Virginia Department of Health Professions
Board of Counseling

Agenda
Regulatory Committee Meeting
March 28, 2025
9960 Mayland Dr, Board Room 4
10:00 a.m.

+

Call to Order – Maria Stransky, LPC, CSAC, CSOTP, Committee Chairperson

- Welcome and Introductions
- Mission of the Committee/Evacuation Instructions……..Page 2

Approval of Agenda

Approval of Minutes

- Regulatory Committee Meeting – October18, 2024*…….....Page 4

Public Comment

The Committee will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Unfinished Business

- Discussion of the use of Artificial Intelligence (AI)
  - American Association of State Counseling Boards (AASCB) AI Position and Guidance……Page 7

New Business

- Discussion of Potential Amendments to Licensure by Endorsement……..Page 13
- Discussion of potential amendments to Residency and Supervisor Requirements……Page 17

Next Meeting

- Regulatory Committee Meeting – June 13, 2025

Meeting Adjournment

*Requires a Committee Vote.This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707(F).

Virginia Department of
Health Professions
Board of Counseling

MISSION STATEMENT

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

EMERGENCY EGRESS

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

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

Board Room 1

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

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

Board Room 2

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

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

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

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

Board Rooms 3 and 4

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

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

Training Room 1

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

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

Training Room 2

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

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

Virginia Department of Health Professions
Board of Counseling

DRAFT

Virginia Board of Counseling
Regulatory Committee Meeting Minutes
Friday, October 18, 2024, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 4

PRESIDING OFFICER: Maria Stransky, LPC, CSAC, CSOTP, Committee Chairperson

BOARD MEMBERS PRESENT: Terry R. Tinsley, PhD, LPC, LMFT, CSOTP
Tiffinee Yancey, PhD, LPC

BOARD MEMBERS ABSENT: Nakeisha Gordon, LPC
Luanne Griffin, LPC

BOARD STAFF PRESENT: Latasha Austin, Licensing & Operations Supervisor
Krystal Blanton, Discipline & Compliance Case Specialist
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director – Licensing
Dalyce Logan, Licensing Specialist

DHP STAFF PRESENT: Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions
Matthew Novak, Policy Analyst, Department of Health Professions *(left meeting at 10:44a.m.)*
Arnie Owens, Agency Director, Department of Health Professions *(left meeting at 11:04a.m.)*

PUBLIC ATTENDEES: Denise Konrad, Virginia Health Care Foundation *(left meeting at 11:57a.m.)*

CALL TO ORDER: Ms. Stransky called the Regulatory Committee Meeting to order at 10:03a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM: An introduction was done of all Committee members and staff**.** Three members of the Committee were present at roll call; therefore, a quorum was established.

MISSION STATEMENT: Ms. Stransky read the mission statement of the Department of Health Professions, which was also the mission statement of the Committee. Ms. Stransky also read the emergency egress instructions.

ADOPTION OF AGENDA: The meeting agenda was adopted as presented.

APPROVAL OF MINUTES: The Board reviewed the minutes from the last meeting held on July 19, 2024. Ms. Stransky made a correction to the last name of public attendee Juliann Tripp.

Motion: Ms. Stransky made a motion, which Dr. Yancey properly seconded, to approve the minutes from the July 19, 2024, meeting as amended. The motion passed unanimously.

PUBLIC COMMENT: No public comment was provided.

NEW BUSINESS:

- **Discussion of Licensed Residents in Counseling**
  - ***Timeframe/Renewal of Resident Licensing***

The Committee discussed the requirement for a resident by reviewing the time frame in which the resident must complete their supervised experience. The Committee had a

long discussion on the effects of changing the regulations to allow for residents to hold a resident license and be under a Board approved supervisor for an undetermined time. The Committee discussed how this change could affect the workforce and if the change would negatively affect the clients being served in the Commonwealth of Virginia.

