Virginia Department of Health Professions
Board of Counseling

Agenda
Full Board Meeting
January 16, 2026 at 10:00 a.m.
9960 Mayland Dr, 2nd Floor
Board Room 2
Henrico, VA 23233

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 is available to the public pursuant to Virginia Code Section 2.2-3708(D).

10:00 a.m. Call to Order – Terry Tinsley, Ph.D., LPC, LMFT, CSOTP, Chairperson

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

Adoption of Agenda

Public Comment

The Board will receive public comment related to agenda items. 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 Minutes from October 17, 2025 Board Meeting 4

Officer, Staff and Committee Reports

- **Agency Director Report** – Arne Owens, Director, Department of Health Professions (DHP)
- **Chairperson Report** – Terry Tinsley, Ph.D., LPC, LMFT, CSOTP, Chairperson
- **Legislative and Regulatory Report** – Erin Barrett, JD, DHP Director of Legislative and Regulatory Affairs, and Matt Novak, DHP Policy and Economic Analyst
    - Regulatory Chart 12
    - Closure of Periodic Reviews for 18VAC115- * 15
        - 20 (Professional Counseling)
        - 30 (Certified Substance Abuse Counselors and Substance Abuse Counseling Assistants)
        - 40 (Certified Rehabilitation Providers)
        - 50 (Marriage and Family Therapists)
        - 60 (Substance Abuse Treatment Practitioners)
        - 70 (Peer Recovery Specialists)
    - Revision of Guidance Document 115-2 * 16
    - Repeal of Guidance Document 115-4.3 * 21

* Indicates a Board Vote is required.
** Indicates these items will be discussed within closed session.

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- **Acting Executive Director's Report** – Jennifer Lang, Acting Executive Director
- **Discipline Report** – Jennifer Lang, Acting Executive Director
  - Quarterly Report 25
  - Orders 28
- **License Report** – Charlotte Lenart, Deputy Executive Director 53

Unfinished Business

- **Updates to Training and Education Policy Documents** – Charlotte Lenart, Deputy Executive Director *
  - Approved Training and Education Pathways for Registration as a BHT-A and BHT 57
  - Approved Training and Education Pathways for Registration as a QMHP-T and QMHP 62

New Business

- **Counseling Compact** – Jennifer Lang, Acting Executive Director
  - Appointment of Commissioner for the Counseling Licensure Compact * 68
  - Criminal background check status

Consideration of Recommended Decisions *, **

Next Meeting: April 3, 2026

* Indicates a Board Vote is required.
** Indicates these items will be discussed within closed session.

Virginia Department of Health Professions
Board of Counseling

MISSION STATEMENT

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

EMERGENCY EGRESS

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

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. Exit the room using one of the doors at the front of the room, turn right, and proceed straight ahead to the emergency exit at the end of the hall. You may also exit the room by turning right out of the side door, make an immediate left and proceed straight ahead to the emergency exit. Once you have exited the building, continue to the fence at the back of tge parking lot and wait there for further instructions.

Virginia Department of Health Professions
Board of Counseling

DRAFT

Virginia Board of Counseling
Quarterly Board Meeting Minutes
Friday, October 17, 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 Chair
BOARD MEMBERS PRESENT:	Benjamin Allison, Citizen Member Maria Anastasiou, LMFT Lester Paul Bernard, PhD, LPC Marlo Burdge, Citizen Member Nakeisha Gordon, LPC *(arrived at 10:05 am)* Luanne Griffin, LPC Gerard Lawson, PhD, LPC, LSATP, NCC, Vice-Chair, Regulatory Committee Chair Charlotte Markva, LPC, LMFT, CSAC Matthew Scott, LMFT Cyrus Williams, PhD, LPC, LSATP
BOARD MEMBERS ABSENT:	Shannon Kuschel, PhD, LPC
BOARD STAFF PRESENT:	Latasha Austin, Licensing & Operations Manager Ashlyn Cole, Administrative Assistant Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director - Discipline Charlotte Lenart, Deputy Executive Director - Licensing Dalyce Logan, Senior Licensing Specialist Christy Palmore, Senior Discipline & Compliance Case Specialist
DHP STAFF PRESENT:	Erin Barrett, Director of Legislative & Regulatory Affairs, DHP 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
PRESENTERS:	Barbara Hodgdon, PhD, Deputy Director, Health Care Workforce Data Center, DHP
PUBLIC ATTENDEES:	Paige Bennard Trey Cater, Seven Summits Family Services Stephen Foster, Foundations to Success Christopher Sapp, Foundations to Success K. Shabazz, Seven Summits Family Services Maria Stransky, LPC, CSAC, CSOTP, Former Vice-Chair
CALL TO ORDER:	Dr. Tinsley called the meeting to order at 10:02 a.m.
MOMENT OF SILENCE:	Moment of silence was observed.
ROLL CALL/ESTABLISHMENT OF A QUORUM:	A formal introduction of all Board members and staff was conducted. At the time of roll call, ten Board members were present, establishing a quorum.
MISSION STATEMENT:	Dr. Tinsley read the mission statement of the Department of Health Professions, which was also the mission statement of the Board. Dr. Tinsley also read the emergency egress

instructions.

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

PUBLIC COMMENT: No public comment was provided.

APPROVAL OF MINUTES: The Board reviewed the minutes from the last quarterly board meeting held on July 25, 2025.

Motion: Dr. Lawson made a motion, which Ms. Gordon properly seconded, to approve the minutes from the July 25, 2025 meeting as presented. The motion passed unanimously.

AGENDA DIRECTOR REPORT:

Mr. Owens welcomed the Board Members back to the Perimeter Center and extended a special welcome to Ms. Markva and Dr. Williams on their recent appointments to the Board. Mr. Owens provided a verbal report to the Board reporting the following:

- Mr. Owens emphasized that despite the upcoming state-wide elections, the mission of the Department of Health Professions (DHP) remains unchanged. He informed the Board that the Agency's primary focus continues to be on internal management and improving operational efficiency to ensure responsible stewardship of licensee fees.
- Mr. Owens informed the Board that DHP submitted legislative proposals to the Secretary's Office for consideration during the January 2026 General Assembly session. These proposals are currently under review, and updates will be provided as developments occur.
- Mr. Owens informed the Board that although DHP operates as a non-general fund agency, it is still required to submit a biennial budget. Mr. Owens noted that the agency has provided input for the upcoming budget cycle, which will be reviewed by the General Assembly and is scheduled to take effect on July 1, 2026.
- He commended the Board for its legislative contributions, particularly efforts to expand the behavioral health profession through the inclusion of Behavioral Health Technicians (BHTs) and Behavioral Health Technician Assistants (BHT-As).

BOARD CHAIR REPORT: Dr. Tinsley raised concerns regarding the increasing number of fentanyl-related deaths among senior populations, emphasizing the need for further awareness and preventive measures.

Dr. Tinsley and Ms. Hoyle formally recognized former Board member Maria Stransky for her dedicated service to the Board of Counseling from 2017 to 2025, including her role as Vice-Chair from July 2023 through June 2025. Ms. Hoyle offered brief remarks highlighting Ms. Stransky's contributions and commitment during her tenure.

LEGISLATION & REGULATORY REPORT:

- **Current Regulatory Actions**

Mr. Novak reviewed and discussed with the Board the current regulatory actions pertaining to the Board of Counseling, as outlined in the agenda packet beginning on page 11, dated October 10, 2025.

He further informed the Board that subsequent to the report date, the fast-track regulatory action concerning the reduction of residency requirements had been approved by the Governor. The action was submitted for publication on October 15, 2025, and is scheduled to become effective on December 18, 2025.

- **Consideration of Petition for Rulemaking**
  Mr. Novak provided an overview of the petition for rule making process to both new and returning Board members.

  Mr. Novak reviewed and discussed with the Board the Petition for Rule Making received requesting 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.

  There were 14 public comments received. Ten comments in support of the petition, two opposed, and two responded to the comments that were made.

  During the Board's discussion, concerns were raised about how this petition would allow individuals to begin clinical practice and supervision without prior approval from the Board.

  Motion: Dr. Lawson made a motion, which Mr. Scott properly seconded, to take no action on the petition, as the petition is inconsistent with the Board's mission to protect the public and protect client welfare. The motion passed unanimously.

- **Readoption of Electronic Meeting Policy**
  Ms. Barrett reviewed and discussed with the Board the **electronic participation policy** as presented in the agenda packet. Virginia Code § 2.2-3708.3(D) requires public bodies to adopt electronic participation policies. The policy presented in the agenda packet is consistent with the law and is applied across the Department of Health Professions.

  Motion: Ms. Griffin made a motion, which Ms. Burdge properly seconded, to re-adopt the electronic participation policy as presented. The motion passed unanimously.

- **Issuance of Periodic Review for Chapter 15**
  Mr. Novak reviewed and discussed with the Board 18VAC115-15 (Regulations Governing Delegation to an Agency Subordinate).

  Motion: Dr. Bernard made a motion, which Ms. Gordon properly seconded, to issue a periodic review for 18VAC115-15. The motion passed unanimously.

- **Adoption of Guidance Document Related to AI in Practice**
  Ms. Barrett presented and discussed the draft guidance document related to the use of Artificial Intelligence (AI) in practice, including revisions made by the Regulatory Committee.

  The Regulatory Committee reviewed the draft guidance at its meeting on September 19, 2025, and recommended that the Board adopt the document.

