.
 Norma Murdock-Kitt, Ph.D. (*virtually from Richmond, VA – Dr. Murdock-Kitt was not in physical attendance for health reasons*)
- BOARD MEMBER ABSENT:** Stephanie Valentine, Citizen Member
- 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, Senior Policy Analyst, Department of Health Professions
 David E. Brown, D.C., Director, Department of Health Professions
- BOARD COUNSEL PRESENT:** James Rutkowski, Assistant Attorney General
- CALL TO ORDER:** Dr. Werth called the meeting to order at 10:01 a.m.
- MISSION STATEMENT:** Ms. Hoyle read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.
- ESTABLISHMENT OF A QUORUM:** Dr. Werth requested Board members and staff to introduce themselves.
 Ms. Harris established a quorum with eight members of the full Board present at roll call.
- APPROVAL OF MINUTES:** Meeting minutes from the full Board meeting held on March 15, 2022 were approved as written.
- ADOPTION OF AGENDA:** The agenda were adopted as presented.
- PUBLIC ATTENDEES:** Jennifer Morgan, Psy.D., Virginia Academy of Clinical Psychologists (VACP)
- PUBLIC COMMENT:** Dr. Morgan announced that the VACP Board Conversation Hour event would be held on October 14-15, 2022 in Virginia Beach. Dr. Morgan reported that she did

not have many details yet, but she was expecting to have more information about the event soon, and would report updates when she obtained them.

AGENCY DIRECTOR REPORT: Dr. Brown stated that the behavioral health workforce is a big discussion item for his staff. The Behavioral Science Unit staff will be busy participating in meetings with other agencies, behavioral health authorities, and focus groups such as the Claude Moore Foundation regarding workforce issues in Virginia.

Dr. Brown announced that all Executive Branch entities have been tasked with initiating actions on the regulatory process to reduce, by at least 25 percent, the number of regulations not mandated by federal or state statute.

Dr. Brown reported on the Health Practitioners' Monitoring Program (HPMP) which is an alternative to disciplinary action for qualified healthcare practitioners with substance use diagnoses, or a mental health or physical diagnosis that may alter their ability to practice their profession safely. Dr. Brown stated that a presentation on HPMP is available to the Board.

BOARD CHAIR REPORT:

Virginia Academy of Clinical Psychologists (VACP)

Dr. Werth gave a report on the Conversation Hour with the Virginia Academy of Clinical Psychologists (VACP) at their Spring Conference. Dr. Werth reported that the conversations went very well, with lots of participation and discussions. Dr. Werth asked for volunteers for the next conversation hour. Dr. Ball, Dr. Zeanah and Dr. Murdock-Kitt stated that they would be available.

Dr. Werth reported that the new Board year will start July 1st and he will be contacting Board members to coordinate new committee membership.

NEW BUSINESS:

Legislation and Regulatory Actions

Ms. Barrett reviewed the Charts on Regulatory actions with the Board.

Adoption of Final Rules for PSYPACT

Motion: Dr. Sheras made a motion, which was properly seconded, to adopt final regulations for Psychology Interstate Compact (PSYPACT). The motion passed unanimously.

COMMITTEE REPORTS:

Regulatory Committee Report

Dr. Ball and Ms. Barrett reported items discussed at the Regulatory meeting.

A. Consideration of Guidance Document 125-1; Board of Psychology Recognition of Accrediting Bodies Acceptable to the Board.

Dr. Ball stated that the Board has considered the request to approve the Psychological Clinical Science Accreditation System (PCSAS) as an accrediting body for educational programs related to clinical psychologist licensure eligibility the last four years. As a part of its deliberation, the Board has held stakeholder meetings, heard presentations from PCSAS accredited schools, and considered a petition for rulemaking in which there were no opponents to this proposal. 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 for graduates of PCSAS accredited programs is above 95%, and U.S. News & World Report has ranked all 41 of the PCSAS accredited programs in the top 50 graduate psychology programs in the U.S.

Recommendations: The Regulatory Committee has recommended that the Board approve PCSAS as an accredited body as outlined in a new Guidance Document 125-1, as presented. The Board passed this recommended motion unanimously.

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

Motion: Dr. Ball made a motion, which was properly seconded, to accept changes to Guidance Document 125-2 as amended by the Regulatory Committee and Ms. Barrett. The motion passed unanimously.

C. Consideration of Guidance Document 125-3.1; Submission of Evidence of Completion of Graduate Work.

Recommendations: The Regulatory Committee recommended that the Board approve Guidance Document 125-3.1 as amended. The Board passed this recommended motion unanimously.

D. Consideration of Guidance Document 125-3.2; Official Beginning of Residency

Recommendations: The Regulatory Committee recommended that the Board rescind Guidance Document 125-3.2. The Board passed this recommended motion unanimously.

E. Consideration of Guidance Document 125-5.1; Possible Disciplinary or Alternative Actions for Non-Compliance with Continuing Education requirements.

Recommendations: The Regulatory Committee recommended that the Board approve Guidance Document 125-5.1 as amended. The Board passed this recommended motion unanimously.

Petition for Rulemaking

A petitioner requested the Board to establish guidelines and qualifications for psychologists involved in custody and visitation cases that would prohibit those who do not meet qualifications for this work from testifying in court.

Recommendations: The Regulatory Committee recommended that the Board take no action on the petition based, on lack of jurisdiction to dictate evidentiary matters that are within the purview of the state court system. The Board passed this recommended motion unanimously.

Consideration of EPPP Part-2 as a requirement for licensure

Dr. Ball reported on the Regulatory Committee's discussion on the consideration of the EPPP Part-2 as a requirement for licensure.

Dr. Ball reported that ASPPB does not yet have data on the EPPP Part-2 pass rate. Thus, the Committee will continue to track this issue.

Consideration of the discussion of whether to add to panel, to include a category for Master Level Psychologist in the licensure.

Dr. Ball reported on the Regulatory Committee's lengthy and informative discussion on the possibility of a master's level psychologist license. The Committee is interested in the details of regulations on this matter in neighboring states and will continue to have this issue as an action item.

Consideration for the discussion about School Psychologist in Virginia

Dr. Ball reported on the Regulatory Committee's extensive discussion on licensure of school psychologists and school psychologists-limited. The Committee discussed the need for potential changes to the laws, scope of practice and regulations for individuals who have APA-accredited doctoral degrees in school psychology. Dr. Ball reported that this is a complex issue and will require a lot of research and discussion.

BOARD OF HEALTH PROFESSIONS REPORT:

Dr. Wallace gave a recap of the last meeting of the Board of Health Professions. A copy of the minutes from the last meeting was included in the agenda packet.

DISCIPLINE REPORT:

Ms. Lang reported that there are currently 112 discipline cases in need of probable cause review. A case reviewer has been hired to help work through this backlog..

Ms. Lang updated the Board on last year's audit of licensee's continuing education hours and reported that, of the 38 licensees who were audited, only two were noncompliant. They will be processed according to the Board's guidance document.

Ms. Lang provided feedback on recent PSYPACT training that she attended along with Ms. Hoyle and Ms. Lenart. This training consisted of updates to the PSYPACT website for searching credential holders and discipline reporting. The training raised concerns about reporting requirements that may be contrary to Virginia state laws. To ensure that the board remains in compliance with PSYPACT requirements, as well as within Virginia laws, these concerns were forwarded to Board counsel who will review the requirements and provide additional advice.

Finally, Ms. Lang addressed a concern that was recently brought to her attention from a Virginia licensee, Dr. Rose. Dr. Rose was denied a PSYPACT credential, based on a Board Order issued to him in 2004 that resulted in a monetary penalty. Dr. Rose requested a letter from the Board confirming that the matter was an administrative technicality that had no bearing on his license as a clinical psychologist. The Board discussed Dr. Rose's request and agreed to provide a letter

detailing the matter. Ms. Hoyle and Dr. Werth will work together to draft a letter on behalf of the board.

LICENSING REPORT:

Ms. Lenart started the Licensing Report by reviewing with the Board the number of applications that have been received for this reporting cycle. A copy of the report is attached to the agenda.

Ms. Lenart reported on the new technology that will be coming to the department. The department is anticipating a BOT that will help decrease the time the staff spends sending emails. The BOT will automatically reply to applicants and automatically send approval emails. The system and the emails for the BOT have been updated, and the department anticipates the BOT's arrival within the next week or two.

Ms. Lenart further reported on the request Dr. Brown mentioned regarding the reduction of forms related to regulations. Dr. Brown suggested reviewing the forms to ensure that what we are requiring is not overly burdensome for applicants. Ms. Lenart reported they are reviewing these forms for all three Boards.

Ms. Lenart also reported that the licensure renewal deadline is this Thursday June 30th and Board staff have been busy ensuring that all renewals are processed as received.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle presented her report on the Board's financials, stating that the financials are in good standing and are attached to the last page of the agenda.

Ms. Hoyle thanked her staff for the hard work and welcomed Dr. Morgan to the team.

Ms. Hoyle further reported on the task from Dr. Brown on the Reduction of Regulations and barriers to licensure. Ms. Hoyle reported that Ms. Lenart and other staff took up this task immediately, and they have been reviewing forms independently to see what may be unnecessary. They will reconvene to collaborate and discuss their thoughts and ideas. Ms. Hoyle stated that Ms. Lenart will send a draft copy to the Board Chair to ensure they have not omitted any pertinent information in their haste to get the task completed.

Ms. Hoyle reported that Dr. Wallace and she attended the ASPPB conference held in New Orleans this past April. Ms. Hoyle reported that, in the Administrator's Forum, there was discussion about licensure applications from applicants graduating from programs that were not APA accredited. ASPPB would like to develop guidelines for each state to review them to see if there can be greater consistency because the application review can be very subjective. Ms. Hoyle reported that most states are dealing with this. Ms. Hoyle reported that the Administrator's Forum was very informative.

Ms. Hoyle reported on the PSYPACT Commission report, stating that no report is available at this time because the Commission has not met since the last time this Board met. A report is expected after the next Commission meeting, scheduled in November.

Ms. Hoyle also reported that she is on two additional ASPPB committees, including the Finance Committee. The Finance Committee is taking recommendations for the Commission to add renewal fees to keep things afloat and to ensure that jurisdictions do not end up picking up the tab for PSYPACT. Ms. Hoyle is the Chair of the Compliance Committee, and they have decided on having different levels of letters

for states that are not in compliance. Ms. Hoyle stated the letters will include different categories of compliance issues, and the letters will be recommended to the Commoner.

Ms. Hoyle completed her report with a brief discussion of the PSYPACT-related need in the next five to six years to have all licensees undergo criminal background checks.

NEXT MEETING DATES: The next Full Board Meeting is scheduled for September 27, 2022.

ADJOURNMENT: Dr. Werth adjourned the June 28, 2022 Full Board meeting at 11:32 a.m.

James Werth, Ph.D., ABPP, Chair Chairperson

Date

Jaime Hoyle, JD, Executive Director

Date

DRAFT

Virginia Department of Health Professions
Cash Balance
As of June 30, 2021

	<u>108- Psychology</u>
Board Cash Balance as June 30, 2020	\$ 990,080
YTD FY21 Revenue	720,205
Less: YTD FY21 Direct and Allocated Expenditures	<u>591,771</u>
Board Cash Balance as June 30, 2021	<u><u>\$ 1,118,514</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	115,630.00	73,025.00	(42,605.00)	158.34%
4002406	License & Renewal Fee	597,670.00	571,065.00	(26,605.00)	104.66%
4002407	Dup. License Certificate Fee	785.00	115.00	(670.00)	682.61%
4002409	Board Endorsement - Out	5,705.00	2,050.00	(3,655.00)	278.29%
4002421	Monetary Penalty & Late Fees	50.00	5,755.00	5,705.00	0.87%
4002432	Misc. Fee (Bad Check Fee)	150.00	70.00	(80.00)	214.29%
	Total Fee Revenue	719,990.00	652,080.00	(67,910.00)	110.41%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	215.00	-	(215.00)	0.00%
	Total Sales of Prop. & Commodities	215.00	-	(215.00)	0.00%
	Total Revenue	720,205.00	652,080.00	(68,125.00)	110.45%
5011110	Employer Retirement Contrib.	9,214.26	9,663.62	449.36	95.35%
5011120	Fed Old-Age Ins- Sal St Emp	5,495.45	5,112.50	(382.95)	107.49%
5011140	Group Insurance	898.74	895.52	(3.22)	100.36%
5011150	Medical/Hospitalization Ins.	7,557.00	8,244.00	687.00	91.67%
5011160	Retiree Medical/Hospitalizatn	753.38	748.50	(4.88)	100.65%
5011170	Long term Disability Ins	409.85	407.66	(2.19)	100.54%
	Total Employee Benefits	24,328.68	25,071.79	743.11	97.04%
5011200	Salaries				
5011230	Salaries, Classified	67,177.84	66,830.00	(347.84)	100.52%
5011250	Salaries, Overtime	5,093.79	-	(5,093.79)	0.00%
	Total Salaries	72,271.63	66,830.00	(5,441.63)	108.14%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,000.00	-	(1,000.00)	0.00%
5011380	Deferred Compnstn Match Pmts	576.00	576.00	-	100.00%
	Total Special Payments	1,576.00	576.00	(1,000.00)	273.61%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	467.36	-	(467.36)	0.00%
	Total Terminatn Personal Svce Costs	467.36	-	(467.36)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	98,643.67	92,477.79	(6,165.88)	106.67%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	39.64	172.00	132.36	23.05%
5012120	Outbound Freight Services	5.19	-	(5.19)	0.00%
5012140	Postal Services	2,949.22	4,560.00	1,610.78	64.68%
5012150	Printing Services	1.62	82.00	80.38	1.98%
5012160	Telecommunications Svcs (VITA)	280.05	425.00	144.95	65.89%
5012190	Inbound Freight Services	18.96	-	(18.96)	0.00%
	Total Communication Services	3,294.68	5,239.00	1,944.32	62.89%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5012200	Employee Development Services				
5012210	Organization Memberships	5,500.00	2,750.00	(2,750.00)	200.00%
	Total Employee Development Services	5,500.00	2,750.00	(2,750.00)	200.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	9,197.90	8,270.00	(927.90)	111.22%
5012440	Management Services	111.38	330.00	218.62	33.75%
5012460	Public Infrmtnl & Relatn Svcs	2.00	-	(2.00)	0.00%
5012470	Legal Services	126.35	250.00	123.65	50.54%
	Total Mgmnt and Informational Svcs	9,437.63	8,850.00	(587.63)	106.64%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	204.00	-	(204.00)	0.00%
5012530	Equipment Repair & Maint Srvc	589.38	-	(589.38)	0.00%
	Total Repair and Maintenance Svcs	793.38	-	(793.38)	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	-	432.00	432.00	0.00%
5012660	Manual Labor Services	283.35	427.00	143.65	66.36%
5012670	Production Services	1,052.98	935.00	(117.98)	112.62%
5012680	Skilled Services	8,594.06	13,815.00	5,220.94	62.21%
	Total Support Services	9,930.39	15,609.00	5,678.61	63.62%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	351.90	3,572.00	3,220.10	9.85%
5012830	Travel, Public Carriers	-	5,000.00	5,000.00	0.00%
5012850	Travel, Subsistence & Lodging	98.57	1,101.00	1,002.43	8.95%
5012880	Trvl, Meal Reimb- Not Rprtble	62.25	1,139.00	1,076.75	5.47%
	Total Transportation Services	512.72	10,812.00	10,299.28	4.74%
	Total Contractual Svs	29,468.80	43,260.00	13,791.20	68.12%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	7.86	-	(7.86)	0.00%
5013120	Office Supplies	844.69	348.00	(496.69)	242.73%
5013130	Stationery and Forms	-	1,554.00	1,554.00	0.00%
	Total Administrative Supplies	852.55	1,902.00	1,049.45	44.82%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	1.01	-	(1.01)	0.00%
	Total Medical and Laboratory Supp.	1.01	-	(1.01)	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	2.66	-	(2.66)	0.00%
5013520	Custodial Repair & Maint MatrI	0.37	2.00	1.63	18.50%
	Total Repair and Maint. Supplies	3.03	2.00	(1.03)	151.50%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	26.00	26.00	0.00%
5013630	Food Service Supplies	-	100.00	100.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description			Amount	% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Residential Supplies	-	126.00	126.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	856.59	2,040.00	1,183.41	41.99%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	32.00	32.00	0.00%
	Total Insurance-Fixed Assets	-	32.00	32.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	591.32	540.00	(51.32)	109.50%
5015350	Building Rentals	19.20	-	(19.20)	0.00%
5015390	Building Rentals - Non State	6,310.04	5,970.00	(340.04)	105.70%
	Total Operating Lease Payments	6,920.56	6,510.00	(410.56)	106.31%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	120.00	120.00	0.00%
5015540	Surety Bonds	-	8.00	8.00	0.00%
	Total Insurance-Operations	-	128.00	128.00	0.00%
	Total Continuous Charges	6,920.56	6,670.00	(250.56)	103.76%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	80.79	-	(80.79)	0.00%
	Total Computer Hrdware & Sftware	80.79	-	(80.79)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	52.00	52.00	0.00%
	Total Educational & Cultural Equip	-	52.00	52.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	70.00	70.00	0.00%
	Total Office Equipment	-	70.00	70.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	8.12	-	(8.12)	0.00%
5022740	Non Power Rep & Maint- Equip	0.60	-	(0.60)	0.00%
	Total Specific Use Equipment	8.72	-	(8.72)	0.00%
	Total Equipment	89.51	122.00	32.49	73.37%
	Total Expenditures	135,979.13	144,569.79	8,590.66	94.06%
	Allocated Expenditures				
20100	Behavioral Science Exec	137,211.20	138,099.00	887.80	99.36%
30100	Data Center	56,525.66	72,278.51	15,752.85	78.21%
30200	Human Resources	9,647.27	8,863.04	(784.24)	108.85%
30300	Finance	39,849.57	39,548.55	(301.02)	100.76%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account		Amount			
Number	Account Description	Amount	Budget	Under/(Over) Budget	% of Budget
30400	Director's Office	13,461.03	14,210.13	749.10	94.73%
30500	Enforcement	165,013.67	138,414.46	(26,599.21)	119.22%
30600	Administrative Proceedings	11,071.98	34,139.27	23,067.30	32.43%
30700	Impaired Practitioners	592.11	1,055.56	463.45	56.09%
30800	Attorney General	5,118.91	5,330.34	211.42	96.03%
30900	Board of Health Professions	10,764.72	10,696.25	(68.48)	100.64%
31100	Maintenance and Repairs	227.07	1,418.47	1,191.40	16.01%
31300	Emp. Recognition Program	136.83	595.63	458.80	22.97%
31400	Conference Center	995.37	205.52	(789.85)	484.32%
31500	Pgm Devlpmnt & Implmentn	5,176.70	6,371.02	1,194.32	81.25%
	Total Allocated Expenditures	<u>455,792.09</u>	<u>471,225.75</u>	<u>15,433.66</u>	<u>96.72%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ 128,433.78</u>	<u>\$ 36,284.46</u>	<u>\$ (92,149.32)</u>	<u>353.96%</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
5012660	Manual Labor Services	7.25	108.35	-	8.50	20.73	39.93	9.20	18.73	-	13.15
5012670	Production Services	34.30	-	-	37.49	100.62	-	62.87	371.08	-	84.54
5012680	Skilled Services	575.10	575.10	921.82	648.34	647.21	633.66	1,038.67	592.36	592.36	592.36
	Total Support Services	616.65	683.45	921.82	694.33	768.56	673.59	1,110.74	982.17	592.36	690.05
5012800	Transportation Services										
5012820	Travel, Personal Vehicle	351.90	-	-	-	-	-	-	-	-	-
5012850	Travel, Subsistence & Lodging	-	-	-	-	98.57	-	-	-	-	-
5012880	Trvl, Meal Reimb- Not Rprtble	62.25	-	-	-	-	-	-	-	-	-
	Total Transportation Services	414.15	-	-	-	98.57	-	-	-	-	-
	Total Contractual Svs	4,816.09	3,727.38	1,296.83	1,509.62	1,213.34	1,213.66	4,293.03	1,276.03	971.93	956.32
5013000	Supplies And Materials										
5013100	Administrative Supplies										
5013110	Apparel Supplies	2.84	-	2.46	-	-	-	2.56	-	-	-
5013120	Office Supplies	65.12	58.64	58.45	-	109.36	42.52	164.71	25.65	20.11	122.63
	Total Administrative Supplies	67.96	58.64	60.91	-	109.36	42.52	167.27	25.65	20.11	122.63
5013400	Medical and Laboratory Supp.										
5013420	Medical and Dental Supplies	-	-	-	-	-	1.01	-	-	-	-
	Total Medical and Laboratory Supp.	-	-	-	-	-	1.01	-	-	-	-
5013500	Repair and Maint. Supplies										
5013510	Building Repair & Maint Materl	-	2.66	-	-	-	-	-	-	-	-
5013520	Custodial Repair & Maint Matr	-	0.37	-	-	-	-	-	-	-	-
	Total Repair and Maint. Supplies	-	3.03	-	-	-	-	-	-	-	-
	Total Supplies And Materials	67.96	61.67	60.91	-	109.36	43.53	167.27	25.65	20.11	122.63

