
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

Approval of Minutes

- July 25, 2025 Board Meeting Page 5

Officer and Staff Reports

- **Agency Director Report** – Arne Owens, Director, Department of Health Professions (DHP)
- **Chair Report** – Dr. Tinsley
- **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 11
 - Consideration of Petition for Rulemaking*..... Page 13
 - Readoption of electronic meeting policy*..... Page 23
 - Issuance of periodic review for Chapter 15*..... Page 26
 - Adoption of guidance document related to AI in practice* Page 30
- **Executive Director’s Report** – Jaime Hoyle, JD, Boards of Counseling, Psychology and Social Work (BSU)
 - Compact Update
- **Discipline Report** – Jennifer Lang, Deputy Director, BSU..... Page 35
- **License Report** – Charlotte Lenart, Deputy Director, BSU Page 69

Regulatory Committee Report - Gerard Lawson, PhD, LPC, LSATP, NCC, Vice-Chair, Regulatory Committee Chair

Unfinished Business

Updates to Policy Documents

- Approved training and education pathways for registration as BHTA and BHT* Page 73

-
- Approved training and education pathways for registration as QMHP-T and QMHP* Page 78
 - Supervision of QMHPs, QMHP-Trainees, BHTs, and BHTAs* Page 84
-

New Business

- “Virginia Licensed Professional Counselor Workforce: 2025” Page 86
Health Care Workforce Data Center
Yetty Shobo, PhD, Director and Barbara Hodgdon, PhD, Deputy Director
-

Consideration of Recommended Decision*

Next Meeting:

- Board Meeting: January 16, 2026
-

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).



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.

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Board Rooms 3 and 4

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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.

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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.

**DRAFT**

Virginia Board of Counseling
Quarterly Board Meeting Minutes
Friday, July 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: Benjamin Allison, Citizen Member
Lester Paul Bernard, PhD, LPC
Marlo Burdge, Citizen Member
Nakeisha Gordon, LPC
Luanne Griffin, LPC
Gerard Lawson, PhD, LPC, LSATP, NCC
Maria Stransky, LPC, CSAC, CSOTP, Board Vice-Chairperson
Tiffinee Yancey, PhD, LPC

BOARD MEMBERS ABSENT: Maria Anastasiou, LMFT
Shannon Kuschel, PhD, LPC
Matthew Scott, LMFT

BOARD STAFF PRESENT: Latasha Austin, Licensing & Operations Manager
Krystal Blanton, Senior Discipline & Compliance Case Specialist
Trasean Boatwright, Senior Licensing Specialist
Shannon Brogan, Senior Licensing Specialist
Sandie Cotman, Licensing Supervisor
Jaime Hoyle, JD, Executive Director
Charlotte Lenart, Deputy Executive Director
Dalyce Logan, Senior Licensing Specialist

DHP STAFF PRESENT: Erin Barrett, Director of Legislative & Regulatory Affairs, Department of Health Professions (*left the meeting at 11:28am*)
Arnie Owens, Agency Director, Department of Health Professions
Matthew Novak, Policy & Economic Analyst, Department of Health Professions

BOARD COUNSEL PRESENT: James Rutkowski, Assistant Attorney General

PRESENTER: Lisa Henderson, MS, NCC, LPC, MHSP, Founder, Avenoir Health

PUBLIC ATTENDEES: Becky Bowers-Lanier
Tyrone Carter, QMHP, CSAC Supervisee
Denise Daly Konrad, Virginia Health Care Foundation
Jennifer Faison, Virginia Association of Community Services Boards
Jennifer Fidura, Virginia Network of Private Providers
Colin Greene, Virginia Department of Health
Roberta Hansel-Union, PhD, Association of Virginia Positive Behavior Support Facilitators
Jessee Helbert
Rebecca Kaderli, Virginia Counselors Association
Jocellyn Perry, Richmond Residential Services, Inc.
Seleana Satcher, LPC, LSATP
Paula Traverse-Charlton, Association of Virginia Positive Behavior Support Facilitators
Robin Widener, Virginia Highlands Community College

CALL TO ORDER: Dr. Tinsley called the meeting to order at 10:05 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, nine 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:

The Board reviewed the agenda. Ms. Hoyle noted that Ms. Henderson's presentation, originally scheduled after the regulatory committee report, is set to occur around 11:30am due to her travel schedule. The agenda will be adjusted as needed to accommodate her presentation at that time.

Motion: Dr. Lawson made a motion, which Dr. Yancey properly seconded, to adopt the agenda with flexibility to adjust the timing of Ms. Henderson's presentation. The motion passed unanimously.

PUBLIC COMMENT:

Written public comment was provided by Jerry Mize and included in the agenda packet.

Verbal public comment was provided by Ms. Kaderli, representing the Virginia Counselors Association (VCA), informing the Board that the VCA has developed supervision training for QMHPs and BHTs and requested that the training be added to the policy document.

APPROVAL OF MINUTES:

The Board reviewed the minutes from the last quarterly board meeting held on April 25, 2025. Ms. Hoyle pointed out that the minutes incorrectly stated the vote on Raymond v. DHP et al. was unanimous; Ms. Burge had objected, so it was a majority vote, not unanimous.

Motion: Dr. Lawson made a motion, which Ms. Gordon properly seconded, to approve the minutes from the April 25, 2025 with this amendment. The motion to approve the amended minutes passed unanimously.

AGENCY DIRECTOR REPORT:

Mr. Owens provided an update on the agency's activities, thanking the Board for their efforts on new legislation for BHTs and BHTAs, which is expected to boost the workforce in Virginia. He also reported that the agency is currently reviewing internal operations to improve efficiency as it prepares the biennial budget for the upcoming fiscal year.

BOARD CHAIR REPORT:

Dr. Tinsley provided a verbal report on the Counseling Regulatory Boards Annual Summit held June 25–27, 2025, in Austin, Texas, which he attended alongside Dr. Lawson and Ms. Griffin.

Dr. Tinsley highlighted a presentation on exam cheating and suggested the Board consider establishing a tip line for reporting cheating incidents. He also reported that the Counseling Compact is going live fall of 2025. He also informed the Board that some states offer discounted application fees for military applicants, recommending the Board consider similar discounts.

Ms. Griffin, attending the summit for the first time, encouraged other Board members to participate in future summits. She emphasized the importance of conducting licensee surveys, praising the agency's Healthcare Workforce Data Center for its ongoing efforts in this area.

Dr. Lawson expressed his appreciation for the exam security discussions and also commended the agency's Healthcare Workforce Data Center. He shared his experience testing the Compact system, describing it as user-friendly, and noted that more information will be posted on the website soon.

LEGISLATION & REGULATORY REPORT:

- **Current Regulatory Actions**

Mr. Novak reviewed and discussed with the Board the current regulatory actions for the Board of Counseling as of July 10, 2025, as presented in the agenda packet. He informed the Board that the action regarding reductions in residency requirements has since progressed to the Department of Planning and Budget.

- **Consideration of Proposed Stage Action Relating to Supervisor Reporting Time frames**

Mr. Novak reviewed and discussed with the Board the draft proposed stage changes to 18VAC115-20-52, as presented in the agenda packet, regarding supervisors reporting residents' total hours within a specific time frame.

During the discussion, the Board discussed implementing a time frame for submitting quarterly evaluation reports. Ms. Barrett noted that current regulations already require supervisors to complete evaluation forms at the end of each three-month period. Ms. Lenart highlighted that the survey that will be sent to licensees will include a question about residents receiving quarterly evaluations from supervisors. Ms. Hoyle stated that once survey results are received, these issues will be referred to the Regulatory Committee for further discussion. The Board also discussed the need for the reports and evaluations to be submitted to the resident instead of the Board.

Motion: Ms. Gordon made a motion, which Ms. Griffin properly seconded, to adopt proposed language to regulations 18VAC115-20-52 with an amendment requiring supervisors to submit reports and evaluations to the resident within 30 days. The motion passed unanimously.

- **Consideration of Regulatory Amendments for Licensure by Endorsement**

Mr. Novak reviewed and discussed with the Board the draft changes to 18VAC115-20-45, prerequisites for licensure by endorsement for the practice of professional counseling, as presented in the agenda packet.

Motion: Dr. Lawson made a motion, which Dr. Yancey properly seconded, to adopt regulatory amendments to 18VAC115-20-45 as presented. The motion passed unanimously.

- **Consideration of Exempt Action Relating to HB1897**

Mr. Novak reviewed and discussed with the Board the draft exempt changes to 18VAC115-80-65, requirements for registration as a QMHP-Trainee, as presented in the agenda packet.

Motion: Dr. Lawson made a motion, which Ms. Stransky properly seconded, to amend 18VAC115-80-65 by exempt action as presented. The motion passed unanimously.

- **Consideration of Petition for Rulemaking**

Mr. Novak reviewed and discussed with the Board the Petition for Rule Making received requesting the Board to waive the required LSATP exam for licensed LCSWs and CSACs. There were two comments received on the petition. One was in support of the petition while the other comment did not offer a position.

Motion: Dr. Lawson made a motion, which Ms. Gordon properly seconded, to take no

action on the petition. While the Board is supportive of the petition, they would like to send this issue to the Regulatory Committee to consider other license types that should be exempted from the required examination to become an LSATP. This issue will also be considered as part of the upcoming periodic review of regulations. The motion passed unanimously.

- **Consideration of Draft Changes to Guidance Document 115-8**

Ms. Barrett reviewed and discussed with the Board the draft changes to Guidance Document 115-8, Approved Degrees in Human Services and Related Fields for QMHP Registration, as presented in the agenda packet.

Motion: Ms. Stransky made a motion, which Dr. Lawson properly seconded, to amend Guidance Document 115-8 as presented. The motion passed unanimously.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle gave a verbal report on the following:

- **Board Appointments/Elections/Training**

Ms. Anastasiou was recently reappointed. No updates on replacements for Ms. Stransky and Dr. Yancey, who are ineligible for another consecutive term. Many board members have first terms expiring next year but remain eligible for reappointment. An off-year election will be held if vacancies occur. Dr. Tinsley remains eligible to be re-elected as chair. The annual Board member training by DHP is scheduled for October 3, 2025; interested members should contact Ms. Hoyle.

- **Counseling Compact Updates**

The Compact is enacted in 39 states and surrounding areas but is not yet operational. The launch of application acceptance is expected in 2025. Virginia must address criminal background check requirements to comply. Updates will be posted on the Board website.

- **Association Updates**

AASCB listserv questions regarding guidelines or requirements on paying for supervision (CA completed a survey). Concerns were raised about fraudulent diplomas (example from Texas). Board staff remain vigilant. The AMFTRB Annual Conference is in Chicago, September 2025; interested members should notify Ms. Hoyle.

- **Board of Counseling Outreach**

Ms. Hoyle reported that Dr. Tinsley, Dr. Lawson and Ms. Griffin attended the Counseling Regulatory Boards Summit in June 2025. She also reported that Ms. Gordon has requested to attend the AASCB conference in February 2026.

- **Budget**

Ms. Hoyle report that the Board is financially stable with a cash balance of \$4,000,027 at the end of 2024.

- **BSU Meetings and Updates**

Ms. Hoyle reported that the Board of Psychology is focused on exam requirements and implementation of a Master's level license; exempt regulations are under gubernatorial review. Workgroups with the Board of Medicine and the Board of Psychology are ongoing regarding prescriptive authority (SB 752). The Board of Social Work is exploring alternative exam pathways, surveying licensees, and considering expanding the master's level scope of practice.

The board took a break at 11:28am. The meeting was reconvened at 11:34am

PRESENTATION:

Ms. Henderson provided the following verbal guidance to the Board on Navigating Artificial Intelligence.

- She emphasized that AI is a tool and should be used accordingly.
- She advised including language clarifying what falls within the licensee's

purview, such as clinical decision-making tools and administrative tools.

- She highlighted concerns about “black box” AI systems, especially those cloud-based and accessible via the internet.
- She recommended selecting AI tools that meet minimum standards.
- She stressed the importance of having a Business Associate Agreement (BAA) with AI vendors to ensure data protection and awareness of cybersecurity risks.
- She encouraged using tools from trusted companies.

Following Ms. Henderson’s guidance, Mr. Tinsley suggested deferring further discussion to the next meeting to allow Board Counsel to review the draft guidance document on the use of artificial intelligence that was recommended by the Regulatory Committee.

LICENSING REPORT:

Ms. Lenart referenced the licensing report, beginning on page 42 of the agenda packet. She reported that the Board currently regulates approximately 37,000 licensees, certificate holders, and registrants, down from 42,000 in April. The reduction is mainly due to eliminating duplicates as a result of merging QMHP-A and QMHP-C into a single QMHP designation and tracking issues with QMHP-Trainees, whose registrations will require renewal next year for improved data accuracy.

Counseling staff were commended for their efficient and accurate application processing, reflected in a 95.9% satisfaction rate from the Q3 survey.

Renewal audits will begin soon, incorporating new technology to enhance the process.

Examination data for 2024 showed Virginia’s passing rates for the NCMHCE (61.2%) and NCE (64.6%) were below national averages (68.3% and 74.3%, respectively). This was Virginia’s first full year accepting the NCE for licensure. CPCE performance was noted to strongly correlate with exam success.

Ms. Lenart opened discussion on the Victim Advocacy Assistant Certificate (VHCC) curriculum, previously sent to Board members. The Board considered the proposal to accept the VHCC certificate as fulfilling the 80-hour didactic training requirement for QMHPs.

Motion: Ms. Lawson made a motion, which Dr. Bernard properly seconded, to accept the VHCC certificate as fulfilling the 80-hour didactic training requirement for QMHPs. The motion passed unanimously.

Action Items: Ms. Lenart will update the policy document on the Board’s website accordingly.

Ms. Lenart also informed the Board that updates have been made to the Policy document to provide clarification that Board-approved providers, including CSBs, DBHDS-licensed agencies, DOC, and DOE may develop comprehensive didactic training programs.

Ms. Lenart reported an increase in questionable or potentially falsified documentation. To address this, the Verification of Supervised Experience form will soon require notarization to confirm the QMHP-Trainee’s 1,500 supervised hours. Additionally, schools must submit the Verification of Human Services Coursework form directly to the Board, not the applicants.

Ms. Lenart informed the Board that the staff will eliminate the Areas of Didactic Training form, as it has caused confusion and complexity for applicants and staff. Removing this form will streamline the process and reduce administrative burden.

Ms. Lenart informed the Board that there are ongoing challenges in finding adequate training programs focused on supervising QMHPs and BHTs. To address this, supervision training will not be required for individuals who began their supervised experience before the new regulations' effective date of 5/7/2025. Review of submitted training certificates has revealed difficulties in verifying whether the training is specific to non-clinical personnel or tailored for QMHP/BHT supervision. Although some organizations have started offering this training, options remain insufficient to meet current demand. The handbook will emphasize that DBHDS-licensed providers may create and implement their own supervision training programs without needing to outsource.

Ms. Lenart is collaborating with the agency's IT team to develop a new or revised supervisor registry for those approved to supervise QMHP-Trainees, BHTs, and BHT-As. Although the current Code does not authorize a formal registry, they are considering an application process with an option for supervisors to be publicly listed or to opt out, similar to the existing process for CSAC supervisors.

Action Items: Ms. Austin will create the application form for this registry.

REGULATORY COMMITTEE REPORTS:

Ms. Stransky informed the Board that the Regulatory Committee met on June 13, 2025. She provided a brief recap and referred members to the detailed minutes on page 14 of the agenda packet. The Committee's recommendation regarding the draft guidance document on the use of artificial intelligence was tabled until the next meeting.

NEW BUSINESS:

- **Consideration of Fast-Track Action for QMHP Trainee Reinstatement**

Ms. Lenart reviewed the draft language for creating a reinstatement pathway for QMHP-trainees. She highlighted that in subsections A and B, individuals renewing within one year after expiration are required to pay the late renewal fee and renewal fee, rather than the late renewal fee and registration fee.

Motion: Dr. Yancey made a motion, which Dr. Lawson properly seconded, to amend 18VAC115-80-110 by Fast-Track Action with the amendments. The motion passed unanimously.

ELECTIONS:

Motion for Chair: Dr. Lawson made a motion, which Ms. Stransky properly seconded, to re-elect Dr. Tinsley as Chair. The motion passed unanimously.

Motion for Vice- Chair: Ms. Griffin made a motion, which Ms. Stransky properly seconded, to elect Dr. Lawson as Vice-Chair. The motion passed unanimously.

NEXT MEETING DATES:

The next Regulatory Committee and Advisory Board on Art Therapy meetings are scheduled for Friday, September 19, 2025. The next quarterly full board meeting is scheduled for Friday, October 17, 2025.

ADJOURNMENT:

Dr. Tinsley adjourned the July 25, 2025, meeting at 12:31p.m.

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

Jaime Hoyle, JD, Executive Director

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

In the Governor's Office

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20 18VAC115-50 18VAC115-60	Fast-track	Reduction of residency requirements	2/7/2025	14 days	Will significantly reduce burdens on residents

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	1102 days	Removes language regarding conversion therapy which has been replaced by statutory language.
18VAC115-90	Final	New chapter for licensure	5/14/2025	129 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	245 days	Replaces emergency regulations

18VAC115-20	Proposed	Requirement for supervisors to submit evaluations and confirm resident hours within a set timeframe	8/7/2025	64 days	Result of petition for rulemaking.
18VAC115-20	Fast-Track	Regulatory amendments to licensure by endorsement	8/7/2025	64 days	Streamlining licensure requirements for endorsement applicants
18VAC115-20	Fast-Track	Creation of reinstatement pathway for QMHP-trainees	8/7/2025	64 days	Result of shifting QMHP-T registration to annual renewal

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC115-20	Exempt/Final	Amendments to QMHP regulations pursuant to HB1897	10/6/2025	11/5/2025

Agenda Item: Consideration of Petition for Rulemaking

Included in your Agenda Package:

- Petition for Rulemaking in which the petitioner requests that the Board amend 18VAC115-20-52 to create an exception to the residency hours requirement for individuals who have engaged in providing clinical counseling services under supervision prior to holding a temporary license;
- TownHall Comments; and
- 18VAC115-20-52

Staff Note: There were 14 comments offered. Ten comments supported the petition, two opposed the petition, and two responded to other comments.

Action Needed:

- Motion to either
 - Accept the petition and initiate rulemaking
 - 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,)

Korth-Gibson, Jamie, M.

Street Address

137 Opequon Church Lane

Area Code and Telephone Number

610-334-1060

City

Winchester

State

Virginia

Zip Code:

2 2 6 0 2

Email Address (optional)

jamie.korth@vadoc.virginia.gov

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.

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

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule. I am petitioning for an exemption to be made in the laws and regulations regarding the number of hours required toward licensure as an LPC. The exemption being requested is to credit, as the Board sees fit, hours of face-to-face client contact in providing clinical counseling services that applicants obtained prior to holding a Virginia Resident in Counseling Temporary License. These individuals will need to provide documentation of professional experience in the role of a professional counselor while they were under the direct supervision of an LPC. The rationale for this exemption is that these qualified applicants, with their professional knowledge and experience, should not need to complete the same required 2,000 hours of face-to-face client contact as those applicants who have not spent time working in the role of a professional counselor under the direct supervision of an LPC. These qualified applicants, in some cases, have gained well above the current required 2,000 hours of face-to-face client contact in providing clinical counseling services prior to holding a Virginia Resident in Counseling Temporary License. This exemption will provide these individuals the opportunity to take the NCE or NCMHCE exam sooner in hopes of obtaining licensure.

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.

§ 54.1-2400 of the Code of Virginia.

Signature:

Jamie Korth-Gibson

Date: 07/16/2025



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Agency Department of Health Professions

Board Board of Counseling

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

14 comments

All good comments for this forum [Show Only Flagged](#)

[Back to List of Comments](#)

Commenter: Sarah Espinosa

8/12/25 12:31 pm

Agreement with petition for rulemaking

I strongly agree with the above petition to credit those who have been providing clinical services under supervision prior to the formal "resident" status. The need for clinical oversight, hours of face to face contacts, and years of practice is vastly different in a seasoned clinical professional than a new graduate.

Additionally, not all who are eligible for residency to gain licensure are able as this may be costly, both to apply and to pay for ongoing supervision if not offered through employment. This barrier creates limitations for underprivileged populations and limits the much needed diversity of practitioners in the field. In order to promote equity and gain inclusion, considerations for change in rule making are necessary.

CommentID: **237011**

Commenter: Wayne Reed

8/12/25 2:55 pm

in support of this petition

I agree with the Petition and the comments made thus far. Virginia licensure has a long reputation for stringent criteria, presumably because we want to ensure that those becoming licensed to help others are the cream of the crop. I have worked with and around very talented & solid clinicians with years of supervised clinical experience who had not pursued licensure for one reason or another. But people's minds and opportunities change. An exception should be made to consider these hours/years of clinical work because they *did happen*. The act of applying for a temporary license does not miraculously bring someone with little to no clinical experience into line with someone having 5+ years of it. In this case, the starting point for the experienced clinician is unnecessarily stringent, discouraging, and seems illogical.

CommentID: **237014**

Commenter: Dr. Scott Debb, LPC

8/13/25 10:57 am

In support

I support this petition.

CommentID: 237020

Commenter: Anonymous

8/13/25 12:09 pm

Agree with Petition

I agree with this petition for rule making.

CommentID: 237021

Commenter: Rick Feldman

8/13/25 1:10 pm

Fully Support Petition

I fully support this petition. This isn't about lowering or changing the criterion for the residency hours requirements. Instead it is about ensuring that all those who have met the Board's criteria for supervised residency hours receive credit for doing so. The end result is more highly qualified LPCs serving clients in Virginia.

CommentID: 237022

Commenter: Anonymous

8/25/25 3:33 pm

Agree with petition

I agree with this petition.

CommentID: 237037

Commenter: Desiree Lipscomb

8/26/25 11:56 am

I agree

When beginning the process toward licensure, my first supervisor told me completing the paperwork to get licensed was half the battle. The licensure process was daunting. Changes have been made to make the process easier and more obtainable. I support this petition for rulemaking. It makes sense that hours completed while working in the role of a professional counselor, under the supervision of a LPC would count toward the required 2,000 hours of face-to-face client contact.

CommentID: 237046

Commenter: DH

8/26/25 3:23 pm

Amendment Opposed

Supervision in general employment or training contexts is not equivalent to supervision toward licensure. Residency supervision is a Board-regulated process that requires supervisors to be vetted for qualifications, experience, and ethical standing before overseeing a resident. This distinction is critical because it ensures that candidates are trained under consistent, structured standards designed to prepare them for independent practice. Allowing hours completed outside this process would erode the integrity of the licensure pathway, as there would be no assurance

that the supervision was provided by a qualified supervisor or aligned with the Board's requirements.

The residency requirement is a deliberate safeguard to protect the public and maintain equity across all licensees. Supervision outside of the Board's oversight lacks the same accountability and may not include necessary evaluation of competence, structured feedback, or adherence to ethical and professional standards. Granting exceptions would create inconsistencies in training, undermine the progression of licensure, and set a precedent for weakening regulatory requirements. The public trusts that licensed counselors in Virginia have undergone rigorous, Board-approved preparation, and preserving this trust depends on upholding established residency standards without exception.

