Virginia Department of Health Professions
Board of Counseling

Agenda

Full Board Meeting
July 25, 2025
10:00 a.m.
9960 Mayland Dr
2nd Floor, Board Room 2
Richmond, VA 23233

10:00 a.m. Call to Order – Terry R. Tinsley, PhD, LPC, LMFT, CSOTP, Chair

- Moment of Silence
- Introductions/Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures…… Page 3

Adoption of Agenda

Public Comment

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

Approval of Minutes

- April 25,2025 Board Meeting Minutes* ……Page 8
- June 13, 2025 Draft Regulatory Committee Minutes (For Informational Purposes Only) ……Page 14

Officer and Staff Reports

- **Agency Director Report** (Verbal) – Arne Owens, Director, Department of Health Professions (DHP)
- **Chair Report** (Verbal) – Dr. Tinsley
  - Report from Counseling Regulatory Boards Summit
- **Legislative and Regulatory Report** – Erin Barrett, JD, DHP Director of Legislative and Regulatory Affairs and Matt Novak, DHP Policy and Economic Analyst
  - Regulatory Chart…… Page 15
  - Consideration of proposed stage action relating to supervisor reporting timeframes*…… Page 21
  - Consideration of regulatory amendments for licensure by endorsement*…… Page 26
  - Consideration of Exempt Action Relating to HB1897*…… Page 30
  - Consideration of Petition for Rulemaking*…… Page 34
  - Consideration of draft changes to Guidance Document 115-8*…… Page 38
- **Executive Director's Report** (Verbal) – Jaime Hoyle, JD, Boards of Counseling, Psychology and Social Work (BSU)
  - Board Appointments/Training
  - Financials and Statistics
  - Counseling Compact
  - Association Updates and Outreach
  - BSU Meetings and Updates
- **License Report** – Charlotte Lenart, Deputy Director, BSU …… Page 42

- Update on QMHP/BHT/BHTA registrations and policy documents*

Regulatory Committee Report - Maria Stransky, LPC, CSAC, CSOTP, Regulatory Committee Chair

- Committee Recommendations for Board Action
  - Consideration of Draft Guidance Document on Use of Artificial Intelligence*……..…….... Page 52

Presentation

"Navigating Artificial Intelligence"- Lisa Henderson, MS, NCC, LPC, MHSP, Founder, Avenoir Health

Elections*

- Bylaws…….....….... Page 54

New Business

- Consideration of Fast-Track action for QMHP Trainee - Reinstatement*……..……. Page 63

Next Meetings:

- Regulatory Committee Meeting: September 19, 2025
- Advisory Board on Art Therapy: September 19, 2025
- Board Meeting: October 17, 2025
- 2026 Proposed Meeting Dates

Meeting Adjournment

*Indicates a Board Vote is required.
**Indicates these items will be discussed within closed session.
This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

Virginia Department of Health Professions
Board of 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 Board of Counseling
Attn: Terry R. Tinsley, PhD, LPC, LMFT, CSOTP, Chairperson
coun@dhpvirginia.gov
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

July 2, 2025

Subject: Urgent Ethical Concerns Following Court Ruling on Conversion Therapy

Dear Members of the Virginia Board of Counseling,

I am a Resident in Counseling, National Certified Counselor, Faculty of Psychology, and Doctoral Student in Counselor Education and Supervision. I am writing to express my deep concern over the recent Henrico County Circuit Court ruling (Raymond et al. v. Virginia Department of Health Professions et al., Case No. CL23006296-00) allowing licensed counselors to engage in so-called "talk-based" conversion therapy with minors.

While the court's decision may limit regulatory enforcement in this area, **it does not — and should not — alter our ethical obligations as counselors** licensed by the Commonwealth. The Virginia Board of Counseling has long stood for protecting the public through professional gatekeeping, ethical oversight, and the promotion of evidence-based care. That mission is more critical now than ever.

Conversion therapy — even in the form of "voluntary" talk therapy — is a harmful, discredited practice (Prezeworski et al., 2021). It has been denounced by every major medical and mental health organization, including the American Counseling Association, which identifies such practices as unethical, non-evidence-based, and a violation of client dignity and autonomy (Andrade & Redondo, 2022). Numerous peer-reviewed studies have linked conversion efforts to increased risk of depression, anxiety, substance use, and suicidality — especially among LGBTQ+ youth (Campbell & Rodgers, 2023; Przeworski et al., 2021).

While the recent ruling emphasizes freedom of speech and religious expression, **those rights do not extend to licensed professionals causing foreseeable harm under the protection of licensure**. Ethical codes — including within the ACA (2014) and those adopted and enforced by this Board — require:

- Respect the dignity and identity of every client (A.1.a)
- Provide adequate information on counseling processes (A.2.a)
- Prevent harm (A.4.a)
- Avoid imposing personal values on clients (A.4.b)
- Use evidence-based, clinically sound practices (C.2.a; C.7.a)
- Not engage in harmful practices (C.7.c)

No minor can offer authentic informed consent in a situation where they are brought to counseling under parental pressure to change who they are – further adults cannot provide proper consent if they are not properly informed to current research on the matter.

I respectfully urge the Virginia Board of Counseling to:

- **Issue a public statement reaffirming that conversion therapy violates professional ethics**, regardless of delivery method.
- **Clarify that counselors engaging in such practices are not in alignment with the Board's standards of care**.
- **Reinforce ethical education and training around affirming, evidence-based practice**, particularly when working with LGBTQ+ clients and youth.
- **Explore all regulatory avenues to prevent the misuse of licensure** to legitimize ideologically driven harm.

Even if legal enforcement is limited by this ruling, **the ethical stance of the profession must remain firm**. Licensure is not a shield for practices that harm the very people we are entrusted to help.

Thank you for your ongoing work protecting the integrity of the counseling profession in Virginia.

Sincerely,

Jerry L. Mize, MA. MEd, Resident in Counseling, NCC

Resident in Counseling (VA-0704014935)
National Certified Counselor (NCC-1584969)

Richmond, VA
Email: jerrylmize@gmail.com

References:

American Counseling Association. (2014). *ACA code of ethics.* https://www.counseling.org/resources/aca-code-of-ethics.pdf

Andrade, G. & Redondo, M. C. (2022). Is conversion therapy ethical? A renewed discussion in the context of legal efforts to ban it. *Ethics, Medicine, and Public Health, 20*, 100732. https://doi.org/10.1016/j.jemep.2021.100732

Campbell, T. & Rodgers, Y. van der Meulen. (2023). Conversion therapy, suicidality, and running away: An analysis of transgender youth in the U.S. *Journal of Health Economics, 89*, 102750. https://doi.org/10.1016/j.jhealeco.2023.102750

National Board for Certified Counselors. (2023, August 24). *NBCC code of ethics* https://www.nbcc.org/assets/Ethics/nbcccodeofethics.pdf

Przeworski, A., Peterson, E., & Piedra, A. (2021). A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change efforts. *Clinical Psychology: Science and Practice, 28*(1), 81-100. https://doi.org/10.1111/cpsp.12377

Raymond et al. v. Virginia Department of Health Professions et al., No. CL23006296-00 (Va. Cir. Ct. Henrico Cnty. 2024)

Virginia Department of Health Professions
Board of Counseling

DRAFT

Virginia Board of Counseling
Quarterly Board Meeting Minutes
Friday, April 25, 2025, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

PRESIDING OFFICER: Terry R. Tinsley, PhD, LPC, LMFT, CSOTP, Board Chairperson

BOARD MEMBERS PRESENT:
Maria Anastasiou, LMFT
Lester Paul Bernard, PhD, LPC
Marlo Burdge, Citizen Member
Nakeisha Gordon, LPC
Luanne Griffin, LPC
Shannon Kuschel, PhD, LPC
Matthew Scott, LMFT
Maria Stransky, LPC, CSAC, CSOTP, Board Vice-Chairperson
Tiffinee Yancey, PhD, LPC

BOARD MEMBERS ABSENT:
Benjamin Allison, Citizen Member
Gerard Lawson, PhD, LPC, LSATP, NCC

BOARD STAFF PRESENT:
Latasha Austin, Licensing & Operations Manager
Alesia Baskin, Senior Licensing Specialist *(joined at 11:10am)*
Trasean Boatwright, Senior Licensing Specialist *(joined at 11:10am)*
Shannon Brogan, Senior Licensing Specialist *(joined at 11:10am)*
Sandie Cotman, Registration Program Supervisor *(joined at 11:10am)*
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Dir.-Licensing *(joined via Webex at 11:00 am, left at 12:07pm)*
Dalyce Logan, Senior Licensing Specialist

DHP STAFF PRESENT: Arnie Owens, Agency Director, Department of Health Professions

BOARD COUNSEL PRESENT: James Rutkowski, Assistant Attorney General

PUBLIC ATTENDEES:
Becky Bowers-Lanier
Denise Daly Konrad, Virginia Health Care Foundation
Jennifer Faison, Virginia Association of Community Services Boards
Jennifer Fidura, Virginia Network of Private Providers
Danica Henrich, ATR-BC, Advisory Board on Art Therapy, Chair
Helen Holz, Compass
Leila Saadeh, LPC, ATR-BC, Advisory Board on Art Therapy, Vice-Chair
Mark Smith
Gretchen Wilhelm, Compass

CALL TO ORDER: Dr. Tinsley called the meeting to order at 10:01 a.m.