5015000 Continuous Charges

5015300 Operating Lease Payments

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
5015340	Equipment Rentals	50.71	48.70	48.70	1.45	97.40	48.70	50.71	-	97.40	50.15
5015350	Building Rentals	-	-	-	4.80	-	4.80	-	-	4.80	4.80
5015390	Building Rentals - Non State	538.70	548.31	526.12	500.12	530.62	499.70	495.87	521.02	496.65	526.94
	Total Operating Lease Payments	589.41	597.01	574.82	506.37	628.02	553.20	546.58	521.02	598.85	581.89
	Total Continuous Charges	589.41	597.01	574.82	506.37	628.02	553.20	546.58	521.02	598.85	581.89
5022000	Equipment										
5022170	Other Computer Equipment	-	-	71.70	(37.66)	46.75	-	-	-	-	-
	Total Computer Hrdware & Sftware	-	-	71.70	(37.66)	46.75	-	-	-	-	-
5022710	Household Equipment	-	-	-	-	-	-	-	-	-	-
5022740	Non Power Rep & Maint- Equip	-	-	-	-	-	-	0.60	-	-	-
	Total Specific Use Equipment	-	-	-	-	-	-	0.60	-	-	-
	Total Equipment	-	-	71.70	(37.66)	46.75	-	0.60	-	-	-
	Total Expenditures	17,788.98	12,861.34	9,790.62	10,607.99	10,532.29	10,138.36	13,353.12	9,781.17	9,753.18	9,797.86
	Allocated Expenditures										
20100	Behavioral Science Executive Director	16,152.36	10,871.63	10,939.07	11,387.25	11,469.93	10,440.37	11,804.01	11,943.78	11,613.25	11,773.09
20200	Opt\Vet-Med\ASLP Executive Director	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aide	-	-	-	-	-	-	-	-	-	-
20600	Funeral\LTCA\PT Executive Director	-	-	-	-	-	-	-	-	-	-
30100	Technology and Business Services	5,175.93	3,736.39	4,825.19	3,847.12	2,660.48	5,387.98	7,633.30	4,384.78	4,574.84	3,558.76
30200	Human Resources	48.57	46.56	54.05	8,478.81	82.17	158.33	157.39	121.36	120.87	127.36
30300	Finance	4,309.02	3,077.83	3,196.63	5,112.26	1,617.76	3,121.62	3,532.66	3,504.61	3,461.64	3,224.55
30400	Director's Office	1,578.30	1,090.74	1,077.22	1,091.27	1,245.22	1,032.69	1,251.64	1,100.37	1,086.08	1,125.43
30500	Enforcement	22,531.09	13,393.27	13,852.21	13,212.55	13,250.70	10,311.38	14,297.87	14,004.31	15,432.19	14,374.73
30600	Administrative Proceedings	1,075.37	-	1,220.34	509.97	1,489.60	1,023.45	2,874.12	1,948.86	293.58	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
30700	Health Practitioners' Monitoring Program	71.77	480.06	3.81	4.99	4.27	4.01	3.20	3.23	4.08	4.30
30800	Attorney General	1,114.97	-	-	1,359.45	-	-	1,285.04	-	-	1,359.45
30900	Board of Health Professions	1,268.88	736.50	1,310.32	680.87	1,465.96	605.47	794.55	1,159.56	735.41	910.29
31000	SRTA	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	227.07	-	-	-	-	-	-	-
31300	Employee Recognition Program	-	2.99	-	-	1.02	0.68	-	42.10	7.24	25.46
31400	Conference Center	2.00	9.55	71.91	(1.95)	(7.12)	(143.87)	2.40	202.24	583.60	138.68
31500	Program Development and Implementation	611.57	379.17	455.95	359.90	517.05	526.46	531.96	408.27	384.84	385.98
31600	Healthcare Workforce	-	-	-	-	-	-	-	-	-	-
31800	CBC (Criminal Background Check Unit)	-	-	-	-	-	-	-	-	-	-
	Total Allocated Expenditures	53,939.83	33,824.68	37,233.78	46,042.48	33,797.03	32,468.56	44,168.14	38,823.47	38,297.63	37,008.08
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (50,973.81)	\$ (35,346.02)	\$ (27,524.40)	\$ (37,955.47)	\$ (32,614.32)	\$ (32,496.92)	\$ (48,486.26)	\$ (37,879.64)	\$ (37,220.81)	\$ (35,995.94)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	May	June	Total
4002400	Fee Revenue			
4002401	Application Fee	5,545.00	7,070.00	115,630.00
4002406	License & Renewal Fee	253,325.00	319,415.00	597,670.00
4002407	Dup. License Certificate Fee	180.00	150.00	785.00
4002409	Board Endorsement - Out	325.00	450.00	5,705.00
4002421	Monetary Penalty & Late Fees	-	-	50.00
4002432	Misc. Fee (Bad Check Fee)	-	100.00	150.00
	Total Fee Revenue	259,375.00	327,185.00	719,990.00
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	-	130.00	215.00
	Total Sales of Prop. & Commodities	-	130.00	215.00
	Total Revenue	259,375.00	327,315.00	720,205.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	776.78	388.39	9,214.26
5011120	Fed Old-Age Ins- Sal St Emp	429.09	217.53	5,495.45
5011140	Group Insurance	75.80	37.90	898.74
5011150	Medical/Hospitalization Ins.	687.00	343.50	7,557.00
5011160	Retiree Medical/Hospitalizatn	63.36	31.68	753.38
5011170	Long term Disability Ins	34.50	17.25	409.85
	Total Employee Benefits	2,066.53	1,036.25	24,328.68
5011200	Salaries			
5011230	Salaries, Classified	5,656.14	2,828.07	67,177.84
5011250	Salaries, Overtime	-	-	5,093.79
	Total Salaries	5,656.14	2,828.07	72,271.63
5011340	Specified Per Diem Payment	250.00	-	1,000.00
5011380	Deferred Compnstn Match Pmts	48.00	24.00	576.00

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	May	June	Total
	Total Special Payments	298.00	24.00	1,576.00
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	41.10	20.55	467.36
	Total Terminatn Personal Svce Costs	41.10	20.55	467.36
	Total Personal Services	8,061.77	3,908.87	98,643.67
5012000	Contractual Svcs			-
5012100	Communication Services			-
5012110	Express Services	-	-	39.64
5012120	Outbound Freight Services	-	-	5.19
5012140	Postal Services	270.89	294.04	2,949.22
5012150	Printing Services	-	-	1.62
5012160	Telecommunications Svcs (VITA)	23.37	23.37	280.05
5012190	Inbound Freight Services	0.14	15.00	18.96
	Total Communication Services	294.40	332.41	3,294.68
5012200	Employee Development Services			
5012210	Organization Memberships	-	-	5,500.00
	Total Employee Development Services	-	-	5,500.00
5012400	Mgmnt and Informational Svcs			
5012420	Fiscal Services	-	5,317.23	9,197.90
5012440	Management Services	16.59	-	111.38
5012460	Public Infrmtnl & Relatn Svcs	-	2.00	2.00
5012470	Legal Services	-	-	126.35
	Total Mgmnt and Informational Svcs	16.59	5,319.23	9,437.63
5012500	Repair and Maintenance Svcs			
5012510	Custodial Services	17.00	17.00	204.00
5012530	Equipment Repair & Maint Srvc	1.27	-	589.38
	Total Repair and Maintenance Svcs	18.27	17.00	793.38
5012600	Support Services			

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	May	June	Total
5012660	Manual Labor Services	57.51	-	283.35
5012670	Production Services	362.08	-	1,052.98
5012680	Skilled Services	1,184.72	592.36	8,594.06
	Total Support Services	1,604.31	592.36	9,930.39
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	-	351.90
5012850	Travel, Subsistence & Lodging	-	-	98.57
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	62.25
	Total Transportation Services	-	-	512.72
	Total Contractual Svs	1,933.57	6,261.00	29,468.80
5013000	Supplies And Materials			
5013100	Administrative Supplies			-
5013110	Apparel Supplies	-	-	7.86
5013120	Office Supplies	44.48	133.02	844.69
	Total Administrative Supplies	44.48	133.02	852.55
5013400	Medical and Laboratory Supp.			
5013420	Medical and Dental Supplies	-	-	1.01
	Total Medical and Laboratory Supp.	-	-	1.01
5013500	Repair and Maint. Supplies			
5013510	Building Repair & Maint Materl	-	-	2.66
5013520	Custodial Repair & Maint Matr	-	-	0.37
	Total Repair and Maint. Supplies	-	-	3.03
	Total Supplies And Materials	44.48	133.02	856.59
5015000	Continuous Charges			
5015300	Operating Lease Payments			

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	May	June	Total
5015340	Equipment Rentals	48.70	48.70	591.32
5015350	Building Rentals	-	-	19.20
5015390	Building Rentals - Non State	568.41	557.58	6,310.04
	Total Operating Lease Payments	617.11	606.28	6,920.56
	Total Continuous Charges	617.11	606.28	6,920.56
5022000	Equipment			
5022170	Other Computer Equipment	-	-	80.79
	Total Computer Hrdware & Sftware	-	-	80.79
5022710	Household Equipment	8.12	-	8.12
5022740	Non Power Rep & Maint- Equip	-	-	0.60
	Total Specific Use Equipment	8.12	-	8.72
	Total Equipment	8.12	-	89.51
	Total Expenditures	10,665.05	10,909.17	135,979.13
Allocated Expenditures				
20100	Behavioral Science Executive Director	11,388.93	7,427.53	137,211.20
20200	Opt\Vet-Med\ASLP Executive Director	-	-	-
20400	Nursing / Nurse Aide	-	-	-
20600	Funeral\LTCA\PT Executive Director	-	-	-
30100	Technology and Business Services	2,744.57	7,996.30	56,525.66
30200	Human Resources	120.93	130.88	9,647.27
30300	Finance	3,471.65	2,219.33	39,849.57
30400	Director's Office	1,113.16	668.91	13,461.03
30500	Enforcement	12,479.27	7,874.10	165,013.67
30600	Administrative Proceedings	636.68	-	11,071.98

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending June 30, 2021

Account Number	Account Description	May	June	Total
30700	Health Practitioners' Monitoring Program	3.28	5.12	592.11
30800	Attorney General	-	-	5,118.91
30900	Board of Health Professions	693.93	402.98	10,764.72
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	227.07
31300	Employee Recognition Program	55.18	2.14	136.83
31400	Conference Center	81.68	56.27	995.37
31500	Program Development and Implementation	380.22	235.34	5,176.70
31600	Healthcare Workforce	-	-	-
31800	CBC (Criminal Background Check Unit)	-	-	-
	Total Allocated Expenditures	<u>33,169.48</u>	<u>27,018.91</u>	<u>455,792.09</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ 215,540.47</u>	<u>\$ 289,386.92</u>	<u>\$ 128,433.78</u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2021 and Ending February 28, 2022

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget
4002400	Fee Revenue			
4002401	Application Fee	70,385.00	73,025.00	2,640.00
4002406	License & Renewal Fee	41,755.00	621,775.00	580,020.00
4002407	Dup. License Certificate Fee	380.00	115.00	(265.00)
4002409	Board Endorsement - Out	3,300.00	2,050.00	(1,250.00)
4002421	Monetary Penalty & Late Fees	-	5,755.00	5,755.00
4002432	Misc. Fee (Bad Check Fee)	-	70.00	70.00
	Total Fee Revenue	<u>115,820.00</u>	<u>702,790.00</u>	<u>586,970.00</u>
	Total Revenue	115,820.00	702,790.00	586,970.00
5011110	Employer Retirement Contrib.	6,913.35	10,306.00	3,392.65
5011120	Fed Old-Age Ins- Sal St Emp	3,864.38	5,452.00	1,587.62
5011140	Group Insurance	674.54	955.00	280.46
5011150	Medical/Hospitalization Ins.	6,015.50	8,508.00	2,492.50
5011160	Retiree Medical/Hospitalizatn	563.68	799.00	235.32
5011170	Long term Disability Ins	307.01	435.00	127.99
	Total Employee Benefits	<u>18,338.46</u>	<u>26,455.00</u>	<u>8,116.54</u>
5011200	Salaries			
5011230	Salaries, Classified	50,480.82	71,268.00	20,787.18
5011250	Salaries, Overtime	285.07	-	(285.07)
	Total Salaries	<u>50,765.89</u>	<u>71,268.00</u>	<u>20,502.11</u>
5011300	Special Payments			
5011340	Specified Per Diem Payment	500.00	1,000.00	500.00
5011380	Deferred Compnstn Match Pmts	408.00	576.00	168.00
	Total Special Payments	<u>908.00</u>	<u>1,576.00</u>	<u>668.00</u>
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	365.67	-	(365.67)
	Total Terminatn Personal Svce Costs	<u>365.67</u>	<u>-</u>	<u>(365.67)</u>
5011930	Turnover/Vacancy Benefits			
	Total Personal Services	<u>70,378.02</u>	<u>99,299.00</u>	<u>28,920.98</u>
5012000	Contractual Svs			
5012100	Communication Services			
5012110	Express Services	-	172.00	172.00
5012140	Postal Services	2,536.52	4,560.00	2,023.48
5012150	Printing Services	-	82.00	82.00
5012160	Telecommunications Svcs (VITA)	188.78	425.00	236.22
5012190	Inbound Freight Services	3.95	-	(3.95)
	Total Communication Services	<u>2,729.25</u>	<u>5,239.00</u>	<u>2,509.75</u>
5012200	Employee Development Services			