  During discussion, Mr. Rutkowski raised concerns regarding the inclusion of hyperlinks in the guidance, noting that linked content may change over time. He emphasized the importance of ensuring that any changes to linked documents remain consistent with Board standards.

  Board counsel advised that key information from the linked resources could be incorporated directly into the guidance document to mitigate this concern.

  Ms. Griffin and Dr. Lawson expressed support for retaining the links as references, stating that licensees are still required to comply with Board laws and regulations regardless of the tools or resources cited.

The Board discussed the potential addition of a clarifying statement such as "as of the date of this document" to indicate the currency of referenced materials.

Motion: Dr. Lawson made a motion, which Ms. Anastasiou properly seconded, to accept the recommendation of the Regulatory Committee and adopt Guidance Document 115-4 with the addition of a reference date statement as of October 17, 2025. The motion passed unanimously.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle provided a verbal report covering the following topics:

- **Board Appointments**
  - Ms. Hoyle welcomed new Board members, Ms. Markva and Dr. Williams.
  - She noted that Ms. Anastasiou was recently reappointed for a second term.
- **Counseling Compact Updates**
  - As of September 30, 2025, the Counseling Compact is operational in Arizona and Minnesota.
  - Virginia is not yet participating, as the state still requires the authority to mandate criminal background checks and the implementation of enabling regulations.
  - Ms. Hoyle shared updates from the Compact Rules Committee meetings held in August, September, and October, which focused on Dataset rules.
  - Future meetings will address rules regarding the conversion of Privilege to Practice into a home state license.
  - The next Commission meeting is scheduled for February 25, 2026, following the conclusion of the AASCB meeting.
- **Outreach**
  - Ms. Hoyle informed the Board that the AASCB Conference is scheduled for January 2025.
  - She also reported changes to the Department of Health Professions (DHP) travel policy:
    - Unless fully funded by the hosting conference, DHP is currently limiting Board-funded conference attendance to one individual.
    - DHP prefers staff to attend unless a Board member's expertise is specifically required.
    - It is anticipated that this restriction may be relaxed as budget constraints ease.

Behavioral Sciences Updates

- *Board of Psychology*
  - Will begin licensing Psychological Practitioners effective November 3, 2025.
  - Supporting regulations will take effect on November 1, 2025.
- *Board of Social Work*
  - Continues to explore alternative pathways to licensure examinations.
  - The regulations for Music Therapists have been approved, and the Board will begin issuing licenses effective December 5, 2025, in support of the regulations taking effect on December 1, 2025.

DISCIPLINE REPORT:

Ms. Lang referenced the discipline report, beginning on page 35 of the meeting agenda, and noted the following:

- Since the last report in April 2025, the Board of Counseling received 237 new investigative files from Enforcement and closed 195 cases.
- Discipline staff consists of Ms. Lang and 2 Senior Discipline and Compliance Specialists, Christy Palmore and Krystal Blanton. The 3 staff members are shared by the Boards of Counseling, Psychology, and Social Work.
- Currently, discipline staff is actively working on 273 cases for the Board of Counseling, and 639 cases for the combined behavioral science boards.

Ms. Lang also referenced recent board Orders, beginning on page 39 of the meeting agenda, and provided a brief overview of the mandatory suspension process to new board members.

LICENSING REPORT:

Ms. Lenart referenced the licensing report, beginning on page 69 of the meeting agenda and notes the following key updates:

- **Licensing Volume & Operations:**
  - The Board of Counseling currently regulates approximately 39,000 licensees, certificate holders, and registrants.
  - Monthly activity includes processing ~800 applications, handling ~2,000 phone calls, and responding to 4,000–5,000 emails.
  - The Board ranks among the largest within the Department of Health Professions (DHP), following Nursing and Medicine, and closely aligned with Pharmacy in application volume.
- **Customer Satisfaction:**
  - Recent survey results indicate a 92.6% satisfaction rate with customer service provided by Board staff.
- **Efficiency Improvements:**
  - Transitioned from paper-based systems to digital platforms, including BOT emails and online applications.
  - Streamlined instructions and requirements to improve processing times.
- **Staffing Challenges:**
  - A senior licensing specialist recently resigned, exacerbating workload pressures.
  - Staff have been working extended hours and weekends; current pace is unsustainable.
  - Two new positions are pending approval through HR and executive leadership, but onboarding and training will take several months.
  - Due to current staffing levels, the 30-day application processing goal may not be met in the near term.
- **Regulatory Updates:**
  - Preparations underway for upcoming residency regulation changes effective December 18, 2025.
  - Updates will be required across multiple platforms including handbooks, forms, FAQs, website content, automated emails, and internal systems.
- **Outreach & Engagement:**
  - Attended the Virginia Network of Private Providers (VNPP) meeting to provide updates on QMHPs, BHTs, and new licenses:
    - Master's-level Psychology license effective November 1, 2025.
    - Music Therapy license effective December 1, 2025.
  - Presented at J. Sargeant Reynolds Community College on CSAC, CSAC-A, QMHP, and BHT credentials.
  - Participated in monthly AASCB administrative hangouts (with Dr. Lawson) to discuss Board challenges and solutions.

Continuing Education Audit:

Ms. Austin provided an overview of the 2025 Continuing Education Audit. Key findings included:

- Total Individuals Audited: 448
- Responses Received: 356
- Compliant Responses: 207
- Non-Compliant Responses: 89
- Pending Responses to be Reviewed: 60
- No Response Received: 92
- Overall Non-Compliance (including no response): 181

Ms. Austin noted that the majority of non-compliant individuals fall under the CSAC (Certified Substance Abuse Counselor) and QMHP (Qualified Mental Health Professional) categories. For CSACs, while continuing education was submitted, it often lacked content specific to substance abuse, which is required by regulation. QMHPs were primarily non-compliant due to either failing to respond to the audit request or expressing unawareness of the continuing education requirement necessary for registration renewal.

REGULATORY COMMITTEE REPORT:

Dr. Lawson expressed appreciation to staff for their continued hard work and extended thanks to the Board for approving the A.I. Guidance Document.

He noted that key discussion topics remain focused on Qualified Mental Health Professionals (QMHPs), Behavioral Health Technicians (BHTs), and the Counseling Compact.

As past president of the American Association of State Counseling Boards (AASCB), Dr. Lawson informed the Board that monthly Hangout Meetings are open to all members and encouraged participation from fellow Board members.

UNFINISHED BUSINESS:

- **Updates to Policy Documents**
  Ms. Lenart discussed with the Board four programs that were submitted to the Board for Board Approval:
  1. **Foundations to Success** – Proposed training for BHTAs, BHTs, QMHP-Trainees, and QMHPs.
  2. **Camp Community College** – Proposed a Behavioral Health Technician Assistant Certificate program.
  3. **Seven Summits Family Services** – Submitted an 80-hour curriculum for QMHP-Trainees and QMHPs.
  4. **Relias** – Submitted four curricula to meet didactic education requirements for BHTAs, BHTs, QMHP-Trainees, and QMHPs.

  Motion: Dr. Lawson made a motion, which Ms. Gordan properly seconded, to approve the four programs. The motion passed unanimously

  Action Item: Ms. Lenart will update the policy documents accordingly.

- **Additional Updates**
  Ms. Lenart informed the Board of the following additional updates:
  - **DBHDS Behavioral Health Academy** has paused its training program; proposed removal from the approved provider list.
  - **American Association of Psychiatric Technicians** is unresponsive; may be removed from the approved list if no further contact is made.
  - **DBHDS providers** are independently developing or enhancing training/onboarding programs; encouraged to ensure certificate integrity.
  - **Supervisor Registry:**
    - Ms. Lenart has scheduled a meeting with I.T. to finalize registry for QMHPs and BHTs.
    - Internal tracking has begun; public posting methods are still under discussion.
    - Noted pushback on new training requirements, particularly regarding differences from resident supervisor training.

Dr. Lawson recommended that the Regulatory Committee place the policy document on supervision be placed on the next meeting agenda.

The Board took a break at 11:39am and the meeting was reconvened at 12:01pm

NEW BUSINESS:

- **Presentation of Workforce 2025 Survey Findings**

Dr. Hodgdon presented the Board with the Licensed Professional Counselor (LPC) Workforce 2025 Survey Findings. The LPC survey concluded the following:

- Noted increases in the number of licensees, overall workforce size in Virginia, and full-time equivalents (FTEs).
- Age distribution has remained stable since 2021, while the diversity index continues to rise.
- Median education debt exceeds median income among LPCs.
- Majority of LPCs accept cash/self-pay; there has been an increase in the percentage accepting Medicare.
- Decline observed in LPCs working within community boards and clinics; conversely, there is an increase in those working in private practice (both solo and group settings).
- Growing interest in joining licensure compacts; most LPCs provide in-state telehealth services.

Dr. Hodgdon also presented the Board with the Qualified Mental Health Professionals (QMHP) Workforce 2025 Survey Findings. The QMHP survey concluded the following:

- Reported decreases in the number of registrants, Virginia's workforce size, and FTEs.
- Workforce is predominantly female with a high diversity index.
- Most QMHPs have held registration for over five years and report high levels of job satisfaction.
- Majority are actively engaged in care coordination and client education.
- Over 40% of QMHPs intend to pursue further education to become residents.

CONSIDERATION OF RECOMMENDED DECISION:

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

Recommendations Considered:
Katherine Arciniega, Resident in Counseling
License No. 0704015092
Case No. 232611
Ms. Arciniega did not appear before the board and did not submit a written response. The board considered the agency subordinate's recommendation to indefinitely suspend Ms. Arciniega's license to practice as a Resident in Counseling, for no less than 36 months.