Supervision in non-licensure contexts cannot be presumed to meet these standards. For these reasons, the petition to amend 18VAC115-20-52 should be denied.

CommentID: **237050**

Commenter: Rick Feldman-Feldman Clinical Services, LLC

8/27/25 11:06 am

Response to Opposition by DH

I am trying to understand the comments in opposition from DH. They state, "Supervision in general employment or training contexts is not equivalent to supervision toward licensure". I don't see "supervision in general employment or training contexts" anywhere in this petition. I do see clinical supervision provided by a licensed clinician that meets the standards set by the Board.

CommentID: **237060**

Commenter: Rick Feldman

8/27/25 11:23 am

One More Observation

Also, is DH saying that a licensed clinician providing supervision wouldn't do as good a job of supervising a clinician if the clinician wasn't registered with the Board? Wouldn't/shouldn't they do their best with every clinician under their supervision? Again, just trying to understand these comments.

CommentID: **237061**

Commenter: Patricia Parham, Ph.D., LCP

9/1/25 2:29 pm

In support of petition

Another respondent to this petition stated "supervision in general employment or training contexts is not equivalent to supervision toward licensure." I do not agree that this can be assumed true across the board, particularly with regard to supervision provided during employment. The specific employer or agency, the nature of the individual's clinical duties, and qualifications of the supervisor(s) are important determinants in the quality of supervision that should not be discounted. If it is incumbent upon the LPC applicant to provide documentation demonstrating that their on-the-job supervision meets the Board's standards, these applications should be considered. Two thousand hours is a very stringent requirement, and given the shortage of mental health professionals in the state we need to be focused on supporting pathways to licensure rather than maintaining obstacles.

CommentID: **237081**

Commenter: William Moncure

9/9/25 7:48 pm

Support, With Proper Documentation

I think the Board should allow this, provided that the individual can document their supervised experience well, and gets a letter from their supervisor confirming the number of hours they completed. The number of hours that can be counted could also be limited. The spirit of the requirement for supervised hours is to ensure that Counselors are properly trained and prepared for independent practice. There is nothing magical about the resident license that makes their learning experience better, or more effectively preparatory, than experience they gain shortly before becoming a resident while under supervision.

CommentID: 237096

Commenter: Sharon Watson, LPC, LMFT, LSATP, NCC, ACS

9/10/25 1:46 pm

I support this petition under limited circumstances

I support this petition but only under very clear and limited circumstances with restrictions that would be clearly defined in the regulations and would only apply to counselors employed in exempt settings. At exempt agencies/organizations, counselors can be hired to work without a license. After working for one of the Community Services Boards for 18 years, I know that it's possible that someone could be hired as a counselor in an exempt setting who chooses not to pursue licensure because it's not required by their job, but who might change their mind later. If they have been supervised by an LPC or LMFT who is listed as an approved clinical supervisor on the Virginia Board of Counseling website (i.e. has met the requirements to supervise), if the counselors work hours (ancillary and direct) hours can be documented, if the supervision hours can be documented, and if the supervisor is willing to report these on a Verification of Supervision form, it would be reasonable that a portion of the 200 hours of supervision could be applied towards licensure (for example, 50 hours). Again, I'm suggesting this would only apply to exempt settings and not for counselors working in a private practice (either someone else's practice or their own). When considering this petition, it's important to keep in mind that in Virginia, social work supervisees when fully licensed often have the same kind of clinical practices as do LPCs & LMFTs but are only required to have 100 hours of supervision over less total and direct time. It seems unlikely the SW Board will increase the required hours for licensure and based on the results of a recent petition, unlikely that the Counseling Board will reduce the required LPC/LMFT hours. So, giving those working in an exempt setting a break on their requirements seems fair.

CommentID: 237111

Commenter: Wendy Freeman Rood, LPC, NCC

9/10/25 9:10 pm

Oppose as currently written

I oppose this petition as currently written - it's too vague. It doesn't state the circumstances under which one would even be providing clinical counseling services. It would leave a huge loophole that could be abused by a future not-yet-resident-person or their employer. Is this referring to QMHPs? People waiting to continue their residency where they did their internship?

Even if the circumstances are legitimate and properly specified, it should have a cap on the hours - similar to the rollover hours from internship. Otherwise, an individual could conceivably complete a large portion of their hours for licensure without even being under the oversight of board of counseling.

I do agree with those who have noted the much more stringent requirements for LPCs compared to social workers, and don't begrudge there being a way of making the process easier for a

resident in counseling while still making sure there's proper supervision. It's simply that the petition should not be moved forward unless the circumstances are fully fleshed out.

CommentID: **237122**

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

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

1. Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the clinical supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing clinical counseling services;
2. Have submitted an official transcript documenting a graduate degree that meets the requirements specified in [18VAC115-20-49](#) to include completion of the coursework and internship requirement specified in [18VAC115-20-51](#);
3. Pay the registration fee;
4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
5. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider the history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a professional counselor shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:
 - a. Assessment and diagnosis using psychotherapy techniques;
 - b. Appraisal, evaluation, and diagnostic procedures;
 - c. Treatment planning and implementation;
 - d. Case management and recordkeeping;
 - e. Professional counselor identity and function; and
 - f. Professional ethics and standards of practice.
2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted toward the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.
5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.
6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in [18VAC115-20-49](#), may count for up to an additional 300 hours toward the requirements of a residency.
7. Supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a professional counselor.
8. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue. A resident shall meet the renewal requirements of subsection C of [18VAC115-20-100](#) in order to maintain a license in current, active status.
9. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.
10. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and phone number.
11. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.
12. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

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

1. Document two years of post-licensure clinical experience;
2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under [18VAC115-20-106](#); and
3. Hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.
2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.
3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.
4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.
5. The supervisor shall provide supervision as defined in [18VAC115-20-10](#).

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

Agenda Item: Readoption of electronic meeting policy

Included in your agenda package:

- Electronic participation policy.

Staff notes: Virginia Code § 2.2-3708.3(D) requires public bodies to adopt electronic participation policies. The attached policy is consistent with the law and is applied across DHP.

Action needed:

- Motion to readopt the electronic participation policy.

Virginia Department of Health Professions

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for allowing electronic participation of board or committee members for meetings of the health regulatory boards of the Department of Health Professions or their committees.

Policy:

Electronic participation by members of the health regulatory boards of the Department of Health Professions or their committees shall be in accordance with the procedures outlined in this policy.

Authority:

This policy for conducting a meeting with electronic participation shall be in accordance with [Virginia Code § 2.2-3708.3](#).

Procedures:

1. One or more members of the Board or a committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to:
 - a. a temporary or permanent disability or other medical condition that prevents the member's physical attendance;
 - b. a medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;
 - c. the member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or
 - d. the member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter.

No member, however, may use remote participation due to personal matters more than two meetings per calendar year or 25% of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. Participation by a member through electronic communication means must be approved by the board chair or president. The reason for the member's electronic participation shall

be stated in the minutes in accordance with Virginia Code § 2.2-3708.3(A)(4). If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

3. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; the remote location, however, does not need to be open to the public and may be identified by a general description.

Agenda Item: Issuance of Periodic Review for Chapter 15

Included in your agenda package:

- 18VAC115-15

Action Needed:

- Motion to issue periodic review for 18VAC115-15

Commonwealth of Virginia



REGULATIONS

GOVERNING DELEGATION TO AN AGENCY SUBORDINATE

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-15-10 et seq.

**Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1
of the *Code of Virginia***

Revised Date: November 8, 2023

9960 Mayland Drive
Henrico, VA 23233

Phone: (804) 367-4610
FAX: (804) 527-4435
email: coun@dhp.virginia.gov

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
18VAC115-15-10. Decision to delegate.	3
18VAC115-15-20. Criteria for delegation.	3
18VAC115-15-30. Criteria for an agency subordinate.	3

18VAC115-15-10. Decision to delegate.

In accordance with § 54.1-2400(10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate.

18VAC115-15-20. Criteria for delegation.

Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in regulations governing each profession registered, certified, or licensed by the board, except as may otherwise be determined by the executive director in consultation with the board chair.

18VAC115-15-30. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.
2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.
3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

Agenda Item: Adoption of guidance document related to use of AI in practice

Included in your agenda package:

- Clean version of draft guidance document addressing use of AI in practice; and
- Redline version showing changes made by Regulatory Committee and stylistic changes.

Staff notes: The Regulatory Committee considered this draft guidance document at its September 19, 2025 meeting. The Committee recommends that the Board adopt this guidance document.

Action needed:

- Accept the recommendation of the Regulatory Committee and adopt Guidance Document 115-4 as presented or amended by the Board.

Virginia Board of Counseling

Use of Artificial Intelligence (AI) as a Tool in Practice

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 18VAC115-20-110 and 18VAC115-20-120 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.

AI may contain biases and may provide guidance that is clinically contraindicated. AI is an emerging technology, and the Board urges caution in its use.

Utilization of AI should enhance the provision of services and should not interfere with human relationships. The protection of 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 individuals whose activities are regulated by the Board of Counseling.

The Board interprets the following regulations as potentially impacting the use of AI in practice:¹

1. **18VAC115-20-130(B)(1)** requires a licensee to practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.
2. **18VAC115-20-130(B)(2)** requires that a licensee practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and requires that a licensee represent their education training and experience accurately to clients.
3. **18VAC115-20-130(B)(3)** requires that a licensee stay abreast of new counseling information, concepts, applications, and practices that are necessary to providing appropriate, effective professional services.
4. **18VAC115-20-130(B)(9)** requires a licensee to inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; requires a licensee to inform clients of the limitations of confidentiality; and requires a licensee to inform clients of other pertinent information when counseling is

¹ Similar standards of practice are found in regulations for marriage and family therapists and licensed substance abuse treatment practitioners. See 18VAC115-50-110.

initiated and throughout the counseling process as necessary. The regulation requires that licensees provide clients with accurate information regarding the implications of diagnoses, the intended use of tests and reports, fees, and billing arrangements.

5. **18VAC115-20-130(C)(2)** requires that licensees maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.
6. **18VAC115-20-130(C)(4)** requires that licensees ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.

The Board suggests that licensees review the following links from national counseling associations. These resources provide information and 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](#)

Virginia Board of Counseling

Guidance on Use of Artificial Intelligence (AI) as a Tool in Practice

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, 18VAC115-20-110 and 18VAC115-20-120¹~~ 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 biases and may provide guidance that is clinically contraindicated. AI is an emerging technology, and the Board urges caution in its use.

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~~ individuals whose activities are regulated by the Board of Counseling.

The Board interprets the following regulations as potentially impacting the use of AI in practice:¹ Sections of the standards of practice for licensed professional counselors* that may be applicable include guidance to:

1. ~~18VAC115-20-130(-B)-(1)~~ requires a licensee to Ppractice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.
2. ~~18VAC115-20-130(-B)-(2)~~ requires that a licensee Ppractice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and requires that a licensee represent their education training and experience accurately to clients.
3. ~~18VAC115-20-130(B)(3)~~ requires that a licensee stay abreast of new counseling information, concepts, applications, and practices that are necessary to providing appropriate, effective professional services.
4. ~~18VAC115-20-130(-B)-(9)~~ requires a licensee to Iinform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be

¹ Similar standards of practice are found in regulations for marriage and family therapists and licensed substance abuse treatment practitioners. See 18VAC115-50-110.

performed; requires a licensee to inform clients of the limitations of confidentiality; and requires a licensee to inform clients of other pertinent information when counseling is initiated and throughout the counseling process as necessary. The regulation requires that licensees ~~P~~provide clients with accurate information regarding the implications of diagnoses, the intended use of tests and reports, fees, and billing arrangements.

~~4.5.~~ **18VAC115-20-130(-C)-(2): requires that licensees m**Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

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~~5.6.~~ **18VAC115-20-130(-C)-(4): requires that licensees e**Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.

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

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- 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

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~~*Similar standards of practice are found in regulations for marriage and family therapists and licensed substance abuse treatment practitioners.~~

¹18 Va. Admin. Code § 115-20-130 (2024) and 18 Va. Admin. Code § 115-20-140 (2024). Available at LPC.pdf.



Discipline Reports

Apr 12, 2025 to Sep 30, 2025

NEW CASES RECEIVED BY BOARD Apr 12, 2025 to Sep 30, 2025
237

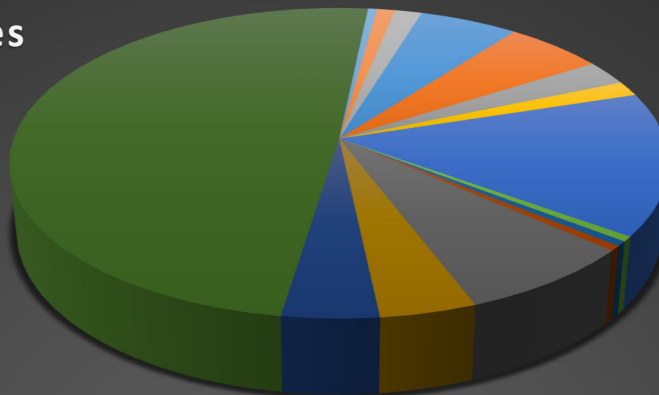
TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
73

OPEN CASE STAGES as of Sep 30, 2025	
Probable Cause Review	203
Scheduled for Informal Conferences	11
Scheduled for Formal Hearings	4
Other (pending CCA, PHCO, hold, etc.)	30
Cases with APD for processing (IFC, FH, Consent Order)	25
TOTAL ACTIVE CASES AT BOARD LEVEL	273

CONFERENCES AND HEARINGS			
Informal Conferences			
Conferences Held:	Jan 31, 2025		
Scheduled Conferences:	2025	2026	
	Oct 24	Jan 23	Apr 24
	Dec 12	Feb 27	May 29
		Mar 27	Jun 26
Formal Hearings			
Hearings Held:	Apr 25, 2025		

CASES CLOSED Apr 12, 2025 to Sep 30, 2025	
No violation	167
Undetermined	21
Violation 3 Informal Conferences 2 Consent Orders 1 Formal Hearing 1 Mandatory Suspension	7
Application Approved	0
Application Denied	0
Application Withdrawn	0
TOTAL CASES CLOSED	195

Closed Case Categories



■ Abuse/Abandonment/Neglect (11)
1 violation (LPC)

■ Business Practice Issues (11)

■ Confidentiality Breach (5)

■ Criminal Activity (3)
1 violation (LPC)

■ Diagnosis/Treatment (29)

■ Drug related, patient care (1)

■ Eligibility (1)

■ Fraud, non-patient care (1)

■ Fraud, patient care (15)
3 violations (RIC/QMHP-T, LPC, QMHP)

■ Inability to Safely Practice (8)

■ Inappropriate Relationship (8)

■ No jurisdiction (96)

■ Records Release (1)

■ Scope of Practice (2)

■ Unlicensed Activity (3)
2 violations (LPC, RIC/QMHP)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)

Average time for case closures	203
Avg. time in Enforcement (investigations)	70
Avg. time in APD (IFC/FH preparation)	52
Avg. time in Board (includes hearings, reviews, etc).	131



Behavioral Science Unit (BSU) **Boards of Counseling, Psychology, and Social Work**

Current Open Cases by Board

as of Sep 30, 2025

Board of Counseling	273
Board of Psychology	149
Board of Social Work	255
TOTAL CASES WITH BOARD STAFF	639

BSU Cases Received from Enforcement

	COUNSELING	PSYCHOLOGY	SOCIAL WORK	BSU TOTAL
2021	344	132	94	570
2022	381	127	108	616
2023	440	124	160	724
2024	493	193	198	884
2025 <i>as of Sep 30, 2025</i> Error! Reference source not found.	365	117	154	636

Discipline Staff for BSU

Jennifer Lang, Deputy Executive Director
Christy Palmore, Discipline and Compliance Senior Case Specialist
Krystal Blanton, Discipline and Compliance Senior Case Specialist
Discipline Reviewer, Board of Counseling (part-time)
Discipline Reviewer, Board of Psychology (part-time)
Discipline Reviewer, Board of Social Work (part-time)

Recent Orders entered by the Board of Counseling

*For informational purposes only.
Board action is not required.

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: CHRISTOPHER SCOTT LYNN, L.P.C.

License Number: 0701-008281

Case Number: 247448

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that Christopher Scott Lynn, L.P.C., was convicted of a felony offense, to wit: indecent liberties with a child under 15 years of age, in the Circuit Court of Culpeper County, Virginia. A copy of the Conviction and Sentencing Order is attached hereto as Commonwealth's Exhibit 1.

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Christopher Scott Lynn, L.P.C., to practice professional counseling in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Christopher Scott Lynn, L.P.C., will be recorded as suspended. Should Mr. Lynn seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.



Arne W. Owens, Director
Virginia Department of Health Professions

ENTERED:



CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Conviction and Sentencing Order entered December 8, 2022, regarding Christopher Scott Lynn, L.P.C., is a true copy of the records received from the Circuit Court of Culpeper County, Virginia.


Arne W. Owens


Date

CONVICTION AND SENTENCING ORDER

VIRGINIA: IN THE CIRCUIT COURT OF CULPEPER

FEDERAL INFORMATION PROCESSING
STANDARDS CODE: 047C

Hearing Date: OCTOBER 31, 2022

Judge Designate: RICHARD E. MOORE

COMMONWEALTH OF VIRGINIA v. CHRISTOPHER SCOTT LYNN, Defendant

This day came the defendant, CHRISTOPHER SCOTT LYNN, who appeared in person with KAREN KIRKPATRICK, the defendant's attorney.

The Commonwealth was represented by ELIZABETH S. RABB – ASSISTANT COMMONWEALTH ATTORNEY.

The attorney for the defendant and the Assistant Commonwealth Attorney represented to the Court that a plea agreement has been entered into, the terms of which are set forth in an agreement signed by the defendant, his attorney, and the Assistant Commonwealth Attorney.

Whereupon the defendant was arraigned as charged in the indictment, and after having been advised by his counsel and after reviewing the Commonwealth's evidence entered a plea of guilty pursuant to *North Carolina V. Alford*, 400 U.S. 24 (1970), because of a belief that the Commonwealth possessed sufficient evidence to convict him, of the offense charged in the indictment. The Court, having made inquiry and being of the opinion that the defendant fully understood the nature and effect of his pleas, and of the penalties that may be imposed upon his conviction, and of the waiver of trial by jury and of appeal, and finding that the plea was knowingly, freely, and intelligently made, and having heard a summary of the evidence, finding that the evidence is substantial and sufficient for a finding of guilty, accepts the defendant's *Alford* plea and finds the defendant guilty of the following offense:

Offense Tracking Number	Virginia Crime Code (For Administrative Use Only)	Code Section	Case Number
047JM2100005744	SEX-3643-F5	18.2-370	CR22000233-01
Offense Date: 11/23/2021	Description: INDECENT LIBERTIES W/CHILD <15		FELONY

Pursuant to the provisions of Virginia Code Section 19.2-298.01, the Court has considered and reviewed the applicable discretionary sentencing guidelines and the guidelines worksheets. The sentencing guidelines worksheets and the written explanation of any departure from the guidelines are ordered filed as part of the record in this case.

The defendant and the Assistant Commonwealth Attorney having agreed to waive the preparation of the presentence report, the Court concurs, and the presentence report is hereby waived.

Before pronouncing the sentence, the Court inquired if the defendant desired to make a statement and if the defendant desired to advance any reason why judgment should not be pronounced.

The Court **SENTENCES** the defendant to:

Case No. CR22000233-01 Description: INDECENT LIBERTIES W/ CHILD <15

Incarceration with the Virginia Department of Corrections for the term of: 5 YEARS

The Court **SUSPENDS** the entire five (5) years of the sentence.



COMMONWEALTH OF VIRGINIA v. CHRISTOPHER SCOTT LYNN, Defendant

The suspended portion of the sentence is suspended based upon the following terms and conditions:

Good Behavior: The defendant shall keep the peace, be of good behavior, and not violate any of the penal laws of the Commonwealth of Virginia or any other jurisdiction in the United States for a period of five (5) years.

Supervised Probation: The defendant is placed on supervised probation for a period of two (2) years to commence on the date of his release from confinement. The defendant shall comply with all the rules and requirements set by the Probation Officer. The defendant shall neither use nor possess any alcohol, illegal drugs, or marijuana, during the period of his supervised probation. The defendant shall undergo a substance abuse evaluation, participate in, and successfully complete such treatment programs including any sex offender evaluations as may be determined appropriate by his Probation Officer. The defendant shall submit to random drug screens at the direction of his Probation Officer or substance abuse counselor during the period of his supervised probation, with said screens to be at the defendant's expense. The defendant shall report to the District 26 Probation and Parole Office within twenty-four (24) hours of his release from confinement.

Costs: The defendant shall pay all costs of this proceeding to the Clerk of this Court before his release from supervised probation.

Warrantless Searches: The defendant shall, without probable cause, submit to warrantless searches of his person, vehicle, or residence by any law enforcement officer, including his Probation Officer, during the period of his supervised probation, pursuant to the terms of the written plea agreement.

Prohibited Contact: The defendant shall have no contact with the victim of this case during the period of his good behavior.

This sentence shall run consecutively with any and all other sentences imposed upon the defendant.

Pursuant to Virginia Code §9.1-901, the defendant is required to register and reregister as a sex offender as required by the Sex Offender and Crimes Against Minors Registry Act.

Pursuant to Virginia Code § 19.2-310.2 and 19.2-310.3, the defendant is remanded to the custody of the Culpeper County Sheriff for the purpose of providing a sample of his blood, saliva, or tissue taken by the Sheriff's authorities for DNA (deoxyribonucleic acid) analysis to be sent to the Bureau of Forensic Science within fifteen (15) days after taking of the sample. The defendant is ORDERED to cooperate fully and promptly with providing information and permitting the sampling of blood, saliva, or tissue as required by this Order.

The Assistant Commonwealth Attorney, not objected to by the defendant and based upon the reasons stated on the record, agrees to not prosecute on any other matters related to this case.

The Court certifies that at all times during the trial of this case the defendant and his counsel were personally present, and the defendant was capably represented by his attorney.

The defendant will be given credit for time spent in confinement while awaiting trial pursuant to Virginia Code § 53.1-187.

COMMONWEALTH OF VIRGINIA v. CHRISTOPHER SCOTT LYNN, Defendant

And the defendant was remanded to the custody of the Sheriff.