MOMENT OF SILENCE: Moment of silence was observed.

ROLL CALL/ESTABLISHMENT OF A QUORUM: A formal introduction of all Board members and staff was conducted. At the time of roll call, ten Board members were present, establishing a quorum.

MISSION STATEMENT: Dr. Tinsley read the mission statement of the Department of Health Professions,

which was also the mission statement of the Board. Dr. Tinsley also read the emergency egress instructions.

ADOPTION OF AGENDA: Agenda adopted as presented.

LEGAL CONSULTATION: **Closed Meeting:** Ms. Stransky moved that the Board of Counseling convene in a closed meeting pursuant to § 2.2-3711(A)(7) of the *Code of Virginia* for the purpose of consultation with legal counsel pertaining to actual litigation in the matter of *Raymond v. DHP, et al*. She further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Latasha Austin, Dalyce Logan, Arne Owens, Robert Claiborne, and Thomas Sanford attend the closed session session because their presence was deemed necessary and would aid the board in its deliberations. The motion was seconded by Dr. Yancey and passed with a unanimous vote.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the *Code of Virginia*, the board reconvened in an open meeting at 10:30am.

SUMMARY SUSPENSION CONSIDERATION:

Re: Robin Spears, Resident in Counseling, QMHP-A
Resident License No. 0704013360
QMHP-A Registration No. 0732006766

The board received information from David Robinson, Assistant Attorney General, regarding Robin Spears, to determine whether her ability to practice as a Resident in Counseling and QMHP-A constituted a substantial danger to the public health and safety.

Closed Meeting: Ms. Stransky moved that the Board of Counseling convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Robin Spears. Additionally, she moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Latasha Austin, Dalyce Logan, and Arne Owens attend the closed session because their presence was deemed necessary and would aid the board in its deliberations. The motion was seconded by Ms. Gordon and passed unanimously.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the *Code of Virginia*, the Board reconvened in open meeting at 10:51am and announced the decision.

Decision: On a motion by Dr. Yancey, and duly seconded by Dr. Bernard, the board determined that Ms. Spears' ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend her license to practice as a Resident in Counseling and registration to practice as a QMHP-A, simultaneous with the institution of proceedings for a formal administrative hearing pursuant to § 54.1-2408.1 of the *Code of Virginia*. She further moved that the board offer Ms. Spears a Consent Order for revocation of her license and registration in lieu of the formal hearing. The vote was unanimous.

PUBLIC COMMENT: Jennifer Fidura provided public comment, emphasizing the importance of the agenda item discussing board-approved training for BHTAs, BHTs, and QMHPs.

APPROVAL OF MINUTES: The Board reviewed the minutes from the last quarterly board meeting held on January 24, 2025.

Motion: Dr. Yancey made a motion, which Dr. Kuschel properly seconded to

approve the minutes from the January 24, 2025 meeting as presented. The motion passed unanimously.

AGENCY DIRECTOR REPORT:

Mr. Owens reported on the conclusion of the 2025 General Assembly. He announced the passing of Senate Bill 1363 (2025) regarding the elimination of the Board of Health Professions. Mr. Owens provided a brief report related to the preparation of the next biennial budget for the upcoming 2026 General Assembly session.

BOARD CHAIR REPORT:

Dr. Tinsley provided an overview of the impact of artificial intelligence (AI) on the counseling profession. Key points included emerging trends, potential benefits, as well as concerns regarding ethical implications and client confidentiality.

LEGISLATION & REGULATORY REPORT:

- **Current Regulatory Actions**
  Ms. Hoyle reviewed and discussed the report on current regulatory actions as of April 7, 2025, as included in the agenda packet. She noted that since that date, the proposed regulation requiring supervisors to submit evaluations and confirm resident hours within a designated timeframe has advanced from the Secretary's Office to the Governor's Office.

- **Legislation Report**
  Ms. Hoyle reviewed and discussed the legislation report dated April 25, 2025, as presented in the agenda packet.

- **Adoption of final regulatory changes for licensure of Art Therapists**
  Ms. Hoyle reviewed and discussed with the Board the draft final regulations for the licensure of art therapists, as recommended by the Advisory Board on Art Therapy. These regulations had previously been reviewed and approved by the Advisory Board in October 2023 and re-reviewed on March 28, 2025, due to delays in the Executive Branch review process.

  Key Changes in the Final Regulations included the consolidation of certain draft regulations for clarity and efficiency, clarification that ATR-BC certification often meets licensure requirements and general language clean-up to improve clarity and consistency.

  A total of 96 public comments were received. The majority supported the licensure of art therapists but did not address specific regulatory language.

  Motion: Dr. Yancey made a motion, which Dr. Kuschel properly seconded, to adopt final regulatory changes as recommended by the Advisory Board on Art Therapy. The motion passed unanimously.

REGULATORY COMMITTEE REPORTS:

Ms. Stransky informed the Board that the Regulatory Committee convened on March 28, 2025. She provided a recap of the meeting, referencing the detailed minutes starting on page 89 of the meeting agenda.

The Board took a break at 11:19am and the meeting was reconvened at 11:32am.

NEW BUSINESS:

- **Discussion of Board-Approved Training for BHTAs, BHTs, and QMHPs**

Ms. Hoyle informed the Board that with the May 8 implementation deadline approaching, existing policy documents regarding training for BHTAs, BHTs, QMHPs, and QMHP-Trainees need to be amended. The goal is to align the documents with the Code, regulations, and intent of SB403, and to avoid unintentionally creating new barriers to workforce entry.

Ms. Hoyle informed the Board that staff recommend outlining the content areas and minimum hours required to meet didactic education standards. A definition of "didactic" should also be added to policy documents, and Peer Recovery training should be removed from the list of approved programs.

She also informed the Board that per legislation, the Board must accept a Licensed Baccalaureate Social Worker (LBSW) credential as meeting the 60-hour requirement. Staff also recommended grandfathering previously registered QMHP-Ts as having met the training requirements. The Board also discussed whether to accept a master's degree in human services as fulfilling the prerequisite and discussed the following core content and hours minimally needed to meet the didactic education requirements.

Content	BHTA Hours	BHT Hours	QMHP-T Hours	QMHP Hours
Ethics	6	6	12	12
Boundaries & Dual Relationships	6	6	12	12
Documentation & Record Keeping	4	4	8	8
Confidentiality	2	2	4	4
Cultural Competency	2	2	4	4
Human Services Coursework or CE	--	20	20	40
Total	**20**	**40**	**60**	**80**

Motion: Ms. Gordon made a motion, which Dr. Kuschel properly seconded, to:

1. Approve the core content areas and hours required for didactic education discussed above.
2. Remove all references to Peer Recovery Training.
3. Add a definition of "didactic" to policy documents.
4. Accept a master's degree in human services as fulfilling the prerequisite.
5. Authorize staff to update policy documents to reflect these changes.

The motion passed unanimously.

Mr. Owens commended the Board for their work and emphasized the importance of creating direct pathways from high school into the behavioral health workforce.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle provided an update on the Counseling Compact. She reported that the fee for Virginia applicants to join the Compact will be $50.00, with fees varying for licensure in other jurisdictions. While the Compact is progressing, it is not yet operational due to unresolved issues related to the FBI criminal background check requirements. The FBI has not received clear guidance on necessary changes, resulting in a nationwide standstill. This issue is not unique to Virginia.

Ms. Hoyle informed the Board that the Counseling Regulatory Boards Annual Summit is scheduled for June 25–27, 2025, in Austin, Texas.

LICENSING REPORT:

Ms. Lang gave the licensing report on behalf of Ms. Lenart. She referenced the licensing report, beginning on page 96 of the meeting agenda, and noted that the

Board currently oversees 42,000 licensees, certificate holders, and registrants. She commended the Counseling staff for their exceptional dedication, accuracy in processing applications, and responsiveness to applicant inquiries. A recent 2nd Quarter satisfaction survey reported a 95.1% satisfaction rate.

Ms. Lang informed the Board that a new process handbook has been developed for QMHPs and BHTs, updated applications, instructions, automated emails, and informational materials have been complete. She informed the Board that QMHP-Trainee and QMHP applications would begin May 12 and BHT and BHTA applications would begin June 2.

Ms. Lang informed the Board that at the request of the Regulatory Committee, the website was updated with information on Artificial Intelligence, and communication was sent to all licensees and certificate holders. Email notifications for renewals will be sent in early May, reminding licensees to renew by June 30. Additionally, Ms. Lang noted that Charlotte recently presented to students at Reynolds Community College, VCU, and Norfolk State University.