5012210 Organization Memberships	-	2,750.00	2,750.00
5012240 Employee Trainng/Workshop/Conf	4,230.00	-	(4,230.00)
Total Employee Development Services	4,230.00	2,750.00	(1,480.00)
5012400 Mgmnt and Informational Svcs	-		
5012420 Fiscal Services	6,361.02	8,270.00	1,908.98
5012440 Management Services	114.26	330.00	215.74
5012460 Public Infrmtnl & Relatn Svcs	409.11	-	(409.11)
5012470 Legal Services	-	250.00	250.00
Total Mgmnt and Informational Svcs	6,884.39	8,850.00	1,965.61
5012500 Repair and Maintenance Svcs			
5012510 Custodial Services	182.73	-	(182.73)
5012530 Equipment Repair & Maint Srvc	4.95	-	(4.95)
Total Repair and Maintenance Svcs	187.68	-	(187.68)
5012600 Support Services			
5012640 Food & Dietary Services	537.39	432.00	(105.39)
5012660 Manual Labor Services	14.81	427.00	412.19
5012670 Production Services	245.31	935.00	689.69
5012680 Skilled Services	4,758.45	13,815.00	9,056.55
Total Support Services	5,555.96	15,609.00	10,053.04
5012700 Technical Services			
5012760 C.Operating Svs (By VITA)	5.10	-	(5.10)
Total Technical Services	5.10	-	(5.10)
5012800 Transportation Services			
5012820 Travel, Personal Vehicle	1,200.08	3,572.00	2,371.92
5012830 Travel, Public Carriers	-	5,000.00	5,000.00
5012850 Travel, Subsistence & Lodging	547.20	1,101.00	553.80
5012880 Trvl, Meal Reimb- Not Rprtbl	292.00	1,139.00	847.00
Total Transportation Services	2,039.28	10,812.00	8,772.72
Total Contractual Svs	21,631.66	43,260.00	21,628.34
5013000 Supplies And Materials			
5013100 Administrative Supplies			
5013120 Office Supplies	766.80	348.00	(418.80)
5013130 Stationery and Forms	-	1,554.00	1,554.00
Total Administrative Supplies	766.80	1,902.00	1,135.20
5013400 Medical and Laboratory Supp.			
5013420 Medical and Dental Supplies	1.06	-	(1.06)
Total Medical and Laboratory Supp.	1.06	-	(1.06)
5013500 Repair and Maint. Supplies			
5013520 Custodial Repair & Maint Matrl	-	2.00	2.00
Total Repair and Maint. Supplies	-	2.00	2.00
5013600 Residential Supplies			
5013620 Food and Dietary Supplies	-	26.00	26.00
5013630 Food Service Supplies	-	100.00	100.00
Total Residential Supplies	-	126.00	126.00
5013700 Specific Use Supplies			
5013730 Computer Operating Supplies	-	10.00	10.00
Total Specific Use Supplies	-	10.00	10.00

Total Supplies And Materials	<u>767.86</u>	<u>2,040.00</u>	<u>1,272.14</u>
5015000 Continuous Charges			
5015100 Insurance-Fixed Assets			
5015160 Property Insurance	<u>24.41</u>	<u>32.00</u>	<u>7.59</u>
Total Insurance-Fixed Assets	<u>24.41</u>	<u>32.00</u>	<u>7.59</u>
5015300 Operating Lease Payments			
5015340 Equipment Rentals	437.79	540.00	102.21
5015350 Building Rentals	4.80	-	(4.80)
5015390 Building Rentals - Non State	<u>5,234.75</u>	<u>7,825.00</u>	<u>2,590.25</u>
Total Operating Lease Payments	<u>5,677.34</u>	<u>8,365.00</u>	<u>2,687.66</u>
5015500 Insurance-Operations			
5015510 General Liability Insurance	152.89	120.00	(32.89)
5015540 Surety Bonds	<u>5.17</u>	<u>8.00</u>	<u>2.83</u>
Total Insurance-Operations	<u>158.06</u>	<u>128.00</u>	<u>(30.06)</u>
Total Continuous Charges	<u>5,859.81</u>	<u>8,525.00</u>	<u>2,665.19</u>
5022000 Equipment			
5022200 Educational & Cultural Equip			
5022240 Reference Equipment	<u>-</u>	<u>52.00</u>	<u>52.00</u>
Total Educational & Cultural Equip	<u>-</u>	<u>52.00</u>	<u>52.00</u>
5022600 Office Equipment			
5022610 Office Appurtenances	<u>-</u>	<u>70.00</u>	<u>70.00</u>
Total Office Equipment	<u>-</u>	<u>70.00</u>	<u>70.00</u>
Total Equipment	<u>-</u>	<u>122.00</u>	<u>122.00</u>
Total Expenditures	<u>98,637.35</u>	<u>153,246.00</u>	<u>54,608.65</u>
Allocated Expenditures			
20100 Behavioral Science Exec	117,593.22	185,656.93	68,063.71
30100 Data Center	84,250.17	66,464.99	(17,785.18)
30200 Human Resources	9,295.18	23,046.30	13,751.12
30300 Finance	27,539.46	39,062.50	11,523.04
30400 Director's Office	9,733.33	14,893.96	5,160.63
30500 Enforcement	91,625.16	192,814.67	101,189.51
30600 Administrative Proceedings	7,398.14	11,605.72	4,207.58
30700 Impaired Practitioners	209.33	473.45	264.12
30800 Attorney General	4,648.02	4,649.53	1.50
30900 Board of Health Professions	1,247.85	1,011.61	(236.24)
31100 Maintenance and Repairs	-	1,548.13	1,548.13
31300 Emp. Recognition Program	462.10	2,089.27	1,627.17
31400 Conference Center	312.24	3,899.42	3,587.18
31500 Pgm Devlpmnt & Implmntn	2,586.53	6,614.44	4,027.91
31600 Healthcare Work Force	<u>5,430.95</u>	<u>10,514.44</u>	<u>5,083.48</u>
Total Allocated Expenditures	<u>362,331.70</u>	<u>564,345.35</u>	<u>202,013.65</u>
Net Revenue in Excess (Shortfall) of Expenditures	<u>(345,149.05)</u>	<u>(14,801.35)</u>	<u>330,347.70</u>

% of Budget

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Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2021 and Ending February 28, 2022

Account Number	Account Description	July	August	September
4002400	Fee Revenue			
4002401	Application Fee	6,890.00	9,630.00	14,005.00
4002406	License & Renewal Fee	22,185.00	5,895.00	5,740.00
4002407	Dup. License Certificate Fee	110.00	45.00	60.00
4002409	Board Endorsement - Out	375.00	725.00	475.00
	Total Fee Revenue	29,560.00	16,295.00	20,280.00
	Total Revenue	29,560.00	16,295.00	20,280.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	1,204.01	815.62	815.62
5011120	Fed Old-Age Ins- Sal St Emp	675.39	474.20	452.41
5011140	Group Insurance	117.48	79.58	79.58
5011150	Medical/Hospitalization Ins.	1,052.50	709.00	709.00
5011160	Retiree Medical/Hospitalizatn	98.18	66.50	66.50
5011170	Long term Disability Ins	53.47	36.22	36.22
	Total Employee Benefits	3,201.03	2,181.12	2,159.33
5011200	Salaries			
5011230	Salaries, Classified	8,908.38	5,938.92	5,938.92
5011250	Salaries, Overtime	-	285.07	-
	Total Salaries	8,908.38	6,223.99	5,938.92
5011340	Specified Per Diem Payment	-	-	350.00
5011380	Deferred Compnstrn Match Pmts	72.00	48.00	48.00
	Total Special Payments	72.00	48.00	398.00
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	63.69	43.14	43.14
	Total Terminatn Personal Svce Costs	63.69	43.14	43.14
	Total Personal Services	12,245.10	8,496.25	8,539.39
5012000	Contractual Svcs			
5012100	Communication Services			
5012140	Postal Services	174.26	296.71	103.34
5012160	Telecommunications Svcs (VITA)	23.37	23.63	23.63
5012190	Inbound Freight Services	-	-	-
	Total Communication Services	197.63	320.34	126.97
5012200	Employee Development Services			
5012240	Employee Training/Workshop/Conf	-	-	-
	Total Employee Development Services	-	-	-
5012400	Mgmnt and Informational Svcs			
5012420	Fiscal Services	5,486.45	546.29	109.27

5012440	Management Services	70.95	-	22.38
5012460	Public Infrmtnl & Relatn Svcs	6.00	403.11	-
	Total Mgmt and Informational Svcs	5,563.40	949.40	131.65
5012500	Repair and Maintenance Svcs			
5012510	Custodial Services	22.01	22.01	-
5012530	Equipment Repair & Maint Svc	-	1.65	-
	Total Repair and Maintenance Svcs	22.01	23.66	-
5012600	Support Services			
5012640	Food & Dietary Services	-	137.85	312.71
5012660	Manual Labor Services	-	-	-
5012670	Production Services	-	25.80	10.80
5012680	Skilled Services	592.82	593.69	592.36
	Total Support Services	592.82	757.34	915.87
5012700	Technical Services			
5012760	C.Operating Svs (By VITA)	5.10	-	-
	Total Technical Services	5.10	-	-
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	-	873.60
5012850	Travel, Subsistence & Lodging	-	-	437.76
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	214.75
	Total Transportation Services	-	-	1,526.11
	Total Contractual Svcs	6,380.96	2,050.74	2,700.60
5013000	Supplies And Materials			
5013100	Administrative Supplies			
5013120	Office Supplies	44.75	52.58	203.47
	Total Administrative Supplies	44.75	52.58	203.47
5013400	Medical and Laboratory Supp.			
5013420	Medical and Dental Supplies	-	-	-
	Total Medical and Laboratory Supp.	-	-	-
	Total Supplies And Materials	44.75	52.58	203.47
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			
5015160	Property Insurance	24.41	-	-
	Total Insurance-Fixed Assets	24.41	-	-
5015300	Operating Lease Payments			
5015340	Equipment Rentals	48.70	50.15	48.70
5015350	Building Rentals	4.80	-	-
5015390	Building Rentals - Non State	511.98	748.42	632.47
	Total Operating Lease Payments	565.48	798.57	681.17
5015500	Insurance-Operations			
5015510	General Liability Insurance	152.89	-	-
5015540	Surety Bonds	5.17	-	-
	Total Insurance-Operations	158.06	-	-
	Total Continuous Charges	747.95	798.57	681.17

5023000	Plant and Improvements			
5023200	Construction of Plant and Improvements			
5023280	Construction, Buildings Improvements	-	-	-
	Total Construction of Plant and Improvements	-	-	-
	Total Plant and Improvements	-	-	-
	Total Expenditures	19,418.76	11,398.14	12,124.63
	Allocated Expenditures			
20100	Behavioral Science Executive Director	19,324.48	13,547.28	13,449.19
20200	Opt\Vet-Med\ASLP Executive Director	-	-	-
20400	Nursing / Nurse Aide	-	-	-
20600	Funeral\LTCA\PT Executive Director	-	-	-
30100	Technology and Business Services	12,461.82	10,054.17	9,274.16
30200	Human Resources	1,359.09	130.29	132.39
30300	Finance	4,457.69	3,457.41	3,543.98
30400	Director's Office	1,655.92	1,166.88	1,172.51
30500	Enforcement	21,064.62	13,365.07	11,929.67
30600	Administrative Proceedings	-	377.62	-
30700	Health Practitioners' Monitoring Program	4.16	3.61	2.96
30800	Attorney General	1,172.98	-	-
30900	Board of Health Professions	179.48	425.73	112.49
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	-
31300	Employee Recognition Program	20.40	137.08	4.15
31400	Conference Center	14.89	149.12	88.63
31500	Program Development and Implementation	495.18	382.68	369.48
31600	Healthcare Workforce	743.82	533.86	535.18
31800	CBC (Criminal Background Check Unit)	-	-	-
31900	31900 Not in Use	-	-	-
32000	32000 Not in Use	-	-	-
32100	32100 Not in Use	-	-	-
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	62,954.51	43,730.79	40,614.80
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (52,813.27)	\$ (38,833.93)	\$ (32,459.43)

October	November	December	January	February	Total
9,705.00	7,565.00	6,560.00	6,535.00	9,495.00	70,385.00
1,620.00	1,900.00	1,620.00	1,945.00	850.00	41,755.00
20.00	30.00	30.00	55.00	30.00	380.00
425.00	225.00	375.00	400.00	300.00	3,300.00
11,770.00	9,720.00	8,585.00	8,935.00	10,675.00	115,820.00
11,770.00	9,720.00	8,585.00	8,935.00	10,675.00	115,820.00
815.62	815.62	815.62	815.62	815.62	6,913.35
452.40	452.41	452.77	452.40	452.40	3,864.38
79.58	79.58	79.58	79.58	79.58	674.54
709.00	709.00	709.00	709.00	709.00	6,015.50
66.50	66.50	66.50	66.50	66.50	563.68
36.22	36.22	36.22	36.22	36.22	307.01
2,159.32	2,159.33	2,159.69	2,159.32	2,159.32	18,338.46
5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	50,480.82
-	-	-	-	-	285.07
5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	50,765.89
50.00	-	100.00	-	-	500.00
48.00	48.00	48.00	48.00	48.00	408.00
98.00	48.00	148.00	48.00	48.00	908.00
43.14	43.14	43.14	43.14	43.14	365.67
43.14	43.14	43.14	43.14	43.14	365.67
8,239.38	8,189.39	8,289.75	8,189.38	8,189.38	70,378.02
					-
					-
504.09	329.46	324.77	589.80	214.09	2,536.52
23.63	23.63	23.63	23.63	23.63	188.78
-	2.37	-	1.58	-	3.95
527.72	355.46	348.40	615.01	237.72	2,729.25
-	-	-	-	4,230.00	4,230.00
-	-	-	-	4,230.00	4,230.00
112.33	34.09	34.78	9.64	28.17	6,361.02

-	-	19.42	1.51	-	114.26
-	-	-	-	-	409.11
112.33	34.09	54.20	11.15	28.17	6,884.39
7.62	44.02	43.05	22.01	22.01	182.73
-	-	1.65	-	1.65	4.95
7.62	44.02	44.70	22.01	23.66	187.68
-	-	86.83	-	-	537.39
-	-	-	14.81	-	14.81
5.10	76.90	-	121.61	5.10	245.31
-	1,184.72	592.36	592.36	610.14	4,758.45
5.10	1,261.62	679.19	728.78	615.24	5,555.96
-	-	-	-	-	5.10
-	-	-	-	-	5.10
10.64	-	315.84	-	-	1,200.08
-	-	109.44	-	-	547.20
-	-	77.25	-	-	292.00
10.64	-	502.53	-	-	2,039.28
663.41	1,695.19	1,629.02	1,376.95	5,134.79	21,631.66
-	-	-	-	-	-
147.11	111.09	21.55	45.74	140.51	766.80
147.11	111.09	21.55	45.74	140.51	766.80
-	-	1.06	-	-	1.06
-	-	1.06	-	-	1.06
147.11	111.09	22.61	45.74	140.51	767.86
-	-	-	-	-	-
-	-	-	-	-	24.41
-	-	-	-	-	24.41
50.15	48.70	48.70	96.42	46.27	437.79
-	-	-	-	-	4.80
638.21	737.49	655.19	637.39	673.60	5,234.75
688.36	786.19	703.89	733.81	719.87	5,677.34
-	-	-	-	-	152.89
-	-	-	-	-	5.17
-	-	-	-	-	158.06
688.36	786.19	703.89	733.81	719.87	5,859.81

-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
9,738.26	10,781.86	10,645.27	10,345.88	14,184.55	98,637.35
14,092.30	15,568.50	14,221.68	14,168.35	13,221.42	117,593.22
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
6,484.57	13,332.30	12,904.62	13,782.33	5,956.21	84,250.17
1,086.17	156.41	75.95	185.67	6,169.21	9,295.18
3,242.00	2,325.04	4,502.29	2,980.19	3,030.87	27,539.46
1,201.45	1,095.62	993.93	1,235.33	1,211.69	9,733.33
9,982.15	8,651.42	7,704.60	9,405.31	9,522.32	91,625.16
20.85	1,562.21	-	2,280.48	3,156.99	7,398.14
6.55	55.01	46.98	47.33	42.73	209.33
2,412.92	0.01	-	1,062.11	-	4,648.02
258.74	172.02	291.47	126.58	(318.66)	1,247.85
-	-	-	-	-	-
-	-	-	-	-	-
27.56	-	267.97	2.07	2.88	462.10
13.96	9.24	9.18	9.17	18.06	312.24
352.48	216.06	246.89	279.94	243.83	2,586.53
922.41	540.75	530.92	535.15	1,088.86	5,430.95
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
40,104.11	43,684.59	41,796.48	46,100.01	43,346.42	362,331.70
\$ (38,072.37)	\$ (44,746.45)	\$ (43,856.75)	\$ (47,510.89)	\$ (46,855.97)	\$ (345,149.05)

**DHP
Board Cash Balance Report**

**108 -
Psychology**

Cash Balance as of June 30, 2021	\$ 1,118,514
YTD FY 2022 Revenue	115,820
Less: YTD FY 2022 Direct and Allocated Expenditures	<u>460,969</u>
Cash Balance as of February 28, 2022	<u><u>\$ 773,365</u></u>