ENTER this 8 day of December 2022
Dale Hinner, Judge ~~Designate~~

COMMONWEALTH OF VIRGINIA v. CHRISTOPHER SCOTT LYNN, Defendant

DEFENDANT IDENTIFICATION:

Name: CHRISTOPHER SCOTT LYNN

Alias: CHRISTOPHER LYNN

SSN DOB: 10/23/1979 Sex: M

SENTENCE SUMMARY:

TOTAL INCARCERATION SENTENCE IMPOSED: five (5) years

TOTAL SENTENCE SUSPENDED: five (5) years

TOTAL SENTENCE TO SERVE: none

TOTAL SUPERVISED PROBATION PERIOD: two (2) years

VIRGINIA CRIME CODE:

CR22000233-01 SEX-3643-F5

Copy provided on 12/21/22 to:
Christopher Lynn, defendant
Elizabeth S. Rabb, Assistant Commonwealth Attorney
Karen Kirkpatrick, Esquire
District 26 Probation & Parole
Culpeper County Jail
Virginia Department of Corrections (DOC Interface)
Culpeper Victim Witness
Virginia State Police – Attn: sex offender Registry
Culpeper DSS

Christopher Lynn
Case No. CR22000233-01

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: ROBIN NICOLE SPEARS, QMHP-A, RESIDENT IN COUNSELING
A.K.A. ROBIN MORALES-SPEARS
QMHP-A Registration Number: 0732-001096
RIC License Number: 0704-017101
Case Number: 237667

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling (“Board”) and Robin Nicole Spears, QMHP-A, RIC, as evidenced by their signatures hereto, in lieu of proceeding to a formal administrative proceeding, enter into the following Consent Order affecting Ms. Spears’ registration to practice as a Qualified Mental Health Professional - Adult and her license to practice as a Resident In Counseling in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Robin Nicole Spears, QMHP-A, was issued Registration Number 0732-001096 to practice as a Qualified Mental Health Professional - Adult on April 25, 2018. Ms. Spears was also issued License Number 0704-017101 to practice as a Resident In Counseling on July 1, 2024. Said registration and license were summarily suspended by Order of the Board entered April 25, 2025.

2. Ms. Spears violated Virginia Code § 54.1-111(A)(6) and (8) and 18 VAC 115-80-100(2), (4), and (6) of the Regulations Governing the Registration of Qualified Mental Health Professionals¹ (“QMHP Regulations”), in that she made false statements on or relating to her Application for Registration

¹ Including the Emergency Regulations Governing the Registration of Qualified Mental Health Professions (effective December 18, 2017).

Robin Nicole Spears, QMHP-A

CONSENT ORDER

Page 2 of 16

as a QMHP-A by Grandfathering (“QMHP Application”), which by her electronic signature on April 12, 2018, she certified was true and complete.² Specifically:

a. Ms. Spears falsely listed earning a Bachelor of Science degree in social work from Howard University in 2004. In fact, by her own subsequent admission made to a Department of Health Professions (“DHP”) investigator on August 8, 2024, Ms. Spears never attended college.

b. Ms. Spears falsely answered “No” to Registration Question #6 of the QMHP Application, which reads, “Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance?” In fact:

i. On January 26, 2011, in the General District Court of Richmond, Virginia, Ms. Spears was found guilty of Failure to Appear, a misdemeanor in violation of Virginia Code § 19.2-128, for an underlying misdemeanor offense occurring on or about November 11, 2010.

ii. On April 4, 2012, in the Circuit Court of Chesterfield County, Virginia, pursuant to a plea agreement, Ms. Spears was found guilty of Trespassing, a misdemeanor in violation of Virginia Code § 18.2-119, for an offense occurring on September 5, 2011. The original charge was Petit Larceny, a misdemeanor in violation of Virginia Code § 18.2-103. As a result, Ms. Spears was sentenced to six months in jail with five months and 22 days suspended, to be followed by unsupervised probation, 40 hours of community service, a shoplifters’ class, and court costs. Additionally, Ms. Spears was banned from Target stores in the 12th Judicial Circuit (Chesterfield County and Colonial Heights).

c. In support of her QMHP Application, Ms. Spears submitted an Attestation of Prior Experience as a Qualified Mental Health Professional–Adult (“Attestation”) that was procured by fraud. The Attestation was signed by the owner of Agency 1, where Ms. Spears began working in February 2017 as a part-time QMHP case manager (“mental health skills building specialist”). In an interview with a

² By her signature, Ms. Spears also certified that she “[met] the qualifications required by Virginia law and regulations.”

Robin Nicole Spears, QMHP-A**CONSENT ORDER**

Page 3 of 16

DHP investigator on July 12, 2024, the owner of Agency 1, who herself has QMHP A/C registrations, said that she signed the Attestation based on Ms. Spears' work history and her review of a transcript from Ms. Spears' master's degree in social work from Virginia State University ("VSU").³ In fact, Ms. Spears never attended VSU or obtained any higher education degree. Ms. Spears' personnel file from Agency 1 also shows that to obtain employment, she falsely claimed on her application to have bachelor's and master's degrees in social work, and that she previously was employed as a "social worker" by the Medical College of Virginia and the Richmond Department of Social Services, although in fact she never has been credentialed as an LCSW.

3. Ms. Spears violated Virginia Code §§ 54.1-111(A)(1), (2), (3), (4) and (8); 54.1-3506; 54.1-3706; and 54.1-3709(A); and 18 VAC 115-80-90(B)(1) and (2) and 18 VAC 115-80-100(2), (3), (4), (5), (6), and (7) of the QMHP Regulations in that, between 2019 and mid-2024, she made false statements or representations in her practice as a QMHP-A, improperly engaged in autonomous practice under her QMHP-A registration, and practiced outside of the scope of her QMHP-A registration by engaging in the unlicensed practice of social work. Specifically:

a. Between 2019 and mid-2021, while working as a part-time QMHP case manager at Agency 1, on multiple occasions Ms. Spears wrote "QMHP (A-C)" or "MS, QMHP (A-C)" on documents following her name, although she did not hold a QMHP-C registration or have a master's degree. Additionally, on one training document she listed her title as "CSM-Social Worker," although she did not hold an LCSW license or have a degree in social work. Moreover, Ms. Spears had obtained employment with Agency 1 by providing false information about her credentials, including providing a fraudulent transcript from VSU.

³ In an interview with the DHP investigator on August 8, 2024, Ms. Spears similarly stated that she received her QMHP registration through the grandfathering route by having her employer at the time sign off on the documentation after she showed the employer her college transcripts and work history.

Robin Nicole Spears, QMHP-A

CONSENT ORDER

Page 4 of 16

b. In or about June 2023, Ms. Spears was hired for an LCSW contract position at Agency 2 by falsely representing that she had such license. The owner of Agency 2, who is an LPC, stated in a June 7, 2024, interview with the DHP investigator that Ms. Spears told her she was a licensed clinical social worker and had been working in that capacity for the City of Richmond Public Schools (“RPS”).

c. While working at Agency 2 between approximately June 2023 and March 22, 2024, Ms. Spears continued to falsely represent her credentials. For example, she displayed a fraudulent Virginia Board of Social Work license in her office and her door nameplate read “Robin Spears, LCSW.” By Ms. Spears’ subsequent admission to the DHP investigator, she created the fraudulent license by altering her Virginia Board of Counseling QMHP-A registration certificate.

d. While working at Agency 2, Ms. Spears practiced outside the scope of her QMHP-A registration and engaged in the unlicensed practice of social work. Specifically, in her fraudulently obtained position as an LCSW contractor, Ms. Spears worked without clinical supervision to facilitate support groups and provide individual outpatient counseling to children and adults.⁴ The owner of Agency 2 said that Ms. Spears generally submitted bills for approximately 50 clients per week. The owner also provided a list of 23 clients’ names and progress notes for one of the clients on the list (“Client A”); the notes indicated that, between July 2023 and March 2024, Ms. Spears saw Client A, a 27-year-old female whose treatment was paid for by insurance, for 29 sixty-minute sessions of individual psychotherapy. The progress notes, which Ms. Spears electronically signed with her name followed by “LCSW, Therapist,” included histories, diagnoses, mental status exams, and treatment plans. Agency 2 also provided documentation showing that Ms. Spears was paid at least \$63,350.00 from 2023 through late March 2024 during her employment as an LCSW contract employee.

⁴ In an interview with the DHP investigator on August 8, 2024, Ms. Spears described this job as facilitating two anger management and two parenting groups per week, with the groups being divided into youth and adults. She also stated that she provided 45-minute individual counseling sessions and saw approximately 10 clients per week.

Robin Nicole Spears, QMHP-A

CONSENT ORDER

Page 5 of 16

e. After Ms. Spears' employment was terminated by Agency 2 on March 22, 2024, for falsely representing that she had an LCSW license, the agency contacted some of her clients and several reported Ms. Spears would only meet with them for 20 minutes instead of the allotted one-hour per session, and that she was mean and verbally aggressive. Several clients also reported not being aware that in-person appointments had been available, as Ms. Spears only offered to see them virtually.

4. Ms. Spears violated Virginia Code § 54.1-111(A)(3), (6), and (8), and 18 VAC 115-20-49(A); 18 VAC 115-20-51(A); 18 VAC 115-20-52(A)(2); and 18 VAC 115-20-140(A)(2), (7), and (8) of the Regulations Governing the Practice of Professional Counseling ("Counseling Regulations"), in that, while pursuing licensure as an RIC in 2022 and 2024, she made false statements or representations to the Board regarding her qualifications for licensure. Specifically:

a. On November 21, 2022, Ms. Spears submitted an Initial Application for Temporary Licensure as a Resident in Counseling, and by her signature on the application, she attested that the information contained within was true and accurate. However:

i. In addition to falsely stating that she received a master's degree in social work from VSU in December 2007, Ms. Spears also submitted a fraudulent transcript and a forged Verification of Required Coursework and Internship for LPC Licensure form purporting to be from VSU.

ii. Ms. Spears falsely answered "No" to Question #6, which reads, "Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation or ordinance?" As detailed above in Finding of Fact #2(b), Ms. Spears was convicted of misdemeanors in 2011 and 2012.

iii. On page 4 of her application, Ms. Spears named Agency 2 as her supervision worksite and submitted a "Resident in Counseling Supervisory Contract" allegedly signed on November 23, 2022, by the owner of Agency 2. Notably, each page of the contract includes a watermark

Robin Nicole Spears, QMHP-A

CONSENT ORDER

Page 6 of 16

saying “SAMPLE” in large letters. When asked by the DHP investigator in 2024 whether she had signed paperwork agreeing to supervise Ms. Spears for her RIC license, the owner of Agency 2 stated that Ms. Spears had been hired as an LCSW, not a resident.

iv. On December 14, 2022, a Board licensing staff member emailed Ms. Spears to tell her that the transcript copy she submitted was not acceptable, and that the Board required the school to send a transcript electronically to the Board. In her reply, Ms. Spears falsely stated: “VSU has a hold on my account and the clearing house won’t release my information to me. The registration office at VSU has stated that the transcripts have to be mailed from the school.” By her own subsequent admission to the DHP investigator, when transcripts were required, Ms. Spears paid an online service to create them and would write the school’s name and address on a regular envelope and mail them to the requesting party. The Board received such an additional fraudulent VSU transcript on December 28, 2022.

v. In the December 14, 2022, email message (discussed directly above), the Board staff member also informed Ms. Spears that “the coursework outline form submitted shows courses that are not VSU courses. The Board needs clarification or a revised coursework outline form and official school transcripts for the courses you would like reviewed.” Thereafter, Ms. Spears did not submit another Verification form, and in November 2023, the RIC application expired.

b. On May 14, 2024, Ms. Spears electronically submitted a new application for a license to practice as an RIC, and by her electronic signature she certified that she “[met] the qualifications required by Virginia law and regulations,” and that the application was true and complete.⁵ However:

⁵ On June 10, 2024, Ms. Spears also signed a hard copy of the Initial Application for Temporary Licensure as a Resident in Counseling, which was received by the Board on July 17, 2024. By her handwritten signature on page 4 of the hard copy, she attested “THAT THE INFORMATION CONTAINED WITHIN THE APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF [capitalization in original].” The order and wording of some questions on the paper application differ somewhat from the electronic application, but Ms. Spears gave false answers on both.

Robin Nicole Spears, QMHP-A

CONSENT ORDER

Page 7 of 16

i. Ms. Spears falsely stated that, three days prior to submitting the application, she had been granted a master’s degree in rehabilitation counseling and mental health from Virginia Commonwealth University (“VCU”), although in fact she never attended VCU. She also submitted a fraudulent VCU transcript showing a GPA of 3.8, and a forged Verification of Required Coursework and Internship for LPC Licensure form.⁶

ii. In the Clinical Supervision section of the electronic application, Ms. Spears listed a licensed professional counselor (“LPC-1”) as the person she “would like the Board to consider as [her] supervisor for clinical counseling supervised residency/experience,” and named his practice as her worksite. However, in an interview with the DHP investigator in June 2024, LPC-1 stated that, while he did interview Ms. Spears during the first week of May 2024 regarding possible supervision, he decided against it after the interview, and he never told her that he had agreed to provide supervision.⁷

iii. In the Licensure History section, Ms. Spears falsely answered “No” to the question, “Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?” In fact, Ms. Spears was issued a QMHP-A registration by the Board on April 25, 2018.

iv. In the Statements of Assurance section, Ms. Spears made a false statement by adding her initials to the following sentence: “I verify that I have met all of the education requirements to apply as a Resident in Counseling as identified in the regulations....”

v. Ms. Spears falsely answered “No” to Licensure Question #2, which reads, “Have you ever been censored [sic], warned, terminated, or requested to withdraw from your employment

⁶ In an interview with the DHP investigator on August 8, 2024, Ms. Spears eventually confessed that in 2022 she had asked a friend for an example of this paperwork, and then edited the form that innocently had been provided by the friend.

⁷ In the interview with the DHP investigator, LPC-1 also stated that Ms. Spears told him that she recently graduated from VCU, and that she was an LCSW but had decided to become an LPC.

Robin Nicole Spears, QMHP-A

CONSENT ORDER

Page 8 of 16

with any health care facility, agency, or practice?”⁸ In fact, her employment at Agency 2 was terminated on March 22, 2024, after the owner had discovered she did not hold an LCSW (as described above in Finding of Fact #3).

vi. Ms. Spears falsely answered “No” to Licensure Question #3, which reads, “Have you ever been convicted of a violation of or pled Nolo Contendere to any federal, state, or other statute or ordinance constituting a felony or misdemeanor?”⁹ As detailed above in Finding of Fact #2(b), Ms. Spears was convicted of misdemeanors in 2011 and 2012.

5. Ms. Spears violated Virginia Code § 54.1-111(A)(2), (3), and (8); and 18 VAC 115-20-52(B)(10) and (11); 18 VAC 115-20-130(B)(1), (2), and (12); and 18 VAC 115-20-140(A)(3), (4), (5), (7) and (8) of the Counseling Regulations in that, in 2024, she made false statements or representations in or relating to the practice of counseling, practiced outside of the scope of her RIC license (a credential which she had procured by fraud, as detailed above), and provided treatment to clients as an RIC without appropriate clinical supervision. Specifically:

a. In or about mid-2024, while seeking employment and a clinical supervisor for her residency, Ms. Spears made false representations to the chief executive officer of Agency 3, including providing a résumé showing her current employer as RPS, although her contract there had not been renewed the prior year. Additionally, Ms. Spears falsely told the CEO, who is an LPC, that she had a bachelor’s degree, a master’s degree in social work from VSU in 2010, and an LCSW license. Based on Ms. Spears’ representations, the CEO of Agency 3 agreed to supervise her residency and was considering

⁸ Ms. Spears also falsely answered “No” to a similar question, identified as #3, on the paper application, which reads, “Within the past five years, have you ever been disciplined by any entity?”

⁹ On the paper application, this question is labeled as #6, and worded slightly differently, as follows: “Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance?” Ms. Spears answered “No” to this question on the paper application as well.

Robin Nicole Spears, QMHP-A**CONSENT ORDER**

Page 9 of 16

hiring her. On June 17, 2024, the Board received from Ms. Spears a supervisory contract purportedly signed by Agency 3's CEO along with documentation naming Agency 3 as her worksite for supervision.

b. In an email message sent on July 3, 2024, Ms. Spears falsely told the owner of Agency 2 (who had fired her only three months prior) that she "recently got everything straight with the board," in reference to her prior false statements to the owner that the DHP license lookup site erroneously showed that she had a QMHP-A registration, but not an LCSW license. Ms. Spears then told the owner that she had received her RIC license and asked, "Are you willing to allow me to do my residency under you? If no I totally understand. Thanks in advance for your help and consideration."

c. In July 2024, during the process of obtaining employment as an independent contractor with another company, Agency 4, Ms. Spears made false representations, including reporting that (i) she had never been convicted of "any" criminal offense since turning 18; (ii) she had earned a bachelor's degree in social work from Howard University and a master's degree from VCU in rehabilitation and mental health counseling;¹⁰ (iii) she had "10+ years" of experience as a social worker; (iv) her current employer was RPS, where she was a teacher (although in fact she had not worked as part-time substitute teacher since approximately 2021, and had not been employed by RPS in any capacity since June 2023); and (v) she held the following credentials: LCSW, LMHP, LPC, LPCC, and Substance Abuse Counseling Certification. Ms. Spears also gave Agency 4 a fraudulent VCU transcript.

d. After presenting false credentials to Agency 4, in or about July 2024, Ms. Spears was hired to facilitate substance abuse groups for a partial hospitalization program ("PHP") and intensive outpatient program, a position requiring licensure or certification as a CSAC, LCSW, or RIC. As of early September 2024, she was facilitating PHP groups for Agency 4 on Mondays through Thursdays from 10

¹⁰ Notably, the résumé that Ms. Spears submitted to Agency 4 listed her dates of attendance at VCU from August 2010 to June 2012, but on the application form she gave dates of 2022 to 2024.

Robin Nicole Spears, QMHP-A**CONSENT ORDER**

Page 10 of 16

a.m. to 3 p.m. She also was being trained to complete American Society of Addiction Medicine assessments, service authorizations for initial requests or extensions, and individual service plans. Agency 4 provided documentation showing that Ms. Spears billed for working between 56 and 64 hours per week from July 14 through August 24, 2024, for which she was paid \$5,280.00.

e. Ms. Spears' work at Agency 4, as described above, lacked the clinical supervision required for RIC licensure. The company's clinical director, an LCSW and CSAC who was Ms. Spears' direct work supervisor but was not providing clinical supervision for her RIC licensure, stated on September 9, 2024, that Ms. Spears had not yet provided a clinical supervision agreement, and she described convoluted explanations that Ms. Spears gave when asked about it on several occasions. The executive director of Agency 4 (who did not report holding any health care licenses or certifications), told the DHP investigator by email on September 16, 2024, that when a follow-up request was made for her supervision agreement, Ms. Spears initially said, "They are collecting my documents and once the receptionist get [sic] back from a trip they [name not specified] will be in touch. He also wants to meet with his wife to discuss some things." The executive director reported that, after further conversation, Ms. Spears said she was uncomfortable providing her supervision contract but was open to providing proof that she is being supervised. The executive director told the DHP investigator she would share a copy of the supervision agreement after receiving it from Ms. Spears, but the DHP investigator did not receive a copy of the supervision agreement.

f. On September 9, 2024, when the clinical director of Agency 4 asked Ms. Spears during a meeting to explain why she was under investigation by the Board, Ms. Spears falsely stated that the matter concerned a married couple who she had been counseling during an internship at Agency 2, and that the DHP investigator had told Ms. Spears the case was unfounded and would be closed by the end of the week.

Robin Nicole Spears, QMHP-A

CONSENT ORDER

Page 11 of 16

6. Ms. Spears violated Virginia Code § 54.1-111(A)(2) and (8); 18 VAC 115-80-100(2), (4) and (6) of the QMHP Regulations; and 18 VAC 115-20-140(A)(8) of the Counseling Regulations, in that she made false statements during the investigation of the instant matter in 2024. Specifically:

a. On August 5, 2024, in an email sent to the DHP investigator, Ms. Spears falsely stated, “I was unemployed from 2023 until about a month ago.” In fact, she was working as an unlicensed LCSW contractor for Agency 2 from approximately mid-2023 through March 22, 2024 (when her employment was terminated after the discovery that she lacked an LCSW license).

b. On August 6, 2024, Ms. Spears sent the DHP investigator a résumé containing false information, including listing degrees from Howard University (BSW, May 2004, 3.8 GPA), VSU (MSW, May 2012, 3.8 GPA), and VCU (MS in Rehabilitation Counseling and Mental Health, May 2024, 3.9 GPA)¹¹ that she never earned. It also included prior employment as a “social worker” for three different entities, although her job at Agency 2 -- where she was hired as an LCSW -- was not listed.

c. During an in-person interview with the DHP investigator on August 8, 2024, Ms. Spears made numerous false statements. For example:

i. Ms. Spears named three employers where she claimed to have been employed as a social worker or “social worker trainee.” At another point, however, she stated that she had never presented an LCSW license to any employer, tried to work as an LCSW, or presented herself as an LCSW. When the DHP investigator presented Ms. Spears with evidence to the contrary (including documentation she signed for RPS in 2021 by writing “MSW, LCSW” after her name, and a copy of a forged Virginia Board of Social Work LCSW license from her RPS personnel file), Ms. Spears admitted

¹¹ Ms. Spears apparently had difficulty keeping her falsehoods consistent; the fraudulent transcript she submitted to the Board with her May 2024 RIC application shows her attending VCU beginning in Spring 2023 (not August, as listed on the résumé she sent to the DHP investigator) and provides a final GPA of 3.8 for the program (not 3.9, as listed on the résumé).

Robin Nicole Spears, QMHP-A

CONSENT ORDER

Page 12 of 16

to providing the false documentation, but stated that the license was not needed for the positions. She then told a false story about discipline she allegedly had received when RPS learned of the forged license.¹²

ii. Ms. Spears claimed in the interview to have attended Howard University full-time while earning a BSW, and VSU full-time while earning an MSW, although her résumé listed full-time employment during the same periods. She also falsely stated that she was unemployed from June 2022 through July 15, 2024, while attending VCU; in fact, during part of this period she had been employed by Agency 2 and was not attending any school.

iii. Ms. Spears denied being terminated from any employer and stated she never had received written or verbal counseling. However, in May 2017, while working at Agency 1 as a QMHP-A case manager, she received administrative supervision and was placed on an improvement plan. Additionally, Ms. Spears' employment had been terminated by Agency 2 in March 2024, as detailed above.

iv. Ms. Spears denied at least three times that she had ever worked for Agency 2. She also told several elaborate stories about the forged LCSW license (including that her sorority sisters had thrown her a "manifestation party" where she was given a cake and a framed novelty LCSW license) and how the owner of Agency 2 had come to see it (including that the owner may have taken the license out of the trash after Ms. Spears had been helping decorate her friend's office at Agency 2). When presented with evidence that she had been employed by Agency 2 (including case notes signed by "Robin Spears, LCSW" and information about paystubs in her name), Ms. Spears finally admitted to working for Agency 2 from June 2023 to March 2024. However, she continued to be untruthful by stating that she had planned to allow the owner to believe she had an LCSW license until she finished her master's degree

¹² Ms. Spears' personnel file from RPS shows that she was, in fact, disciplined after a complaint was made against her for allegedly striking and yelling at a child in an after-school program. There is no evidence in the personnel file that RPS ever learned her Board of Social Work license was a forgery or that Ms. Spears did not have a degree in social work.