Reconvene: Dr. Lawson made a motion to certify, pursuant to § 2.2-3712 of the *Code of Virginia*, that the Board of Counseling heard, discussed, and considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion. The motion was seconded and passed unanimously.

Decision: Dr. Bernard made a motion to accept the agency subordinate's recommendation as presented, in the matter of Katherine Arciniega, Resident in Counseling. The motion was seconded and passed unanimously.

NEXT MEETING DATES: The next quarterly full board meeting is scheduled for Friday, January 16, 2026.

ADJOURNMENT: Dr. Tinsley adjourned the October 17, 2025, meeting at 12:34 p.m.

_____

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

_____

Jaime Hoyle, JD, Executive Director

Board of Counseling
Current Regulatory Actions
As of January 5, 2026

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20	NOIRA	Removal of redundant provisions related to conversion therapy	9/21/2022	1189 days (3.25 years)	Removes language regarding conversion therapy which has been replaced by statutory language.
18VAC115-90	Final	New chapter for licensure	5/14/2025	216 days	Implementation pursuant to 2020 General Assembly.

At the Department of Planning and Budget

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20	Proposed	Implementation of the Counseling Compact	2/7/2025	1 day	Replaces emergency regulations

At the Office of the Attorney General

None.

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
18VAC115-20 18VAC115-50 18VAC115-60	Fast-track	Reduction of residency requirements	11/3/2025	12/18/2025

Other

VAC	Stage	Subject Matter	Submitted from agency	Notes
18VAC115-20	Proposed	Requirement for supervisors to submit evaluations and confirm resident hours within a set timeframe	8/7/2025	This action has completed review at the OAG and is ready to submit to DPB. Due to a large number of actions that were released at once and the limited resources at DPB, the policy office is working with DPB to schedule the filing of these actions. At this time there is no estimated date for filing.
18VAC115-20	Fast-Track	Regulatory amendments to licensure by endorsement	8/7/2025	This action has completed review at the OAG and is ready to submit to DPB. Due to a large number of actions that were released at once and the limited resources at DPB, the policy office is working with DPB

				to schedule the filing of these actions. At this time there is no estimated date for filing.
18VAC115-20	Fast-Track	Creation of reinstatement pathway for QMHP-trainees	8/7/2025	This action has completed review at the OAG and is ready to submit to DPB. Due to a large number of actions that were released at once and the limited resources at DPB, the policy office is working with DPB to schedule the filing of these actions. At this time there is no estimated date for filing.

Agenda Item: Closure of Periodic Reviews

Staff Note: Every four years, each regulatory Board is required to go through a periodic review process, a formal review of regulations to determine if the regulations continue to meet the needs of the profession or if changes should be made. This Board opened periodic reviews on nearly all chapters in mid-2024 and has not yet taken any further action on them. These reviews should be closed. We are recommending the periodic reviews be closed and the regulations be amended. Exact changes will be determined at a later date and time.

Action Needed:

- Motion to close periodic reviews for 18VAC115-20, 30, 40, 50, 60, and 70.

Agenda Item: Revision of Guidance Document 115-2 to add BHTs and BHTAs

Included in your Agenda Package:

- Suggested changes to GD 115-2

Action Needed:

- Motion to amend Guidance Document 115-2.

VIRGINIA BOARD OF COUNSELING

Impact of Criminal Convictions, Impairment, and Past History on Licensure, Certification or Registration by the Virginia Board of Counseling

INTRODUCTION

This document provides information for persons interested in ~~becoming a licensed professional counselor, licensed marriage and family therapist, licensed substance abuse treatment practitioner, certified substance abuse counselor, certified substance abuse counseling assistant, certified rehabilitation provider, registered qualified mental health professional or registered peer recovery specialist.~~obtaining a license, certification, or registration for a profession regulated by the Board of Counseling. It clarifies how convictions, impairment, and other past history may affect the application process and subsequent licensure, certification or registration by the Board of Counseling.

Until an individual applies for licensure, certification or registration, the Board of Counseling is unable to review, or consider for approval, an individual with a criminal conviction, history of action taken in another jurisdiction, or history of possible impairment. The Board has no jurisdiction until an application has been filed.

GUIDELINES FOR PROCESSING APPLICATIONS FOR LICENSURE, CERTIFICATION OR REGISTRATION: APPLICATION, EXAMINATION, ENDORSEMENT, AND REINSTATEMENT

Applicants for licensure, certification, or registration by application, examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations may be issued a license, certificate or registration pursuant to authority delegated to the Executive Director of the Board in accordance with the Board of Counseling Regulations.

An applicant whose license, certification or registration has been revoked or suspended in another jurisdiction is not eligible for licensure, certification or registration in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it.

Affirmative responses to any questions on applications related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license, certificate or registration or impose sanction shall be referred to the Executive Director to determine how to proceed. The Executive Director, or designee, may approve the application without referral to the Credentials Committee in the following cases:

1. The applicant presents a history of substance use disorder with evidence of continued abstinence and recovery. In the case of Registered Peer Recovery Specialists applicants, the Executive Director can approve misdemeanor and felony convictions if they are related to a history of substance use disorder and the applicant provides evidence of continued abstinence and recovery.

2. The applicant has a history of criminal conviction(s) consisting solely of misdemeanor convictions, or one non-violent felony conviction, which does not constitute grounds for denial or Board action and all court/probationary/parole requirements have been met.
3. The Executive Director cannot approve applicants for reinstatement if the license, certificate or registration was revoked or suspended by the Board or if it lapsed while an investigation was pending.

BASIS FOR DENIAL OF LICENSURE, CERTIFICATION OR REGISTRATION

The Board of Counseling may refuse to admit a candidate to any examination or refuse to issue a license, certificate or registration to any applicant with a conviction of a felony or a misdemeanor involving moral turpitude. The Board may also refuse ~~licensure as a professional counselor, marriage and family therapist, and substance abuse treatment practitioner, certification as a substance abuse counselor, substance abuse counselor assistant or rehabilitation provider, and registration as a qualified mental health professional or peer recovery specialist~~to issue a license, certification, or registration to an applicant unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or as the result of any mental or physical condition.

Misdemeanor convictions involving moral turpitude mean convictions related to lying, cheating or stealing. Examples include, but are not limited to: reporting false information to the police, shoplifting or concealment of merchandise, petit larceny, welfare fraud, embezzlement, and writing worthless checks. While information must be gathered regarding all convictions, misdemeanor convictions other than those involving moral turpitude will not prevent an applicant from becoming licensed, certified, or registered. However, if the misdemeanor conviction information also suggests a possible impairment issue, such as DUI and illegal drug possession convictions, then there still may be a basis for denial during the application process.

Criminal convictions for ANY felony may cause an applicant to be denied licensure, certification or registration. *Each applicant is considered on an individual basis. There are NO criminal convictions or impairments that are an absolute bar to licensure, certification or registration by the Board of Counseling.*

ADDITIONAL INFORMATION NEEDED REGARDING CRIMINAL CONVICTIONS, PAST ACTIONS, OR POSSIBLE IMPAIRMENTS

Applications for licensure, certification or registration include questions about the applicant's history, specifically:

1. Any and all criminal convictions ever received;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure, certification or registration in another state or jurisdiction; and
3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant's ability to practice.

Indicating "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Counseling has the ultimate authority to approve an applicant for testing and subsequent licensure, certification or registration, or to deny approval.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

The following information will be requested from the applicant with past disciplinary action or licensure/certification/registration denial in another state:

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (Counseling-related preferred) since action.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and
- Letters from employers concerning work performance (specifically from counseling-related employers, if possible).

NOTE: Some applicants may be eligible for the Health Practitioner's Monitoring Program (HPMP), which is a monitoring program for persons with impairments due to chemical dependency, mental illness, or physical disabilities. Willingness to participate in the HPMP is information the Board of Counseling will consider during the review process for applicants with a history of impairment or a criminal conviction history related to impairment. Information about the Virginia HPMP may be obtained directly from the DHP homepage at www.dhp.virginia.gov.

Once the Board of Counseling has received the necessary and relevant additional information, the application will be considered. Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board of Counseling members for an informal fact finding conference to consider the application. After the informal fact-finding conference, the application may be: i) approved, ii) approved with conditions or terms, or iii) denied.

NOTE: Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for licensure, certification or registration is grounds for disciplinary action by the Board of Counseling, even after the license, certification, or registration has been issued. It is considered to be "procurement of license by fraud or misrepresentation," and a basis for disciplinary action that is separate from the underlying conviction, past action, or impairment issue once discovered. Possible disciplinary actions that may be taken range from reprimand to revocation of a license, certificate or registration.

FOLLOWING LICENSURE, CERTIFICATION OR REGISTRATION

Criminal convictions and other actions can also affect an individual already licensed, certified or registered by the Board of Counseling. Any felony conviction, court adjudication of incompetence, or suspension or revocation of a license, certificate or registration held in another state will result in a "mandatory suspension" of the individual's license, certificate or registration to practice in Virginia. This is a nondiscretionary action taken by the Director of DHP, rather than the Board of Counseling, according to § 54.1-2409 of the Code of Virginia. The mandatory suspension remains in effect until the individual applies for reinstatement and appears at a formal hearing before the Board of Counseling and demonstrates sufficient evidence that he or she is safe and competent to return to practice. At the formal hearing, three fourths of the Board members present must agree to reinstate the individual's license, certificate or registration to practice in order for it to be restored.