Discipline Reports

06/11/2022 - 09/09/2022

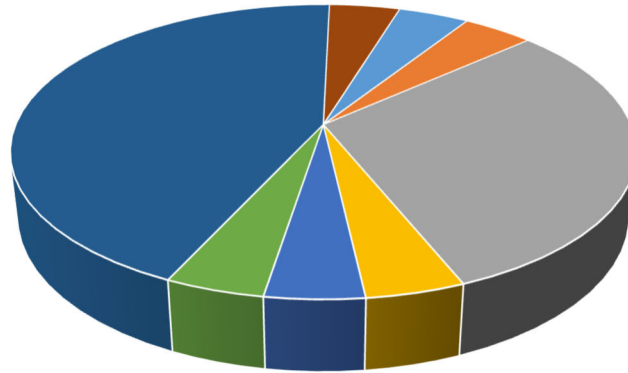
NEW CASES RECEIVED IN BOARD 06/11/2022 - 09/09/2022				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	99	32	27	158

OPEN CASES (as of 09/09/2022)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	68	117	44	
Scheduled for Informal Conferences	31	3	14	
Scheduled for Formal Hearings	4	4	0	
Other (on hold, pending settlement, etc)	13	10	6	
Cases with APD for processing (IFC, FH, Consent Order)	9	3	1	
TOTAL CASES AT BOARD LEVEL	125	137	65	327
OPEN INVESTIGATIONS	106	29	27	162
TOTAL OPEN CASES	231	166	92	489

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	Conferences Held: June 17, 2022 (Special Conference Committee) Scheduled Conferences: February 24, 2023 (Agency Subordinate) March 24, 2023 (Agency Subordinate) June 16, 2023 (Agency Subordinate)
Formal Hearings	Hearings Held: n/a Scheduled Hearings: December 6, 2022

CASES CLOSED (06/11/2022 - 09/09/2022)	
Closed – no violation	20
Closed – undetermined	0
Closed – violation	3
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
TOTAL CASES CLOSED	23

Closed Case Categories



- Abuse/Abandonment/Neglect (1)
- Criminal Activity (1)
1 violation
- Diagnosis/Treatment (7)
1 violation
- Eligibility (1)
1 violation
- Fraud, non-patient care (1)
- Fraud, patient care (1)
- No jurisdiction (10)
- Unlicensed Activity (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	397 days
Avg. time in Enforcement (investigations)	136 days
Avg. time in APD (IFC/FH preparation)	31 days
Avg. time in Board (includes hearings, reviews, etc).	256 days
Avg. time with board member (probable cause review)	35 days

PSYCHOLOGY LICENSING REPORT

Satisfaction Survey Results	
2022 4th Quarter (April 1 – June 30, 2022)	97.4%

Totals as of Sept 12, 2022*

Current Licenses	
Clinical Psychologists	4,203
Resident in Training	393
Applied Psychologist	25
School Psychologists	96
Resident in School Psychology	20
School Psychologist-Limited	547
Sex Offender Treatment Provider	421
Sex Offender Treatment Provider Trainee	96
Total	5,801

*Unofficial numbers (for informational purposes only)

APPLICATIONS RECEIVED

Applications Received	March 2022*	April 2022*	May 2022*	June 2022*	July 2022*	August 2022*
Clinical Psychologists	36	28	32	37	22	34
Resident in Training	7	4	7	7	9	14
Applied Psychologist	0	1	0	1	0	0
School Psychologists	2	0	1	0	2	1
Resident in School Psychology	2	0	1	3	3	2
School Psychologist-Limited	4	5	5	4	2	1
Sex Offender Treatment Provider	1	3	0	2	0	4
Sex Offender Treatment Provider Trainee	6	1	4	2	2	4
Total	58	42	50	56	40	60

LICENSES ISSUED

Licensed Issued	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022*
Clinical Psychologists	30	27	25	30	27	28
Resident in Training	7	7	6	7	1	19
Applied Psychologist	0	0	0	0	0	0
School Psychologists	1	1	1	1	1	1
Resident in School Psychology	2	2	0	2	2	5
School Psychologist-Limited	2	2	5	2	2	2
Sex Offender Treatment Provider	2	2	0	2	0	3
Sex Offender Treatment Provider Trainee	9	9	4	9	1	4
Total	53	39	41	53	34	62

*Unofficial numbers (for informational purposes only)



Additional Information:

- **Board of Psychology Staffing Information:**

- The Board currently has one full-time to answer phone calls, emails and to process applications across all license types.
 - Licensing Staff:
 - Deborah Harris – Licensing Manager (Full-Time)

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 accept Regulatory Committee recommendation regarding Guidance Document 125-3.9

BOARD OF PSYCHOLOGY
CONFIDENTIAL CONSENT AGREEMENTS

~~Legislation enacted in 2003 authorized the 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).~~

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A CCA ~~shall not~~cannot be used if the board determines ~~there is probable cause exists to believe 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.~~

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~~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.~~

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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.:

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

	<u>CCAs will not, however, be used in instances where a licensee untruthfully reported compliance.</u>
<u>Record keeping</u>	<u>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.</u>
<u>Inadvertent breach of confidentiality</u>	<u>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.</u>
<u>Failure to report a known violation</u>	<u>A licensee failing to report a known violation after being instructed by a non-licensee supervisor not to report.</u>
<u>Fees and billing issues</u>	<u>Charging more than originally agreed upon. This would also apply to unintentionally billing for the wrong date(s).</u>
<u>Practicing on an expired license for 90 days or less</u>	<u>Failure to renew but continuing to practice. <i>Staff note: Board to discuss. This is included in other behavioral health CCA guidance.</i></u>

1. Advertising

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

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

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

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. <i>Staff note: Board to discuss. This is included in other behavioral health CCA guidance.</i>

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:

- Accepted recommended changes to Guidance Document 125-7

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 anyan 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."~~

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~~The Board interprets telepsychology to include Eelectronic communication, such as texts and emails related to client/patient care, are included in the Board's interpretation of telepsychology. Telepsychology has becomeis 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 createWith 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

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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):~~

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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).

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 ~~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.

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

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(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 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' boards of psychology.~~

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(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 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.~~

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(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 telepsychology is not appropriate for all psychological problems and all clients/patients or supervisees, and 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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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) License ~~es 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 paragraphs (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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(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.

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(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, or 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) 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 appointments ~~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~~ 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 <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

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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.

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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) 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, or 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 test 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

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.

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 adopt recommendations of Regulatory Committee regarding changes to Guidance Document 125-8

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:

- 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~~itles are included in the ~~T~~table below.

Commented [VPI]: 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.

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 and 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 XXXXXXXX, 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 titles¹ 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.

Guidance document: 125-8

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

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 XXXXXXXX, Clinical Psychologist [or Licensed Clinical Psychologist]).

In offering this collective guidance to its licensees, the 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.

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 anyⁱ 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.

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.

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:

- Adoption of Regulatory Committee's recommended changes; or
- Adoption of amendments made by 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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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.~~

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

"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.~~

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.

"Face-to-face" means in person.

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

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.

"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.

"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;
- 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

Commented [VP5]: Same as above

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; n~~
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)

VIRGINIA BOARD OF PSYCHOLOGY

BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority

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

B. Duties

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

C. Mission

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

ARTICLE II: THE BOARD

A. Membership

1. The Board shall consist of nine (9) members, appointed by the Governor as follows:
 - a. Five (5) persons who are licensed as clinical psychologists;
 - b. One (1) person licensed as a school psychologist
 - c. One (1) person licensed in any category of psychology; and,
 - d. Two (2) citizen members.
2. At least one of the seven psychologist members of the Board shall be a member of the faculty at an accredited college or university in the Commonwealth and shall be actively engaged in teaching psychology.
3. The terms of the members of the Board shall be four (4) years.
4. Members of the Board shall not hold a voting office in any related professional association within the Commonwealth of Virginia or one that takes a policy position on the regulations of the Board. Members of the Board holding a voting office in a national professional association shall abstain from voting on issues where there may be a conflict of interest present. This section shall not apply to members who hold a committee membership or an office with the Association of State and Provincial Psychology Boards.

B. Officers of the Board

1. The Chair or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chair shall appoint all committees, and shall sign as Chair to the certificates authorized to be signed by the Chair.
2. The Vice-Chair shall act as Chair in the absence of the Chair and assume the duties of Chair in the event of an unexpired term.
3. In the absence of the Chair and Vice-Chair, the Chair shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Chair of the Board may function as an ex-officio voting member of any committee.

C. Duties of Members

1. Each member shall participate in all matters before the Board.
2. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions who may notify the Secretary of Health and Human Resources and Secretary of the Commonwealth.
3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

D. Election of Officers

1. All officers shall be elected for a term of two (2) years and may serve no more than two (2) consecutive terms.
2. The election of officers shall occur at the first scheduled Board meeting following July 1 of each odd year, and elected officers shall assume their duties at the end of the meeting.
 - a. Officers shall be elected at a meeting of the Board with a quorum present.
 - b. The Chair shall ask for nominations from the floor by office.
 - c. The election shall occur in the following order: Chair, Vice-Chair
 - d. Voting shall be by voice unless otherwise decided by a vote of the members present. The results shall be recorded in the minutes.
 - e. A simple majority shall prevail with the Current Chair casting a vote only to break a tie.

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

E. Meetings

1. The Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of Business at Meetings
 - a. Adoption of Agenda
 - b. Period of Public Comment
 - c. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board
 - d. Reports of Officers and staff
 - e. Reports of Committees
 - f. Election of Officers (as needed)
 - g. Unfinished Business
 - h. New Business
3. The order of business may be changed at any meeting by a majority vote.

ARTICLE III: COMMITTEES

A. Duties and Frequency of Meetings

1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.
2. All standing committees shall meet as necessary to conduct the business of the Board.

B. Standing Committees

Standing committees of the Board shall consist of the following:

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

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

- c. The Committee shall consider all questions bearing upon State legislation and regulation governing the professions regulated by the Board.
- d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the discretion of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
- e. The Chair of the Committee shall submit proposed changes in applicable law and regulations in writing to the Board prior to any scheduled meeting.

2. Special Conference Committee

- a. The Special Conference Committee shall:
 - i. consist of two (2) Board members;
 - ii. conduct informal conferences pursuant to §§ 2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia* as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.
 - iii. Hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.
- b. The Chair of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members is unable to attend a scheduled conference date or has a conflict of interest.
- c. Should the caseload increase to the level that additional special conference committees are needed, the Chair of the Board may appoint additional committees.

ARTICLE IV: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

- 1. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.
- 2. The Board delegates to Board staff the authority to issue and renew licenses, certificates, and registrations, and to approve supervision applications that meet regulatory and statutory qualifications. If there is basis upon which the Board could refuse to issue or renew the license, certification, or registration, or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Board, or in accordance with delegated authority provided in a guidance document of the Board.

3. The Board delegates to the Executive Director the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not limited to, licensure, certification, and registration applications, renewal forms, and documents used in the disciplinary process.
4. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.
5. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) year for the completion of continuing education requirements upon written request from the licensee or certificate holder prior to the renewal date.
6. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.
7. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action, and there is no basis for the Board to refuse to reinstate.
8. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without a review by a Board member.
9. The Board delegates authority to the Executive Director, who may consult with a member of the Board, to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
10. The Board delegates authority to the Executive Director to review information regarding alleged violations of law or regulations and, in consultation with a member of the Board, make a determination as to whether probable cause exists to proceed with possible disciplinary action.
11. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.
12. The Board delegates authority to the Executive Director to assign the determination of probable cause to a board member to proceed with possible disciplinary action.
13. The Board delegates the authority to the Executive Director to assign the determination of probable cause to the Board's professional disciplinary review coordinator who may offer a confidential consent agreement or a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case after consultation with Board staff.

14. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, to offer a confidential consent agreement, a pre-hearing consent order, or schedule an informal conference.
15. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, to consider the summary suspension of a license or to consider settlement proposals.
16. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.
17. The Board delegates to the Executive Director the authority to sign as entered a Pre-Hearing Consent Order for Indefinite Suspension or revocation of a license, certificate, or registration.
18. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.
19. The Board delegates to the Chair the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.
20. The Board authorizes the Executive Director to delegate tasks to the Deputy Executive Director.

ARTICLE V: AMENDMENTS

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

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

DRAFT

Virginia's Licensed Clinical Psychologist Workforce: 2021

Healthcare Workforce Data Center

July 2021

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

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 3,500 Licensed Clinical Psychologists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Psychology express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

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The Licensed Clinical Psychologist Workforce At a Glance:

The Workforce

Licensees ¹ :	4,258
Virginia's Workforce:	3,067
FTEs:	2,489

Background

Rural Childhood:	19%
HS Degree in VA:	22%
Prof. Degree in VA:	29%

Current Employment

Employed in Prof.:	95%
Hold 1 Full-Time Job:	58%
Satisfied?:	95%

Survey Response Rate

All Licensees:	73%
Renewing Practitioners:	96%

Education

Doctor of Psych.:	58%
Other PhD:	42%

Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	69%

Demographics

Female:	69%
Diversity Index:	32%
Median Age:	49

Finances

Median Inc.:	\$90k-\$100k
Health Benefits:	64%
Under 40 w/ Ed. Debt:	67%

Time Allocation

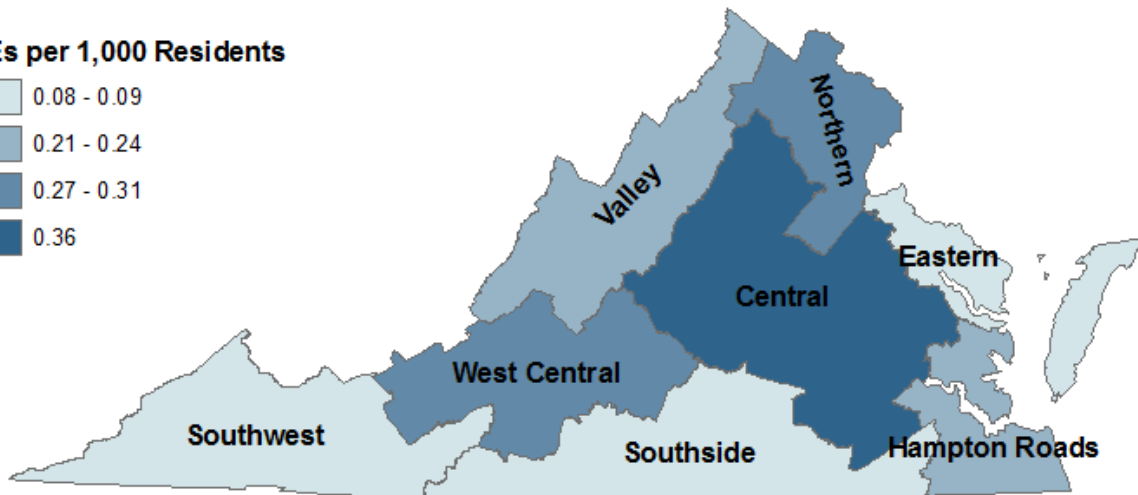
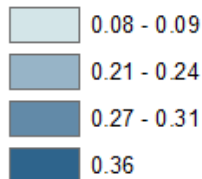
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	66%

Source: Va. Healthcare Workforce Data Center

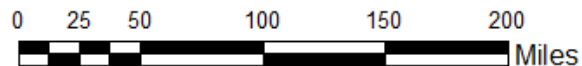
Full-Time Equivalency Units Provided by Clinical Psychologists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division



¹ Excludes 557 temporary licenses that were issued between April 2020 and September 2020 as a result of procedural changes that were implemented by the DHP due to the coronavirus pandemic. All of these temporary licenses expired in September 2020.

This report contains the results of the 2021 Licensed Clinical Psychologist (LCP) Workforce Survey. More than 3,500 LCPs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCPs. These survey respondents represent 83% of the 4,258 LCPs who possessed non-temporary licenses in the state and 96% of renewing practitioners.

The HWDC estimates that 3,067 LCPs participated in Virginia's workforce during the survey period, which is defined as those LCPs who worked at least a portion of the year in the state or who live in the state and intend to work as a LCP at some point in the future. Over the past year, Virginia's LCP workforce provided 2,489 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly 70% of all LCPs are female, including 84% of those LCPs who are under the age of 40. The median age of the LCP workforce is 49. In a random encounter between two LCPs, there is a 32% chance that they would be of different races or ethnicities, a measure known as the diversity index. For LCPs who are under the age of 40, the diversity index increases to 38%. However, both of these values are below the comparable diversity index of 57% for Virginia's population as a whole. Nearly one out of every five LCPs grew up in rural areas, and 7% of professionals who grew up in rural areas currently work in non-metro areas of Virginia. In total, 4% of all LCPs work in non-metro areas of the state.

Among all LCPs, 95% are currently employed in the profession, 58% hold one full-time job, and 41% work between 40 and 49 hours per week. Meanwhile, 1% of LCPs have experienced involuntary unemployment at some point over the past year, and 2% have also experienced underemployment during the same time period. More than 70% of all LCPs are employed in the private sector, including 59% who work in the for-profit sector. The median annual income of Virginia's LCP workforce is between \$90,000 and \$100,000. Nearly all LCPs are satisfied with their current work situation, including 71% of LCPs who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2016 LCP workforce. The number of licensed LCPs in Virginia has increased by 30% (4,258 vs. 3,282). In addition, the size of Virginia's LCP workforce has increased by 26% (3,067 vs. 2,440), and the number of FTEs provided by this workforce has increased by 14% (2,489 vs. 2,191). Virginia's renewing LCPs are more likely to respond to this survey (96% vs. 93%).