Robin Nicole Spears, QMHP-A

CONSENT ORDER

Page 13 of 16

at VCU in May 2024 and she could obtain her RIC license. She also said, “This does not justify it, but I was in my last year of college for my LPC. I thought I would be okay.”

v. Ms. Spears made multiple false statements about her educational credentials, and when the DHP investigator showed her copies of transcripts from Howard University, VSU, and VCU that had been obtained in the investigation, Ms. Spears confirmed that they were hers. Only after being told that all three universities had been contacted did Ms. Spears admit that she paid an online service for the phony transcripts, and that she had never attended any college.

vi. During the interview, when the DHP investigator confronted Ms. Spears with evidence to contradict some of her false statements, at several points Ms. Spears blamed others, or said, “I guess I was faking it until I make it,” and “Fake it till you make it.”

vii. Near the end of the interview, Ms. Spears stated that the DHP investigator had spoken to everyone and is likely to call her current employer, Agency 4; therefore, she stated, she was going to resign immediately. However, when the DHP investigator spoke with the clinical director of Agency 4 one month later, Ms. Spears was still employed there.

d. During a telephone call with the DHP investigator on September 9, 2024, Ms. Spears made additional false statements. For example:

i. After the DHP investigator spoke with the clinical director of Agency 4 on September 9, 2024, Ms. Spears called the DHP investigator, wanting to know why the investigator had done so. Ms. Spears said, “I thought you said you were not going to contact my current employer,” although the DHP investigator never made such a statement. When the DHP investigator reminded Ms. Spears about her own statement from the in-person interview that she planned to resign immediately, Ms. Spears responded that her job decided for her today, and that they had let her go because they had been

Robin Nicole Spears, QMHP-A

CONSENT ORDER

Page 14 of 16

contacted by the Board. In fact, when the DHP investigator followed up with the clinical director of Agency 4 later the same day, Ms. Spears was still employed by the company.

ii. During the call, Ms. Spears said that she had planned on resigning, but that she does not need a license for her current role at Agency 4 and that she was not “operating under it.” When asked for clarification, Ms. Spears said that she was facilitating substance-abuse groups and did not need an LCSW or RIC license; however, as reported to the DHP investigator by the clinical director of Agency 4, the job required a CSAC credential, LCSW license, or RIC license.

7. Ms. Spears violated Virginia Code § 54.1-111(A)(8), 18 VAC 115-80-100(3) of the QMHP Regulations, and 18 VAC 115-20-140(A)(3) of the Counseling Regulations, in that she is unable to practice as a QPHM-A or RIC with safety to clients and the public due to professional incompetence and a lengthy history of fraudulent statements and actions (including acts that may violate criminal statutes, including forgery, uttering, insurance/Medicaid fraud), and the unlicensed practice of a health profession. Specifically, between approximately 2018 and 2024, in the course of seeking professional credentials and employment, and while being employed and working with clients in the social services and mental health fields, Ms. Spears repeatedly presented fraudulent documents and repeatedly made numerous misrepresentations about her credentials and qualifications, as detailed above in Findings of Fact #2 through #6. Through these acts, Ms. Spears was able to obtain employment for which she was not trained or qualified, including positions working with children and vulnerable adults.

CONSENT

Robin Nicole Spears, QMHP-A, RIC, by affixing her signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and am not represented by counsel;

Robin Nicole Spears, QMHP-A

CONSENT ORDER

Page 15 of 16

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to a formal administrative hearing before the Board; the right to representation by counsel; and the right to cross-examine witnesses against me;

4. I waive my right to a formal hearing;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my registration to practice as a Qualified Mental Health Professional - Adult and my license to practice as a Resident In Counseling in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS as follows:

1. The registration of Robin Nicole Spears to practice as a Qualified Mental Health Professional - Adult in the Commonwealth of Virginia is REVOKED.

2. The license of Robin Nicole Spears to practice as a Resident In Counseling in the Commonwealth of Virginia is REVOKED.

3. The registration and license of Ms. Spears will be recorded as REVOKED.

4. Pursuant to Virginia Code § 54.1-2408.2, should Ms. Spears seek reinstatement of her registration or license after three years, the reinstatement of Ms. Spears' registration or license shall require the affirmative vote of three-fourths of the members at a formal administrative proceeding

Robin Nicole Spears, QMHP-A

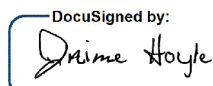
CONSENT ORDER

Page 16 of 16

convened by the Board. At such time, the burden shall be on Ms. Spears to demonstrate that she is safe and competent to return to practice as a Qualified Mental Health Professional and/or a Resident in Counseling. Ms. Spears shall be responsible for any fees that may be required for the reinstatement and/or renewal of the registration and/or license prior to issuance of the registration or license to resume practice.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:


E858AEB08A9F4A4...
Jaime Hoyle, J.D.

Executive Director
Virginia Board of Counseling

ENTERED: 5/16/2025

SEEN AND AGREED TO:

Signed by:


26E4986D0299474...
Robin Nicole Spears, QMHP-A, RIC

Date Signed: 5/16/2025

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: JOHN R. STONE, JR., L.P.C.
License Number: 0701-005566
Case Number: 244097

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling (“Board”) and John R. Stone, Jr., L.P.C., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Mr. Stone’s license to practice professional counseling in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. John R. Stone, Jr., L.P.C., was issued License Number 0701-005566 to practice professional counseling on September 10, 2013, which is scheduled to expire on June 30, 2025.
2. Mr. Stone violated 18 VAC 115-20-130(B)(1) and (4) and 18 VAC 115-20-130(D)(1) and (2), and 18 VAC 115-20-140(A)(3), (4), (7), and (8) of the Regulations Governing Professional Counseling in that he engaged in a dual relationship, including a sexual relationship, with Client A, a 32-year-old therapy client who initially presented and self-identified as a lesbian female but who later in the therapy relationship reported identifying as a transgender male. Specifically:
 - a. Mr. Stone first treated Client A in 2017, while he was practicing at the Green Counseling Center with Region Ten (“Region Ten”), continued treating them at Thriveworks in 2022, and Client A’s care with Mr. Stone resumed at Region Ten when Mr. Stone returned to practice there in 2023. Mr. Stone diagnosed Client A with, and treated them for, post-traumatic stress disorder and major depressive disorder, recurrent episode, moderate. Client A’s history included trauma related to childhood sexual, physical, and verbal abuse by their father, brother, and other family members; their history was also positive for suicidal ideation and self-injurious behaviors.

John R. Stone, Jr., L.P.C.

CONSENT ORDER

Page 2 of 8

b. In June and July 2024, Mr. Stone began using cognitive therapy for trauma and brief exposure therapy with Client A, with a focus on exposing Client A to stimuli associated with their experience of childhood sexual abuse by their father. This therapy took place in the basement of Region Ten's office, a setting that Client A felt was very similar to the basement where the abuse took place. Mr. Stone portrayed the role of Client A's abusive father in the reenactment exposure therapy. On May 21, 2024, Mr. Stone documented that Client A asked him to (physically) "push me."

c. On April 16, 2024, Mr. Stone documented that Client A "always felt like making their own decisions would be punishment." On May 28, 2024, Mr. Stone documented that it was never safe and always unpredictable for Client A to express any emotion as a child, which resulted in Client A shutting down. Mr. Stone failed to address whether exposure therapy was appropriate for Client A, given their reluctance to resist or voice objection if therapy became distressing for them. Mr. Stone further failed to take precautions to prevent the therapy from retraumatizing the client.

d. In a written statement to a Senior Investigator ("Investigator") for the Virginia Department of Health Professions ("Department"), dated January 21, 2025 ("First Written Statement"), Mr. Stone stated that his "relationship after hours" with Client A began on July 3, 2024. Client A had Mr. Stone's personal cell phone number, and contacted him via text message, stating they were in crisis with increased suicidal ideation. While Mr. Stone advised Client A to contact emergency services during the night, if needed, he also suggested they contact him (Mr. Stone) in the morning to "check in."

e. When Client A texted Mr. Stone on the morning of July 4, 2024, and stated that they were feeling worse, Mr. Stone agreed to meet them at the Region Ten office around 10:00 a.m. Mr. Stone developed a safety plan with Client A, whereby the client would "check in" with Mr. Stone throughout the day, contact emergency services if things worsened, or go to the hospital emergency department.

John R. Stone, Jr., L.P.C.

CONSENT ORDER

Page 3 of 8

f. In the First Written Statement, Mr. Stone stated that at the client's regularly scheduled appointment on July 9, 2024, Client A stated their father would hold them against the wall and say horrible things to them. According to Mr. Stone, Client A asked if he (Mr. Stone) would consider doing the same during the exposure therapy in the basement. Mr. Stone agreed to place his hands on Client A's shoulders and "yell or cuss" at them.

g. On July 30, 2024, Mr. Stone documented that he would portray the role of Client A's father during the exposure therapy. In a written statement to the Department's Investigator, dated February 5, 2025 ("Second Written Statement"), Mr. Stone stated that during the "check in" at the beginning of Client A's therapy session, the client would discuss what happened with their father, including parts of their body he would touch and things he would say. According to Mr. Stone, Client A asked him to do the same things during the session, feeling it would make the session "more realistic and they could "process and remember what occurred." In the Second Written Statement, Mr. Stone stated that he did as Client A requested, which included "touching them on their breast, legs, stomach and private areas."

h. In the First Written Statement, Mr. Stone stated that after one such exposure therapy session, Client A began to cry and shake. Mr. Stone indicated that Client A "reached out and asked [him] to hold [them]," which Mr. Stone did. Thereafter, Mr. Stone added "comfort" to their sessions. The "comfort" included holding and hugging.

i. During this period, Mr. Stone stated Client A continued to send him text messages, some of which he would answer in the middle of the night, if he awoke and noticed a message. He would respond to text messages during the day, addressing any concerns Client A had. Mr. Stone's attempts to set limits (e.g., hours, weekends, vacations) were not successful. "Basically, [he] had made [him]self available to them almost 24 hours a day, without limits." Mr. Stone described it as "the equivalent of

John R. Stone, Jr., L.P.C.**CONSENT ORDER****Page 4 of 8**

providing continuous therapy to the client on a 24/7 basis.” Mr. Stone stated that the content of their exchanges would include a shared interest in heavy metal music and bands to which they listened. Client A would text Mr. Stone with concerns regarding their roommate or issues on which they were working in therapy, including depression and concerns with self-harm. A review of telephone records revealed over 4700 SMS (text) messages between numbers for Mr. Stone and Client A. In addition, there were over 60 MMS (multimedia) images exchanged between the telephone numbers, as well as over 80 telephone calls, between March and December 2024.

j. In the First Written Statement, Mr. Stone stated he first gave Client A money between July and December 2024, and it was \$40.00, after the client mentioned they were unable to buy food and cigarettes. Mr. Stone transported the client to and from therapy appointments when they were without reliable transportation. During these trips, if the client mentioned items they were out of, such as cigarettes or soda, Mr. Stone would stop at a convenience store and buy those items for Client A. Mr. Stone estimated that this occurred on at least five occasions. Mr. Stone once met Client A at Region Ten after-hours because Client A stated they were in crisis. Once, after Mr. Stone picked up the client from their residence, he asked if they were hungry, and bought lunch from Burger King to eat at Region Ten.

k. According to his First Written Statement, on October 31, 2024, Mr. Stone invited Client A to accompany him on a planned visit to West Virginia. Mr. Stone picked up the client at their residence, they drove to Seneca Rocks, West Virginia, Mr. Stone bought lunch for the client, they walked around the national park, and drove back to Ruckersville, Virginia, for a roundtrip of approximately 200 miles.

l. In the First Written Statement, Mr. Stone stated that on a Sunday in November 2024, he met Client A at Region Ten, and he intended to give the client \$40.00 because they were having difficulty buying personal items. While in Mr. Stone’s office, Client A was crying and discussing

John R. Stone, Jr., L.P.C.

CONSENT ORDER

Page 5 of 8

difficulties with their living situation. Mr. Stone stated the client then asked for a hug, and he slid his chair to the client and hugged them for “a brief period, maybe 10 or so minutes.” Mr. Stone stated that when he attempted to stand and pull back, Client A reached for his belt, which they undid, and they began to touch his genitals through his pants. Mr. Stone assisted Client A “in pulling down [his] underwear.” According to Mr. Stone, “[t]his was when they [Client A] performed oral sex on me.”

m. In his First Written Statement, Mr. Stone stated that Client A contacted him by text message on December 13, 2024, indicated they were having trouble with money and asked Mr. Stone for \$300.00, “for their services that they provided” (which he took to mean oral sex). Mr. Stone agreed to give Client A the money. On December 16, 2024, Client A sent him a text message and asked for an additional \$300.00. It was only at that point that Mr. Stone reached out to his acting supervisor at Region Ten regarding Client A.

n. In his initial report to his supervisors at Region Ten on December 16, 2024, Mr. Stone only reported giving money to Client A, and them threatening to tell Mr. Stone’s supervisors of what happened during therapy sessions. When first speaking with an investigator for Region Ten on December 17, 2024, Client A only mentioned receiving money from Mr. Stone. When speaking with the investigator again on December 30, 2024, Client A indicated Mr. Stone would touch “[e]verywhere on my body. My breast, my genitals all over my body.” Client A stated the touching had occurred over the past year, in every session, for “never less than half an hour.”

o. In the same conversation with the investigator for Region Ten on December 30, 2024, Client A expanded on their physical contact with Mr. Stone. “He would try to put my hand on him, and I would try to pull away, but he would grab my hand, so I just gave in like I did in the past. When this happened to me when I was little. I had to give in to survive and that is what happened. I just gave in.” Client A concluded, “I guess you could say I went along with it.”

John R. Stone, Jr., L.P.C.

CONSENT ORDER

Page 6 of 8

p. In the First Written Statement, Mr. Stone admits that “[f]or a long time, [he] knew the relationship was no longer professional and that [he] was engaged in a personal relationship with this client.” At no point did Mr. Stone take steps to terminate the therapeutic relationship with Client A and transfer their care to another provider.

q. Mr. Stone has been less than forthcoming regarding the details of his relationship with Client A. When Mr. Stone first notified Region Ten of his inappropriate behavior regarding Client A, he only mentioned giving Client A money and buying things for them. It was not until Mr. Stone’s second interview with Region Ten that Mr. Stone mentioned sexual contact.

r. Similarly, in his First Written Statement to the Department, Mr. Stone mentioned one incident of sexual contact. It was not until his interview with the Investigator on February 5, 2025, and after the Investigator pointed out that Client A reported at least four or five sexual contacts with Mr. Stone, that he acknowledged it occurred two or three times. Mr. Stone explained that when he said it occurred just once, that was the one time it went to “completion” sexually. The other one or two times Client A performed oral sex on Mr. Stone, he broke away or moved away prior to “completion.” Mr. Stone “wanted to” say that all of this was consensual because they were initiating and a willing participant in this.

3. Region Ten terminated Mr. Stone’s employment on December 17, 2024. On February 5, 2025, Mr. Stone advised the Investigator that he was not currently working, but he was looking into, and applying for, jobs that did not require use of his license.

CONSENT

John R. Stone, Jr., L.P.C., by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;

John R. Stone, Jr., L.P.C.

CONSENT ORDER

Page 7 of 8

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an administrative proceeding before the Board; and the right to representation by counsel;

4. I waive my right to an administrative proceeding;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice professional counseling in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS as follows:

1. The license of John R. Stone, Jr., L.P.C., to practice professional counseling in the Commonwealth of Virginia is REVOKED.

2. The license of Mr. Stone will be recorded as REVOKED.

3.. Pursuant to Virginia Code § 54.1-2408.2, should Mr. Stone seek reinstatement of his license after three years, the reinstatement of Mr. Stone's license shall require the affirmative vote of three-fourths of the members at a formal administrative proceeding convened by the Board. At such time, the burden shall be on Mr. Stone to demonstrate that he is safe and competent to return to the practice of professional counseling. Mr. Stone shall be responsible for any fees that may be required for the reinstatement and/or renewal of the license prior to issuance of the license to resume practice.

John R. Stone, Jr., L.P.C.

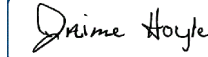
CONSENT ORDER

Page 8 of 8

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:



E858AEB08A9F4A4...

Jaime Hoyle, J.D.

Executive Director

Virginia Board of Counseling

ENTERED: 7/10/2025

SEEN AND AGREED TO:

Signed by:



3CF60B6349D644C...

John K. Stone, Jr., L.P.C.

Date signed: 7/10/2025

LICENSING REPORT

Satisfaction Survey Results	
2025 4th Quarter (April 1 – June 30, 2025)	92.6%

Totals as of October 8, 2025*

Current Active Licenses	
Certified Substance Abuse Counselor	1,735
CSAC Supervisee	1,670
Substance Abuse Counseling Assistant	327
Licensed Marriage and Family Therapist	1,456
Marriage & Family Therapist Resident	186
Licensed Professional Counselor	11,207
Resident in Counseling	3,737
Substance Abuse Treatment Practitioner	544
Substance Abuse Treatment Residents	20
Rehabilitation Provider	127
Qualified Mental Health Professional	8,630
Qualified Mental Health Professional-Trainee	8,069
Registered Peer Recovery Specialist	1,019
Behavioral Health Technician	18
Behavioral Health Technician Assistant	23
Total	38,768*

*Unofficial numbers (for informational purposes only)

Licenses, Certifications and Registrations Issued

License Type	May 2025	June 2025	July 2025	August 2025	September 2025*
Certified Substance Abuse Counselor	13	5	6	6	14
CSAC Supervisee	52	74	78	36	78
Certified Substance Abuse Counseling Assistant	7	7	9	4	8
Licensed Marriage and Family Therapist	23	26	25	18	29
Marriage & Family Therapist Resident	1	5	7	2	6
Pre-Education Review for LMFT	0	0	1	0	1
Licensed Professional Counselor	108	120	133	121	132
Resident in Counseling	103	182	99	117	196
Pre-Education Review for LPC	0	15	9	7	15
Substance Abuse Treatment Practitioner	3	2	4	3	14
Substance Abuse Treatment Residents	0	1	0	0	1
Pre-Education Review for LSATP	1	0	0	0	
Rehabilitation Provider	2	0	0	0	
Qualified Mental Health Professional	102	140	71	34	59
Qualified Mental Health Professional Trainee	181	150	113	119	158
Registered Peer Recovery Specialist	39	34	20	24	18
Behavioral Health Technician	0	1	0	4	12
Behavioral Health Technician Assistant	0	0	0	4	17
Total	645	762	575	499	758

*Unofficial numbers (for informational purposes only)

Licenses, Certifications and Registration Applications Received

Applications Received	May 2025*	June 2025*	July 2025*	August 2025*	September 2025*
Certified Substance Abuse Counselor	17	17	22	14	13
CSAC Supervisee	82	67	79	57	84
Certified Substance Abuse Counseling Assistant	12	4	7	6	6
Licensed Marriage and Family Therapist	21	30	26	30	26
Marriage & Family Therapist Resident	4	8	6	1	8
Pre-Education Review for LMFT	0	1	0	2	0
Licensed Professional Counselor	125	126	152	159	143
Resident in Counseling	141	178	96	168	167
Pre-Education Review for LPC	12	17	9	12	13
Substance Abuse Treatment Practitioner	6	5	4	5	12
Substance Abuse Treatment Residents	2	2	2	2	2
Pre-Education Review for LSATP	0	0	0	0	0
Rehabilitation Provider	2	0	0	1	0
Qualified Mental Health Professional	139	115	81	178	85
Qualified Mental Health Professional - Trainee	211	187	179	102	198
Registered Peer Recovery Specialist	41	32	30	28	25
Behavioral Health Technician	0	4	6	18	7
Behavioral Health Technician Assistant	0	1	11	22	19
Total	815	794	710	805	808

*Unofficial numbers (for informational purposes only)

Additional Information:

- **Board of Counseling Staffing Information:**

- The Board currently has six full-time staff and one part-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)
 - Ashlyn Cole - 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)
- Due to limited staffing and a continued increase in application volume, Board staff are currently reviewing complete applications within 45 to 60 days. Processing times have been extended due to application complexity, ongoing audit review, and incomplete application submissions.

- **Audits**

- Staff continues to review and process the audit results, including verification of continuing education training certificates submitted by licensees, certificate holders, and registrants to ensure they meet Board requirements. Once the review is complete, staff will identify individuals who did not meet the requirements or failed to respond and refer those cases for possible disciplinary action.

I. Overview

This policy outlines the approved training and education pathways for individuals seeking registration as:

- Behavioral Health Technician Assistant (BHT-A)
- Behavioral Health Technician (BHT)

II. Registration Education and Training Requirements

A. Behavioral Health Technician Assistant (BHT-A)

1. Completion of High School Diploma/GED; and
2. 20 hours of didactic education from a program approved or recognized by the Board

B. Behavioral Health Technician (BHT)

1. Conferred associate's degree; and
2. 40 hours of didactic education from a program approved or recognized by the Board

III. Didactic Education Requirements by Core Content

"**Didactic**" means teaching-learning methods that impart facts and information, usually in the form of one-way communication (includes directed readings and lectures).

Core Content	BHT-A (min. hours)	BHT (min. hours)
Ethics	6	6
Boundaries and Dual Relationships	6	6
Documentation and Recordkeeping	4	4
Confidentiality	2	2
Cultural Competence	2	2
Human Services	-	20
Total	20	40

Description of Core Content Areas:

Ethics: Ethics training in counseling should cover foundational ethical theories and terminology, professional codes of ethics, and structured decision-making models. It should address legal and clinical issues including confidentiality, informed consent, documentation, and boundary management, while also emphasizing cultural competence, personal values, and counselor self-

awareness. The training must prepare professionals to apply ethical principles in real-world settings, including online practice, managed care environments, and diverse client populations.

Boundaries and Dual Relationships: Boundaries in counseling are the ethical and professional limits that protect the integrity of the client–counselor relationship and prevent harm, exploitation, or conflicts of interest. Ethics training on boundaries should address dual relationships, strategies for minimizing risk in unavoidable situations, and the application of ethical decision-making models to common dilemmas—including bartering, gift-giving, physical touch, social media, and community-based practice. Maintaining appropriate boundaries also involves recognizing signs of impairment, seeking consultation when needed, and adhering to informed consent and confidentiality standards.

Documentation and Recordkeeping: Documentation and recordkeeping in counseling involve the accurate, thorough, and ethical maintenance of client records to support clinical care, ensure legal compliance, and protect client confidentiality. Training should address what information must be documented, how to comply with standards such as HIPAA, and how to navigate ethical challenges related to different treatment contexts (e.g., families, groups, involuntary clients). Counselors must understand both their ethical responsibility and legal obligations, using records to support assessment, treatment planning, informed consent, and risk management.

Confidentiality: Confidentiality in counseling involves protecting clients' personal and health information, as required by laws such as **HIPAA** and **42 CFR Part 2**. Ethics training should cover the types of protected information, the purpose of these regulations, and how to prevent breaches, particularly in sensitive areas like substance use treatment.

Cultural Competence: Cultural competency in mental and behavioral health is the ongoing process of developing the awareness, knowledge, and skills necessary to effectively and ethically serve individuals from diverse backgrounds. It involves recognizing the role of implicit and explicit bias, evaluating personal and organizational perspectives on culture, and understanding how cultural factors influence communication, decision-making, and access to care. Culturally competent practitioners demonstrate inclusivity, apply ethical principles with cultural humility, and utilize frameworks to assess and mitigate bias within professional practice. Prioritizing cultural competency is essential to promoting equitable mental healthcare and reducing systemic disparities.

Human Services: Human services 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.

