

**AGENDA – QUARTERLY BOARD MEETING**

**Board of Psychology**

**Tuesday, May 16, 2017, 10:00 a.m.**

**9960 Mayland Drive, Suite 200, Board Room 1**

**Henrico, VA 23233**

**10:00 a.m. Call to Order** – Herbert Stewart, Ph.D., LCP, Chair

- Welcome and Introductions
- Emergency Evacuation Instructions
- Adoption of Agenda

**Public Comment**

**Approval of Minutes of January 24, 2017**

**Agency Director’s Report** – David Brown, D.C.

**Regulatory/Legislative Update** – Elaine Yeatts, Senior Policy Analyst

**Board Counsel’s Report** – James Rutkowski, Esquire, Assistant Attorney General

**Executive Director’s Report** – Jaime Hoyle, Esquire

**Deputy Executive Director’s Report** – Jennifer Lang

**Licensing Manager’s Report** – Deborah Harris

**Committee Reports**

- Board of Health Professions – Herbert Stewart, Ph.D., LCP
- Regulatory Committee Report – James Werth, Ph.D., ABPP, LCP

**New Business**

- Psychology Interjurisdictional Compact (PSYPACT) Presentation – Alex Seigel, J.D., Ph.D., Director of Professional Affairs, Association of State and Provincial Psychology Boards (ASPPB)
- ASPPB Report – Herbert Stewart, Ph.D., LCP
- “Conversation with the Board” Report – JD Ball, Ph.D., LCP
- PLUS

**Adjournment**

# **Emergency Evacuation Instructions**

**PERIMETER CENTER CONFERENCE CENTER**  
**EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS**  
(Script to be read at the beginning of each meeting.)

**PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.**

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

**Board Room 1**

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

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

# **Approval of Minutes**

**Virginia Board of Psychology  
Quarterly Board Meeting  
Draft Minutes  
January 24, 2017**

The Virginia Board of Psychology (“Board”) meeting convened at 10:10 a.m. on Tuesday, January 24, 2017 in Board Room 1 at the Department of Health Professions (“DHP”), 9960 Mayland Drive, Richmond, Virginia. Dr. Herbert Stewart, Ph.D., Board Chair, called the meeting to order.

**Board Members Present:**

Herbert Stewart, Ph.D., Chair  
J.D. Ball, Ph.D., ABPP  
James Werth, Ph.D., ABPP  
Susan Brown Wallace, Ph.D.  
Peter L. Sheras, Ph.D., ABPP  
Rebecca Vauter, Ph.D., ABPP

**Board Members Absent:**

Deja Lee, Citizen Member  
Jennifer Little, Citizen Member

**DHP Staff Present:**

Jaime Hoyle, Executive Director  
Elaine Yeatts, DHP Senior Policy Analyst  
Jennifer Lang, Deputy Executive Director  
Deborah Harris, Licensing Manager  
Christy Evans, Discipline Specialist  
Ms. Lisa Hahn, DHP Chief Deputy Director

**Board Counsel:**

Jim Rutkowski, Assistant Attorney General

**Call to Order:**

Dr. Stewart called the meeting to order and read the Emergency Egress procedures.

**Adoption of Agenda:**

One change was made to the agenda to postpone the presentation by ASPPB’s Alex Siegel until the May 16<sup>th</sup>, 2017 Board Meeting. That motion was accepted and carried.

### **Summary Suspension Presentation:**

The Office of the Attorney General's officer Julia Bennett presented a summary of evidence in disciplinary case #175718 for the Board's consideration of a summary suspension of the license of David Michael Mitchell, Psy.D. , L.C.P. See attachment A for hearing summary minutes.

### **Approval of Minutes**

The minutes of the November 1, 2016 meeting were approved as presented.

### **Public Comment**

Jennifer Morgan of the Virginia Academy of Clinical Psychologists (VACP) spoke about the Conversation hour that will be held in Norfolk on April 28<sup>th</sup>, 2017. She thanked those who have signed up to participate at the upcoming meeting, and encouraged anyone else on the Board or staff to sign up as well.

### **Director's Report**

Lisa Hahn reported on behalf of Dr. Brown, as he was unable to attend due to the General Assembly session. Ms. Hahn discussed some of the bills that will impact DHP and the Boards. Ms. Yeatts' report below will provide more detail on the legislation.

### **Legislative & Regulatory Update**

Elaine Yeatts provided further information on the bills DHP is following during the current General Assembly session. They are as follows:

- House Bill (HB) 2042 Suicide prevention; continuing education requirements for providers
- Senate Bill (SB) 848 Naloxone; dispensing for use in opioid overdose reversal, etc.
- SB 1020 Peer Recovery specialists and qualified mental health professionals
- SB 1024 Health care practitioners; reporting disabilities of drivers
- SB 1230 Opiate prescriptions, electronic prescriptions
- SB1232 Controlled substances; limits on prescription containing opioids

SB 1020 will impact the Behavioral Science boards more than any of the other bills

### **Executive Director's Report**

Jaime Hoyle reported that the Board keeps moving forward with the concept of "going green" by not only using the laptops at Board meetings, but with the June 30, 2018 renewal, the Board will move to exclusively "online renewal" notices. This year the Board will still mail renewal notices but will use that opportunity, as well as any other opportunity, to let licensees know that this year will be the last year licensees will receive renewal notices by mail. Ms. Hoyle also stated that the behavioral sciences

boards are moving to online applications and expects that transition to be completed this year as well. Ms. Hoyle stated that she volunteered to participate in ASPPB committee work and they placed her on the planning committee for ASPPB's mid-year meeting in Memphis.

### **Board Office Update**

Deborah Harris reported information on licensing activity, noting that the Board regulated the following 112 licensees and certificate holders this quarter:

- Licensed Clinical Psychologists (LCP) 71
- Licensed School Psychologists (School) 2
- School Psychologists Limited 25
- Certified Sex Offender Treatment Providers (CSOTP) 4
- Residents in Training 10

To date, there are a total of 4,994 licensees regulated by the Board.

### **Discipline Report:**

Jennifer Lang reported the following information for current cases:

- Total of 82 cases
- 20 in investigation
- 59 in probable cause
- 1 in Administrative Processing Division (APD)
- 1 Informal Conference (IFC)
- 1 Formal Hearing

Christy Evans reported on the Continuing Education (CE) Audit Review with the following:

<u>Psychology:</u>	1% of licensees pulled	
LCP: 26	Compliant: 21	Non: 5
SOTP: 4	Compliant: 3	Non: 1
Applied: 1	Compliant: 1	Non: 0
School: 5	Compliant: 5	Non: 0

## **Board Counsel Report**

No report.

## **Committee Reports**

### *Board of Health Professions*

Dr. Stewart indicated he was appointed to the Board of Health Professions but his first meeting in attendance will not be until the next meeting which is in February.

### *Regulatory Report.*

Dr. Werth indicated he would report under Unfinished Business.

## **New Business**

Alpha Stim Discussion was tabled.

## **Amendments to Bylaws**

Dr. Stewart led the discussion of amendments to the Bylaws. The Board discussed the bylaws line by line. There was a motion that carried for the suggested changes to be put into draft format and presented for approval at the next Board meeting in May.

## **Unfinished Business**

Dr. Werth discussed the Draft Psychology Assessment Guidance Document with the Board. The Board determined that some changes still needed to be made before Ms. Hoyle should distribute it to the other Boards. The Regulatory committee will finalize the changes and suggestions at its next meeting.

## **Consideration of a Request for Modification**

### Closed Session:

Dr. Werth moved that the Board of Psychology convene in a closed session pursuant to §2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in a request for modification of a previously issued board order as requested by Hope Bagley, Ph.D., LCP. He further moved that Mr. Rutkowski, Ms. Hoyle, Ms. Lang, Ms. Evans, and Ms. Harris attend the closed meeting because their presence was deemed necessary and would aid the Board in its deliberation. The motion was seconded and passed unanimously.

### Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the

requirements of §2.2-3712 of the *Code*, the Board reconvened in open meeting and announced the decision.

**Decision:**

Upon a motion by Dr. Werth and duly seconded by Dr. Vauter, the Board voted unanimously to approve Dr. Bagley's request to amend the previously issued Board Order, pending consultation with Dr. Bagley's attorney by the Executive Director.

**Adjourn:**

The meeting adjourned at 3:40 p.m.

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Herbert Stewart, Chair

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Jaime Hoyle, Executive Director

Draft

## ATTACHMENT A

### BOARD OF PSYCHOLOGY SUMMARY SUSPENSION HEARING Tuesday, January 24, 2017

**TIME AND PLACE:** Tuesday, January 24, 2017 at the Department of Health Professions, 9960 Mayland Drive, Ste. 201, Henrico, Virginia, Board Room 1.

**MEMBERS PRESENT:** Herbert Stewart, Ph.D., LCP, Chairman  
John Ball, Ph.D., LCP  
Peter Sheras, Ph.D., LCP  
Rebecca Vauter, Psy.D., LCP  
Susan Brown Wallace, Ph.D., LCP, LSP  
James Werth, Jr., Ph.D., LCP

With 6 members present, a quorum was established.

**MEMBERS ABSENT:** Deja Lee, Citizen Member  
Jennifer Little, Citizen Member

**STAFF PRESENT:** Christy Evans, Discipline Case Specialist  
Lisa Hahn, DHP Deputy Director  
Debbie Harris, Licensing Manager  
Jaime Hoyle, Executive Director  
Jennifer Lang, Deputy Executive Director  
James Rutkowski, Assistant Attorney General, Board Counsel

**OTHERS PRESENT:** Julia Bennett, Assistant Attorney General  
Emily Tatum, Adjudication Specialist

**PURPOSE OF THE MEETING:** The meeting was convened to hear a presentation from Assistant Attorney General Julia Bennett and Adjudication Specialist Emily Tatum regarding David Mitchell, Psy.D., LCP and disciplinary case #175718.

Ms. Bennett presented a summary of the evidence of the case and asked the Board to consider a summary suspension of Dr. Mitchell's license to practice clinical psychology.

**CLOSED MEETING:** Dr. Werth moved that the Board convene in a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Dr. Mitchell. Additionally, he moved that Mr. Rutkowski, Ms. Hoyle, Ms. Lang, Ms. Evans, Ms. Harris, and Ms. Hahn 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.

**RECONVENE:**

Having certified that the matters discussed in the preceding closed meeting met the requirements of §2.2-3712 of the Code, the Board reconvened in open meeting and announced the decision.

**DECISION:**

Dr. Brown Wallace moved that the Board summarily suspend the license of David Mitchell, Psy.D., LCP to practice clinical psychology in the Commonwealth of Virginia, pending a Formal Hearing before the Board. Additionally, she moved that the Board offer a Consent Order to Dr. Mitchell for the indefinite suspension of his license, in lieu of a Formal Hearing. The motion was seconded by Dr. Vauter and passed with unanimously.

Draft

# **Executive Director's Report**

Virginia Department of Health Professions  
Cash Balance  
As of March 31, 2017

	<u>108- Psychology</u>
<b>Board Cash Balance as of June 30, 2016</b>	\$ 883,936
<b>YTD FY17 Revenue</b>	83,802
<b>Less: YTD FY17 Direct and In-Direct Expenditures</b>	<u>336,086</u>
<b>Board Cash Balance as March 31, 2017</b>	<u><u>631,652</u></u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
<b>4002400</b>	<b>Fee Revenue</b>				
4002401	Application Fee	57,075.00	41,350.00	(15,725.00)	138.03%
4002406	License & Renewal Fee	19,052.00	503,250.00	484,198.00	3.79%
4002407	Dup. License Certificate Fee	190.00	115.00	(75.00)	165.22%
4002408	Board Endorsement - In	210.00	-	(210.00)	0.00%
4002409	Board Endorsement - Out	2,500.00	2,050.00	(450.00)	121.95%
4002421	Monetary Penalty & Late Fees	4,775.00	1,130.00	(3,645.00)	422.57%
4002432	Misc. Fee (Bad Check Fee)	-	70.00	70.00	0.00%
	<b>Total Fee Revenue</b>	<u>83,802.00</u>	<u>547,965.00</u>	<u>464,163.00</u>	<u>15.29%</u>
	<b>Total Revenue</b>	<u>83,802.00</u>	<u>547,965.00</u>	<u>464,163.00</u>	<u>15.29%</u>
<b>5011110</b>	<b>Employer Retirement Contrib.</b>	5,326.20	6,709.00	1,382.80	79.39%
5011120	Fed Old-Age Ins- Sal St Emp	2,954.84	4,279.00	1,324.16	69.05%
5011130	Fed Old-Age Ins- Wage Earners	212.37	-	(212.37)	0.00%
5011140	Group Insurance	513.18	652.00	138.82	78.71%
5011150	Medical/Hospitalization Ins.	5,626.50	7,140.00	1,513.50	78.80%
5011160	Retiree Medical/Hospitalizatn	461.86	587.00	125.14	78.68%
5011170	Long term Disability Ins	259.92	329.00	69.08	79.00%
	<b>Total Employee Benefits</b>	<u>15,354.87</u>	<u>19,696.00</u>	<u>4,341.13</u>	<u>77.96%</u>
<b>5011200</b>	<b>Salaries</b>				
5011230	Salaries, Classified	39,200.93	49,731.00	10,530.07	78.83%
5011250	Salaries, Overtime	-	6,200.00	6,200.00	0.00%
	<b>Total Salaries</b>	<u>39,200.93</u>	<u>55,931.00</u>	<u>16,730.07</u>	<u>70.09%</u>
<b>5011300</b>	<b>Special Payments</b>				
5011380	Deferred Compnstn Match Pmts	380.00	480.00	100.00	79.17%
	<b>Total Special Payments</b>	<u>380.00</u>	<u>480.00</u>	<u>100.00</u>	<u>79.17%</u>
<b>5011400</b>	<b>Wages</b>				
5011410	Wages, General	2,776.20	-	(2,776.20)	0.00%
	<b>Total Wages</b>	<u>2,776.20</u>	<u>-</u>	<u>(2,776.20)</u>	<u>0.00%</u>
<b>5011530</b>	<b>Short-trm Disability Benefits</b>	169.54	-	(169.54)	0.00%
	<b>Total Disability Benefits</b>	<u>169.54</u>	<u>-</u>	<u>(169.54)</u>	<u>0.00%</u>
<b>5011930</b>	<b>Turnover/Vacancy Benefits</b>	-	-	-	0.00%
	<b>Total Personal Services</b>	<u>57,881.54</u>	<u>76,107.00</u>	<u>18,225.46</u>	<u>76.05%</u>
<b>5012000</b>	<b>Contractual Svcs</b>				
<b>5012100</b>	<b>Communication Services</b>				
5012110	Express Services	24.68	172.00	147.32	14.35%
5012140	Postal Services	5,179.76	4,560.00	(619.76)	113.59%
5012150	Printing Services	-	82.00	82.00	0.00%
5012160	Telecommunications Svcs (VITA)	245.89	425.00	179.11	57.86%
5012190	Inbound Freight Services	16.97	-	(16.97)	0.00%
	<b>Total Communication Services</b>	<u>5,467.30</u>	<u>5,239.00</u>	<u>(228.30)</u>	<u>104.36%</u>
<b>5012200</b>	<b>Employee Development Services</b>				
5012210	Organization Memberships	2,750.00	5,500.00	2,750.00	50.00%
5012240	Employee Trainng/Workshop/Conf	920.00	-	(920.00)	0.00%
	<b>Total Employee Development Services</b>	<u>3,670.00</u>	<u>5,500.00</u>	<u>1,830.00</u>	<u>66.73%</u>
<b>5012400</b>	<b>Mgmnt and Informational Svcs</b>	-	-	-	-