Although the percentage of LCPs who are female has increased (69% vs. 64%), the percent female has declined slightly among LCPs who are under the age of 40 (84% vs. 85%). At the same time, Virginia's LCP workforce has become more diverse (32% vs. 27%). This is also the case among LCPs who are under the age of 40, although the increase in the diversity index among these professionals was smaller (38% vs. 37%). There has been no change in either the percentage of LCPs who grew up in a rural area (19%) or the percentage of LCPs who work in a non-metro area of the state (4%).

LCPs are more likely to obtain a Doctorate of Psychology (58% vs. 54%) instead of a Doctorate/PhD in another field (42% vs 46%). In addition, LCPs are more likely to carry education debt (41% vs. 38%), although this percentage fell among those LCPs who are under the age of 40 (67% vs. 72%). The median education debt among those LCPs who carry education debt has increased (\$110k-\$120k vs. \$80k-\$90k).

LCPs are more likely to hold one full-time job (58% vs. 56%) instead of two or more positions simultaneously (21% vs. 24%). Meanwhile, LCPs are less likely to have been employed at their primary work location for at least two years (69% vs. 74%). The median annual income of Virginia's LCP workforce has increased (\$90k-\$100k vs. \$80k-\$90k). In addition, wage and salaried LCPs are more likely to receive at least one employer-sponsored benefit (76% vs. 69%), including those who have access to health insurance (64% vs. 60%). Although LCPs are less likely to indicate that they are satisfied with their current work situation (95% vs. 97%), the percentage who indicated that they are "very satisfied" has increased slightly (71% vs. 70%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	3,494	73%
New Licensees	389	8%
Temporary Licensees¹	557	12%
Non-Renewals	375	8%
All Licensees	4,815	100%
All Licensees Without Temporary	4,258	88%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly all renewing LCPs submitted a survey. These represent 73% of the 4,815 LCPs who held a license at some point during the survey period.

Definitions

- 1. The Survey Period:** The survey was conducted in June 2021.
- 2. Target Population:** All LCPs who held a Virginia license at some point between July 2020 and June 2021.
- 3. Survey Population:** The survey was available to LCPs who renewed their licenses online. It was not available to those who did not renew, including LCPs newly licensed in 2021.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 35	205	318	61%
35 to 39	240	529	69%
40 to 44	192	516	73%
45 to 49	127	439	78%
50 to 54	108	428	80%
55 to 59	86	269	76%
60 to 64	83	291	78%
65 and Over	245	739	75%
Total	1,286	3,529	73%
New Licenses			
Issued in Past Year	434	161	27%
Metro Status			
Non-Metro	50	117	70%
Metro	400	2,297	85%
Not in Virginia	836	1,115	57%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,529
Response Rate, All Licensees	73%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCPs

Number: 4,815
 New: 8%
 Not Renewed: 8%

Response Rates

All Licensees: 73%
 Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

¹ These 557 temporary licenses were issued between April 2020 and September 2020 as a result of procedural changes that were implemented by the DHP due to the coronavirus pandemic. All of these temporary licenses expired in September 2020.

At a Glance:

Workforce

Virginia's LCP Workforce: 3,067
 FTEs: 2,489

Utilization Ratios

Licensees in VA Workforce: 64%
 Licensees per FTE: 1.93
 Workers per FTE: 1.23

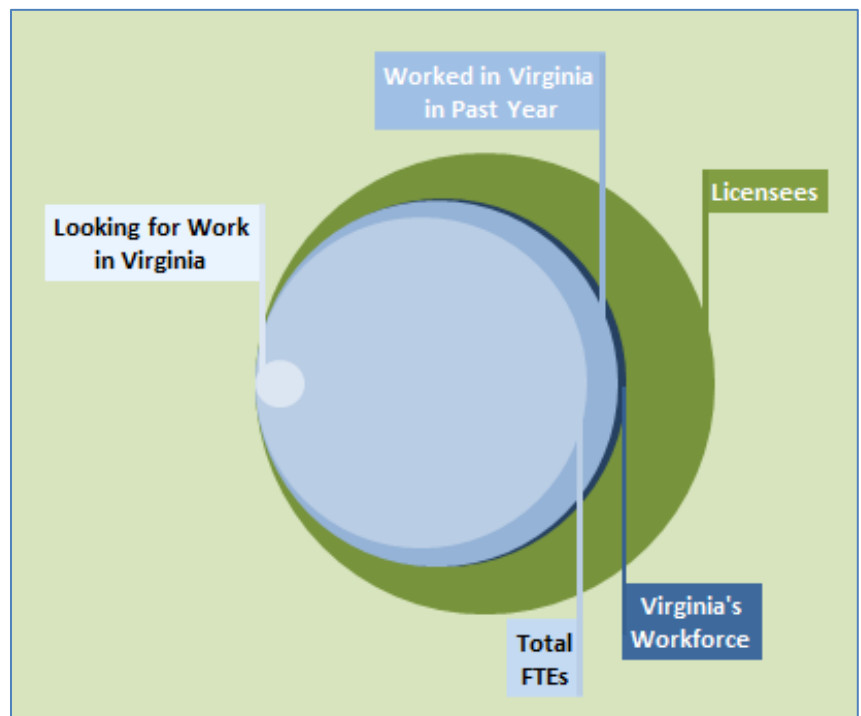
Source: Va. Healthcare Workforce Data Center

Virginia's LCP Workforce		
Status	#	%
Worked in Virginia in Past Year	3,015	98%
Looking for Work in Virginia	52	2%
Virginia's Workforce	3,067	100%
Total FTEs	2,489	
Licensees	4,815	

Source: Va. Healthcare Workforce Data Center

Definitions

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



Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	51	17%	249	83%	300	12%
35 to 39	62	15%	343	85%	405	16%
40 to 44	70	20%	288	80%	358	14%
45 to 49	76	26%	219	74%	295	12%
50 to 54	67	25%	204	75%	271	11%
55 to 59	51	32%	110	68%	161	6%
60 to 64	88	42%	122	58%	210	8%
65 and Over	318	60%	217	41%	535	21%
Total	784	31%	1,752	69%	2,536	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LCPs		LCPs Under 40	
	%	#	%	#	%
White	61%	2,077	82%	545	78%
Black	19%	178	7%	56	8%
Hispanic	10%	123	5%	40	6%
Asian	7%	91	4%	34	5%
Two or More Races	3%	46	2%	18	3%
Other Race	0%	21	1%	8	1%
Total	100%	2,536	100%	701	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 69%
% Under 40 Female: 84%

Age

Median Age: 49
% Under 40: 28%
% 55 and Over: 36%

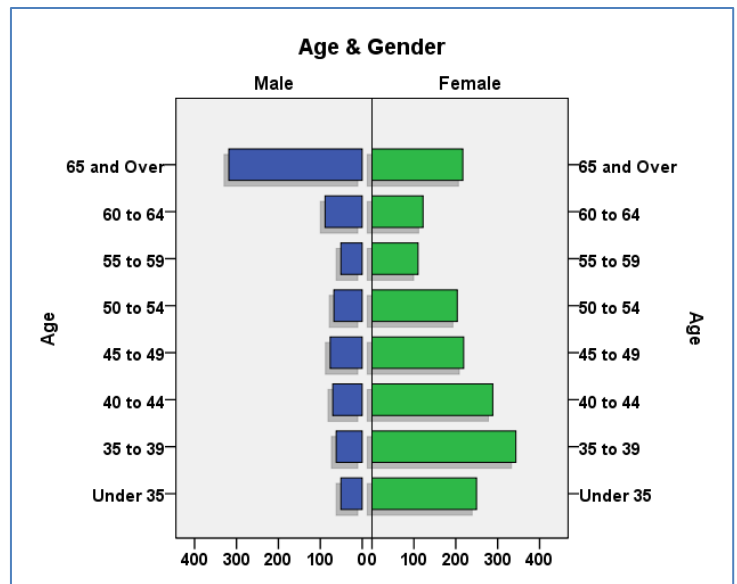
Diversity

Diversity Index: 32%
Under 40 Div. Index: 38%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCPs, there is a 32% chance that they would be of different races or ethnicities, a measure known as the diversity index.

Nearly 30% of all LCPs are under the age of 40, and 84% of these professionals are female. In addition, the diversity index among this group of LCPs is 38%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 15%
 Rural Childhood: 19%

Virginia Background

HS in Virginia: 22%
 Prof. Edu. in VA: 29%
 HS or Prof. Edu. in VA: 40%

Location Choice

% Rural to Non-Metro: 7%
 % Urban/Suburban to Non-Metro: 3%

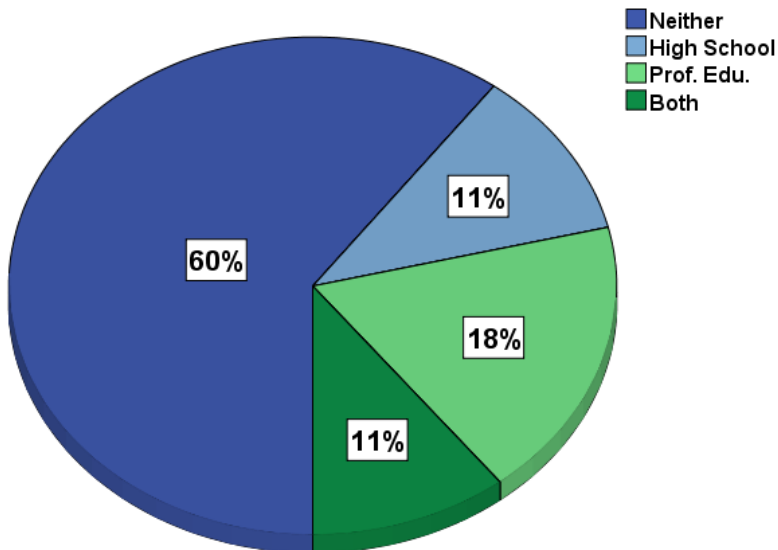
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	17%	67%	15%
2	Metro, 250,000 to 1 Million	19%	72%	9%
3	Metro, 250,000 or Less	22%	60%	19%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	40%	50%	10%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	38%	56%	6%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	69%	31%	0%
8	Rural, Metro Adjacent	26%	63%	11%
9	Rural, Non-Adjacent	11%	67%	22%
Overall		19%	66%	15%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly one-fifth of all LCPs grew up in self-described rural areas, and 7% of these professionals currently work in non-metro counties. In total, 4% of all LCPs in the state currently work in non-metro counties.

Top Ten States for Licensed Clinical Psychologist Recruitment

Rank	All LCPs			
	High School	#	Init. Prof. Degree	#
1	Virginia	542	Virginia	727
2	New York	286	Washington, D.C.	228
3	Pennsylvania	183	California	189
4	Maryland	161	Florida	152
5	New Jersey	124	New York	123
6	California	100	Illinois	103
7	Ohio	94	Pennsylvania	102
8	Outside U.S./Canada	93	Ohio	86
9	Florida	79	Texas	76
10	Illinois	74	Maryland	68

Source: Va. Healthcare Workforce Data Center

More than one-fifth of all LCPs received their high school degree in Virginia, while 29% received their initial professional degree in the state.

Among LCPs who have obtained their initial license in the past five years, 22% received their high school degree in Virginia, while 28% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	167	Virginia	216
2	New York	59	Washington, D.C.	61
3	Pennsylvania	51	California	56
4	California	43	Illinois	45
5	Maryland	42	Florida	45
6	Ohio	38	New York	30
7	Outside U.S./Canada	32	Pennsylvania	29
8	New Jersey	32	Maryland	26
9	Florida	29	Ohio	21
10	Texas	24	Texas	20

Source: Va. Healthcare Workforce Data Center

More than one-third of Virginia's licensees did not participate in the state's LCP workforce during the past year. Among this group of professionals, 94% worked at some point in the past year, including 89% who worked in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

Total:	1,759
% of Licensees:	37%
Federal/Military:	32%
Va. Border State/D.C.:	29%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	0	0%
Master's Degree	0	0%
Doctor of Psychology	1,438	58%
Other Doctorate	1,055	42%
Total	2,493	100%

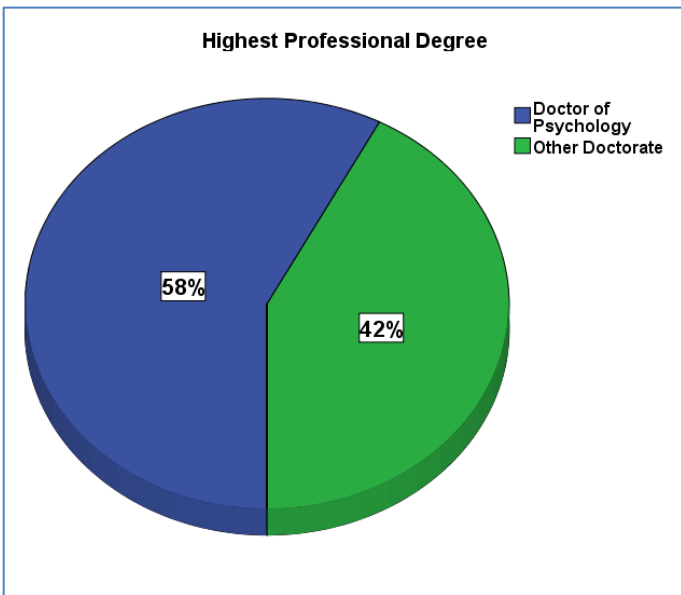
Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 Doctor of Psychology: 58%
 Other Doctorate/PhD: 42%

Education Debt
 Carry Debt: 41%
 Under Age 40 w/ Debt: 67%
 Median Debt: \$110k-\$120k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than 40% of LCPs carry education debt, including 67% of those LCPs who are under the age of 40. For those LCPs with education debt, the median debt amount is between \$110,000 and \$120,000.

Education Debt				
Amount Carried	All LCPs		LCPs Under 40	
	#	%	#	%
None	1,331	59%	208	33%
Less than \$10,000	47	2%	14	2%
\$10,000-\$29,999	82	4%	26	4%
\$30,000-\$49,999	96	4%	24	4%
\$50,000-\$69,999	92	4%	43	7%
\$70,000-\$89,999	78	3%	29	5%
\$90,000-\$109,999	65	3%	20	3%
\$110,000-\$129,999	51	2%	24	4%
\$130,000-\$149,999	53	2%	29	5%
\$150,000 or More	368	16%	219	34%
Total	2,263	100%	636	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

Mental Health: 32%
 Child: 13%
 Neurology: 7%

Secondary Specialty

Mental Health: 13%
 Child: 10%
 Behavioral Disorders: 9%

Source: Va. Healthcare Workforce Data Center

Nearly one-third of all LCPs have a primary specialty in mental health, while another 13% of LCPs have a primary specialty in children's health.