DISCIPLINE REPORT:

Ms. Lang thanked the board members for their time and patience in reviewing the documents necessary to make case decisions during the meeting. She referenced the discipline report, beginning on page 100 of the meeting agenda, and noted that staff is actively working on 228 cases for the Board of Counseling, and 587 cases for the combined behavioral science boards. Additionally, she noted that she and Dr. Tinsley presented at the VACES conference on March 8, 2025.

Mr. Boatwright, Ms. Brogan, Ms. Cotman, Ms. Logan, Ms. Baskin and all the public attendees left the meeting at 12:37p.m.

The Board took a break at 12:37pm and the meeting was reconvened at 1:01pm.

CONSIDERATION OF RECOMMENDED DECISIONS:

Closed Meeting: Ms. Stransky moved that the Board of Counseling convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* to consider agency subordinate recommendations. She further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Latasha Austin, and Dalyce Logan attend the closed meeting because their presence was deemed necessary and would aid the board in its deliberations. The motion was seconded and passed unanimously.

Nicole Foster, Resident in Counseling, QMHP-Trainee
License No. 0704015408
Registration No. 0734006510
Case No. 228196
Ms. Foster did not appear before the board and did not submit a written response. The board considered the agency subordinate's recommendation to reprimand Ms. Foster and place certain terms and conditions on her license to practice as a Resident in Counseling and registration to practice as a QMHP-Trainee.

Chelsi Simmons, LPC
License No. 0701006226
Case No. 231531
Ms. Simmons did not appear before the board and did not submit a written response. The board considered the agency subordinate's recommendation to place certain terms and conditions on Ms. Simmons' license to practice as a professional counselor.

Christina Rawls-Dolin, LPC
License No. 0701009394

Case Nos. 231599 and 233188
Ms. Rawls-Dolin did not appear before the board but submitted a written response. The board considered Ms. Rawls-Dolin's written response and the agency subordinate's recommendation to place certain terms and conditions on Ms. Rawls-Dolin's license to practice as a professional counselor.

Brenna Cash, LPC
License No. 0701009631
Case No. 233201
Ms. Cash did not appear before the board and did not submit a written response. The board considered the agency subordinate's recommendation to place certain terms and conditions on Ms. Cash's license to practice as a professional counselor.

Reconvene: Ms. Stransky certified that, pursuant to § 2.2-3712 of the *Code of Virginia*, the Board of Counseling heard, discussed, or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion.

Decision: Upon a motion by Dr. Yancey, and duly seconded by Dr. Kuschel, the board unanimously voted to accept the agency subordinate recommendations, as presented, in the matters of Nicole Foster, RIC, QMHP-T, Chelsi Simmons, LPC, Christina Rawls-Dolin, LPC, and Brenna Cash, LPC.

NEXT MEETING DATES: The next meeting is scheduled for Friday, July 25, 2025.

ADJOURNMENT: Dr. Tinsley adjourned the April 25, 2025, meeting at 1:12 p.m.

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Terry R. Tinsley, PhD, LPC, LMFT, CSOTP, Board Chairperson

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Jaime Hoyle, JD, Executive Director

Virginia Department of Health Professions
Board of Counseling

DRAFT

Virginia Board of Counseling
Regulatory Committee Meeting Minutes
Friday, June 13, 2025, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

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

BOARD MEMBERS PRESENT: Nakeisha Gordon, LPC
Luanne Griffin, LPC *(Virtually- via Webex due to health reasons)*
Gerard Lawson, PhD, LPC, LSATP, NCC
Terry R. Tinsley, PhD, LPC, LMFT, CSOTP

BOARD MEMBERS ABSENT: Tiffinee Yancey, PhD, LPC

BOARD STAFF PRESENT: Latasha Austin, Licensing & Operations Manager
Jaime Hoyle, JD, Executive Director
Charlotte Lenart, Deputy Executive Director – Licensing *(Virtually- via Webex)*
Dalyce Logan, Senior Licensing Specialist

DHP STAFF PRESENT: Matthew Novak, Policy Analyst, Department of Health Professions
Arnie Owens, Agency Director, Department of Health Professions *(arrived at 10:10am, left meeting at 10:47am)*

PUBLIC ATTENDEES: Becky Bowers-Lanier
Kathryn Zapach, Virginia Health Care Foundation

CALL TO ORDER: Ms. Stransky called the Regulatory Committee Meeting to order at 10:00a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM: An introduction was done of all Committee members and staff**.** Four members of the Committee were present in person and one member of the Committee was present virtually via Webex 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 March 28, 2025.

Motion: Dr. Lawson made a motion, which Ms. Gordon properly seconded, to approve the minutes from the March 28, 2025, as presented. The motion passed unanimously.

PUBLIC COMMENT: No public comment was provided.

LEGISLATIVE & REGULATORY UPDATE: No report or update was provided.

NEW BUSINESS:

- **Draft Guidance Document on the Use of Artificial Intelligence (AI)**
  Ms. Hoyle presented the draft Guidance Document on the Use of Artificial Intelligence (Attachment 1) to the Committee. The Committee discussed whether the document

should remain a guidance document or be developed into a policy or regulation. It was noted that guidance documents are non-binding and cannot mandate actions ("should" vs. "must"). If mandatory language is desired, the Regulatory Committee could propose incorporating AI language into formal regulation.

After review, the Committee suggested making the following edits to the draft Guidance Document on the Use of Artificial Intelligence:

- Add a definition of Artificial Intelligence.
- In the first sentence of the first paragraph, cite the full section of the Standards of Practice regulation.
- Revise the second sentence of the first paragraph to read: "but it is merely a tool."
- Include references to specific regulations within the recommendations.
- Amend Recommendation #5 to note that AI "may contain bias and may provide guidance that is clinically contraindicated."

Action Items & Next Steps:

- Ms. Hoyle will revise the draft with the suggested edits.
- Dr. Lawson will contact a potential AI presenter for the next Board meeting.
- The Committee requested that legal counsel review and comment on the Guidance Document at the next meeting

Motion: Dr. Lawson made a motion, which Ms. Gordon properly seconded, to approve the Guidance Document on the Uses of Artificial Intelligence with the recommended amendments. The motion passed unanimously.

Mr. Novak provided the Committee with a refresher on the periodic review process, including the timeline for each stage. He noted that several periodic reviews are currently open, with the exception of QMHP and agency sub, which are not under review at this time. He also gave a brief overview of the full regulatory process, outlining the various types of regulatory actions (e.g., exempt actions, NOIRA stage, fast-track action, emergency action). Mr. Novak reminded members that they can track the progress of any regulatory action on the Virginia Regulatory Townhall website, where a document explaining the full process is also available.

- **Discussion of Draft Supervision Survey**
  The Committee reviewed the draft survey questions from the agenda packet. Members suggested scaling back the survey, merging certain questions, and potentially dividing it into multiple surveys. They also recommended providing context on the purpose of the survey. Ms. Lenart will revise and streamline the questions accordingly.

  Motion: Dr. Lawson made a motion, which Ms. Gordon properly seconded, to approve the draft supervision survey with the Committee's recommended revisions and to forward it to the DHP Workforce Development Center staff for final development and distribution to residents. The motion passed unanimously.

- **Discussion on Requiring Continue Education Hours for Supervisors**
  The Committee will revisit requiring continuing education hours for supervisors after receiving the results of the supervision survey.

- **Residents billing directly for services**
  The Committee will revisit residents billing directly for services after receiving the results of the supervision survey.

NEXT MEETING DATES: The next Full Board meeting is scheduled for July 25, 2025, and the next Regulatory Committee meeting is scheduled for Friday, September 19, 2025.

ADJOURNMENT: Ms. Stransky adjourned the June 13, 2025, Regulatory Committee meeting at 11:33a.m.

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Maria Stransky, LPC, CSAC, CSOTP, Committee Chairperson

_____

Jaime Hoyle, JD, Executive Director

Attachment 1

Guidance document: Adopted:

Virginia Board of Counseling

Guidance on Use of Artificial Intelligence (AI)

The standards of practice set forth in section 130 of the regulations and in the Code of Virginia apply regardless of the method of delivery. The regulations do not prohibit the use of AI, but it is a tool, and the counselor remains accountable and responsible for all decisions. Utilization of AI should enhance the provision of services and should not interfere with human relationships. 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.

The Board of Counseling recommends the following when a licensee uses AI:

1. The counselor should seek training or otherwise demonstrate expertise in the use of AI, especially in the matter of protecting confidentiality and security. Such training should provide a foundational knowledge of how AI works, its risks and limitations, ethical considerations, and best practices.

2. The counselor must take steps to protect client confidentiality and security.

3. Counselors should obtain informed consent regarding AI. This informed consent should explain how and when AI tools will be used, disclose any risks, and explain the purpose and potential benefits.

4. Counselors should maintain transparency and document instances of AI tools utilized.

5. Counselors should recognize that AI is imperfect and may contain bias.

6. Counselors should ensure data security and patient privacy and confidentiality. AI platforms must adhere to federal and state privacy laws, and counselors must ensure personal identifying information and personal health information remain protected.