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5012420	Fiscal Services	5,499.11	8,270.00	2,770.89	66.49%
5012440	Management Services	63.67	330.00	266.33	19.29%
5012460	Public Infrmntl & Relatn Svcs	648.00	-	(648.00)	0.00%
5012470	Legal Services	-	250.00	250.00	0.00%
	<b>Total Mgmnt and Informational Svcs</b>	<b>6,210.78</b>	<b>8,850.00</b>	<b>2,639.22</b>	<b>70.18%</b>
5012600	Support Services				
5012640	Food & Dietary Services	759.10	432.00	(327.10)	175.72%
5012660	Manual Labor Services	374.83	427.00	52.17	87.78%
5012670	Production Services	3,203.62	935.00	(2,268.62)	342.63%
5012680	Skilled Services	5,906.58	13,815.00	7,908.42	42.75%
	<b>Total Support Services</b>	<b>10,244.13</b>	<b>15,609.00</b>	<b>5,364.87</b>	<b>65.63%</b>
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	5,183.60	2,822.00	(2,361.60)	183.69%
5012830	Travel, Public Carriers	815.00	-	(815.00)	0.00%
5012850	Travel, Subsistence & Lodging	2,942.53	101.00	(2,841.53)	2913.40%
5012880	Trvl, Meal Reimb- Not Rprtble	1,445.50	139.00	(1,306.50)	1039.93%
	<b>Total Transportation Services</b>	<b>10,386.63</b>	<b>3,062.00</b>	<b>(7,324.63)</b>	<b>339.21%</b>
	<b>Total Contractual Svcs</b>	<b>35,978.84</b>	<b>38,260.00</b>	<b>2,281.16</b>	<b>94.04%</b>
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	371.80	348.00	(23.80)	106.84%
5013130	Stationery and Forms	16.92	1,554.00	1,537.08	1.09%
	<b>Total Administrative Supplies</b>	<b>388.72</b>	<b>1,902.00</b>	<b>1,513.28</b>	<b>20.44%</b>
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	2.37	2.00	(0.37)	118.50%
	<b>Total Repair and Maint. Supplies</b>	<b>2.37</b>	<b>2.00</b>	<b>(0.37)</b>	<b>118.50%</b>
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	26.00	26.00	0.00%
5013630	Food Service Supplies	-	100.00	100.00	0.00%
	<b>Total Residential Supplies</b>	<b>-</b>	<b>126.00</b>	<b>126.00</b>	<b>0.00%</b>
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	<b>Total Specific Use Supplies</b>	<b>-</b>	<b>10.00</b>	<b>10.00</b>	<b>0.00%</b>
	<b>Total Supplies And Materials</b>	<b>391.09</b>	<b>2,040.00</b>	<b>1,648.91</b>	<b>19.17%</b>
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	325.00	-	(325.00)	0.00%
	<b>Total Awards, Contrib., and Claims</b>	<b>325.00</b>	<b>-</b>	<b>(325.00)</b>	<b>0.00%</b>
	<b>Total Transfer Payments</b>	<b>325.00</b>	<b>-</b>	<b>(325.00)</b>	<b>0.00%</b>
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	32.00	32.00	0.00%
	<b>Total Insurance-Fixed Assets</b>	<b>-</b>	<b>32.00</b>	<b>32.00</b>	<b>0.00%</b>
5015300	Operating Lease Payments				
5015340	Equipment Rentals	400.35	540.00	139.65	74.14%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
				Budget	
5015350	Building Rentals	7.29	-	(7.29)	0.00%
5015390	Building Rentals - Non State	2,439.08	3,129.00	689.92	77.95%
	<b>Total Operating Lease Payments</b>	<b>2,846.72</b>	<b>3,669.00</b>	<b>822.28</b>	<b>77.59%</b>
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	120.00	120.00	0.00%
5015540	Surety Bonds	-	8.00	8.00	0.00%
	<b>Total Insurance-Operations</b>	<b>-</b>	<b>128.00</b>	<b>128.00</b>	<b>0.00%</b>
	<b>Total Continuous Charges</b>	<b>2,846.72</b>	<b>3,829.00</b>	<b>982.28</b>	<b>74.35%</b>
5022000	Equipment				
5022100	Computer Hardware & Sftware				
5022180	Computer Software Purchases	255.30	-	(255.30)	0.00%
	<b>Total Computer Hrdware &amp; Sftware</b>	<b>255.30</b>	<b>-</b>	<b>(255.30)</b>	<b>0.00%</b>
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	52.00	52.00	0.00%
	<b>Total Educational &amp; Cultural Equip</b>	<b>-</b>	<b>52.00</b>	<b>52.00</b>	<b>0.00%</b>
5022600	Office Equipment				
5022610	Office Appurtenances	-	70.00	70.00	0.00%
5022620	Office Furniture	52.59	-	(52.59)	0.00%
	<b>Total Office Equipment</b>	<b>52.59</b>	<b>70.00</b>	<b>17.41</b>	<b>75.13%</b>
	<b>Total Equipment</b>	<b>307.89</b>	<b>122.00</b>	<b>(185.89)</b>	<b>252.37%</b>
	<b>Total Expenditures</b>	<b>97,731.08</b>	<b>120,358.00</b>	<b>22,626.92</b>	<b>81.20%</b>
	<b>Allocated Expenditures</b>				
20100	Behavioral Science Exec	64,866.16	119,396.40	54,530.24	54.33%
30100	Data Center	40,249.56	61,928.73	21,679.17	64.99%
30200	Human Resources	5,420.28	18,965.25	13,544.97	28.58%
30300	Finance	19,784.31	25,548.76	5,764.45	77.44%
30400	Director's Office	10,426.68	15,026.96	4,600.27	69.39%
30500	Enforcement	66,688.40	79,471.14	12,782.74	83.92%
30600	Administrative Proceedings	13,255.60	13,008.70	(246.90)	101.90%
30700	Impaired Practitioners	396.61	883.93	487.32	44.87%
30800	Attorney General	6,533.06	8,597.29	2,064.22	75.99%
30900	Board of Health Professions	4,814.67	9,908.57	5,093.90	48.59%
31100	Maintenance and Repairs	-	315.52	315.52	0.00%
31300	Emp. Recognition Program	199.51	242.71	43.20	82.20%
31400	Conference Center	164.99	165.90	0.91	99.45%
31500	Pgm Devlpmnt & Implmentn	5,554.62	7,666.80	2,112.19	72.45%
	<b>Total Allocated Expenditures</b>	<b>238,354.47</b>	<b>361,126.67</b>	<b>122,772.20</b>	<b>66.00%</b>
	<b>Net Revenue in Excess (Shortfall) of Expenditures</b>	<b>\$ (252,283.55)</b>	<b>\$ 66,480.33</b>	<b>\$ 318,763.88</b>	<b>379.49%</b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
4002400	Fee Revenue										
4002401	Application Fee	6,685.00	7,590.00	8,360.00	7,425.00	6,225.00	4,515.00	5,405.00	6,255.00	4,615.00	57,075.00
4002406	License & Renewal Fee	9,446.00	4,176.00	1,175.00	1,205.00	1,055.00	555.00	480.00	665.00	295.00	19,052.00
4002407	Dup. License Certificate Fee	25.00	10.00	55.00	5.00	10.00	20.00	15.00	20.00	30.00	190.00
4002408	Board Endorsement - In	-	-	210.00	-	-	-	-	-	-	210.00
4002409	Board Endorsement - Out	200.00	400.00	350.00	300.00	250.00	250.00	125.00	300.00	325.00	2,500.00
4002421	Monetary Penalty & Late Fees	2,475.00	1,150.00	350.00	225.00	275.00	100.00	100.00	-	100.00	4,775.00
	Total Fee Revenue	18,831.00	13,326.00	10,500.00	9,160.00	7,815.00	5,440.00	6,125.00	7,240.00	5,365.00	83,802.00
	Total Revenue	18,831.00	13,326.00	10,500.00	9,160.00	7,815.00	5,440.00	6,125.00	7,240.00	5,365.00	83,802.00
5011000	Personal Services										
5011100	Employee Benefits										
5011110	Employer Retirement Contrib.	853.72	559.06	559.06	559.06	559.06	559.06	559.06	559.06	559.06	5,326.20
5011120	Fed Old-Age Ins- Sal St Emp	466.30	311.06	311.07	311.07	311.07	311.07	311.07	311.07	311.06	2,954.84
5011130	Fed Old-Age Ins- Wage Earners	145.39	66.98	-	-	-	-	-	-	-	212.37
5011140	Group Insurance	78.94	54.28	54.28	54.28	54.28	54.28	54.28	54.28	54.28	513.18
5011150	Medical/Hospitalization Ins.	866.50	595.00	595.00	595.00	595.00	595.00	595.00	595.00	595.00	5,626.50
5011160	Retiree Medical/Hospitalizatn	70.66	48.90	48.90	48.90	48.90	48.90	48.90	48.90	48.90	461.86
5011170	Long term Disability Ins	41.04	27.36	27.36	27.36	27.36	27.36	27.36	27.36	27.36	259.92
	Total Employee Benefits	2,522.55	1,662.64	1,595.67	1,595.67	1,595.67	1,595.67	1,595.67	1,595.67	1,595.66	15,354.87
5011200	Salaries										
5011230	Salaries, Classified	6,046.85	4,144.26	4,144.26	4,144.26	4,144.26	4,144.26	4,144.26	4,144.26	4,144.26	39,200.93
	Total Salaries	6,046.85	4,144.26	4,144.26	4,144.26	4,144.26	4,144.26	4,144.26	4,144.26	4,144.26	39,200.93
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	380.00
	Total Special Payments	60.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	380.00
5011400	Wages										
5011410	Wages, General	1,900.50	875.70	-	-	-	-	-	-	-	2,776.20
	Total Wages	1,900.50	875.70	-	-	-	-	-	-	-	2,776.20
5011500	Disability Benefits										
5011530	Short-trm Disability Benefits	169.54	-	-	-	-	-	-	-	-	169.54
	Total Disability Benefits	169.54	-	-	-	-	-	-	-	-	169.54
	Total Personal Services	10,699.44	6,722.60	5,779.93	5,779.93	5,779.93	5,779.93	5,779.93	5,779.93	5,779.92	57,881.54
5012000	Contractual Svs										-
5012100	Communication Services										-

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10800 - Psychology**  
**For the Period Beginning July 1, 2016 and Ending March 31, 2017**

<b>Account Number</b>	<b>Account Description</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Total</b>
5012110	Express Services	-	-	-	-	-	24.68	-	-	-	24.68
5012140	Postal Services	2,477.60	986.98	377.89	434.08	37.68	220.37	3,200.81	222.23	(2,777.88)	5,179.76
5012160	Telecommunications Svcs (VITA)	26.58	27.53	28.20	-	28.40	28.21	56.35	25.80	24.82	245.89
5012190	Inbound Freight Services	-	-	-	-	-	16.66	-	0.31	-	16.97
	<b>Total Communication Services</b>	<b>2,504.18</b>	<b>1,014.51</b>	<b>406.09</b>	<b>434.08</b>	<b>66.08</b>	<b>289.92</b>	<b>3,257.16</b>	<b>248.34</b>	<b>(2,753.06)</b>	<b>5,467.30</b>
5012200	Employee Development Services										
5012210	Organization Memberships	-	-	-	2,750.00	-	-	-	-	-	2,750.00
5012240	Employee Trainng/Workshop/Conf	290.00	-	-	315.00	-	315.00	-	-	-	920.00
	<b>Total Employee Development Services</b>	<b>290.00</b>	<b>-</b>	<b>-</b>	<b>3,065.00</b>	<b>-</b>	<b>315.00</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,670.00</b>
5012400	Mgmt and Informational Svcs										
5012420	Fiscal Services	2,395.34	2,757.55	202.27	79.93	20.74	15.20	22.14	-	5.94	5,499.11
5012440	Management Services	-	33.94	-	19.19	-	6.65	-	3.89	-	63.67
5012460	Public Infrmtnl & Relatn Svcs	81.00	141.00	42.00	-	-	194.00	-	162.00	28.00	648.00
	<b>Total Mgmt and Informational Svcs</b>	<b>2,476.34</b>	<b>2,932.49</b>	<b>244.27</b>	<b>99.12</b>	<b>20.74</b>	<b>215.85</b>	<b>22.14</b>	<b>165.89</b>	<b>33.94</b>	<b>6,210.78</b>
5012600	Support Services										
5012640	Food & Dietary Services	123.20	-	56.75	-	-	129.00	-	202.75	247.40	759.10
5012660	Manual Labor Services	284.85	10.48	4.61	-	-	12.00	19.23	43.66	-	374.83
5012670	Production Services	2,506.85	49.35	28.72	-	8.10	96.55	117.60	338.52	57.93	3,203.62
5012680	Skilled Services	740.64	585.43	604.18	1,000.02	697.93	604.18	491.68	491.68	690.84	5,906.58
	<b>Total Support Services</b>	<b>3,655.54</b>	<b>645.26</b>	<b>694.26</b>	<b>1,000.02</b>	<b>706.03</b>	<b>841.73</b>	<b>628.51</b>	<b>1,076.61</b>	<b>996.17</b>	<b>10,244.13</b>
5012800	Transportation Services										
5012820	Travel, Personal Vehicle	145.80	103.68	383.52	515.16	1,399.68	564.92	213.84	1,248.17	608.83	5,183.60
5012830	Travel, Public Carriers	-	-	-	815.00	-	-	-	-	-	815.00
5012850	Travel, Subsistence & Lodging	498.96	-	201.68	641.48	410.14	476.50	103.10	412.40	198.27	2,942.53
5012880	Trvl, Meal Reimb- Not Rprtbl	234.00	-	99.25	293.25	237.00	149.25	59.25	255.00	118.50	1,445.50
	<b>Total Transportation Services</b>	<b>878.76</b>	<b>103.68</b>	<b>684.45</b>	<b>2,264.89</b>	<b>2,046.82</b>	<b>1,190.67</b>	<b>376.19</b>	<b>1,915.57</b>	<b>925.60</b>	<b>10,386.63</b>
	<b>Total Contractual Svcs</b>	<b>9,804.82</b>	<b>4,695.94</b>	<b>2,029.07</b>	<b>6,863.11</b>	<b>2,839.67</b>	<b>2,853.17</b>	<b>4,284.00</b>	<b>3,406.41</b>	<b>(797.35)</b>	<b>35,978.84</b>
5013000	Supplies And Materials										
5013100	Administrative Supplies										-
5013120	Office Supplies	14.71	19.10	55.68	-	-	134.47	-	137.42	10.42	371.80
5013130	Stationery and Forms	-	-	-	-	-	16.92	-	-	-	16.92
	<b>Total Administrative Supplies</b>	<b>14.71</b>	<b>19.10</b>	<b>55.68</b>	<b>-</b>	<b>-</b>	<b>151.39</b>	<b>-</b>	<b>137.42</b>	<b>10.42</b>	<b>388.72</b>
5013500	Repair and Maint. Supplies										

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10800 - Psychology**  
**For the Period Beginning July 1, 2016 and Ending March 31, 2017**

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
5013520	Custodial Repair & Maint Matr	-	-	-	-	-	-	-	-	2.37	2.37
	Total Repair and Maint. Supplies	-	-	-	-	-	-	-	-	2.37	2.37
	Total Supplies And Materials	14.71	19.10	55.68	-	-	151.39	-	137.42	12.79	391.09
5014000	Transfer Payments										
5014100	Awards, Contrib., and Claims										
5014130	Premiums	-	-	-	-	-	325.00	-	-	-	325.00
	Total Awards, Contrib., and Claims	-	-	-	-	-	325.00	-	-	-	325.00
	Total Transfer Payments	-	-	-	-	-	325.00	-	-	-	325.00
5015000	Continuous Charges										
5015300	Operating Lease Payments										
5015340	Equipment Rentals	45.08	44.08	44.08	-	-	89.47	-	133.55	44.09	400.35
5015350	Building Rentals	-	2.43	-	-	2.43	-	-	2.43	-	7.29
5015390	Building Rentals - Non State	258.89	298.63	258.89	258.89	293.78	259.44	258.89	292.78	258.89	2,439.08
	Total Operating Lease Payments	303.97	345.14	302.97	258.89	296.21	348.91	258.89	428.76	302.98	2,846.72
	Total Continuous Charges	303.97	345.14	302.97	258.89	296.21	348.91	258.89	428.76	302.98	2,846.72
5022000	Equipment										
5022180	Computer Software Purchases	-	-	255.30	-	-	-	-	-	-	255.30
	Total Computer Hrdware & Sftware	-	-	255.30	-	-	-	-	-	-	255.30
5022620	Office Furniture	-	-	-	-	-	52.59	-	-	-	52.59
	Total Office Equipment	-	-	-	-	-	52.59	-	-	-	52.59
	Total Equipment	-	-	255.30	-	-	52.59	-	-	-	307.89
	Total Expenditures	20,822.94	11,782.78	8,422.95	12,901.93	8,915.81	9,510.99	10,322.82	9,752.52	5,298.34	97,731.08
	Net Revenue in Excess (Shortfall) of										
	Expenditures Before Allocated Expenditures	\$ (1,991.94)	\$ 1,543.22	\$ 2,077.05	\$ (3,741.93)	\$ (1,100.81)	\$ (4,070.99)	\$ (4,197.82)	\$ (2,512.52)	66.66	(13,929.08)
	Allocated Expenditures										
20100	Behavioral Science Exec	10,298.55	6,795.02	6,593.56	6,356.64	6,585.15	7,051.67	6,368.33	7,013.99	7,803.26	64,866.16
30100	Data Center	3,753.91	5,945.85	2,383.09	6,233.57	2,117.20	5,113.43	5,869.25	4,901.26	3,932.00	40,249.56
30200	Human Resources	43.07	725.89	38.05	35.47	37.50	4,414.90	34.23	54.98	36.19	5,420.28
30300	Finance	4,486.51	2,640.01	1,488.87	4,013.24	4,167.52	(318.97)	3,453.34	(1,797.31)	1,651.10	19,784.31
30400	Director's Office	1,601.22	1,119.68	1,074.30	1,029.04	1,167.50	1,074.20	1,085.70	1,183.24	1,091.80	10,426.68