IV. Approved Methods for Obtaining Didactic Education

Acceptable sources of didactic hours may include a **combination** of the following:

- 1. A Board-approved provider** including but not limited to Community Services Boards (CSBs), agencies licensed by the Department of Behavioral Health and Developmental Services (DBHDS), the Department of Corrections (DOC), and the Department of Education (DOE)—may develop and implement a training or onboarding program that covers all didactic education content areas and required hours outlined in Section III of this document.
- 2. Board-approved didactic education programs** (see Section V and VI).
- 3. Coursework in a human services** - If an applicant has completed human services coursework that addressed one or more of the required content areas, the educational institution may complete the [Verification of Human Services Coursework form](#) to certify the number of actual didactic instruction hours an applicant received in each required content areas.
- 4. Continuing education courses** in one or more of the core content areas from one of the following:
 - Federal, state, or local governmental agencies, public school systems, licensed health facilities, or an agency licensed by DBHDS; or
 - Entities approved for continuing education by a health regulatory board within the Department of Health Professions.

V. Approved Didactic Education Programs

The following programs are approved by the Board of Counseling to satisfy the didactic education requirement:

Programs	Hours Credited
Behavioral Health Academy	20 Hours <i>(meets all core content requirements)</i>
Crisis Intervention Team (CIT) Training	40 Hours <i>(meets all core content requirements)</i>
The below programs meet the full 40-hour requirement (no additional training needed)	
Career and Technical Education (CTE) – Mental Health Assistant or Equivalent	
Virginia Health Worker Community Health Worker Training	
Adult Continuing Education (ACE) for Mental Health Tech	
American Association of Psychiatric Techs (AAPT) Level 2 or Higher	
U.S. Air Force Mental Health Service Specialist	
U.S. Army Behavioral Health Tech 68X	
U.S. Navy Behavioral Health Tech	
Approved Human Services Programs from VA Community Colleges (see next section)	

VI. Approved Virginia Community College Programs

The following Virginia Community College programs meet the full 40-hour didactic requirement:

College	Programs
Blue Ridge Community College (BRCC)	• Human Services I, CSC • Human Service II, CSC • Substance Abuse Counseling, CSC • Human Services, AAS
Brightpoint Community College	• Bereavement and Grief Counseling, CSC • Substance Abuse Assistant, CSC • Human Services, AAS • Human Services-Pre-Social Work Specialist, AAS • Psychology, AS
Germanna Community College	• Paraprofessional Counseling, CSC • Behavioral Health Technician, Certificate
Laurel Ridge Community College	• Human Services, AAS
Northern Virginia Community College	• Substance Abuse Rehabilitation Counselor, Certificate
Rappahannock Community College	• Psychology/Social Work Specialization, AAS
Reynolds Community College	• Behavioral Health Technician, CSC • Human Services Technician, CSC • Substance Abuse Counselor Education, CSC • Human Services, AAS
Southside Community College	• Human Services, CSC • Human Services, Certificate • Substance Abuse Counseling Assistant, Certificate • Substance Abuse Counseling Aide, CSC • Human Services, AAS
Southwest Community College	• Substance Abuse Rehabilitation Counselor, CSC • Human Services Technology, CSC • Grief and Bereavement and Counseling, CSC • Substance Abuse, AAS • Mental Health, AAS

Tidewater Community College	• Human Services, AAS
Virginia Highlands Community College (VHCC)	• Substance Abuse Counseling Assistant, CSC • Victim Advocacy Assistant, CSC • Human Services Advocate, Certificate ◦ <i>Discontinued Fall 2025</i> • Human Services, AAS ◦ <i>Discontinued Fall 2025</i>
Virginia Peninsula College (VPCC)	• Substance Abuse Counseling Assistant, CSC • Human Services, AAS
Virginia Western Community College	• Human Services: Foundations, CSC • Human Services, AAS
Wytheville Community College (WCC)	• Human Services-Mental Health, CSC • Human Services Professional, AAS • Human Services, AS

VIII. Obtaining Board Approval as a Didactic Education Program

If you are interested in gaining Board approval as a didactic education program that would fully satisfy the didactic education training requirement, including the core content, we recommend you follow this process as outlined. Please submit to the Board, preferably 60 days in advance of a [Board meeting](#):

- A comprehensive overview of the curriculum, including a syllabus or outline.
- A description of the course content, detailing specific modules or topics.
- Clearly defined learning objectives for each section of the curriculum.
- The qualifications and credentials of the instructors who will deliver the training.
- A method for assessing participant learning and competency.

I. Overview

This policy outlines the approved training and education pathways for individuals seeking registration as:

- Qualified Mental Health Professional-Trainee (QMHP-T)
- Qualified Mental Health Professional (QMHP)

II. Registration Education and Training Requirements

A. Qualified Mental Health Professional-Trainee (QMHP-T)

1. Bachelor's degree or active enrollment in good standing in a bachelor's program; and
2. 60 hours of didactic education from a program approved or recognized by the Board

B. Qualified Mental Health Professional (QMHP)

1. Conferred bachelor's degree; and
2. 80 hours of didactic education from a program approved or recognized by the Board

NOTE: QMHP-Ts approved and registered prior to May 7, 2025, are deemed to have met the 80-hour didactic education requirement for QMHP registration.

III. Didactic Education Requirements by Core Content

"**Didactic**" means teaching-learning methods that impart facts and information, usually in the form of one-way communication (includes directed readings and lectures).

Core Content	QMHP-T (min. hours)	QMHP (min. hours)
Ethics	12	12
Boundaries and Dual Relationships	12	12
Documentation and Recordkeeping	8	8
Confidentiality	4	4
Cultural Competence	4	4
Human Services	20	40
Total	60	80

Description of Core Content Areas:

Ethics: Ethics training in counseling should cover foundational ethical theories and terminology, professional codes of ethics, and structured decision-making models. It should address legal and

clinical issues including confidentiality, informed consent, documentation, and boundary management, while also emphasizing cultural competence, personal values, and counselor self-awareness. The training must prepare professionals to apply ethical principles in real-world settings, including online practice, managed care environments, and diverse client populations.

Boundaries and Dual Relationships: Boundaries in counseling are the ethical and professional limits that protect the integrity of the client–counselor relationship and prevent harm, exploitation, or conflicts of interest. Ethics training on boundaries should address dual relationships, strategies for minimizing risk in unavoidable situations, and the application of ethical decision-making models to common dilemmas—including bartering, gift-giving, physical touch, social media, and community-based practice. Maintaining appropriate boundaries also involves recognizing signs of impairment, seeking consultation when needed, and adhering to informed consent and confidentiality standards.

Documentation and Recordkeeping: Documentation and recordkeeping in counseling involve the accurate, thorough, and ethical maintenance of client records to support clinical care, ensure legal compliance, and protect client confidentiality. Training should address what information must be documented, how to comply with standards such as HIPAA, and how to navigate ethical challenges related to different treatment contexts (e.g., families, groups, involuntary clients). Counselors must understand both their ethical responsibility and legal obligations, using records to support assessment, treatment planning, informed consent, and risk management.

Confidentiality: Confidentiality in counseling involves protecting clients' personal and health information, as required by laws such as **HIPAA** and **42 CFR Part 2**. Ethics training should cover the types of protected information, the purpose of these regulations, and how to prevent breaches, particularly in sensitive areas like substance use treatment.

Cultural Competence: Cultural competency in mental and behavioral health is the ongoing process of developing the awareness, knowledge, and skills necessary to effectively and ethically serve individuals from diverse backgrounds. It involves recognizing the role of implicit and explicit bias, evaluating personal and organizational perspectives on culture, and understanding how cultural factors influence communication, decision-making, and access to care. Culturally competent practitioners demonstrate inclusivity, apply ethical principles with cultural humility, and utilize frameworks to assess and mitigate bias within professional practice. Prioritizing cultural competency is essential to promoting equitable mental healthcare and reducing systemic disparities.

Human Services: Human services 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.

IV. Approved Methods for Obtaining Didactic Education

Acceptable sources of didactic hours may include a **combination** of the following:

- 1. A Board-approved provider** (see [18VAC115-80-80\(C\)](#)) including but not limited to Community Services Boards (CSBs), agencies licensed by the Department of Behavioral Health and Developmental Services (DBHDS), the Department of Corrections (DOC), and the Department of Education (DOE)—may develop and implement a training or onboarding program that covers all didactic education content areas and required hours outlined in Section III of this document.
- 2. Board-approved didactic education programs** (see Section V and VI).
- 3. Coursework in a human services** - If an applicant has completed human services coursework that addressed one or more of the required content areas, the educational institution may complete the [Verification of Human Services Coursework form](#) to certify the number of actual didactic instruction hours an applicant received in each required content areas.
- 4. Continuing education courses** from approved providers (see [18VAC115-80-80\(C\)](#)) in one or more of the core content areas.

V. Approved Didactic Education Programs

The following programs are approved by the Board of Counseling to satisfy the didactic education requirement:

Programs/License	Hours Credited
Behavioral Health Academy	20 Hours (<i>meets all core content requirements</i>)
Crisis Intervention Team (CIT) Training	40 Hours (<i>meets all core content requirements</i>)
Licensed Baccalaureate Social Worker (LBSW)	60 Hours (<i>meets all core content requirements</i>)
The below programs meet the full 80-hour requirement (no additional training needed)	
Career and Technical Education (CTE) – Mental Health Assistant or Equivalent	
VHWA Community Health Worker Training Program	
Adult Continuing Education (ACE) for Mental Health Tech	
American Association of Psychiatric Techs (AAPT) Level 2 or Higher	
U.S. Air Force Mental Health Service Specialist	
U.S. Army Behavioral Health Tech 68X	
U.S. Navy Behavioral Health Tech	
Master's Degree in Human Services (See Section VII)	
Approved Human Services Programs from VA Community Colleges (see next section)	

VI. Approved Virginia Community College Programs

The following Virginia Community College programs meet the full 80-hour didactic requirement:

College	Programs
Blue Ridge Community College (BRCC)	- Human Services I, CSC - Human Service II, CSC - Substance Abuse Counseling, CSC - Human Services, AAS
Brightpoint Community College	- Bereavement and Grief Counseling, CSC - Substance Abuse Assistant, CSC - Human Services, AAS - Human Services-Pre-Social Work Specialist, AAS - Psychology, AS
Germanna Community College	Paraprofessional Counseling, CSC
Laurel Ridge Community College	Human Services, AAS
Northern Virginia Community College	Substance Abuse Rehabilitation Counselor, Certificate
Rappahannock Community College	Psychology/Social Work Specialization, AAS
Reynolds Community College	- Behavioral Health Technician, CSC - Human Services Technician, CSC - Substance Abuse Counselor Education, CSC - Human Services, AAS
Southside Community College	- Human Services, CSC - Human Services, Certificate - Substance Abuse Counseling Assistant, Certificate - Substance Abuse Counseling Aide, CSC - Human Services, AAS
Southwest Community College	- Substance Abuse Rehabilitation Counselor, CSC - Human Services Technology, CSC - Grief and Bereavement and Counseling, CSC - Substance Abuse, AAS - Mental Health, AAS
Tidewater Community College	Human Services, AAS

Virginia Highlands Community College (VHCC)	• Substance Abuse Counseling Assistant, CSC • Victim Advocacy Assistant, CSC • Human Services Advocate, Certificate ◦ <i>Discontinued Fall 2025</i> • Human Services, AAS ◦ <i>Discontinued Fall 2025</i>
Virginia Peninsula College (VPCC)	• Substance Abuse Counseling Assistant, CSC • Human Services, AAS
Virginia Western Community College	• Human Services: Foundations, CSC • Human Services, AAS
Wytheville Community College (WCC)	• Human Services-Mental Health, CSC • Human Services Professional, AAS • Human Services, AS

VII. Approved Degrees in Human Services

The Board defines “human services” 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:”

- 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

VIII. Obtaining Board Approval as a Didactic Education Program

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- A comprehensive overview of the curriculum, including a syllabus or outline.
- A description of the course content, detailing specific modules or topics.
- Clearly defined learning objectives for each section of the curriculum.
- The qualifications and credentials of the instructors who will deliver the training.
- A method for assessing participant learning and competency.

Supervision of QMHPs, QMHP-Trainees, BHTs, and BHTAs

Pursuant to Virginia Code §§ [54.1-3518](#), [54.1-3519](#), [54.1-3520](#), and [54.1-3521](#), Licensed Mental Health Professionals (LMHP) as defined in [12VAC35-105-20](#) can supervise:

- Qualified Mental Health Professionals (QMHP)
- QMHP-Trainees
- Behavioral Health Technicians (BHT)
- Behavioral Health Technician Assistants (BHTA)

Pursuant to statutes listed above, persons under supervision approved by Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure can supervise:

- QMHPs
- QMHP-Trainees
- BHTs
- BHTAs

Pursuant to statutes listed above, QMHPs with 3 years of experience can supervise:

- QMHPs
- QMHP-Trainees
- BHTs
- BHTAs

Pursuant to statutes listed above, BHTs with 3 years of experience can supervise:

- BHTs
- BHTAs

*QMHP-Trainees and a BHTAs cannot supervise. See Va. Code §§ 54.1-3519 and 54.1-3521.

*It is recommended that all persons providing supervision of QMHPs, BHTs, and BHTAs complete the supervision training as indicated on page 2 of this policy document. This training will become a regulatory requirement.

Supervision Training

Profession	Number of Hours of Supervision Training
Physician, Licensed Clinical Psychologist, Licensed Professional Counselor, Licensed Clinical Social Worker, Licensed Substance Abuse Treatment Practitioner, Licensed Marriage and Family Therapist, Certified Psychiatric Clinical Nurse Specialist, Licensed Behavior Analyst, or Licensed Psychiatric/Mental Health Nurse Practitioner	4
Licensed Resident in Counseling, Licensed Resident in Marriage and Family Therapy, Licensed Resident in Substance Abuse Treatment, Registered Resident in Psychology, Registered Supervisee in Social Work	8
QMHP with 3 Years of Experience	16
BHT with 3 Years of Experience	16

The Board recommends that the Supervision Training be provided by:

- Entities approved for continuing education by a health regulatory board within the Department of Health Professions; or
- Federal, state, or local governmental agencies, public school systems, licensed health facilities, or an agency licensed by DBDHS.

The Supervision Training Curriculum should include the following content areas:

1. Scope of practice
2. Professional boundaries
3. Nature of a professional relationship
4. Confidentiality
5. Record-keeping
6. Ethics
7. Leadership

DRAFT

Virginia's Licensed Professional Counselor Workforce: 2025

Healthcare Workforce Data Center

August 2025

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

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

Get a copy of this report from:

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

In total, 9,802 Licensed Professional Counselors voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Counseling express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

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Contents

Results in Brief.....	2
Summary of Trends	2
Survey Response Rates	3
The Workforce.....	4
Demographics.....	5
Background	6
Education	8
Specialties	9
Current Employment Situation	10
Employment Quality.....	11
2025 Labor Market	12
Work Site Distribution	13
Establishment Type	14
Languages.....	16
Time Allocation	17
Patient Workload	18
Patient Allocation	19
Telehealth	20
Interstate Compact.....	21
Retirement & Future Plans	22
Full-Time Equivalency Units.....	24
Maps	25
Virginia Performs Regions	25
Area Health Education Center Regions	26
Workforce Investment Areas	27
Health Services Areas	28
Planning Districts.....	29
Appendices.....	30
Appendix A: Weights	30

The Licensed Professional Counselor Workforce At a Glance:

The Workforce

Licensees:	11,165
Virginia's Workforce:	8,766
FTEs:	7,027

Background

Rural Childhood:	31%
HS Degree in VA:	51%
Prof. Degree in VA:	64%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-Time Job:	53%
Satisfied?:	97%

Survey Response Rate

All Licensees:	88%
Renewing Practitioners:	96%

Education

Masters:	89%
Doctorate:	11%

Job Turnover

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

Demographics

Female:	84%
Diversity Index:	47%
Median Age:	46

Finances

Median Income:	\$70k-\$80k
Health Insurance:	57%
Under 40 w/ Ed. Debt:	69%

Time Allocation

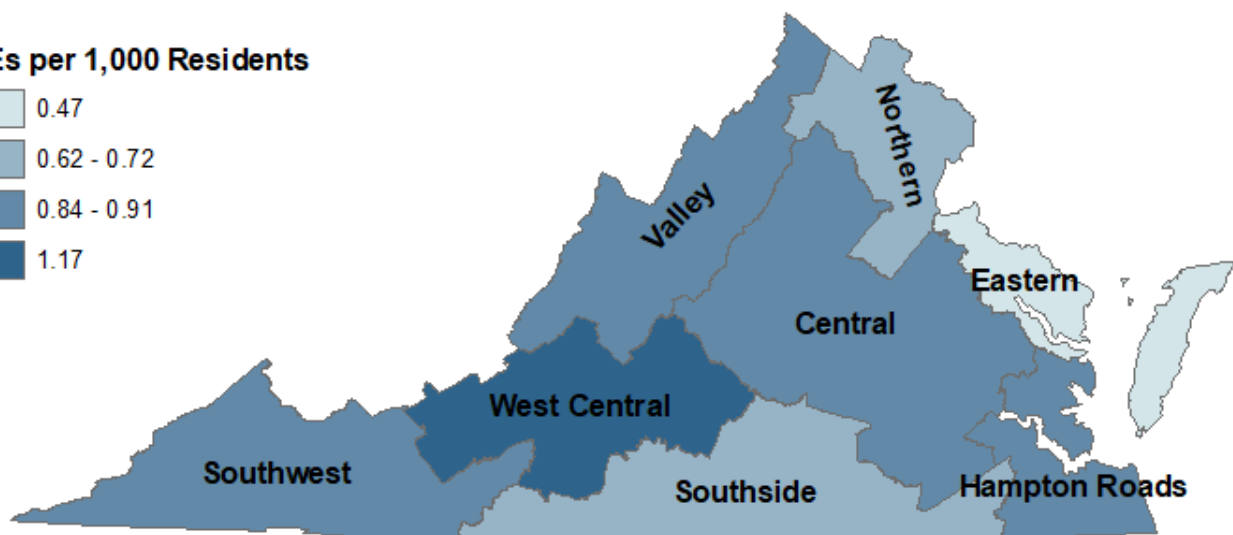
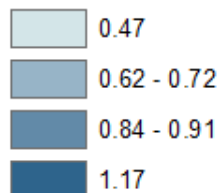
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	65%

Source: Va. Healthcare Workforce Data Center

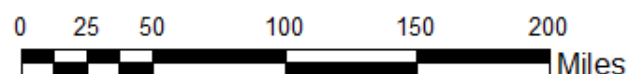
Full-Time Equivalency Units Provided by Licensed Professional Counselors per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2025 Licensed Professional Counselor (LPC) Workforce Survey. In total, 9,802 LPCs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LPCs. These survey respondents represent 88% of the 11,165 LPCs who are licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 8,766 LPCs participated in Virginia's workforce during the survey period, which is defined as those LPCs who worked at least a portion of the year in the state or who live in the state and intend to work as an LPC at some point in the future. Over the past year, Virginia's LPC workforce provided 7,027 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

More than four out of every five LPCs are female, including 87% of those LPCs who are under the age of 40. In a random encounter between two LPCs, there is a 47% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 49% for those LPCs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. Nearly one out of every three LPCs grew up in a rural area, and 22% of those LPCs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 9% of all LPCs work in a non-metro area of the state.

Among all LPCs, 96% are currently employed in the profession, 53% hold one full-time job, and 39% work between 40 and 49 hours per week. Two out of every three LPCs work in the for-profit sector, while another 14% work in the non-profit sector. The median annual income of Virginia's LPC workforce is between \$70,000 and \$80,000, and 52% receive this income as a salary. In addition, 72% of wage and salaried LPCs receive at least one employer-sponsored benefit, including 57% who have access to health insurance. Among all LPCs, 97% indicated that they are satisfied with their current work situation, including 71% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 LPC workforce. The number of licensed LPCs in Virginia has increased by 163% (11,165 vs. 4,252). In addition, the size of Virginia's LPC workforce has increased by 134% (8,766 vs. 3,740), and the number of FTEs provided by this workforce has increased by 121% (7,027 vs. 3,185). Virginia's renewing LPCs are more likely to respond to this survey (96% vs. 90%).

The percentage of all LPCs who are female has increased (84% vs. 78%), while the median age of this workforce has declined (46 vs. 53). The diversity index of Virginia's LPC workforce has increased (47% vs. 27%), a trend that has also occurred among LPCs who are under the age of 40 (49% vs. 32%). The percentage of LPCs who grew up in a rural area has increased (31% vs. 29%), and LPCs who grew up in a rural area are more likely to work in a non-metro area of Virginia (22% vs 21%). However, there has been no change in the overall percentage of LPCs who work in a non-metro area of the state (9%). LPCs are more likely to hold a master's degree (89% vs. 84%) than a doctorate degree (11% vs. 16%) as their highest professional degree. In addition, LPCs are also more likely to carry education debt (51% vs. 37%), and the median outstanding balance among those LPCs with education debt has increased (\$90k-\$100k vs. \$40k-\$50k).

LPCs are more likely to be employed in the profession (96% vs. 93%) and hold two or more positions simultaneously (30% vs. 26%). In addition, LPCs are relatively more likely to work between 30 and 39 hours per week (21% vs. 14%) than between 40 and 49 hours per week (39% vs. 43%). Virginia's LPCs are more likely to work in the for-profit sector (67% vs. 54%) than in either the non-profit sector (14% vs. 18%) or a state/local government (15% vs. 24%). The median annual income of Virginia's LPC workforce has increased (\$70k-\$80k vs. \$50k-\$60k), and LPCs are relatively more likely to receive this income either as business/practice income (23% vs. 21%) or as an hourly wage (16% vs. 13%) than as a salary (52% vs. 58%). At the same time, wage and salaried LPCs are slightly less likely to receive at least one employer-sponsored benefit (72% vs. 73%), including those LPCs who have access to health insurance (57% vs. 61%). Virginia's LPCs are more likely to indicate that they are satisfied with their current work situation (97% vs. 95%), including those who indicated that they are "very satisfied" (71% vs. 70%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	9,531	85%
New Licensees	1,320	12%
Non-Renewals	314	3%
All Licensees	11,165	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LPCs, 96% submitted a survey. These represent 88% of the 11,165 LPCs who held a license at some point during the survey period.