7. Supervisors should incorporate discussions regarding AI use with residents in counseling, to include risks, best practices, and outside resources for further training.

8. Counselors should actively work to ameliorate AI risks and report concerns to AI platforms.

The Board recommends that licensees review the following links from counseling national associations before incorporating AI into their practice. These resources also provide templates for informed consent regarding AI.

- American Counseling Association (ACA) - Recommendations for Practicing Counselors and Their Use of AI
- National Board for Certified Counselors (NBCC) - Ethical Principles for Artificial Intelligence in Counseling
- American Association of State Counseling Boards (AASCB) - AASCB AI Position and Guidelines

Board of Counseling
Current Regulatory Actions
As of July 10, 2025

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20	NOIRA	Removal of redundant provisions related to conversion therapy	9/21/2022	1010 days	Removes language regarding conversion therapy which has been replaced by statutory language.
18VAC115-90	Final	New chapter for licensure	5/14/2025	37 days	Implementation pursuant to 2020 General Assembly.

At the Department of Planning and Budget

None.

At the Office of the Attorney General

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20	Proposed	Implementation of the Counseling Compact	2/7/2025	153 days	Replaces emergency regulations
18VAC115-20 18VAC115-50 18VAC115-60	Fast-track	Reduction of residency requirements	2/7/2025	153 days	Will significantly reduce burdens on residents

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC115-20	NOIRA	Requirement for supervisors to submit evaluations and confirm resident hours within a set timeframe	6/2/2025	7/2/2025. Proposed stage regulations are next to be adopted.
18VAC115-80	Exempt/ final	Changes to QMHP regulations pursuant to SB403 of the 2024 General Assembly	4/7/2025	5/7/2025
18VAC115-100	Exempt/ final	Creates registration for behavioral health technicians and behavioral health technician assistants pursuant to SB403 of the 2024 Session	4/7/2025	5/8/2025

Agenda Item: Consideration of Proposed Stage Action Relating to Supervisor Reporting Timeframes

Included in your Agenda Package:

- Draft proposed stage changes to 18VAC115-20-52; and
- Comments received during the NOIRA stage on TownHall

Action Needed:

- Motion to adopt proposed stage regulations to 18VAC115-20-52.

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. Such reports and evaluations shall be submitted to the Board within 30 days of the end of supervision.

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.

Export to PDF Export to Excel

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]**

Action	**Requirement for supervisors to submit evaluations and confirm resident hours within a set timeframe**
Stage	**NOIRA**
Comment Period	Ended on 7/2/2025

3 comments

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Anonymous 6/2/25 11:53 am

in favor

The proposed action will help reduce barriers for the resident and increase supervisor accountability. I am in agreement.

CommentID: **236839**

Commenter: Anonymous 6/17/25 2:51 pm

In Favor

As a supervisor, I support this petition and rulemaking.

CommentID: **236911**

Commenter: Sharon Watson 6/19/25 12:35 am

Strongly support

As a Virginia supervisor, supervision consultant, and supervision trainer, I've heard many stories from residents and LPCs who tried to get their quarterlies and verification of supervision forms from their supervisors and it taking months or even sometimes unsuccessfully. Not only does this affect the reputation of supervisors in general, it delays a Resident's licensure which can then delay the possibility of increased income or the ability to accept an employment offer. Adding this to the regulations will allow residents to more easily file a complaint so that supervisors who are acting inappropriately in this way can be adressed.

CommentID: **236918**

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 adopt regulatory amendments to 18VAC115-20-45 as presented.

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.

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 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.

Agenda Item: Consideration of Exempt Action Relating to HB1897

Included in your Agenda Package:

- Draft exempt changes to 18VAC115-80-65; and
- Chapter 146 of the 2025 GA

Action Needed:

- Motion to ament 18VAC115-80-65 by exempt action.

18VAC115-80-65. Requirements for registration as a qualified mental health provider-trainee.

A. A licensed baccalaureate social worker shall not be required to register with the Board or fulfill any additional training or education requirements in order to serve as a QMHP-trainee.

B. Prior to receiving supervised experience toward registration as a QMHP, an applicant for registration as a QMHP-trainee shall provide a completed application, the fee prescribed in 18VAC115-80-20, and verification of the following:

1. Enrollment in or completion of a bachelor's degree program from an institution of higher education listed as accredited on the U.S. Department of Education College Accreditation database found on the U.S. Department of Education website or accredited by another accrediting agency recognized by the board;

2. Evidence of completion of 60 hours of didactic education in a program recognized or approved by the board; and

3. Verification of any other mental health or health professional license, certification, or registration ever held in Virginia or another jurisdiction. An applicant for registration as a QMHP-trainee shall have no unresolved disciplinary action. The board will consider a history of disciplinary action on a case-by-case basis as grounds for denial under 18VAC115-80-100.

CHAPTER 146

An Act to amend and reenact § 54.1-3700 of the Code of Virginia, relating to Board of Social Work; Board of Counseling; master's social worker; scope of practice; qualified mental health professional-trainee; regulations.

[H 1897]

Approved March 19, 2025

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3700 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-3700. Definitions.

As used in this chapter, unless the context requires a different meaning:

"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.

"Baccalaureate social worker" means a person who*, consistent with such person's education and training,* engages in the practice of social work under the supervision of a master's social worker and provides basic generalist services, including casework management and supportive services and consultation and education.

"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.

"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.

"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.

"Master's social worker" means a person who*, consistent with such person's education and training,* engages in the practice of social work and provides non-clinical, generalist services, ~~including~~ staff supervision and management*, and clinical services under the supervision of a licensed clinical social worker*.

"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.

"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.

2. That the Board of Social Work shall promulgate regulations to allow master's social workers to engage in clinical services under the supervision of a licensed clinical social worker.

3. That the Board of Counseling (the Board) shall amend its regulations to state that a licensed baccalaureate social worker shall not be required to (i) register with the Board or (ii) fulfill any additional training or education requirements in order to serve as a qualified mental health professional-trainee.

4. That the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services shall amend their regulations to (i) deem the services provided by a licensed baccalaureate social worker to be equivalent to the services provided by a qualified mental health professional-trainee and (ii) provide licensed baccalaureate social workers with reimbursement for such services at a rate comparable to the rate that is provided to qualified mental health professional-trainees.

5. That the Department of Medical Assistance Services (the Department) shall seek federal authority through any necessary waivers and state plan for medical assistance services amendments under Titles XIX and XXI of the Social Security Act to (i) deem the services provided by a licensed baccalaureate social worker to be equivalent to the services provided by a qualified mental health professional-trainee and (ii) provide licensed baccalaureate social workers with reimbursement for such services at a rate comparable to the rate that is provided to qualified mental health professional-trainees. The Department shall have the authority to implement these changes prior to completion of any regulatory process to effect such change.

Agenda Item: Consideration of Petition for Rulemaking

Included in your Agenda Package:

- PFR (Toliver-Hardy) which requests the Board waive the required LSATP exam for licensed LCSWs and CSACs;
- Comments made on TownHall; and
- 18VAC115-60-90

Staff Note: There were two comments on the petition. One was in support of the petition while the other comment did not offer a position.

Action Needed:

- Motion to either:
    - Accept the petition and issue a NOIRA; OR
    - Take no action on the petition, clearly stating why

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Toliver-Hardy, Sharon K

Street Address	Area Code and Telephone Number
35 Frances Dr.	540-915-2768

City	State	Zip Code:
Roanoke	Virginia	24017

Email Address (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC115-60-90. General examination requirements; time limits.
C. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

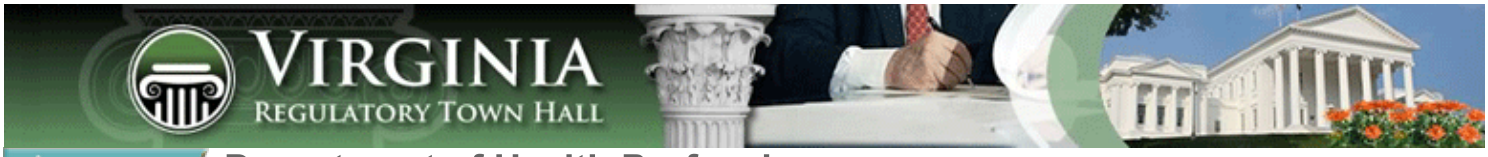
The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

An LCSW meets the requirements required by the State of VA. If ones license is unrestricted and meets Virginia state criteria it should be allowed as meeting criteria for endorsement. LCSW are held to standards by the government and recognized by the government of VA as well as by all insurances. If one holds a CSAC from 1996 and licensed for 10 years or more by standards and has practiced within 60 months of your asking qualifications to hold the LSATP should be allowed without taking the MAC as it is allowed for LPC.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

54.1-3700 LCSW definition, 541.3500 LPC definition, by definition both practice within the same setting with the same scope of practice and intensity if so desired.

