

**1:00 p.m . Call to Order – Maria Eugenia del Villar, LCSW, Regulatory Chair**

- Welcome and Introductions
- Establishment of a Quorum
- Mission of the Board
- Adoption of Agenda

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**Public Comment**

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

**Approval of Minutes**

Board Meeting – July 22, 2021\*

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**New Business:**

- Legislative Update – Erin Barrett, JD, Sr. Policy Analyst Page 5
- Current Regulatory Actions – Erin Barrett, JD, Sr. Policy Analyst Page 16
  - Recommendation of Adoption of Final Action\*
    - Changes to endorsement and reinstatement; standards of practice Page 17
    - Reduction in CE hours for continuation of approval to be a supervisor Page 28
  - Review and Consideration of Guidance Documents\*
    - Guidance Document 140-7, Bylaws Page 35
    - Guidance Document 140-10, Supervised Experience for Clinical Social Work Licensure Page 48
  - Recommendation of periodic review results and consideration of regulatory action following periodic review\* Page 52

**Next Meeting – September 22, 2022**

**Meeting Adjournment**

\*Indicates a Board vote is required.

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the Board at the meeting. One printed copy of the agenda and packet will be available for the public to view at the meeting pursuant to Virginia Code Section 2.2-3707(F).



Virginia Department of  
**Health Professions**  
Board of Social Work

## **MISSION STATEMENT**

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

- PRESIDING OFFICER:** John Salay, MSW, LCSW, Committee Chair
- COMMITTEE MEMBERS PRESENT:** Maria Eugenia del Villar, MSW, LCSW  
Michael Hayter, MSW, LCSW, CSAC  
Gloria Manns, MSW, LCSW (*joined meeting at 1:28pm*)  
Dolores Paulson, PhD, LCSW
- BOARD STAFF PRESENT:** Latasha Austin, Licensing & Operations Manager  
Jaime Hoyle, J.D., Executive Director  
Jennifer Lang, Deputy Executive Director- Discipline  
Charlotte Lenart, Deputy Executive Director- Licensing  
Sharniece Vaughan, Licensing Specialist
- DHP STAFF PRESENT:** Elaine Yeatts, Senior Policy Analyst, Regulatory Compliance Manager, Department of Health Professions
- PUBLIC ATTENDEES:** Joseph G. Lynch, LCSW, Virginia Society for Clinical Social Work  
Heather Stone, LCSW, National Association of Social Workers- Virginia Chapter
- CALL TO ORDER:** Mr. Salay called the Regulatory Committee meeting to order at 1:04 p.m.
- ESTABLISHMENT OF A QUORUM/ROLL CALL:** Mr. Salay requested a roll call by Ms. Austin. Ms. Austin announced that four members of the committee were present at roll call; therefore, a quorum was established.
- MISSION STATEMENT:** Ms. Hoyle read the mission statement of the Department of Health Professions, which is also the mission statement of the Committee and Board.
- APPROVAL OF MINUTES:** Meeting minutes from the Regulatory Committee Meeting held on March 11, 2021 were approved as written.
- PUBLIC COMMENT:** Ms. Stone provided public comment indicating that the National Association of Social Workers (NASW) was in support of the public comment provided by Mr. Lynch that was included in the agenda packet.
- Mr. Lynch also provided public comment. A copy of the public comment provided was included in the agenda packet. Mr. Lynch expressed public comment regarding the three following concerns:
1. LMSW definition in the Code- The need to change the definition of “Masters Social Worker” in the Code of Virginia.
  2. LMSW as requirement for LCSW supervisees- The need to bring Virginia into alignment with the majority of US jurisdictions that require social workers under supervision toward the ASWB clinical exam to be licensed while under such supervision.
  3. Interconnectedness between unlicensed social workers, LBSW & LMSW, the QMHP and the Licensed Resident in Counseling.
- MOTION:** A motion was made by Dr. Paulson, which Ms. del Villar properly seconded, to amend the agenda to add a discussion regarding endorsement applicants who have not taken the

required exam under new business. The motion passed unanimously.

**UNFINISHED BUSINESS:**

**I. Levels of Licensure**

The Committee discussed levels toward licensure and the need to license individuals who may be providing clinical services, as defined, but are not licensed due to exemptions from licensure in the Code. The Committee discussed licensure for supervisees in social work.

**Motion:** Dr. Paulson made a motion, which Ms. del Villar properly seconded, to recommend to the full Board to amend § 54.1-3705 of the Code of Virginia to license as residents persons proposing to obtain supervised post-degree experience in the practice of social work required by the Board for licensure as a clinical social worker. The motion passed with four in favor and one opposed.

The Committee took a break at 2:30pm. The Committee reconvened at 2:47pm.

**NEW BUSINESS:**

**I. Recommendation for adoption of a Periodic Review**

Ms. Hoyle discussed with the Committee that the Board is due for a periodic review.

**Motion:** Dr. Paulson made a motion, which Mr. Hayter properly seconded, to recommend to the full Board to adopt a Notice of Periodic Review. The motion passed unanimously.

**II. Discussion of Guidance Document regarding Emotional Support Animals**

The Committee discussed and reviewed the guidance document on emotional support animals developed by the Board of Counseling. The document was developed because of complaints that had been submitted to the Board.

**Motion:** Mr. Hayter made a motion, which Ms. Manns properly seconded, to recommend to the full Board to have staff develop a Board of Social Work guidance document on emotional support animals. The motion passed unanimously.

**III. Endorsement applicant being required to take exam**

The Committee discussed endorsement applicants who have been licensed in another state/jurisdiction at the clinical level but have not taken the ASWB clinical exam, as the exam was not a requirement at the time they were licensed in their original state/jurisdiction of licensure.

**Motion:** Dr. Paulson made a motion, which Ms. Manns properly seconded, to recommend to the full Board to amend the licensure by endorsement requirements in the regulations to accept licensees who have taken another exam for state licensure other than the ASWB exam at the same level for licensure. The motion passed with three in favor, one opposed, and one abstained.

**NEXT MEETING:**

Mr. Salay announced that the next Regulatory Committee Meeting would occur on September 9, 2021 at 1:00pm.

**ADJOURNMENT:**

Mr. Salay adjourned the July 22, 2021 Regulatory Committee meeting at 3:43 p.m.

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John Salay, MSW, LCSW, Committee Chair

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Jaime Hoyle, Executive Director

## Legislation passed or continued to Special Session

Duplicates have been removed

### **HB 191 Health Workforce Development; creates position of Special Advisor to the Governor.**

A BILL to amend the Code of Virginia by adding in Title 2.2 a chapter numbered 4.5, consisting of a section numbered 2.2-450, and by adding a section numbered § 2.2-2240.7, relating to health workforce development; Special Advisor to the Governor for Health Workforce Development; Virginia Health Workforce Development Fund.

22106295D

*Summary as passed House:*

**Health workforce development; Special Advisor to the Governor for Health Workforce Development; Virginia Health Workforce Development Fund.** Creates the position of Special Advisor to the Governor for Health Workforce Development (the Special Advisor) in the Office of the Governor and creates the Virginia Health Workforce Development Fund to (i) provide incentives for the removal of barriers to educating and training health workforce professionals that include increasing eligible faculty, clinical placements, and residencies; (ii) incentivize the production of health workforce credentials, degrees, and licensures based on a rigorous analysis of the need by the Office of Education and Labor Market Alignment; (iii) address regulatory barriers to entering into and staying in health professions; and (iv) provide education and training for health and health science professionals to align education and training initiatives with existing and evolving health workforce needs.

The bill also requires the Special Advisor to review and evaluate the structure and organization of the Virginia Health Workforce Development Authority (the Authority) and make recommendations regarding the long-term administrative structure and funding of the Authority to the Governor and the General Assembly by November 1, 2022.

The bill has an expiration date of July 1, 2026.

03/12/22 House: Conference substitute printed 22107964D-H2

03/12/22 House: Conference report agreed to by House (91-Y 0-N)

03/12/22 House: VOTE: Adoption (91-Y 0-N)

03/12/22 House: Continued to 2022 Sp. Sess. 1 pursuant to HJR455

04/01/22 House: Impact statement from DPB (HB191H2)

**HB 234 Nursing homes, assisted living facilities, etc.; SHHR to study current oversight/regulation.**

An Act to direct the Secretary of Health and Human Resources to study the oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings.

*Summary as passed:*

**Secretary of Health and Human Resources; study of oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings under a single state agency; report.** Directs the Secretary of Health and Human Resources to study the current oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings to improve efficiency and effectiveness of regulation and oversight, provide better transparency for members of the public navigating the process of receiving services from such facilities, and better protect the health and safety of the public and to report his findings and recommendations to the Governor and the Chairmen of the Senate Committees on Education and Health and Finance and Appropriations and the House Committees on Appropriations and Health, Welfare and Institutions by October 1, 2022.

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

An Act to amend and reenact §§ 2.2-2455, 2.2-3701, 2.2-3707, 2.2-3707.01, 2.2-3708.2, 2.2-3714, 10.1-1322.01, 15.2-1627.4, 23.1-1301, 23.1-2425, 30-179, and 62.1-44.15:02 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 2.2-3708.3, relating to the Virginia Freedom of Information Act; meetings conducted by electronic communication means; situations other than declared states of emergency.

*Summary as passed:*

**Virginia Freedom of Information Act; meetings conducted through electronic communication means.** Amends existing provisions concerning electronic meetings by keeping the provisions for electronic meetings held in response to declared states of emergency, repealing

the provisions that are specific to regional and state public bodies, and allowing certain public bodies to conduct all-virtual public meetings where all of the members who participate do so remotely and that the public may access through electronic communications means. The bill excepts local governing bodies, local school boards, planning commissions, architectural review boards, zoning appeals boards, and any board with the authority to deny, revoke, or suspend a professional or occupational license from the provisions that allow public bodies to conduct all-virtual public meetings. Definitions, procedural requirements, and limitations for all-virtual public meetings are set forth in the bill, along with technical amendments. The bill has a delayed effective date of September 1, 2022.