GETTING A CRIMINAL RECORD EXPUNGED

Having been granted a pardon, clemency, or having civil rights restored following a felony conviction does not change the fact that a person has a criminal conviction. That conviction remains on the individual's licensure, certification or registration record. Therefore, any criminal conviction *must* be revealed on any application for licensure, certification or registration, unless it has been expunged. Individuals should secure private legal counsel for questions related to criminal conviction expungement, a process over which the Board has no control.

Agenda Item: Repeal of Guidance Document 115-4.3

Included in your Agenda Package:

- GD 115-4.3
- TownHall page showing the reduction of residency requirements action which became effective 12/18/2025

Action Needed:

- Motion to repeal Guidance Document 115-4.3.

Guidance document: 115-4.3

Adopted: February 19, 2010
Reaffirmed: February 5, 2021

Virginia Board of Counseling

Direct Client Contact Hours in an Internship that can be Applied Towards the Residency

Regulation 18VAC115-20-51(A)(13) states that a supervised internship of 600 hours must include a minimum of 240 hours of face-to-face direct client contact, but it does not specify a *maximum* number of face-to-face hours. The consensus of the Board is that any amount of additional direct client contact hours in excess of 240 hours required in an internship can be counted towards the 2,000 direct client contact hours required for the Residency.

Agency **Department of Health Professions**

Board **Board of Counseling**

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

Action: Reduction of residency requirements Action 6660

Edit Action Withdraw Action

General Information

Action Summary	The Board will reduce the residency requirements for counseling residents, marriage and family residents, and substance abuse treatment providers and create an ability to use an inactive status during residency for those residents.
Chapters Affected	

	VAC	Chapter Name	Action Type
Primary	18 VAC 115-20	Regulations Governing the Practice of Professional Counseling	Amend Existing Regulation
Other chapters			
	18 VAC 115 - 50	Regulations Governing the Practice of Marriage and Family Therapy	Amend Existing Regulation
	18 VAC 115 - 60	Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners	Amend Existing Regulation

Executive Branch Review	This action will go through the normal Executive Branch Review process.
RIS Project	Yes [8176]
New Periodic Review	This action will not be used to conduct a new periodic review.

Stages

Stages associated with this regulatory action.

Stage ID	Stage Type	Status
10600	Fast-Track	Stage complete. This regulation became effective on 12/18/2025.

Create a new stage for this action .. Create Stage

For guidance please see the following sections of our user guide:

Flow charts of the regulatory process

Contact Information

Name / Title:	Matt Novak / *Agency Regulatory Coordinator*
Address:	9960 Mayland Drive Suite 300 Henrico, VA 23233
Email Address:	**matthew.novak@dhp.virginia.gov**
Phone:	(804)914-0907 FAX: ()- TDD: ()-

This person is the primary contact for this board.

This action was created by Erin Barrett on 12/03/2024 at 9:01am

Virginia Department of
Health Professions
Board of Counseling

Discipline Reports

Oct 1, 2025 to Dec 31, 2025

NEW CASES RECEIVED BY BOARD Oct 1, 2025 to Dec 31, 2025
121

TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
77

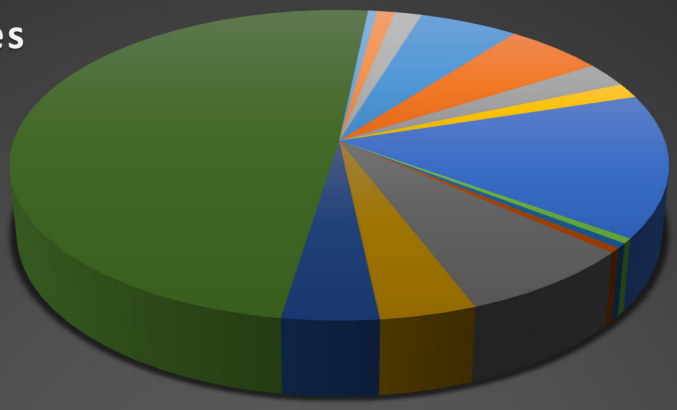
OPEN CASE STAGES as of Dec 31, 2025	
Probable Cause Review	227
Scheduled for Informal Conferences	16
Scheduled for Formal Hearings	4
Other (pending CCA, PHCO, hold, etc.)	15
Cases with APD for processing (IFC, FH, Consent Order)	22
TOTAL ACTIVE CASES AT BOARD LEVEL	**284**

CONFERENCES AND HEARINGS	
Informal Conferences Held:	**Scheduled Conferences:**
Oct 24, 2025 Dec 12, 2025	Feb 27, 2026 Mar 27, 2026 Apr 24, 2026 May 29, 2026 Jun 26, 2026

CASES CLOSED Oct 1, 2025 to Dec 31, 2025	
No violation	85
Undetermined	19
Violation 1 Informal Conference 1 Confidential Consent Agreement 2 Mandatory Suspensions	4
Application Approved	0
Application Denied	0
Application Withdrawn	0
TOTAL CASES CLOSED	**108**

Virginia Department of
Health Professions
Board of Counseling

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	**140**
Avg. time in Enforcement (investigations)	31
Avg. time in APD (IFC/FH preparation)	67
Avg. time in Board (includes hearings, reviews, etc).	107

Virginia Department of
Health Professions
Board of Counseling

Behavioral Science Unit (BSU)

Boards of Counseling, Psychology, and Social Work

Current Open Cases by Board

as of Dec 31, 2025

Board of Counseling	**284**
Board of Psychology	142
Board of Social Work	230
TOTAL CASES WITH BOARD STAFF	**656**

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	486	152	207	**845**

Discipline Staff for BSU

Jennifer Lang, Acting Executive Director/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)
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: OLIVIA DONNELL CLAYTOR, R.P.R.S.
Registration Number: 0735-000363
Case Number: 252221

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that Olivia Donnell Claytor, R.P.R.S., was convicted of a felony offense, to wit: petit larceny/previous, in the Circuit Court of Chesterfield County, Virginia. A copy of the 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 registration of Olivia Donnell Claytor, R.P.R.S., to practice as a peer recovery specialist in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the registration of Olivia Donnell Claytor, R.P.R.S., will be recorded as suspended. Should Ms. Claytor seek reinstatement of her registration pursuant to Virginia Code § 54.1-2409, she shall be responsible for any fees that may be required for the reinstatement of the registration prior to issuance of the registration 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:
10/20/2025

CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Sentencing Order entered June 7, 2013, regarding Olivia Donnell Claytor, R.P.R.S., is a true copy of the records received from the Circuit Court of Chesterfield County, Virginia.

Arne W. Owens — Arne W. Owens

10/20/2025 — Date

SENTENCING ORDER

VIRGINIA: IN THE CIRCUIT COURT OF THE COUNTY OF CHESTERFIELD
FIPS CODE: 041

Hearing Date: **June 4, 2013**
Judge: **F. G. Rockwell, III**

COMMONWEALTH OF VIRGINIA

v.

OLIVIA DONNELL CLAYTOR, DEFENDANT

The defendant came before the Court for sentencing and appeared in person with counsel, **Travis R. Williams**. The Commonwealth was represented by **Laura S. Khawaja**.

On **December 7, 2010** the defendant was found guilty of the following offense(s):

CASE NUMBER	OFFENSE DESCRIPTION AND INDICATOR (F/M)	OFFENSE DATE	VA. CODE SECTION	VCC
CR10F02305-01	**Petit Larceny/Previous (F)**	**09-12-10**	**18.2-96; 18.2-104**	**LAR2369F6**

The defendant and the Commonwealth's Attorney waived the right to the preparation of a pre-sentence report.

Pursuant to the provisions of Code § 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 a part of the record.

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:

Incarceration with the **Virginia Department of Corrections** for the term of: **5 years.**

The Court **SUSPENDS 4 years and 6 months** of the sentence, for a period of **10 years**, upon the following condition(s):

Good Behavior. The defendant shall be of good behavior upon the defendant's release from confinement.

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: KATHERINE ARCINIEGA, RESIDENT-IN-COUNSELING
License Number: 0704-015092
Case Number: 232611

RATIFICATION AND ORDER

On October 17, 2025, a panel of the Board met to receive and act upon the Recommended Decision of the Agency Subordinate. Katherine Arciniega, Resident-in-Counseling, was not present nor was she represented by legal counsel.

The Board of Counseling ACCEPTS the attached Recommended Findings of Fact and Conclusions of Law of the Agency Subordinate and ADOPTS the Recommended Order in its entirety.

Pursuant to Virginia Code § 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.

Pursuant to Virginia Code § 54.1-2400.2(K), the Board considered whether to disclose or not disclose Ms. Arciniega's health records or health services.

Pursuant to Virginia Code § 54.1-2400(10), Ms. Arciniega may, not later than 5:00 p.m., on November 25, 2025, request a formal administrative hearing before the Board by notifying Jennifer Lang, Deputy Executive Director, Board of Counseling, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233. Upon the filing of a request for the hearing, this Order shall be vacated.

This Order shall become final on November 25, 2025, unless a request for a formal administrative hearing is received as described above.

FOR THE BOARD

for Jennifer Lang

Jaime Hoyle, JD
Executive Director
Virginia Board of Counseling

ENTERED AND MAILED ON: October 23, 2025

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: KATHERINE ARCINIEGA, RESIDENT-IN-COUNSELING
License Number: 0704-015092
Case Number: 232611

REPORT AND RECOMMENDATION OF AGENCY SUBORDINATE

Jurisdiction and Procedural History

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), Dr. Johnston M. Brendel, LPC, LMFT, serving as Agency Subordinate of the Virginia Board of Counseling ("Board"), held an informal conference on June 27, 2025, in Henrico County, Virginia, to inquire into evidence that Katherine Arciniega, Resident-in-Counseling, violated certain laws and/or regulations governing the practice of counseling in the Commonwealth of Virginia.