Signature: **Date:** 02/20/2025



Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter

Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners [18 VAC 115 - 60]

2 comments

All comments for this forum

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Commenter: La'Toya Hines

4/9/25 10:14 am

Support

I support the wavier. As a CSAC since 2007 and a LCSW, I feel that my experience and know support not to have a take another examination.

CommentID: **233583**

Commenter: Anonymous

4/22/25 1:40 pm

Waiver of examination requirement for experienced LCSW/CSAC applicants for LSATP

The petitioner requests that the Board amend 18VAC115-60-90 to permit licensed clinical social workers licensed for ten years or more who also hold a certification as a substance abuse counselor and have practiced within the last five years (60 months) have the examination requirement to become a licensed substance abuse treatment provider waived, similar to an exemption for licensed professional counselors applying to become LSATPs.

CommentID: **233831**

18VAC115-60-90. General examination requirements; time limits.

A. Every applicant for licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board. Such applicant is required to pass the prescribed examination within six years from the date of initial issuance of a resident license by the board.

B. Every applicant for licensure as a substance abuse treatment practitioner by endorsement shall have passed a substance abuse examination deemed by the board to be substantially equivalent to the Virginia examination.

C. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

D. The board shall establish a passing score on the written examination.

E. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a substance abuse treatment practitioner.

Agenda Item: Consideration of amendments to Guidance Document 115-8

Included in your agenda package:

- Draft changes to Guidance Document 115-8; and
- 18VAC115-80-40.

Staff notes: With legislative and regulatory changes to QMHP registration, portions of this document are obsolete. 18VAC115-80-40(B)(5), however, still references degrees in human services recognized by the Board. Therefore, this document is still needed, though the Board should review the listed fields to either reaffirm or amend the list.

Action needed:

Motion amend Guidance Document 115-8 as discussed by the Board.

Board of Counseling

Approved Degrees in Human Services ~~and Related~~ Fields for QMHP Registration

~~Regulations for the Virginia Board of Counseling provide in 18VAC115-80-40 that a person may qualify as a QMHP-A with a "master's or bachelor's degree in human services or a related field from an accredited college." Section 18VAC115-80-50 provides that "a person may qualify as a QMHP-C with a "master's or bachelor's degree in human services or in special education from an accredited college."~~

The Board defines "human services" referenced in 18VAC115-80-40(B)(5) as an area of study that focuses on the mental health, biological, psychological, behavioral, and social aspects of human welfare with emphasis on the direct services designed to improve it. The Board recognizes the following degrees as "human services ~~or related~~ fields:"

Art Therapy
Behavioral Sciences
Child Development
Child and Family Studies/Services
Cognitive Sciences
Community Mental Health
Counseling (Mental health, Vocational, Pastoral, etc.)
Counselor Education
Early Childhood Development
Education (with a focus in psychology and/or special education)
Educational Psychology
Family Development/Relations
Gerontology
Health and Human Services
Human Development
Human Services
Marriage and Family Therapy
Music Therapy
Nursing
Psychiatric Rehabilitation
Psychology
Rehabilitation Counseling
School Counseling
Social Work
Special Education
Therapeutic Recreation
Vocational Rehabilitation

Part II. Requirements for Registration

18VAC115-80-40. Requirements for registration as a qualified mental health professional.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20;

2. A bachelor's degree from an institution of higher education listed as accredited on the U.S. Department of Education College Accreditation database found on the U.S. Department of Education website or accredited by another accrediting agency recognized by the board;

3. Evidence of completion of 80 hours of didactic education in a program recognized or approved by the board, unless such evidence was provided to the board to obtain a registration as a QMHP-trainee;

4. Evidence of 1,500 hours of supervised experience obtained within a five-year period immediately preceding application for registration;

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

6. Verification of any other mental health or health professional license, certification, or registration ever held in Virginia or another jurisdiction. An applicant for registration as a QMHP shall have no unresolved disciplinary action. The board will consider a history of disciplinary action on a case-by-case basis as grounds for denial under 18VAC115-80-100.

B. Experience required for registration.

1. To be registered as a QMHP, an applicant shall provide documentation of experience in providing direct services to individuals as part of a population of adults or children with mental illness in a setting where mental health treatment, practice, observation, or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP.

2. The following may serve as a supervisor for a QMHP-trainee:

a. A licensed mental health professional licensed by a board of the Department of Health Professions who has completed the required supervisor training;

b. A person under supervision who has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work and who has completed the required supervisor training; or

c. A registered QMHP who has (i) practiced for three years and (ii) completed the required supervisor training.

3. Supervision obtained in another United States jurisdiction shall be provided by a mental health professional licensed in that jurisdiction.

4. Supervision shall consist of face-to-face training in the services of a QMHP until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on site or immediately available for consultation with the person being trained.

5. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.

Statutory Authority

§§54.1-2400, 54.1-3500, 54.1-3505, and 54.1-3520 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 36, Issue 4, eff. November 13, 2019; amended, Virginia Register Volume 37, Issue 2, eff. October 29, 2020; Volume 41, Issue 17, eff. May 7, 2025.

LICENSING REPORT

Satisfaction Survey Results	
2025 3rd Quarter (January 1 – March 31, 2025)	**95.9%**

Totals as of July 7, 2025*

Current Active Licenses	
Certified Substance Abuse Counselor	1,686
CSAC Supervisee	1,580
Substance Abuse Counseling Assistant	291
Licensed Marriage and Family Therapist	1,364
Marriage & Family Therapist Resident	191
Licensed Professional Counselor	10,710
Resident in Counseling	3,569
Substance Abuse Treatment Practitioner	513
Substance Abuse Treatment Residents	20
Rehabilitation Provider	119
Qualified Mental Health Professional	8,148
Qualified Mental Health Professional-Trainee	8,088
Registered Peer Recovery Specialist	910
Behavioral Health Technician	1
Behavioral Health Technician Assistant	0
Total	**37, 190***

*Unofficial numbers (for informational purposes only)

Licenses, Certifications and Registrations Issued

License Type	February 2025	March 2025	April 2025	May 2025	June 2025*
Certified Substance Abuse Counselor	6	8	9	13	5
CSAC Supervisee	48	77	48	52	74
Certified Substance Abuse Counseling Assistant	0	5	9	7	7
Licensed Marriage and Family Therapist	43	25	23	23	26
Marriage & Family Therapist Resident	2	3	1	1	5
Pre-Education Review for LMFT	0	0	1	0	0
Licensed Professional Counselor	108	120	116	108	120
Resident in Counseling	90	70	43	103	182
Pre-Education Review for LPC	10	12	0	0	15
Substance Abuse Treatment Practitioner	7	9	4	3	2
Substance Abuse Treatment Residents	0	0	0	0	1
Pre-Education Review for LSATP	0	1	0	1	0
Rehabilitation Provider	0	0	0	2	0
Qualified Mental Health Professional	102	127	94	102	141
Qualified Mental Health Professional Trainee	142	190	148	181	150
Registered Peer Recovery Specialist	31	35	26	39	34
Behavioral Health Technician	0	0	0	0	1
Behavioral Health Technician Assistant	0	0	0	0	0
Total	**589**	**682**	**525**	**645**	**763**

*Unofficial numbers (for informational purposes only)

Licenses, Certifications and Registration Applications Received

Applications Received	February 2025*	March 2025*	April 2025*	May 2025*	June 2025*
Certified Substance Abuse Counselor	13	16	13	17	17
CSAC Supervisee	61	74	52	82	67
Certified Substance Abuse Counseling Assistant	6	11	11	12	4
Licensed Marriage and Family Therapist	45	19	25	21	30
Marriage & Family Therapist Resident	3	1	3	4	8
Pre-Education Review for LMFT	0	2	0	0	1
Licensed Professional Counselor	113	114	125	125	126
Resident in Counseling	75	59	44	141	178
Pre-Education Review for LPC	11	6	10	12	17
Substance Abuse Treatment Practitioner	10	7	4	6	5
Substance Abuse Treatment Residents	1	1	0	2	2
Pre-Education Review for LSATP	0	1	0	0	0
Rehabilitation Provider	0	0	0	2	0
Qualified Mental Health Professional	142	164	148	139	115
Qualified Mental Health Professional - Trainee	159	225	209	211	187
Registered Peer Recovery Specialist	35	34	35	41	32
Behavioral Health Technician	0	0	0	0	4
Behavioral Health Technician Assistant	0	0	0	0	1
Total	**674**	**734**	**679**	**815**	**794**

*Unofficial numbers (for informational purposes only)

Additional Information:

- **Board of Counseling Staffing Information:**

  - The Board currently has seven full-time staff to answer phone calls, emails and to process applications across all license, certification and registration types.
    - Board of Counseling - Manager
      - Latasha Austin – Licensing and Operations Manager (Full-Time)
    - Licensing and Certification Staff:
      - Victoria Cunningham – Sr. Licensing Specialist (Full-Time)
      - Dalyce Logan – Sr. Licensing Specialist (Full-Time)
      - Trasean Boatwright – Sr. Licensing Specialist (Full -Time)
      - Vacant - Licensing Administration Assistant (Part-Time)
    - Registration Staff:
      - Sandie Cotman – Program Manager (Full-Time)
      - Shannon Brogan – Sr. Licensing Specialists (Full-Time)
      - Alesia Baskin – Sr. Licensing Specialists (Full-Time)

- **Audits**

  - Staff will begin notifying selected licensees, certificate holders, and registrants of their inclusion in the 2025 audit in late summer.