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

An Act to amend and reenact §§ 54.1-2901, 54.1-3501, 54.1-3601, and 54.1-3701 of the Code of Virginia, relating to telemedicine; out of state providers; behavioral health services.

*Summary as passed House:*

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

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

An Act to amend and reenact § 54.1-2405 of the Code of Virginia, relating to health care providers; transfer of patient records in conjunction with closure, sale, or relocation of practice; electronic notice permitted.

*Summary as introduced:*

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

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

An Act to amend and reenact § 32.1-127 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-2404.1, relating to health care providers; health care records of minors; available via secure website.

*Summary as passed House:*

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



**HB 1187 Out-of-state health care practitioners; temporary authorization to practice.**

An Act to amend the Code of Virginia by adding a section numbered 54.1-2408.4, relating to out-of-state health care practitioners; temporary authorization to practice pending licensure; licensure by reciprocity for physicians; emergency.

*Summary as passed:*

**Out-of-state health care practitioners; temporary authorization to practice; licensure by reciprocity for physicians; emergency.** Allows a health care practitioner licensed in another state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure, provided that certain conditions are met. The bill directs the Board of Medicine to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. The bill requires the Department of Health Professions to annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure. The bill contains an emergency clause and is identical to SB 317.

EMERGENCY

**SB 408 Sentencing documents; transmission to the DHP and DBHDS.**

An Act to amend and reenact § 19.2-298 of the Code of Virginia, relating to transmission of sentencing documents to the Department of Health Professions and Department of Behavioral Health and Developmental Services.

*Summary as passed:*

**Transmission of sentencing documents to the Department of Health Professions and Department of Behavioral Health and Developmental Services.** Provides that after the pronouncement of sentence, if the court is aware that the defendant is registered, certified, or licensed by a health regulatory board or holds a multistate licensure privilege, or is licensed by the Department of Behavioral Health and Developmental Services, and the defendant has been

convicted of a felony, crime involving moral turpitude, or crime that occurred during the course of practice for which such practitioner or person is licensed, the court shall order the clerk of the court to transmit certified copies of sentencing documents to the Director of the Department of Health Professions or to the Commissioner of Behavioral Health and Developmental Services.

**SB 480 Administrative Process Act; final orders, electronic retention.**

An Act to amend and reenact § 2.2-4023 of the Code of Virginia, relating to the Administrative Process Act; final orders; electronic retention.

*Summary as introduced:*

**Administrative Process Act; final orders; electronic retention.** Clarifies that signed originals of final agency case decisions may be retained in an electronic medium. This bill is a recommendation of the Administrative Law Advisory Committee and the Virginia Code Commission.

# VIRGINIA ACTS OF ASSEMBLY -- 2022 SESSION

## CHAPTER 275

*An Act to amend and reenact §§ 54.1-2901, 54.1-3501, 54.1-3601, and 54.1-3701 of the Code of Virginia, relating to telemedicine; out of state providers; behavioral health services.*

[H 537]

Approved April 8, 2022

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 54.1-2901, 54.1-3501, 54.1-3601, and 54.1-3701 of the Code of Virginia are amended and reenacted as follows:**

**§ 54.1-2901. Exceptions and exemptions generally.**

A. The provisions of this chapter shall not prevent or prohibit:

1. Any person entitled to practice his profession under any prior law on June 24, 1944, from continuing such practice within the scope of the definition of his particular school of practice;

2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice in accordance with regulations promulgated by the Board;

3. Any licensed nurse practitioner from rendering care in accordance with the provisions of §§ 54.1-2957 and 54.1-2957.01, any nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife practicing pursuant to subsection H of § 54.1-2957, or any nurse practitioner licensed by the Boards of Medicine and Nursing in the category of clinical nurse specialist practicing pursuant to subsection J of § 54.1-2957 when such services are authorized by regulations promulgated jointly by the Boards of Medicine and Nursing;

4. Any registered professional nurse, licensed nurse practitioner, graduate laboratory technician or other technical personnel who have been properly trained from rendering care or services within the scope of their usual professional activities which shall include the taking of blood, the giving of intravenous infusions and intravenous injections, and the insertion of tubes when performed under the orders of a person licensed to practice medicine or osteopathy, a nurse practitioner, or a physician assistant;

5. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his usual professional activities;

6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by practitioners of the healing arts, if such activities or functions are authorized by and performed for such practitioners of the healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing arts;

7. The rendering of medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state, or from a licensed nurse practitioner, to emergency medical personnel acting in an emergency situation;

8. The domestic administration of family remedies;

9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in public or private health clubs and spas;

10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists or druggists;

11. The advertising or sale of commercial appliances or remedies;

12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant bracemaker or prosthetist for the purpose of having a three-dimensional record of the deformity, when such bracemaker or prosthetist has received a prescription from a licensed physician, licensed nurse practitioner, or licensed physician assistant directing the fitting of such casts and such activities are conducted in conformity with the laws of Virginia;

13. Any person from the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

14. The practice of the religious tenets of any church in the ministrations to the sick and suffering by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for compensation;

15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally licensed practitioners in this Commonwealth;

16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia

temporarily and such practitioner has been issued a temporary authorization by the Board from practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer camp or in conjunction with patients who are participating in recreational activities, (ii) while participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any site any health care services within the limits of his license, voluntarily and without compensation, to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106;

17. The performance of the duties of any active duty health care provider in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States at any public or private health care facility while such individual is so commissioned or serving and in accordance with his official military duties;

18. Any masseur, who publicly represents himself as such, from performing services within the scope of his usual professional activities and in conformance with state law;

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

20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

21. Qualified emergency medical services personnel, when acting within the scope of their certification, and licensed health care practitioners, when acting within their scope of practice, from following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of Health regulations, or licensed health care practitioners from following any other written order of a physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

22. Any commissioned or contract medical officer of the army, navy, coast guard or air force rendering services voluntarily and without compensation while deemed to be licensed pursuant to § 54.1-106;

23. Any provider of a chemical dependency treatment program who is certified as an "acupuncture detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent certifying body, from administering auricular acupuncture treatment under the appropriate supervision of a National Acupuncture Detoxification Association certified licensed physician or licensed acupuncturist;

24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation (CPR) acting in compliance with the patient's individualized service plan and with the written order of the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

25. Any person working as a health assistant under the direction of a licensed medical or osteopathic doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional facilities;

26. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administering glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia;

27. Any practitioner of the healing arts or other profession regulated by the Board from rendering free health care to an underserved population of Virginia who (i) does not regularly practice his profession in Virginia, (ii) holds a current valid license or certificate to practice his profession in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any practitioner of the healing arts whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a practitioner of the healing arts who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state;

28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated Laboratories or other public health laboratories, designated by the State Health Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

29. Any physician of medicine or osteopathy or nurse practitioner from delegating to a registered nurse under his supervision the screening and testing of children for elevated blood-lead levels when

such testing is conducted (i) in accordance with a written protocol between the physician or nurse practitioner and the registered nurse and (ii) in compliance with the Board of Health's regulations promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be conducted at the direction of a physician or nurse practitioner;

30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state or Canada from engaging in the practice of that profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or athlete for the duration of the athletic tournament, game, or event in which the team or athlete is competing;

31. Any person from performing state or federally funded health care tasks directed by the consumer, which are typically self-performed, for an individual who lives in a private residence and who, by reason of disability, is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks; or

32. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state from engaging in the practice of that profession in Virginia with a patient who is being transported to or from a Virginia hospital for care; or

33. *Any doctor of medicine or osteopathy, physician assistant, or nurse practitioner who would otherwise be subject to licensure by the Board who holds an active, unrestricted license in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, from engaging in the practice of his profession and providing behavioral health services to a patient located in the Commonwealth in accordance with the standard of care when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the practitioner has previously established a practitioner-patient relationship with the patient and has performed an in-person evaluation of the patient within the previous year. A practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.*

B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as defined in § 2.2-2001.4, while participating in a program established by the Department of Veterans Services pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or podiatrist or the chief medical officer of an organization participating in such program, or his designee who is a licensee of the Board and supervising within his scope of practice.

**§ 54.1-3501. Exemption from requirements of licensure.**

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

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, including persons acting as members of substance abuse self-help groups, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and the person rendering such service is not held out, by himself or otherwise, as a person licensed under this chapter.

2. The activities or services of a student pursuing a course of study in counseling, substance abuse treatment or marriage and family therapy in an institution accredited by an accrediting agency recognized by the Board or under the supervision of a person licensed or certified under this chapter, if such activities or services constitute a part of the student's course of study and are adequately supervised.

3. The activities, including marriage and family therapy, counseling, or substance abuse treatment, of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether with or without charge, for or under auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization. Any person who renders psychological services, as defined in Chapter 36 (§ 54.1-3600 et seq.) of this title, shall be subject to the requirements of that chapter. Any person who, in addition to the ~~above enumerated~~ *above-enumerated* employment, engages in an independent private practice shall not be exempt from the requirements for licensure.

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

6. Persons regulated by this Board as professional counselors or persons regulated by another board

within the Department of Health Professions who provide, within the scope of their practice, marriage and family therapy, counseling or substance abuse treatment to individuals or groups.

7. *Any practitioner of a profession regulated by the Board who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, to a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the practitioner has previously established a practitioner-patient relationship with the patient. A practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.*

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

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

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

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

3. The activities of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether with or without charge, for or under the auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.