Ms. Arciniega appeared at this proceeding and was not represented by legal counsel.

Upon consideration of the evidence, the Agency Subordinate makes the following Findings of Fact and Conclusions of Law and recommends that the Board adopt the following Order.

Recommended Findings of Fact and Conclusions of Law

1. Katherine Arciniega, Resident-in-Counseling, was licensed to practice as a resident-in-counseling in the Commonwealth of Virginia on August 8, 2022, which expires on August 31, 2025. Ms. Arciniega was initially registered to practice as a resident-in-counseling in 2009, which expired in 2017.

2. Ms. Arciniega violated 18 VAC 115-20-130(B)(1) and 18 VAC 115-20-140(A)(3), (4), (7), and (8) of the Regulations Governing the Practice of Professional Counseling ("Regulations") in that she is unable to practice counseling with reasonable skill and safety by reason of illness or as the result of a mental condition, as evidenced by the following:

a. During the course of Ms. Arciniega's employment as a resident-in-counseling at the League of Therapists, with locations in Charlottesville and Culpeper, Virginia, from approximately March 25 - August 29, 2009, she exhibited delusional and disturbing behavior. Specifically:

i. Ms. Arciniega falsely informed her employers, supervisors, co-workers and clients that she had lost her husband and baby daughter in a car accident in January 2009.

ii. In approximately May 2009, Ms. Arciniega became dissociative during a session with a client.

iii. In approximately August 2009, Ms. Arciniega falsely told her employers, supervisors, co-workers and clients that she had a four-year-old daughter, "Samantha", who suffered from seizures and had been placed in a medically induced coma in the Fair Oaks Hospital, Fairfax, Virginia.

iv. When Individual F, the clinical director at the Culpeper League of Therapists, met Ms. Arciniega at Fair Oaks Hospital to visit Ms. Arciniega's allegedly sick daughter, Ms. Arciniega told her "security was high" and Individual F could not visit her daughter. Individual F later learned that there was no child admitted to Fair Oaks Hospital with the symptoms Ms. Arciniega described and that the child Ms. Arciniega claimed to be her daughter, was not Ms. Arciniega's child.

v. On more than one occasion, Ms. Arciniega shared personal information with clients, including that her daughter was sick and that she (Ms. Arciniega) could not focus.

vi. In her letter to the Board dated September 8, 2009, Ms. Arciniega's supervisor at The Charlottesville League of Therapists recommended that Ms. Arciniega undergo a comprehensive psychological evaluation and follow up with any recommended treatment before she resumed working with clients. However, Ms. Arciniega thereafter attempted to continue to engage in

the independent practice of counseling as demonstrated by the fact that she continued to contact clients after her termination from employment at The League of Therapists on or about August 29, 2009.

b. In 2019, Ms. Arciniega falsely informed members of a Christian ministry in Texas ("ProLove"), that she was a victim of domestic violence and feared for her life in Virginia because her husband, who had shot her in the stomach, was going to be released soon from jail. Individual A, a Christian counselor, and Individual B, CEO and founder of ProLove, flew to Virginia and drove Ms. Arciniega back to Texas, where she resided from 2019 until 2021. Individuals A and B and other members of ProLove reported to a Department of Health Professions ("DHP") Investigator, that while living with Individual B's family in Texas, Ms. Arciniega reported numerous false stories to ProLove members, and in response thereto, these individuals provided Ms. Arciniega with significant financial and emotional resources. These fictitious tales included the following:

i. Ms. Arciniega faked multiple hospital visits.

ii. Ms. Arciniega falsely reported multiple fictitious pregnancies and miscarriages, including an instance where she falsely claimed to have miscarried a pregnancy and "flushed" the baby in the toilet. A memorial service for this fictitious baby was attended by 70 people, including 25 students from the elementary school where Ms. Arciniega was a teacher, and teachers at the school bought a memorial plaque for Ms. Arciniega.

iii. Ms. Arciniega falsely reported that she had been trafficked by her ex-husband; however, when Individual B ran a background check on Ms. Arciniega's ex-husband, she learned he was not in jail and had not shot or trafficked Ms. Arciniega.

iv. Ms. Arciniega falsely reported that she had been diagnosed with cancer and meningitis.

v. Ms. Arciniega claimed to have had an out-of-wedlock child that was born addicted to drugs.

vi. Ms. Arciniega created multiple fictitious persons with Google numbers and used fake voices to talk with ProLove members to seek their assistance.

vii. Ms. Arciniega cut herself to create a fake biopsy scar.

viii. When Individuals A and B and others began to question some of the information Ms. Arciniega had provided ProLove members and confronted her about the veracity of these stories, Ms. Arciniega "came clean" and confessed that all of the preceding information was false.

c. *See confidential exhibit.*

d. *See confidential exhibit.*

e. *See confidential exhibit.*

f. Ms. Arciniega's on-going pattern of lies and deceit continued during her employment at Safe Harbor Behavioral Care ("SHBC"), Alexandria, Virginia, from January 2022 through September 13, 2023, and at Riverside Counseling ("Riverside"), Leesburg, Virginia, from December 2022 until September 12, 2023, negatively impacting her employers, supervisors, and colleagues, and disrupting her clients' therapy. Specifically:

i. In February 2022, while working for SHBC as an independent contractor seeing clients for Christian counseling (prior to the issuance of her resident-in-counseling license on August 8, 2022, but after Ms. Arciniega had submitted an Initial Application for Temporary Licensure as a Resident-in-Counseling on January 19, 2022), Ms. Arciniega falsely told Individual C, the clinical director at SHBC, that she had a premature baby at the hospital in the neonatal intensive care unit ("NICU"). However, when Individual C went to the hospital to see the baby, Ms. Arciniega falsely said that the baby, "Lulu", had been transferred to the NICU at Washington Children's Hospital in the District

of Columbia and was baptized quickly on February 27, 2022. Ms. Arciniega also falsely told Individual C that the baby died on or about May 7, 2022. On May 21, 2022, a funeral for the fictitious LuLu was held at Old St. Mary's Catholic Church in Fairfax Station, Virginia, which was attended by approximately 60 persons, including Individual C. After reporting the death of her baby, SHBC gave Ms. Arciniega one month of paid bereavement leave. In addition, the staff at SHBC gave Ms. Arciniega monetary donations and emotional support, only to learn later that LuLu did not exist and had never existed.

ii. In or about August 2022, Ms. Arciniega told the staff at SHBC that her five-year old daughter, "Penny", had been diagnosed with leukemia, which would require chemotherapy and more time off in the coming months. Ms. Arciniega frequently showed staff members pictures of Penny and wrote detailed text messages about her health care and health status. On September 26, 2022, Ms. Arciniega went on medical leave and was off work from SHBC for the month of October 2022, claiming that her daughter, who did not exist, was receiving chemotherapy, and that she (Ms. Arciniega) was undergoing surgery for a cerebral aneurysm. Ms. Arciniega returned to work on November 7, 2022, for only five hours a week because, allegedly, her daughter Penny was still receiving chemotherapy. However, SHBC staff later learned that Ms. Arciniega did not have a daughter; in fact, Ms. Arciniega later informed them the child in the photographs she had shown them was her niece, who did not have leukemia.

iii. In February 2023, SHBC put Ms. Arciniega on administrative leave due to Ms. Arciniega reporting a trauma response, lack of sleep, and suicidal ideation. Individual D, Ms. Arciniega's clinical supervisor at SHBC, terminated supervision, and in a letter to the Board, stated Ms. Arciniega was taking a "leave of absence from counseling to address observed concerns regarding her mental and emotional well-being that occurred over a two-week period, from January 23 to February 5,

2023, escalating to a clinically severe level on February 5, 2023."However, in April 2023, Ms. Arciniega posted pictures of herself on Facebook while she was on a 10-day European vacation.

iv. Between May 8 and August 31, 2023, after Ms. Arciniega had returned to work at SHBC, she cancelled numerous client sessions due to an alleged "clinician emergency" or with no explanation provided at all.

v. Ms. Arciniega began working as a resident-in-counseling at Riverside in December 2022, while still working at and receiving clinical supervision at SHBC. During her employment at Riverside, Ms. Arciniega cancelled numerous client appointments and supervision meetings, allegedly to cope with the death of her fictious daughter LuLu; to cope with her fictitious daughter Penny's cancer; and to cope with another pregnancy with a baby that allegedly had a serious heart condition and would not survive. Prior to being terminated from Riverside on September 12, 2023, Ms. Arciniega admitted that the baby she was carrying did not have a heart condition and her current pregnancy was not in jeopardy.

vi. After conducting an internet search and learning that Ms. Arciniega was employed as a therapist with Riverside, Individual A (from ProLove) sent an email on September 11, 2023, informing Riverside staff that she believed Ms. Arciniega suffered from "Factitious Disorder", warning them about Ms. Arciniega's ability to be a very convincing victim, and providing details about the extent of her fraudulent claims to Individual A and others at ProLove when Ms. Arciniega was in Texas (see allegation 2(b) above).

vii. Ms. Arciniega was terminated from SHBC on September 13, 2023, after Riverside notified SHBC staff of the information provided to them about Ms. Arciniega from Individual A. Ms. Arciniega's supervisor at SHBC, Individual E, terminated supervision with her on September 18, 2023. In a letter to the Board, Individual E stated that she recommended that Ms. Arciniega "address any

socioemotional functioning concerns to ensure healthy clinical and intrapersonal practices and well-being, addressing competence to practice."