- ***Supervised Experience Hours***

The committee discussed the supervised experience hours for residents in comparison to other jurisdictions. Questions were raised on how many hours would be required for the Compact and how Virginia requirements would compare. After lengthy discussion the following motion was made;

Motion: Ms. Stransky made a motion, which Dr. Tinsley properly seconded, to recommend to the Board by Fast track action the following changes to the requirements for residents in counseling, marriage and family therapy and substance abuse treatment:

- Continue to require residents to complete at least 2,000 hours of face-to face client contact.
- Continue to require residents to complete a minimum of 200 hours of in-person supervision.
- Continue to require residents to complete the residency in not less than 21 months.
- Allow residents to place their license in inactive status.
- Simplify the regulations by eliminating the requirement for residents to complete 3,400 specific hours (face-to-face client contact plus ancillary hours).
- Eliminate the requirement for the resident to complete all residency hours within 4 years but require the resident to complete at least half of the face-to-face client contact hours and half of supervision hours within two years of applying for licensure.
- Eliminate the definition of ancillary hours.
- Eliminate the provision that allows excess graduate internship and doctoral internship/practicum to be counted toward licensure.
- Eliminate the provision that allows up to 20 hours from an internship supervised by an LPC to be counted toward licensure.
- Allow residents to renew their resident license more than 5 times.
- Eliminate the requirement to pass the examination withing 6 years of issuance of the resident licensure and require passage before applying for licensure.
- Change renewal date for all residents to June 30th of each year.

The motion passed unanimously.

Ms. Lenart suggested that the Committee look at discussing how long the supervisor needs to keep documentation at a future meeting.

- ***Billing***

The Committee discussed changing the regulation allowing residents to directly bill for services and directly receive payments from clients. The Committee reviewed billing requirements from other jurisdictions. The Committee agreed that residents should not be allowed to directly bill for services and that there was no need to amend the regulations.

- **Discussion /Comparison of Current Endorsement Requirements**

The Committee briefly discussed the endorsement requirements for LPCs and LSATPs. After discussion, it was determined that the Committee would further discuss the topic at a future meeting. Depending on what legislation is introduced during the General Assembly, the Board may potentially take an exempt action to change the endorsement requirements for LPCs and LSATPs to mirror the endorsement requirements for LMFTs.

- **Discussion of the use of Artificial Intelligence and the Board's Role**
  The Committee discussed the use of ChatGPT and artificial intelligence in the profession and the need to develop guidelines and guidance that was briefly discussed by the Board at its last meeting on October 4, 2024. The Committee also discussed looking into having a disclaimer on the Board's website regarding the use.

  Action Item: After discussion, Mr. Tinsley requested that Ms. Hoyle discuss the matter with Board Counsel to determine if the Board could issue a disclaimer on its website and what language would be appropriate. Ms. Hoyle would also gather information that is already being developed by other stakeholders regarding the uses of AI and bring the information from other entities and Board Counsel back to the next meeting scheduled for March 2025.

- **Discussion on Development of a Scope of Practice Chart**
  The Committee reviewed Guidance Document 115-11, the Scopes of Practice for Persons Regulated by the Board to provide Substance Abuse Treatment to determine if there are any scopes or services that should be added or taken off or other terms that are missing.

  Action Item: After discussion it was determined that the chart would be provided to DMAS to see if they have any changes they feel should be made to the chart and bring that information back to the committee for consideration. If committee members have any thoughts about changes to the chart they should email the information to Ms. Hoyle.

NEXT MEETING DATES: The next meeting is scheduled for Friday, March 28, 2025.

ADJOURNMENT: Ms. Stransky adjourned the October 18, 2024, meeting at 12:25 p.m.

_____
Maria Stransky, LPC, CSAC, CSOTP, Committee Chairperson

_____
Jaime Hoyle, JD, Executive Director

Supporting the Safe and Ethical Use of AI in Mental Health Counseling

The role of state licensing boards in mental health counseling is to safeguard the public by ensuring that licensed professionals meet the minimum qualifications necessary for safe and ethical practice. As technological advancements, particularly in artificial intelligence (AI), continue to integrate into clinical practice, licensing boards ensure that new technologies enhance the quality of care without compromising client safety, privacy, or the therapeutic relationship.

The purpose of this document is to support state licensing boards in upholding their duty to protect the public from harm as licensees use AI tools in clinical practice. This document has three sections. The first section includes information for board members. It offers information on how to think about and evaluate a board's role in protecting the public from harm within their scope of responsibility. The second section offers guidance to boards as they monitor how licensees use AI. The third section contains resources that boards can adapt and send to licensees to help licensees evaluate whether to use artificial intelligence as a tool.

