



**Board of Social Work  
Regulatory Committee  
Friday, April 29, 2015, 11:00 a.m.  
9960 Mayland Drive, Suite 200  
Henrico, VA 23233**

11:00 a.m. Call to Order – Bernadette Winters, L.C.S.W., Committee Chair

Roll Call

Emergency Egress Instructions

Adoption of Agenda

Public Comment on Agenda Items (5 Minutes per Speaker)

Approval of Minutes of February 26, 2016 (Subcommittee & Regulatory)

Unfinished Business

- Scope of Practice
- Psychosocial Interventions
- Reinstatement/Reactivation

New Business

Next Meeting

2:00 p.m. Adjournment

# Public Comment



**Virginia Society for Clinical Social Work  
PUBLIC COMMENT  
April 29, 2016  
Regulatory Committee of the VBSW  
Joseph G. Lynch LCSW**

The VSCSW appreciates the opportunity to make public comment to the Regulatory Committee of the VBSW. From VBSW Board Meeting minutes 3/25/16, Regulatory Committee Report, Dr. Winters announced that the Sub-Committee and Regulatory Committee had met in February. She provided the Board with a recommendation to consider three types of licensure for consideration: Bachelors of Social Work (“BSW”), Masters of Social Work (“MSW”), and Clinical Social Work (“LCSW”). Dr. Winters recommended that the Regulatory Committee discuss and identify the scope of practice and define the requirements for BSW and MSW licensure. There is a particular focus on the MSW or mid-level licensure issue. Additionally, Dr. Winters identified exemptions from licensure as a continued topic of discussion.

**SCOPE OF PRACTICE FOR BSW AND MSW:**

The Virginia Board of Health Professions has established “*Criteria for Evaluating The Need For Regulation*” and specifically addresses “Scope of Practice” with ***Criterion Four: The scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities.***

The charge to Regulatory committee to define the Scope of Practice for BSW’s and MSW’s would include the task of delineating the distinguishable aspects of the BSW and MSW levels of practice while acknowledging some overlapping with other regulated professions.

## **CURRENT REGULATIONS AND CURRENT STATUTES IN REGARD TO LSW SCOPE OF PRACTICE:**

In examining the current regulations of the VBSW in regards to the LSW and “Scope of Practice” the only skills identified in the regulations that would relate to “Scope of Practice” are: *casework management and supportive services*. (See Appendix A “LSW current regulations”).

These terms “Casework management and supportive services” are defined in the Code of Virginia § 54.1-3700 as follows:

### **§ 54.1-3700. Definitions.**

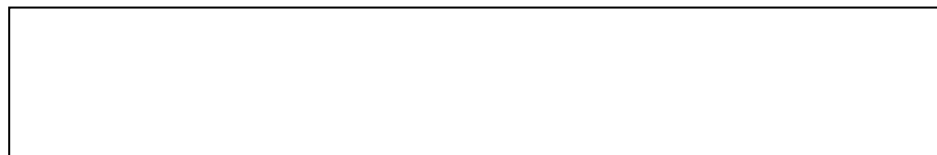
*"Casework management and supportive services"* means:

- assessment of presenting problems and perceived needs,
- referral services,
- policy interpretation,
- data gathering,
- planning,
- advocacy, and
- coordination of services

Also defined in the same statute is the definition of the “Practice of Social Work.” The Practice of Social Work would include both LSW and LCSW practice. The definition includes:

- casework management and supportive services,
- casework,
- group work,
- planning and community organization,
- administration,
- consultation and education, and research

Appendix B includes the full listing of definitions from § 54.1-3700. I think all of the items in the definitions except “Clinical social worker” are skills that an LSW-BSW or LSW-MSW might be using to one degree or another in their practice. What is *not included* in the “Scope of Practice” of an LSW-BSW or LSW-MSW is “*to provide direct diagnostic, preventive and treatment services where functioning is threatened or affected by social and psychological stress or health impairment.*” That skill set is reserved by statute for the Clinical social worker or an MSW who has registered their supervision with the VBSW in pursuit of the LCSW.



## ASWB MODEL PRACTICE ACT AND SCOPE OF PRACTICE FOR THE BSW AND MSW

In reviewing the definitions of Baccalaureate Social Work practice and Master's Social Work practice as delineated in the ASWB Model Practice Act it is clear that there are many similarities. Below I have underlined the text that is identical in each of the two descriptions from the Act. Then I made **bold** the clear differentiations in the two descriptions. ASWB views the Practice of a Master's Social Worker to include the application of "**specialized knowledge and advanced practice skill**" that differentiates the MSW from the BSW level of practice. Also ASWB views the Master's Social Work practice as potentially leading to clinical social work **but under supervision**. I think there is a clear line that delineates the Licensed Clinical Social Worker as the credential needed to practice Clinical Social Work and that there is no "back door" to Clinical Social Work practice.

**Section 104. Practice of Baccalaureate Social Work.** Subject to the limitations set forth in Article III, Section 306, the practice of Baccalaureate Social Work means the application of social work theory, knowledge, methods, ethics and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities. Baccalaureate Social Work is **basic generalist** practice that includes assessment, planning, intervention, evaluation, case management, information and referral, counseling, supervision, consultation, education, advocacy, community organization, and the development, implementation, and administration of policies, programs and activities.

**Section 105. Practice of Master's Social Work.** Subject to the limitations set forth in Article III, Section 306, the practice of Master's Social Work means the application of social work theory, knowledge, methods and ethics and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities. Master's Social Work practice includes the application of **specialized knowledge and advanced practice skills** in the areas of assessment, treatment planning, implementation and evaluation, case management, information and referral, counseling, supervision, consultation, education, research, advocacy, community organization and the development, implementation, and administration of policies, programs and activities. **Under supervision as provided in this act, the practice of Master's Social Work may include the practices reserved to Clinical Social Workers.**

## CURRENT AUTHORITY OF THE VBSW AND CURRENT PRECEDENTS

Currently under the authority of § 54.1-2400. General powers and duties of health regulatory boards and § 54.1-3705. Specific powers and duties of the Board, the VBSW is permitted to:

- Establish the qualifications for registration, certification, and licensure.
- Designate specialties within the profession.
- Establish the LCSW and LSW licenses.
- Establish regulations for the LSW that require different education and experience requirements for the same credential.
- Establish that the exam for the LSW "... shall minimally be the licensing examination of the Association of Social Work Boards at the bachelor's level..." (Part III. Examinations. 18VAC140-20-70. Examination requirement. )
- Establish schedules for the renewal of registration, certification and licensure.
- Establish fees for registration, certification and licensure
- Revoke, suspend, restrict or refuse to issue or renew registration, certification or license.
- Discipline individuals regulated by the board.

Currently the VBSW regulates the following professions:

- Licensed Social Worker
- Licensed Clinical Social Worker
- Associate Social Worker
- Registered Social Worker

These two credentials were the original pre-licensure credentials for social workers when social work was housed in the Department of Occupations and Professions

### **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.

The DHP quarterly report for the second FY quarter ending 12/31/15 for number of persons who renewed on 07/01/15 showed the following:

◆ 1 Associate Social Worker and ◆ 12 Registered Social Workers.

This is the last time that any Associate Social Worker or Registered Social Worker could renew. When the next renewal cycle occurs on 07/01/17 all of these credentials will expire.

### **VIRGINIA BOARD OF HEALTH PROFESSIONS:**

The Virginia Board of Health Professions developed “*Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions.*” This document established 7 criteria for evaluating the need for regulation. This would be a good guidance document for the VBSW to consider as it examines the “Scope of Practice” for the BSW and MSW.

The levels of professional regulation include registration, certification and licensure. Currently the VBSW requires persons who are seeking an LSW or LCSW to register their supervision with the VBSW. The form they fill out is titled “Registration of Supervision.” The “*Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions.*” address the meaning of “registration” as defined by the DHP below:

***Criteria for Regulation: Registration.*** *Registration requires only that an individual file his name, location, and possibly background information with the State. No entry standard is typically established for a registration program.*

***RISK:*** *Low potential, but consumers need to know that redress is possible.*

***SKILL & TRAINING:*** *Variable, but can be differentiated for ordinary work and labor.*

***AUTONOMY:*** *Variable.*

***APPLICATION OF CRITERIA:*** *When applying for registration, Criteria 1, 4, 5, and 6 must be met.*

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**Criterion One: Risk for Harm to the Consumer**

*The unregulated practice of the health occupation will harm or endanger the public health, safety or welfare. The harm is recognizable and not remote or dependent on tenuous argument. The harm results from: (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.*

**Criterion Four: Scope of Practice**

*The scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities.*

**Criterion Five: Economic Impact**

*The economic costs to the public of regulating the occupational group are justified. These costs result from restriction of the supply of practitioner, and the cost of operation of regulatory boards and agencies.*

**Criterion Six: Alternatives to Regulation**

*There are no alternatives to State regulation of the occupation which adequately protect the public. Inspections and injunctions, disclosure requirements, and the strengthening of consumer protection laws and regulations are examples of methods of addressing the risk for public harm that do not require regulation of the occupation or profession.*

Using the DHP’s explanation of “registration” it involves more than simply a listing of names. It permits the VBSW to consider the criteria of Risk of Harm to the Consumer, Scope of Practice, Economic Impact and Alternatives to Regulation. Within this context the “Registration for Supervision” is a “Registration” credential that is in place to protect the consumer and identifies that the person so registered is involved in activities that are within a “Scope of Practice” that the VBSW regulates. There is no alternative to this level of regulation and it is the least burdensome level of professional regulation with “Economic Impact” of registration is justified and fees for registration assist the VBSW in the cost a of administering this credential.

In considering the “Scope of Practice” for the BSW and MSW The VSCSW Reviewed:

- The “Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions” from the Virginia Board of Health Professions, [http://www.dhp.virginia.gov/bhp/bhp\\_guidelines.htm](http://www.dhp.virginia.gov/bhp/bhp_guidelines.htm)
- The current VBSW regulations regarding the LSW,
- Title § 54.1-2400 and § 54.1-3705 of the Code of Virginia: Social Work,
- The ASWB Model Practice Act





## POSITON OF VSCSW

The VSCSW proposes that the VBSW issue a NORIA to change its regulations to:

1. Clearly establish two specialty designations of:
  - a. The LSW-Bachelors and
  - b. The LSW-Masters

Each specialty designation will require different education, experience, exam requirements and different “Scope of Practice” definitions. The key difference in “Scope of Practice” for the LSW Masters is the application of specialized knowledge and advanced practice skills and under VBSW approved, the practice of Master’s Social Work may include the practices reserved to Clinical Social Workers.