**020**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2016 and Ending March 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
30500	Enforcement	6,197.81	5,062.57	5,145.66	7,243.45	9,190.68	9,672.71	8,239.62	7,967.03	7,968.88	66,688.40
30600	Administrative Proceedings	-	965.28	-	228.58	2,646.29	6,137.23	441.65	1,216.12	1,620.46	13,255.60
30700	Impaired Practitioners	62.54	39.16	57.71	38.46	38.68	41.00	38.00	41.89	39.16	396.61
30800	Attorney General	-	-	2,177.69	2,177.69	-	-	2,177.69	-	-	6,533.06
30900	Board of Health Professions	683.87	557.61	456.58	438.51	569.07	602.00	437.36	491.82	577.86	4,814.67
31300	Emp. Recognition Program	40.27	130.19	-	-	-	19.56	-	6.20	3.30	199.51
31400	Conference Center	15.21	14.09	82.97	(8.68)	6.50	13.42	6.45	25.03	10.02	164.99
31500	Pgm Devlpmnt & Implmentn	786.54	528.47	527.91	476.67	475.12	905.32	554.57	770.20	529.82	5,554.62
	Total Allocated Expenditures	27,969.49	24,523.83	20,026.38	28,262.63	27,001.20	34,726.46	28,706.19	21,874.44	25,263.85	238,354.47
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (29,961.43)	\$ (22,980.61)	\$ (17,949.33)	\$ (32,004.56)	\$ (28,102.01)	\$ (38,797.45)	\$ (32,904.01)	\$ (24,386.96)	\$ (25,197.19)	\$ (252,283.55)

# **Deputy Executive Director's Report**

# CASES RECEIVED, OPEN, & CLOSED REPORT SUMMARY BY BOARD

FISCAL YEAR 2017, QUARTER ENDING 03/31/2017

Quarter Breakdown	
Quarter 1	July 1 <sup>st</sup> – September 30 <sup>th</sup>
Quarter 2	October 1 <sup>st</sup> – December 31 <sup>st</sup>
Quarter 3	January 1 <sup>st</sup> – March 31 <sup>st</sup>
Quarter 4	April 1 <sup>st</sup> – June 30 <sup>th</sup>

The “Received, Open, Closed” table below shows the number of received and closed cases during the quarters specified and a “snapshot” of the cases still open at the end of the quarter.

<b>COUNSELING</b>	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Number of Cases Received	32	29	20	19	23	24	21	32	26	27	17	40
Number of Cases Open	59	73	80	87	94	91	108	117	116	98	69	58
Number of Cases Closed	31	15	14	12	21	31	11	25	27	44	43	60

<b>PSYCHOLOGY</b>	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Number of Cases Received	19	23	16	19	8	19	18	19	14	18	26	13
Number of Cases Open	33	44	61	65	64	78	84	74	68	76	87	49
Number of Cases Closed	13	15	4	16	13	8	12	32	20	9	17	52

<b>SOCIAL WORK</b>	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Number of Cases Received	50	24	25	11	15	22	31	19	15	19	12	28
Number of Cases Open	71	73	80	82	96	95	126	120	127	78	70	54
Number of Cases Closed	36	23	18	13	9	27	8	27	8	62	17	46

# AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER QUARTER

FISCAL YEAR 2017, QUARTER ENDING 03/31/2017

Quarter Breakdown	
Quarter 1	July 1 <sup>st</sup> – September 30 <sup>th</sup>
Quarter 2	October 1 <sup>st</sup> – December 31 <sup>st</sup>
Quarter 3	January 1 <sup>st</sup> – March 31 <sup>st</sup>
Quarter 4	April 1 <sup>st</sup> – June 30 <sup>th</sup>

\*The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

<b>BOARD</b>	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017
Counseling	170.4	204.6	238.2	315.6	252.2	284.1	193.5	415.6	323.7	375.5	292.8	247.9
Psychology	176.5	210.0	129.0	171.1	181.1	216.0	287.0	437.0	287.3	380.0	291.7	357.7
Social Work	171.2	183.9	314.4	198.9	202.9	199.4	132.5	342.0	226.0	469.7	407.6	366.2
Agency Totals	170.1	178.3	187.6	207.2	186.7	200.1	190.8	201.6	188.5	202.7	207.7	222.8

# PERCENTAGE OF CASES OF ALL TYPES CLOSED WITHIN 365 CALENDAR DAYS\*

FISCAL YEAR 2017, QUARTER ENDING 09/30/2016

Quarter Breakdown	
Quarter 1	July 1 <sup>st</sup> – September 30 <sup>th</sup>
Quarter 2	October 1 <sup>st</sup> – December 31 <sup>st</sup>
Quarter 3	January 1 <sup>st</sup> – March 31 <sup>st</sup>
Quarter 4	April 1 <sup>st</sup> – June 30 <sup>th</sup>

\*The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, the percent of cases that were closed in less than one year.

<b>BOARD</b>	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017
Counseling	96.8%	86.7%	78.6%	75.0%	76.2%	64.3%	72.7%	36.0%	55.6%	45.5%	78.6%	84.7%
Psychology	100.0%	93.3%	100.0%	87.5%	100.0%	75.0%	50.0%	37.5%	50.0%	44.4%	50.0%	44.2%
Social Work	91.7%	95.7%	72.2%	92.3%	77.8%	65.5%	87.5%	46.2%	75.0%	30.7%	62.5%	41.3%
Agency Totals	97.4%	90.9%	88.6%	87.9%	88.3%	84.4%	85.8%	84.8%	85.6%	82.0%	85.1%	81.7%

# **Licensing Manager's Report**

# COUNT OF CURRENT LICENSES\*

## BOARD SUMMARY

FISCAL YEAR 2017, QUARTER ENDING MARCH 31st, 2017

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

\*CURRENT LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE QUARTER

	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	CURRENT Q3 2017
<b>Audiology/Speech Pathology</b>	4,104	4,418	4,674	4,653	4,840	4,944	4,992	4,720	4,802	4,951	5,056	<b>4,855</b>
<b>Counseling</b>	6,545	7,026	7,183	7,256	7,042	7,249	7,490	7,597	7,808	13,237	13,603	<b>13,922</b>
<b>Dentistry</b>	13,140	13,390	13,507	12,782	13,753	13,999	14,186	14,319	14,184	14,382	14,522	<b>14,657</b>
<b>Funeral Directing</b>	2,471	2,521	2,543	2,313	2,506	2,540	2,573	2,618	2,497	2,526	2,561	<b>2,609</b>
<b>Long Term Care</b>	2,054	2,107	2,176	1,922	2,058	2,115	2,165	2,206	2,087	2,141	2,188	<b>2,235</b>
<b>Medicine</b>	61,789	62,714	62,617	62,816	64,137	65,337	65,922	66,177	67,447	66,941	66,773	<b>67,320</b>
<b>Nurse Aide</b>	53,098	54,250	54,491	53,695	53,834	54,568	54,402	54,374	54,477	54,044	53,681	<b>53,434</b>
<b>Nursing</b>	159,974	162,346	161,891	161,569	163,058	164,128	163,594	163,637	164,199	166,107	166,039	<b>166,796</b>
<b>Optometry</b>	1,906	1,927	1,946	1,856	1,915	1,931	1,963	1,874	1,914	1,936	1,955	<b>1,867</b>
<b>Pharmacy</b>	34,398	35,424	36,750	34,226	35,476	36,365	37,218	34,741	35,972	37,125	37,844	<b>35,289</b>
<b>Physical Therapy</b>	10,901	11,401	11,647	10,533	11,000	10,908	11,075	11,240	11,702	12,682	11,751	<b>11,652</b>
<b>Psychology</b>	3,624	3,893	4,017	4,093	3,876	4,028	4,141	4,253	4,360	4,994	5,128	<b>5,227</b>
<b>Social Work</b>	6,350	6,481	6,590	6,741	6,306	6,544	6,690	6,828	7,057	8,900	9,144	<b>9,340</b>
<b>Veterinary Medicine</b>	6,897	7,029	7,108	6,888	7,187	7,304	7,370	7,112	7,376	7,489	7,565	<b>7,320</b>
<b>AGENCY TOTAL</b>	<b>367,251</b>	<b>374,927</b>	<b>377,140</b>	<b>371,343</b>	<b>376,988</b>	<b>381,960</b>	<b>383,781</b>	<b>381,696</b>	<b>385,882</b>	<b>397,455</b>	<b>397,810</b>	<b>396,523</b>

## COUNT OF CURRENT LICENSES \*

FISCAL YEAR 2017, QUARTER ENDING MARCH 31st, 2017

Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

\*CURRENT LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE QUARTER  
\*\* NEW OCCUPATION

Board	Occupation	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	CURRENT Q3 2017
<b>Psychology</b>	Applied Psychologist	26	31	31	31	29	29	30	32	32	29	31	<b>32</b>
	Clinical Psychologist	2,831	2,985	3,047	3,104	3,003	3,104	3,167	3,223	3,281	3,229	3,309	<b>3,368</b>
	Resident In Training	-	-	-	-	-	-	-	-	-	741	749	<b>760</b>
	School Psychologist	92	98	100	102	97	99	99	100	102	98	100	<b>103</b>
	School Psychologist-Limited	310	384	436	448	365	406	438	480	520	492	526	<b>544</b>
	Sex Offender Treatment Provider	365	395	403	408	382	390	407	418	425	405	413	<b>420</b>
<b>Total</b>		<b>3,624</b>	<b>3,893</b>	<b>4,017</b>	<b>4,093</b>	<b>3,876</b>	<b>4,028</b>	<b>4,141</b>	<b>4,253</b>	<b>4,360</b>	<b>4,994</b>	<b>5,128</b>	<b>5,227</b>
<b>Social Work</b>	Associate Social Worker	1	1	1	1	0	1	1	1	1	1	1	<b>1</b>
	Licensed Clinical Social Worker	5,814	5,903	5,986	6,104	5,781	5,948	6,060	6,170	6,358	6,458	6,558	<b>6,684</b>
	Licensed Social Worker	518	560	586	619	525	583	617	645	686	739	778	<b>816</b>
	Registered Social Worker	17	17	17	17	0	12	12	12	12	12	12	<b>12</b>
	Registration of Supervision										1,690	1,795	<b>1,827</b>
<b>Total</b>		<b>6,350</b>	<b>6,481</b>	<b>6,590</b>	<b>6,741</b>	<b>6,306</b>	<b>6,544</b>	<b>6,690</b>	<b>6,828</b>	<b>7,057</b>	<b>8,900</b>	<b>9,144</b>	<b>9,340</b>
<b>Veterinary Medicine</b>	Equine Dental Technician	23	24	25	24	24	24	25	22	23	23	25	<b>24</b>
	Full Service Veterinary Facility	750	756	753	760	768	771	771	770	772	773	775	<b>771</b>
	Restricted Veterinary Facility	298	304	304	308	317	324	327	330	332	341	342	<b>335</b>
	Veterinarian	4,038	4,119	4,164	3,986	4,157	4,221	4,252	4,054	4,217	4,279	4,321	<b>4,146</b>
	Veterinary Technician	1,788	1,826	1,862	1,810	1,921	1,964	1,995	1,936	2,032	2,073	2,102	<b>2,044</b>
<b>Total</b>		<b>6,897</b>	<b>7,029</b>	<b>7,108</b>	<b>6,888</b>	<b>7,187</b>	<b>7,304</b>	<b>7,370</b>	<b>7,112</b>	<b>7,376</b>	<b>7,489</b>	<b>7,565</b>	<b>7,320</b>
<b>AGENCY TOTAL</b>		<b>367,251</b>	<b>374,927</b>	<b>377,140</b>	<b>371,343</b>	<b>376,988</b>	<b>381,960</b>	<b>383,781</b>	<b>381,696</b>	<b>385,882</b>	<b>397,455</b>	<b>397,810</b>	<b>396,523</b>

# **Board of Health Professions Report**

## **Board of Health Professions Full Board Meeting**

**February 23, 2017  
10:00 a.m. - Board Room 4  
9960 Mayland Dr, Henrico, VA  
23233**

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### **In Attendance**

Robert J. Catron, Citizen Member  
Helene D. Clayton-Jeter, OD, Board of Optometry  
Marvin Figueroa, Citizen Member  
Yvonne Haynes, LCSW, Board of Social Work  
Allen R. Jones, Jr., DPT, PT  
Derrick Kendall, NHA, Board of Long-Term Care Administrators  
Ryan Logan, Board of Pharmacy  
Martha S. Perry, MS, Citizen Member  
Herb Stewart, PhD, Board of Psychology  
Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology  
James D. Watkins, DDS, Board of Dentistry  
James Wells, RPH, Citizen Member  
Junius Williams, Jr, MA, Board of Funeral Directors and Embalmers

### **Absent**

Barbara Allison-Bryan, MD, Board of Medicine  
Kevin Doyle, Ed.D., LPC, LSATP, Board of Counseling  
Mark Johnson, DVM, Board of Veterinary Medicine  
Trula E. Minton, MS, RN, Board of Nursing  
Jacquelyn M. Tyler, RN, Citizen Member

### **DHP Staff**

David E. Brown, D.C., Director DHP  
Elizabeth A. Carter, Ph.D., Executive Director BHP  
Kathy Siddall, Business Planning & Research Director DHP  
Elaine Yeatts, Senior Policy Analyst DHP  
Ralph Orr, Program Manager, Prescription Monitoring Program  
Jaime Hoyle, Executive Director, Boards of Counseling, Psychology & Social Work DHP  
Diane Powers, Communications Director DHP  
Matt Treacy, Communications Associate DHP  
Laura L. Jackson, Operations Manager BHP

### **Presenters**

Neal Kauder and Kim Small, VisualResearch, Inc.

**Observers** Sara Heisler, VHHA

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**Call to Order**

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**Acting Chair** Mr. Catron **Time** 10:03 a.m.

**Quorum** Established

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**Public Comment**

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**Comment** None provided

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**Approval of Minutes**

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**Presenter** Mr. Catron

**Discussion**

The August 18, 2016 Full Board meeting minutes were approved with two amendments: remove "Acting" from Mr. Catron's signature line on page 5; and change Ms. Russell to Ms. Hahn on page 4 under Board of Physical Therapy. All members in favor, none opposed.

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**Directors Report**

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**Presenter** Dr. Brown

**Discussion**

Dr. Brown provided an update on the agency's General Assembly activity to date. DHP has only two bills this session and they are very technical in nature: **HB 1541(BON; powers and duties)** - authorizing the Board to deny or withdraw approval from *training* programs for failure to meet prescribed standards and **SB 922 (DPOR and DHP; licensure, certification, registration, and permitting)** - making it clear that health regulatory boards have authority to take action on permits also. Also discussed were **SB1020** - Peer recovery specialists and qualified mental health professionals; registration, and VDHS needle exchange bill HB 2317 - relating to harm reduction programs; public health emergency; dispensing and distributing needles and syringes.

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**Legislative and Regulatory Report**

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**Presenter** Ms. Yeatts

**Discussion**

Ms. Yeatts advised the Board of updates to the laws and regulations that affect DHP currently in the General Assembly. HB1566 concerning active supervision of regulatory boards includes evaluation of the need for regulation of professions. The measure does not refer, specifically, to the Board's long-standing statutory authority to evaluate and advise on the need for regulation or deregulation of health professions. However, if funds are appropriated in the 2017 state budget, it would require additional review by a new analyst position within the legislative branch.

## **Executive Directors Report**

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**Presenter** Dr. Carter

### **Agency Performance**

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition. Kathy Siddall, Director of Business Planning and Research provided an overview for the Board of the agency's strategic plan goals and objectives for 2017-2018.