Definitions

- 1. **The Survey Period:** The survey was conducted in June 2025.
- 2. **Target Population:** All LPCs who held a Virginia license at some point between July 2024 and June 2025.
- 3. **Survey Population:** The survey was available to LPCs who renewed their licenses online. It was not available to those who did not renew, including LPCs newly licensed in 2025.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 35	322	1,178	79%
35 to 39	233	1,614	87%
40 to 44	180	1,589	90%
45 to 49	164	1,353	89%
50 to 54	119	1,107	90%
55 to 59	97	941	91%
60 to 64	77	722	90%
65 and Over	171	1,298	88%
Total	1,363	9,802	88%
New Licenses			
Issued in Past Year	781	539	41%
Metro Status			
Non-Metro	77	731	91%
Metro	831	7,022	89%
Not in Virginia	455	2,048	82%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	9,802
Response Rate, All Licensees	88%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LPCs

Number: 11,165
New: 12%
Not Renewed: 3%

Response Rates

All Licensees: 88%
Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LPC Workforce: 8,766
FTEs: 7,027

Utilization Ratios

Licensees in VA Workforce: 79%
Licensees per FTE: 1.59
Workers per FTE: 1.25

Source: Va. Healthcare Workforce Data Center

Definitions

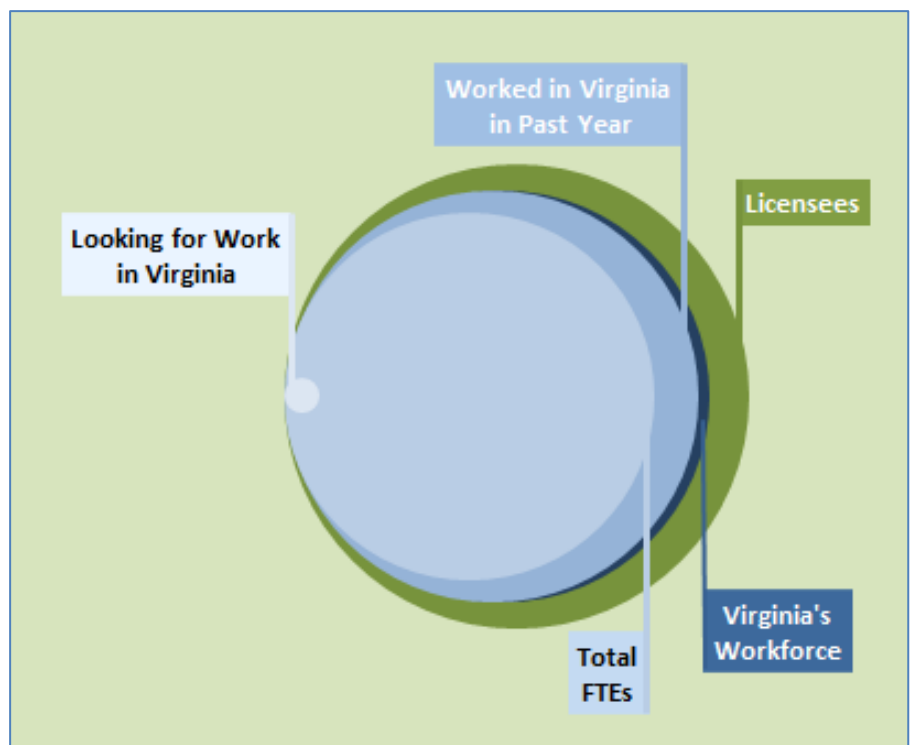
1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline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

Virginia's LPC Workforce

Status	#	%
Worked in Virginia in Past Year	8,702	99%
Looking for Work in Virginia	64	1%
Virginia's Workforce	8,766	100%
Total FTEs	7,027	
Licensees	11,165	

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	123	11%	1,014	89%	1,137	16%
35 to 39	188	16%	1,015	84%	1,203	17%
40 to 44	162	14%	962	86%	1,124	16%
45 to 49	136	14%	819	86%	955	13%
50 to 54	115	15%	650	85%	765	11%
55 to 59	122	19%	536	81%	658	9%
60 to 64	104	21%	401	79%	505	7%
65 and Over	229	27%	613	73%	842	12%
Total	1,179	16%	6,010	84%	7,189	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LPCs		LPCs Under 40	
	%	#	%	#	%
White	59%	5,052	70%	1,608	69%
Black	19%	1,358	19%	393	17%
Asian	7%	132	2%	55	2%
Other Race	0%	50	1%	15	1%
Two or More Races	3%	215	3%	104	4%
Hispanic	11%	376	5%	167	7%
Total	100%	7,183	100%	2,342	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:

84%

% Under 40 Female:

87%

Age

Median Age:

46

% Under 40:

33%

% 55 and Over:

28%

Diversity

Diversity Index:

47%

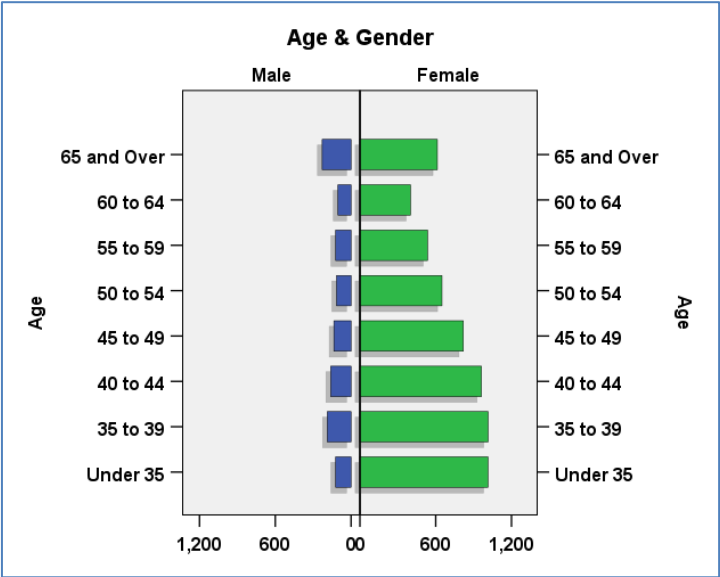
Under 40 Div. Index:

49%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPCs, there is a 47% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 60%.

One out of every three LPCs are under the age of 40, and 87% of LPCs who are under the age of 40 are female. In addition, the diversity index among LPCs who are under the age of 40 is 49%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 15%

Rural Childhood: 31%

Virginia Background

HS in Virginia: 51%

Prof. Edu. in VA: 64%

HS or Prof. Edu. in VA: 74%

Location Choice

% Rural to Non-Metro: 22%

% Urban/Suburban
to Non-Metro: 4%

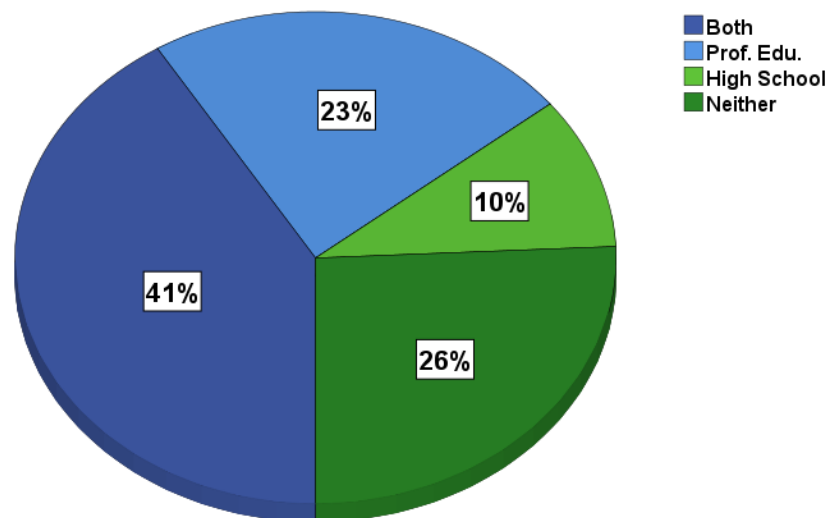
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	20%	61%	18%
2	Metro, 250,000 to 1 Million	44%	46%	11%
3	Metro, 250,000 or Less	43%	49%	8%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	74%	18%	9%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	65%	31%	4%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	89%	9%	2%
8	Rural, Metro Adjacent	68%	23%	9%
9	Rural, Non-Adjacent	45%	38%	17%
Overall		31%	54%	15%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Among all LPCs, 31% grew up in a self-described rural area, and 22% of LPCs who grew up in a rural area currently work in a non-metro county. In total, 9% of all LPCs in the state currently work in a non-metro county.

Top Ten States for Licensed Professional Counselor Recruitment

Rank	All LPCs			
	High School	#	Init. Prof. Degree	#
1	Virginia	3,628	Virginia	4,527
2	New York	345	Minnesota	258
3	Pennsylvania	332	Washington, D.C.	213
4	Maryland	295	Maryland	203
5	North Carolina	261	Pennsylvania	163
6	Outside U.S./Canada	227	North Carolina	157
7	Florida	188	Kentucky	142
8	New Jersey	159	Florida	127
9	Ohio	145	New York	121
10	Texas	113	Texas	95

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 51% received their high school degree in Virginia, while 64% received their initial professional degree in the state.

Among LPCs who have obtained their initial license in the past five years, 51% received their high school degree in Virginia, while 61% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	1,594	Virginia	1,882
2	New York	137	Minnesota	172
3	Pennsylvania	137	Washington, D.C.	89
4	Maryland	125	Pennsylvania	87
5	North Carolina	125	Kentucky	82
6	Outside U.S./Canada	92	Maryland	74
7	Florida	89	North Carolina	68
8	New Jersey	62	Florida	60
9	Texas	56	New York	57
10	California	53	Arizona	48

Source: Va. Healthcare Workforce Data Center

More than one out of every five of Virginia's licensees did not participate in the state's LPC workforce during the past year. Among licensed LPCs who did not participate in the state's LPC workforce, 93% worked at some point in the past year, including 88% who currently work in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

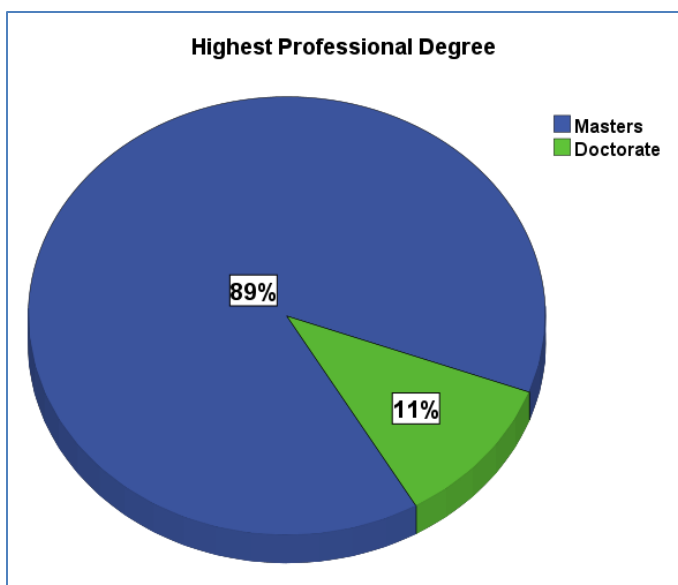
Total:	2,399
% of Licensees:	21%
Federal/Military:	6%
Va. Border State/D.C.:	19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Bachelor's Degree	2	0%
Master's Degree	6,171	89%
Doctor of Psychology	135	2%
Other Doctorate	627	9%
Total	6,935	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than half of all LPCs carry education debt, including 69% of those LPCs who are under the age of 40. For those LPCs with education debt, the median outstanding balance is between \$90,000 and \$100,000.

At a Glance:

Education

Masters:	89%
Doctorate/PhD:	11%

Education Debt

Carry Debt:	51%
Under Age 40 w/ Debt:	69%
Median Debt:	\$90k-\$100k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LPCs		LPCs Under 40	
	#	%	#	%
None	2,941	49%	605	31%
Less than \$10,000	184	3%	53	3%
\$10,000-\$29,999	288	5%	127	7%
\$30,000-\$49,999	295	5%	153	8%
\$50,000-\$69,999	325	5%	151	8%
\$70,000-\$89,999	350	6%	174	9%
\$90,000-\$109,999	434	7%	209	11%
\$110,000-\$129,999	312	5%	159	8%
\$130,000-\$149,999	232	4%	102	5%
\$150,000 or More	681	11%	209	11%
Total	6,042	100%	1,942	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

Mental Health:	68%
Child:	5%
Substance Abuse:	4%

Secondary Specialty

Behavioral Disorders:	15%
Substance Abuse:	14%
Mental Health:	14%

Source: Va. Healthcare Workforce Data Center

More than two out of every three LPCs have a primary specialty in mental health. In addition, another 14% of LPCs have a secondary specialty in mental health.

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	4,696	68%	804	14%
Child	374	5%	465	8%
Substance Abuse	306	4%	815	14%
Behavioral Disorders	303	4%	847	15%
Marriage	146	2%	346	6%
Family	131	2%	351	6%
School/Educational	93	1%	205	4%
Forensic	44	1%	61	1%
Sex Offender Treatment	24	0%	54	1%
Health/Medical	11	0%	72	1%
Vocational/Work Environment	11	0%	40	1%
Rehabilitation	11	0%	38	1%
Neurology/Neuropsychology	10	0%	19	0%
Social	5	0%	29	1%
Gerontologic	4	0%	8	0%
Public Health	2	0%	31	1%
Industrial-Organizational	2	0%	9	0%
Experimental or Research	1	0%	5	0%
General Practice (Non-Specialty)	474	7%	1,051	18%
Other Specialty Area	241	3%	535	9%
Total	6,889	100%	5,787	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 96%
Involuntarily Unemployed: <1%

Positions Held

1 Full-Time: 53%
2 or More Positions: 30%

Weekly Hours:

40 to 49: 39%
60 or More: 5%
Less than 30: 22%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	7	<1%
Employed in a Behavioral Sciences-Related Capacity	6,632	96%
Employed, NOT in a Behavioral Sciences-Related Capacity	119	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	3	<1%
Voluntarily Unemployed	71	1%
Retired	68	1%
Total	6,900	100%

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 96% are currently employed in the profession, 53% hold one full-time job, and 39% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	142	2%
1 to 9 Hours	182	3%
10 to 19 Hours	471	7%
20 to 29 Hours	849	13%
30 to 39 Hours	1,428	21%
40 to 49 Hours	2,638	39%
50 to 59 Hours	677	10%
60 to 69 Hours	269	4%
70 to 79 Hours	56	1%
80 or More Hours	19	<1%
Total	6,731	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	142	2%
One Part-Time Position	1,024	15%
Two Part-Time Positions	321	5%
One Full-Time Position	3,591	53%
One Full-Time Position & One Part-Time Position	1,401	21%
Two Full-Time Positions	74	1%
More than Two Positions	203	3%
Total	6,756	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	31	1%
Less than \$40,000	644	12%
\$40,000-\$49,999	292	5%
\$50,000-\$59,999	486	9%
\$60,000-\$69,999	654	12%
\$70,000-\$79,999	737	13%
\$80,000-\$89,999	704	13%
\$90,000-\$99,999	479	9%
\$100,000-\$109,999	521	9%
\$110,000-\$119,999	314	6%
\$120,000 or More	674	12%
Total	5,336	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	4,748	71%
Somewhat Satisfied	1,707	26%
Somewhat Dissatisfied	159	2%
Very Dissatisfied	49	1%
Total	6,663	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: \$70k-\$80k

Benefits

(Salary/Wage Employees Only)

Health Insurance: 57%

Retirement: 55%

Satisfaction

Satisfied: 97%

Very Satisfied: 71%

Source: Va. Healthcare Workforce Data Center

The typical LPC earns between \$70,000 and \$80,000 per year. Among LPCs who receive either an hourly wage or a salary as compensation at their primary work location, 72% receive at least one employer-sponsored benefit, including 57% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,784	42%	63%
Health Insurance	2,581	39%	57%
Retirement	2,535	38%	55%
Dental Insurance	2,458	37%	55%
Paid Sick Leave	2,341	35%	53%
Group Life Insurance	1,757	26%	39%
Signing/Retention Bonus	510	8%	12%
At Least One Benefit	3,359	51%	72%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year

In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	44	1%
Experience Voluntary Unemployment?	276	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	224	3%
Work Two or More Positions at the Same Time?	2,268	26%
Switch Employers or Practices?	511	6%
Experience at Least One?	2,820	32%

Source: Va. Healthcare Workforce Data Center

In total, 1% of Virginia's LPCs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 3.2% during the same time period.¹

Location Tenure

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	114	2%	62	3%
Less than 6 Months	255	4%	167	8%
6 Months to 1 Year	473	7%	219	11%
1 to 2 Years	1,202	18%	431	22%
3 to 5 Years	2,200	33%	632	32%
6 to 10 Years	1,175	18%	284	14%
More than 10 Years	1,202	18%	191	10%
Subtotal	6,622	100%	1,985	100%
Did Not Have Location	76		6,651	
Item Missing	2,069		130	
Total	8,766		8,766	

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 52% are salaried employees, while 23% receive income from their own business or practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 3%

Turnover & Tenure

Switched Jobs: 6%
New Location: 17%
Over 2 Years: 69%
Over 2 Yrs., 2nd Location: 56%

Employment Type

Salary/Commission: 52%
Business/Practice Income: 23%

Source: Va. Healthcare Workforce Data Center

More than two out of every three LPCs have worked at their primary work location for more than two years.

Employment Type

Primary Work Site	#	%
Salary/Commission	2,544	52%
Hourly Wage	777	16%
By Contract	409	8%
Business/Practice Income	1,135	23%
Unpaid	20	0%
Subtotal	4,885	100%
Did Not Have Location	76	
Item Missing	3,805	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.9%. At the time of publication, the unemployment rate for June 2025 was still preliminary.

At a Glance:

Concentration

Top Region:	29%
Top 3 Regions:	71%
Lowest Region:	1%

Locations

2 or More (Past Year):	31%
2 or More (Now*):	29%

Source: Va. Healthcare Workforce Data Center

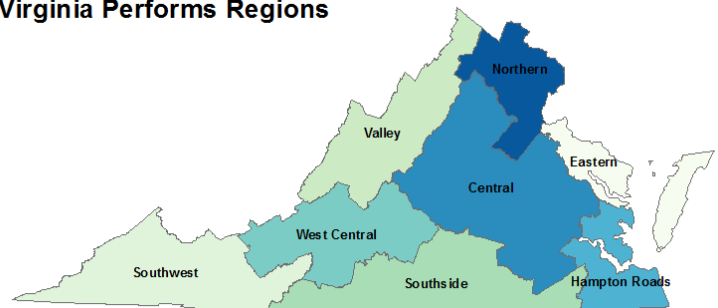
More than seven out of every ten LPCs in the state work in Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,419	21%	399	19%
Eastern	80	1%	24	1%
Hampton Roads	1,343	20%	439	21%
Northern	1,947	29%	563	27%
Southside	219	3%	78	4%
Southwest	318	5%	103	5%
Valley	426	6%	100	5%
West Central	825	12%	215	10%
Virginia Border State/D.C.	35	1%	41	2%
Other U.S. State	48	1%	87	4%
Outside of the U.S.	3	<1%	1	<1%
Total	6,663	100%	2,050	100%
Item Missing	2,027		65	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all LPCs, 29% currently have multiple work locations, while 31% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	63	1%	140	2%
1	4,515	68%	4,611	69%
2	1,210	18%	1,152	17%
3	808	12%	729	11%
4	39	1%	28	0%
5	16	0%	12	0%
6 or More	28	0%	7	0%
Total	6,678	100%	6,678	100%

*At the time of survey completion, June 2025.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	4,169	67%	1,459	81%
Non-Profit	892	14%	198	11%
State/Local Government	948	15%	110	6%
Veterans Administration	23	0%	6	0%
U.S. Military	97	2%	11	1%
Other Federal Government	66	1%	16	1%
Total	6,195	100%	1,800	100%
Did Not Have Location	76		6,651	
Item Missing	2,496		316	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For-Profit:	67%
Federal:	3%

Top Establishments

Private Practice, Group:	24%
Private Practice, Solo:	24%
Mental Health Facility, Outpatient:	13%

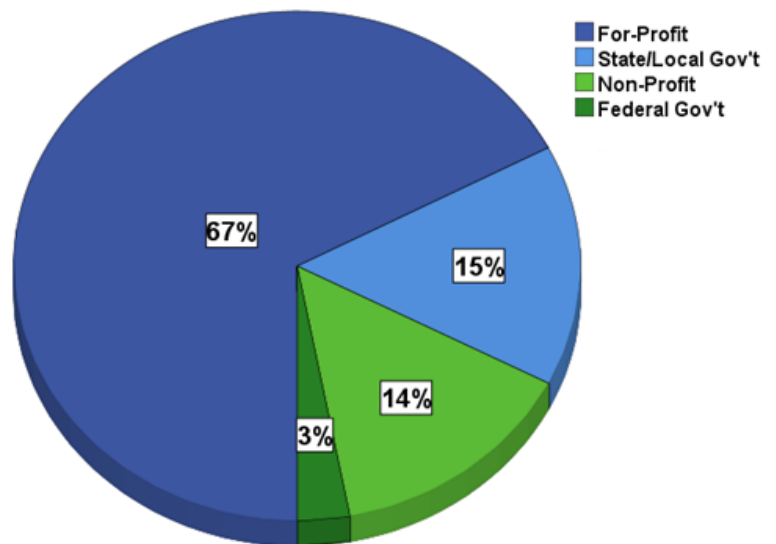
Payment Method

Cash/Self-Pay:	65%
Private Insurance:	57%

Source: Va. Healthcare Workforce Data Center

More than four out of every five LPCs work in the private sector, including 67% who work in the for-profit sector. Another 15% of LPCs work for a state or local government.

Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	1,479	24%	448	26%
Private Practice, Solo	1,457	24%	516	30%
Mental Health Facility, Outpatient	813	13%	221	13%
Community Services Board	702	12%	65	4%
Community-Based Clinic or Health Center	388	6%	111	6%
School (Providing Care to Clients)	283	5%	30	2%
Academic Institution (Teaching Health Professions Students)	142	2%	73	4%
Residential Mental Health/Substance Abuse Facility	123	2%	29	2%
Hospital, General	93	2%	21	1%
Hospital, Psychiatric	78	1%	32	2%
Corrections/Jail	74	1%	10	1%
Administrative or Regulatory	52	1%	7	0%
Physician Office	24	0%	5	0%
Rehabilitation Facility	21	0%	0	0%
Residential Intellectual/Development Disability Facility	10	0%	1	0%
Long-Term Care Facility, Nursing Home	8	0%	2	0%
Home Health Care	1	0%	5	0%
Other Practice Setting	333	5%	147	9%
Total	6,081	100%	1,723	100%

Source: Va. Healthcare Workforce Data Center

Group and solo private practices employ 48% of all LPCs in Virginia. Another 13% of LPCs work at outpatient mental health facilities.

Nearly two out of every three LPCs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's LPC workforce.