- **Changes to QMHP and QMHP-Trainee regulations went into effect on May 7, 2025.**

- **New Behavioral Health Technician (BHT) and Behavioral Health Technician Assistant (BHTA) Registrations went into effect on May 8, 2025**
  - The Board started accepting applications on June 9, 2025

2024 Annual Performance Report

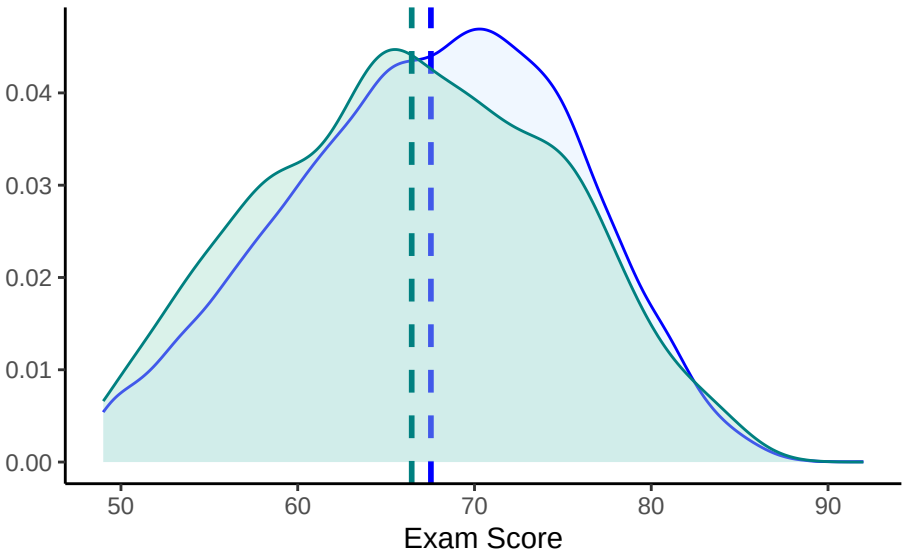
National Clinical Mental Health
COUNSELING EXAMINATION™

Virginia

This report reflects exam performance for candidates who tested from January 1st, 2024 through December 31st, 2024. The table below displays general descriptive statistics for the National Clinical Mental Health Counseling Examination (NCMHCE) for licensure candidates who tested in 2024 from Virginia. Exam performance for all US licensure candidate is also provided for reference. As seen below, the average score for candidates from Virginia was 1.1 point(s) lower than the national average.

	N	Pass Rate	Min	Med	Max	Mean	SD
VA	995	61.2%	49	66	86	66.4	8.2
US	13238	68.3%	49	68	92	67.5	7.9

The graph below presents the distribution of exam scores in Virginia and nationally. Average scores are marked by the dotted lines.



N = number of candidates; Pass Rate = percentage of candidates that passed; Min = smallest exam score attained; Median = median exam score attained; Max = largest exam score attained; Mean = average exam score attained; SD = standard deviation of attained exam scores

The table below reflects the minimum, median, and maximum testing time for successful candidates from Virginia and nationally. Candidates are allowed 255 minutes to complete the examination unless approved for testing accommodations. They receive 15 minutes to complete the testing agreement and tutorial, 225 minutes (3 hours and 25 minutes) for examination questions, and an optional 15-minute break. ISD reflects insufficient data to calculate. Candidates with extra time were not included in this analysis.

Time on the Exam (minutes)			
	Min	Med	Max
VA	124	205	238
US	122	203	246

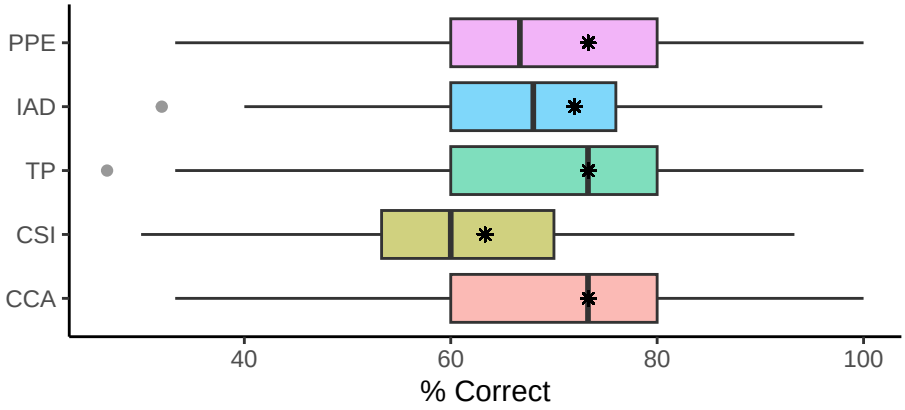
Work Behavior Performance

The table below provides further information about how Virginia compares to the nation on specific work behavior domains. For more information about these domains, please refer to the *NCMHCE Handbook*.

Each row presents descriptive statistics of the average number correct for each work domain. State statistics are in presented in teal, and national statistics are presented in blue.

Work Behavior	#Q	% Exam	Mean	SD
Professional Practice and Ethics	15	15	10.4	1.9
			10.4	1.8
Intake, Assessment, and Diagnosis	25	25	17.2	2.6
			17.5	2.5
Treatment Planning	15	15	10.4	1.8
			10.4	1.8
Counseling Skills and Interventions	30	30	18.3	3.5
			18.9	3.4
Core Counseling Attributes	15	15	10.4	1.9
			10.6	1.9

The boxplots below reflect the distribution of performance for each work behavior for Virginia. The national median for each work behavior is marked by a black star.



#Q = number of questions on exam; % Exam = percentage of scored questions on the exam; Min = smallest average percent correct; Med = median average percent correct; Max = largest average percent correct; Mean = average average percent correct; SD = average percent correct

Form-Level Examination Performance

In 2024, thirteen different forms of the NCMHCE were available for testing. The table describes the performance of the nine forms which had over thirty examinees.

	165423	165A24	165B24	165D24	165F24	165H24	165I24	165K24	165M24
N	4089	1222	1241	1236	1153	1103	1061	1078	1051
Mean	69.08	66.54	66.61	69.50	65.21	66.48	66.58	68.65	64.96
SD	7.74	7.77	7.27	8.10	7.71	7.64	7.32	8.26	7.97
Min	49	49	49	49	49	49	49	49	49
Med	70	67	67	70	65	67	67	69	65
Max	88	85	88	92	86	85	83	88	84
PP	66	61	66	63	62	61	65	66	62
%Pass	69%	77%	63%	69%	67%	76%	62%	65%	65%
Rel	0.83	0.84	0.81	0.87	0.85	0.83	0.82	0.87	0.84
SEM	3.95	4.03	4.03	4.02	4.26	4.04	4.05	4.05	4.28
AvgDiff	0.68	0.65	0.65	0.68	0.60	0.65	0.64	0.67	0.60
AvgDisc	0.16	0.16	0.14	0.17	0.15	0.15	0.15	0.17	0.16
DC	0.85	0.89	0.81	0.92	0.87	0.89	0.83	0.88	0.86
SEMPP	4.74	4.88	4.74	4.83	4.85	4.88	4.77	4.74	4.85

N = number of candidates; PP = passing point; Rel = Kuder-Richardson Formula 20 (KR-20); SEM = Standard Error of Measurement; AvgDiff = Average Difficulty of Form Items; AvgDisc = Average Item-Total Correlation of Form Items; DC = Decision Consistency Index; SEMPP = SEM at Passing Point

NOTE: All analyses in this report were conducted after data cleaning to remove sessions that were incomplete due to technical issues or misconduct and after removing outliers.

For information regarding this report, please contact the Center for Credentialing & Education (CCE), the administrator for the state/jurisdiction licensure examination programs of the National Board for Certified Counselors, Inc. (NBCC).