### **Board Budget**

Dr. Carter stated that the Board is working under budget.

### **Healthcare Workforce Data Center**

Dr. Carter provided an update on the Data Center. Handouts included: Series 1 Brief: State & National Employment; Series 2 Brief: Regional and Sectoral Employment and Series 3 Brief: Income and Compensation. A new addition to the Center is the Healthcare Occupational Roadmap. It is a digital tool designed to aid school counselors on entry level healthcare careers.

### **Communications**

Dr. Carter discussed the Prescription Monitoring Program's (PMP) new Education Toolkit. Mr. Orr elaborated on its purpose and functionality. Mr. Orr also noted that the PMP has received a \$3.1 million grant from PurduePharma to help integrate use of its data in doctors' and pharmacists' regular work flow.

Also discussed was the press release from the Governor's office announcing VaAware, a new website funded by the Board of Medicine and developed by DHP staff that provides resources for prevention, treatment and recovery from opioid addiction. VaAware is a collaboration among four Virginia agencies, the Department of Health, Department of Behavioral Health and Developmental Services, Department of Criminal Justice Services, and Department of Health Professions.

### **VLDS**

Dr. Carter provided information regarding DHP's involvement with the Virginia Longitudinal Data System. An Interagency Data Sharing agreement has been signed and DHPs workforce survey data has been added. The data is double de-identified making it very secure. Researchers interested in accessing DHPs workforce data may do so by submitting a request to VLDS.

### **Stakeholder Group to Determine Demand**

Dr. Carter asked the board members for participants in a stakeholder planning group to aid in determining how the Board may proceed with identifying healthcare workforce demand in Virginia. Dr. Stewart, Dr. Clayton-Jeter, and Mr. Figueroa agreed to assist.

## **Certified Anesthesiologist Assistant Study**

Dr. Carter reviewed the proposed workplan and asked the Board to move forward with the study.

### **Motion**

A motion was made to approve the workplan and move forward with the study. The motion was properly seconded by Ms. Verdun. All members were in favor, none opposed.

## **Sanction Reference Points (SRP) & Disciplinary Caseload Overview**

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**Presenter** Mr. Kauder

Mr. Kauder with VisualResearch provided a PowerPoint presentation to educate new board members on the purpose of SRPs, its guiding principles, and how it was developed and to provide a status report on the program for all.

### **Lunch Break**

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**Presenter** Mr. Catron

Mr. Catron announced a lunch break at 12:12 p.m. The meeting reconvened at 12:41 p.m.

## **Interstate Compacts, Portability, and Telehealth in the Behavioral Sciences Boards**

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**Presenter** Ms. Hoyle

Ms. Hoyle provided a PowerPoint presentation on how the Behavioral Sciences Boards are utilizing interstate compacts, portability, and telehealth.

## **Board Reports**

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**Presenter** Mr. Catron

### **Board of Pharmacy**

Mr. Logan reported that the Board of Pharmacy has developed a workgroup to review USP Chapter 800 - Hazardous Drugs—Handling in Healthcare Settings.

### **Board of Physical Therapy**

Dr. Jones reported that the Licensure Compact Committee members decided against recommending pursuit of the Compact during the 2018 legislative session to the full board. He also stated that the Board of Pharmacy held a public hearing to receive comment on the proposed regulations regarding the practice of Dry Needling.

### **Board of Social Work**

Ms. Haynes stated that the Board of Social Work has amended two regulations: 1) Psychosocial interventions in the definition of "clinical social work services" and, 2) revise the requirements for reactivation and reinstatement.

**Board of Psychology**

Dr. Stewart stated that The Board of Psychology is moving forward with collaboration in the Psychology Interjurisdictional Compact (PSYPACT). He also stated that the Board is reviewing credentialing and performing a regulations review match up.

**Elections: Board Chair**

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**Presenter** Mr. Catron

**Chair Nominations:** Helene Clayton-Jeter, OD

With no other nominations made for position of Board Chair, Dr. Clayton-Jeter was unanimously elected Chair. All members in favor, none opposed.

**Vice Chair Nominations:** Allen R. Jones, Jr., DPT, PT

With no other nominations made for position of Vice Chair, Dr. Jones, Jr., was unanimously elected Vice Chair. All members in favor, none opposed.

**New Business**

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**Presenter** Mr. Catron

There was no new business to discuss.

**Adjourned**

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**Adjourned** 1:16 p.m.

**Chair** Robert Catron

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Board Executive Director** Elizabeth A. Carter, Ph.D.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# **Regulatory Committee Report**

**THE VIRGINIA BOARD OF PSYCHOLOGY  
REGULATORY COMMITTEE MINUTES  
February 13, 2017**

The Virginia Board of Psychology ("Board") Regulatory Committee meeting convened at 12:15 p.m. on February 13, 2017 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia. James Werth, Ph.D., ABPP, Committee Chair, called the meeting to order.

**BOARD MEMBERS PRESENT:** James Werth, Jr., Ph.D., ABPP, Chair  
J.D. Ball, Ph.D., ABPP  
Herbert Stewart, Ph.D.  
Susan Wallace, Ph.D.

**DHP STAFF PRESENT:** Deborah Harris, Licensing Manager  
Jaime Hoyle, Executive Director  
Jennifer Lang, Deputy Executive Director  
Elaine Yeatts, Senior Policy Analyst  
Christy Evans, Discipline Specialist

**ESTABLISHMENT OF A QUORUM:**

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

**EMERGENCY EGRESS:**

Dr. Werth announced the Emergency Egress Procedures.

**ADOPTION OF AGENDA:**

The agenda was accepted with the change to the placement of the guidance document discussion.

**PUBLIC COMMENT:**

There was no public comment.

**APPROVAL OF MINUTES:**

Upon a motion by Dr. Ball, and seconded with a unanimous vote, the meeting minutes from May 16, 2016 were approved with minor corrections. The motion was seconded and carried.

**UNFINISHED BUSINESS:**

*Psychological Assessments*

The Committee worked on the “assessment” guidance document. The Committee discussed the possibility of taking out the word “licensed” before clinical, applied, and school psychologist titles when they sign assessment reports because the “licensed” is already included in the definitions of clinical, applied, and school psychologists. They decided that Dr. Werth would edit the document again based on the discussion.

*Standards of Practice Review*

Comparisons of the Standards of Practice of the Regulations Governing the Practice of Psychology, Social Work, and Counseling and the Association of State and Provincial Psychology Boards (ASPPB) code of conduct were discussed. The Committee agreed to add and/or subtract in different areas to the current standards of practice. The Committee will continue the review at a subsequent meeting.

**NEXT BOARD MEETING:**

The Regulatory Committee will schedule an additional meeting in March or April, based on availability.

**ADJOURNMENT**

The Board meeting was adjourned at 4:35 p.m.

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Jaime Hoyle, Executive Director

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James Werth, Jr., Ph.D., ABPP, Chair

# **Psypact Presentation**

# **PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)**

## **ARTICLE I**

### **PURPOSE**

Whereas, states license psychologists, in order to protect the public through verification of education, training and experience and ensure accountability for professional practice; and

Whereas, this Compact is intended to regulate the day to day practice of telepsychology (i.e. the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority;

Whereas, this Compact is intended to authorize State Psychology Regulatory Authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state;

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety;

Whereas, this Compact does not apply when a psychologist is licensed in both the Home and Receiving States; and

Whereas, this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, this Compact is designed to achieve the following purposes and objectives:

1. Increase public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services into a state which the psychologist is not licensed to practice psychology;
2. Enhance the states' ability to protect the public's health and safety, especially client/patient safety;
3. Encourage the cooperation of Compact States in the areas of psychology licensure and regulation;
4. Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions and disciplinary history;

5. Promote compliance with the laws governing psychological practice in each Compact State; and
6. Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.

## ARTICLE II

### DEFINITIONS

- A. “Adverse Action” means: Any action taken by a State Psychology Regulatory Authority which finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.
- B. “Association of State and Provincial Psychology Boards (ASPPB)” means: the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.
- C. “Authority to Practice Interjurisdictional Telepsychology” means: a licensed psychologist’s authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.
- D. “Bylaws” means: those Bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Section X for its governance, or for directing and controlling its actions and conduct.
- E. “Client/Patient” means: the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.
- F. “Commissioner” means: the voting representative appointed by each State Psychology Regulatory Authority pursuant to Section X.
- G. “Compact State” means: a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or been terminated pursuant to Article XII, Section B.
- H. “Coordinated Licensure Information System” also referred to as “Coordinated Database” means: an integrated process for collecting, storing, and sharing information on psychologists’ licensure and enforcement activities related to psychology licensure laws,

which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

- I. “Confidentiality” means: the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.
- J. “Day” means: any part of a day in which psychological work is performed.
- K. “Distant State” means: the Compact State where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.
- L. “E.Passport” means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.
- M. “Executive Board” means: a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.
- N. “Home State” means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.
- O. “Identity History Summary” means: a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

- P. “In-Person, Face-to-Face” means: interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.
- Q. “Interjurisdictional Practice Certificate (IPC)” means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the State Psychology Regulatory Authority of intention to practice temporarily, and verification of one’s qualifications for such practice.
- R. “License” means: authorization by a State Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.
- S. “Non-Compact State” means: any State which is not at the time a Compact State.
- T. “Psychologist” means: an individual licensed for the independent practice of psychology.
- U. “Psychology Interjurisdictional Compact Commission” also referred to as “Commission” means: the national administration of which all Compact States are members.
- V. “Receiving State” means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.
- W. “Rule” means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Section XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the amendment, repeal or suspension of an existing rule.
- X. “Significant Investigatory Information” means:
1. investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if

required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

2. investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.
- Y. “State” means: a state, commonwealth, territory, or possession of the United States, the District of Columbia.
- Z. “State Psychology Regulatory Authority” means: the Board, office or other agency with the legislative mandate to license and regulate the practice of psychology.
- AA. “Telepsychology” means: the provision of psychological services using telecommunication technologies.
- BB. “Temporary Authorization to Practice” means: a licensed psychologist’s authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State.
- CC. “Temporary In-Person, Face-to-Face Practice” means: where a psychologist is physically present (not through the use of telecommunications technologies), in the Distant State to provide for the practice of psychology for 30 days within a calendar year and based on notification to the Distant State.

### **ARTICLE III**

#### **HOME STATE LICENSURE**

- A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.
- B. A psychologist may hold one or more Compact State licenses at a time. If the psychologist is licensed in more than one Compact State, the Home State is the Compact State where the psychologist is physically present when the services are delivered as authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.
- C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.
- D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice under the terms of this Compact.
- E. A Home State's license authorizes a psychologist to practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only if the Compact State:
  - 1. Currently requires the psychologist to hold an active E.Passport;
  - 2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;
  - 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
  - 4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation FBI, or

other designee with similar authority, no later than ten years after activation of the Compact; and

5. Complies with the Bylaws and Rules of the Commission.
- F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State:
1. Currently requires the psychologist to hold an active IPC;
  2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;
  3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
  4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation FBI, or other designee with similar authority, no later than ten years after activation of the Compact; and
  5. Complies with the Bylaws and Rules of the Commission.

## ARTICLE IV

### COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

- A. Compact States shall recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice telepsychology in other Compact States (Receiving States) in which the psychologist is not licensed, under the Authority to Practice Interjurisdictional Telepsychology as provided in the Compact.
- B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:
1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:
    - a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial Statute or Royal Charter to grant doctoral degrees; OR
    - b. A foreign college or university deemed to be equivalent to 1 (a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; AND
  2. Hold a graduate degree in psychology that meets the following criteria:
    - a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;
    - b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;
    - c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

- d. The program must consist of an integrated, organized sequence of study;
  - e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;
  - f. The designated director of the program must be a psychologist and a member of the core faculty;
  - g. The program must have an identifiable body of students who are matriculated in that program for a degree;
  - h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;
  - i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree;
  - j. The program includes an acceptable residency as defined by the Rules of the Commission.
3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;
  4. Have no history of adverse action that violate the Rules of the Commission;
  5. Have no criminal record history reported on an Identity History Summary that violates the Rules of the Commission;
  6. Possess a current, active E.Passport;
  7. Provide attestations in regard to areas of intended practice, conformity with standards of practice, competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the home and receiving states, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.
- C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.
  - D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology will be subject to the Receiving State's scope of practice. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission.
  - E. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology.

## ARTICLE V

### COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

- A. Compact States shall also recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice temporarily in other Compact States (Distant States) in which the psychologist is not licensed, as provided in the Compact.
- B. To exercise the Temporary Authorization to Practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:
1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:
    - a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial Statute or Royal Charter to grant doctoral degrees; OR
    - b. A foreign college or university deemed to be equivalent to 1 (a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; AND
  2. Hold a graduate degree in psychology that meets the following criteria:
    - a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;
    - b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;
    - c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

- d. The program must consist of an integrated, organized sequence of study;
  - e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;
  - f. The designated director of the program must be a psychologist and a member of the core faculty;
  - g. The program must have an identifiable body of students who are matriculated in that program for a degree;
  - h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;
  - i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degree;
  - j. The program includes an acceptable residency as defined by the Rules of the Commission.
3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;
  4. No history of adverse action that violate the Rules of the Commission;
  5. No criminal record history that violates the Rules of the Commission;
  6. Possess a current, active IPC;
  7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and
  8. Meet other criteria as defined by the Rules of the Commission.

- C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.
- D. A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.
- E. If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.

## **ARTICLE VI**

### **CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE**

- A. A psychologist may practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate State Psychology Regulatory Authority, as defined in the Rules of the Commission, and under the following circumstances:
1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State;
  2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

## ARTICLE VII

### ADVERSE ACTIONS

- A. A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home State. A Distant State shall have the power to take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State.
- B. A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.
- C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.
1. All Home State disciplinary orders which impose adverse action shall be reported to the Commission in accordance with the Rules promulgated by the Commission. A Compact State shall report adverse actions in accordance with the Rules of the Commission.
  2. In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the Rules of the Commission.
  3. Other actions may be imposed as determined by the Rules promulgated by the Commission.
- D. A Home State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a Receiving State as it would if such conduct had occurred by a licensee within the Home State. In such cases, the Home State's law shall control in determining any adverse action against a psychologist's license.

- E. A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization Practice which occurred in that Distant State as it would if such conduct had occurred by a licensee within the Home State. In such cases, Distant State's law shall control in determining any adverse action against a psychologist's Temporary Authorization to Practice.
  
- F. Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State's law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.
  
- G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C, above.

## **ARTICLE VIII**

### **ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY**

- A. In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:
1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for the attendance and testimony of witnesses, and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
  2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.
  3. During the course of any investigation, a psychologist may not change his/her Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his/her Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or

disciplinary matters. The Commission may create additional rules for mandated or discretionary sharing of information by Compact States.

## ARTICLE IX

### COORDINATED LICENSURE INFORMATION SYSTEM

- A. The Commission shall provide for the development and maintenance of a Coordinated Licensure Information System (Coordinated Database) and reporting system containing licensure and disciplinary action information on all psychologists individuals to whom this Compact is applicable in all Compact States as defined by the Rules of the Commission.
- B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the Coordinated Database on all licensees as required by the Rules of the Commission, including:
1. Identifying information;
  2. Licensure data;
  3. Significant investigatory information;
  4. Adverse actions against a psychologist's license;
  5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked;
  6. Non-confidential information related to alternative program participation information;
  7. Any denial of application for licensure, and the reasons for such denial; and
  8. Other information which may facilitate the administration of this Compact, as determined by the Rules of the Commission.
- C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse action taken against, or significant investigative information on, any licensee in a Compact State.

- D. Compact States reporting information to the Coordinated Database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.
  
- E. Any information submitted to the Coordinated Database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the Coordinated Database.