- The VBSW has the statutory authority to do the above.
- The current language in the VBSW regulations concerning the exam for the LSW being minimally the ASWB bachelor’s exam clearly establishes that currently there can be a range of exams for the LSW and allows the VBSW to require the ASWB Masters exam for the Masters LSW license.
- This solution avoids any confusion with or diminishing of the LCSW
- This clearly limits the scope of practice of the LSW to not include clinical social work as the definitions in **§ 54.1-3700** specifically identify that the following activities are restricted to clinical social work: *“to provide direct diagnostic, preventive and treatment services where functioning is threatened or affected by social and psychological stress or health impairment.”*
- This clearly encourages those who wish to practice clinical social work in a non-exempt setting to establish themselves as “Registered Social Workers” with the VBSW and commit themselves to move toward the LCSW if they wish to practice clinical social work. At the same time it allows MSW’s with a CSWE accredited degree that included a clinical concentration to practice clinical social work in exempt settings in Virginia and not pursue licensure if that is not the goal.
- This clearly establishes public policy in Virginia that there is no “Back Door” to the practice of clinical social work.

**The VSCSW proposes that the VBSW issue a NORIA to change its regulations to:**

**Announce that the VBSW is developing proposed regulations that beginning on July 1, 2017 the VBSW will “reuse” the title “Registered Social Worker” to apply to anyone approved by the VBSW for supervision for the LSW or LCSW.**

- The title accurately reflects the status of this category.
- This brings the full authority of the VBSW over this category.
- This allows for persons in this category to be listed in “License-Lookup” and give the public clear information as to the status of this person as a “Registered Social Worker” a not yet a licensed person.
- This resolves the issue without any change in statute.
- This allows the VBSW to develop a set of regulations that are specific to this category.
- The Virginia Board of Health Professions “*Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions*” clearly support the use of the level of regulation “registered” to allow the VBSW to consider the criteria of Risk of Harm to the Consumer, Scope of Practice, Economic Impact and Alternatives to Regulation.
- This grants the person in this category the regulatory status of “Registered.”

## APPENDIX A

### 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: December 30, 2015

### CURRENT REGULATIONS REQUIREMENTS FOR BOTH BSW AND MSW

#### 18VAC140-20-51. Requirements for licensure by examination as a licensed social worker.

A. In order to be approved to sit for the board-approved examination for a licensed social worker, an applicant shall:

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

B. In order to be licensed by examination as a licensed social worker, an applicant shall:

1. Meet the education and experience requirements prescribed in 18VAC140-20-60; and
2. Submit, in addition to the application requirements of subsection A of this section, the following:
  - a. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-60 along with documentation of the supervisor's out-of-state license where applicable. An applicant 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;
  - c. Verification of a passing score on the board-approved national examination; and
  - d. Documentation of applicant's out-of-state licensure or certification where applicable.

**CURRENT REGULATIONS REQUIREMENTS FOR BOTH BSW AND MSW (continued)**

3. Provide evidence of passage of the examination prescribed in 18VAC140-20-70. If the examination was not passed within five years preceding application for licensure, the applicant may qualify by documentation of providing social work services in an exempt setting for at least 360 hours per year for two of the past five years.

**18VAC140-20-60. Education and experience requirements for licensed social worker.**

A. Education. The applicant shall hold a bachelor's or 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.

**18VAC140-20-60. Education and experience requirements for licensed social worker.**

B. Master's degree applicant. An applicant who holds a master's degree may apply for licensure as a licensed social worker without documentation of supervised experience.

C. Bachelor's degree applicant. Supervised experience in all settings obtained in Virginia without prior written board approval will not be accepted toward licensure.

1. Hours. Bachelor's degree applicants shall have completed a minimum of 3,000 hours of supervised post-bachelor's degree experience in casework management and supportive services under supervision satisfactory to the board. 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.

2. Experience shall be acquired in no less than two nor more than four years from the beginning of the supervised experience.

D. Requirements for supervisors.

1. The supervisor providing supervision shall hold an active, unrestricted license as a licensed social worker with a master's degree, or a licensed social worker with a bachelor's degree and at least three years of postlicensure social work experience or a licensed clinical social worker in the jurisdiction in which the social work services are being rendered. If this requirement places an undue burden on the applicant due to geography or disability, the board may consider individuals with comparable qualifications.

**CURRENT REGULATIONS REQUIREMENTS FOR BOTH BSW AND MSW (continued)**

2. The supervisor shall:

a. Be responsible for the social work practice of the prospective applicant once the supervisory arrangement is accepted by the board;

b. Review and approve the assessment and service plan of a representative sample of cases assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, assessment, length of service and casework 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. The supervisor shall be available to the applicant on a regularly scheduled basis for supervision. The supervisor will maintain documentation, for five years post supervision, of which clients were the subject of supervision;

c. Provide supervision only for those casework management and support services activities for which the supervisor has determined the applicant is competent to provide to clients;

d. Provide supervision only for those activities for which the supervisor is qualified; and

e. Evaluate the supervisee in the areas of professional ethics and professional competency.

3. Supervision between members of the immediate family (to include spouses, parents, and siblings) will not be approved.

**CURRENT REGULATIONS REQUIREMENTS UNIQUE TO MSW**

**18VAC140-20-60. Education and experience requirements for licensed social worker.**

B. Master's degree applicant. An applicant who holds a master's degree may apply for licensure as a licensed social worker without documentation of supervised experience.



**CURRENT REGULATIONS REQUIREMENTS UNIQUE TO BSW**

**18VAC140-20-60. Education and experience requirements for licensed social worker.**

C. Bachelor's degree applicant. Supervised experience in all settings obtained in Virginia without prior written board approval will not be accepted toward licensure.

1. Hours. Bachelor's degree applicants shall have completed a minimum of 3,000 hours of supervised post-bachelor's degree experience in casework management and supportive services under supervision satisfactory to the board. 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.

2. Experience shall be acquired in no less than two nor more than four years from the beginning of the supervised experience.

## APPENDIX B

### § 54.1-3700. Definitions.

"Administration" means the process of attaining the objectives of an organization through a system of coordinated and cooperative efforts to make social service programs effective instruments for the amelioration of social conditions and for the solution of social problems.

"Board" means the Board of Social Work.

"Casework" means both direct treatment, with an individual or several individuals, and intervention in the situation on the client's behalf with the objectives of meeting the client's needs, helping the client deal with the problem with which he is confronted, strengthening the client's capacity to function productively, lessening his distress, and enhancing his opportunities and capacities for fulfillment.

"Clinical social worker" means a social worker who, by education and experience, is professionally qualified at the autonomous practice level to provide direct diagnostic, preventive and treatment services where functioning is threatened or affected by social and psychological stress or health impairment.

"Consultation and education" means program consultation in social work to agencies, organizations, or community groups; academic programs and other training such as staff development activities, seminars, and workshops using social work principles and theories of social work education.

"Group work" means helping people, in the realization of their potential for social functioning, through group experiences in which the members are involved with common concerns and in which there is agreement about the group's purpose, function, and structure.

"Planning and community organization" means helping organizations and communities analyze social problems and human needs; planning to assist organizations and communities in organizing for general community development; and improving social conditions through the application of social planning, resource development, advocacy, and social policy formulation.

## APPENDIX B (continued)

### § 54.1-3700. Definitions. (continued)

"Practice of social work" means rendering or offering to render to individuals, families, groups, organizations, governmental units, or the general public service which is guided by special knowledge of social resources, social systems, human capabilities, and the part conscious and unconscious motivation play in determining behavior. Any person regularly employed by a licensed hospital or nursing home who offers or renders such services in connection with his employment in accordance with patient care policies or plans for social services adopted pursuant to applicable regulations when such services do not include group, marital or family therapy, psychosocial treatment or other measures to modify human behavior involving child abuse, newborn intensive care, emotional disorders or similar issues, shall not be deemed to be engaged in the "practice of social work." Subject to the foregoing, the disciplined application of social work values, principles and methods includes, but is not restricted to, casework management and supportive services, casework, group work, planning and community organization, administration, consultation and education, and research.

"Research" means the application of systematic procedures for the purpose of developing, modifying, and expanding knowledge of social work practice which can be communicated and verified.

"Social worker" means a person trained to provide service and action to effect changes in human behavior, emotional responses, and the social conditions by the application of the values, principles, methods, and procedures of the profession of social work.

(1976, c. 608, § 54-941; 1979, c. 398; 1981, c. 555; 1988, c. 765.)



# Approval of Minutes

February 26, 2016

Regulatory  
Subcommittee Meeting

**THE VIRGINIA BOARD OF SOCIAL WORK  
REGULATORY SUBCOMMITTEE MEETING MINUTES  
Friday, February 26, 2016**

The Regulatory Committee of the Virginia Board of Social Work ("Board") convened at 11:04 a.m. on Friday, February 26, 2016, at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Bernadette Winters, Chair called the meeting to order.

**BOARD MEMBERS PRESENT:** Jaime Clancey  
Yvonne Haynes  
Dolores Paulson  
John Salay

**STAFF PRESENT:** Sarah Georgen, Licensing Manager  
Jaime Hoyle, Executive Director  
Jennifer Lang, Deputy Executive Director  
Charlotte Lenart, Licensing Specialist  
Elaine Yeatts, Senior Policy Analyst

**OTHERS PRESENT:** Jennifer Henkel, Director of Member Services, ASWB  
Dwight Hymans, Executive Vice President, ASWB

**EMERGENCY EGRESS:**

Ms. Haynes announced the Emergency Egress Procedures.

**ADOPTION OF AGENDA:**

Dr. Paulson moved to adopt agenda as presented. The motion was seconded and carried.

**PUBLIC COMMENT:**

Katie Hellebush of the National Association of Social Workers, Virginia Chapter provided public comment supporting mid-level licensure and said that careful research needs to be done to ensure that the practice of social work is not negatively impacted by the decision.

Joseph Lynch of the Virginia Society of Clinical Social Work provided public comment which summarized concerns for mid-level licensure and recommended that the Board make no changes in the regulations that would in any way diminish the license.