Phone: 336.482.2856
Website: www.cce-global.org/ncmhce
E-mail: exam@cce-global.org

2024 Annual Performance Report

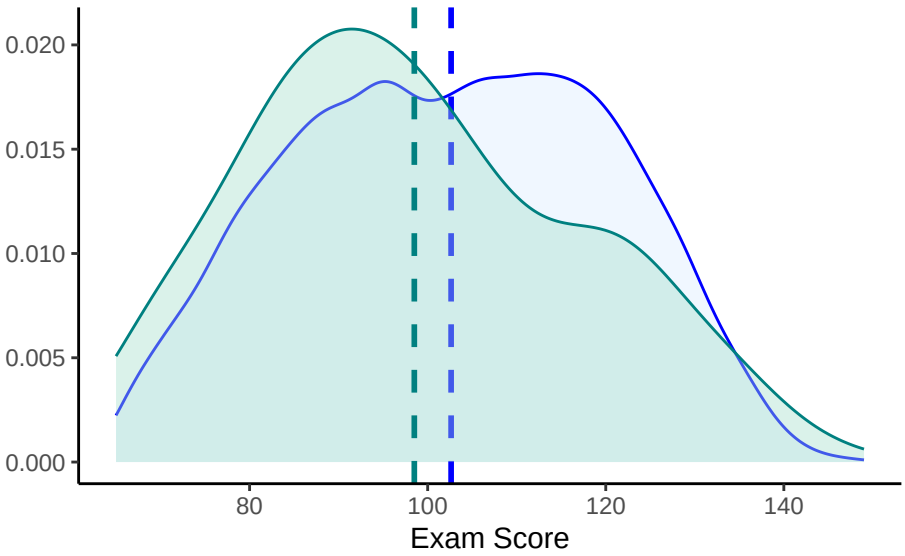
National Counselor EXAMINATION™

Virginia

This report reflects exam performance for candidates who tested from January 1st, 2024 through December 31st, 2024. The table below displays general descriptive statistics for the National Counselor Exam (NCE) for licensure candidates who tested in 2024 from Virginia. Exam performance for all US licensure candidates is also provided for reference. As seen below, the average score for candidates from Virginia was 4.1 point(s) lower than the national average.

	N	Pass Rate	Min	Med	Max	Mean	SD
VA	144	64.6%	66	97	145	98.5	18.5
US	14748	74.3%	65	103	149	102.6	17.6

The graph below presents the distribution of exam scores in Virginia and nationally. Average scores are marked by the dotted lines.



N = number of candidates; Pass Rate = percentage of candidates that passed; Min = smallest exam score attained; Median = median exam score attained; Max = largest exam score attained; Mean = average exam score attained; SD = standard deviation of attained exam scores

The table below reflects the minimum, median, and maximum testing time for successful candidates from Virginia and nationally. Candidates are allowed 255 minutes to complete the examination unless approved for testing accommodations. They receive 15 minutes to complete the testing agreement and tutorial, 225 minutes (3 hours and 25 minutes) for examination questions, and an optional 15-minute break. ISD reflects insufficient data to calculate. Candidates with extra time were not included in this analysis.

Time on the Exam (minutes)			
	Min	Med	Max
VA	81	169	234
US	77	162	255

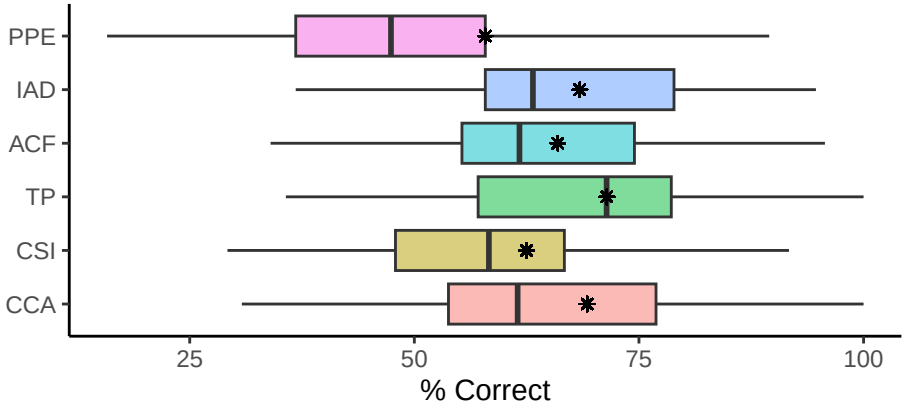
Work Behavior Performance

The table below provides further information about how Virginia compares to the nation on specific work behavior domains. For more information about these domains, please refer to the *NCE Handbook*.

Each row presents descriptive statistics of the average number correct for each work domain. State statistics are presented in teal, and national statistics are presented in blue.

Work Behavior	#Q	% Exam	Mean	SD
Professional Practice and Ethics	19	12	9.5	3.0
			10.9	3.1
Intake, Assessment, and Diagnosis	19	12	12.6	2.7
			12.6	2.8
Areas of Clinical Focus	47	29	30.2	6.0
			31.1	5.5
Treatment Planning	14	9	9.6	2.2
			9.6	2.1
Counseling Skills and Interventions	48	30	28.3	6.6
			29.9	6.2
Core Counseling Attributes	13	8	8.6	2.2
			8.6	2.1

The boxplots below reflect the distribution of performance for each work behavior for Virginia. The national median for each work behavior is marked by a black star.



Form-Level Examination Performance

In 2024, twenty-one different forms of the NCE were available for testing. The table below describes the performance of the eleven forms which had over thirty examinees.

	146420	146520	146620	146A24	146B24	146C24	146D24	146H24	146I24	146J24	146K24
N	1428	1426	1419	1094	1180	1106	1036	1506	1588	1509	1413
Mean	101.95	103.43	102.89	103.81	104.47	103.56	104.76	101.06	102.75	100.60	101.43
SD	17.05	17.25	17.50	17.68	17.35	17.04	17.93	18.02	17.87	16.87	18.02
Min	65	65	65	65	65	65	65	65	65	65	65
Med	102	104	103	105	105	104	106	100	103	101	101
Max	148	147	147	143	147	147	145	140	149	141	144
PP	89	90	90	86	87	88	87	91	92	93	90
%Pass	75%	76%	74%	82%	83%	80%	81%	68%	70%	66%	71%
Rel	0.91	0.92	0.92	0.93	0.92	0.92	0.92	0.93	0.92	0.91	0.93
SEM	5.51	5.44	5.47	5.26	5.34	5.24	5.18	5.39	5.45	5.40	5.30
AvgDiff	0.66	0.67	0.66	0.66	0.68	0.67	0.68	0.63	0.66	0.64	0.65
AvgDisc	0.21	0.22	0.23	0.22	0.22	0.22	0.24	0.23	0.23	0.22	0.24
DC	0.94	0.95	0.95	0.97	0.96	0.96	0.96	0.95	0.94	0.93	0.95
SEMPP	6.28	6.27	6.27	6.31	6.30	6.29	6.30	6.26	6.25	6.24	6.27

N = number of candidates; PP = passing point; Rel = Kuder-Richardson Formula 20 (KR-20); SEM = Standard Error of Measurement; AvgDiff = Average Difficulty of Form Items; AvgDisc = Average Item-Total Correlation of Form Items; DC = Decision Consistency Index; SEMPP = SEM at Passing Point

NOTE: All analyses in this report were conducted after data cleaning to remove sessions that were incomplete due to technical issues or misconduct and after removing outliers.

For information regarding this report, please contact the Center for Credentialing & Education (CCE), the administrator for the state/jurisdiction licensure examination programs of the National Board for Certified Counselors, Inc. (NBCC).

Phone: 336.482.2856
Website: www.cce-global.org/nce
E-mail: exam@cce-global.org

Virginia Board of Counseling

Guidance on Use of Artificial Intelligence (AI)

Artificial Intelligence (AI) generally refers to the ability of a computer or computer-controlled robot to perform tasks that would typically require human intelligence, such as reasoning, learning, decision-making, problem-solving, and perception. As AI becomes increasingly integrated into clinical practice, the Board of counseling is committed to ensuring that AI enhances care quality while maintaining client safety, privacy, and the integrity of the therapeutic relationship.

Licensees remain responsible for the care they provide regardless of the tools they use. The standards of practice and the grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license set forth in the Regulations Governing the Practice of Professional Counseling,[i] the Regulations Governing the Practice of Marriage and Family Therapy,[ii] and the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners[iii] apply regardless of the method of delivery. The regulations do not prohibit the use of AI, but AI is merely a tool, and the licensee remains accountable and responsible for all decisions. Licensees should recognize that AI may contain bias and may provide guidance that is clinically contraindicated. Utilization of AI should enhance the provision of services and should not interfere with human relationships. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guides in determining the appropriate professional conduct of all persons whose activities are regulated by the Board of Counseling.[iv]

The Board of Counseling recommends the following when a licensee uses AI:

1. The licensee should seek training or otherwise demonstrate expertise in the use of AI, especially in the matter of protecting confidentiality and security. Such training should provide a foundational knowledge of how AI works, its risks and limitations, ethical considerations, and best practices.[v]

2. The licensee must take steps to protect client confidentiality and security. Licensees should ensure data security and patient privacy and confidentiality. AI platforms must adhere to federal and state privacy laws, and licensees must ensure personal identifying information and personal health information remain protected.[vi]

3. Licensees should obtain informed consent regarding AI. This informed consent should explain how and when AI tools will be used, disclose any risks, and explain the purpose and potential benefits.[vii]

4. Licensees should maintain transparency and document instances of AI tools utilized.[viii]

5. Supervisors should incorporate discussions regarding AI use with persons under their supervision, to include risks, best practices, and outside resources for further training.