3. Ms. Arciniega violated 18 VAC 115-20-130(B)(1) and 18 VAC 115-20-140(A)(2), (7), and (8) of the Regulations in that Ms. Arciniega made false statements or misrepresentations in her January 19, 2022, Application for Temporary Licensure as a Resident-In-Counseling submitted to the Board. Specifically:

a. Ms. Arciniega checked "no" when asked whether she had ever been censored, warned, terminated, or requested to withdraw from her employment with any health care facility, agency or practice, when, in fact, Ms. Arciniega's employment and supervision had been terminated by the League Therapists in 2009, after Ms. Arciniega admitted to fabricating a story about losing her husband and baby daughter in a car accident and having a 4-year-old daughter who she falsely stated was routinely hospitalized in a medically induced coma. (See allegation 2(a) above).

b. Ms. Arciniega checked "no" when asked whether she currently had any physical or mental health condition or impairment that affected or limited her ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner. However, Ms. Arciniega suffered from a mental health impairment, as evidenced by the many fabricated stories that she told throughout her professional career. As detailed above, there is a longstanding, consistent pattern of deceit practiced by Ms. Arciniega in professional settings, going back to her employment and termination at the League of Therapists in 2009 (see Allegation #2(a) above), continuing with the aberrant behavior she displayed in Texas from 2019 until 2021 (see Allegation #2(b) above), and while employed as a Resident-in-Counseling at SHBC and Riverside (see Allegation #2(f) above). Additionally, Ms. Arciniega did not disclose her July 2020 diagnoses of GAD, MDD, and cluster B

personality disorder, none of which had been addressed or resolved as of the date of her filing her resident-in-counseling application with the Board.

4. Ms. Arciniega violated Virginia Code § 54.1-111(A)(7) and 18 VAC 115-20-140(A)(7) of the Regulations, in that Ms. Arciniega failed to respond to a DHP Investigator who attempted on several occasions to contact Ms. Arciniega and who requested a written response to the allegations and to questions posed by the Investigator.

5. At the informal conference, Ms. Arciniega repeatedly denied statements in the Reports of Investigation that were made by her supervisors and other witnesses.

6. Ms. Arciniega stated that the allegations made against her were exaggerated.

7. At the informal conference, Ms. Arciniega was contradictory, minimizing and avoidant.

8. Ms. Arciniega admitted during the informal conference that she created certain personas and told lies.

9. Ms. Arciniega described the rationale for her behavior as "attention seeking."

10. Ms. Arciniega made repeated statements regarding the allegations being "personal stuff" that had nothing to do with her client care, although numerous client appointments were cancelled due to her reported emergencies.

11. When questioned about allegation 3(a), Ms. Arciniega stated that she did not intentionally lie on her application for licensure, but forgot about her 2009 employment termination, and that she didn't even think about it.

12. When questioned about allegation 3(b), Ms. Arciniega stated that in hindsight she should have marked "yes." Ms. Arciniega stated that she checked "no" because she believed at the time that she was professional and competent to practice.

13. When questioned about her failure to respond to the DHP investigator's multiple attempts to contact her, Ms. Arciniega stated that she did not receive communication sent by UPS, email, phone calls, or text messages, although she confirmed her address, email address, and telephone number were correct.

14. Ms. Arciniega's testimony demonstrated a lack of insight into her actions and behaviors or how her actions might affect her clients.

15. Ms. Arciniega stated that she currently works part-time, seeing six to seven clients per week, mostly children with anxiety and adjustment disorder.

16. Ms. Arciniega stated that she is not currently in therapy but is seeking a therapist who will accept her insurance.

17. Pursuant to Virginia Code § 54.1-2400.2(K), the Board considered whether to disclose or not disclose Ms. Arciniega's health records or health services.

Recommended Order

Based on the foregoing Findings of Fact and Conclusions of Law, the Agency Subordinate recommends that the Board issue an Order as follows:

1. The license issued to Katherine Arciniega, Resident-in-Counseling, to practice as a resident-in-counseling in the Commonwealth of Virginia is INDEFINITELY SUSPENDED for a period of not less than 36 months from the date of entry of this Order.

2. The license will be recorded as SUSPENDED.

3. Should Ms. Arciniega seek reinstatement of her license, an administrative proceeding shall be convened to consider such application. At such time, the burden shall be on Ms. Arciniega to demonstrate that she is safe and competent to return to practice as a resident-in-counseling. Ms.

Arciniega 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.

Reviewed and approved
By Johnston Brendel, Ed.D., LPC, LMFT
Agency Subordinate

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: **ROSALIND BRAXTON, Q.M.H.P., R.P.R.S.**
Registration Numbers: **0732-014158, 0735-001100**
Case Number: **252220**

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that Rosalind Braxton, Q.M.H.P., R.P.R.S., was convicted of felony offenses, to wit: one count of concealment third offense, one count of concealment alter price tags, and three counts of embezzlement, in the Circuit Court of the City of Virginia Beach, Virginia. A copy of the Sentencing Orders 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 registrations of Rosalind Braxton, Q.M.H.P., R.P.R.S., to practice as a qualified mental health professional and as a peer recovery specialist in the Commonwealth of Virginia are hereby SUSPENDED.

Upon entry of this Order, the registrations of Rosalind Braxton, Q.M.H.P., R.P.R.S., will be recorded as suspended. Should Ms. Braxton seek reinstatement of her registrations pursuant to Virginia Code § 54.1-2409, she shall be responsible for any fees that may be required for the reinstatement of the registrations prior to issuance of the registrations 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:

10/30/2025

CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Sentencing Orders entered February 19, 2016, May 2, 2017, and March 27, 2023, regarding Rosalind Braxton, Q.M.H.P., R.P.R.S., are a true copy of the records received from the Circuit Court of the City of Virginia Beach, Virginia.

Arne W. Owens

Arne W. Owens

10/30/2025

Date

VIRGINIA: IN THE CIRCUIT COURT OF THE CITY OF VIRGINIA BEACH

HEARING DATE: FEBRUARY 17, 2016
JUDGE: SHOCKLEY

COMMONWEALTH OF VIRGINIA
vs
ROSALIND ANITA BRAXTON, Defendant

Case Number: CR15-2285 & CR15-2286

SENTENCING ORDER

Attorney for the Commonwealth: B. Emery
Attorney for the Defendant: S. Hallauer
Court Reporter: Fiduciary Reporting, Inc.

The defendant was present and represented by counsel.

On September 14, 2015, the defendant was found GUILTY of the following offense(s):

OFFENSE DESCRIPTION	OFFENSE DATE	CODE SECTION	CRIME CODE REFERENCE
Concealment-3rd Offense	06/09/2015	18.2-103; 18.2-104 18.2-10	LAR-2339-F6
Fail or Refuse to Provide ID	06/09/2015	23-7.1	999-9999-99

The presentence report was considered and filed as part of the record in accordance with the provisions of Code §19.2-299.

Pursuant to the provisions of Code § 19.2-298.01 the applicable discretionary sentencing guidelines and the guidelines worksheets were reviewed and considered by the Court and are ordered filed as part of the record.

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 accepted the Plea Agreement and **SENTENCES** the defendant to:

Incarceration in the Virginia Department of Corrections for the term of: 3 Years on the charge of Concealment-3rd Offense.
Incarceration in the jail of this City for the term of: 12 Months on the charge of Fail to Refuse to Provide ID.
The total sentence imposed is 3 Years and 12 Months.

The Court **SUSPENDS ALL BUT 10 DAYS** of the sentence upon the following condition(s):

1. **Good Behavior.** The defendant shall be of good behavior for 4 years.

2. **Supervised Probation.** The defendant is placed on supervised probation. The defendant shall be on probation until released by the probation officer. Probation under the supervision of a probation officer shall commence upon sentencing unless the defendant is remanded to custody at sentencing then it shall commence upon release from incarceration. The defendant shall comply with all the rules, terms and requirements set by the probation officer. The defendant shall undergo and complete any counseling, screening, assessment, testing and treatment directed by the probation officer.

3. **Jail Time Delayed.** The defendant shall report to the Jail on February 26, 2016 at 7:00 p.m.

Credit for time served. The defendant sentenced to a term of confinement in a correctional facility shall be given credit for time spent in confinement while awaiting trial pursuant to Code § 53.1-187.

Costs. The defendant shall pay costs pursuant to statute.

Distribution of copies. The Clerk shall send a copy of this order to the:
Sheriff.
Probation Office of this Court.

ENTER: 2/19/16

JUDGE: [signature]

Defendant Identification:
SSN: [redacted]
DOB: 11/16/1972
SEX: FEMALE

Clerk: vbm

CERTIFIED TO BE A TRUE COPY
OF RECORD IN MY CUSTODY
TINA E. SINNEN, CLERK
CIRCUIT COURT, VIRGINIA BEACH, VA
BY _____
DEPUTY CLERK

VIRGINIA: IN THE CIRCUIT COURT OF THE CITY OF VIRGINIA BEACH

HEARING DATE: APRIL 25, 2017
JUDGE: SHOCKLEY

COMMONWEALTH OF VIRGINIA
vs
ROSALIND ANITA BRAXTON, Defendant

Case Number: CR16-2797

SENTENCING ORDER

Attorney for the Commonwealth: A. Coleman
Attorney for the Defendant: B. Khalaf
Court Reporter: Ronald Graham and Associates, Inc.