Brian Campbell, Senior Policy Analyst, Behavioral Health Integrated Care & Behavioral Services from the Department of Medical Assistance Services ("DMAS") presented information to the Board on the recent accomplishment of their Magellan Behavioral Service Administrator Contract and the Governor's Assistance Program and Community Mental Health Rehabilitation Services Changes. Mr. Campbell requested input from the Board as a stakeholder on the initiatives to better define licensed and unlicensed staff services. Ms. Hoyle stated that she will work as a liaison between the three Behavioral Sciences Boards and DMAS regarding a workforce team.

**MID-LEVEL LICENSURE DISCUSSION**

Ms. Haynes stated that the goal of the subcommittee was to provide recommendations to the full Regulatory Committee on mid-level licensure.

Ms. Haynes introduced Dwight Hymans, Executive Vice President of the Association of Social Work Board (“ASWB”) and asked him to provide information on the current initiatives of the ASWB. Mr. Hymans indicated that one of ASWB’s top initiatives is the mobility of licensure and to reduce barriers for licensure, protect the public and provide a better way to practice both nationally and internationally.

Following much discussion, the subcommittee decided that the first step in advancing the process was to determine a clear scope of practice of the mid-level license. As a result, the following recommendations were referred to the Regulatory Committee for consideration:

1. The Board should consider three levels of licensure.
  - a. BSW
  - b. MSW
  - c. Clinical
2. Determine and identify the scope of practice of BSW and MSW licensure.
  - a. Clearly define requirements for both licenses.
  - b. Areas of practice.
3. Board authority over registered supervisees.
  - a. Statutory change or regulation change.
4. Exemptions for licensure.

#### **ADJOURNMENT**

There being no further business to come before the subcommittee, the meeting was adjourned at 12:40 p.m.

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Yvonne Haynes, Chair

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Jaime Hoyle, Executive Director

# Approval of Minutes

February 26, 2016

Regulatory Meeting

**THE VIRGINIA BOARD OF SOCIAL WORK  
REGULATORY COMMITTEE MEETING MINUTES  
Friday, February 26, 2016**

The Regulatory Committee of the Virginia Board of Social Work ("Board") convened at 1:38 p.m. on Friday, February 26, 2016, at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Bernadette Winters, Chair called the meeting to order.

**BOARD MEMBERS PRESENT:** Jaime Clancy, L.C.S.W.  
Yvonne Haynes, L.C.S.W.  
Dolores Paulson, L.C.S.W., Ph.D.  
John Salay, L.C.S.W.  
Joseph Walsh, L.C.S.W., Ph.D.  
Bernadette Winters, L.C.S.W., Ph.D.

**BOARD MEMBERS ABSENT:** Kristi Wooten

**STAFF PRESENT:** Sarah Georgen, Licensing Manager  
Jaime Hoyle, Executive Director  
Jennifer Lang, Deputy Executive Director  
Charlotte Lenart, Licensing Specialist  
Elaine Yeatts, Senior Policy Analyst

**OTHERS PRESENT:** Jennifer Henkel, Director of Member Services, Association of Social Work Boards (ASWB)  
Dwight Hymans, Executive Vice President, Association of Social Work Boards (ASWB)

**ESTABLISHMENT OF A QUORUM:**

With six members of the Committee present, a quorum was established.

**MISSION STATEMENT:**

Dr. Winters read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

**EMERGENCY EGRESS:**

Dr. Winters announced the Emergency Egress Procedures.

**ADOPTION OF AGENDA:**

The agenda was accepted as written.

**PUBLIC COMMENT:**

Joseph Lynch of the Virginia Society of Clinical Social Work provided public comment which summarized concerns for mid-level licensure and recommended that the Board make no changes in the regulations that would in any way diminish the licenses.

Debra Riggs, Executive Director of the National Association of Social Workers, Virginia Chapter provided written public comment in support of multitier licensure.

### **APPROVAL OF MINUTES:**

Dr. Walsh motioned that the minutes from December 4, 2015 meetings minutes be approved as written. The motion was seconded and carried.

### **UNFINISHED BUSINESS:**

Ms. Haynes reported that the subcommittee met prior to the full Regulatory Committee meeting and recommends the following topics of discussion regarding mid-level licensure:

1. The Board should consider three levels of licensure.
  - a. BSW
  - b. MSW
  - c. Clinical
2. Determine and identify the scope of practice of BSW and MSW licensure.
  - a. Clearly define requirements for both licenses.
  - b. Areas of practice.
3. Board authority over registered supervisees.
  - a. Statutory change or regulation change.
4. Exemptions for licensure.

After discussion by the Committee, Ms. Clancey made a motion which was properly seconded, to recommend that the Board consider beginning the process of multitier licensure and assigning the Regulatory Committee the authority to define the scope of practice. The motion passed unanimously.

Ronnie Zuessman, Supervisor of the Prince William County Community Services Board provided comment for consideration regarding “mental health skill building” and requested feedback. The Committee determined that mental health skill building alone does not constitute “clinical social work services” as it does not have diagnostic responsibility; therefore Ms. Haynes suggested that board staff contact Mr. Zuessman and refer him to the definition of clinical social work services in the Regulations and in Guidance Document 140-10.

Dr. Paulson made a motion, which was properly seconded, to update Regulations 18VAC140-20-110(B)(3) and 18VAC140-20-110(C)(3) to require that a minimum of one hour of face-to-face supervision must be provided per 40 hours of work experience at the appropriate level of licensure for which the applicant is applying. The motion carried with one member in opposition (Mr. Salay), who expressed concerns about the clarity of the wording.

### **NEW BUSINESS:**

There was not new business.

### **NEXT MEETING:**

Dr. Winters scheduled the next Regulatory Committee meeting for Friday, April 29, 2016 from 11:00 a.m. to 1:00 p.m.

**ADJOURNMENT:**

There being no further business to come before the Committee, the meeting was adjourned at 3:46 p.m.

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Bernadette Winters, Chair

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Jaime Hoyle, Executive Director

DRAFT

**THE VIRGINIA BOARD OF SOCIAL WORK  
MINUTES  
Friday, March 25, 2016**

The Virginia Board of Social Work ("Board") meeting convened at 10:10 a.m. on Friday, March 25, 2016, at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Bernadette Winters, Chair called the meeting to order.

**BOARD MEMBERS PRESENT:** Maria Eugenia del Villar, L.C.S.W.  
Yvonne Haynes, L.C.S.W.  
Dolores Paulson, L.C.S.W., Ph.D.  
John Salay, L.C.S.W.  
Joseph Walsh, L.C.S.W., Ph.D.  
Bernadette Winters, L.C.S.W., Ph.D.  
Kristi Wooten

**BOARD MEMBERS ABSENT:** Jamie Clancy, L.C.S.W.  
Angelia Allen

**STAFF PRESENT:** Sarah Georgen, Licensing Manager  
Lisa Hahn, Chief Deputy Director of DHP  
Jaime Hoyle, Executive Director  
Jennifer Lang, Deputy Executive Director  
Charlotte Lenart, Licensing Specialist  
Elaine Yeatts, Senior Policy Analyst

**BOARD COUNSEL:** James Rutkowski, Assistant Attorney General

**ESTABLISHMENT OF A QUORUM:**

With seven members of the Board present, a quorum was established.

**MISSION STATEMENT:**

Ms. Haynes read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

**EMERGENCY EGRESS:**

Ms. Haynes announced the Emergency Egress Procedures.

**ADOPTION OF AGENDA:**

The agenda was accepted as written.

**PUBLIC COMMENT:**

Debra Riggs, Executive Director of the National Association of Social Workers, Virginia Chapter provided public comment.

**APPROVAL OF MINUTES:**



Ms. Wooten motioned to approve the October 30, 2015 meeting minutes as written. The motion was seconded and carried.

### **DIRECTOR'S REPORT:**

Ms. Hahn provided the Director's report stating that DHP's Healthcare Workforce Data Center is actively participating in outreach efforts to high school and career counselors to raise interest in the healthcare field.

### **REGULATORY/LEGISLATIVE UPDATE:**

Ms. Yeatts reviewed a report of bills presented to the 2016 General Assembly. Ms. Yeatts indicated that the Board will need to address House Bill 319 at the next full Board meeting for continuing education for certain individuals.

### **EXECUTIVE DIRECTOR'S REPORT:**

Ms. Hoyle thanked the staff for their hard work and dedication and acknowledged that the Behavioral Science Boards are currently short staffed with two licensing managers on leave. She reported that Ms. Lang, Ms. Georgen and Ms. Lenart continue to provide coverage for the other Behavioral Sciences Boards during the staffing shortage.

Ms. Hoyle announced that Ms. Georgen was participating in a DHP Licensing Workgroup which shares best practices among Boards and identifies licensing process resolutions to areas of concern. Ms. Hoyle acknowledged Ms. Georgen's leadership in the creation of the Social Work Licensure Process Handbook which is now utilized by the Board of Counseling.

Ms. Hoyle announced that Ms. Lang was participating in a DHP Discipline Workgroup and a DHP Compliance Workgroup which helps identify efficient case processes.

Ms. Hoyle stated that she and Ms. Georgen recently provided a presentation to Virginia Commonwealth University students as a form of outreach to help emerging students obtain licensure. They plan to continue this particular outreach each semester.

Ms. Hoyle stated that Peggy Woods, with the Health Practitioners' Monitoring Program, and Dr. Elizabeth Carter, with Healthcare Workforce Data Center, will provide a presentation to the Board at the next meeting.

### **DEPUTY EXECUTIVE DIRECTOR'S REPORT:**

Ms. Lang referred to the agency's statistics for discipline cases and noted that the Board's data for the past quarter showed significant improvement. She thanked board members for their time in reviewing disciplinary matters but acknowledged that that backlog of cases for review continues. She specifically thanked Dr. Paulson and Mr. Salay for their participation in a recent informal conference and noted that following the conference they were able to review ten cases for probable cause.

Ms. Lang discussed further review of discipline processes and noted that in an effort to ensure more consistent Board decisions, Mr. Salay and Dr. Paulson have agreed to hear the majority of informal conferences as a dedicated Special Conference Committee. Additional Committees will also be appointed

as needed but this process will make the process easier when attempting to ensure a panel of board members at formal hearings. Ms. Lang also noted that she is working on a process to allow an Agency Subordinate to hear credentials matters, in order to allow board members the opportunity to preside over discipline cases. Following a review by an Agency Subordinate, the decision will be presented to the Board as a Recommended Decision, which will require a majority vote before a final order is entered. It is hopeful that this process will allow applicant appeals to be heard more quickly.