## ARTICLE X

### ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

- A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.
1. The Commission is a body politic and an instrumentality of the Compact States.
  2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
  3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.
- B. Membership, Voting, and Meetings
1. The Commission shall consist of one voting representative appointed by each Compact State who shall serve as that state's Commissioner. The State Psychology Regulatory Authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the Compact State. This delegate shall be limited to:
    - a. Executive Director, Executive Secretary or similar executive;
    - b. Current member of the State Psychology Regulatory Authority of a Compact State;  
OR
    - c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State.
  2. Any Commissioner may be removed or suspended from office as provided by the law of the state from which the Commissioner is appointed. Any vacancy occurring in

- the Commission shall be filled in accordance with the laws of the Compact State in which the vacancy exists.
3. Each Commissioner shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of Bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A Commissioner shall vote in person or by such other means as provided in the Bylaws. The Bylaws may provide for Commissioners' participation in meetings by telephone or other means of communication.
  4. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the Bylaws.
  5. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article XI.
  6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:
    - a. Non-compliance of a Compact State with its obligations under the Compact;
    - b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
    - c. Current, threatened, or reasonably anticipated litigation against the Commission;
    - d. Negotiation of contracts for the purchase or sale of goods, services or real estate;
    - e. Accusation against any person of a crime or formally censuring any person;
    - f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;
    - g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;



- opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the Commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each Commissioner with no proxy votes allowed;
4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
  5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar law of any Compact State, the Bylaws shall exclusively govern the personnel policies and programs of the Commission;
  6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;
  7. Providing a mechanism for concluding the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
  8. The Commission shall publish its Bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the Compact States;
  9. The Commission shall maintain its financial records in accordance with the Bylaws;  
and
  10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the Bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rule shall have the force and effect of law and shall be binding in all Compact States;
2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State Psychology Regulatory Authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;
3. To purchase and maintain insurance and bonds;
4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a Compact State;
5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
8. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;
9. To establish a budget and make expenditures;
10. To borrow money;

11. To appoint committees, including advisory committees comprised of Members, State regulators, State legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the Bylaws;
12. To provide and receive information from, and to cooperate with, law enforcement agencies;
13. To adopt and use an official seal; and
14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of psychology licensure, temporary in-person, face-to-face practice and telepsychology practice.

E. The Executive Board

The elected officers shall serve as the Executive Board, which shall have the power to act on behalf of the Commission according to the terms of this Compact.

1. The Executive Board shall be comprised of six members:
  - a. Five voting members who are elected from the current membership of the Commission by the Commission;
  - b. One ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.
2. The ex-officio member must have served as staff or member on a State Psychology Regulatory Authority and will be selected by its respective organization.
3. The Commission may remove any member of the Executive Board as provided in Bylaws.
4. The Executive Board shall meet at least annually.
5. The Executive Board shall have the following duties and responsibilities:

- a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;
- b. Ensure Compact administration services are appropriately provided, contractual or otherwise;
- c. Prepare and recommend the budget;
- d. Maintain financial records on behalf of the Commission;
- e. Monitor Compact compliance of member states and provide compliance reports to the Commission;
- f. Establish additional committees as necessary; and
- g. Other duties as provided in Rules or Bylaws.

#### F. Financing of the Commission

1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities.
2. The Commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services.
3. The Commission may levy on and collect an annual assessment from each Compact State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all Compact States.
4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Compact States, except by and with the authority of the Compact State.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

#### G. Qualified Immunity, Defense, and Indemnification

1. The members, officers, Executive Director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.
2. The Commission shall defend any member, officer, Executive Director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.
3. The Commission shall indemnify and hold harmless any member, officer, Executive Director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission

employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

**ARTICLE XI**  
**RULEMAKING**

- A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
  
- B. If a majority of the legislatures of the Compact States rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any Compact State.
  
- C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
  
- D. Prior to promulgation and adoption of a final rule or Rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:
  - 1. On the website of the Commission; and
  
  - 2. On the website of each Compact States' Psychology Regulatory Authority or the publication in which each state would otherwise publish proposed rules.
  
- E. The Notice of Proposed Rulemaking shall include:
  - 1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
  
  - 2. The text of the proposed rule or amendment and the reason for the proposed rule;
  
  - 3. A request for comments on the proposed rule from any interested person; and
  
  - 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

- F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
  - 1. At least twenty-five (25) persons who submit comments independently of each other;
  - 2. A governmental subdivision or agency; or
  - 3. A duly appointed person in an association that has having at least twenty-five (25) members.
- H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.
  - 1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
  - 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
  - 3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.
  - 4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

- I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
- L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
  1. Meet an imminent threat to public health, safety, or welfare;
  2. Prevent a loss of Commission or Compact State funds;
  3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
  4. Protect public health and safety.
- M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule.

A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

## **ARTICLE XII**

### **OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT**

#### **A. Oversight**

1. The Executive, Legislative and Judicial branches of state government in each Compact State shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.
2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a Compact State pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.
3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

#### **B. Default, Technical Assistance, and Termination**

1. If the Commission determines that a Compact State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:
  - a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default and/or any other action to be taken by the Commission; and
  - b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to remedy the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the Compact States, and all rights, privileges and benefits conferred by this Compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the Compact States.
4. A Compact State which has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination.
5. The Commission shall not bear any costs incurred by the state which is found to be in default or which has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.
6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the state of Georgia or the federal district where the Compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

#### C. Dispute Resolution

1. Upon request by a Compact State, the Commission shall attempt to resolve disputes related to the Compact which arise among Compact States and between Compact and Non-Compact States.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the commission.

D. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact.
2. By majority vote, the Commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

### **ARTICLE XIII**

#### **DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS**

- A. The Compact shall come into effect on the date on which the Compact is enacted into law in the seventh Compact State. The provisions which become effective at that time shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.
- B. Any state which joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule which has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.
- C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.
  - 1. A Compact State's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.
  - 2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.
- D. Nothing contained in this Compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a Compact State and a Non-Compact State which does not conflict with the provisions of this Compact.

- E. This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.

## **ARTICLE XIV**

### **CONSTRUCTION AND SEVERABILITY**

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining Compact States.

# PSYPACT FAQs

## Compacts

## History

## General

## Telepsychology

## Temporary In-Person, Face-to-Face Practice

## Requirements of PSYPACT

## Discipline

## Impact on States

## Impact on Psychologists

## Impact on Consumers

## Compacts

### Q1. What is an interstate compact?

A1. Interstate compacts are powerful, durable, and adaptive tools for ensuring cooperative action among the states. Interstate compacts provide a state-developed structure for collaborative and dynamic action, while building consensus among the states. The nature of an interstate compact makes it the ideal tool to meet the demand for cooperative state action: developing and enforcing stringent standards, while providing an adaptive structure that, under a modern compact framework, can evolve to meet new and increased demands over time.

General purposes for creating an interstate compact include:

- Establish a formal, legal relationship among states to address common problems or promote a common agenda.
- Create independent, multistate governmental authorities (e.g., commissions) that can address issues more effectively than a state agency acting independently, or when no state has the authority to act unilaterally.
- Establish uniform guidelines, standards, or procedures for agencies in the compact's member states.
- Create economies of scale to reduce administrative and other costs.
- Respond to national priorities in consultation or in partnership with the federal government.
- Retain state sovereignty in matters traditionally reserved for the states.
- Settle interstate disputes.

### Q2. Must Congress approve an interstate compact?

A2. Article I, Section 10 of the U.S. Constitution provides in part that "no state shall, without the consent of Congress, enter into any agreement or compact with another state." Historically, this clause generally meant all compacts must receive congressional consent. However, the purpose of this provision was not to inhibit the states' ability to act in concert with each other. In fact, by the time the Constitution was drafted, the states were already accustomed to resolving disputes and addressing problems through interstate compacts and agreements. The purpose of the compact clause was simply to protect the pre-eminence of the new national government by preventing the states from infringing

upon federal authority or altering the federal balance of power by compact.

Accordingly, the Supreme Court indicated more than 100 years ago in *Virginia v. Tennessee*, 148 U.S. 503 (1893) that not all compacts require Congressional approval. Today, it is well established that only those compacts that affect a power delegated to the federal government or alter the political balance within the federal system, require the consent of Congress.

### **Q3. Will my state's constitution permit the creation and/or joining of such a compact?**

A3. Compact language is usually drafted with state constitutional requirements common to most state constitutions such as separation of powers, delegation of power, and debt limitations in mind. The validity of the state authority to enter into compacts and potentially delegate authority to an interstate agency has been specifically recognized and unanimously upheld by the U.S. Supreme Court in *West Virginia vs. Sims*, 341 U.S. 22 (1951).

### **Q4. How prevalent are interstate compacts?**

A4. More than 200 interstate compacts exist today. Typically, a state belongs to more than 20 interstate compacts.

### **Q5. What types of interstate compacts exist?**

A5. Although there are many types of interstate compacts, they generally are divided into three types of compacts:

- **Regulatory Compacts:** The broadest and largest category of interstate compacts may be referred to as “regulatory” or “administrative” compacts. Such compacts are a development of the twentieth century and embrace wide-ranging topics including regional planning and development, crime control, agriculture, flood control, water resource management, education, mental health, juvenile delinquency, child support, and so forth. Examples of such compacts include:
  - *Driver License Compact:* Exchange information concerning license suspensions and traffic violations of non-residents and forward them to the state where they are licensed known as the home state.
  - *Interstate Compact on Adult Offender Supervision:* Regulate the movement of adult offenders across state lines.
  - *Midwest Radioactive Waste Disposal Compact:* Regulate radioactive waste disposal.
  - *Washington Metropolitan Area Transit Regulation Compact:* Regulate passenger transportation by private carrier.
  - *1921 Port Authority of New York-New Jersey Compact:* Provides joint agency regulation of transportation, terminal and commerce/trade facilities in the New York metropolitan area.

Regulatory compacts create ongoing administrative agencies whose rules and regulations may be binding on the states to the extent authorized by the compact.

- **Border Compacts:** These types of compacts are agreements between two or more states that alter the boundaries of a state. Once adopted by the states and approved by Congress, such compacts permanently alter the boundaries of the state and can only be undone by a subsequent compact approved by Congress or the repeal of the compact with Congress's approval. Examples include the Virginia-Tennessee Boundary Agreement of 1803, Arizona-California Boundary Compact of 1963, the Missouri-Nebraska Compact of 1990, and the Virginia-West Virginia Boundary Compact of 1998.
- **Advisory Compacts:** These types of compacts are agreements between two or more states that create study commissions. The purpose of the commission is to examine a problem and report back to the respective states on their findings. Such compacts do not result in any change in the state's boundaries nor do they create ongoing administrative agencies with regulatory authority. They do not require congressional consent because they do not alter the political balance of power between the states and federal government or intrude on a congressional power. An example of such a compact is the Delmarva Peninsula Advisory Council Compact (to study regional economic development issues), 29 Del. C. § 11101 (2003); Va. Code Ann. § 2.2- 5800 (2003).

### **Q6. Are all regulatory interstate compacts in the field of healthcare alike?**

A6. No, depending on the needs of the profession, interstate compacts addressing regulatory matters within the healthcare field can be structured quite differently. Currently, there are several professions utilizing interstate compacts to address regulatory matters and each profession has taken a different approach when writing its compact language. Two examples involve the professions of medicine and nursing. Medicine chose to construct its compact to address expedited licensure; while nursing's compact creates a multistate license. Psychology already had a mechanism to address expedited licensure, the Certificate of Professional Qualification in Psychology (CPQ), but needed a way to regulate the practice of telepsychology across state lines as well as provide some consistency among the states around temporary in-person, face-to-face practice. Thus, the interstate compact model is a feasible solution to regulate this type of practice across state lines within the profession of psychology.

### **Q7. What are the advantages of an interstate compact?**

A7. Interstate compacts provide an effective solution in addressing multi-state issues. Compacts enable the states, in their sovereign capacity, to act jointly and collectively, generally outside the confines of the federal legislative or regulatory process while respecting the view of Congress on the appropriateness of joint action. Interstate compacts can preempt federal involvement into matters that are traditionally within the purview of the states and yet which have regional or national implications.

Compacts afford states the opportunity to develop dynamic, self-regulatory systems over which the participating states can maintain control through a coordinated legislative and administrative process. Compacts enable the states to develop adaptive structures that can evolve to meet new and increased challenges that naturally arise over time.

Interstate compacts can provide states with a predictable, stable and enforceable instrument of policy control. The contractual nature of compacts ensures their enforceability on the participating states.

The fact that compacts cannot be unilaterally amended ensures that participating states will have a predictable and stable policy platform for resolving issues. By entering into an interstate compact, each participating state acquires the legal right to require the other states to perform under the terms and conditions of the compact.

### **Q8. What are the disadvantages of an interstate compact?**

A8. Interstate compacts may often require a great deal of time to both develop and implement. While recent interstate compact efforts have met with success in a matter of a few years, some interstate compacts have required decades to reach critical mass. The purpose of an interstate compact is to provide for the collective allocation of governing authority between participating states. The requirement of substantive “sameness” prevents participating states from passing dissimilar enactments notwithstanding, perhaps, pressing state differences with respect to particular matters within the compact.

To the extent that a compact is used as a governing tool, they require, even in the boundary compact context, that participating states cede some portion of their sovereignty. The matter of state sovereignty can be particularly problematic when interstate compacts create ongoing administrative bodies that possess substantial governing power. Such compacts are truly a creation of the twentieth century as an out-growth of creating the modern administrative state.

However, as the balance of power continues to realign in our federalist system, states may only be able to preserve their sovereign authority over interstate problems to the extent that they share their sovereignty and work together cooperatively through interstate compacts.

### **Q9. How is an interstate compact created?**

A9. Compacts are essentially contracts between states. To be enforceable, they must satisfy the customary requirements for valid contracts, including the notions of offer and acceptance. An offer is made when one state, usually by statute, adopts the terms of a compact requiring approval by one or more other states to become effective. Other states accept the offer by adopting identical compact language. Once the required number of states has adopted the pact, the contract between them is valid and becomes effective as provided. The only other potential requirement is congressional consent.

### **Q10. What does a recent interstate compact look like?**

A10. The compact should contain the minimum basics upon which it needs to operate, both in terms of the agreement between states and the operation of its governing body. The compact does not need to address every conceivable eventuality, nor should it. Its purpose is to provide the framework upon which to build. The rules are the actuators of the compact, containing the details of state interaction, how information will be shared, what standards and practices will be followed, forms used, timelines established, etc. By using the compact as the broad framework, the rules can be adapted and adjusted as needed throughout the life of the compact without the need to go back each time for legislative approval from the member states, subject to the legislatively delegated authority.

## History

### Q1. How was PSYPACT developed?

A1. The development of any interstate compact should be a state-driven and state-championed solution for issues that cross state boundaries. ASPPB, the alliance of psychology licensing boards in the United States and Canada, was approached by its members to develop a mechanism to assist in the regulation of telepsychology. In doing so, ASPPB in partnership with the psychology licensing boards and other stakeholder organizations, developed PSYPACT via the following steps:

- **ASPPB Telepsychology Task Force:** ASPPB created a Task Force to review various options for the regulation of telepsychology. The ASPPB Telepsychology Task Force met several times and originally focused on the possibility of creating a certificate to assist in the regulation of telepsychology. This option was presented to the membership, and the membership questioned what type of agreement could be created between jurisdictions to address this issue. An Advisory Group was formed to review options for agreements, including interstate compacts.
- **Advisory Group:** Composed of more than 14 regional and national psychology organizations as well as state officials, the Advisory Group examined the challenges encountered by clients receiving telepsychological services. The group then reviewed the feasibility of drafting a compact as a way of regulating telepsychological services as well as meeting the request of the member boards to create an agreement between the states. The Advisory Group met once in 2014. Their work culminated in a set of broad recommendations as to what the final compact product should entail.
- **Drafting Team:** The ASPPB Telepsychology Task Force reconvened and served as the drafting team for the new compact. The Drafting Team was tasked with implementing, via a draft compact, the thoughts, ideas and suggestions of the Advisory Group as well as incorporating the original work of the Task Force. The eight (8) member Drafting Team, composed of compact and issue area experts, crafted the recommendations, as well as provided their thoughts and expertise, into the draft compact. The document was then open for comment in September 2014 for both the stakeholders as well as public. After the public feedback period, the Drafting Team made modifications as needed based on the feedback. When presented to the ASPPB membership, the feedback was to include not only telepsychology in the compact but to also include a mechanism for temporary in-person, face-to-face practice. The Drafting Team added that component to the draft compact language and the ASPPB Board of Directors voted to approve the final Psychology Interjurisdictional Compact (PSYPACT) in February 2015.
- **PSYPACT Advisory Workgroup:** A workgroup comprised of ASPPB Board of Directors and staff, members and staff from state psychology licensing boards and representatives from the American Psychological Association (APA) and the Council of Executives of State, Provincial (and Territorial) Psychological Associations (CESPPA), convened in July 2015 to devise an implementation plan for PSYPACT and create resource materials about PSYPACT.

## General

### **Q1. What is PSYPACT?**

A1. PSYPACT is an interstate compact designed to allow licensed psychologists to practice of telepsychology and conduct temporary in-person, face-to-face practice of psychology across state boundaries legally and ethically without necessitating that an individual become licensed in every state to practice.