November 2024

AI Education for Boards

Technology and AI can be found in all aspects of mental health care delivery.

a. Clinical Tools
    i. Therapeutic Techniques
    ii. Books and Educational Resources
    iii. Assessment Tools
    iv. Treatment Planning Tools
b. Practice Management and Administrative Tools
    i. Electronic Health Record
    ii. Scheduling Software
    iii. Billing and Insurance Management
    iv. Telehealth Platforms
    v. Licensing and Credentialing Platforms
c. Communication and Collaboration Tools
    i. Client Portal
    ii. Secure Messaging to Clients or Other Providers
d. Client Engagement Tools
    i. Educational or Training Content
    ii. Digital Interventions, such as mood logs

Licensed Counselors remain responsible for the care they provide, regardless of the tools they use.

Some of the concerns about AI in mental health care include privacy, efficacy, and bias. Licensed Counselors are responsible for their ability to understand and explain how AI is used in care, the potential benefits and risks to their clients, and allow clients to opt out of AI being used in their care, even if that results in some clients seeking care elsewhere. While bias has been found in some AI tools and programs, it has also been demonstrated to be reduced or eliminated in other tools and programs. The Licensed Counselor remains accountable for making the best clinical judgment for the diagnosis and care of their clients.

To stay abreast of technology and AI advancements board members and licensees should learn from reputable and knowledgeable people in the field. Learning opportunities come in the forms of workshops, presentations, conferences, articles, and publications, and talking to experts in both building and using technology in mental health care.

Guidance For Boards as They Navigate Licensees Use of AI in Clinical Practice

Boards should respond to errors, adverse outcomes, and complaints related to the use of AI the same way they would respond to any complaint. Here are a few topics that specifically relate to using AI in clinical practice:

- Licensees are accountable for the care they deliver, regardless of the tools they use to assist or augment their clinical practice. Having used any tools in practice, AI or analog, does not alter the licensee's responsibility for their professional judgment in the care delivered.
- Licensees are expected to evaluate tools before selecting them for use, looking for ethical and responsible development that actively works to reduce bias and improve the standard of care for all.
- Informed Consent forms should include the following information:
    a. All third-party information sharing, including technology and AI tools
    b. Potential risks and benefits to the client because of using those tools
    c. Any outsourced services that use their AI tools or technology (answering service, billing service, on-call service, etc.)
    d. Clients should have the opportunity to opt out of those tools being used in their care, even if that results in their seeking care elsewhere
- Licensees are expected to improve the tools by giving feedback to the developers if clients or counselors have any unexpected experiences. Topics for feedback may include:
    a. Clinical relevance
    b. Cultural relevance
    c. Technical / User experience
- Licensees may not use tools that deliver services outside the licensee's scope of practice.
- Licensees should consider what non-practice-related technologies are present in counseling sessions and take steps to secure clients' privacy and confidentiality. For example, smart speakers and smartphones that are always listening should be turned off and secured when the licensee is in session.
- Tools used in practice should enhance care and should not interfere with human relationships. Decades of research consistently find the basis of effective care is the relationship between humans:
    - Therapeutic alliance (counselor and client for care to work)
    - Natural support system (family, friends, co-workers for outcomes to sustain)
- Licensees are held accountable to the following training standards and qualifications for practice when using AI and emerging technologies:
    a. Federal Laws & Regulations
        a. Health Insurance Portability and Accountability Act (HIPAA)
        b. Family Educational Rights and Privacy Act (FERPA)

    c. 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records)
b. State Laws & Regulations (Tennessee for Example)
    a. Tennessee Code Annotated (TCA) Title 63, Chapter 22 (Professional Counselors, Marital and Family Therapists, Clinical Pastoral Therapists)
    b. Tennessee Department of Health Rules and Regulations for Licensed Professional Counselors
c. Professional Association Guidelines & Codes of Ethics
    a. ACA 2014 Code of Ethics
    b. ACA Recommendations for Practicing Counselors and Their Use of AI
    c. NBCC Ethical Principles for Artificial Intelligence in Counseling

Resources For Boards to Distribute to Licensees to Support the Ethical Use of AI in Clinical Practice