#### **LICENSING MANAGER’S REPORT:**

Ms. Georgen announced that for Quarter 2 of the 2016 Fiscal Year, the Board of Social Work regulated 6,690 licensees and licensed 125 individuals. Ms. Georgen stated that the satisfaction rate for the Board was 94.4%. She also stated that the updated forms were implemented and have been received positively by the public and applicants.

#### **REGULATORY COMMITTEE REPORT:**

Dr. Winters announced that the Sub-Committee and Regulatory Committee had met in February. She provided the Board with a recommendation to consider three types of licensure for consideration: Bachelors of Social Work (“BSW”), Masters of Social Work (“MSW”), and Clinical Social Work (“LCSW”). Dr. Winters recommended that the Regulatory Committee discuss and identify the scope of practice and define the requirements for BSW and MSW licensure. Additionally, Dr. Winters identified exemptions from licensure as a continued topic of discussion.

Dr. Winters reviewed the highlights from the Regulatory Committee meeting and announced the next meeting for April 29, 2016.

Ms. del Villar requested to be appointed to the Regulatory Committee. Ms. Hahn reminded the Board of possible budgetary concerns of the Regulatory Committee consisting of all nine Board members. Ms. Hoyle and Ms. Haynes would review the budget of the Board and will provide a decision to Ms. del Villar.

#### **CREDENTIALS COMMITTEE REPORT:**

No report.

#### **SPECIAL CONFERENCE COMMITTEE REPORT:**

This report was included in the Deputy Executive Director’s report.

#### **BOARD OF HEALTH PROFESSIONS REPORT:**

Ms. Haynes reported that Dr. Elizabeth Carter continues to refine the Healthcare Workforce data and provided a presentation of the interactive program on the Board of Health Professions website which provided current profession-based information for the public.

Ms. Haynes announced that the Board of Health Professions approved the recommendation of the Regulatory Committee that a letter be sent to Senator Alexander explaining findings, to date, and advise of the availability of the Board’s standard policies and procedures process for evaluating the need to regulate any new profession. Inherent in this action is the request for the new classification of ‘funeral counselor’.

Ms. Haynes reported that Mr. Robert Patron, Citizen Member, was elected Board Chair and Dr. Helene Clayton-Jeter, Board of Optometry was elected, Vice Chair of the Board of Health Professions.

Lastly, Ms. Haynes reported that a presentation was provided regarding the Wilder School of Government and Public affairs, capstone project. The deliverable was a comprehensive review of the literature and insights into current best practices in the regulation of telehealth practice. The final report will be submitted to the various boards for review and placement on the web site when completed.

**BREAK:**

At 11:03 a.m., the Board took a 5 minute break. At 11:08 a.m., the Board reconvened.

**NEW BUSINESS:**

Ms. Yeatts discussed the adoption of Proposed Regulations pursuant to the Notice of Intended Regulatory Action (“NOIRA”) published on January 11, 2016. When the Board adopted regulatory changes pursuant to a periodic review by a fast-track action, the Department of Planning and Budget determined that 3 of the proposed amendments did not qualify for fast-track. Therefore, this NOIRA was published to identify those changes through the normal Administrative Process Act. The comment period for the NOIRA closed on February 10, 2016. There were no public comments. Mr. Salay motioned to approve the proposed Regulatory changes. The motion was seconded and carried.

The Regulatory Committee recommended issuing a NOIRA to require of those applying for reinstatement or reactivation of licensure to complete a minimum of one hour of face-to-face supervision per 40 hours of work experience. After a lengthy discussion Dr. Winters made a motion to amend the general language for the supervision experience for reinstatement and reactivation of licensure, and refer the issue back to the Regulatory Committee for further discussion. The motion was seconded and carried.

The Regulatory Committee also recommended issuing a NOIRA to amend and broaden the current definition of clinical social work services to include the addition of “psychosocial interventions”. Dr. Walsh motioned to accept the recommendation of the Regulatory Committee. The motion was seconded and carried.

The Board discussed the Petition for Rule-Making that requested to amend section 18VAC140-20-70 to allow persons who have failed the licensing examination to count their supervision hours beyond the 2 years currently prescribed. The amendment would grandfather those applicants who do not meet current requirements for registration of supervision. Ms. Wooten motioned to deny the Petition for Rule-Making as the section reference in the petition was not applicable. The motion was seconded and carried.

**NEXT MEETING:**

Ms. Haynes announced that the next full Board meeting would occur on July 29, 2016.

**ACTION ITEMS:**

**For the Regulatory Committee:**

- Discuss the requirements for supervision and reinstatement

**For the Full Board:**

- Discuss House Bill 319 for continuing education for certain individuals
- Receive a presentation from Peggy Woods with the Health Practitioners' Monitoring Program
- Receive a presentation from Dr. Elizabeth Carter with Healthcare Workforce Data Center

**ADJOURNMENT:**

There being no further business to come before the Committee, the meeting was adjourned at 11:34 p.m.

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Yvonne Haynes, Chair

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Jaime Hoyle, Executive Director

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# Scope of Practice

## Proposed Licensure in Virginia

License/Registration Type	Education	Exam	Scope of Practice
CSW or CBSW	BSW	Bachelor's Level	** for board discussion and determination <b>(possibly change to a certification that has to work under supervision)</b>
LMSW	MSW	Master's level	** for board discussion and determination Similar to LSW but at a higher level
Registration of Supervision <b>(unchanged)</b>	MSW	None	Used as a registration towards licensure (same as current process) <b>(board will soon begin to utilize the authority to issue a registration number instead of a letter of approval)</b>
LCSW <b>(unchanged)</b>	MSW	Clinical level	Independent clinical practice

1. Change LSW to a certification with supervised work experience?
  - a. Similar to Counseling with CSAC and LSATP
  - b. If the MSW is a higher level of education, then it should be the only non-clinical that is allowed to practice independently.
2. Define scope of practice for each level.
3. Define education requirements for each level.
4. Exemptions
  - a. Not possible through regulations.

State	License Type	Requirements	Scope of Practice
New Jersey	CSW	<p>a) An applicant for certification as a CSW shall submit the following, on forms provided by the Board:</p> <p>1) A completed application form, which requests information concerning the applicant's educational and experiential background;</p> <p>2) The application fee set forth in N.J.A.C. 13:44G-14.1;</p> <p>3) A signed consent form acknowledging that the Board will perform a criminal history background check as a prerequisite of certification; and</p> <p>4) The following documents:</p> <p>i) An official transcript indicating that the applicant has received a baccalaureate degree in social work from an educational program accredited, or in candidacy for accreditation, by the Council on Social Work Education;</p> <p>or</p> <p>ii) An official transcript indicating that the applicant acquired a baccalaureate degree prior to April 6, 1995, from an accredited institution of higher education in one of the following fields: Guidance and Counseling, Human Services, Marriage and Family Counseling, Psychology, Sociology, Vocational/Disability Rehabilitation, and Social Work (from institutions not accredited, or in candidacy for accreditation, by the Council on Social Work Education) and an affidavit or other form as</p>	<p>a. The scope of practice of a CSW includes, but is not limited to, social work services. Social work services include, but are not limited to, social work assessment, social work consultation, social work counseling, social work planning, social work community organization, social work policy, social work administration, social work research, and social work client-centered advocacy. These terms are more specifically defined in N.J.A.C. 13:44G-1.2.</p> <p>b. A CSW shall not engage in clinical social work services.</p>

		the Board may require attesting to the applicant having acquired one year of full-time social work experience (1,600 hours in any consecutive 18-month period) prior to April 6, 1995.	
	LSW	<p>a) An applicant for licensure as an LSW shall submit the following, on forms provided by the Board:</p> <ol style="list-style-type: none"> <li>1) A completed application form, which requests information concerning the applicant's educational and experiential background;</li> <li>2) The application fee set forth in N.J.A.C. 13:44G-14.1;</li> <li>3) A signed consent form acknowledging that the Board will perform a criminal history background check as a pre-requisite of licensure;</li> <li>4) An official transcript indicating that the applicant has received a master's degree in social work from an educational program accredited, or in candidacy for accreditation, by the Council on Social Work Education; or a doctorate in social work from an accredited institution of higher education; and</li> <li>5) Proof of successful completion of the master's level examination administered by the ASWB. <ol style="list-style-type: none"> <li>i) An applicant pursuing a master's degree in social work and enrolled in the last semester of an educational program accredited or in candidacy for accreditation by the Council on Social Work Education is eligible to take the master's level examination.</li> </ol> </li> </ol>	<p>a. The scope of practice of an LSW includes, but is not limited to:</p> <ol style="list-style-type: none"> <li>1. Social work services. Social work services include, but are not limited to, social work assessment, social work counseling, social work consultation, social work planning, social work community organization, social work policy, social work administration, social work research, and social work client-centered advocacy. These terms are more specifically defined in N.J.A.C. 13:44G-1.2; and</li> <li>2. Clinical social work services, under the supervision of a LCSW or other supervisor acceptable to the Board pursuant to the clinical supervision standards set forth in N.J.A.C. 13:44G-8.1. Clinical social work services include, but are not limited to, clinical assessment, clinical consultation, psychotherapeutic counseling and client centered advocacy. A LSW may not, however, provide clinical supervision. These terms are more specifically defined in N.J.A.C. 13:44G-1.2.</li> </ol> <p>b. No LSW is permitted to perform custody/parenting time evaluations as set forth in Subchapter 13.</p>
	LCSW	<p>a. For purposes of this section, "two years of full-time clinical social work" means 1,920 hours of face-to-face client contact within any three consecutive year period subsequent to earning a</p>	<p>a. The scope of practice of an LCSW includes, but is not limited to:</p> <ol style="list-style-type: none"> <li>1. Clinical social work services. Clinical social work services include, but are not</li> </ol>