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

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

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

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

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

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

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

11. *Any psychologist who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, to a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the psychologist has previously established a practitioner-patient relationship with the patient. A psychologist who provides behavioral health services to a patient located in the*

*Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the psychologist began providing such services to such patient.*

**§ 54.1-3701. Exemption from requirements of licensure.**

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

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

2. The activities or services of a student pursuing a course of study in social work in an institution recognized by the Board for purposes of licensure upon completion of the course of study or under the supervision of a practitioner licensed under this chapter; if such activities or services constitute a part of his course of study and are adequately supervised.

3. The activities of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether with or without charge, for or under auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization. Any person who renders psychological services, as defined in Chapter 36 (§ 54.1-3600 et seq.) of this title, shall be subject to the requirements of that chapter. Any person who, in addition to the ~~above enumerated~~ *above-enumerated* employment, engages in an independent private practice shall not be exempt from the requirements for licensure.

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

6. *Any person who is licensed to practice as a clinical social worker in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, to a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the clinical social worker has previously established a practitioner-patient relationship with the patient. A person who is licensed to practice as clinical social worker who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the clinical social worker began providing such services to such patient.*

**Board of Social Work**  
**Current Regulatory Actions**

<b>Chapter</b>	<b>Action</b>	<b>Stage</b>	<b>Duration</b>
Regulations Governing the Practice of Social Work 18VAC140-20	Changes to endorsement and reinstatement; standards of practice	Proposed – Comment period ended 4/1/22	63
Regulations Governing the Practice of Social Work 18VAC140-20	Reduction in CE hours for continuation of approval to be a supervisor	Proposed – Comment period ended 3/4/22	90
Regulations Governing the Practice of Social Work 18VAC140-20	Acceptance of state examinations	Fast-Track – at Secretary’s office	29
Regulations Governing the Practice of Music Therapy 18VAC140-30	Initial regulations for licensure of music therapists	Proposed – at Secretary’s office	21



**Agenda Item: Recommendation of adoption of final action for changes to endorsement and reinstatement; standards of practice**

**Included in your agenda package are:**

Town Hall summary page for proposed stage showing no comments

Proposed text of regulatory changes

**Action needed:**

- Motion to recommend that the full Board adopt as final action



**Agency** Department of Health Professions

**Board** Board of Social Work

**Chapter** Regulations Governing the Practice of Social Work [\[18 VAC 140 - 20\]](#)

**Action:** Changes to endorsement and reinstatement; standards of practice

**Proposed Stage** ▶

Action 5631 / Stage 9353

● [Edit Stage](#) ● [Withdraw Stage](#) ● [Go to RIS Project](#)

Documents		
● <a href="#">Proposed Text</a>	1/27/2022 9:39 am	<a href="#">Sync Text with RIS</a>
📎 <a href="#">Agency Background Document</a>	7/23/2021	<a href="#">Upload / Replace</a>
📎 <a href="#">Attorney General Certification</a>	9/10/2021	
📎 <a href="#">DPB Economic Impact Analysis</a>	10/13/2021	
📎 <a href="#">Agency Response to EIA</a>	12/9/2021	<a href="#">Upload / Replace</a>
● <a href="#">Governor's Review Memo</a>	12/30/2021	
● <a href="#">Registrar Transmittal</a>	12/30/2021	

Status	
<b>Incorporation by Reference</b>	No
<b>Exempt from APA</b>	No, this stage/action is subject to Article 2 of the <i>Administrative Process Act</i>
<b>Attorney General Review</b>	Submitted to OAG: 7/23/2021 Review Completed: 9/10/2021 Result: Certified
<b>DPB Review</b>	Submitted on 9/10/2021 Economist: <a href="#">Larry Getzler</a> Policy Analyst: <a href="#">Jeannine Rose</a> Review Completed: 10/13/2021
<b>Secretary Review</b>	Secretary of Health and Human Resources Review Completed: 11/5/2021
<b>Governor's Review</b>	Review Completed: 12/30/2021 Result: Approved
<b>Virginia Registrar</b>	Submitted on 12/30/2021 <a href="#">The Virginia Register of Regulations</a> Publication Date: 1/31/2022 📎 <a href="#">Volume: 38 Issue: 12</a>
<b>Public Hearings</b>	<a href="#">03/04/2022 10:05 AM</a>
<b>Comment Period</b>	Ended 4/1/2022

0 comments

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*This stage was last edited by [Elaine J. Yeatts](#) on 07/23/2021 at 2:19pm*

**Project 6341 - Proposed**

**Board of Social Work**

**Changes to endorsement and reinstatement; standards of practice**

**18VAC140-20-45. Requirements for licensure by endorsement.**

A. Every applicant for licensure by endorsement shall submit in one package:

1. A completed application and the application fee prescribed in 18VAC140-20-30.
2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.
3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia.
4. Documentation of any other health or mental health licensure or certification, if applicable.
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).
6. ~~Verification of:~~
  - a. ~~Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;~~
  - b. ~~Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60 months; or~~

~~c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3.~~

7. Certification that the applicant is not the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim.

B. If an applicant for licensure by endorsement has not passed a board-approved national examination at the level for which the applicant is seeking licensure in Virginia, the board may approve the applicant to sit for such examination.

**18VAC140-20-110. Late renewal; reinstatement; reactivation.**

A. An LBSW, LMSW, or clinical social worker whose license has expired may renew that license within one year after its expiration date by:

1. Providing evidence of having met all applicable continuing education requirements.
2. Paying the penalty for late renewal and the renewal fee as prescribed in 18VAC140-20-30.

B. An LBSW, LMSW, or clinical social worker who fails to renew the license after one year and who wishes to resume practice shall apply for reinstatement and pay the reinstatement fee, which shall consist of the application processing fee and the penalty fee for late renewal, as set forth in 18VAC140-20-30. An applicant for reinstatement shall also provide:

1. Documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years;
2. Documentation of any other health or mental health licensure or certification held in another United States jurisdiction, if applicable; and
3. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank.

~~C. In addition to requirements set forth in subsection B of this section, an applicant for reinstatement whose license has been lapsed for 10 or more years shall also provide evidence of competency to practice by documenting:~~

~~1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;~~

~~2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or~~

~~3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reinstatement of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.~~

~~D. An LBSW, LMSW, or clinical social worker wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years. An applicant for reactivation who has been inactive for 10 or more years shall also provide evidence of competency to practice by documenting:~~

~~1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;~~

~~2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or~~

~~3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reactivation of licensure in Virginia. The supervised practice shall~~

~~include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.~~

**18VAC140-20-150. Professional conduct.**

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

B. Persons licensed as LBSWs, LMSWs, and clinical social workers shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for diagnostic or therapeutic purposes.
2. Provide for continuation of care when services must be interrupted or terminated.
3. Practice only within the competency areas for which they are qualified by education and experience.
4. Report to the board known or suspected violations of the laws and regulations governing the practice of social work.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.
6. Ensure that clients are aware of fees and billing arrangements before rendering services.
7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.

8. Keep confidential their therapeutic relationships with clients and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.

9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.

10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.

11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

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

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

C. In regard to client records, persons licensed by the board shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia on health records privacy and shall:

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates diagnosis and treatment plans. Each record shall include a diagnosis and treatment plan, progress notes for each case activity, information received from all collaborative contacts and the treatment implications of that information, and the termination process and summary.

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



3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative or as mandated by law.

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

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

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

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

c. Records that have been transferred to another mental health professional or have been given to the client or ~~his~~ the client's legally authorized representative.

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

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include familial, social, financial, business, bartering, or a close personal relationship with a client or supervisee.) Social workers 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 have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with

whom they have had a romantic or sexual relationship. Social workers shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Social workers who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitive nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, adverse impact on the client. A client's consent to, initiation of, or participation in sexual behavior or involvement with a social worker does not change the nature of the conduct nor lift the regulatory prohibition.

3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Social workers shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student, or the potential for interference with the supervisor's professional judgment.

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

5. 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 social worker in ~~his~~ the social worker's professional capacity.

6. Not engage in physical contact with a client when there is a likelihood of psychological harm to the client. Social workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.

7. Not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; requests for sexual favors; and other verbal written, electronic, or physical contact of a sexual nature.