### **Q2. When does PSYPACT become operational?**

A2. PSYPACT becomes operational once seven (7) states enact PSYPACT and enter into the compact. Check with us often for status updates on the progress of PSYPACT!

### **Q3. Why are seven states required to join PSYPACT before it can become operational?**

A3. PSYPACT becomes operational after seven states have enacted PSYPACT. A workgroup of stakeholders from various psychology organizations determined seven states would be the critical mass needed to make PSYPACT a useful and viable instrument to practice under the authority of PSYPACT across state lines. Coincidentally, other compacts like the Interstate Medical Licensure Compact have used seven states as a benchmark for their compact to become operational.

### **Q4. What happens when PSYPACT becomes operational?**

A4. PSYPACT becomes operational when seven states enact the PSYPACT Model Legislation. When this occurs, the PSYPACT Commission is then created. The Commission is the governing body of PSYPACT and is responsible for its oversight and the creation of its Rules and Bylaws. Individual licensed psychologists can then apply for one or more of the certificates required to participate in PSYPACT: the E.Passport to practice telepsychology and the Interjurisdictional Practice Certificate (IPC) for the temporary in-person, face-to-face practice of psychology.

### **Q5. What is the role of the PSYPACT Commission?**

A5. The Commission is the governing body of PSYPACT and is comprised of one representative from each PSYPACT state. The Commission is responsible for implementing the Rules and Bylaws of PSYPACT.

### **Q6. What is the relationship between the PSYPACT Commission and ASPPB?**

A6. The PSYPACT Commission operates as the free-standing governing body of PSYPACT. ASPPB will have one ex-officio, nonvoting member serve on the Executive Board of the Commission.

### **Q7. How can I learn more about PSYPACT?**

A7. Contact us at [info@psypact.org](mailto:info@psypact.org)! You can also sign up for our PSYPACT listserv to receive updates about the progress of PSYPACT and stay informed about legislative changes or follow us on Twitter @PSYPACT.

## Telepsychology

### Q1. What is telepsychology?

A1. Telepsychology is defined as “provision of psychological services using telecommunication technologies.” For additional information about telepsychology, please refer to *the APA Guidelines for the Practice of Telepsychology* developed by the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists comprised of members from the American Psychological Association (APA), the Association of State and Provincial Psychology Boards (ASPPB) and the Trust.

*According to Article II, telepsychology is defined as “provision of psychological services using telecommunication technologies.”*

### Q2. How has telepsychology proven to be effective modality of treatment?

A2. Research has shown that psychological and other mental health services are particularly conducive for the use of telecommunication modalities since they are most frequently conducted through verbal communications without the need of expensive and elaborate medical equipment or physical intervention (Brenes, Ingraham & Danhaur 2011; Newman, 2004; Smith, Fagan, Wilson, Chen, Corona & Nguyen, 2011, Gilman & Stensland, 2013). Additionally, using telehealth procedures for psychological treatment has been repeatedly demonstrated to be effective (Barak, Hen, Boniel-Nissim & Shapira, 2008; Epstein, 2011) and provides several advantages over traditional treatment methods such as accessibility, versatility and affordability (Wencesalo, 2012).

Given the urgency and gravity oftentimes associated with situations involving mental health treatment, psychologists have already been delivering services via telehealth within states where they are licensed to provide access to care in emergency situations and to underserved populations as well as provide continuity of care as patients travel and relocate and ensure overall patient safety. Additionally, the provision of services through telehealth affords the opportunity to reach populations that are geographically isolated, that avoid needed mental health care due to stigma of mental illness or that lack specialty care. Individuals in rural parts of the country could especially benefit from increased availability of telehealth services provided by qualified licensed psychologists who are not physically located in their local area or even nearby community (Dollinger & Chwalisz, 2011; McCord, Elliot, Wendel, Brossart, Cano, Gonzalez & Burdine, 2011). Although evidence continues to accumulate about the effectiveness and applicability of telehealth services, the use of technologically enhanced methodologies by licensed psychologists has been restricted in large part because of the barriers imposed by the state based system of psychology regulation through psychology licensing boards (Baker & Bufka, 2011; Harris and Younggren, 2011).

*See Appendix A for a list of references.*

## Temporary In-Person, Face-to-Face Practice

### **Q1. Why is PSYPACT applicable to only temporary in-person, face-to-face practice and not applicable to permanent practice?**

A1. The Certificate of Professional Qualifications in Psychology (CPQ), developed by ASPPB, expedites the licensure process for qualified psychologists and is utilized by 45 states. PSYPACT affords the opportunity to provide in-person, face-to-face services on a temporary basis without necessitating licensure in every state.

If a psychologist wishes to establish a permanent practice, he or she must obtain a license within that state and must practice under the licensing authority of that state and can use certifications like the CPQ to apply for licensure.

*Article I – “Whereas this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.”*

### **Q2. Why is temporary in-person, face-to-face practice limited to 30 days within a calendar year?**

A2. The limit of 30 days within a calendar year for temporary in-person, face-to-face practice was established so that individuals who intend to practice for a significant number of days must become licensed and must practice under the licensing authority of that state. The 30-day limit is per PSYPACT state in which temporary in-person, face-to-face practice was conducted within a calendar year.

*Article I – “Whereas this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority.”*

## Requirements of PSYPACT

### **Q1. Why is a doctoral degree in psychology not specified in PSYPACT?**

A1. The prevailing standard in the United States for the profession of psychology is for an individual to possess a doctoral degree in psychology. The E.Passport will require a doctoral degree in psychology. However, PSYPACT is written in a way to be definitive in nature but also allow for flexibility and growth in the future as the profession of psychology continues to evolve and change. Standards within the PSYPACT language are written so as not to be too high to limit the number of eligible participants and not allow for growth within the profession but also not to be too low to allow for too many unqualified participants and provide a lesser degree of public protection. Criteria, such as educational requirements, within PSYPACT are designed to be stringent yet flexible enough to satisfy changes in the profession. Once PSYPACT is enacted, it cannot be altered again unless additional legislative changes are made.

*Articles IV and V, Section B – “Hold a graduate degree in psychology from an institute of higher education that was, at the time of the degree was awarded: A. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial statute or Royal Charter to grant doctoral degrees; OR B. A foreign college or university deemed to be equivalent to 1 (A) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service.”*

### **Q2. Why is residency not specially defined in PSYPACT?**

A2. The E.Passport will define residency as the physical presence, in person, at the educational institution granting the doctoral degree in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty-student interaction. However, PSYPACT is written in a way to be definitive in nature but also allow for flexibility and growth in the future as the profession of psychology continues to evolve and change. Standards within the PSYPACT language are written so as not to be too high to limit the number of eligible participants and not allow for growth within the profession but also not to be too low to allow for too many unqualified participants and provide a lesser degree of public protection. Criteria, such as residency requirements, within PSYPACT are designed to be stringent yet flexible enough to satisfy changes in the profession. Once PSYPACT is enacted, it cannot be altered again unless additional legislative changes are made.

*Articles IV and V, Section B 2(j) - The graduate degree in psychology must be a program that “includes an acceptable residency as defined by the Rules of the Commission.”*

### **Q3. Why must a psychologist have no adverse actions that violate the Rules of the Commission or have no criminal record history in order to be eligible to participate in PSYPACT?**

A3. A licensed psychologist’s participation in PSYPACT requires that he or she meet a defined set of criteria as stated in PSYPACT. By obtaining an E.Passport to practice telepsychology and/or an IPC to conduct temporary in-person, face-to-face practice, a psychologist has met this criteria, thus allowing he or she to practice into PSYPACT states where they may not hold a license to practice psychology.

Through a state’s participation in PSYPACT and a psychology licensing board’s acknowledgement of the E.Passport and the IPC, boards do not conduct the full assessment and review as required when

reviewing an individual's application for licensure. Rather, they rely on PSYPACT and these certifications to vet an individual's qualifications and ensure that they meet this defined set of standards, such as not having any disciplinary issues, as those individuals participating in PSYPACT will not be reviewed by a board on a case by case basis.

*Articles IV and V, Sections B 4 and 5, a participant must "Have no history of adverse action that violate the Rules of the Commission" and "Have no criminal record history reported on an Identity History Summary that violates the Rules of the Commission."*

#### **Q4. Can an individual with a master's degree in psychology practice under the authority of PSYPACT?**

A4. At this time, the E.Passport and the IPC, which are the certificates required to practice telepsychology and/or conduct temporary in-person, face-to-face practice under the authority of PSYPACT, require that an individual possess a doctoral degree in psychology. Currently, those individuals who are eligible for independent practice at the master's level are ineligible to apply for the E.Passport and/or the IPC and therefore cannot practice under the authority of PSYPACT. Individuals who obtain a license to practice psychology through their master's degree are ineligible to apply for E.Passport and/or IPC. However, in these situations, it does not mean that these individuals are incompetent to provide psychological services in states where they are licensed.

## Discipline

### **Q1. What happens when an individual's E.Passport and/or IPC are revoked?**

A1. An individual can no longer practice under the authority of PSYPACT if his or her E.Passport and/or IPC are revoked. It is important to note that an individual is still eligible to apply for licensure directly in any state, regardless of that state's participation in PSYPACT. By applying for licensure, the board will make the final, ultimate determination to decide if a license to practice psychology should be granted.

*Articles IV and V, Section E – “If a psychologist’s license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology” and “If a psychologist’s license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.”*

### **Q2. What happens if a psychologist's license is revoked?**

A2. The revocation of a license for a psychologist practicing under the authority of PSYPACT means his or her E.Passport and/or IPC will be revoked as well as their authority to practice under PSYPACT. It is important to note that PSYPACT cannot revoke an individual's license. Rather, the Home State can revoke an individual's license and PSYPACT can revoke their Authority to Practice Interjurisdictional Telepsychology and/or the Temporary Authorization to Practice.

*Articles IV and V, Sections D and E – “A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology will be subject to the Home State’s authority and laws. A Receiving State may, in accordance with that state’s due process law, limit or revoke a psychologist’s Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State’s applicable law to protect the health and safety of the Receiving State’s citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission. If a psychologist’s license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State’s authority and law. A Distant State may, in accordance with that state’s due process law, limit or revoke a psychologist’s Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State’s applicable law to protect the health and safety of the Distant State’s citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission. If a psychologist’s license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.”*

### **Q3. What happens if a psychologist enters into an alternative program while practicing under the authority of PSYPACT?**

A3. A psychologist's authority to practice and E.Passport and/or IPC are not revoked while a psychologist is in an alternative program. However, a psychologist cannot provide services as defined under PSYPACT during the time of the alternative program. It is the responsibility of the PSYPACT state to notify the

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Commission that a psychologist has entered into such a program and that their practice is temporarily surrendered.

*Article VII Section F – “Nothing in this Compact shall override a Compact State’s decision that a psychologist’s participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State’s law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.”*

### **Q4. Why isn’t a separate license required in every PSYPACT state to practice telepsychology or to conduct temporary in-person, face-to-face practice?**

A4. PSYPACT was created to provide an accessible and manageable regulatory structure for the practice of telepsychology and temporary in-person, face-to-face practice. Advantages to consumers are increased access to care, an avenue for complaints and a greater degree of public protection. Psychologists also have a means to provide services into other states where they may not currently hold a license. PSYPACT requires that a psychologist be licensed in their Home State but allows a psychologist to practice telepsychology in a Receiving State or conduct temporary in-person, face-to-face practice in a Distant State. This allows the Home State to continue to regulate and also allows the Receiving States and Distant States to know who is practicing in their state and in what capacity without requiring psychologists to obtain and maintain a license in every PSYPACT state.

## Impact on States

### Q1. How does PSYPACT promote compliance with laws governing psychological practice in each PSYPACT state?

A1. Licensing requirements vary state to state. As a means to promote compliance with laws as well as develop consistency in practice standards amongst states, PSYPACT serves as mechanism in which states agree to accept psychologists that have met a defined level of standards who are practicing in their state via telepsychology or temporary in-person, face-to-face practice.

*Article I – “Promote compliance with the laws governing psychological practice in each Compact State.”*

### Q2. Several types of states are defined within PSYPACT. What do they mean and how are they different?

A2. A psychologist must be licensed to practice psychology in their **Home State** in order to practice telepsychology or conduct temporary in-person, face-to-face practice as defined in PSYPACT.

- If the psychologist is licensed in more than one **Compact State** and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the **Home State** is the **Compact State** where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one **Compact State** and is practicing under the Temporary Authorization to Practice, the **Home State** is any **Compact State** where the psychologist is licensed.
- Should a licensed psychologist want to practice telepsychology from their **Home State**, services would be provided into a **Receiving State**.
- Should a licensed psychologist want to conduct temporary in-person, face-to-face practice, services would be rendered within a **Distant State**.
- It is important to note that should any adverse actions be taken, all states will be notified.

#### *Article II*

- *Compact State: “A state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or been terminated pursuant to Article XII, Section B.”*
- *Distant State: “The Compact State where a psychologist is physically present (not through using telecommunications technologies), to provide temporary in-person, face-to-face psychological services.”*
- *Home State: “A Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.”*
- *Non-Compact State: “Any State which is not at the time a Compact State.”*
- *Receiving State: “A Compact State where the client/patient is physically located when the telepsychological services are delivered.”*

### Q3. Other compacts indicate practice originates where the patient is located. According to PSYPACT, practice originates where the psychologist is located. Why is PSYPACT structured like this?

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A3. PSYPACT indicates Home State is where the psychologist is licensed. Regulatory authority rests with the state where the psychologist is licensed. Disciplinary actions against a license may only be taken by the state where the psychologist is licensed. Therefore, it is important to allow the Home State to have authority over psychologists licensed in their state and set the standards and procedures for discipline.

*Article II – “Home State means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.”*

### **Q4. How do rules of PSYPACT apply to state laws?**

A4. The rules of PSYPACT are only applicable to states that enact PSYPACT. The rules of PSYPACT would only supersede any state law pertaining to the interjurisdictional practice of telepsychology and temporary in-person, face-to-face practice.

*Article II – “Rule means a written statement by the Interjurisdictional Psychology Compact Commission promulgated pursuant to Section XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the Amendment, repeal or suspension of an existing Rule.”*

### **Q5. Can a state withdraw from PSYPACT?**

A5. A state can withdraw from PSYPACT by repealing the PSYPACT Model Legislation. The withdrawal shall not take effect until six (6) months after enactment of the repealing Statute.

Withdrawal will not affect the continuing requirement of the withdrawing State’s Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

*Article XIII, Section C – “Any Compact State may withdraw from this Compact by enacting a Statute repealing the same.”*

### **Q6. Does PSYPACT impact state’s rights?**

A6. PSYPACT does not impact a state’s right or ability to issue a license. It is applicable to the interjurisdictional practice of telepsychology and temporary in-person, face-to-face practice and only takes precedence over state laws regarding this type of interjurisdictional practice. For example, any licensed psychologist must obtain an E.Passport to practice telepsychology under the authority of PSYPACT and must have three (3) hours of continuing education training in technology as required by the E.Passport. Should a PSYPACT state not require continuing education, this requirement of PSYPACT would supersede the state’s authority.

## Impact on Psychologists

### Q1. As a psychologist, how do I utilize PSYPACT?

A1. Once PSYPACT becomes operational, psychologists can apply for the E.Passport and/or IPC, which are required to practice telepsychology and/or temporary in-person, face-to-face practice in PSYPACT states through the following steps:

To practice telepsychology:

- Apply for and obtain the Association of State and Provincial Psychology Boards (ASPPB) E.Passport to practice telepsychology in PSYPACT states and pay associated certification fees.
- Identify and notify ASPPB and the PSYPACT Commission of telepsychological practice into each PSYPACT state.
- Complete continuing education requirements for E.Passport.
- Annually renew the E.Passport.

To conduct temporary in-person, face-to-face practice:

- Apply for and obtain the Association of State and Provincial Psychology Boards (ASPPB) Interjurisdictional Practice Certificate (IPC) to conduct temporary in-person, face-to-face practice telepsychology in PSYPACT states and pay associated certification fees.
- Identify and notify ASPPB and the PSYPACT Commission of temporary in-person, face-to-face practice into each PSYPACT state.
- Annually renew the IPC.

### Q2. I am a psychologist licensed in both the Home State and Receiving/Distant States. Why does PSYPACT not apply to me?

A2. By already being licensed in the Home State and Receiving/Distant States, an individual has already established full rights to practice in these states, and therefore, PSYPACT is not applicable to these individuals. PSYPACT only applies to the interjurisdictional practice of telepsychology and/or temporary in-person, face-to-face practice.