	<p>master's degree in social work under direct supervision pursuant to the standards set forth in N.J.A.C. 13:44G-8.1.</p> <p>b. An applicant for licensure as an LCSW shall submit the following, on forms provided by the Board.</p> <ol style="list-style-type: none"> <li>1. A completed application form, which requests information concerning the applicant's educational and experiential background;</li> <li>2. The application fee set forth in N.J.A.C. 13:44G-14.1;</li> <li>3. An official transcript indicating that the applicant: <ol style="list-style-type: none"> <li>i. Received a master's degree in social work from an educational program accredited, or in candidacy for accreditation, by the Council on Social Work Education; or a doctorate degree in social work from an accredited institution of higher education;</li> <li>ii. Completed 12 semester hours of graduate level course work in methods of clinical social work practice, exclusive of field placement, from an educational program accredited, or in candidacy for accreditation, by the Council on Social Work Education. The applicant shall obtain 12 credits in any of the following areas of study: <ol style="list-style-type: none"> <li>a. Human behavior and the social environment;</li> <li>b. Diagnosis and assessment in social work practice;</li> <li>c. Models of psychotherapy or clinical practice (for example, psychodynamic, behavioral, cognitive therapies, task-centered, psychosocial, crisis intervention approaches, etc.);</li> </ol> </li> </ol> </li> </ol>	<p>limited to, clinical assessment, clinical consultation, psychotherapeutic counseling, client centered advocacy, and clinical supervision of individuals pursuant to the standards set forth in N.J.A.C. 13:44G-8.1. These terms are more specifically defined in N.J.A.C. 13:44G-1.2;</p> <ol style="list-style-type: none"> <li>2. Social work services. Social work services include, but are not limited to, social work assessment, social work consultation, social work counseling, social work planning, social work community organization, social work policy, social work administration, social work research, and social work client-centered advocacy. These terms are more specifically defined in N.J.A.C. 13:44G-1.2; and</li> <li>3. Custody/parenting time evaluations as set forth in Subchapter 13.</li> </ol>
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		<ul style="list-style-type: none"> <li>d. Clinical supervision and consultation; and/or</li> <li>e. Intervention with special populations;</li> </ul> <ol style="list-style-type: none"> <li>4. A supervisor's certification indicating that the applicant has acquired two years of satisfactory full-time clinical social work experience under supervision within a period of not less than two, and not more than three consecutive years. In the event that the applicant is unable to provide a supervisor's certification, the applicant shall submit to the Board an affidavit explaining the reason(s) why the applicant is not able to obtain the supervisor's certification;</li> <li>5. Proof that the applicant has successfully completed the clinical examination administered by the ASWB;</li> <li>6. Proof that the applicant was an LSW at the time that the experience in (a) above was acquired, or proof that the applicant engaged in social work practice in a setting in which licensure is not required pursuant to N.J.S.A. 45:15BB-5; and</li> <li>7. A signed consent form acknowledging that the Board will perform a criminal history background check as a pre-requisite of licensure.</li> </ol>	
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<b>North Carolina</b>	CSW	<p><u>EDUCATION:</u> BSW from CSWE accredited undergraduate school.</p> <p><u>EXAMINATION:</u> ASWB <b>Bachelor level</b> examination.</p> <p><u>EXPERIENCE:</u> No prior experience required.</p> <p><u>APPLICATION FEE:</u> \$115</p> <p><u>BIENNIAL RENEWAL:</u> \$70 and documentation of 40 clock hours of CE (4 in ethics) every 2 years.</p>	<p>A person who is certified under this Chapter to practice social work as a social worker and is engaged in the practice of social work.</p> <p>The professional application of social work theory and methods to the biopsychosocial diagnosis, treatment, or prevention, of emotional and mental disorders. Practice includes, by whatever means of communications, the treatment of individuals, couples, families, and groups, including the use of psychotherapy and referrals to and collaboration with other health professionals when appropriate. Clinical social work practice shall not include the provision of supportive daily living services to persons with severe and persistent mental illness as defined in G.S. 122C-3(33a).</p>
	CMSW	<p><u>EDUCATION:</u> MSW, DSW, or PhD in social work from CSWE accredited school.</p> <p><u>EXAMINATION:</u> ASWB <b>Master level</b> examination <u>or</u> ACSW examination.</p> <p><u>EXPERIENCE:</u> No prior experience required.</p> <p><u>APPLICATION FEE:</u> \$115</p> <p><u>BIENNIAL RENEWAL:</u> \$90 and documentation of 40 clock hours of CE (4 in ethics) every 2 years.</p>	<p>A person who is certified under this Chapter to practice social work as a master social worker and is engaged in the practice of social work.</p>
	LCSW	<p>[MANDATORY for clinical practice]</p> <p><u>EDUCATION:</u> MSW, DSW or PhD in social work from CSWE accredited school.</p> <p><u>EXAMINATION:</u> ASWB <b>Clinical level</b> exam.</p> <p><u>EXPERIENCE:</u> Minimum of 3,000 hours of post MSW paid clinical employment appropriately supervised clinical practice) <b>accumulated in no less than two (2)</b></p>	<p>A person who is competent to function independently, who holds himself or herself out to the public as a social worker, and who offers or provides clinical social work services or supervises others engaging in clinical social work practice.</p>

	<p><b>years, nor more than six (6) years.</b></p> <p><u>SUPERVISION:</u> Minimum of 100 hours of supervision from a LCSW, MSW with an additional 2 years post LCSW clinical social work practice, on a regular basis: at least one (1) hour of supervision for every thirty (30) hours of clinical practice. A maximum of twenty-five (25) hours may be group supervision.</p> <p><u>APPLICATION FEE:</u> \$115</p> <p><u>BIENNIAL RENEWAL:</u> \$150 and documentation of 40 clock hours (4 in ethics) every 2 years.</p>	
LCSWA	<p>For social workers who have not satisfied the experience requirements for LCSW licensure. [For more information, refer to the LCSW ASSOCIATE LICENSE tab.]</p> <p><u>EDUCATION:</u> MSW, DSW, or PhD in social work from a CSWE accredited school.</p> <p><u>EXAMINATION:</u> None required for initial licensure; however, LCSWA licensees must pass the ASWB Clinical level exam within their initial licensure period to be eligible for renewal if additional time is required to satisfy the 2 years/3000 hours of supervised clinical experience needed for LCSW licensure.</p> <p><u>EXPERIENCE:</u> While no experience is required to receive this license, associate licensees must document their supervision and practice to the Board every 6 months as required by regulation. Acceptable experience must be post MSW paid clinical employment.</p> <p><u>APPLICATION FEE:</u> \$115</p>	<p>A person issued an associate license to provide clinical social work services pursuant to G.S. 90B-7(f).</p>

		<p><u>BIENNIAL RENEWAL:</u> \$140 and documentation of 40 clock hours of CE (4 in ethics) every 2 years, but cannot exceed 6 years (2 renewal cycles).</p>	
	<p>CSWM (Mgr)</p>	<p><u>EDUCATION:</u> BSW, MSW, DSW, or PhD in Social Work from a CSWE accredited school.</p> <p><u>EXAMINATION:</u> ASWB <b>Advanced Generalist level</b> examination</p> <p><u>EXPERIENCE:</u> Three thousand (3,000) hours of post degree paid employment accumulated in no less than two (2) years, no more than six (6) years.</p> <p><u>SUPERVISION:</u> Minimum of 100 hours of supervision on a regular basis, by a Social Work Administrator certified by the Board on at least one level and who has a minimum of five years administration experience in a Social Work or Mental Health setting. A maximum of fifty (50) hours may be through group supervision.</p> <p><u>APPLICATION FEE:</u> \$115</p> <p><u>BIENNIAL RENEWAL:</u> \$150 and documentation of 40 clock hours (4 in ethics) every 2 years.</p>	<p>A person who is certified under this Chapter to practice social work as a social work manager and is engaged in the practice of social work.</p>

## New Jersey Regulations

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

"ASWB" means Association of Social Work Boards.

"Clinical social work" means the professional application of social work methods and values in the assessment and psychotherapeutic counseling of individuals, families, or groups.

"Clinical social work services" means social work services which may be performed only by a LCSW or a LSW under supervision pursuant to N.J.A.C. 13:44G-8. Clinical social work services include, but are not limited to, the following:

1. Clinical assessment, defined as the process of evaluation in which a LCSW or a LSW conducts a differential, individualized and accurate identification of the psychosocial/ behavioral problems existing in the life of the individual client, the family or group for the purpose of establishing a plan to implement a course of psychotherapeutic counseling. A clinical social work assessment includes, but is not limited to, a mental status examination and a psychosocial history. The clinical social worker may utilize currently accepted diagnostic classifications including, but not limited to, the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, as amended and supplemented.
2. Clinical consultation, defined as ongoing case discussion and evaluation focusing on, but not limited to, clinical social work data, clinical goals and treatment plans for the implementation of psychotherapeutic counseling with individuals, groups and families. Clinical consultation may also include intervention with appropriate individuals and entities;
3. Psychotherapeutic counseling, defined as ongoing interaction between a social worker and an individual, family or group for the purpose of helping to resolve symptoms of mental disorder, psychosocial stress, relationship problems or difficulties in coping with the social environment;
4. Client centered advocacy, defined as the service in which, as part of the psychotherapeutic process, the social worker functions on behalf of individuals, families or groups to bring about or influence change to improve the quality of life, enhance empowerment and assure the basic rights of the client; and
5. Clinical supervision of individuals pursuant to the standards set forth in N.J.A.C. 13:44G-8.1.

"CSW" means certified social worker.

"LCSW" means licensed clinical social worker.

"LSW" means licensed social worker.

"Social work" means the activity directed at enhancing, protecting or restoring a person's capacity for social functioning, whether impaired by physical, environmental, or emotional factors.