E. 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.

**Agenda Item: Recommendation of adoption of final action for reduction in CE hours for continuation of approval to be a supervisor**

**Included in your agenda package are:**

Town Hall summary page for proposed stage showing no comments

Proposed text of regulatory changes

**Action needed:**

- Motion to recommend that the full Board adopt as final action



**Agency** Department of Health Professions

**Board** Board of Social Work

**Chapter** Regulations Governing the Practice of Social Work [\[18 VAC 140 - 20\]](#)

**Action:** Reduction in CE hours for continuation of approval to be a supervisor

**Proposed Stage** ▶

Action 5702 / Stage 9354

● [Edit Stage](#) ● [Withdraw Stage](#) ● [Go to RIS Project](#)

Documents		
● <a href="#">Proposed Text</a>	7/26/2021 10:10 am	<a href="#">Sync Text with RIS</a>
📎 <a href="#">Agency Background Document</a>	7/23/2021	<a href="#">Upload / Replace</a>
📎 <a href="#">Attorney General Certification</a>	9/10/2021	
📎 <a href="#">DPB Economic Impact Analysis</a>	10/20/2021	
📎 <a href="#">Agency Response to EIA</a>	12/3/2021	<a href="#">Upload / Replace</a>
● <a href="#">Governor's Review Memo</a>	12/2/2021	
● <a href="#">Registrar Transmittal</a>	12/3/2021	

Status	
<b>Incorporation by Reference</b>	No
<b>Exempt from APA</b>	No, this stage/action is subject to Article 2 of the <i>Administrative Process Act</i>
<b>Attorney General Review</b>	Submitted to OAG: 7/23/2021 Review Completed: 9/10/2021 Result: Certified
<b>DPB Review</b>	Submitted on 9/10/2021 Economist: <a href="#">Larry Getzler</a> Policy Analyst: <a href="#">Jeannine Rose</a> Review Completed: 10/20/2021
<b>Secretary Review</b>	Secretary of Health and Human Resources Review Completed: 11/4/2021
<b>Governor's Review</b>	Review Completed: 12/2/2021 Result: Approved
<b>Virginia Registrar</b>	Submitted on 12/3/2021 <a href="#">The Virginia Register of Regulations</a> Publication Date: 1/3/2022 📎 <a href="#">Volume: 38 Issue: 10</a>
<b>Public Hearings</b>	<a href="#">01/14/2022 10:05 AM</a>
<b>Comment Period</b>	Ended 3/4/2022

0 comments

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*This stage was created by [Elaine J. Yeatts](#) on 07/23/2021 at 2:20pm*

*This stage was last edited by [Elaine J. Yeatts](#) on 07/23/2021 at 2:20pm*

**Project 6721 - Proposed**

**Board of Social Work**

**Reduction in CE hours for continuation of approval to be a supervisor**

**18VAC140-20-50. Experience requirements for a licensed clinical social worker.**

A. Supervised experience. Supervised post-master's degree experience without prior written board approval will not be accepted toward licensure, except supervision obtained in another United States jurisdiction may be accepted if it met the requirements of that jurisdiction. Prior to registration for supervised experience, a person shall satisfactorily complete the educational requirements of 18VAC140-20-49.

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision, or whenever there is an addition or change of a supervisor:

- a. Register on a form provided by the board;
- b. Submit a copy of a supervisory contract completed by the supervisor and the supervisee;
- c. Submit an official transcript documenting a graduate degree and clinical practicum as specified in 18VAC140-20-49; and
- d. Pay the registration of supervision fee set forth in 18VAC140-20-30.

2. Hours. The applicant shall have completed a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of clinical social work services and in ancillary services that support such delivery. A minimum of one hour and a maximum of four hours of face-to-face supervision shall be provided per 40 hours of work experience for a total of at least 100 hours. No more than 50 of the 100 hours may be obtained in

group supervision, nor shall there be more than six persons being supervised in a group unless approved in advance by the board. The board may consider alternatives to face-to-face supervision if the applicant can demonstrate an undue burden due to hardship, disability, or geography.

a. Supervised experience shall be acquired in no less than two nor more than four consecutive years.

b. Supervisees shall obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of clinical social work services. The remaining hours may be spent in ancillary services supporting the delivery of clinical social work services.

3. An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years.

#### B. Requirements for supervisors.

1. The supervisor shall hold an active, unrestricted license as a licensed clinical social worker in the jurisdiction in which the clinical services are being rendered with at least two years of post-licensure clinical social work experience. The board may consider supervisors with commensurate qualifications if the applicant can demonstrate an undue burden due to geography or disability or if supervision was obtained in another United States jurisdiction.

2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under 18VAC140-20-105. ~~The~~ After the initial



graduate course or 14 hours of continuing education in supervision, at least seven hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.

3. The supervisor shall not provide supervision for a family member or provide supervision for anyone with whom he has a dual relationship.

4. The board may consider supervisors from jurisdictions outside of Virginia who provided clinical social work supervision if they have commensurate qualifications but were either (i) not licensed because their jurisdiction did not require licensure or (ii) ~~were~~ not designated as clinical social workers because the jurisdiction did not require such designation.

C. Responsibilities of supervisors. The supervisor shall:

1. Be responsible for the social work activities of the supervisee as set forth in this subsection once the supervisory arrangement is accepted;

2. Review and approve the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, diagnosis, length of treatment, and treatment method within the client population seen by the applicant. It is the applicant's responsibility to assure the representativeness of the sample that is presented to the supervisor;

3. Provide supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients;

4. Provide supervision only for those activities for which the supervisor is qualified by education, training, and experience;

5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, understanding the requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients;
6. Be available to the applicant on a regularly scheduled basis for supervision;
7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision; and
8. Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor.

D. Responsibilities of supervisees.

1. Supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or licensed clinical social workers.
2. During the supervised experience, supervisees shall use their names and the initials of their degree, and the title "Supervisee in Social Work" in all written communications.
3. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and phone number.
4. Supervisees shall not supervise the provision of clinical social work services provided by another person.
5. While providing clinical social work services, a supervisee shall remain under board approved supervision until licensed in Virginia as a licensed clinical social worker.

**Agenda Item: Consideration of amendments to Guidance Document 140-7, Bylaws**

**Included in your agenda package are:**

Suggested changes to Guidance Document 140-7 in track changes; and

Suggested revised Guidance Document 140-7 with changes accepted

**Action needed:**

- Motion to recommend the full Board reaffirm with changes

## VIRGINIA BOARD OF SOCIAL WORK BYLAWS

### ARTICLE I: AUTHORIZATION

#### A. Statutory Authority

The Virginia Board of Social Work ("Board") is established and operates pursuant to Va. Code §§ 54.1-2400 *et seq.* and 54.1-3700, *et seq.*, of the Code of Virginia. Regulations promulgated by the Virginia Board of Social Work may be found in 18VAC140-20-10 *et seq.*, "Regulations Governing the Practice of Social Work".

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#### B. Duties

The Virginia Board of Social Work is charged with promulgating and enforcing regulations governing the licensure and practice of social work and clinical social work in the Commonwealth of Virginia. -This includes, but is not limited to: -setting fees; creating requirements for and issuing licenses, certificates, or registrations; 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. Seven (7) shall be licensed social workers in Virginia, who have been in active practice of social work for at least five years prior to appointment; and,
  - b. Two (2) shall be citizen members.
2. The terms of the members of the Board shall be four (4) years.
3. Members of the Board of Social Work holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

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#### B. Officers

1. The Chairperson or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, Va. Code § 2.2-3700 *et seq.*, and the Virginia Administrative Process Act, Va. Code § 2.2-4000 *et seq.* -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 Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.

2. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.
3. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting ~~and~~ or formal administrative hearing.

### 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 Chairperson shall make a recommendation to the Director of the Department of Health Professions for referral to 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 [Va. Code § 2.2-108](#).

### D. Election of Officers

1. The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman ~~prior to the meeting at which the election of officers is held, at the meeting scheduled prior to July 1.~~ The election of officers shall occur at the first scheduled Board meeting following July 1 of each year, and elected officers shall assume their duties at the end of the meeting.
2. Officers shall be elected at a meeting of the Board with a quorum present.
3. The Chairperson shall ask for additional nominations from the floor by office.
4. Voting shall be by voice vote, roll call, or show of hands. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.
5. Special elections shall be held in the same manner in the event of a vacancy of a position to fill the unexpired term.
6. The election shall occur in the following order: Chairperson, Vice-Chairperson.
7. All officers shall be elected for a term of one year, and may serve no more than two consecutive terms.

### E. Meetings

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of ~~B~~business at ~~M~~meetings:
  - a. ~~Period of~~ Public Comment;
  - b. Approval of Minutes of preceding regular Board meeting(s) and any called meeting since the last regular meeting of the Board;
  - c. Reports of ~~O~~officers and staff;
  - d. Reports of ~~C~~committees;
  - e. Election of ~~O~~officers (as needed);

Guidance document: 140-7

Revised: ~~January 14~~ June 3, 2022  
Effective: ~~March 17~~ August 4, 2022

- f. Unfinished ~~B~~business; ~~and~~
  - g. New ~~B~~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;  
Credentials Committee;  
Nomination Committee; ~~and~~  
Any other ~~S~~standing ~~C~~committees created by the Board.

1. Regulatory/Legislative Committee
  - a. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Board.
  - b. The Chairperson of the Committee shall be appointed by the Chairperson 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 direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
  - e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.
2. Special Conference Committee
  - a. The Special Conference Committee shall consist of two (2) Board members.
  - b. The Special Conference Committee shall 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.
  - c. The Special Conference Committee shall hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.
  - d. The Chairperson of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.

Guidance document: 140-7

Revised: ~~January 14~~ June 3, 2022  
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- e. Should the caseload increase to the level that additional special conference committees are needed, the Chairperson of the Board may appoint additional committees.

3. Credentials Committee

- a. The Credentials Committee shall consist of at least two (2) Board members appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
- b. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
- c. The Committee member who conducted the initial review shall provide guidance to staff on action to be taken.
- d. The Credentials Committee shall not be required to meet collectively to conduct initial reviews.

4. Nomination Committee

- a. The Nomination Committee shall be composed of at least two members of the Board appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
- b. The Nomination Committee shall consult with Board members and staff to recommend nominee(s) for the Board positions of Chairman and Vice-Chairman.
- c. Sitting officers shall not serve on the Nomination Committee.

**ARTICLE IV: GENERAL DELEGATION OF AUTHORITY**

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The Board delegates the following functions:

- 1. The Board delegates to Board staff the authority to issue and renew licenses, certificates, or registrations and to approve supervision applications for which regulatory and statutory qualifications have been met. ~~If there is basis upon which the Board could refuse to issue or renew the license or certification or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.~~
- 2. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, ~~to include~~ to include, but ~~not be~~ limited to, licensure and registration applications, renewal forms, and documents used in the disciplinary process.