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	782	32%	270	13%
Child	318	13%	209	10%
Neurology/Neuropsychology	161	7%	50	2%
Forensic	155	6%	130	6%
Health/Medical	108	4%	158	8%
Behavioral Disorders	72	3%	181	9%
Family	34	1%	117	6%
School/Educational	34	1%	63	3%
Gerontologic	26	1%	44	2%
Rehabilitation	25	1%	27	1%
Marriage	14	1%	101	5%
Substance Abuse	10	0%	36	2%
Industrial/Organizational	8	0%	11	1%
Sex Offender Treatment	7	0%	21	1%
Vocational/Work Environment	6	0%	17	1%
Experimental or Research	5	0%	19	1%
Public Health	5	0%	11	1%
Social	0	0%	5	0%
General Practice (Non-Specialty)	561	23%	452	22%
Other Specialty Area	139	6%	180	9%
Total	2,469	100%	2,101	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

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

Positions Held

1 Full-Time: 58%
 2 or More Positions: 21%

Weekly Hours:

40 to 49: 41%
 60 or More: 7%
 Less than 30: 20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	< 1%
Employed in a Behavioral Sciences-Related Capacity	2,382	95%
Employed, NOT in a Behavioral Sciences-Related Capacity	47	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	6	< 1%
Voluntarily Unemployed	41	2%
Retired	36	1%
Total	2,513	100%

Source: Va. Healthcare Workforce Data Center

Among all LCPs, 95% are currently employed in the profession, 58% hold one full-time job, and 41% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	83	3%
1 to 9 Hours	80	3%
10 to 19 Hours	162	7%
20 to 29 Hours	242	10%
30 to 39 Hours	399	16%
40 to 49 Hours	1,003	41%
50 to 59 Hours	321	13%
60 to 69 Hours	148	6%
70 to 79 Hours	17	1%
80 or More Hours	9	0%
Total	2,464	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	83	3%
One Part-Time Position	447	18%
Two Part-Time Positions	85	3%
One Full-Time Position	1,422	58%
One Full-Time Position & One Part-Time Position	372	15%
Two Full-Time Positions	22	1%
More than Two Positions	38	2%
Total	2,469	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	19	1%
Less than \$40,000	161	8%
\$40,000-\$49,999	66	3%
\$50,000-\$59,999	86	4%
\$60,000-\$69,999	142	7%
\$70,000-\$79,999	189	10%
\$80,000-\$89,999	192	10%
\$90,000-\$99,999	181	9%
\$100,000-\$109,999	223	11%
\$110,000-\$119,999	159	8%
\$120,000-\$129,999	115	6%
\$130,000 or More	445	23%
Total	1,979	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$90k-\$100k

Benefits
(Salary/Wage Employees Only)
Health Insurance: 64%
Retirement: 64%

Satisfaction
Satisfied: 95%
Very Satisfied: 71%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,698	71%
Somewhat Satisfied	587	25%
Somewhat Dissatisfied	80	3%
Very Dissatisfied	31	1%
Total	2,396	100%

Source: Va. Healthcare Workforce Data Center

The typical LCP earns between \$90,000 and \$100,000 per year. Among LCPs who receive either an hourly wage or a salary as compensation at their primary work location, 64% have access to health insurance, and 64% also have access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	1,025	43%	64%
Health Insurance	1,007	42%	64%
Paid Vacation	955	40%	63%
Paid Sick Leave	907	38%	61%
Dental Insurance	878	37%	57%
Group Life Insurance	640	27%	43%
Signing/Retention Bonus	143	6%	9%
At Least One Benefit	1,242	52%	76%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Work Two or More Positions at the Same Time?	596	19%
Switch Employers or Practices?	175	6%
Experience Voluntary Unemployment?	114	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	52	2%
Experience Involuntary Unemployment?	44	1%
Experience At Least One	833	27%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's LCPs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 5.6% during the same time period.²

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	32	1%	24	4%
Less than 6 Months	103	4%	31	5%
6 Months to 1 Year	184	8%	73	13%
1 to 2 Years	419	17%	92	16%
3 to 5 Years	533	22%	149	26%
6 to 10 Years	391	16%	76	13%
More than 10 Years	745	31%	140	24%
Subtotal	2,407	100%	584	100%
Did Not Have Location	53		2,457	
Item Missing	607		26	
Total	3,067		3,067	

Source: Va. Healthcare Workforce Data Center

More than half of all LCPs are salaried employees, while 28% receive income from their own business or practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 6%
New Location: 16%
Over 2 Years: 69%
Over 2 Yrs., 2nd Location: 63%

Employment Type

Salary/Commission: 53%
Business/Practice Income: 28%

Source: Va. Healthcare Workforce Data Center

Nearly 70% of all LCPs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	986	53%
Business/Practice Income	516	28%
Hourly Wage	203	11%
By Contract	133	7%
Unpaid	14	1%
Subtotal	1,851	100%
Did Not Have Location	53	
Item Missing	1,163	

Source: Va. Healthcare Workforce Data Center

² As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 3.9% and a high of 8.1%. At the time of publication, the unemployment rate for June 2021 was still preliminary.

At a Glance:

Concentration

Top Region:	41%
Top 3 Regions:	80%
Lowest Region:	1%

Locations

2 or More (Past Year):	25%
2 or More (Now*):	23%

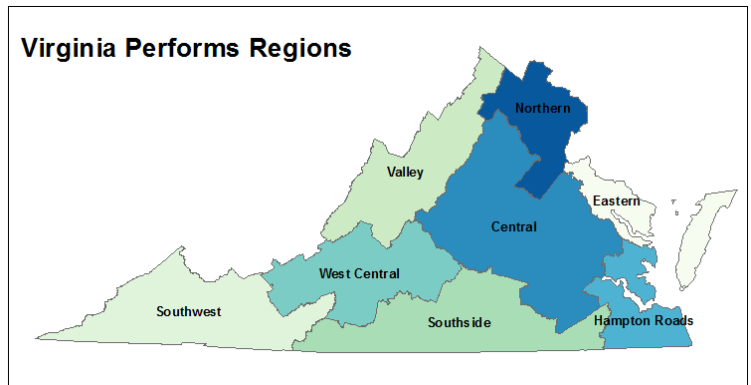
Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	980	41%	214	35%
Central	560	23%	93	15%
Hampton Roads	393	16%	109	18%
West Central	202	8%	45	7%
Valley	105	4%	23	4%
Southwest	33	1%	6	1%
Southside	24	1%	7	1%
Eastern	17	1%	5	1%
Virginia Border State/D.C.	51	2%	34	6%
Other U.S. State	39	2%	67	11%
Outside of the U.S.	0	0%	1	0%
Total	2,404	100%	604	100%
Item Missing	608		6	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-fifth of all LCPs currently have multiple work locations, while 25% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	52	2%	73	3%
1	1,790	73%	1,817	74%
2	327	13%	311	13%
3	245	10%	221	9%
4	16	1%	12	1%
5	4	0%	5	0%
6 or More	17	1%	11	0%
Total	2,450	100%	2,450	100%

*At the time of survey completion, June 2021.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,328	59%	397	74%
Non-Profit	289	13%	57	11%
State/Local Government	301	13%	47	9%
Veterans Administration	152	7%	13	2%
U.S. Military	107	5%	19	4%
Other Federal Government	55	2%	6	1%
Total	2,232	100%	539	100%
Did Not Have Location	53		2,457	
Item Missing	780		71	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For-Profit:	59%
Federal:	14%

Top Establishments

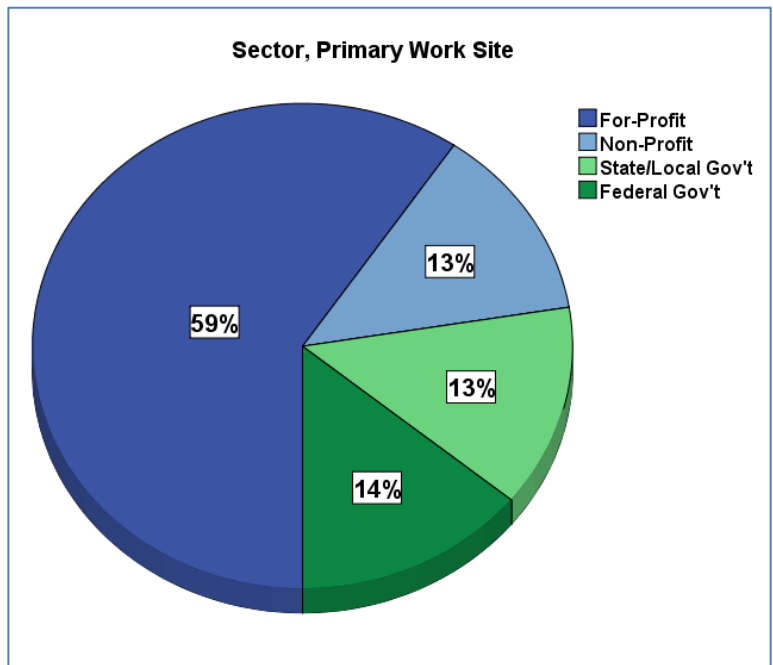
Private Practice, Solo:	26%
Private Practice, Group:	23%
Mental Health Facility (Outpatient):	8%

Payment Method

Cash/Self-Pay:	60%
Private Insurance:	37%

Source: Va. Healthcare Workforce Data Center

More than 70% of LCPs work in the private sector, including 59% who work in the for-profit sector. Another 14% of LCPs work for the federal government.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Solo	537	26%	135	26%
Private Practice, Group	487	23%	155	30%
Mental Health Facility, Outpatient	176	8%	28	5%
Academic Institution (Teaching Health Professions Students)	171	8%	52	10%
Hospital, General	152	7%	19	4%
Community-Based Clinic or Health Center	83	4%	14	3%
Hospital, Psychiatric	79	4%	5	1%
School (Providing Care to Clients)	78	4%	9	2%
Community Services Board	39	2%	2	0%
Administrative or Regulatory	33	2%	5	1%
Physician Office	30	1%	6	1%
Rehabilitation Facility	23	1%	6	1%
Corrections/Jail	22	1%	10	2%
Long-Term Care Facility, Nursing Home	17	1%	8	2%
Residential Mental Health/Substance Abuse Facility	15	1%	2	0%
Home Health Care	5	0%	0	0%
Residential Intellectual/Development Disability Facility	3	0%	0	0%
Other Practice Setting	151	7%	62	12%
Total	2,101	100%	518	100%
Did Not Have a Location	53		2,457	

Source: Va. Healthcare Workforce Data Center

Solo and group private practices employ nearly half of all LCPs in Virginia. Another 17% of LCPs work at either outpatient mental health facilities or academic institutions.

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

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	1,833	60%
Private Insurance	1,146	37%
Medicare	695	23%
Medicaid	588	19%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

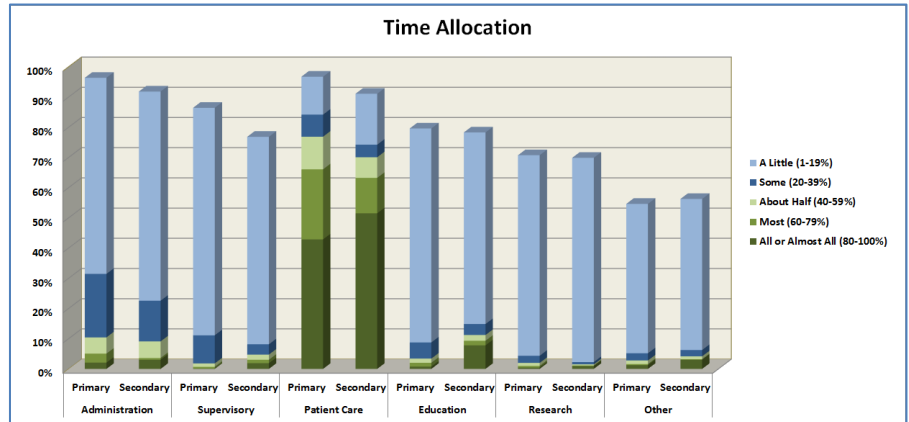
Patient Care: 66%
Administration: 5%
Education: 2%

Patient Care LCPs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, LCPs spend approximately 75% of their time treating patients. In fact, two-thirds of all LCPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation

Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	2%	3%	0%	2%	43%	52%	1%	8%	0%	1%	1%	3%
Most (60-79%)	3%	1%	1%	1%	23%	12%	1%	2%	1%	0%	0%	0%
About Half (40-59%)	5%	6%	1%	2%	11%	7%	1%	2%	1%	0%	1%	1%
Some (20-39%)	21%	13%	9%	3%	7%	4%	5%	4%	2%	1%	2%	2%
A Little (1-19%)	65%	69%	75%	69%	13%	17%	71%	63%	66%	68%	50%	50%
None (0%)	4%	8%	14%	23%	3%	9%	20%	22%	29%	30%	45%	44%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	213	10%	107	20%
1 to 24	1,384	63%	409	77%
25 to 49	581	26%	13	2%
50 to 74	22	1%	3	1%
75 or More	8	0%	0	0%
Total	2,208	100%	532	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

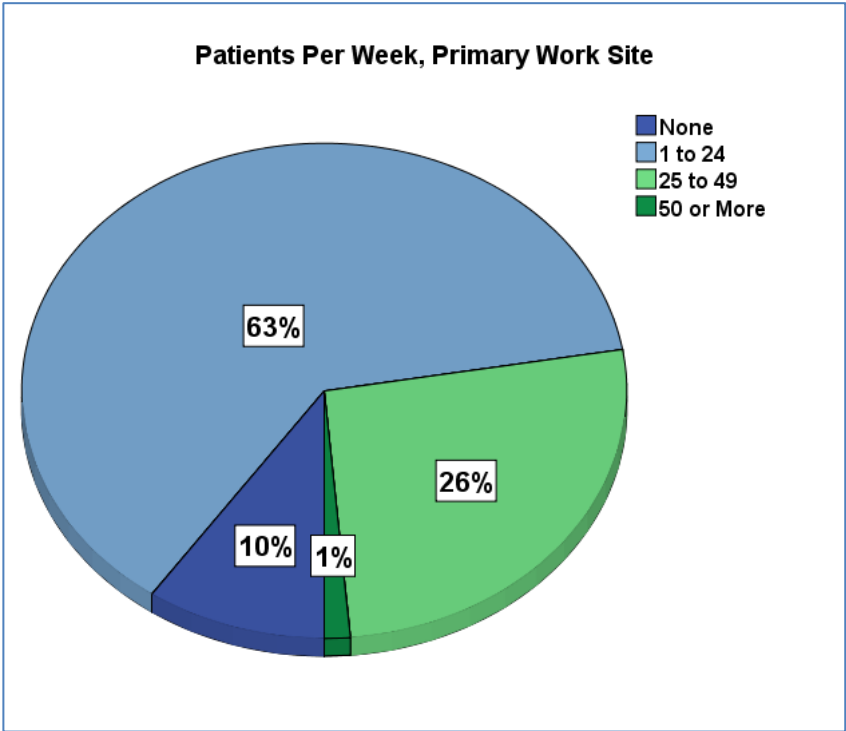
Patients Per Week

Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all LCPs treat between 1 and 24 patients per week at their primary work location. Among those LCPs who also have a secondary work location, more than three-quarters treat between 1 and 24 patients per week.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Patient Allocation

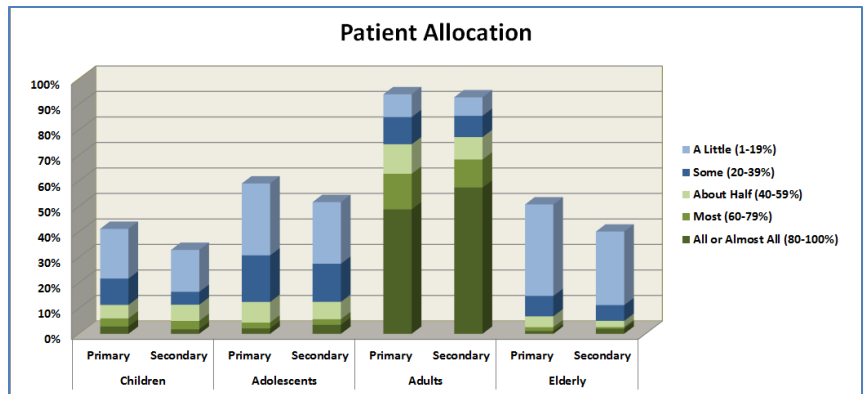
Children: None
 Adolescents: 1%-9%
 Adults: 70%-79%
 Elderly: 1%-9%

Roles

Children: 6%
 Adolescents: 4%
 Adults: 63%
 Elderly: 3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, approximately 75% of all patients seen by LCPs at their primary work location are adults. In addition, 63% of LCPs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	3%	2%	2%	4%	49%	57%	1%	2%
Most (60-79%)	3%	3%	2%	2%	14%	11%	1%	1%
About Half (40-59%)	5%	6%	8%	7%	12%	9%	4%	2%
Some (20-39%)	10%	5%	18%	15%	11%	8%	8%	6%
A Little (1-19%)	19%	16%	28%	24%	9%	7%	36%	29%
None (0%)	59%	67%	41%	48%	6%	7%	49%	60%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LCPs		LCPs 50 and Over	
	#	%	#	%
Under Age 50	14	1%	-	-
50 to 54	19	1%	2	0%
55 to 59	79	4%	17	2%
60 to 64	320	14%	101	10%
65 to 69	649	29%	219	21%
70 to 74	523	24%	291	28%
75 to 79	251	11%	183	18%
80 or Over	105	5%	72	7%
I Do Not Intend to Retire	249	11%	147	14%
Total	2,208	100%	1,032	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCPs

Under 65: 20%
Under 60: 5%

LCPs 50 and Over

Under 65: 12%
Under 60: 2%

Time Until Retirement

Within 2 Years: 6%
Within 10 Years: 24%
Half the Workforce: By 2046

Source: Va. Healthcare Workforce Data Center

One out of every five LCPs expects to retire before the age of 65. Among those LCPs who are age 50 or over, 12% expect to retire by the age of 65.

Within the next two years, 9% of LCPs expect to increase their patient care hours, and 4% expect to pursue additional educational opportunities.

Future Plans

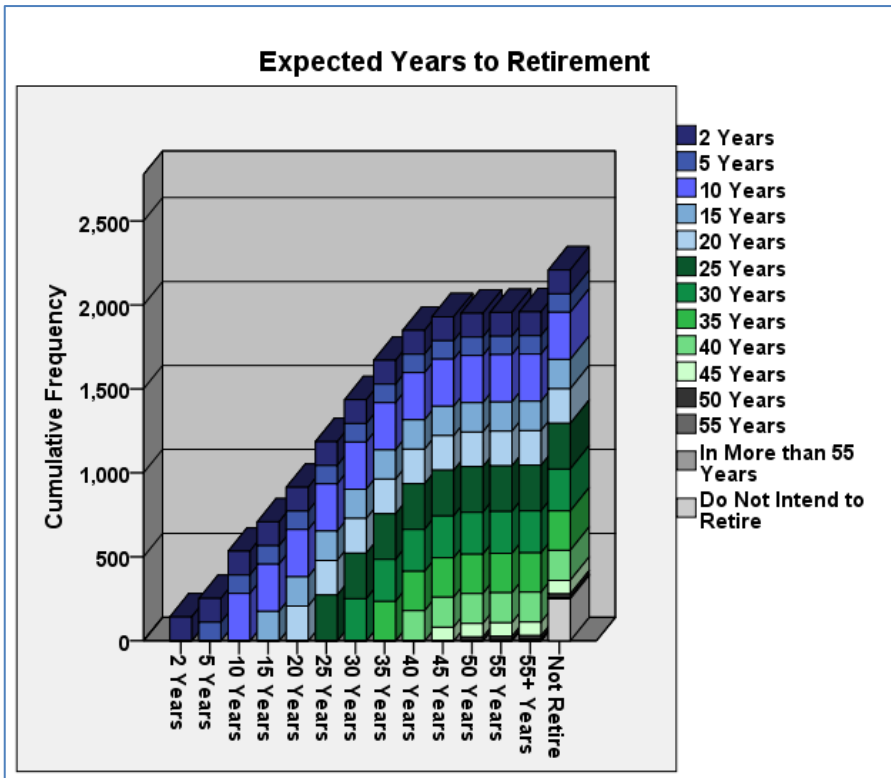
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	347	11%
Leave Virginia	60	2%
Leave Profession	30	1%
Decrease Teaching Hours	25	1%
Increase Participation		
Increase Patient Care Hours	277	9%
Increase Teaching Hours	158	5%
Pursue Additional Education	122	4%
Return to Virginia's Workforce	24	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCPs. Only 6% of LCPs expect to retire in the next two years, while 24% expect to retire in the next ten years. Half of the current workforce expect to retire by 2046.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	142	6%	6%
5 Years	110	5%	11%
10 Years	281	13%	24%
15 Years	175	8%	32%
20 Years	206	9%	41%
25 Years	272	12%	54%
30 Years	250	11%	65%
35 Years	234	11%	76%
40 Years	179	8%	84%
45 Years	81	4%	87%
50 Years	21	1%	88%
55 Years	5	0%	89%
In More than 55 Years	3	0%	89%
Do Not Intend to Retire	249	11%	100%
Total	2,208	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2031. Retirement will peak at 13% of the current workforce around the same time before declining to under 10% of the current workforce again around 2061.