Existing Rules & Regulations licensees are held accountable to:

a. Federal Laws & Regulations
    i. Health Insurance Portability and Accountability Act (HIPAA)
    ii. Family Educational Rights and Privacy Act (FERPA)
    iii. 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records)
b. State Laws & Regulations (Tennessee, for Example)
    i. Tennessee Code Annotated (TCA) Title 63, Chapter 22 (Professional Counselors, Marital and Family Therapists, Clinical Pastoral Therapists)
    ii. Tennessee Department of Health Rules and Regulations for Licensed Professional Counselors
c. Professional Association Guidelines & Codes of Ethics
    i. ACA 2014 Code of Ethics
    ii. ACA Recommendations for Practicing Counselors and Their Use of AI
    iii. NBCC Ethical Principles for Artificial Intelligence in Counseling

Recommended Informed Consent Clauses to add – see Appendix A

Licensees should use great caution when considering using AI tools in crisis management care. When in doubt, licensees should handle all crisis situations with a human response. AI holds great promise in supporting crisis care, however many crisis innovations are in development or are only available within large organizations. Licensees must consider the limitations of the tools they have access to before engaging any tools in crisis management. For example, chatbots that have no escalation protocols may not be safe or effective.

To stay abreast of technology and AI advancements licensees should learn from reputable and knowledgeable people in the field. Learning opportunities come in the form of workshops, presentations, conferences, articles, and publications, and talking to experts in both building and using technology in mental health care.

Appendix A
Informed Consent for Mental Health Counseling with AI Support

Welcome! We're excited to work with you on your journey to better mental health. Our goal is to provide you with the best care possible, and that includes using advanced tools like Artificial Intelligence (AI) to support your treatment. This document will explain how AI is used, the potential benefits and risks, and your rights regarding its use. Please read this carefully and ask any questions you might have.

1. What is AI and How is it Used in Your Care?

Artificial Intelligence (AI) is a technology that helps us analyze information and provide personalized support. In our mental health counseling services, AI might be used to:

- **Analyze Your Progress:** AI tools can help track your mood, identify patterns, and offer insights to your therapist.
- **Provide Resources:** AI may recommend helpful articles, activities, or exercises based on your needs.
- **Enhance Communication:** AI tools can assist in scheduling appointments and reminding you of important tasks.
- **Provide Administrative Support:** AI may be used to complete the required documentation that your provider/counselor/therapist reviews and approves before being entered into your record

2. Benefits of Using AI in Your Care

- **Personalized Support:** AI helps tailor recommendations and resources specifically to your needs.
- **Timely Insights:** By analyzing your data, AI can provide quick feedback and suggest adjustments to your treatment plan.
- **Convenience:** AI tools can make scheduling and communication more efficient, helping you stay on track with your care.
- **Attention:** Your provider/counselor/therapist's attention can be on you and your care while AI tools manage documentation or other tasks related to your care.

3. Risks and Considerations

- **Privacy:** While we take steps to protect your data, no system is completely immune to breaches. We use secure technology to keep your information safe.
    - **How we treat your data:** Your data will be stored within the HIPAA-compliant tools we select, never on an individual's device.
    - **How the tools we select treat your data:** Any tools we select for use will capture data, in some cases including audio or video recordings, with your

consent. The data is securely stored, accessed only by authorized individuals, and disposed of according to strict regulations to protect your privacy. Here is a high-level overview of how our tools treat your data:

- **Data Collection:** The data is collected, translated into text, and then integrated into the electronic health record and/or data set.
- **Secure Storage:** The data is stored on secure servers that are HIPAA compliant to ensure your information is kept confidential and secure.
- **Access Control:** Only authorized personnel can access your data. This might only include your provider/counselor/therapist or could include researchers with proper permissions and your consent.
- **Retention Policies:** We have policies that dictate how long data should be stored that meet our obligations set forth by both laws and codes of ethics that govern our practice.
- **Secure Deletion:** When it is time to dispose of the data – either because it has reached the end of its retention period, or it is no longer needed – the organization uses secure methods to permanently erase the data from servers so that it cannot be recovered.
- **Audit Trails:** Our AI tools maintain records of when data was accessed and deleted to ensure accountability and compliance with regulations.
- **Accuracy:** AI is a tool to assist in care but is not perfect. Human oversight is always involved to ensure the quality of your treatment.
- **Dependence:** Overreliance on AI tools might sometimes affect personal interaction with your therapist. We strive to balance technology with human connection.