Guidance document: 140-7

Revised: ~~January 14~~ June 3, 2022  
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3. The Executive Director shall be the custodian of all Board records. ~~He~~ or 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.
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) renewal cycle for the completion of continuing education requirements upon written request from the licensee 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 upon which the Board could refuse to reinstate.
8. 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.
9. The Board delegates to the Executive Director, who may consult with a member of the Special Conference Committee, the authority 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 close non-jurisdictional cases and fee dispute cases without review by a Board member.
11. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Board member to make a determination as to whether probable cause exists to proceed with possible disciplinary action.
12. The Board delegates to the Executive Director the authority to assign the determination of probable cause for disciplinary action to a board member or to the staff disciplinary review coordinator, who, in consultation with Board staff, may offer a confidential consent agreement, offer a pre-hearing consent



Guidance document: 140-7

Revised: ~~January 14~~ June 3, 2022  
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order, cause the scheduling of an informal conference, request additional information, or close the case.

13. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.
14. 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.
15. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.
16. The Board delegates to the Chairperson, 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.
17. 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.
18. The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

#### 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~~ ~~be adopted with by~~ a favorable vote of at least two-thirds of the members present at that regular meeting.

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# VIRGINIA BOARD OF SOCIAL WORK BYLAWS

## ARTICLE I: AUTHORIZATION

### **A. Statutory Authority**

The Virginia Board of Social Work ("Board") is established and operates pursuant to Va. Code §§ 54.1-2400 *et seq.* and 54.1-3700 *et seq.* Regulations promulgated by the Virginia Board of Social Work may be found in 18VAC140-20-10 *et seq.*, Regulations Governing the Practice of Social Work.

### **B. Duties**

The Virginia Board of Social Work is charged with promulgating and enforcing regulations governing the licensure and practice of social work and clinical social work in the Commonwealth of Virginia. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses, certificates, or registrations; 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. Seven (7) shall be licensed social workers in Virginia, who have been in active practice of social work for at least five years prior to appointment; and
  - b. Two (2) shall be citizen members.
2. The terms of the members of the Board shall be four (4) years.
3. Members of the Board of Social Work holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

### **B. Officers**

1. The Chairperson or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, Va. Code § 2.2-3700 *et seq.*, and the Virginia Administrative Process Act, Va. Code § 2.2-4000 *et seq.* 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 Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.

2. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.
3. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting or formal administrative hearing.

### **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 Chairperson shall make a recommendation to the Director of the Department of Health Professions for referral to 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 Va. Code § 2.2-108.

### **D. Election of Officers**

1. The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman prior to the meeting at which the election of officers is held. The election of officers shall occur at the first scheduled Board meeting following July 1 of each year, and elected officers shall assume their duties at the end of the meeting.
2. Officers shall be elected at a meeting of the Board with a quorum present.
3. The Chairperson shall ask for additional nominations from the floor by office.
4. Voting shall be by voice vote, roll call, or show of hands. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.
5. Special elections shall be held in the same manner in the event of a vacancy of a position to fill the unexpired term.
6. The election shall occur in the following order: Chairperson, Vice-Chairperson.
7. All officers shall be elected for a term of one year, and may serve no more than two consecutive terms.

### **E. Meetings**

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of business at meetings:
  - a. Public Comment;
  - b. Approval of Minutes of preceding regular Board meeting(s) and any called meeting since the last regular meeting of the Board;
  - c. Reports of officers and staff;
  - d. Reports of committees;
  - e. Election of officers (as needed);
  - f. Unfinished business; and

- g. 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:

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Special Conference Committee;  
Credentials Committee;  
Nomination Committee; and  
Any other standing committees created by the Board.

##### 1. Regulatory/Legislative Committee

- a. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Board.
- b. The Chairperson of the Committee shall be appointed by the Chairperson 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 direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
- e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.

##### 2. Special Conference Committee

- a. The Special Conference Committee shall consist of two (2) Board members.
- b. The Special Conference Committee shall 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.
- c. The Special Conference Committee shall hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.
- d. The Chairperson of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.

- e. Should the caseload increase to the level that additional special conference committees are needed, the Chairperson of the Board may appoint additional committees.

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- a. The Credentials Committee shall consist of at least two (2) Board members appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
- b. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
- c. The Committee member who conducted the initial review shall provide guidance to staff on action to be taken.
- d. The Credentials Committee shall not be required to meet collectively to conduct initial reviews.

4. Nomination Committee

- a. The Nomination Committee shall be composed of at least two members of the Board appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
- b. The Nomination Committee shall consult with Bard members and staff to recommend nominee(s) for the Board positions of Chairman and Vice-Chairman.
- c. Sitting officers shall not serve on the Nomination Committee.

## **ARTICLE IV: GENERAL DELEGATION OF AUTHORITY**

The Board delegates the following functions:

1. The Board delegates to Board staff the authority to issue and renew licenses, certificates, or registrations and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis upon which the Board could refuse to issue or renew the license or certification or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.
2. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, including, but limited to, licensure and registration applications, renewal forms, and documents used in the disciplinary process.

3. The Executive Director shall be the custodian of all Board records. He or 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.
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) renewal cycle for the completion of continuing education requirements upon written request from the licensee 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 upon which the Board could refuse to reinstate.
8. 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.
9. The Board delegates to the Executive Director, who may consult with a member of the Special Conference Committee, the authority 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 close non-jurisdictional cases and fee dispute cases without review by a Board member.
11. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Board member to make a determination as to whether probable cause exists to proceed with possible disciplinary action.
12. The Board delegates to the Executive Director the authority to assign the determination of probable cause for disciplinary action to a board member or to the staff disciplinary review coordinator, who, in consultation with Board staff, may offer a confidential consent agreement, offer a pre-hearing consent

order, cause the scheduling of an informal conference, request additional information, or close the case.

13. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.
14. 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.
15. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.
16. The Board delegates to the Chairperson 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.
17. 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 a probable cause review indicates a disciplinary proceeding will not be instituted.
18. The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

#### **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 be adopted by a favorable vote of at least two-thirds of the members present at that regular meeting.

**Agenda Item: Consideration of amendments to Guidance Document 140-10, Supervised Experience for Clinical Social Work Licensure**

**Included in your agenda package are:**

Suggested changes to Guidance Document 140-10 in track changes; and

Suggested revised Guidance Document 140-10 with changes accepted

**Action needed:**

- Motion to recommend that the full Board reaffirm with changes



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## Board of Social Work

### Supervised Experience for Clinical Social Work Licensure

Pursuant to 18VAC140-20-50, any applicant who will obtain supervised experience in Virginia prior to licensure as a clinical social worker must submit a supervisory contract to the Board and receive Board approval of that supervisory contract prior to beginning the supervisory experience. The supervisory contract must state the proposed plan for the applicant to provide clinical social work services while under the supervision of a qualified licensed clinical social worker. The supervisory contract must be completed by the applicant and their supervisor and be on a Board-approved form. No supervised experience will count towards licensure until the Board approves the supervision contract.

In November 2008, the Virginia Board of Social Work revised the *Regulations Governing the Practice of Social Work* to include a requirement that an individual who proposes to obtain supervised experience in Virginia, in any setting, shall submit a supervisory contract stating the proposed plans for the supervisee to provide **clinical social work services** while under the supervision of a qualified Licensed Clinical Social Worker. The supervisory contract, on a board approved form, completed by the supervisor and the supervisee, must receive board approval prior to the beginning of the supervised experience.

If the Board's designated credentials reviewers are unable to determine, based on the registered supervision contract submitted, that the supervisee will be providing **clinical social work services** while under supervision, the supervisee and supervisor shall, upon request by the Board, submit additional information to document that the proposed supervised experience meets the requirements of the *Regulations Governing the Practice of Social Work 18VAC140-20-50*.

The supervising **LCSW-licensed clinical social worker** shall assume responsibility for the social work activities of the ~~supervisee applicant~~ and must document the ~~supervisee's applicant's~~ experience in the delivery of clinical social work services as required by ~~in the Regulations Governing the Practice of Social Work 18VAC140-20-50~~; 18VAC140-20-50.

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The Board interprets ~~C~~clinical social work services as used defined in 18VAC140-20-10 to include:

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- ~~Performing assessments;~~
- ~~Providing Diagnosis~~ (based on a recognized manual of mental and emotional disorders or recognized system of problem definition); and
- ~~Providing psychotherapy and counseling (for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.)~~

Guidance document: #140-10

Revised: ~~February 2, 2018~~ June 3, 2022

Effective: August 4, 2022

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~~Until the supervisee receives Board approval for the supervision contract, no supervised experience will be permitted to count towards licensure.~~

~~Regulation~~ 18VAC140-20-50(A)(3) states that:

~~"3. An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years."~~

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The Board interprets this provision to mean that the four consecutive years of supervised experience begins from the date of initial board approval for the supervision contract.

~~Adopted: October 15, 2010~~

~~Revised: October 28, 2011~~

## **Board of Social Work**

### **Supervised Experience for Clinical Social Work Licensure**

Pursuant to 18VAC140-20-50, any applicant who will obtain supervised experience in Virginia prior to licensure as a clinical social worker must submit a supervisory contract to the Board and receive Board approval of that supervisory contract prior to beginning the supervisory experience. The supervisory contract must state the proposed plan for the applicant to provide clinical social work services while under the supervision of a qualified licensed clinical social worker. The supervisory contract must be completed by the applicant and their supervisor and be on a Board-approved form. No supervised experience will count towards licensure until the Board approves the supervision contract.

The supervising licensed clinical social worker shall assume responsibility for the social work activities of the applicant and must document the applicant's experience in the delivery of clinical social work services as required by 18VAC140-20-50.

The Board interprets clinical social work services as used in 18VAC140-20-10 to include:

- Performing assessments;
- Providing diagnoses based on a recognized manual of mental and emotional disorders or recognized system of problem definition; and
- Providing psychotherapy and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.