*Article I – “Whereas this compact does not apply when a psychologist is licensed in both the Home and Receiving state.”*

### Q3. What happens when laws conflict within PSYPACT states (e.g. duty to warn laws, child/elder abuse laws, recording keeping rules, etc.)?

A3. Currently, there is no easy answer to this question. If a psychologist is in one state and a patient is in another, it can be confusing which laws to follow and which laws take precedence. A good example is the “duty to warn” standards among the states. States like California have a mandatory “duty to warn/protect” requirement, in Pennsylvania there is a mandatory duty to use reasonable care to protect by warning while other states like Texas have more permissive requirements. In some states, like North Dakota and Nevada, there is no duty to warn or protect requirement. These differences make it very difficult for psychologist to know what standard to apply when practicing telepsychology. Under

## PSYPACT FAQs

PSYPACT, this is simplified as this process is defined in the legislation. Compact States agree to the following:

- If a psychologist is practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology, he or she is subject to the Home State's authority and laws.
- If a psychologist is practicing into a Distant State under the Temporary Authorization to Practice, he or she will be subject to the Distant State's authority and law.

However, psychologists must be aware of each state's laws where they are conducting practice. Statutes and regulations pertaining to the practice of psychology vary from state to state.

## Impact on Consumers

### **Q1. How does PSYPACT ensure the public is better protected from harm?**

A1. PSYPACT is a mechanism that can ensure public protection and improve access to care while easing the barriers for competent and qualified psychologists through the following:

- All psychologists must hold an active license in their Home State and an active E.Passport and/or Interjurisdictional Practice Certificate, which has acceptable education and training requirements.
- Although psychologists are not required to have a license in the Receiving and/or Distant State, they must meet established criteria, have had no disciplinary sanctions, and provide regular updates on their intended practice activities.
- States will have access to a real-time, searchable database that provides information about where and in what capacity E.Passport and IPC holders are intending to practice within their state.
- PSYPACT provides a structure for the receiving state to revoke the psychologist's ability to practice within their state.
- Currently, states may not have the authority to impose discipline on their licensees for practice outside state boundaries. PSYPACT allows the Home State to impose discipline regarding the practice in other states.

Through PSYPACT, states can be assured that their consumers will be receiving care from qualified psychologists and have improved access to care. States will now have a means to identify telepsychology and temporary practice providers in their state as well as have a procedure to address disciplinary sanctions.

### **Q2. Why is PSYPACT important to consumers?**

A2. Through PSYPACT, consumers will have greater access to care. PSYPACT will allow licensed psychologists to provide continuity of care as clients/patients relocate. Psychologists will also be able to reach populations that are currently underserved, geographically isolated or lack specialty care.

Additionally, states will have an external mechanism that accounts for all psychologists who may enter their state to practice telepsychology or conduct temporary in-person, face-to-face practice, thus indicating psychologists have met defined standards and competencies to practice in other states. PSYPACT will also help states ensure the public will be better protected from harm.

## Appendix A – References

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State	Contacts	2017 Legislative Session Dates	Sponsor	Bill No.	Date Introduced	Current Status/Notes	Date Enacted
Illinois	Dr. Lisa Grossman lrgrossman@aol.com	1/11/2017-1/9/2018 4/9/2018	Representative Cynthia Soto  Senator Don Harmon	IL H 2688  IL S 1391	2/8/2017  2/9/2017	Referred to House Committee on Rules  Postponed in Committee	
Missouri	Pam Groose ED of MO Bd pam.groose@PR.MO.GOV  Dr. Paul Korte MPA President pkorte@paloaltou.edu	1/4/2017-5/30/2017 7/14/2017	Representative Tila Hubrecht  Senator Scott Sifton	MO H 227  MO S 462	1/4/2017  2/23/1027	Passed House  Introduced in Senate Judiciary & Civil & Criminal Jurisprudence Committee and hearing conducted	
Nevada	Morgan Alldredge Executive Director nbop@govmail.state.nv.us  Neena Laxalt Lobbyist	2/16/2017-6/6/2017 6/17/2017	Assembly Health and Human Services Committee	NV AB 429	3/27/2017	Introduced in Health and Human Services Committee	
Rhode Island	Dr. Peter Oppenheimer pmopp@fopsych.com	1/3/2017-1/1/2018 1/11/2018	Representative Joseph McNamara  Senator James Doyle	RI H 5582  RI S 495	2/16/2017  3/2/2017	Introduced in House Health Education and Welfare Committee - Held for further study Introduced in Sentate Health and Human Services Committee - Held for further study	
Texas	Darrel Spinks, JD Executive Director Executive.Director@TSBEP.TEXAS.GOV  David White, CAE Executive Director of TPA tpa_dwhite@att.net	1/10/2017-5/29/2017 6/18/2017	Senator Juan Chuy Hinojosa  Representative Larry Gonzales	TX S 311  TX H 2898	3/3/2017  3/6/2017	In Senate Health and Human Services Committee Pending in House Public Health Committee	
Utah	Dr. Nanci Klein drklein@drnanciklein.com Director of Professional Affairs Utah Psychological Association	1/23/2017-3/10/2017 3/30/2017	Senator Brian Shiozawa	UT S 106	1/24/2017		3/17/2017
State	Contacts	2016 Legislative Session Dates	Sponsor	Bill No.	Date Introduced	Current Status	Date Enacted
Arizona	Dr. Cindy Olvey Executive Director Cindy.Olvey@psychboard.az.gov	NA	Representative Heather Carter	AZ H 2503	1/27/2016		5/17/2016



# Advancing the Interjurisdictional Practice of Psychology

Created by the Association of State and Provincial Psychology Boards (ASPPB), the Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact that facilitates the practice of psychology using telecommunications technologies (telepsychology) and/or temporary in-person, face-to-face psychological practice.

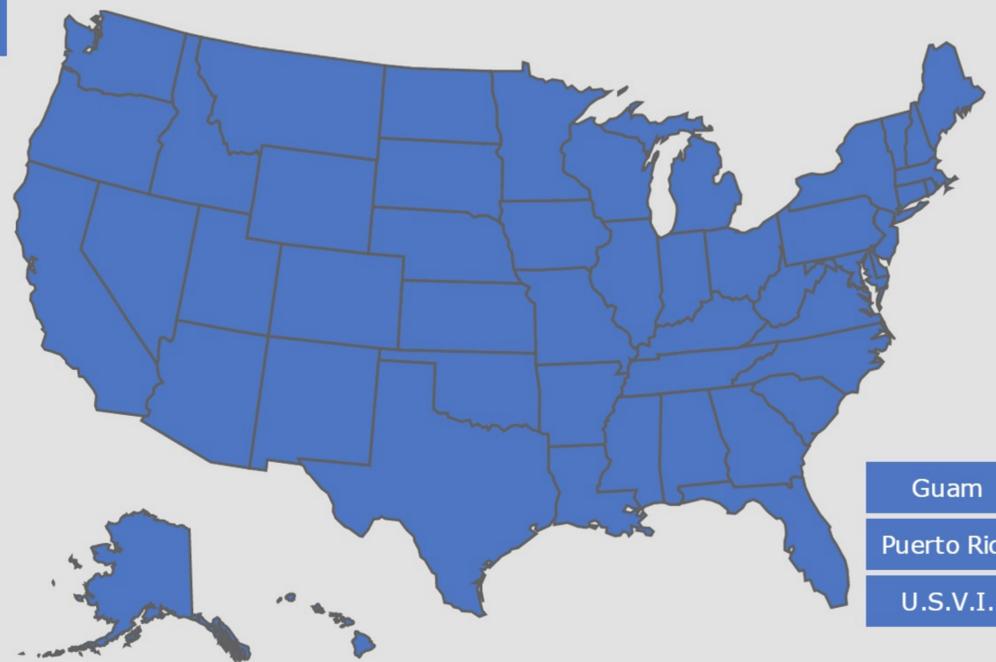
## About PSYPACT

PSYPACT is a cooperative agreement enacted into law by participating states

Addresses increased demand to provide/receive psychological services via electronic means (telepsychology)

Authorizes both telepsychology and temporary in-person, face-to-face practice of psychology across state lines in PSYPACT states

PSYPACT states have the ability to regulate telepsychology and temporary in-person, face-to-face practice



## How PSYPACT Works

PSYPACT becomes operational when seven states enact PSYPACT into law



Psychologists who wish to practice under PSYPACT obtain:

E.Passport Certificate for telepsychology

Interjurisdictional Practice Certificate (IPC) for temporary in-person, face-to-face practice



PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions

## Benefits of PSYPACT



Increases client/patient access to care



Facilitates continuity of care when client/patient relocates, travels, etc.



Certifies that psychologists have met acceptable standards of practice



Promotes cooperation between PSYPACT states in the areas of licensure and regulation



Offers a higher degree of consumer protection across state lines

## How PSYPACT Impacts Psychologists

Allows licensed psychologists to practice telepsychology and/or conduct temporary in-person, face-to-face practice across state lines without having to become licensed in additional PSYPACT states

Permits psychologists to provide services to populations currently underserved or geographically isolated

Standardizes time allowances for temporary practice regulations in PSYPACT states

# **ASPPB MOBILITY PROGRAM E.PASSPORT OVERVIEW**

## **E.Passport Info**

The E. Passport promotes standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across jurisdictional lines in jurisdictions that accept the E.Passport. The E. Passport also provides more consistent regulation of interjurisdictional telepsychology practice and allows consumers of psychological services to benefit from regulated practice.

## **Applying for the E.Passport**

Application for the E. Passport can be made through the ASPPB Mobility Program. Eligibility requirements can be found on Page 2. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the Mobility Program and certificate requirements.

## **Renewing the E.Passport**

- Renew annually by submission of the established fee and documentation of a current active license in an ASPPB member jurisdiction.
- Demonstrate three (3) hours of continuing education relevant to the use of technology in psychology. Approved Continuing Professional Development for the E. Passport may include academic courses and approved sponsor continuing education.
- All continuing education must be directly relevant to the practice of telepsychology and would include, but not be restricted to any one or more of the areas defined in the APA Guidelines for the Practice of Telepsychology. Relevance to the practice of telepsychology will be determined by the Mobility Committee.
- Failure to renew by the renewal deadline will cause the certificate to expire. The certificate holder may not practice under the certificate while it is expired.

## **Using the E.Passport\***

- Report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate
- Abide by the APA Guidelines for the Practice of Telepsychology and the ASPPB Telepsychology Principles/Standards
- Inform the clients/patients of psychologist's licensure status and location, and that he/she possesses an E.Passport
- Inform the clients/patients of any limitations regarding where the psychologist can practice, and how and where the patient can file a complaint
- Notify the patient when there is a conflict of law regarding confidentiality (e.g., duty to warn, duty to report), at the outset of the provision of services [as well as when the incidents arises]
- Comply with any cease and desist order or injunctive relief from a receiving jurisdiction
- Disclose E.Passport status on all promotional/professional materials in the connection with any telepsychological practice
- Comply with all applicable statutory, regulatory, and ethical requirements

*\*Note: Procedures for use may change and are determined by the Mobility Committee\**

# **ASPPB MOBILITY PROGRAM E.PASSPORT OVERVIEW**

## **E.Passport Eligibility Requirements**

*Please note that this guide demonstrates the minimum requirements for the E.Passport and does not guarantee approval. It is a reference tool to assist you in completing your application. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the certificate requirements.*

### **LIC.**

- Must have a current and active psychology license, based on a doctoral degree, in at least one ASPPB member jurisdiction.
- No disciplinary action listed on any psychology license.

### **EDUCATION**

- Must have doctoral degree from regionally accredited institution, clearly listed in psychology, that included a minimum of three academic years of full time graduate study.
- Transcript must be sent directly to ASPPB from institution granting degree.
- Must demonstrate a minimum of one continuous academic year of full time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at the educational institution in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty student interaction. Models that use in person contact for shorter durations throughout a year or models that use video conferencing or other electronic means to meet the residency requirement are NOT acceptable.
- Graduates from non- APA/CPA approved programs must be able to demonstrate a minimum of three graduate semester hours or the equivalent in ALL the following specific substantive areas: scientific and professional ethics and standards; research design and methodology; statistics; psychometric theory; biological bases of behavior; cognitive-affective bases of behavior; social bases of behavior; individual differences; assessment/evaluation; AND treatment/intervention.

### **EPPP**

- Completion of the Examination for Professional Practice in Psychology (EPPP).
- If you need assistance in locating the date you took the exam and/or your Candidate ID, please contact the jurisdiction in which you applied for licensure.

### **MISC.**

- Completion of acknowledgments and attestations as required by the Mobility Committee.

*For any additional assistance or information, please contact the ASPPB Mobility Program  
Email: [mobility@asppb.org](mailto:mobility@asppb.org) P.O. Box 3079, Peachtree City, GA 30269 Phone: 888-201-6360*

# **ASPPB MOBILITY PROGRAM IPC OVERVIEW**

## **Interjurisdictional Practice Certificate (IPC) Info**

The IPC promotes standardization in criteria for short-term practice and interjurisdictional mobility by facilitating the process for licensed psychologists to provide short-term psychological services across jurisdictional lines without obtaining an additional license. The IPC also provides more consistent regulation of interjurisdictional practice and allows consumers of psychological services to benefit from regulated interjurisdictional practice. The IPC allows psychologists to provide temporary psychological services in jurisdictions that accept the IPC for at least 30 work days per year without obtaining full licensure in that jurisdiction with proper notification.

## **Applying for the IPC**

Application for the IPC can be made through the ASPPB Mobility Program. Eligibility requirements can be found on Page 2. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the Mobility Program and certificate requirements.

## **Renewing the IPC**

- Renew annually by submission of the established fee and documentation of a current active license in an ASPPB member jurisdiction.
- Failure to renew by the renewal deadline will cause the certificate to expire. The certificate holder may not practice under the certificate while it is expired.

## **Using the IPC\***

- Provide attestations in regard to areas of intended practice and work experience
- Comply with all applicable statutory, regulatory, and ethical requirements
- Report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate
- Present certificate status as reflecting the practitioner's basic qualifications and as an additional qualification or as a superior level of psychological qualifications or service

*\*Note: Procedures for use may change and are determined by the Mobility Committee\**

# ASPPB MOBILITY PROGRAM IPC OVERVIEW

## IPC Eligibility Requirements

*Please note that this guide demonstrates the minimum requirements for the IPC and does not guarantee approval. It is a reference tool to assist you in completing your application. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the certificate requirements.*

### LIC.

- Must have a current and active psychology license, based on a doctoral degree, in at least one ASPPB member jurisdiction.
- No disciplinary action listed on any psychology license.

### EDUCATION

- Must have doctoral degree from regionally accredited institution, clearly listed in psychology, that included a minimum of three academic years of full time graduate study.
- Transcript must be sent directly to ASPPB from institution granting degree.
- Must demonstrate a minimum of one continuous academic year of full time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at the educational institution in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty student interaction. Models that use in person contact for shorter durations throughout a year or models that use video teleconferencing or other electronic means to meet the residency requirement are NOT acceptable.
- Graduates from non- APA/CPA approved programs must be able to demonstrate a minimum of three graduate semester hours or the equivalent in ALL the following specific substantive areas: scientific and professional ethics and standards; research design and methodology; statistics; psychometric theory; biological bases of behavior; cognitive-affective bases of behavior; social bases of behavior; individual differences; assessment/evaluation; AND treatment/intervention.

### MISC.

- Completion of acknowledgments and attestations as required by the Mobility Committee.

*For any additional assistance or information, please contact the ASPPB Mobility Program  
Email: [mobility@asppb.org](mailto:mobility@asppb.org) P.O. Box 3079, Peachtree City, GA 30269 Phone: 888-201-6360*

# **Regulations Governing the Practice of Psychology**

*Commonwealth of Virginia*



**REGULATIONS**  
**GOVERNING THE PRACTICE OF**  
**PSYCHOLOGY**

**VIRGINIA BOARD OF PSYCHOLOGY**

**Title of Regulations: 18 VAC 125-20-10 et seq.**

**Statutory Authority: § 54.1-2400 and Chapter 36 of Title 54.1  
of the *Code of Virginia***

**Revised Date: March 9, 2017**

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## **Part I. General Provisions.**

### **18VAC125-20-10. Definitions.**

The following words and terms, in addition to the words and terms defined in §54.1-3600 of the Code of Virginia, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"APA" means the American Psychological Association.