At a Glance:

FTEs

Total: 2,489
 FTEs/1,000 Residents³: 0.292
 Average: 0.83

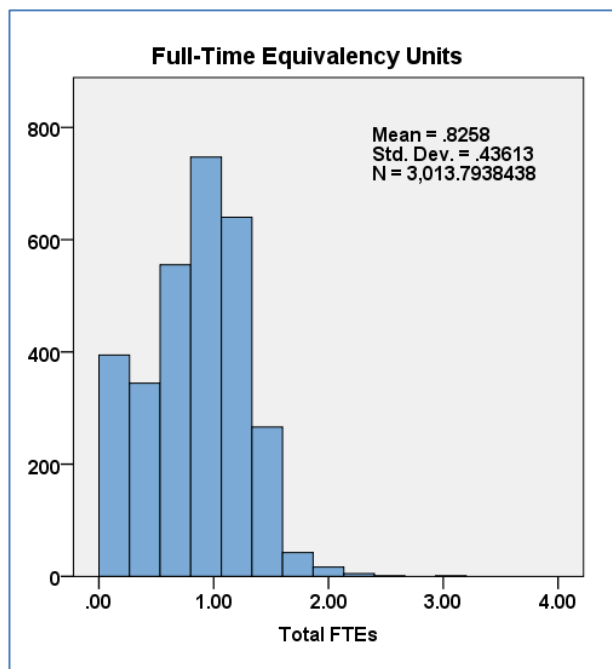
Age & Gender Effect

Age, *Partial Eta*²: Medium
 Gender, *Partial Eta*²: Small

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

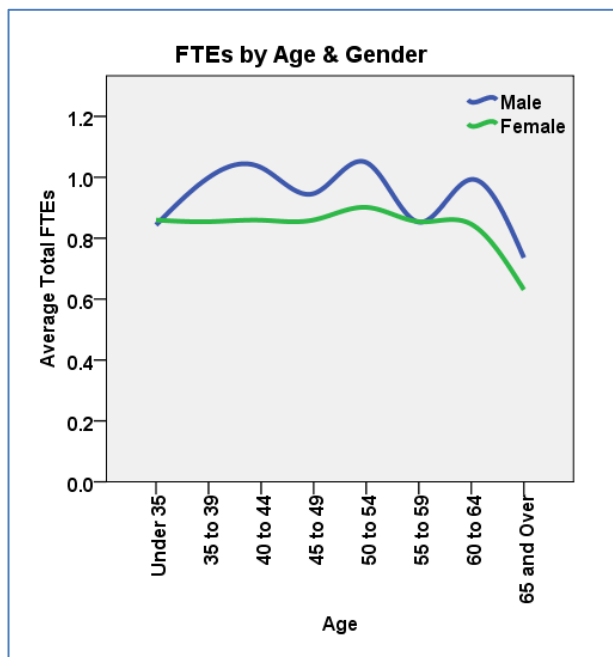


Source: Va. Healthcare Workforce Data Center

The typical (median) LCP provided 0.89 FTEs over the past year, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.⁴

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.86	0.93
35 to 39	0.80	0.88
40 to 44	0.98	1.04
45 to 49	0.70	0.83
50 to 54	0.99	1.13
55 to 59	0.84	0.80
60 to 64	0.91	0.95
65 and Over	0.67	0.56
Gender		
Male	0.88	0.97
Female	0.83	0.92

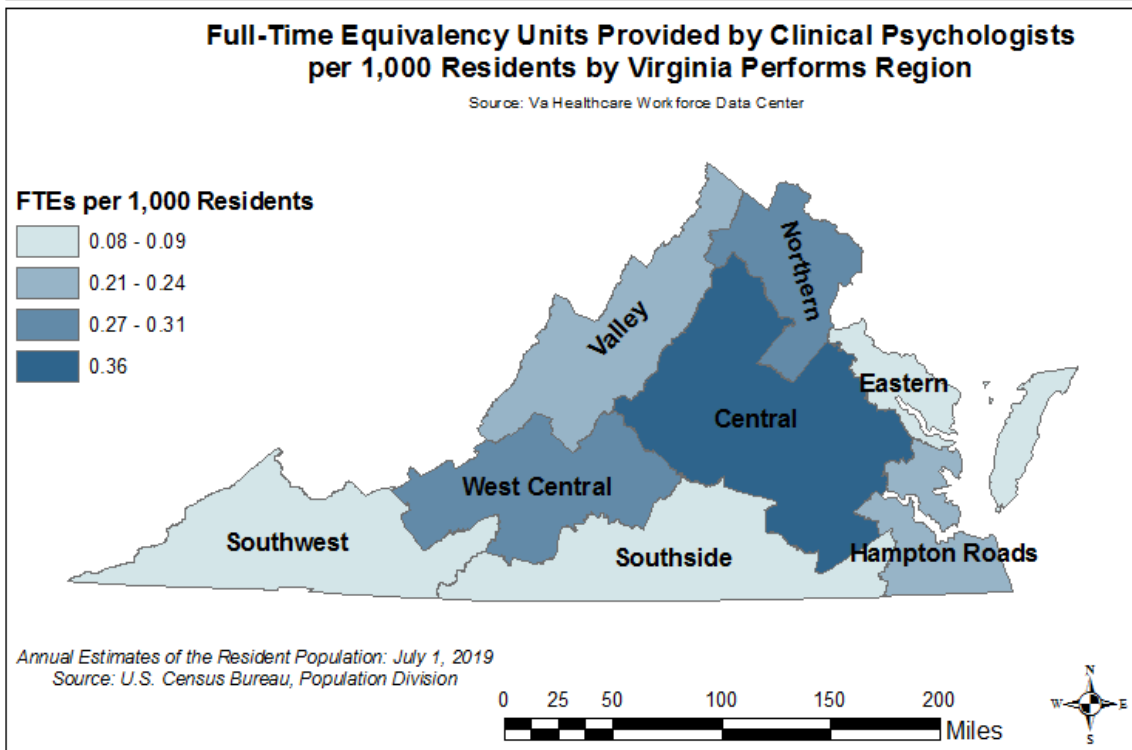
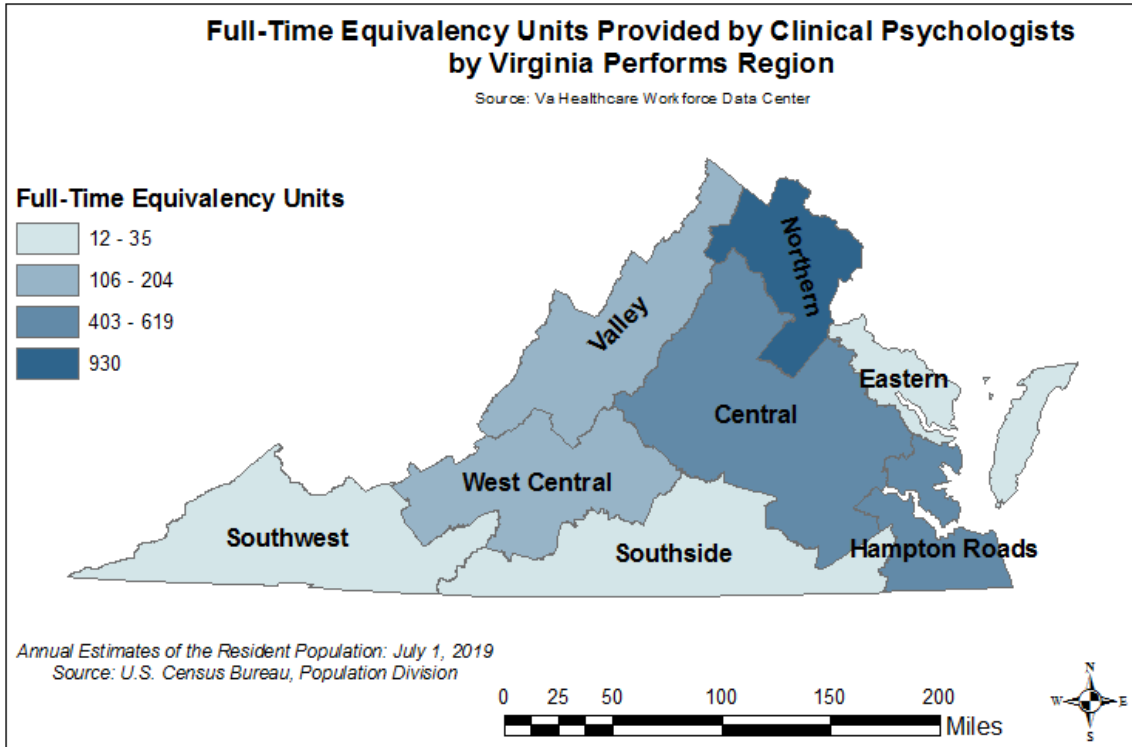
Source: Va. Healthcare Workforce Data Center

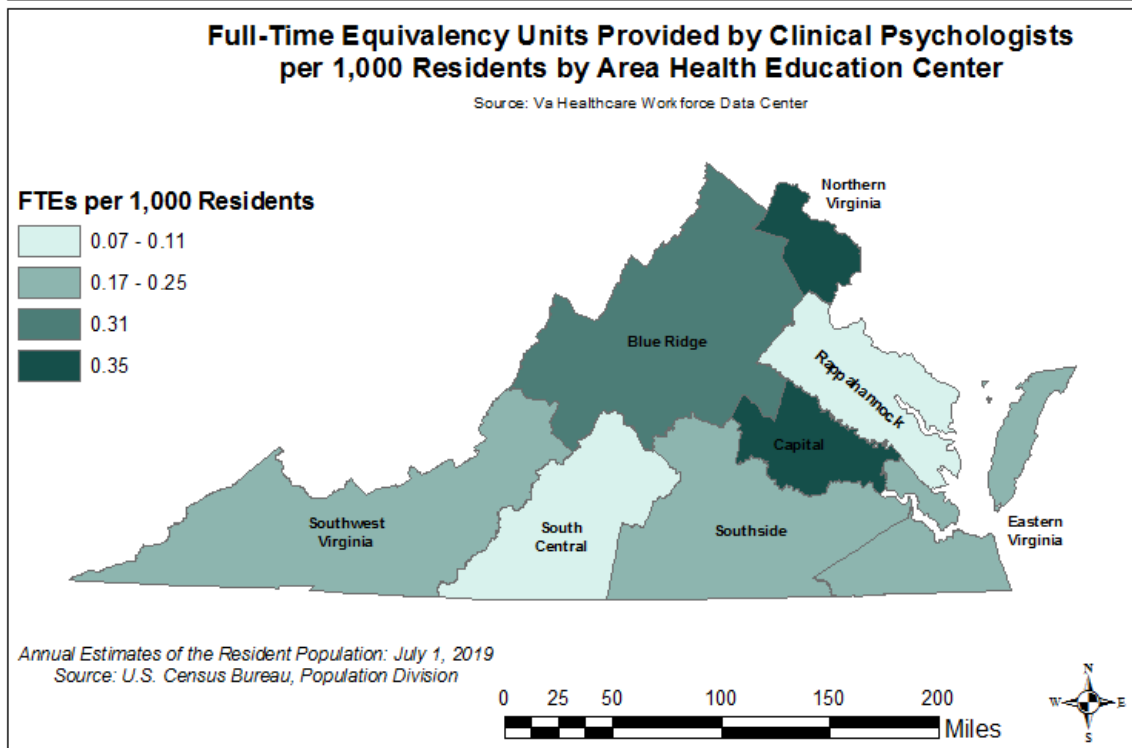
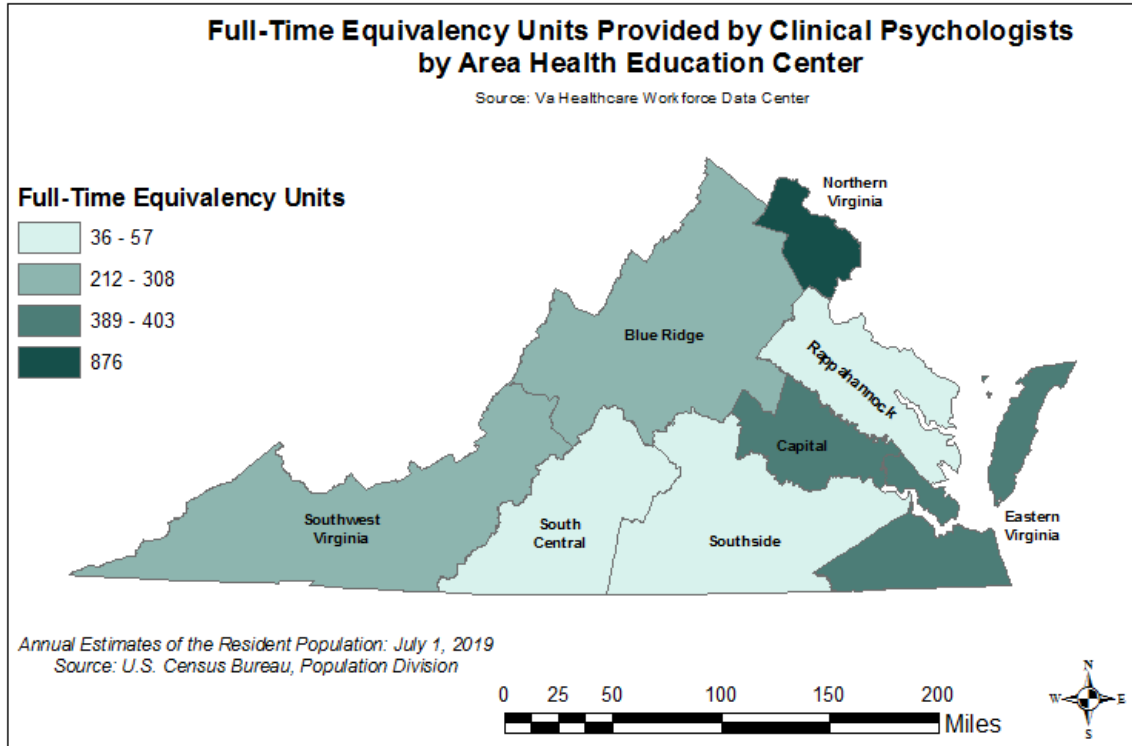