18VAC140-20-50(A)(3) states that:

An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years.

The Board interprets this provision to mean that the four consecutive years of supervised experience begins from the date of initial board approval for the supervision contract.

**Agenda Item: Recommendation of periodic review result and consideration of regulatory action following periodic review**

**Included in your agenda package are:**

Town Hall summary page for proposed stage showing no comments

Proposed changes from staff and Board members

**Action needed:**

- Recommendation to full Board to amend Chapter 20
- Discussion of suggested amendments



**Agency** Department of Health Professions

**Board** Board of Social Work

**Chapter** Regulations Governing the Practice of Social Work **[18 VAC 140 - 20]**

[Edit Review](#)

Review 2094

## Periodic Review of this Chapter

Includes a Small Business Impact Review

**Date Filed:** 11/17/2021

### Review Announcement

Pursuant to Executive Order 14 (as amended July 16, 2018) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 14 (as amended July 16, 2018). <http://TownHall.Virginia.Gov/EO-14.pdf>.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

### Contact Information

<b>Name / Title:</b>	Jaime Hoyle / <i>Executive Director</i>
<b>Address:</b>	9960 Mayland Drive Suite 300 Richmond, VA 23233
<b>Email Address:</b>	<a href="mailto:jaime.hoyle@dhp.virginia.gov">jaime.hoyle@dhp.virginia.gov</a>
<b>Telephone:</b>	(804)367-4441 FAX: (804)977-9915 TDD: (-)

### Publication Information and Public Comment Period

Published in the Virginia Register on 12/20/2021 [Volume: 38 Issue: 9]

Comment Period begins on the publication date and ends on 1/19/2022

Comments Received: 0

### Review Result

Pending

### Attorney General Certification

Result of Review: Certified on 11/29/2021

 **Review Memo**

*This periodic review was created by Elaine J. Yeatts on 11/17/2021 at 12:45pm*

*Commonwealth of Virginia*



**REGULATIONS**  
**GOVERNING THE PRACTICE OF SOCIAL**  
**WORK**

**VIRGINIA BOARD OF SOCIAL WORK**

**Title of Regulations: 18 VAC 140-20-10 et seq.**

**Statutory Authority: §§ 54.1-2400 and Chapter 37 of Title 54.1**  
**of the *Code of Virginia***

**Revised Date: March 18, 2021**

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socialwork@dhp.virginia.gov

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        an agency subordinate..... ~~190~~



## Part I. General Provisions.

### 18VAC140-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § ~~54.1-3700~~ of the Code of Virginia:

Baccalaureate social worker

Board

Casework

Casework management and supportive services

Clinical social worker

Master's social worker

Practice of social work

Social worker

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

"Accredited school of social work" means a school of social work accredited by the Council on Social Work Education.

"Active practice" means post-licensure practice at the level of licensure for which an applicant is seeking licensure in Virginia and shall include at least 360 hours of practice in a 12-month period.

"Ancillary services" means activities such as ~~case management~~, recordkeeping, referral, ~~and~~ coordination of services, intervention into situations on a client's behalf with the objectives of meeting the client's needs, and participation in required staff meetings.

"Clinical course of study" means graduate course work that includes specialized advanced courses in human behavior and the social environment, social justice and policy, psychopathology, and diversity issues; research; clinical practice with individuals, families, and groups; and a clinical practicum that focuses on diagnostic, prevention, and treatment services.

"Clinical social work services" include the application of social work principles and methods in performing assessments and diagnoses based on a recognized manual of mental and emotional disorders or recognized system of problem definition, preventive and early intervention services, and treatment services, including psychosocial interventions, psychotherapy, and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.

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

**Commented [VP1]:** Consider removing because this is already in Code. Defined and not allowed as practice, so Board can discipline for this action regardless of regulations.

"Exempt practice" is that which meets the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.

"Face-to-face " means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision or in the delivery of clinical social work services by a supervisee and may include the use of technology that provides real-time, interactive contact among the individuals involved.

"LBSW" means a licensed baccalaureate social worker.

~~"LCSW" means a licensed clinical social worker.~~

"LMSW" means a licensed master's social worker.

~~"Moral turpitude" means behavior constituting an immoral, unethical, or unjust departure from ordinary social standards such that it would shock the community.~~

~~"Nonexempt practice" means that which does not meet the conditions of exemption from the requirements of licensure as defined in § 54.1-3701 of the Code of Virginia.~~

~~"NPDB" means the U.S. Department of Health and Human Services National Practitioner Data Bank.~~

"Supervisee" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in social work under supervision.

"Supervision" means a professional relationship between a supervisor and supervisee in which the supervisor directs, monitors and evaluates the supervisee's social work practice while promoting development of the supervisee's knowledge, skills and abilities to provide social work services in an ethical and competent manner.

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

#### 18VAC140-20-20. [Repealed]

#### 18VAC140-20-30. Fees.

A. The board has established fees for the following:

- |   |       |
|---|-------|
| 1. Registration of supervision                            | \$50  |
| 2. Addition to or change in registration of supervision   | \$25  |
| 3. Application processing                                 |       |
| a. <del>Licensed clinical social worker</del> <u>LCSW</u> | \$165 |
| b. LBSW   | \$100 |
| c. LMSW   | \$115 |
| 4. Annual license renewal                                 |       |

**Commented [VP2]:** Do not think this is necessary. However, if Board wants to add a definition for this, should use this one.

**Commented [VP3]:** Recommend deletion. This definition is not used anywhere in this chapter except here.

a. Registered social worker	\$25
b. Associate social worker	\$25
c. LBSW	\$55
d. LMSW	\$65
e. <del>Licensed clinical social worker</del> LCSW	\$90
5. Penalty for late renewal	
a. Registered social worker	\$10
b. Associate social worker	\$10
c. LBSW	\$20
d. LMSW	\$20
e. <del>Licensed clinical social worker</del> LCSW	\$30
6. Verification of license to another jurisdiction	\$25
7. Additional or replacement licenses	\$15
8. Additional or replacement wall certificates	\$25
9. Handling fee for returned check or dishonored credit or debit card	\$50
10. Reinstatement following disciplinary action	\$500

B. Fees shall be paid by check or money order made payable to the Treasurer of Virginia and forwarded to the board. All fees are nonrefundable.

C. Examination fees shall be paid directly to the examination service according to its requirements.

**18VAC140-20-35. Sex offender treatment provider certification.**

Anyone licensed by the board who is seeking certification as a sex offender treatment provider shall obtain certification under the Board of Psychology and adhere to the board's Regulations Governing the Certification of Sex Offender Treatment Providers, 18VAC125-30-10 et seq.

**18VAC140-20-37. Licensure; general.**

A. In accordance with § 54.1-3700 of the Code of Virginia, an LBSW shall engage in the practice of social work under the supervision of an LMSW.

B. LBSWs and LMSWs may practice in exempt practice settings under appropriate supervision.

C. LMSWs may practice generalist social work.

D. Only LCSWs may practice at the autonomous level.

~~LBSWs and LMSWs may practice in exempt practice settings under appropriate supervision. In accordance with § 54.1-3700 of the Code of Virginia, an LBSW shall engage in the practice of social~~

~~work under the supervision of a master's social worker. Only licensed clinical social workers may practice at the autonomous level.~~

## **Part II. Requirements for Licensure.**

### **18VAC140-20-40. Requirements for licensure by examination as a clinical social worker.**

Every applicant for examination for licensure as an ~~LCSW-licensed clinical social worker~~ shall:

1. Meet the education requirements prescribed in 18VAC140-20-49 and experience requirements prescribed in 18VAC140-20-50.
2. Submit a completed application to the board office within two years of completion of supervised experience to include:
  - a. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-50 along with documentation of the supervisor's out-of-state license where applicable. Applicants whose former supervisor is deceased, or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision;
  - b. The application fee prescribed in 18VAC140-20-30;
  - c. Official transcript or documentation submitted from the appropriate institutions of higher education that verifies successful completion of educational requirements set forth in 18VAC140-20-49;
  - d. Documentation of any other health or mental health licensure or certification, if applicable; and
  - e. A current report from the ~~U.S. Department of Health and Human Services National Practitioner Data Bank~~ (NPDB).
3. Provide evidence of passage of the examination prescribed in 18VAC140-20-70.

### **18VAC140-20-45. Requirements for licensure by endorsement.**

A. Every applicant for licensure by endorsement shall submit in one package:

1. A completed application and the application fee prescribed in 18VAC140-20-30.
2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.

3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia. ~~The Board may accept evidence that a national examination was not required for licensure by the other jurisdiction at the time the applicant was initially licensed.~~

**Commented [VP4]:** Part of fast-track regulatory action.

4. Documentation of any other health or mental health licensure or certification, if applicable.

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

6. ~~Verification of:~~

**Commented [VP5]:** Part of current action regarding endorsement, reinstatement, standard of practice

~~a. Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;~~

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~~b. Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60 months; or~~

~~c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3.~~

~~7. Certification that the applicant is not the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim.~~

B. If an applicant for licensure by endorsement has not passed a board-approved national examination at the level for which the applicant is seeking licensure in Virginia, the board may approve the applicant to sit for such examination.

#### **18VAC140-20-49. Educational requirements for ~~a licensed clinical social worker~~ an LCSW.**

A. The applicant for licensure as a clinical social worker shall document successful completion of one of the following: (i) a master's degree in social work with a clinical course of study from a program accredited by the Council on Social Work Education, (ii) a master's degree in social work with a nonclinical concentration from a program accredited by the Council on Social Work Education together with successful completion of the educational requirements for a clinical course of study through a graduate program accredited by the Council on Social Work Education, or (iii) a program of education and training in social work at an educational institution outside the United States recognized by the Council on Social Work Education.