The Board recommends that licensees review the following links from counseling national associations before incorporating AI into their practice. These resources also provide templates for informed consent regarding AI.

- American Counseling Association (ACA) - Recommendations for Practicing Counselors and Their Use of AI
- National Board for Certified Counselors (NBCC) - Ethical Principles for Artificial Intelligence in Counseling
- American Association of State Counseling Boards (AASCB) - AASCB AI Position and Guidelines

[i] 18 Va. Admin. Code § 115-20-130 (2024) and 18 Va. Admin. Code § 115-20-140 (2024). Available at LPC.pdf.
[ii] 18 Va. Admin. Code § 115-50-110 (2024) and 18 Va. Admin. Code § 115-50-120 (2024). Available at Regulations Governing the Practice of Marriage and Family Therapy.
[iii] 18 Va. Admin. Code § 115-60-130 (2024) and 18 Va. Admin. Code § 115-60-140 (2024) Available at SATP.pdf.
[iv] 18 Va. Admin. Code § 115-20-130(A), 18 Va. Admin. Code § 115-50-110(A), and 18 Va. Admin. Code § 115-60-130(A).
[v] 18 Va. Admin. Code § 115-20-130(B)(1) and (2), 18 Va. Admin. Code § 115-50-110(B)(1), (2), and (3), and18 Va. Admin. Code § 115-60-130(B)(1), (2), and (3).
[vi] 18 Va. Admin. Code § 115-20-130(C)(2) and (4), 18 Va. Admin. Code § 115-50-110(C)(2) and (4), and18 Va. Admin. Code § 115-60-130(C)(2) and (5).
[vii] 18 Va. Admin. Code § 115-20-130(B)(9), 18 Va. Admin. Code § 115-50-110(B)(9), and18 Va. Admin. Code § 115-60-130(B)(9).
[viii] 18 Va. Admin. Code § 115-20-130(B)(9), 18 Va. Admin. Code § 115-50-110(B)(9), and18 Va. Admin. Code § 115-60-130(B)(9).

VIRGINIA BOARD OF COUNSELING
BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority

The Virginia Board of Counseling ("Board") is established and operates pursuant to §§ 54.1-2400 and 54.1-3500, et seq., of the *Code of Virginia*. Regulations promulgated by the Virginia Board of Counseling may be found in 18VAC115-20-10 et seq., Regulations Governing the Practice of Professional Counseling; 18 VAC 115-30-10 et seq., "Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants"; 18VAC115-40-10 et seq., "Regulations Governing the Certification of Rehabilitation Providers"; 18VAC115-50-10 et seq., "Regulations Governing the Practice of Marriage and Family Therapy"; 18VAC115-60-10 et seq., "Regulations Governing the Practice of Substance Abuse Treatment Practitioners", 18VAC115-80-10 et seq., "Emergency Regulations Governing the Practice of Qualified Mental Health Professionals (QMHP), and 18VAC115-70-10 et seq., "Emergency Regulations Governing the Practice of Registered Peer Recovery Specialists".

B. Duties

The Virginia Board of Counseling is charged with promulgating and enforcing regulations governing the licensure and practice of professional counselors, marriage and family therapists, and substance abuse treatment practitioners, and the certification and practice of substance abuse counselors and rehabilitation providers in the Commonwealth of Virginia, and the registration of qualified mental health professionals and registered peer recovery specialists. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses, certificates, or registrations; setting standards of practice; and implementing a system of disciplinary action.

C. Mission

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

ARTICLE II: THE BOARD

A. Membership

1. The Board shall consist of twelve (12) members, appointed by the Governor as follows:
    a. Ten (10) professionals licensed in Virginia, who shall represent the various specialties recognized in the profession. The licensed professionals shall be
        i. Six (6) licensed professional counselors

        ii. Three (3) licensed marriage and family therapists, and

iii. One (1) licensed substance abuse treatment practitioner

b. Two (2) shall be citizen members.

2. The terms of the members of the Board shall be four (4) years.

3. Members of the Board of Counseling holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

B. Officers

1. The Chairperson or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.

2. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.

3. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting and/or formal administrative hearing.

C. Duties of Members

1. Each member shall participate in all matters before the Board.

2. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences at any meeting of the Board or its committees, the Chairperson shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

D. Election of Officers

1. All officers shall be elected for a term of two (2) years and may serve no more than two (2) consecutive terms.

2. The election of officers shall occur at the first scheduled Board meeting following July 1 of each odd year, and elected officers shall assume their duties at the end of the meeting.
    a. Officers shall be elected at a meeting of the Board with a quorum present.

    b. The Chairperson shall ask for nominations from the floor by office.

    c. Voting shall be by voice unless otherwise decided by a vote of the members present. The results shall be recorded in the minutes.

    d. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.

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

    f. The election shall occur in the following order: Chairperson, Vice-Chairperson.

E. Meetings

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.

2. Order of Business at Meetings:
    a. Adoption of Agenda

    b. Period of Public Comment

    c. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.

    d. Reports of Officers and staff

    e. Reports of Committees

    f. Election of Officers (as needed)

    g. Unfinished Business

    h. New Business

3. The order of business may be changed at any meeting by a majority vote.

ARTICLE III: COMMITTEES

A. Duties and Frequency of Meetings.

1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.

2. All standing committees shall meet as necessary to conduct the business of the Board.

B. Standing Committees

Standing committees of the Board shall consist of the following:

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

1. Regulatory/Legislative Committee

   a. The Chairperson of the Committee shall be appointed by the Chairperson of the Board.

   b. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Committee

   c. The Committee shall consider all questions bearing upon state legislation and regulation governing the professions regulated by the Board.

   d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.

   e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.

2. Special Conference Committee
   a. The Special Conference Committee shall:
      i. consist of two (2) Board members.
      ii. conduct informal conferences pursuant to §§ 2.2-4019, 2.2-4021, and 54.1-2400 of the Code of Virginia as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.

iii. hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.

b. The Chairperson of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.

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

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

ARTICLE IV: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

1. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.

2. The Board delegates to Board staff the authority to issue and renew licenses or certificates and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis, upon which the Board could refuse to issue or renew the license or certification or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.

3. The Board delegates to the Executive Director the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure, certification, and registration applications, renewal forms, and documents used in the disciplinary process.

4. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provide documentation that supports such an accommodation.

5. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) year for the completion of continuing education requirements upon written request from the licensee or certificate holder prior to the renewal date.

6. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.

7. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.

8. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

9. The Board delegates to the Executive Director the authority to enter a Pre-Hearing Consent Order for Indefinite Suspension or revocation of a license, certificate, or registration.

10. The Board delegates to the Executive Director, who may consult with a Special Conference Committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

11. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a Board member.

12. The Board delegates to the Executive Director the authority to determine if there is probable cause to initiate proceedings or action on behalf of the Board of Counseling, including the authority to close a case if staff determines probable cause does not exist, the conduct does not rise to the level of disciplinary action by the Board, or the Board does not have jurisdiction.

13. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Special Conference Committee member to make a determination as to whether probable cause exists to proceed with possible disciplinary action.

14. The Board delegates to the Executive Director the authority to assign the determination of probable cause for disciplinary action to a board member, or the staff counseling review coordinator in consultation with board staff, who may offer a confidential consent agreement, offer a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case.

15. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.

16. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

17. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.

18. The Board delegates to the Chairperson, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.

19. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

20. The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

ARTICLE V: AMENDMENTS

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

Adopted: June 3, 2005
Revised: November 5, 2013; January 27, 2017; November 3, 2017; May 18, 2018

Agenda Item: Consideration of Fast-Track action for QMHP-trainee Reinstatement

Included in your Agenda Package:

- Draft language creating a reinstatement pathway for QMHP-trainees

Staff Note: With changes in QMHP-trainee regulations that transition the five-year registration to an annual renewal, there are individuals who previously held a QMHP-trainee license that would like to reinstate their registration and continue practicing as a trainee. There is currently no reinstatement pathway for QMHP-trainees to allow individuals to do that.

Action Needed:

- Motion to amend 18VAC115-80-110 by Fast-Track action.

18VAC115-80-110. Late renewal and reinstatement.

A. A person whose registration as a QMHP has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-80-20 for the year in which the registration was not renewed and by providing documentation of completion of continuing education as prescribed in 18VAC115-80-80.

B. A person whose registration as a QMHP-trainee has expired may renew it within one year by paying the late renewal fee and the registration fee as prescribed in 18VAC115-80-20.

~~B.~~ C. A person who fails to renew a registration as a QMHP after one year or more shall:

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration;

3. Provide a current report from the NPDB, if applicable; and

4. Submit evidence of completion of eight hours of continuing education for each year in which the license has been inactive or lapsed, not to exceed 32 hours.

D. A person who fails to renew a registration as a QMHP-trainee after one year or more shall:

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration; and

3. Submit evidence of enrollment in or completion of a bachelor's degree program as required in 18VAC115-80-65

~~C.~~ E. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

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