"Social work services" means concrete, non-clinical services, which may be performed only by a Board licensee or certificate holder. Social work services include, but are not limited to, the following:

1. "Social work assessment," defined as identifying problems and gathering sufficient information to make referrals and to determine and implement a plan of social care and action;
2. "Social work counseling," defined as the professional application of social work methods and values in advising and providing guidance to individuals, families or groups for the purpose of enhancing, protecting or restoring the capacity for coping with the social environment, exclusive of the practice of psychotherapy and includes giving advice, delineating alternatives, helping to articulate goals and providing needed information.
3. "Social work consultation," defined as discussion and evaluation focusing on data, goals and objectives, including intervention with individuals, agencies, businesses, organizations, groups and communities for purposes of problem solving;
4. "Social work planning," defined as specifying future objectives, evaluating the means for achieving them, including identifying appropriate resources, and making deliberate choices about appropriate courses of action in order to enhance social well-being;
5. "Social work community organization," defined as the process of social interaction and the method of social work concerned with meeting broad needs and bringing about and maintaining adjustment between needs and resources in a community or other areas; helping people to deal more effectively with their problems and objectives by helping them develop, strengthen and maintain qualities of participation, self-direction and cooperation; and bringing about changes in community and group relationships and in the distribution of decision-making power. The community which is the primary client may be an organization, neighborhood, city, county, state or national entity;
6. "Social work policy," defined as the practice concerned primarily with translating laws, technical knowledge and administrative rulings into organizational goals and operational policies to guide organizational behavior; designing organizational structure and procedures or processes through which social work goals can be achieved; securing resources in the form of material, staff and clients; and obtaining the public support necessary for attaining social work goals;
7. "Social work administration," defined as applying specialized social work knowledge, skills and techniques to the coordinated totality of activities in a social welfare organization in order to transform policies into services; also, a method of practice by which the social worker plans, assigns, coordinates, evaluates and mediates the interdependent tasks, functions, personnel, and activities that are called upon to achieve the mission of the organization;
8. "Social work research," defined as the formal organization and the methodology of data collection and the analysis and evaluation of data; and
9. "Social work client-centered advocacy," defined as the service in which the social worker functions on behalf of individual clients, groups, or other entities including, but not limited to, social work and governmental agencies, and specific issues related to those organizations. The purpose of client centered advocacy is to bring about or influence change to improve the quality of life, enhance empowerment and assure the basic rights of the entity or individual being served by the social worker.

### **13:44G-1.3 PERSONS REQUIRING LICENSURE; PERSONS REQUIRING CERTIFICATION**

Unless exempted from licensure or certification pursuant to N.J.S.A. 45:15BB-5, a person whose activities are within the scope of practice of N.J.A.C. 13:44G-3.1 is required to be licensed as a clinical social worker; a person whose activities are within the scope of practice of N.J.A.C. 13:44G-3.2 is required to be licensed as a social worker; and a person whose activities are within the scope of practice of N.J.A.C. 13:44G-3.3 is required to be certified as a social worker.



## North Carolina Regulations

The following definitions apply in this Chapter:

1. Board. – The North Carolina Social Work Certification and Licensure Board.
2. Repealed by Session Laws 203-410, s. 8, effective August 23, 2013.
3. Certified Master Social Worker. – A person who is certified under this Chapter to practice social work as a master social worker and is engaged in the practice of social work.
4. Certified Social Work Manager. – A person who is certified under this Chapter to practice social work as a social work manager and is engaged in the practice of social work.
5. Certified Social Worker. – A person who is certified under this Chapter to practice social work as a social worker and is engaged in the practice of social work.
6. Clinical Social Work Practice. – The professional application of social work theory and methods to the biopsychosocial diagnosis, treatment, or prevention, of emotional and mental disorders. Practice includes, by whatever means of communications, the treatment of individuals, couples, families, and groups, including the use of psychotherapy and referrals to and collaboration with other health professionals when appropriate. Clinical social work practice shall not include the provision of supportive daily living services to persons with severe and persistent mental illness as defined in G.S. 122C-3(33a).
  - a. Licensed Clinical Social Worker. - A person who is competent to function independently, who holds himself or herself out to the public as a social worker, and who offers or provides clinical social work services or supervises others engaging in clinical social work practice.
  - b. Licensed Clinical Social Worker Associate. - A person issued an associate license to provide clinical social work services pursuant to G.S. 90B-7(f).
7. Practice of Social Work. – To perform or offer to perform services, by whatever means of communications, for other people that involve the application of social work values, principles, and techniques in areas such as social work services, consultation and administration, and social work planning and research.
8. Social Worker. – A person certified, licensed, or associate licensed by this Chapter or otherwise exempt under G.S. 90B-10.”

## Nebraska Regulations

### 94-002 DEFINITIONS

Act means Neb. Rev. Stat. §71-1,295 to 71-1,338 known as the Practice of Mental Health section of the Uniform Licensing Law.

Actually Engaged in the Practice of Social Work includes services and activities provided under the direct supervision of a person with at least a master's degree in social work from an approved educational program or services and activities which are classified by title or description of duties and responsibilities as social work practice.

Approved Continuing Education Program means courses, clinics, forums, lectures, training programs, seminars, home study programs, publications, presentations, or video, satellite or other electronic interactive programs, including formal course presentations, that pertain to mental health or the associated certificates and are approved by the Board.

Assessment means the process of collecting pertinent data about client or client systems and their environment and appraising the data as a basis for making decisions regarding treatment and/or referral.

Associated Certificate means a certificate issued to provide for the use of the title certified social worker, certified master social worker, certified professional counselor, or certified marriage and family therapist.

Attest/Attestation means that the individual declares that all statements on the application/petition are true and complete.

BAC means blood alcohol content.

Board means the Board of Mental Health Practice.

Certified Marriage and Family Therapist (CMFT) means a person who is certified to practice marriage and family therapy pursuant to the Uniform Licensing Law and who holds a current certificate issued by the Department.

Certified Master Social Worker (CMSW) means a person who meets the standards established in subsection (1) of Neb. Rev. Stat. § 71-1,319 and who holds a current certificate issued by the Department.

Certified Professional Counselor (CPC) means a person who is certified to practice professional counseling pursuant to the Uniform Licensing Law and who holds a current certificate issued by the Department.

Certified Social Worker (CSW) means a person who meets the standards established in subsection (2) of Neb. Rev. Stat. §71-1,319 and who holds a current certificate issued by the Department.

Client or Client System means an individual, couple, family or group in a professional work setting.

Code of Ethics means the actions or practices defined in 172 NAC 94-016 'Unprofessional Conduct', as defined in these regulations.

Collateral Contact means interactions with individuals on behalf of a client, but not necessarily in the presence of the client, that support, reinforce or otherwise affect the treatment process. Supervision is not considered as collateral contact.

Completed Application means an application with all of the information requested, the signature of the applicant, fees and all required documentation submitted.

Continuing Competency means to ensure:

1. The maintenance by a credentialed person of knowledge and skills necessary to competently practice mental health, marriage and family therapy, professional counseling, and/or social work,
2. The utilization of new techniques based on scientific and clinical advances, and
3. The promotion of research to assure expansive and comprehensive services to the public. It is the competency required as a condition of licensure renewal, pursuant to Neb. Rev. Stat. § 71-161.09.

Continuing Education is the method of continuing competency. Continuing Education (CE) Hour or Credit is defined as follows:

Academic credit:

- a. 1 semester hour of academic credit equals 15 continuing education credit hours. 1 semester hour credit audited equals 8 hours of continuing education;
- b. 1 quarter hour of academic credit equals 10 continuing education credit hours. 1 quarter hour credit audited equals 5 hours of continuing education; and
- c. 1 trimester hour of academic credit equals 14 continuing education credit hours. 1 trimester hour credit audited equals 7 hours of continuing education.
- d. Dissertations may accumulate up to 32 hours of continuing education per biennial renewal period.
- e. Teaching: Hours granted for teaching a college/university course are calculated as stated in subsection 2 above; 30 of the 32 hours may be earned per biennial.
- f. Home study programs may accumulate up to 20 hours of continuing education per biennial renewal period.
- g. Publications may accumulate up to 20 hours of continuing education per biennial renewal period.
- h. Educational/training videos may accumulate up to 10 hours of continuing education within a biennial renewal period.
- i. Workshop Presenters may receive credit for only the initial presentation during a renewal period. Credit will not be given for subsequent presentations of the same program/course.

Consultation means a professional collaborative relationship between a licensed mental health practitioner and a consultant who is a licensed psychologist or a qualified physician in which:

1. The consultant makes a diagnosis based on information supplied by the licensed mental health practitioner and any additional assessment deemed necessary by the consultant; and
2. The consultant and the licensed mental health practitioner jointly develop a treatment plan which indicates the responsibility of each professional for implementing elements of the plan, updating the plan, and assessing the client's progress.

Counseling means a professional relationship in which a mental health practitioner assists another (client) to understand, cope with, solve, and/or prevent problems, such as, but not limited to areas of education, vocation, and/or interpersonal relationships in the social environment.

Department means the Department of Health and Human Services Regulation and Licensure of the State of Nebraska.

Direct Client Contact means:

1. During a practicum direct client contact is contact between the practicum student and a client system, including collateral contacts, while providing mental health services. Supervisory sessions involving only the practicum student and supervisor will not be considered as direct client contact.
2. During completion of the 3,000 hours of supervised experience to fulfill postgraduate requirements for licensure direct client contact is face-to-face contact between a client system and a provisionally licensed mental health practitioner (PLMHP) while providing mental health services. Supervisory sessions involving only the PLMHP and supervisor will not be considered as direct client contact.

Director means the Director of Regulation and Licensure or the Chief Medical Officer if one has been appointed pursuant to Neb. Rev. Stat. § 81-3201, for performance of the duties set out in that statute.

Division means the Credentialing Division of the Department of Health and Human Services, Regulation and Licensure of the State of Nebraska.

Ethical Standards means the current Ethical Standards of the American Association of Marriage and Family Therapy (AAMFT), the National Association of State Social Workers (NASW), and the National Board for Certified Counselors (NBCC) as the Code of Professional Conduct for Mental Health Practice in Nebraska. A practitioner is required to comply with the ethical regulations of the National Association under which the practitioner holds an associated certificate. If the practitioner holds only the license as a mental health practitioner, s/he is not required to comply with the AAMFT, NASW, or the NBCC ethical standards. Copies of the Ethical Standards are available from the appropriate Association.

Inactive Certification means the voluntary termination of the right or privilege to practice social work, professional counseling, or marriage and family therapy. The certificate holder retains the right or privilege to represent himself or herself as having an inactive certificate.

Inactive License means the voluntary termination of the right or privilege to provide mental health services. The licensee retains the right or privilege to represent himself or herself as having an inactive license.

Internship or Practicum means:

1. For mental health practice it is the experience that an intern gained in a program of higher education accredited by the accrediting agency for the Council for Higher Education Accreditation (CHEA) or its successor. Internships or practicums completed after September 1, 1995, must include a minimum of 300 clock hours of direct client contact under the supervision of:
  - a. Hours earned Before September 1, 1994: A qualified physician, a licensed clinical psychologist, or a certified master social worker, certified professional counselor, or marriage and family therapist qualified for certification on September 1, 1994, for any hours completed before September 1, 1994; or
  - b. Hours earned After September 1, 1994: A qualified physician, a licensed psychologist, a licensed mental health practitioner for any hours completed after September 1, 1994, or an equivalent license in another jurisdiction;
2. For marriage and family therapy, it is defined in 172 NAC 94-002 “Approved Marriage and Family Therapy Program”; and
3. For professional counseling, it is defined in 172 NAC 94-002 “Approved Professional Counseling Program”.