B. The requirement for a clinical practicum in a clinical course of study shall be a minimum of 600 hours, which shall be integrated with clinical course of study coursework and supervised by a person who is an LCSW ~~licensed clinical social worker~~ or who holds a master's or doctor's degree in social work and has a minimum of three years of experience in clinical social work services after earning the graduate degree. An applicant who has otherwise met the requirements for a clinical course of study but who did not have a minimum of 600 hours in a supervised field placement/practicum in clinical social work services may meet the requirement by obtaining an equivalent number of hours of supervised practice in clinical social work services in addition to the experience required in 18VAC140-20-50.

**18VAC140-20-50. Experience requirements for ~~a licensed clinical social worker~~ an LCSW.**

A. Supervised experience. Supervised post-master's degree experience without prior written board approval will not be accepted toward licensure, except supervision obtained in another United States jurisdiction may be accepted if it met the requirements of that jurisdiction. Prior to registration for supervised experience, a person shall satisfactorily complete the educational requirements of 18VAC140-20-49.

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision, or whenever there is an addition or change of a supervisor:

- a. Register on a form provided by the board;
- b. Submit a copy of a supervisory contract completed by the supervisor and the supervisee;
- c. Submit an official transcript documenting a graduate degree and clinical practicum as specified in 18VAC140-20-49; and
- d. Pay the registration of supervision fee set forth in 18VAC140-20-30.

2. Hours. The applicant shall have completed a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of clinical social work services and in ancillary services that support such delivery. A minimum of one hour and a maximum of four hours of face-to-face supervision shall be provided per 40 hours of work experience for a total of at least 100 hours. No more than 50 of the 100 hours may be obtained in group supervision, nor shall there be more than six persons being supervised in a group unless approved in advance by the board. The board may consider alternatives to face-to-face supervision if the applicant can demonstrate an undue burden due to hardship, disability or geography.

- a. Supervised experience shall be acquired in no less than two nor more than four consecutive years.
- b. Supervisees shall obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of clinical social work services. The remaining hours may be spent in ancillary services supporting the delivery of clinical social work services.

3. An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years.

B. Requirements for supervisors for candidates for LCSW.

1. The supervisor shall hold an active, unrestricted license as an LCSW ~~licensed clinical social worker~~ in the jurisdiction in which the clinical services are being rendered with at least two years of post-licensure clinical social work experience. The board may consider supervisors with commensurate qualifications if the applicant can demonstrate an undue burden due to geography or disability or if supervision was obtained in another United States jurisdiction.

2. The supervisor shall have received professional training in supervision, consisting of a ~~three~~ 3 credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under 18VAC140-20-105. ~~The~~ After the initial graduate course or 14 hours of continuing education in supervision, at least seven hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.

Commented [VP6]: Current action regarding CE for supervisors

3. The supervisor shall not provide supervision for a family member or provide supervision for anyone with whom he has a dual relationship.

4. The board may consider supervisors from jurisdictions outside of Virginia who provided clinical social work supervision if they have commensurate qualifications but were either (i) not licensed because their jurisdiction did not require licensure or (ii) were not designated as clinical social workers because the jurisdiction did not require such designation.

C. Responsibilities of supervisors for candidates for LCSW. The supervisor shall:

1. Be responsible for the social work activities of the supervisee as set forth in this subsection once the supervisory arrangement is accepted;

2. Review and approve the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, diagnosis, length of treatment and treatment method within the client population seen by the applicant. It is the applicant's responsibility to assure the representativeness of the sample that is presented to the supervisor;

3. Provide supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients;

4. Provide supervision only for those activities for which the supervisor is qualified by education, training and experience;

5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, understanding the requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients;

6. Be available to the applicant on a regularly scheduled basis for supervision;
7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision; ~~and~~
8. Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor; ~~and~~
9. Ensure that the supervisor clarifies the billing fee for supervision.

D. Responsibilities of supervisees.

1. Supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or ~~LCSWs licensed clinical social workers.~~
2. During the supervised experience, supervisees shall use their names and the initials of their degree, and the title "Supervisee in Social Work" in all written communications.
3. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and phone number.
4. Supervisees shall not supervise the provision of clinical social work services provided by another person.
5. While providing clinical social work services, a supervisee shall remain under board approved supervision until licensed in Virginia as ~~an LCSW licensed clinical social worker.~~

**18VAC140-20-51. Requirements for licensure by examination as an LBSW or LMSW.**

A. In order to be approved to sit for the board-approved examination as an LBSW or an LMSW, an applicant shall:

1. Meet the education requirements prescribed in 18VAC140-20-60.
2. Submit a completed application to the board office to include:
  - a. The application fee prescribed in 18VAC140-20-30; and
  - b. Official transcripts submitted from the appropriate institutions of higher education.

B. In order to be licensed by examination as an LBSW or an LMSW, an applicant shall:

1. Meet the requirements prescribed in 18VAC140-20-60; and
2. Submit, in addition to the application requirements of subsection A of this section, the following:
  - a. Verification of a passing score on the board-approved national examination;



- b. Documentation of any other health or mental health licensure or certification, if applicable; and
- c. A current report from the ~~U.S. Department of Health and Human Services National Practitioner Data Bank~~ (NPDB).

**18VAC140-20-60. Education requirements for an LBSW or LMSW.**

The applicant for licensure as an LBSW shall hold a bachelor's degree from an accredited school of social work. The applicant for licensure as an LMSW shall hold a master's degree from an accredited school of social work. Graduates of foreign institutions must establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education.

**Part III  
Examinations**

**18VAC140-20-70. Examination requirement.**

A. An applicant for licensure by the board as an LBSW, an LMSW, or ~~an clinical social worker~~ LCSW shall pass a written examination prescribed by the board.

~~1. The examination prescribed for licensure as a clinical social worker shall be the licensing examination of the Association of Social Work Boards at the clinical level.~~

1. The examination prescribed for licensure as an LBSW shall be the licensing examination of the Association of Social Work Boards at the bachelor's level.

2. The examination prescribed for licensure as an LMSW shall be the licensing examination of the Association of Social Work Boards at the master's level. \_\_\_\_\_

3. The examination prescribed for licensure as an LCSW shall be the licensing examination of the Association of Social Work Boards at the clinical level.

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

C. If an LCSW applicant ~~for clinical social work licensure~~ has not passed the examination within the second two-year approval period, the applicant shall be required to register for supervision and complete one additional year as a supervisee before approval for another two-year period in which to re-take the examination may be granted.

**18VAC140-20-80 to 18VAC140-20-90. [Repealed]**

## Part IV. Licensure Renewal; Reinstatement.

### 18VAC140-20-100. Licensure renewal.

A. ~~Beginning with the 2017 renewal, all~~ licensees shall renew their licenses on or before June 30 of each year and pay the renewal fee prescribed by the board.

B. Licensees who wish to maintain an active license shall pay the appropriate fee and document on the renewal form compliance with the continued competency requirements prescribed in 18VAC140-20-105. Newly licensed individuals are not required to document continuing education on the first renewal date following initial licensure.

C. A licensee who wishes to place his license in inactive status may do so upon payment of a fee equal to one-half of the annual license renewal fee as indicated on the renewal form. No person shall practice social work or clinical social work in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC140-20-110.

D. Each licensee shall furnish the board his current address of record. All notices required by law or by this chapter to be mailed by the board to any such licensee shall be validly given when mailed to the latest address of record given by the licensee. Any change in the address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

### 18VAC140-20-105. Continued competency requirements for renewal of an active license.

A. In order to renew an active license, LBSWs shall complete a minimum of 10 contact hours of continuing education prior to the renewal date for even years. A minimum of 2 of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in the Commonwealth.

B. In order to renew an active license, LMSWs shall complete a minimum of 15 contact hours of continuing education prior to the renewal date for even years. A minimum of 4 of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in the Commonwealth.

~~C. Licensed clinical social workers~~ In order to renew an active license, LCSWs shall complete ~~shall be required to have completed~~ a minimum of 30 contact hours of continuing education prior to the renewal date in even years. A minimum of 6 of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in the Commonwealth, and LBSWs and LMSWs shall be required to have completed a minimum of 15 contact hours of continuing education prior to licensure renewal in even years.

D. Courses or activities for all license types shall be directly related to the practice of social work or another behavioral health field. A minimum of six of those hours for licensed clinical social workers and a minimum of three of those hours for licensed social workers must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social

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

~~E~~<sup>4</sup>. 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.

~~2~~<sup>F</sup>. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters upon written request from the licensee prior to the renewal date.

~~B~~<sup>G</sup>. Hours may be obtained from a combination of board-approved activities in the following two categories:

1. Category I. Formally Organized Learning Activities. A minimum of 7 hours for LBSWs, 10 hours for LMSWs, and 20 hours for licensed clinical social workers LCSWs or ~~10 hours for licensed social workers~~ shall be documented in this category, which shall include one or more of the following:

a. Regionally accredited university or college academic courses in a behavioral health discipline. A maximum of 15 hours will be accepted for each academic course.

b. Continuing education programs offered by universities or colleges accredited by the Council on Social Work Education.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state or local social service agencies, public school systems or licensed health facilities and licensed hospitals.

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

(1) The Child Welfare League of America and its state and local affiliates.

(2) The National Association of Social Workers and its state and local affiliates.

(3) The Association of Black Social Workers and its state and local affiliates.

(4) The Family Service Association of America and its state and local affiliates.

(5) The Clinical Social Work Association and its state and local affiliates.

(6) The American Association for Psychoanalysis in Clinical Social Work and its state and local affiliates.

(7) The Virginia Association of Sex Offender Treatment Providers.