The defendant was present and represented by counsel.

On February 7, 2017, the defendant was found GUILTY of the following offense(s):

OFFENSE DESCRIPTION	OFFENSE DATE	CODE SECTION	CRIME CODE REFERENCE
Concealment-Alter Price Tags <$200	07/29/2016	18.2-103; 18.2-95	LAR-2339-F6

The presentence report was considered and filed as part of the record in accordance with the provisions of Code §19.2-299.

Pursuant to the provisions of Code § 19.2-298.01 the applicable discretionary sentencing guidelines and the guidelines worksheets were reviewed and considered by the Court and are ordered filed as part of the record.

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:

Incarceration in the Virginia Department of Corrections for the term of: 3 Years.

The Court **SUSPENDS** ALL BUT 8 MONTHS of the sentence upon the following condition(s):

1. **Good Behavior.** The defendant shall be of good behavior for 3 years from the defendant's release from confinement.

2. **Supervised Probation.** The defendant is placed on supervised probation. The defendant shall be on probation until released by the probation officer. Probation under the supervision of a probation officer shall commence upon sentencing unless the defendant is remanded to custody at sentencing then it shall commence upon release from incarceration. The defendant shall comply with all the rules, terms and requirements set by the probation officer.

3. **Jail Time Delayed.** The defendant shall report to the Jail on May 6, 2017 at 9:00 a.m.

4. **Other.** The defendant is banned form Target.

The Court further ORDERED that the defendant shall be released on a furlough from June 13, 2017 at Noon through 10:00 a.m. on June 14, 2017.

Credit for time served. The defendant sentenced to a term of confinement in a correctional facility shall be given credit for time spent in confinement while awaiting trial pursuant to Code § 53.1-187.

Costs. The defendant shall pay costs pursuant to statute.

Distribution of copies. The Clerk shall send a copy of this order to the:
Sheriff.
Probation Office of this Court.

ENTER: 5/2/17

JUDGE: [signature]

Defendant Identification:
SSN:
DOB: 11/16/1972
SEX: FEMALE

Clerk: vbm

CERTIFIED TO BE A TRUE COPY
AND RECORD IN MY CUSTODY
NANCY E. SHANEN, CLERK
CIRCUIT COURT, VIRGINIA BEACH, VA
BY [signature]
DEPUTY CLERK

VIRGINIA: IN THE CIRCUIT COURT OF THE CITY OF VIRGINIA BEACH

HEARING DATE: March 22, 2023
JUDGE: DUFFAN

Commonwealth
v. Case Number: CR21-2107
Rosalind Anita Braxton, Defendant

SENTENCING ORDER

This day came D. Talmage, the attorney for the Commonwealth, the defendant, and A. Pandya, the attorney for the defendant. Proceeding recorded by Fiduciary Court Reporting.

On 12/7/2023, the defendant was found GUILTY of the following offense:

OFFENSE DESCRIPTION	OFFENSE DATE	CODE SECTION	CRIME CODE REFERENCE
Embezzlement >=$500 (2 Counts)	08/19/2019 - 12/19/2019; 01/20/2020 - 06/20/2020;	18.2-111; 18.2-95	LAR-2707-F9
Embezzlement >=$1000	07/20/2020 - 08/20/2020	18.2-111; 18.2-95	LAR-2707-F9

A presentence report was filed. Code §19.2-299.
Sentencing guidelines filed pursuant to Code § 19.2-298.01.

The Court inquired whether the defendant had any statement to make prior to sentencing.

The Court, in accordance with accepted plea agreement, **SENTENCES** the defendant to:

Department of Corrections for the term of 5 years for each count of Embezzlement (3 Counts).

The total sentence imposed is 15 years. The Court suspends all but 2 years of the total sentence.

Time to serve to be applied to first count.

CONDITIONS OF SUSPENSION:

1. **Good Behavior.** The defendant shall be of uniform good behavior for 15 years.
2. **Restitution.** Restitution shall be paid in accordance with the terms and conditions of the Restitution order entered by the Court.

Credit for time served. The defendant will be given credit for time spent in confinement while awaiting trial pursuant to Virginia Code § 53.1-187. Such credit for time shall include any time spent in pretrial confinement or detention on separate, dismissed, or nolle prosequi charges that are from the same act as the violation for which the person is convicted and sentenced to a term of confinement.

Costs. The defendant shall pay costs pursuant to statute.

DNA. The defendant shall provide a DNA sample pursuant to §§ 19.2-310.2 and 19.2-310.3 unless a sample was previously taken from the person as indicated by the Local Inmate Data System (LIDS).

Distribution of copies. The Clerk shall send a copy of this order to the:
Sheriff.
Department of Corrections.
Probation Office of this Court.

ENTER: 3-27-23

JUDGE: _____

Defendant Identification
SS[redacted] DOB: 11/16/1972; SEX: F

Clerk: cw

CERTIFIED TO BE A TRUE COPY
OF RECORD IN MY CUSTODY
TINA E. SINNEN, CLERK
CIRCUIT COURT, VIRGINIA BEACH, VA
BY _____
DEPUTY CLERK

DNA Testing. The defendant shall submit to DNA testing pursuant to §19.2-310.2 of the Virginia Code (1950), as amended.

Banishment. The defendant is banned from the **A. J. Wright Store** in Chesterfield County.

Supervised Probation. The defendant is placed on probation to commence upon release from incarceration, under the supervision of a Probation Officer, until released by the Court or by the Probation Officer. The defendant shall comply with all the rules and requirements set by the Probation Officer.

Costs. Pursuant to Titles 16.1 and 17.1 of the Code of Virginia, (1950) as amended, the defendant shall pay court costs, including attorney fees, if appointed, and any interest that may accrue until the balance is paid in full.

Interest is deferred on all fines and/or costs pending the defendant's release from incarceration on this/these charge(s). No deferral is extended to those defendants participating in alternative programs.

Credit for Time Served. The defendant shall be given credit for time spent in confinement while awaiting trial pursuant to Code § 53.1-187.

Departure. The defendant is remanded to the custody of the sheriff.

Court Reporter. These proceedings were reported by Crane-Snead & Associates, Inc., Court Reporters.

6/7/13
DATE

JUDGE

DEFENDANT IDENTIFICATION:
Alias: **n/a**
SSN: **133-70-9931** DOB: **08-21-1986** Sex: **Female**

SENTENCING SUMMARY:
TOTAL SENTENCE IMPOSED: **5 years**
TOTAL SENTENCE SUSPENDED: **4 years and 6 months**

wws/jtb JUN 10 2013 Filming/DOC/VCSC/Def Atty/Probation
Sentencing Report/Revocation Report provided

Virginia Department of
Health Professions
Board of Counseling

LICENSING REPORT

Satisfaction Survey Results	
2026 1st Quarter (July 1 – October31, 2025)	93.6%

Totals as of January 5, 2026*

Current Active Licenses	
Certified Substance Abuse Counselor	1,762
CSAC Supervisee	1,750
Substance Abuse Counseling Assistant	327
Licensed Marriage and Family Therapist	1,495
Marriage & Family Therapist Resident	181
Licensed Professional Counselor	11,523
Resident in Counseling	3,688
Substance Abuse Treatment Practitioner	567
Substance Abuse Treatment Residents	22
Rehabilitation Provider	127
Qualified Mental Health Professional	8,817
Qualified Mental Health Professional-Trainee	8,288
Registered Peer Recovery Specialist	1,088
Behavioral Health Technician	39
Behavioral Health Technician Assistant	60
Total	**39,734***

*Unofficial numbers (for informational purposes only)

Virginia Department of
Health Professions
Board of Counseling

Licenses, Certifications and Registrations Issued

License Type	August 2025	September 2025	October 2025	November 2025	December 2025*
Certified Substance Abuse Counselor	6	14	10	8	6
CSAC Supervisee	36	78	60	53	49
Certified Substance Abuse Counseling Assistant	4	8	3	2	7
Licensed Marriage and Family Therapist	18	29	22	9	16
Marriage & Family Therapist Resident	2	6	4	0	1
Pre-Education Review for LMFT	0	1	0	1	0
Licensed Professional Counselor	121	132	149	80	107
Resident in Counseling	117	196	81	53	55
Pre-Education Review for LPC	7	15	5	10	2
Substance Abuse Treatment Practitioner	3	14	9	8	7
Substance Abuse Treatment Residents	0	1	2	0	0
Pre-Education Review for LSATP	0	0	0	0	0
Rehabilitation Provider	0	0	1	0	0
Qualified Mental Health Professional	34	59	61	58	25
Qualified Mental Health Professional Trainee	119	158	154	117	103
Registered Peer Recovery Specialist	24	18	24	26	22
Behavioral Health Technician	4	12	4	10	8
Behavioral Health Technician Assistant	4	17	6	25	8
Total	**499**	**758**	**595**	**460**	**416**

*Unofficial numbers (for informational purposes only)

Virginia Department of
Health Professions
Board of Counseling

Licenses, Certifications and Registration Applications Received

Applications Received	August 2025*	September 2025*	October 2025*	November 2025*	December 2025*
Certified Substance Abuse Counselor	14	13	20	14	14
CSAC Supervisee	57	84	58	77	64
Certified Substance Abuse Counseling Assistant	6	6	6	13	13
Licensed Marriage and Family Therapist	30	26	18	8	18
Marriage & Family Therapist Resident	1	8	7	1	2
Pre-Education Review for LMFT	2	0	1	0	0
Licensed Professional Counselor	159	143	137	136	109
Resident in Counseling	168	167	76	48	70
Pre-Education Review for LPC	12	13	8	6	10
Substance Abuse Treatment Practitioner	5	12	12	7	6
Substance Abuse Treatment Residents	2	2	5	1	2
Pre-Education Review for LSATP	0	0	2	2	0
Rehabilitation Provider	1	0	0	0	0
Qualified Mental Health Professional	178	85	86	69	41
Qualified Mental Health Professional - Trainee	102	198	165	151	159
Registered Peer Recovery Specialist	28	25	26	33	32
Behavioral Health Technician	18	7	5	8	15
Behavioral Health Technician Assistant	22	19	13	13	33
Total	**805**	**808**	**645**	**587**	**588**

*Unofficial numbers (for informational purposes only)

Virginia Department of
Health Professions
Board of Counseling

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)
      - Vacant – 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, limited staff, new residency requirements 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.