Lapsed Certificate means the voluntary termination of the right or privilege to represent oneself as a certified person and to practice social work, professional counseling, or marriage and family therapy.

Lapsed License means the voluntary termination of the right or privilege to represent oneself as a licensed person and to provide mental health services.

Licensed means an individual who holds a current license to practice.

Licensed Mental Health Practitioner (LMHP) means a person who holds himself/herself out as a person qualified to engage in mental health practice or a person who offers or renders mental health practice services.

1. A person who is licensed as a mental health practitioner and certified as a master social worker may use the title Licensed Clinical Social Worker (LCSW).
2. A person who is licensed as a mental health practitioner and certified as a professional counselor may use the title Licensed Professional Counselor (LPC).
3. A person who is licensed as a mental health practitioner and certified as a marriage and family therapist may use the title Licensed Marriage and Family Therapist (LMFT).

Major Mental Disorder means any mental and emotional disorder in which the following behaviors occur or might reasonably be expected to occur regardless of specific diagnoses or the nature of the presenting complaint:

1. Persistent and/or severe suicidal or homicidal thinking and/or behaviors;

2. Persistent and/or severe behaviors injurious to self and/or others;
3. Psychotic symptoms which include delusions, hallucinations, or formal thought disorders; or
4. Physical complaints or signs suggestive of deterioration or anomaly in physiological, psychophysiological or neuropsychological functioning. The following diagnoses as referenced in the current edition of the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases are major mental disorders:
  - a. Schizophrenia;
  - b. Major depressive disorder;
  - c. Bipolar disorder;
  - d. Delusional disorder;
  - e. Psychotic disorder;
  - f. Panic disorder; and
  - g. Obsessive compulsive disorder.

Certain diagnoses which are referenced in the current edition of the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases, such as dissociative disorders, post traumatic stress disorder, dissociative identity disorder, severe eating disorder, and borderline personality disorder, are more likely than others to demonstrate one or more of the above behavioral criteria, although these diagnoses alone do not constitute a major mental disorder. Persons who have exhibited behaviors consistent with a major mental disorder in the past have an increased probability of exhibiting such behaviors in the future, especially under stress.

Marriage and Family Therapy means the assessment and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems through the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such disorders.

Mental Health means the relative state of emotional well-being, freedom from incapacitating conflicts, and the consistent ability to make and carry out rational decisions and cope with environmental stresses and internal pressures.

Mental Health Focus means an educational process consisting of mental health theories, techniques, practices, and methods necessary to prepare a mental health professional to identify, assess, and intervene with a client population for the primary purposes of providing or resulting in the clients optimal mental health.

Mental Illness means impaired psychosocial or cognitive functioning due to disturbances in any one or more of the following processes: biological, chemical, physiological, genetic, psychological, social, or environmental. Mental illness is extremely variable in duration, severity, and prognosis, depending on the specific type of affliction.

Mental Health Practice means the provision of treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations; and includes the initial assessment of organic mental or emotional disorders for the purpose of referral or consultation.

1. Mental health practice does not include:
  - a. The practice of psychology or medicine;
  - b. Prescribing drugs or electroconvulsive therapy;
  - c. Treating physical disease, injury, or deformity;
  - d. Diagnosing major mental illness or disorder except in consultation with a qualified physician or licensed clinical psychologist;
  - e. Measuring personality or intelligence for the purpose of diagnosis or treatment planning;
  - f. Using psychotherapy with individuals suspected of having major mental or emotional disorders except in consultation with a qualified physician or licensed clinical psychologist; or
  - g. Using psychotherapy to treat the concomitants of organic illness except in consultation with a qualified physician or licensed clinical psychologist.

Mental Health Practice Examination means:

1. The Association of Social Work Boards (ASWB) Clinical examination (previously referred to as the Level C category);
2. The Association of Marital and the Family Therapy Regulatory Boards (AMFTRB);
3. The National Board of Certified Counselor's National Counselor Examination (NBCC/NCE) or the National Clinical Mental Health Counselor Examination (NBCC/NCMHCE);
4. The Examination for Professional Practice in Psychology (EPPP); or
5. An equivalent examination as determined by the Board.

An applicant who by reason of educational background is eligible for certification as a Certified Master Social Worker, a Certified Professional Counselor, or a Certified Marriage and Family Therapist must take and pass the appropriate certification examination; those not eligible for certification in an associated field must take and pass the NBCC/NCE, NBCC/NCMHCE, or other examination as determined by the Board to be equivalent.

Mental Health Program means an educational program in a field such as, but not limited to, social work, professional counseling, marriage and family therapy, human development, psychology, or family relations, the content of which contains an emphasis on therapeutic mental health and course work in psychotherapy and the assessment of mental disorders.

NAC means the Nebraska Administrative Code, the system for classifying State agency rules and regulations. These regulations are 172 NAC 94. Official Transcript means issued by and under the original seal of the educational institution.

Qualified Supervisor means an individual who assumes the responsibility of supervision during the 3,000 hours of post-master's experience.

1. For marriage and family therapy certification a licensed mental health practitioner, licensed psychologist, or licensed physician who:
  - a. Holds a current active license;
  - b. Has not had his/her license disciplined, limited, suspended, or placed on probation during the 1 year immediately preceding the application for a provisional license. At least 1 year must have elapsed following completion of any disciplinary terms and conditions. If any of these actions are taken by the Department during the supervisory agreement period, the supervisor must terminate the supervision immediately and notify the Department; and
  - c. Holds an "approved supervisor's" designation certificate from the American Association for Marriage and Family Therapy; or
  - d. Provides evidence of training in clinical supervision equivalent to 15 hours. Evidence must be shown through academic course work, continuing education, or consultation with a qualified marriage and family therapy supervisor, and has 3 years of experience supervising the provision of marriage and family therapy services.
  
2. For mental health practice licensure a qualified physician, a licensed psychologist, a licensed mental health practitioner, or a similar license/certification in another jurisdiction, who:
  - a. Holds a current active license; and
  - b. Has not had his/her license disciplined, limited, suspended, or placed on probation during the 1 year immediately preceding the application for a provisional license. At least 1 year must have elapsed following completion of any disciplinary terms and conditions. If any of these actions are taken by the Department during the supervisory agreement period, the supervisor must terminate the supervision immediately and notify the Department.
  
3. For master social work certification a certified master social worker, who:
  - a. Holds a current active certificate; and
  - b. Has had no disciplinary action during the 5 years immediately preceding application for a provisional certificate or during the supervision period. If discipline occurs, the supervisor must terminate the supervision immediately and notify the Department.

Social Work Practice or the Practice of Social Work means the professional activity of helping individuals, groups, and families or larger systems such as organizations and communities to improve, restore, or enhance their capacities for personal and social functioning and the professional application of social work values, knowledge, principles, and methods in the following areas of practice:

1. Information, resource identification and development, and/or referral services;
2. Preparation and evaluation of psychosocial assessments and development of social work service plans;
3. Case management, coordination, and monitoring of social work service plans in the areas of personal, social, or economic resources, conditions, or problems;



4. Development, implementation, evaluation, and/or administration of social work programs and policies;
5. Supportive contacts to assist individuals and groups with personal adjustment to crisis, transition, economic changes, or a personal or family member's health condition, especially in the area of services given in hospitals, health clinics, home health agencies, schools, shelters for the homeless, shelters for the urgent care of victims of sexual assault, child abuse, elder abuse, or domestic violence, nursing homes, and correctional facilities;
  - a. Nothing in this section prevents charitable and religious organizations; the clergy; governmental agencies; hospitals; health clinics; home health agencies; schools; shelters for the homeless; shelters for the urgent care of victims of sexual assault, child abuse, elder abuse, or domestic violence; nursing homes; or correctional facilities from providing supportive contacts to assist individuals and groups with adjustment to crisis, transition, economic change, or personal or a family member's health condition if such persons or organizations do not represent himself/herself to be social workers or provides mental health services;
6. Social casework for the prevention of psychosocial dysfunction, disability, or impairment; and
7. Social work research, consultation, and education.
8. Social work practice does not include:
  - a. The measuring and testing of personality or intelligence;
  - b. Accepting fees or compensation for the treatment of disease, injury, or deformity of persons by drugs, surgery, or any manual or mechanical treatment whatsoever;
  - c. Prescribing drugs or electroconvulsive therapy; and
  - d. Treating organic diseases or major psychiatric diseases, except by an individual seeking to fulfill postgraduate requirements for licensure under the supervision of a licensed professional as provided in Neb. Rev. Stat. §71-1,312.
9. An individual who practices within the confines of this section shall not be required to be licensed as a mental health practitioner or certified as a social worker as long as s/he does not represent himself/herself as a mental health practitioner or as a social worker.

Supervision means the successful completion of 3,000 hours of supervised experience after receipt of the master's degree and during the 5 years immediately preceding the application for licensure and/or certification. The supervised experience must:

1. Focus on raw data from the applicant's clinical work which is made directly available to the supervisor through such means as written clinical materials, direct observation, and video and audio recordings;
2. Include a process which is distinguishable from personal psychotherapy or didactic instruction; and
3. Consist of at least 1,500 hours of direct client contact in a setting where mental health services are being offered during which:
  - a. The supervisee apprises the supervisor of the diagnosis and treatment of clients;
  - b. The clients' cases are discussed;
  - c. Ethical principles of the profession are discussed;
  - d. The supervisor provides the supervisee with oversight and guidance in treating and dealing with clients; and
  - e. The supervisor evaluates the supervisee's performance.

Supervision for Marriage and Family Therapy Certification must also include:

1. A minimum of 1,500 hours of direct client contact with a minimum cumulative ratio of 2 hours of face-to-face contact between the supervisee and a qualified supervisor per 15 hours of the supervisee's contact with clients, no more than 45 hours may be accumulated without supervision;
2. The supervisor cannot supervise more than 6 persons at 1 face-to-face supervisory setting; and
3. Not more than 1,500 hours of supervised experience, which includes, but is not limited to, review of client records, case conferences, direct observation, and video observation.