4. Your Rights and Choices

- **Opting Out:** You have the right to decline the use of AI tools in your care. If you choose to opt-out, it may mean seeking care through other providers or methods. We are here to support you in finding the best path for your needs.
- **Questions and Concerns:** If you have any questions or concerns about the use of AI in your counseling, please let us know. We're happy to discuss your options and provide more information.

5. Your Consent

By signing below, you acknowledge that you have read and understood the information provided, including the use of AI in your mental health counseling. You consent to the use of AI tools as described and understand your right to opt-out at any time.

If you have any questions or need further clarification, please don't hesitate to ask. We're here to support you every step of the way!

Signature:_____ _____ **Date:**_____

Agenda Item: Discussion of regulatory amendments to licensure by endorsement

Included in your agenda packet:

- Draft changes to 18VAC115-20-45 in red-lined format
- Clean draft of changes

Action needed:

- Motion to recommend regulatory amendments to 18VAC115-20-45 as presented or amended to the full Board.

18VAC115-20-45. Prerequisites for licensure by endorsement.

A. Every applicant for licensure by endorsement shall hold or have held a professional counselor license in another jurisdiction of the United States that allows independent assessment, diagnosis, and treatment of behavioral health conditions and shall submit the following:

1. A completed application;

2. The application processing ~~fee~~ and initial licensure fee as prescribed in 18VAC115-20-20;

3. Verification of all mental health or health professional licenses, ~~or~~ certificates, or registrations ever held in any other jurisdiction. In order to qualify for endorsement the applicant shall have no unresolved action against a license, ~~or~~ certificate, or registration. The board will consider history of disciplinary action on a case-by-case basis;

4. ~~Documentation of having completed education and experience requirements as specified in subsection B of this section;~~

~~5~~. Verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained;

~~6.~~ 5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

~~7. An affidavit of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.~~ 6. Official transcript documenting the applicant's completion of a graduate degree program.

~~B. Every applicant for licensure by endorsement shall meet one of the following:~~

~~1. Educational requirements consistent with those specified in 18VAC115-20-49 and 18VAC115-20-51 and experience requirements consistent with those specified in 18VAC115-20-52;~~

~~2. If an applicant does not have educational and experience credentials consistent with those required by this chapter, he shall provide:~~

~~a. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and~~

~~b. Evidence of post-licensure clinical practice in counseling, as defined in § 54.1-3500 of the Code of Virginia, for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical counseling services or clinical supervision of counseling services; or~~

~~3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board-recognized entity.~~

18VAC115-20-45. Prerequisites for licensure by endorsement.

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1. A completed application;

2. The application processing and initial licensure fee as prescribed in 18VAC115-20-20;

3. Verification of all mental health or health professional licenses, certificates, or registrations ever held in any other jurisdiction. In order to qualify for endorsement the applicant shall have no unresolved action against a license, certificate, or registration. The board will consider history of disciplinary action on a case-by-case basis;

4. Verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained;

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

6. Official transcript documenting the applicant's completion of a graduate degree program.

7. Appraisal, evaluation, and diagnostic procedures;

8. Abnormal behavior and psychopathology;

9. Multicultural counseling theories and techniques;

10. Research;

11. Diagnosis and treatment of addictive disorders;

12. Marriage and family systems theory; and

13. Supervised internship of at least 600 hours to include 240 hours of face-to-face client contact. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours.

B. If 60 graduate hours in counseling were completed prior to April 12, 2000, the board may accept those hours if they meet the regulations in effect at the time the 60 hours were completed.

18VAC115-20-52. Resident license and requirements for a residency.

A. Resident license. Applicants for temporary licensure as a resident in counseling shall:

1. Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the clinical supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing clinical counseling services;

2. Have submitted an official transcript documenting a graduate degree that meets the requirements specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51;

3. Pay the registration fee;

4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a professional counselor shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted toward the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.

6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours toward the requirements of a residency.

7. Supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a professional counselor.

8. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue. A resident shall meet the renewal requirements of subsection C of 18VAC115-20-100 in order to maintain a license in current, active status.

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

10. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials

of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and phone number.

11. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

12. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;

2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and

3. Hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.

5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements that were in effect at the time the supervision was rendered.

18VAC115-20-60. (Repealed.)