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	5,691	65%
Private Insurance	4,956	57%
Medicaid	3,258	37%
Medicare	2,015	23%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	13%
Arabic:	4%
French:	4%

Means of Communication

Other Staff Members:	44%
Virtual Translation:	41%
Respondent:	28%

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 13% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	1,179	13%
Arabic	343	4%
French	342	4%
Korean	326	4%
Chinese	325	4%
Vietnamese	280	3%
Hindi	275	3%
Persian	257	3%
Urdu	255	3%
Tagalog/Filipino	248	3%
Pashto	220	3%
Amharic, Somali, or Other Afro-Asiatic Languages	218	2%
Others	231	3%
At Least One Language	1,394	16%

Source: Va. Healthcare Workforce Data Center

Means of Language Communication

Provision	#	% of Workforce with Language Services
Other Staff Member is Proficient	612	44%
Virtual Translation Services	568	41%
Respondent is Proficient	393	28%
Onsite Translation Service	274	20%
Other	49	4%

Source: Va. Healthcare Workforce Data Center

More than two out of every five LPCs who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 70%-79%
Administration: 10%-19%
Supervisory: 1%-9%

Roles

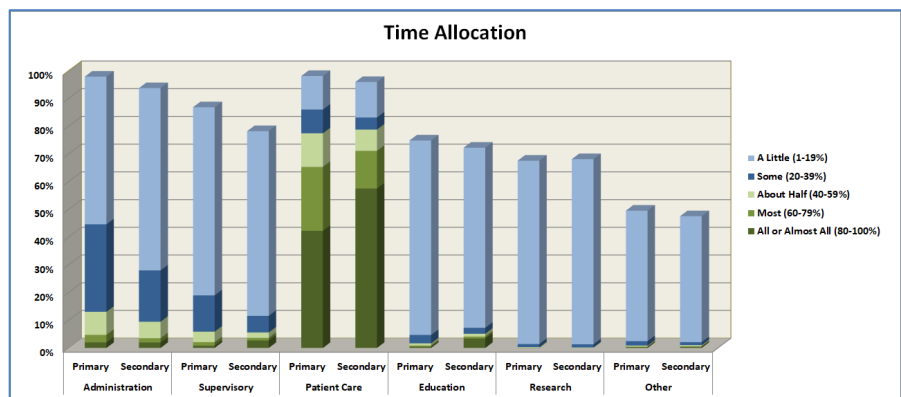
Patient Care: 65%
Administration: 5%
Supervisory: 2%

Patient Care LPCs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

LPCs spend approximately three-fourths of their time treating patients. In fact, 65% of all LPCs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	2%	2%	1%	3%	42%	58%	0%	3%	0%	0%	0%	0%
Most (60-79%)	3%	2%	1%	1%	23%	14%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	8%	6%	4%	2%	12%	8%	1%	1%	0%	0%	0%	0%
Some (20-39%)	32%	19%	13%	6%	9%	4%	3%	2%	1%	1%	2%	1%
A Little (1-19%)	53%	66%	68%	67%	12%	13%	70%	65%	66%	67%	47%	45%
None (0%)	2%	6%	13%	22%	2%	4%	25%	28%	32%	32%	50%	52%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	389	6%	182	10%
1 to 24	3,933	64%	1,430	80%
25 to 49	1,645	27%	150	8%
50 to 74	97	2%	8	0%
75 or More	44	1%	9	1%
Total	6,108	100%	1,779	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patients Per Week

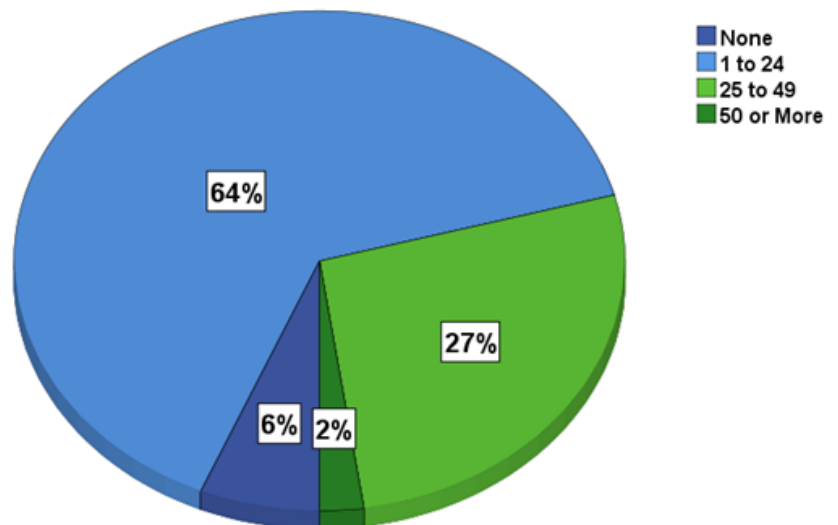
Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Nearly two out of every three LPCs treat between 1 and 24 patients per week at their primary work location. Among those LPCs who also have a secondary work location, 80% treat between 1 and 24 patients per week.

Patients Per Week, Primary Work Site



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Patient Allocation

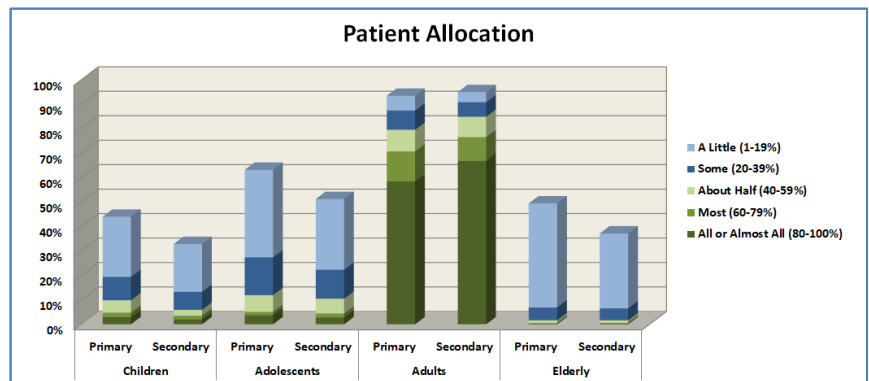
Children: None
Adolescents: 1%-9%
Adults: 80%-89%
Elderly: None

Roles

Children: 5%
Adolescents: 5%
Adults: 71%
Elderly: 1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, most patients seen by LPCs at their primary work location are adults. In addition, 71% of LPCs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	3%	2%	4%	3%	58%	67%	0%	0%
Most (60-79%)	2%	2%	1%	2%	12%	10%	0%	0%
About Half (40-59%)	5%	2%	7%	6%	9%	8%	1%	1%
Some (20-39%)	10%	7%	15%	12%	8%	6%	5%	5%
A Little (1-19%)	25%	20%	36%	29%	6%	4%	43%	31%
None (0%)	56%	67%	37%	49%	7%	5%	51%	63%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Telehealth Services		
	#	%
Providing Telehealth Services		
In Virginia	4,869	71%
Outside of Virginia	55	1%
Both	1,117	16%
Total Providing Telehealth Services	6,008	88%
Not Providing Telehealth Services		
Total Not Providing Telehealth Services	851	12%
Total		
Total	6,859	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Telehealth Services

% Providing Telehealth: 88%

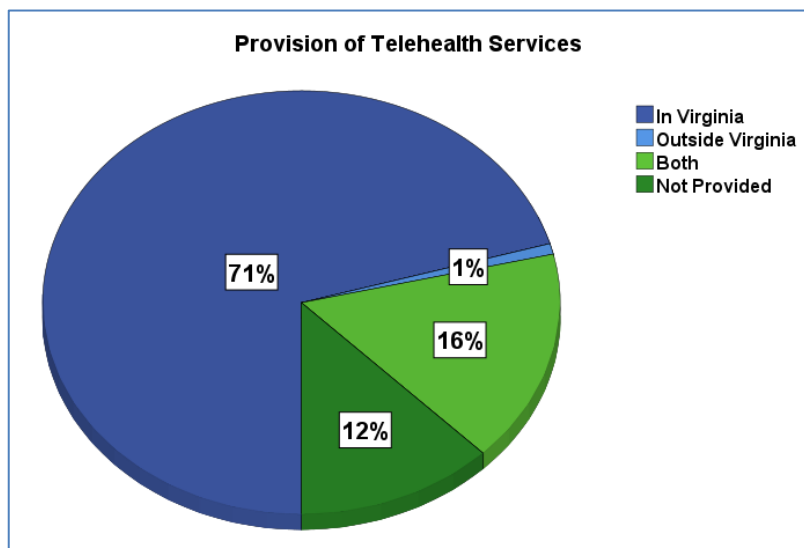
Telehealth Workload

Less than Half: 59%

More than Half: 20%

All: 21%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly nine out of every ten LPCs provide telehealth services, including 71% of LPCs who provide telehealth services only in Virginia.

More than two out of every five LPCs work at a practice that provides more than half or all of their health care services via telehealth.

Telehealth Workload		
Percentage	#	%
Less than Half	3,787	59%
More than Half	1,296	20%
All	1,358	21%
Total	6,442	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Interstate Compact

% in Compact: 4%

Compact Affiliation

Counseling: 93%

PSYPACT: 2%

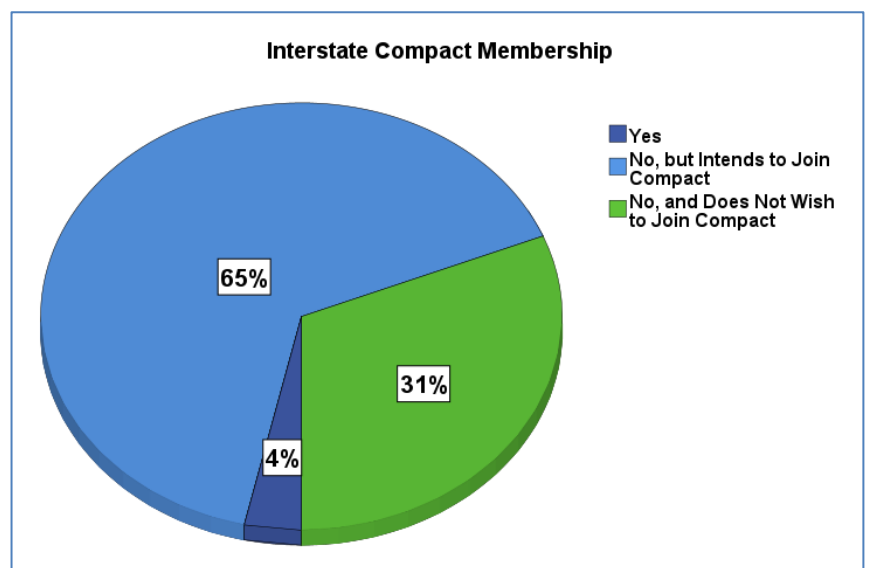
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Interstate Compact		
	#	%
In Compact		
Total in Compact	230	4%
Not in Compact		
Intends to Join Compact	4,264	65%
Does Not Wish to Join Compact	2,033	31%
Total Not in Compact	6,297	96%
Total		
Total	6,528	100%

Source: Va. Healthcare Workforce Data Center

While 4% of LPCs are currently a part of an interstate compact, another 65% intend to join an interstate compact in the future.



Source: Va. Healthcare Workforce Data Center

Compact Affiliation		
Affiliation	#	%
Counseling Compact	211	93%
Psychology Interjurisdictional Compact (PSYPACT)	5	2%
Social Work Licensure Compact	2	1%
Other	8	4%
Total	226	100%

Source: Va. Healthcare Workforce Data Center

More than nine out of every ten LPCs currently in an interstate compact are affiliated with the Counseling Compact.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LPCs		LPCs 50 and Over	
	#	%	#	%
Under Age 50	63	1%	-	-
50 to 54	140	2%	10	0%
55 to 59	370	6%	62	3%
60 to 64	990	17%	250	11%
65 to 69	1,667	29%	602	27%
70 to 74	1,093	19%	582	26%
75 to 79	438	8%	267	12%
80 or Over	206	4%	131	6%
I Do Not Intend to Retire	730	13%	337	15%
Total	5,697	100%	2,241	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPCs

Under 65: 27%

Under 60: 10%

LPCs 50 and Over

Under 65: 14%

Under 60: 3%

Time Until Retirement

Within 2 Years: 5%

Within 10 Years: 18%

Half the Workforce: By 2050

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 27% expect to retire before the age of 65. Among those LPCs who are age 50 or over, 14% expect to retire by the age of 65.

Within the next two years, 15% of LPCs expect to increase their patient care hours, and 12% expect to pursue additional educational opportunities.

Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	95	1%
Leave Virginia	203	2%
Decrease Patient Care Hours	777	9%
Decrease Teaching Hours	24	0%
Increase Participation		
Increase Patient Care Hours	1,321	15%
Increase Teaching Hours	616	7%
Pursue Additional Education	1,013	12%
Return to the Workforce	29	0%

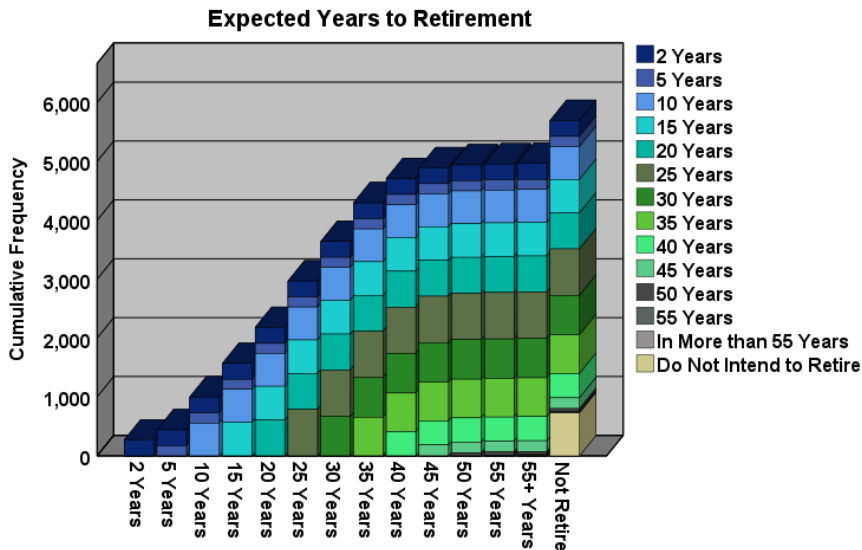
Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPCs. While 5% of LPCs expect to retire in the next two years, 18% expect to retire in the next ten years. Half of the current workforce expect to retire by 2050.

Time to Retirement

Expect to Retire Within. . .	#	%	Cumulative %
2 Years	270	5%	5%
5 Years	173	3%	8%
10 Years	558	10%	18%
15 Years	571	10%	28%
20 Years	610	11%	38%
25 Years	788	14%	52%
30 Years	671	12%	64%
35 Years	657	12%	75%
40 Years	411	7%	83%
45 Years	185	3%	86%
50 Years	50	1%	87%
55 Years	14	0%	87%
In More than 55 Years	9	0%	87%
Do Not Intend to Retire	730	13%	100%
Total	5,697	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2035. Retirement will peak at 14% of the current workforce around 2050 before declining to under 10% of the current workforce again around 2065.

At a Glance:

FTEs

Total: 7,027
FTEs/1,000 Residents²: 0.806
Average: 0.81

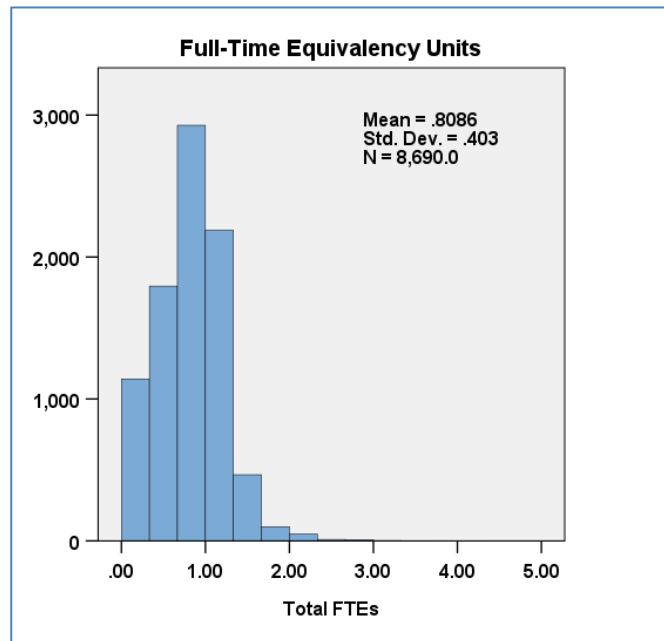
Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

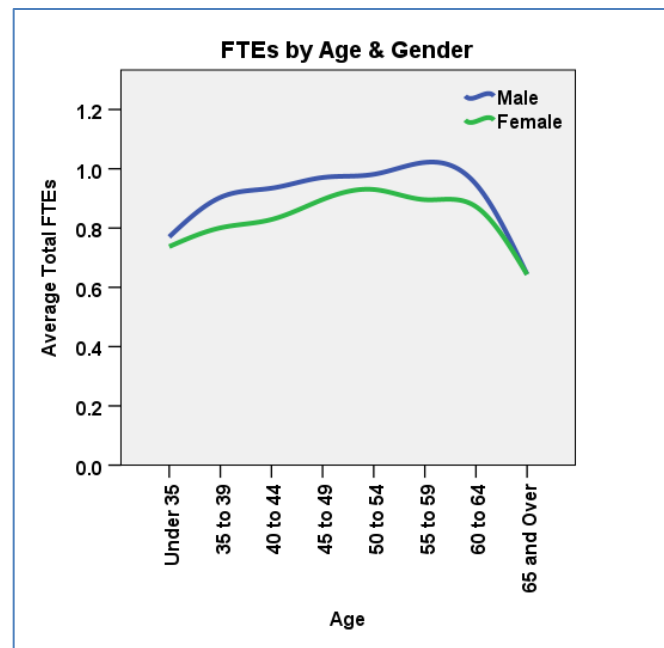


Source: Va. Healthcare Workforce Data Center

The typical (median) LPC provided 0.83 FTEs over the past year, or approximately 33 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.67	0.74
35 to 39	0.77	0.74
40 to 44	0.81	0.79
45 to 49	0.89	0.84
50 to 54	0.98	1.09
55 to 59	0.87	0.82
60 to 64	0.88	0.85
65 and Over	0.68	0.78
Gender		
Male	0.88	0.93
Female	0.82	0.84

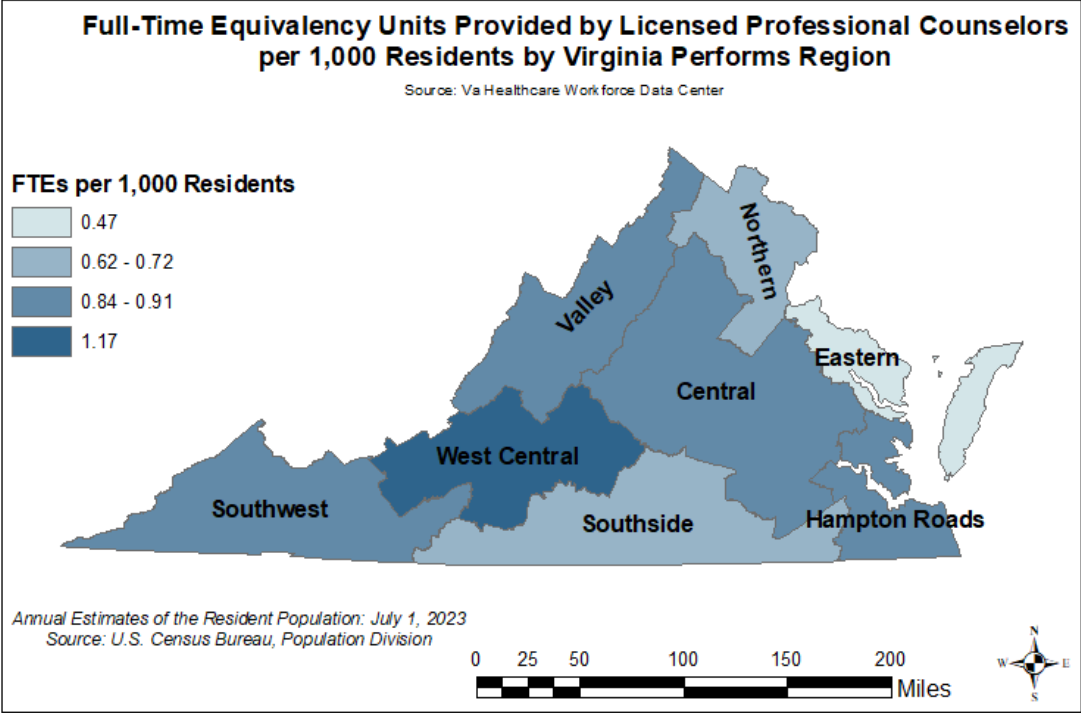
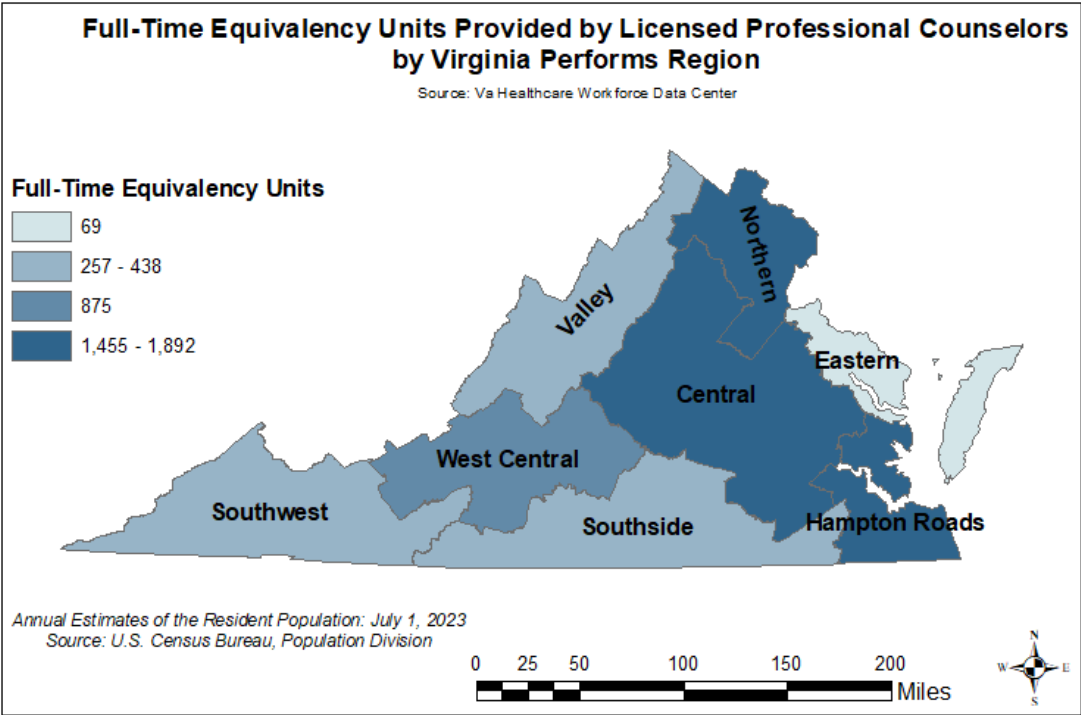
Source: Va. Healthcare Workforce Data Center