# Reinstatement/ Reactivation

## **Reinstatement/Reactivation**

### **OPTION #1:**

If a social worker or clinical social worker fails to make application to the Board for renewal of a license within a period of one year from the expiration of the license, such person must:

1. apply for reinstatement for licensure;
2. pay the designated fee; and
3. provide documentation of having completed all applicable continued competency hours equal to a minimum of two renewal cycles completed within the one year immediately preceding application

### **OPTION #2:**

If a social worker or clinical social worker fails to make application to the Board for renewal of a license within a period of one year from the expiration of the license, such person must:

1. apply for reinstatement for licensure;
2. pay the designated fee;
3. provide documentation of having completed all applicable continued competency hours equal to a minimum of two renewal cycles completed within the one year immediately preceding application; and
4. pass the current licensure examination within one year of approval;
  - a. except that a person who has been licensed under the laws of this state and after the expiration of the license, has continually practiced social work in another state under a license issued by the authority of such state or in an exempt setting for at least 24 of the past 60 months immediately preceding application, may:
    - i. reinstate the license by applying for reinstatement for licensure;
    - ii. pay the designated fee; and
    - iii. provide documentation of having completed all applicable continued competency hours equal to a minimum of two renewal cycles completed within one year immediately preceding application.

### **OPTION #3:**

An individual who proposes to obtain reinstatement supervised experience in Virginia shall, prior to the onset of such supervision:

1. Register on a form provided by the board and completed by the supervisor and the supervised individual; and
2. Pay the registration of supervision fee set forth in 18VAC140-20-30.
  - a. Hours. The applicant shall have completed a minimum of 360 hours of supervised experience in the delivery of clinical social work services. 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.
    - i. Experience shall be acquired in no more than one year.
    - ii. Supervisees shall average no less than 15 hours per 40 hours of work experience in face-to-face client contact for a minimum of 1,380 hours. The remaining hours may be spent in ancillary services supporting the delivery of clinical social work services.

- b. An individual who does not complete the supervision requirement after one year of supervised experience shall submit evidence to the board showing why the training should be allowed to continue.

#### 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 three 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.
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 graduate course or 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 member of his immediate family 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, and implementing a professional and ethical relationship with clients;

6. Be available to the applicant on a regularly scheduled basis for supervision; and
7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision.

D. Supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or licensed clinical social workers. 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. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and phone number.

*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: December 30, 2015**

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## **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:

Board

Casework

Casework management and supportive services

Clinical 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.

"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 but not limited to psychotherapy and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.

"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 supervision" means the physical presence of the individuals involved in the supervisory relationship during either individual or group supervision or the use of technology that provides real-time, visual contact among the individuals involved.

"Nonexempt practice" is 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.

"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.

**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. Licensed clinical social worker	\$165
b. Licensed social worker	\$115
4. Annual license renewal	
a. Registered social worker	\$25
b. Associate social worker	\$25
c. Licensed social worker	\$65
d. Licensed clinical social worker	\$90
5. Penalty for late renewal	
a. Registered social worker	\$10
b. Associate social worker	\$10
c. Licensed social worker	\$20
d. Licensed clinical social worker	\$30
6. Verification of license to another jurisdiction	\$25
7. Additional or replacement licenses	\$15
8. Additional or replacement wall certificates	\$25
9. Returned check	\$35
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.**

Licensed social workers may practice in exempt practice settings under appropriate supervision. 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 a 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 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 transcripts submitted from the appropriate institutions of higher education; and
  - d. Documentation of applicant's out-of-state licensure or certification where applicable.
3. An applicant for licensure by examination shall provide evidence of passage of the examination prescribed in 18VAC140-20-70. If the examination was not passed within five years preceding application for licensure, the applicant may qualify by documentation of providing clinical social work services in an exempt setting for at least 360 hours per year for two of the past five years.

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

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 social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency on a board-approved

form. 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. Verification of active practice in another jurisdiction or practice in an exempt setting at the level for which the applicant is seeking licensure for 36 out of the past 60 months or evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 and 18VAC140-20-60.

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

**18VAC140-20-49. Educational requirements for a licensed clinical social worker.**

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 a 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.**

A. Supervised experience. Supervised post-master's degree experience in all settings obtained in Virginia without prior written board approval will not be accepted toward licensure.

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision:

a. Register on a form provided by the board and completed by the supervisor and the supervised individual; and

b. 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. 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. Experience shall be acquired in no less than two nor more than four years.

b. Supervisees shall average no less than 15 hours per 40 hours of work experience in face-to-face client contact for a minimum of 1,380 hours. 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 years of supervised experience shall submit evidence to the board showing why the training should be allowed to continue.

#### 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 three years of postlicensure 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.

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 graduate course or 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 member of his immediate family 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, and implementing a professional and ethical relationship with clients;

6. Be available to the applicant on a regularly scheduled basis for supervision; and

7. Maintain documentation, for five years postsupervision, of which clients were the subject of supervision.

D. Supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or licensed clinical social workers. 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. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and phone number.

**18VAC140-20-51. Requirements for licensure by examination as a licensed social worker.**

A. In order to be approved to sit for the board-approved examination for a licensed social worker, an applicant shall:

1. Meet the education requirements prescribed in 18VAC140-20-60 A.

2. Submit a completed application to the board office to include:

a. The application fee prescribed in 18VAC140-20-30; and

b. Official transcript or transcripts submitted from the appropriate institutions of higher education.

B. In order to be licensed by examination as a licensed social worker, an applicant shall:

1. Meet the education and experience requirements prescribed in 18VAC140-20-60; and

2. Submit, in addition to the application requirements of subsection A of this section, the following:

a. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-60 along with documentation of the supervisor's out-of-state license where applicable. An applicant 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;

c. Verification of a passing score on the board-approved national examination; and

d. Documentation of applicant's out-of-state licensure or certification where applicable.

3. Provide evidence of passage of the examination prescribed in 18VAC140-20-70. If the examination was not passed within five years preceding application for licensure, the applicant may qualify by documentation of providing social work services in an exempt setting for at least 360 hours per year for two of the past five years.

#### **18VAC140-20-60. Education and experience requirements for licensed social worker.**

A. Education. The applicant shall hold a bachelor's or 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.

B. Master's degree applicant. An applicant who holds a master's degree may apply for licensure as a licensed social worker without documentation of supervised experience.

C. Bachelor's degree applicant. Supervised experience in all settings obtained in Virginia without prior written board approval will not be accepted toward licensure.

1. Hours. Bachelor's degree applicants shall have completed a minimum of 3,000 hours of supervised post-bachelor's degree experience in casework management and supportive services under supervision satisfactory to the board. 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.

2. Experience shall be acquired in no less than two nor more than four years from the beginning of the supervised experience.

D. Requirements for supervisors.

1. The supervisor providing supervision shall hold an active, unrestricted license as a licensed social worker with a master's degree, or a licensed social worker with a bachelor's degree and at least three years of postlicensure social work experience or a licensed clinical social worker in the jurisdiction in which the social work services are being rendered. If this requirement places an undue burden on the applicant due to geography or disability, the board may consider individuals with comparable qualifications.

2. The supervisor shall:

a. Be responsible for the social work practice of the prospective applicant once the supervisory arrangement is accepted by the board;

b. Review and approve the assessment and service plan of a representative sample of cases assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, assessment, length of service and casework 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. The supervisor shall be available to the applicant on a regularly scheduled basis for supervision. The supervisor will maintain documentation, for five years post supervision, of which clients were the subject of supervision;

c. Provide supervision only for those casework management and support services activities for which the supervisor has determined the applicant is competent to provide to clients;

d. Provide supervision only for those activities for which the supervisor is qualified; and

e. Evaluate the supervisee in the areas of professional ethics and professional competency.

3. Supervision between members of the immediate family (to include spouses, parents, and siblings) will not be approved.

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

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

A. An applicant for licensure by the board as a social worker or clinical social worker 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.

2. The examination prescribed for licensure as a social worker shall minimally be the licensing examination of the Association of Social Work Boards at the bachelor's level.

B. A candidate approved by the board to sit for an examination shall take that examination within two years of the date of the initial board approval. If the candidate has not 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.

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

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

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



A. Beginning with the 2017 renewal, 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. Licensed clinical social workers shall be required to have completed a minimum of 30 contact hours of continuing education and licensed social workers shall be required to have completed a minimum of 15 contact hours of continuing education prior to licensure renewal in even years. Courses or activities shall be directly related to the practice of social work or another behavioral health field. A minimum of two 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 Virginia.

1. 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. 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. 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 20 hours for licensed clinical social workers 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 National 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 Association of Social Work Boards.
- (7) 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 or a maximum of five of the required 15 hours for 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. (Activity will count for a maximum of two hours.)

b. Publication of a professional social work-related book or initial preparation/presentation of a social work-related course. (Activity 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/presentation of a social work-related in-service training, seminar or workshop. (Activity 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. (Activity 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. (Activity 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. (Activity 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. (Activity will count for a maximum of five hours.)

h. Individual or group study including listening to audio tapes, viewing video tapes, reading, professional books or articles. (Activity 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. A social worker 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. A social worker 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 documentation of having completed all applicable continued competency hours equal to the number of years the license has lapsed, not to exceed four years. An applicant for reinstatement shall also provide evidence of competency to practice by documenting:

1. Active practice in another U.S. jurisdiction for at least three of the past five years immediately preceding application;

2. Active practice in an exempt setting for at least three of the past five years immediately preceding application; or

3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding licensure in Virginia.

C. A social worker or clinical social worker wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal, and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years. An applicant for reactivation shall also provide evidence of competency to practice by documenting:

1. Active practice in another U.S. jurisdiction for at least three of the past five years immediately preceding application;
2. Active practice in an exempt setting for at least three of the past five years immediately preceding application; or
3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding licensure in Virginia.

**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.

**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 social workers 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 ~~or~~ 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.

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 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 former client that could impair professional judgment or increase the risk of harm to the client. (Examples of such a relationship include, but are not limited to, familial, social, financial, business, bartering, or a close personal relationship with a client.) 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 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 sexual relationship. Social workers shall not engage in 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 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.

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

The board may refuse to admit an applicant to an examination; refuse to issue a license 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 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 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.

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

Any person whose license has been suspended, revoked, or denied renewal 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.