~~(6)~~ (8) The Association of Social Work Boards.

~~(7)~~ (9) Any state social work board.

2. Category II. Individual Professional Activities. A maximum of 10 of the required 30 hours for licensed clinical social workers LCSWs or a maximum of five 5 of the required ~~15~~ hours for LBSWs and LMSWs~~licensed social workers~~ may be earned in this category, which shall include one or more of the following:

- a. Participation in an Association of Social Work Boards item writing workshop. ~~(This Aactivity will count for a maximum of two hours.)~~
- b. Publication of a professional social work-related book or initial preparation or presentation of a social work-related course. ~~(This Aactivity will count for a maximum of 10 hours.)~~
- c. Publication of a professional social work-related article or chapter of a book, or initial preparation or presentation of a social work-related in-service training, seminar or workshop. ~~(This Aactivity will count for a maximum of five hours.)~~
- d. Provision of a continuing education program sponsored or approved by an organization listed under Category I. ~~(This Aactivity will count for a maximum of two hours and will only be accepted one time for any specific program.)~~
- e. Field instruction of graduate students in a Council on Social Work Education-accredited school. ~~(This Aactivity will count for a maximum of two hours.)~~
- f. Serving as an officer or committee member of one of the national professional social work associations listed under subdivision ~~(B)(1)(d)~~ of this section or as a member of a state social work licensing board. ~~(This Aactivity will count for a maximum of two hours.)~~
- g. Attendance at formal staffings at federal, state or local social service agencies, public school systems or licensed health facilities and licensed hospitals. ~~(This Aactivity will count for a maximum of five hours.)~~
- h. Individual or group study including listening to audio tapes, viewing video tapes, or reading professional books or articles. ~~(This Aactivity will count for a maximum of five hours.)~~

**18VAC140-20-106. Documenting compliance with continuing education requirements.**

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

B. The board may conduct an audit of licensees to verify compliance with the requirement for a renewal period.

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

- 1. Documentation of Category I activities by submission of:
  - a. Official transcripts showing credit hours earned; or
  - b. Certificates of participation.
- 2. Attestation of completion of Category II activities.

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

**18VAC140-20-110. Late renewal; reinstatement; reactivation.**

A. An LBSW, LMSW, or ~~LCSW~~~~clinical social worker~~ whose license has expired may renew that license within one year after its expiration date by:

1. Providing evidence of having met all applicable continuing education requirements.
2. Paying the penalty for late renewal and the renewal fee as prescribed in 18VAC140-20-30.

B. An LBSW, LMSW, or ~~LCSW~~~~clinical social worker~~ who fails to renew the license after one year and who wishes to resume practice shall apply for reinstatement and pay the reinstatement fee, which shall consist of the application processing fee and the penalty fee for late renewal, as set forth in 18VAC140-20-30. An applicant for reinstatement shall also provide:

1. Documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years;
2. Documentation of any other health or mental health licensure or certification held in another United States jurisdiction, if applicable; and
3. A current report from the ~~NPDB-U.S. Department of Health and Human Services National Practitioner Data Bank~~.

~~C. In addition to requirements set forth in subsection B of this section, an applicant for reinstatement whose license has been lapsed for 10 or more years shall also provide evidence of competency to practice by documenting:~~

**Commented [VP7]:** Deletion is part of endorsement, reinstatement, standards of practice regulatory action

- ~~1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;~~
- ~~2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or~~
- ~~3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reinstatement of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face to face direct client contact and nine hours of face to face supervision.~~

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~~D. An LBSW, LMSW, or ~~LCSW~~~~clinical social worker~~ wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years. An applicant for reactivation who has been inactive for 10 or more years shall also provide evidence of competency to practice by documenting:~~

**Commented [VP8]:** Same regulatory action as above

- ~~1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;~~
- ~~2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or~~
- ~~3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reactivation of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face to face direct client contact and nine hours of face to face supervision.~~

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**18VAC140-20-120. [Repealed]**

**18VAC140-20-130. Renewal of registration for associate social workers and registered social workers.**

The registration of every associate social worker and registered social worker with the former Virginia Board of Registration of Social Workers under former § 54-775.4 of the Code of Virginia shall expire on June 30 of each year.

1. Each registrant shall return the completed application before the expiration date, accompanied by the payment of the renewal fee prescribed by the board.

2. Failure to receive the renewal notice shall not relieve the registrant from the renewal requirement.

**Commented [VP9]:** Is this still needed? Are there any of these registrants remaining? The code citation no longer exists.

**18VAC140-20-140. [Repealed]**

## **Part V. Standards of Practice.**

### **18VAC140-20-150. Professional conduct.**

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

B. Persons licensed as LBSWs, LMSWs, and ~~LCSW~~clinical social workers shall:

1. Be able to justify all services rendered to or on behalf of clients as necessary for diagnostic or therapeutic purposes.
2. Provide for continuation of care when services must be interrupted or terminated.
3. Practice only within the competency areas for which they are qualified by education and experience.
4. Report ~~to the board any~~ known or suspected violations of the laws and regulations governing the practice of social work to the board.
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.
6. Ensure that clients are aware of fees and billing arrangements before rendering services. Billing arrangements must clearly state the credentials of the person rendering services. Supervisees in social work may not bill clients directly for the supervisee's services.
7. Inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to diagnosis and treatment.
8. Keep ~~confidential their~~ therapeutic relationships with clients confidential and disclose client records to others only with written consent of the client, with the following exceptions: (i) when the client is a danger to self or others; or (ii) as required by law.

9. When advertising their services to the public, ensure that such advertising is neither fraudulent nor misleading.

10. As treatment requires and with the written consent of the client, collaborate with other health or mental health providers concurrently providing services to the client.

11. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

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

~~13. Not engage in conversion therapy with any person younger than 18 years of age.~~

Commented [VP10]: This is covered in statute.

C. In regard to client records, persons licensed by the board shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia ~~on regarding the privacy of~~ health records ~~privacy~~ and shall:

1. Maintain written or electronic clinical records for each client to include identifying information and assessment that substantiates diagnosis and treatment plans. Each record shall include: ~~(i) a diagnosis and treatment plan;~~ ~~(ii) progress notes for each case activity;~~ ~~(iii) information received from all collaborative contacts and the treatment implications of that information;~~ and ~~(iv) the termination process and summary.~~

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

3. Disclose or release records to others only with ~~a~~ ~~client's~~ ~~expressed~~ written consent, ~~the express written consent of a client's or that of their~~ legally authorized representative, or as mandated by law.

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

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

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

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

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

D. In regard to ~~dual relationships~~ maintaining professional boundaries, persons licensed by the board shall:

1. Not engage in a dual relationship with a client or a supervisee that could impair professional judgment or increase the risk of exploitation or harm to the client or supervisee. (Examples of such a relationship include: familial relationships; social relationships; financial, or business relationships; bartering; inappropriate physical contact such as cradling or caressing; assuming the role of a parent without consent; or a close personal relationship with a client, a former client, or supervisee.) Social workers 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 have any type of romantic relationship or sexual intimacies with a client or those included in collateral therapeutic services, and not provide services to those persons with whom they have had a romantic or sexual relationship. Social workers shall not engage in romantic relationship or sexual intimacies with a former client within a minimum of five years after terminating the professional relationship. Social workers who engage in such a relationship after five years following termination shall have the responsibility to examine and document thoroughly that such a relationship did not have an exploitive nature, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a social worker does not change the nature of the conduct nor lift the regulatory prohibition.

3. Not engage in any romantic or sexual relationship or establish a therapeutic relationship with a current supervisee or student. Social workers shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student, or the potential for interference with the supervisor's professional judgment.

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

5. 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 social worker in his professional capacity.

6. Not engage in physical contact with a client when there is a likelihood of psychological harm to the client. Social workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.

7. Not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; requests for sexual favors; and other verbal, written, electronic, or physical contact of a sexual nature.

E. 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]:** Part of current regulatory action regarding endorsement, reinstatement, standard of practice



**18VAC140-20-160. Grounds for disciplinary action or denial of issuance of a license or registration.**

The board may refuse to admit an applicant to an examination; refuse to issue a license or registration to an applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke a license or registration for one or more of the following grounds:

1. Conviction of a felony or of a misdemeanor involving moral turpitude;
2. Procurement of license by fraud or misrepresentation;
3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public. In the event a question arises concerning the continued competence of a licensee, the board will consider evidence of continuing education.
4. Being unable to practice social work with reasonable skill and safety to clients by reason of illness, excessive use of alcohol, drugs, narcotics, chemicals or any other type of material or as a result of any mental or physical condition;
5. Conducting one's practice in a manner contrary to the standards of ethics care of social work or in violation of 18VAC140-20-150, standards of practice;
6. Performing functions outside the board-licensed area of competency;
7. Failure to comply with the continued competency requirements set forth in 18VAC140-20-105;  
~~and~~
8. Violating or aiding and abetting another to violate any statute applicable to the practice of social work or any provision of this chapter; and
9. Failure to provide supervision in accordance with the provisions of 18VAC140-20-50 or 18VAC140-20-60.

**18VAC140-20-170. Reinstatement following disciplinary action.**

In order to be eligible for reinstatement. ~~A~~any person whose license has been suspended, revoked, or denied renewal issuance by the board under the provisions of 18VAC140-20-160 shall; ~~in order to be eligible for reinstatement,~~ (i) submit a new application to the board for a license, (ii) pay the appropriate reinstatement fee, and (iii) submit any other credentials as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

**18VAC140-20-171. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.**

A. Decision to delegate. In accordance with § 54.1-2400-(10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in 18 VAC 140-20-150, except as may otherwise be determined by the probable cause committee in consultation with the board chair.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate 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 heard.