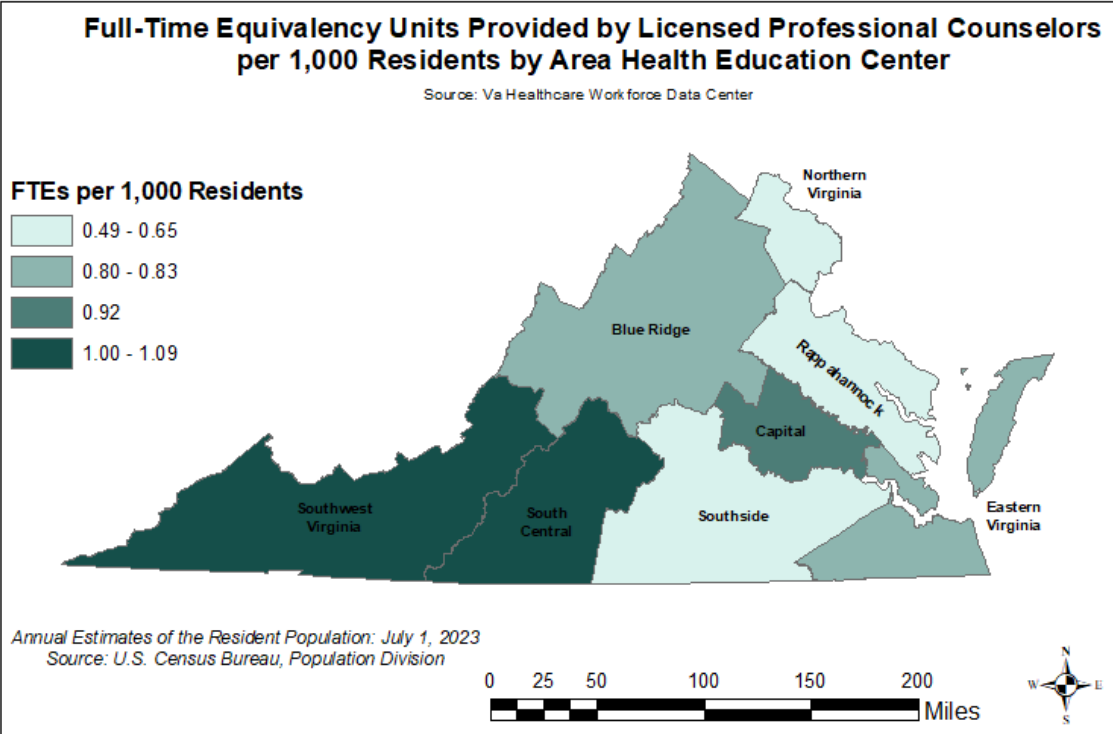
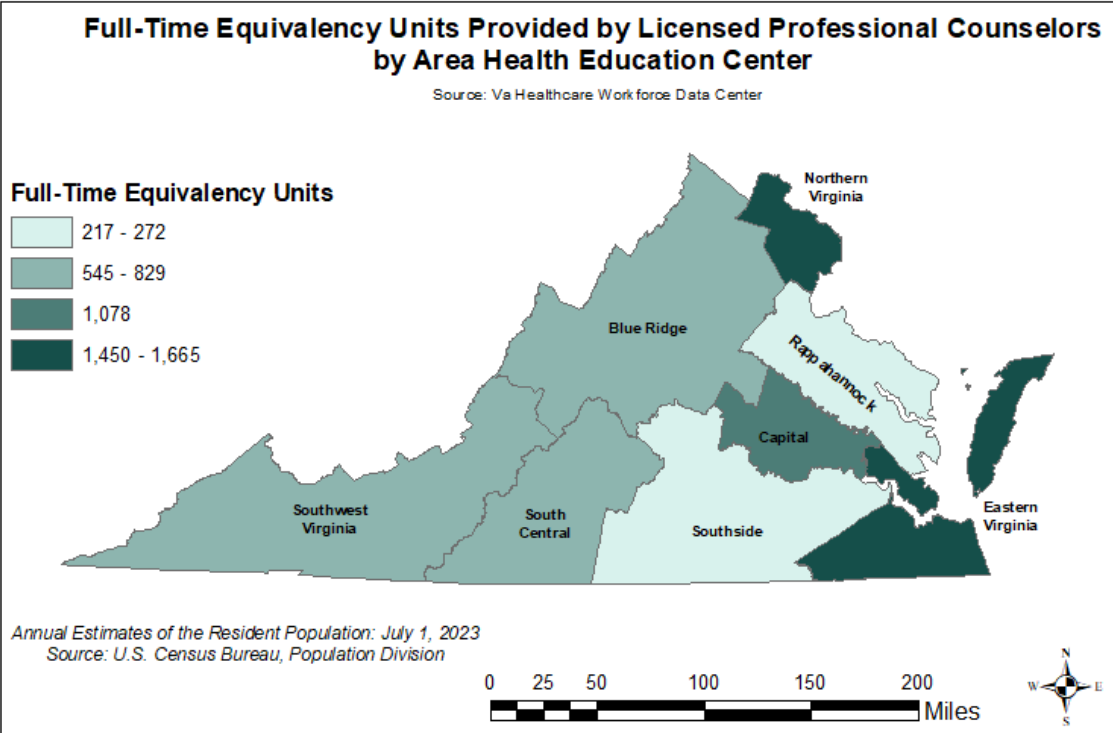


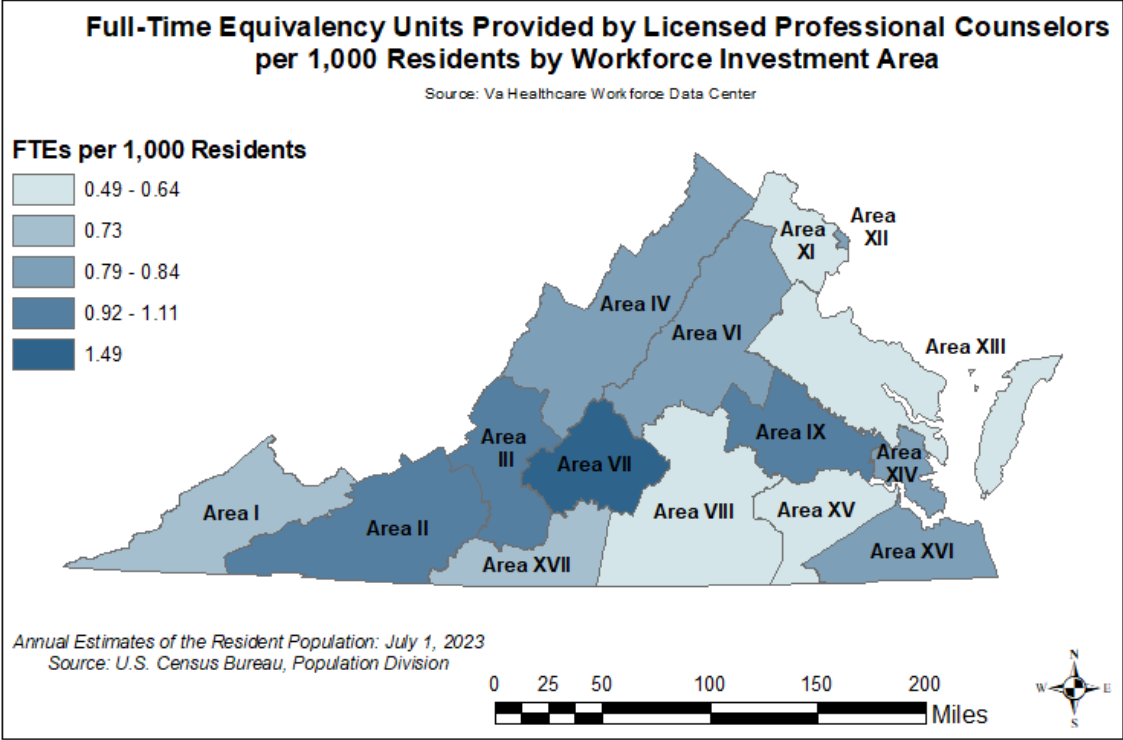
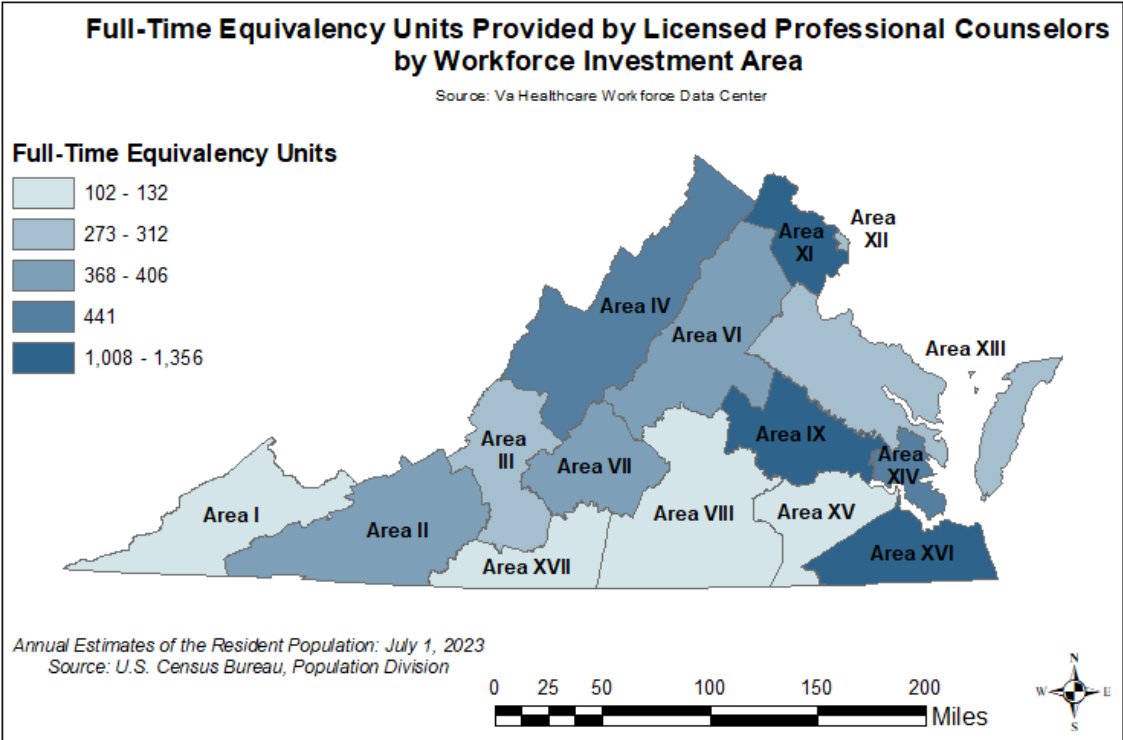
Source: Va. Healthcare Workforce Data Center

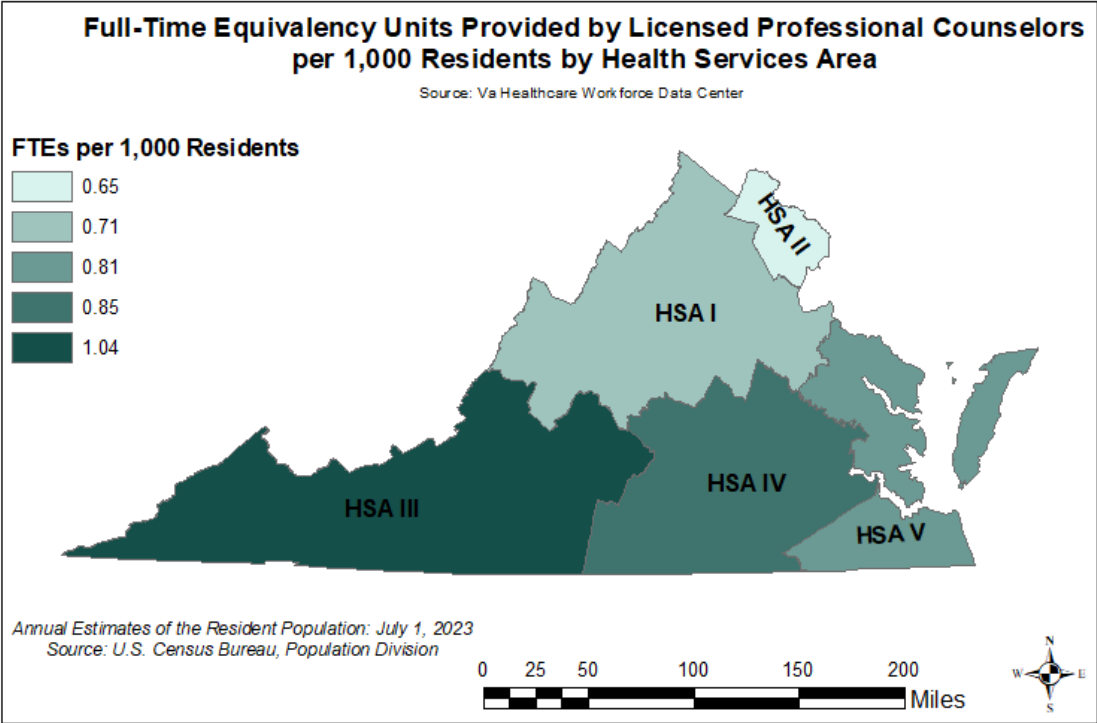
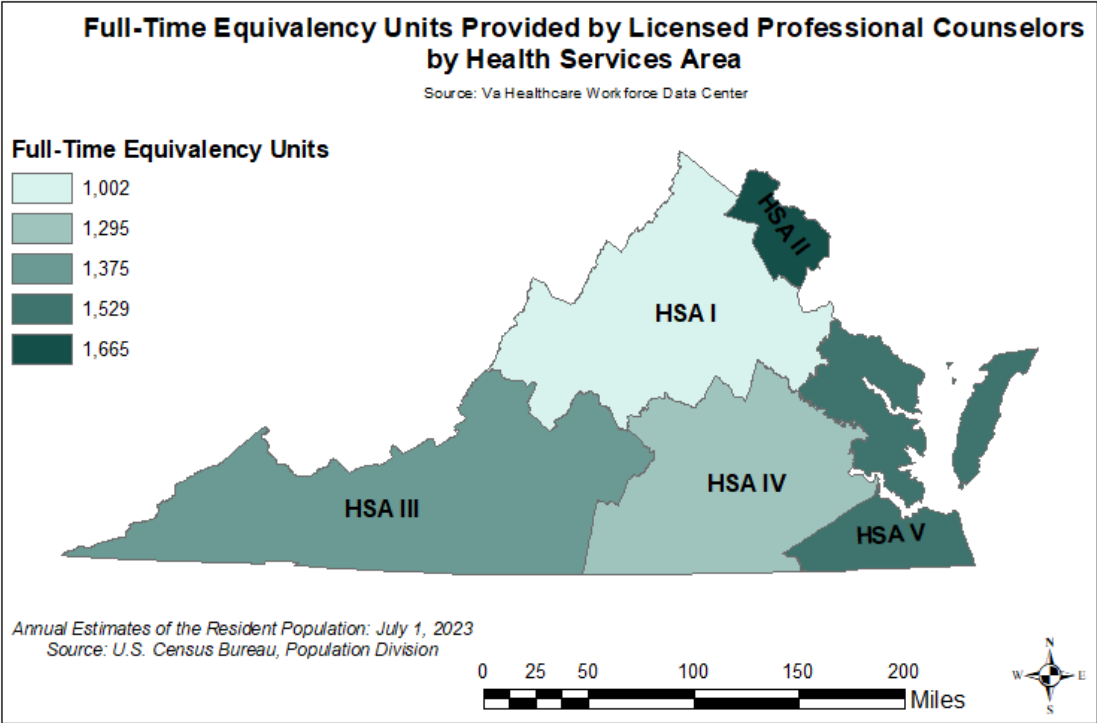
² Number of residents in 2023 was used as the denominator.

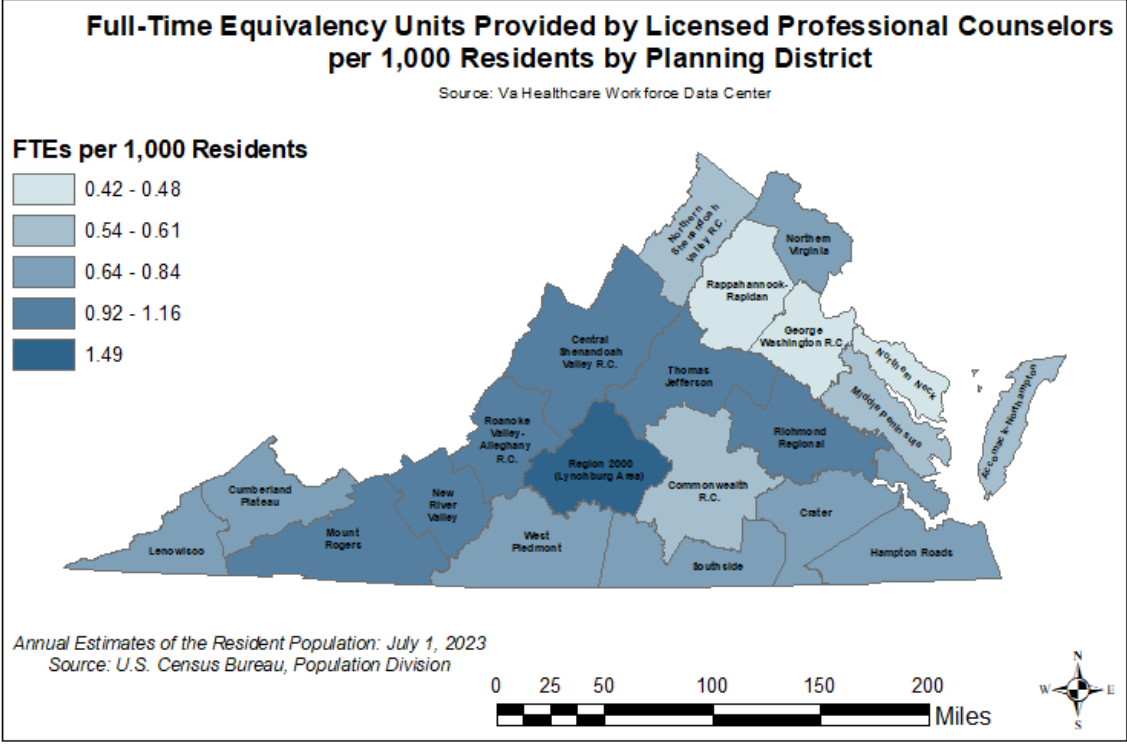
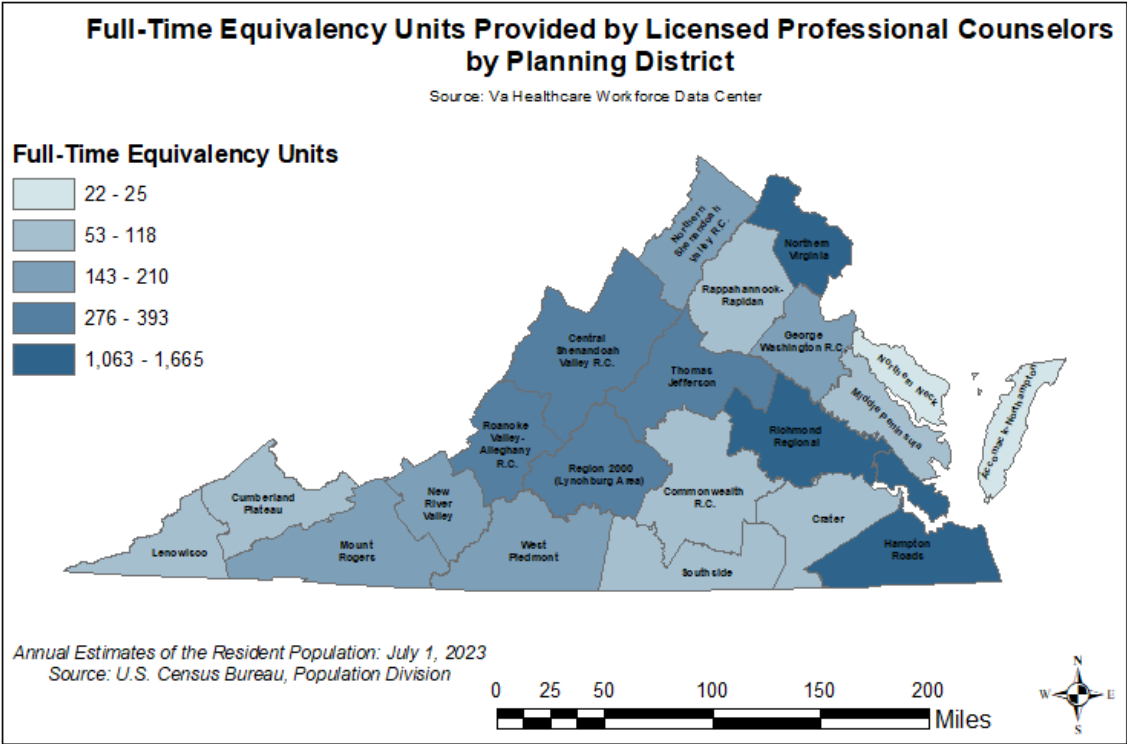
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	5,802	89.09%	1.122	1.087	1.255
Metro, 250,000 to 1 Million	980	90.20%	1.109	1.074	1.239
Metro, 250,000 or Less	1,071	90.48%	1.105	1.070	1.236
Urban, Pop. 20,000+, Metro Adj.	109	88.99%	1.124	1.088	1.256
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	308	89.29%	1.120	1.085	1.252
Urban, Pop. 2,500-19,999, Non-Adj.	197	94.42%	1.059	1.026	1.184
Rural, Metro Adj.	142	88.73%	1.127	1.091	1.260
Rural, Non-Adj.	52	90.38%	1.106	1.071	1.237
Virginia Border State/D.C.	1,291	85.13%	1.175	1.138	1.313
Other U.S. State	1,212	78.30%	1.277	1.237	1.428

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	1,500	78.53%	1.273	1.184	1.428
35 to 39	1,847	87.38%	1.144	1.064	1.283
40 to 44	1,769	89.82%	1.113	1.035	1.248
45 to 49	1,517	89.19%	1.121	1.043	1.257
50 to 54	1,226	90.29%	1.107	1.030	1.242
55 to 59	1,038	90.66%	1.103	1.026	1.237
60 to 64	799	90.36%	1.107	1.029	1.241
65 and Over	1,469	88.36%	1.132	1.052	1.269

Source: Va. Healthcare Workforce Data Center

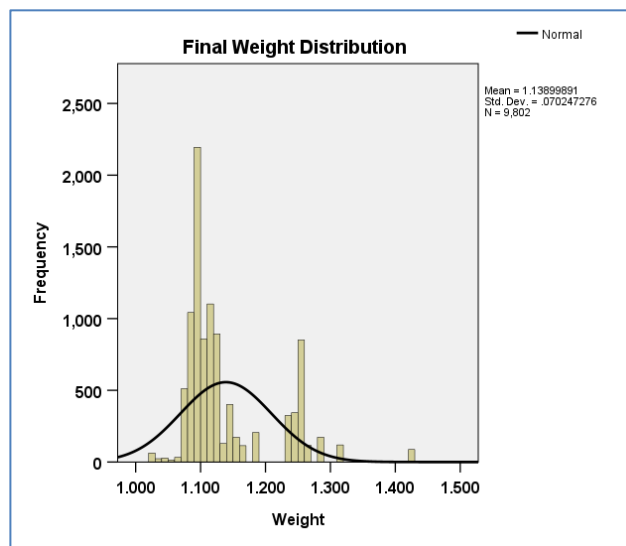
See the Methods section on the HWDC website for details on HWDC methods:

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

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

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

Overall Response Rate: 0.877922



Source: Va. Healthcare Workforce Data Center