- **New Residency Requirements Effective December 18, 2025**
  - Developed and posted a comparison chart and FAQs outlining the changes.
  - Sent an email blast to applicants and licensees detailing the updates.
  - Updated all related materials, including instructions, forms, website content, FAQs, licensure process handbooks, online checklists, and coordinated with IT to adjust renewal dates.

Approved Training and Education Pathways for Registration as a Behavioral Health Technician Assistant (BHT-A) and Behavioral Health Technician (BHT)

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.

Approved Training and Education Pathways for Registration as a Behavioral Health Technician Assistant (BHT-A) and Behavioral Health Technician (BHT)

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
Crisis Intervention Team (CIT) Training *(Only applicable for first responders)*	40 Hours *(meets all core content requirements)*
Camp Community College (*Behavioural Health Technician Assistant Certification Program – Fall 2026*)	20 Hours (*meets all core content requirements for BHT-As*)
The below programs meet the full 40-hour requirement (no additional training needed)	
Adult Continuing Education (ACE) for Mental Health Tech	
American Association of Psychiatric Techs (AAPT) Level 2 or Higher	
Approved Human Services Programs from VA Community Colleges (see next section)	
Career and Technical Education (CTE) – Mental Health Assistant or Equivalent	
Foundations to Success	
Relias Academy (BHT-A 20 Hour Education Program and BHT 40 Hour Education Program)	
Seven Summits Family Services	

Approved Training and Education Pathways for Registration as a Behavioral Health Technician Assistant (BHT-A) and Behavioral Health Technician (BHT)

U.S. Air Force Mental Health Service Specialist
U.S. Army Behavioral Health Tech 68X
U.S. Navy Behavioral Health Tech
Virginia Health Worker Community Health Worker Training

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
	  ○ *Discontinued Fall 2025*
	• Human Services, AAS
	  ○ *Discontinued Fall 2025*

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.

Approved Training and Education Pathways for Registration as a Qualified Mental Health Professional-Trainee (QMHP-T) and Qualified Mental Health Professional (QMHP)

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.

Approved Training and Education Pathways for Registration as a Qualified Mental Health Professional-Trainee (QMHP-T) and Qualified Mental Health Professional (QMHP)

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
Crisis Intervention Team (CIT) Training *(Only applicable for first responders)*	40 Hours *(meets all core content requirements)*
Licensed Baccalaureate Social Worker (LBSW)	60 Hours *(meets all core content requirements)*
The below programs meet the full 80-hour requirement (no additional training needed)	
Adult Continuing Education (ACE) for Mental Health Tech	
American Association of Psychiatric Techs (AAPT) Level 2 or Higher	
Approved Human Services Programs from VA Community Colleges (see next section)	
Career and Technical Education (CTE) – Mental Health Assistant or Equivalent	
Foundations to Success	
Master's Degree in Human Services (See Section VII)	
Relias Academy (QMHP-T 60-Hour Education Program and QMHP 80-Hour Education Program)	
Seven Summits Family Services	
U.S. Air Force Mental Health Service Specialist	
U.S. Army Behavioral Health Tech 68X	
U.S. Navy Behavioral Health Tech	
VHWDA Community Health Worker Training Program	

Approved Training and Education Pathways for Registration as a Qualified Mental Health Professional-Trainee (QMHP-T) and Qualified Mental Health Professional (QMHP)

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 • 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
	  ○ *Discontinued Fall 2025*
	• Human Services, AAS
	  ○ *Discontinued Fall 2025*

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

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.

Counseling Compact Commission Administrative Policy

Code of Conduct

Adopted by the Counseling Compact Commission on October 25, 2022

I. Introduction

As a joint government entity created by the enactment of the Counseling Compact (Compact) by the member states, the Counseling Compact Commission (Commission) affords great deference to its member states in selecting Counseling Compact Commission Delegates (Delegates) to represent them. The diverse personal, educational, and professional backgrounds of Delegates are one of the Commission's greatest assets. However, this diversity means that some Delegates may have personal pecuniary interests which are affected by the outcomes of management and other decisions which must be made concerning the administration of the Compact Commission at times. This policy was implemented to ensure transparency, accountability, and integrity in the Commission's decision-making process.

II. Code of Conduct

Delegates and their Temporary Representatives appointed by the states are responsible for upholding the integrity of the Commission and its member states. No Delegate or Temporary Representative shall engage in criminal or unethical conduct prejudicial to the Commission, any other Delegate, or any other state.

No Delegate or Temporary Representative shall vote or participate in debate upon a matter in which they have a direct or indirect financial or other personal interest resulting in a personal benefit that conflicts with the fair and impartial conduct of official duties. The Executive Committee shall have the sole authority to consider allegations of breaches of this code, including appeals from Delegates alleged to be in violation herewith. In the case of a breach, the Executive Committee may direct the Chair to notify the appropriate appointing authority in the Delegate's home state.

III. Definition

A Conflict of Interest is a set of circumstances that creates a risk that professional judgement or actions regarding a primary interest will be unduly influenced by a secondary personal interest economic or otherwise.

IV. Disclosure of Conflicts of Interest

1. All Delegates and Temporary Representatives are required to complete a Code of Conduct form. The form constitutes an agreement by each Delegate and Temporary Representative to disclose personal interests that may impact the ability of a Delegate or Temporary Representative to conduct business in a "fair and impartial" manner and that the Delegate or Temporary Representative will recuse from debating or voting on such a matter in fulfilling the duties of an OT Compact Delegate or Temporary Representative.

2. Completed Code of Conduct forms must be submitted to the Executive Director by January 31 of each year, regardless of whether there have been any changes in status from the previous year. If a Delegate or Temporary Representative is appointed after January 31, a completed Code of Conduct form must be submitted prior to participation in a Commission meeting. For the first year of implementation of this policy, all Delegates and Temporary Representatives must complete the form prior to the October 25 & 26 2022 Inaugural Meeting.

3. Completed Code of Conduct forms are public documents which may be disclosed by the Commission upon request.

V. Delegate and Temporary Representative Recusal

Prior to the discussion of an issue in which a Delegate or Temporary Representative believes a conflict of interest may exist, the Delegate or Temporary Representative must announce to the Committee or Commission meeting that they are recusing themself from participating in the caucus and voting. Once recused, the Delegate or Temporary Representative will not be able to participate in the debate or the vote concerning the matter which led to the recusal.

VI. Concerns over Financial Disclosure and Conflict of Interest

Concerns over conflicts of interest should be brought to the attention of the Chair of the Commission for consideration by the Executive Committee. The Executive Committee will determine if any of the provisions of the Commission's Policy on Conflicts of Interest have been violated and decide the appropriate action, if any.

VII. Notification of Home State Appointing Authority

If any of the following conditions are met, the Commission may notify the appropriate appointing authority in the home state of the Delegate or Temporary Representative regarding its concern about the ability of the Delegate or Temporary Representative to perform his/her duties in a fair and impartial manner.

1. The Delegate or Temporary Representative has a substantial financial conflict of interest in the outcome of the matter, such as the awarding of a contract for services or employment;

2. The Delegate or Temporary Representative has a substantial positional conflict of interest in the outcome of the matter, such as a leadership position for another organization whose purpose is contrary to that of the Commission;

3. The Delegate or Temporary Representative has been found in violation of criminal or civil state or federal statute or regulation;

4. The Executive Committee determines that a Delegate or Temporary Representative is not performing their duties consistent with this policy.

Code of Conduct Form

Delegates or Temporary Representatives appointed by the states are responsible for upholding the integrity of the Commission and its member states. No Delegate or Temporary Representatives shall engage in criminal or unethical conduct prejudicial to the Commission, any other Delegate, or any other state. No Delegate or Temporary Representative shall have a direct or indirect financial interest that conflicts with the fair and impartial conduct of official duties. The Executive Committee, in consultation with Legal Counsel to the Commission, shall have the sole authority to consider allegations of breaches of this code, including appeals from Delegates alleged to be in violation herewith. In the case of a breach, the Executive Committee may direct the Chair to notify the appropriate appointing authority in the Delegate or Temporary Representative's home state.

I,_____,
(print name)

_____for the State of _____
(title—delegate or temporary representative)

hereby swear or affirm that I have read and understand the Counseling Compact Commission Code of Conduct and will comply with said policy in all matters pertaining to my duties and obligations as a Delegate, Temporary Representative, or Officer of the Commission, including my obligation to recuse myself from consideration, debate or voting on any matter that conflicts with the fair and impartial conduct of my official duties.

_____
(Signature)

Dated this ___ day of _____, 20__.