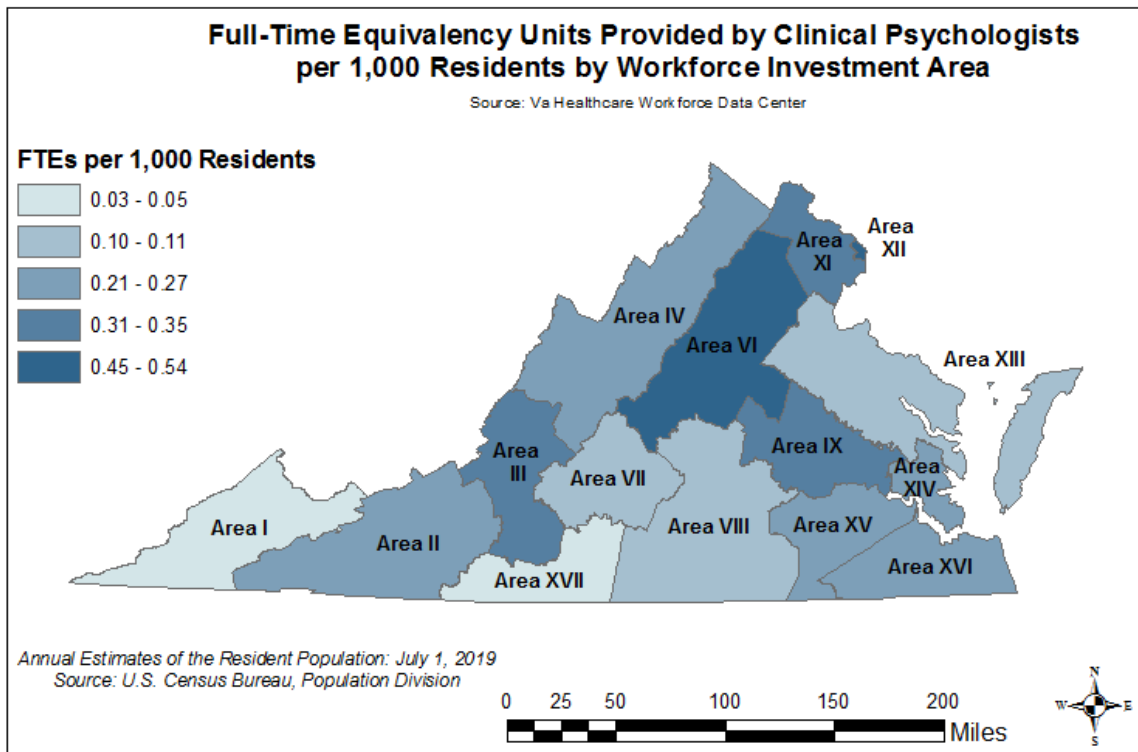
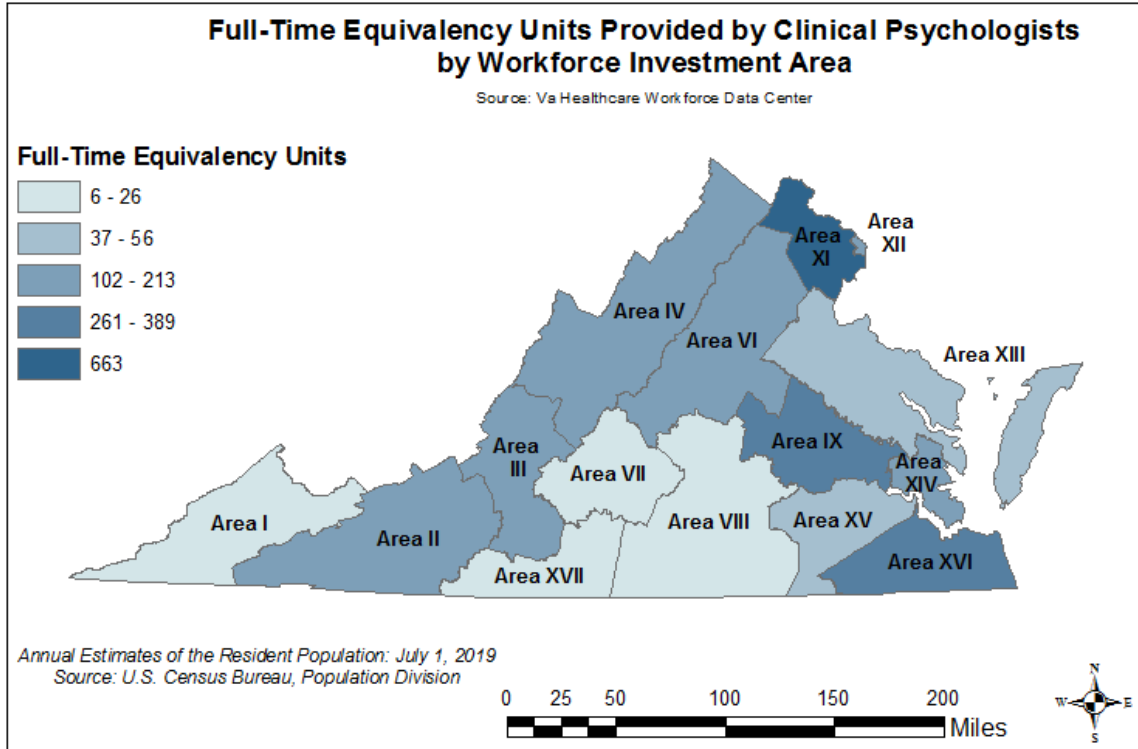
Source: Va. Healthcare Workforce Data Center

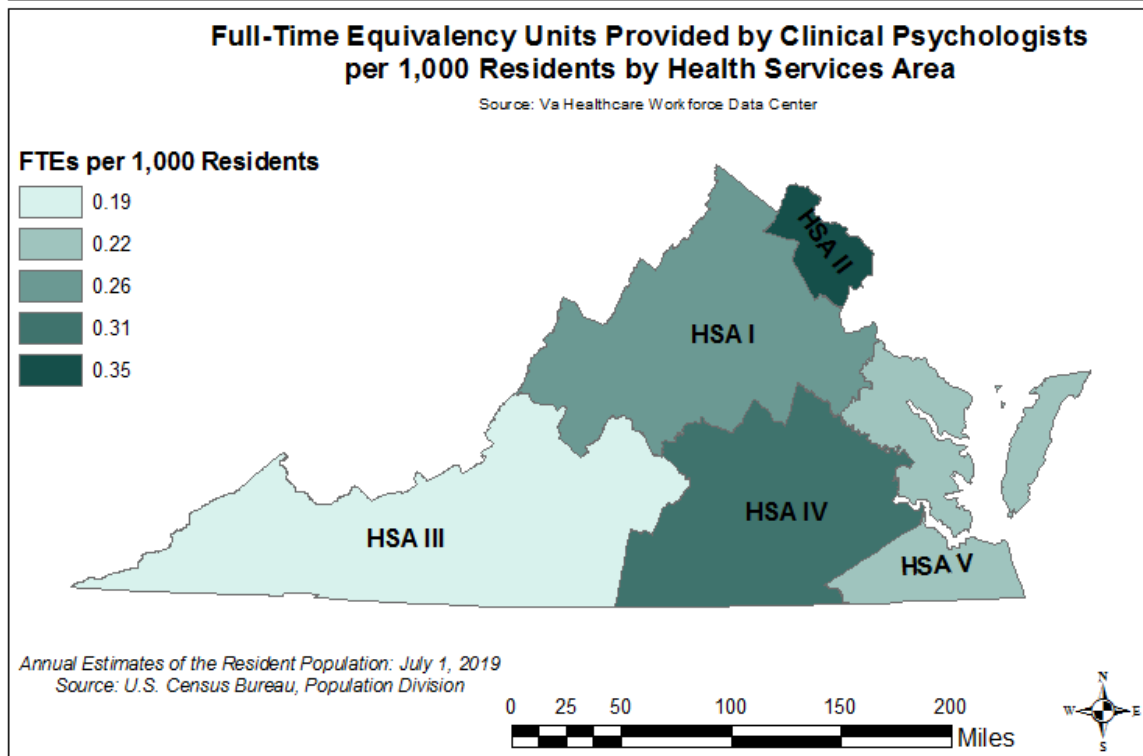
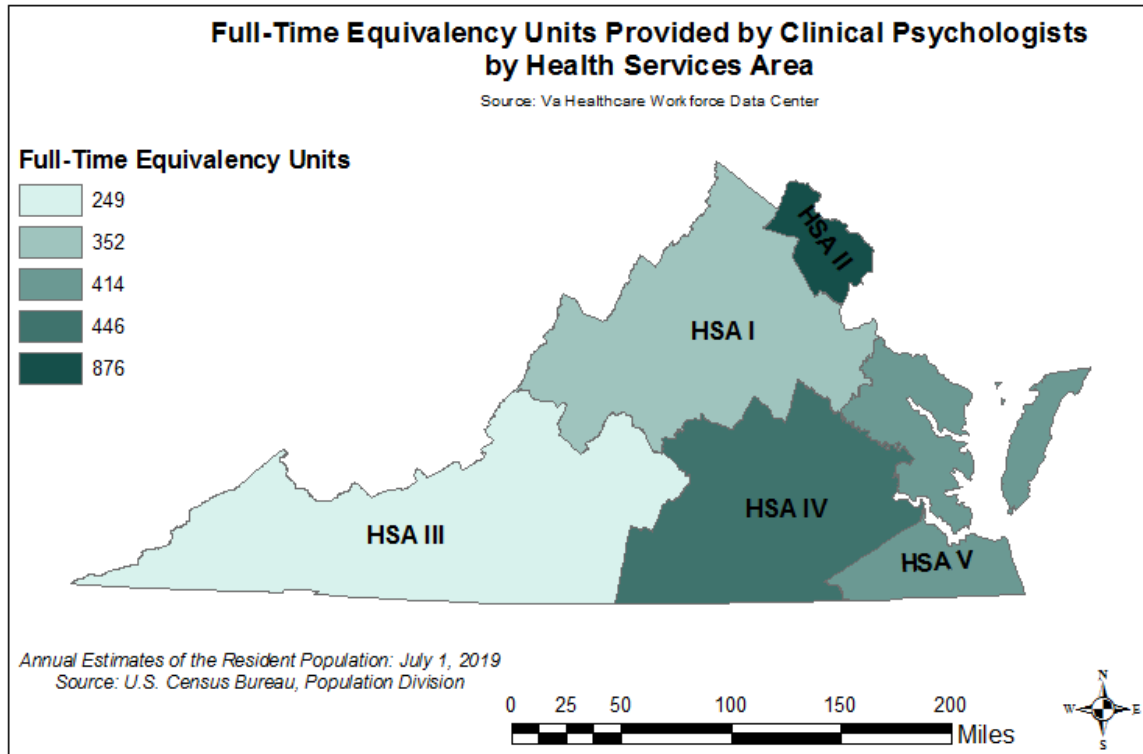
³ Number of residents in 2019 was used as the denominator.

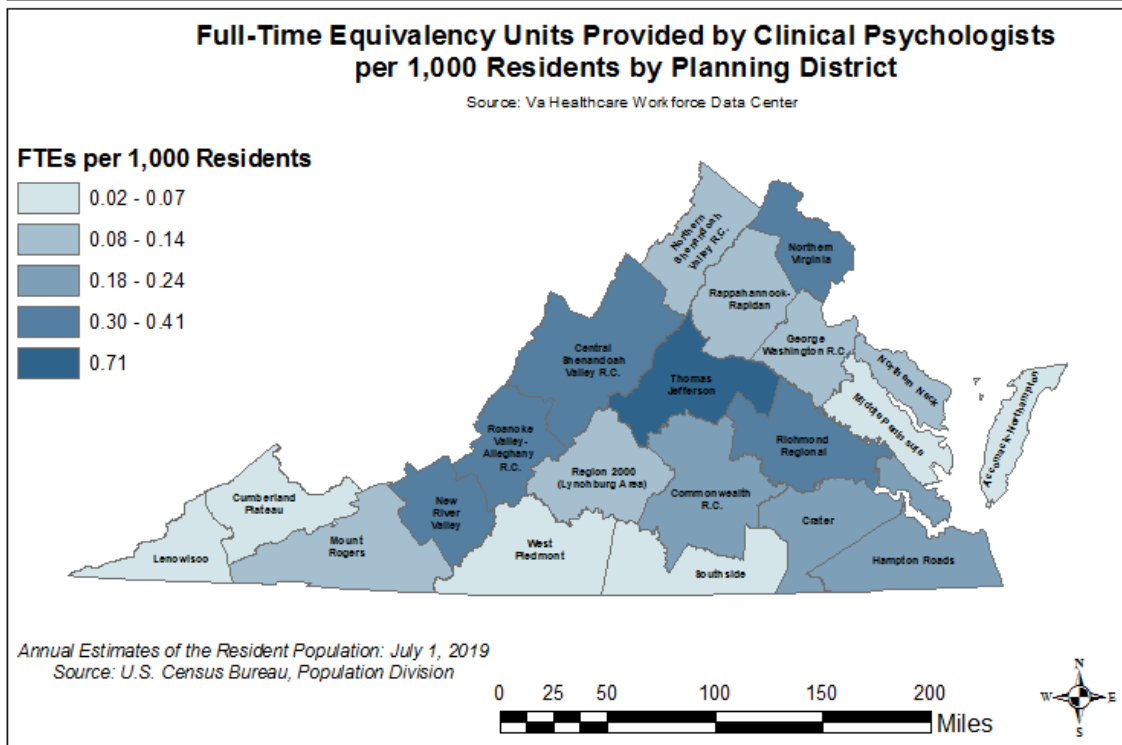
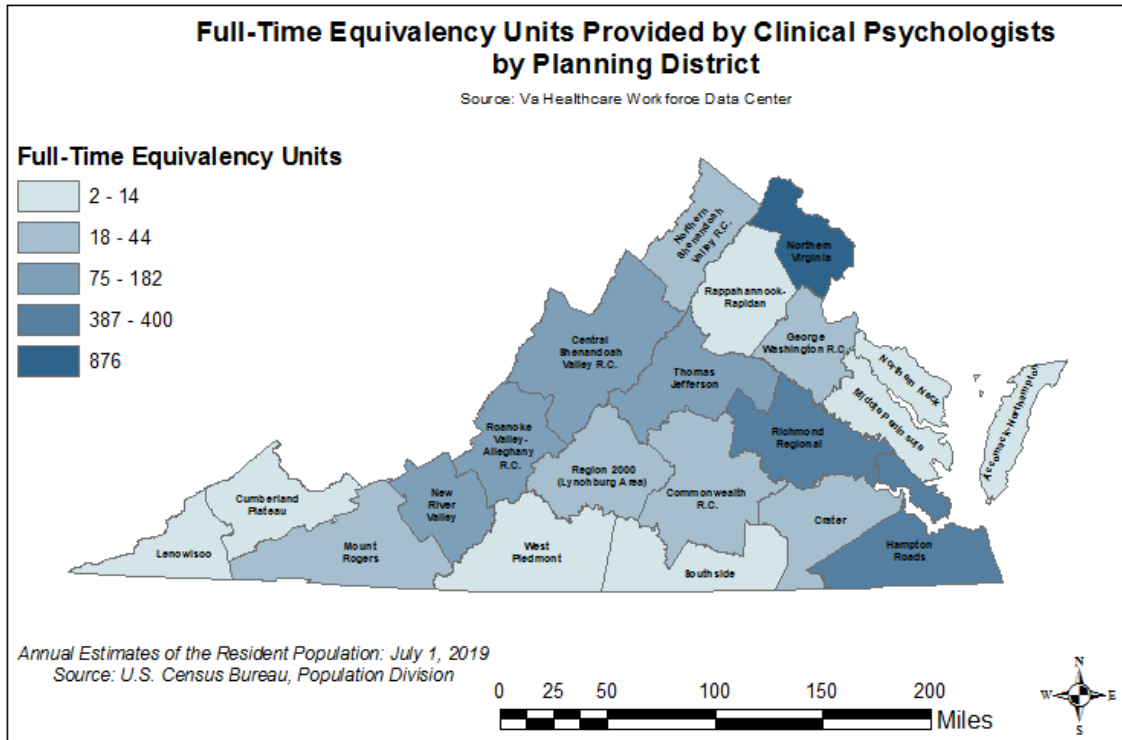
⁴ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	2,065	86.39%	1.158	1.062	1.395
Metro, 250,000 to 1 Million	151	84.77%	1.180	1.083	1.422
Metro, 250,000 or Less	481	80.04%	1.249	1.147	1.506
Urban, Pop. 20,000+, Metro Adj.	10	90.00%	1.111	1.047	1.184
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	57	78.95%	1.267	1.163	1.527
Urban, Pop. 2,500-19,999, Non-Adj.	20	90.00%	1.111	1.020	1.339
Rural, Metro Adj.	63	50.79%	1.969	1.807	2.373
Rural, Non-Adj.	17	76.47%	1.308	1.200	1.576
Virginia Border State/D.C.	1,006	58.95%	1.696	1.557	2.045
Other U.S. State	945	55.24%	1.810	1.662	2.182

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	523	60.80%	1.645	1.339	2.373
35 to 39	769	68.79%	1.454	1.184	2.098
40 to 44	708	72.88%	1.372	1.117	1.980
45 to 49	566	77.56%	1.289	1.050	1.860
50 to 54	536	79.85%	1.252	1.020	1.807
55 to 59	355	75.77%	1.320	1.075	1.904
60 to 64	374	77.81%	1.285	1.047	1.854
65 and Over	984	75.10%	1.332	1.084	1.921

Source: Va. Healthcare Workforce Data Center

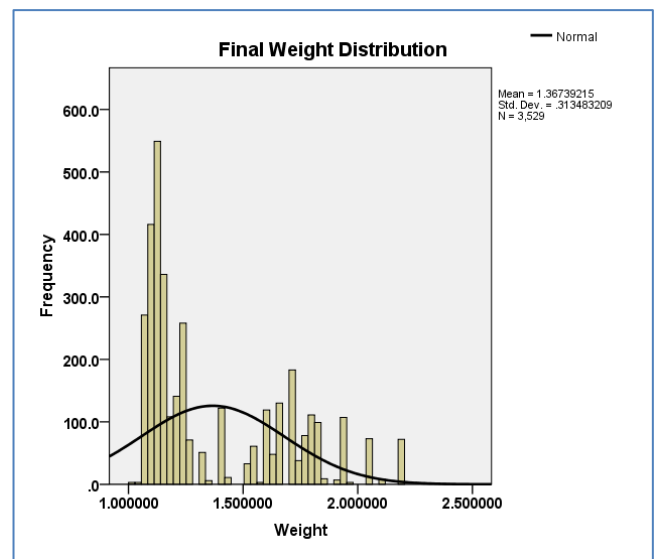
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

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

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

Overall Response Rate: 0.732918



Source: Va. Healthcare Workforce Data Center