"APPIC" means the Association of Psychology Postdoctoral and Internship Centers.

"Board" means the Virginia Board of Psychology.

"Candidate for licensure" means a person who has satisfactorily completed the appropriate educational and experience requirements for licensure and has been deemed eligible by the board to sit for the required examinations.

"Demonstrable areas of competence" means those therapeutic and assessment methods and techniques, and populations served, for which one can document adequate graduate training, workshops, or appropriate supervised experience.

"Internship" means an ongoing, supervised and organized practical experience obtained in an integrated training program identified as a psychology internship. Other supervised experience or on-the-job training does not constitute an internship.

"NASP" means the National Association of School Psychologists.

"NCATE" means the National Council for the Accreditation of Teacher Education.

"Practicum" means the pre-internship clinical experience that is part of a graduate educational program.

"Professional psychology program" means an integrated program of doctoral study designed to train professional psychologists to deliver services in psychology.

"Regional accrediting agency" means one of the six regional accrediting agencies recognized by the United States Secretary of Education established to accredit senior institutions of higher education.

"Residency" means a post-internship, post-terminal degree, supervised experience approved by the board.

"School psychologist-limited" means a person licensed pursuant to §54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual consultation, guidance and instruction with respect to the skills and competencies of the person supervised.

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person and provides the supervision required by such a person.

**18VAC125-20-20. [Repealed]**

**18VAC125-20-30. Fees required by the board.**

A. The board has established fees for the following:

	Clinical psychologists Applied psychologists School psychologists	School psychologists- limited
1. Registration of residency (per residency request)	\$50	
2. Add or change supervisor	\$25	
3. Application processing and initial licensure	\$200	\$85
4. Annual renewal of active license	\$140	\$70
5. Annual renewal of inactive license	\$70	\$35
6. Late renewal	\$50	\$25
7. Verification of license to another jurisdiction	\$25	\$25
8. Duplicate license	\$5	\$5
9. Additional or replacement wall certificate	\$15	\$15
10. Returned check	\$35	\$35
11. Reinstatement of a lapsed license	\$270	\$125
12. Reinstatement following revocation or suspension	\$500	\$500

B. Fees shall be made payable to the Treasurer of Virginia and forwarded to the board. All fees are nonrefundable.

C. Between April 30, 2016 and June 30, 2016, the following renewal fees shall be in effect:

1. For an active license as a clinical, applied or school psychologist, it shall be \$84. For an inactive license as a clinical, applied or school psychologist, it shall be \$42.
2. For an active license as a school psychologist-limited, it shall be \$42. For an inactive license as a school psychologist-limited, it shall be \$21.

**Part II. Requirements for Licensure.**

**18VAC125-20-40. General requirements for licensure.**

Individuals licensed in one licensure category who wish to practice in another licensure category shall submit an application for the additional licensure category in which the licensee seeks to practice.

**18VAC125-20-41. Requirements for licensure by examination.**

A. Every applicant for examination for licensure by the board shall:

1. Meet the education requirements prescribed in 18VAC125-20-54, 18VAC125-20-55, or 18VAC125-20-56 and the experience requirement prescribed in 18VAC125-20-65 as applicable for the particular license sought; and

2. Submit the following:

a. A completed application on forms provided by the board;

b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65;

c. The application processing fee prescribed by the board;

d. Official transcripts documenting the graduate work completed and the degree awarded; transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained. Applicants who are graduates of institutions that are not regionally accredited shall submit documentation from an accrediting agency acceptable to the board that their education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55 or 18VAC125-20-56; and

e. Verification of any other health or mental health professional license or certificate ever held in another jurisdiction.

B. In addition to fulfillment of the education and experience requirements, each applicant for licensure by examination must achieve a passing score on the Examination for Professional Practice of Psychology.

C. Every applicant shall attest to having read and agreed to comply with the current standards of practice and laws governing the practice of psychology in Virginia.

**18VAC125-20-42. Prerequisites for licensure by endorsement.**

Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing fee prescribed by the board;

3. An attestation of having read and agreed to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia;

4. Verification of all other health and mental health professional licenses or certificates ever held in any jurisdiction. In order to qualify for endorsement, the applicant shall not have surrendered a license or certificate while under investigation and shall have no unresolved action against a license or certificate;

5. A current report from the National Practitioner Data Bank; and
6. Further documentation of one of the following:
  - a. A current listing in the National Register of Health Service Psychologists;
  - b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
  - c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
  - d. Ten years of active licensure in a category comparable to the one in which licensure is sought, with an appropriate degree as required in this chapter documented by an official transcript; or
  - e. If less than 10 years of active licensure, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following:
    - (1) Documentation of post-licensure active practice for at least 24 of the last sixty months immediately preceding licensure application;
    - (2) Verification of a passing score on the Examination for Professional Practice of Psychology as established in Virginia for the year of that administration; and
    - (3) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

**18VAC125-20-43. Requirements for licensure as a school psychologist-limited.**

- A. Every applicant for licensure as a school psychologist-limited shall submit to the board:
1. A copy of a current license issued by the Board of Education showing an endorsement in psychology.
  2. An official transcript showing completion of a master's degree in psychology.
  3. A completed Employment Verification Form of current employment by a school system under the Virginia Department of Education.
  4. The application fee.
- B. At the time of licensure renewal, school psychologists-limited shall be required to submit an updated Employment Verification Form if there has been a change in school district in which the licensee is currently employed.

**18VAC125-20-50 to 18VAC125-20-53. [Repealed]**

**18VAC125-20-54. Education requirements for clinical psychologists.**

A. The applicant shall hold a doctorate from a professional psychology program in a regionally accredited university, which was accredited by the APA in clinical or counseling psychology within four years after the applicant graduated from the program, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a doctorate from an APA accredited program, the applicant shall hold a doctorate from a professional psychology program which documents that it offers education and training which prepares individuals for the practice of clinical psychology as defined in §54.1-3600 of the Code of Virginia and which meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from an acceptable credential evaluation service which provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas.

a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).

b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).

d. Psychological measurement.

e. Research methodology.

f. Techniques of data analysis.

g. Professional standards and ethics.

6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:

a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).

b. Human development (e.g., child, adolescent, geriatric psychology).

c. Dysfunctional behavior, abnormal behavior or psychopathology.

d. Theories and methods of intellectual assessment and diagnosis.

e. Theories and methods of personality assessment and diagnosis including its practical application.

f. Effective interventions and evaluating the efficacy of interventions.

C. Applicants shall submit documentation of having successfully completed practicum experiences in assessment and diagnosis, psychotherapy, consultation and supervision. The practicum shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65 B, in the pre-doctoral practicum supervised experience that meets the following standards:

1. The supervised professional experience shall be part of an organized sequence of training within the applicant's doctoral program, which meets the criteria specified in subsections A or B of this section.

2. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.

a. "Face-to-face direct client services" means treatment/intervention, assessment, and interviewing of clients.

b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.

c. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided on-site or in the trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.

3. In order for pre-doctoral practicum hours to fulfill the all or part of the residency requirement, the following shall apply:

- a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;
  - b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and
  - c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.
4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.
  5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.
  6. The hours of pre-doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.

**18VAC125-20-55. Education requirements for applied psychologists.**

- A. The applicant shall hold a doctorate from a professional psychology program from a regionally accredited university which meets the following criteria:
  1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education, or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board which demonstrates that the program meets the requirements set forth in this chapter.
  2. The program shall be recognizable as an organized entity within the institution.
  3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.
  4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.
  5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas.

- a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).
- b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).
- c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).
- d. Psychological measurement.
- e. Research methodology.
- f. Techniques of data analysis.
- g. Professional standards and ethics.

B. Demonstration of competence in applied psychology shall be met by including a minimum of at least 18 semester hours or 30 quarter hours in a concentrated program of study in an identified area of psychology, e.g., developmental, social, cognitive, motivation, applied behavioral analysis, industrial/organizational, human factors, personnel selection and evaluation, program planning and evaluation, teaching, research or consultation.

**18VAC125-20-56. Education requirements for school psychologists.**

A. The applicant shall hold at least a master's degree in school psychology, with a minimum of at least 60 semester credit hours or 90 quarter hours, from a college or university accredited by a regional accrediting agency, which was accredited by the APA, NCATE or NASP, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a master's degree in school psychology from a program accredited by the APA, NCATE or NASP, the applicant shall have a master's degree from a psychology program which offers education and training to prepare individuals for the practice of school psychology as defined in §54.1-3600 of the Code of Virginia and which meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education, or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board which demonstrates that the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate

professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of two academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas.

a. Psychological foundations (e.g., biological bases of behavior, human learning, social and cultural bases of behavior, child and adolescent development, individual differences).

b. Educational foundations (e.g., instructional design, organization and operation of schools).

c. Interventions/problem-solving (e.g., assessment, direct interventions, both individual and group, indirect interventions).

d. Statistics and research methodologies (e.g., research and evaluation methods, statistics, measurement).

e. Professional school psychology (e.g., history and foundations of school psychology, legal and ethical issues, professional issues and standards, alternative models for the delivery of school psychological services, emergent technologies, roles and functions of the school psychologist).

6. The program shall be committed to practicum experiences which shall include:

a. Orientation to the educational process;

b. Assessment for intervention;

c. Direct intervention, including counseling and behavior management; and

d. Indirect intervention, including consultation.

**18VAC125-20-60. [Repealed]**

**18VAC125-20-65. Supervised experience.**

**A. Internship requirement.**

1. Candidates for clinical psychologist licensure shall have successfully completed an internship that is either accredited by APA, APPIC<sub>2</sub> or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards.

2. Candidates for school psychologist licensure shall have successfully completed an internship accredited by the APA, APPIC or NASP or one that meets equivalent standards.

## B. Residency requirement.

1. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours in a period of not less than 12 months and not to exceed three years of supervised experience in the delivery of clinical or school psychology services acceptable to the board, or the applicant may request approval to begin a residency
2. Supervised experience obtained in Virginia without prior written board approval will not be accepted toward licensure. Candidates shall not begin the residency until after completion of the required degree as set forth in 18VAC125-20-54 or 18VAC125-20-56. An individual who proposes to obtain supervised post-degree experience in Virginia shall, prior to the onset of such supervision, submit a supervisory contract along with the application package and pay the registration of supervision fee set forth in 18VAC125-20-30.
3. There shall be a minimum of two hours of individual supervision per week. Group supervision of up to five residents may be substituted for one of the two hours per week on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per week.
4. Residents may not refer to or identify themselves as applied psychologists, clinical psychologists, or school psychologists; independently solicit clients; bill for services; or in any way represent themselves as licensed psychologists. Notwithstanding the above, this does not preclude supervisors or employing institutions for billing for the services of an appropriately identified resident. During the residency period they shall use their names, the initials of their degree, and the title, "Resident in Psychology," in the licensure category in which licensure is sought.
5. Supervision shall be provided by a psychologist licensed to practice in the licensure category in which the resident is seeking licensure.
6. The supervisor shall not provide supervision for activities beyond the supervisor's demonstrable areas of competence, nor for activities for which the applicant has not had appropriate education and training.
7. At the end of the residency training period, the supervisor or supervisors shall submit to the board a written evaluation of the applicant's performance.
8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervisors.

C. For a clinical psychologist license, a candidate may submit evidence of having met the supervised experience requirements in a pre-doctoral practicum as specified in 18VAC125-20-54 D in substitution for all or part of the 1,500 residency hours specified in this section. If the supervised experience hours completed in a practicum do not total 1,500 hours, a person may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.

D. Candidates for clinical psychologist licensure shall provide documentation that the internship and residency included appropriate emphasis and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

**18VAC125-20-70. [Repealed]**

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

**18VAC125-20-80. General examination requirements.**

A. An applicant for clinical or school psychologist licensure enrolled in an approved residency training program required in 18VAC125-20-65 who has met all requirements for licensure except completion of that program shall be eligible to take the national written examinations.

B. A candidate approved by the board to sit for an examination shall take that examination within two years of the date of the initial board approval. If the candidate has not taken the examination by the end of the two-year period here prescribed, the applicant shall reapply according to the requirements of the regulations in effect at that time.

C. The board shall establish passing scores on the examination.

**18VAC125-20-90 to 18VAC125-20-110. [Repealed]**

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

**18VAC125-20-120. Annual renewal of licensure.**

Every license issued by the board shall expire each year on June 30.

1. Every licensee who intends to continue to practice shall, on or before the expiration date of the license, submit to the board a license form supplied by the board and the renewal fee prescribed in 18VAC125-20-30.

2. Licensees who wish to maintain an active license shall pay the appropriate fee and verify on the renewal form compliance with the continuing education requirements prescribed in 18VAC125-20-121. First-time licensees by examination are not required to verify continuing education on the first renewal date following initial licensure.

3. A licensee who wishes to place his license in inactive status may do so upon payment of the fee prescribed in 18VAC125-20-30. No person shall practice psychology in Virginia unless he holds a current active license. An inactive licensee may activate his license by fulfilling the reactivation requirements set forth in 18VAC125-20-130.

4. Licensees shall notify the board office in writing of any change of address of record or of the public address, if different from the address of record. Failure of a licensee to receive a renewal notice and application forms from the board shall not excuse the licensee from the renewal requirement.

**18VAC125-20-121. Continuing education course requirements for renewal of an active license.**

A. Licensees shall be required to have completed a minimum of 14 hours of board-approved continuing education courses each year for annual licensure renewal. A minimum of 1.5 of these hours shall be in courses that emphasize the ethics, laws, and regulations governing the profession of psychology, including the standards of practice set out in 18VAC125-20-150. A licensee who completes continuing education hours in excess of the 14 hours may carry up to seven hours of continuing education credit forward to meet the requirements for the next annual renewal cycle.

B. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the practice of psychology and is provided by a board-approved provider that meets the criteria specified in 18VAC125-20-122.

1. At least six of the required hours shall be earned in face-to-face or real-time interactive educational experiences. Real-time interactive shall include a course in which the learner has the opportunity to interact with the presenter and participants during the time of the presentation.

2. The board may approve up to four hours per renewal cycle for specific educational experiences to include:

a. Preparation for or presentation of a continuing education program, seminar, workshop or course offered by an approved provider and directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the presentation is given, and may not be credited toward the face-to-face requirement.

b. Publication of an article or book in a recognized publication directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the writing is published, and may not be credited toward the face-to-face requirement.

3. The board may approve up to two hours per renewal cycle for membership on a state licensing board in psychology.

C. Courses must be directly related to the scope of practice in the category of licensure held. Continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders.

D. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

E. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

F. Up to two of the 14 continuing education hours required for renewal may be satisfied through delivery of psychological services, without compensation, to low-income individuals receiving mental health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

**18VAC125-20-122. Continuing education providers.**

A. The following organizations, associations or institutions are approved by the board to provide continuing education:

1. Any psychological association recognized by the profession or providers approved by such an association.
2. Any association or organization of mental health, health or psychoeducational providers recognized by the profession or providers approved by such an association or organization.
3. Any association or organization providing courses related to forensic psychology recognized by the profession or providers approved by such an association or organization.
4. Any regionally accredited institution of higher learning. A maximum of 14 hours will be accepted for each academic course directly related to the practice of psychology.
5. Any governmental agency or facility that offers mental health, health or psychoeducational services.
6. Any licensed hospital or facility that offers mental health, health or psychoeducational services.
7. Any association or organization that has been approved as a continuing competency provider by a psychology board in another state or jurisdiction.

B. Continuing education providers approved under subsection A of this section shall:

1. Maintain documentation of the course titles and objectives and of licensee attendance and completion of courses for a period of four years.
2. Monitor attendance at classroom or similar face-to-face educational experiences.
3. Provide a certificate of completion for licensees who successfully complete a course.

**18VAC125-20-123. Documenting compliance with continuing education requirements.**

A. All licensees in active status are required to maintain original documentation for a period of four years.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. Official transcripts showing credit hours earned from an accredited institution; or
2. Certificates of completion from approved providers.

D. Compliance with continuing education requirements, including the maintenance of records and the relevance of the courses to the category of licensure, is the responsibility of the licensee. The board may request additional information if such compliance is not clear from the transcripts or certificates.

E. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.

**18VAC125-20-130. Late renewal; reinstatement; reactivation.**

A. A person whose license has expired may renew it within one year after its expiration date by paying the penalty fee prescribed in 18VAC125-20-30 and the license renewal fee for the year the license was not renewed.

B. A person whose license has not been renewed for one year or more and who wishes to resume practice shall:

1. Present evidence to the board of having met all applicable continuing education requirements equal to the number of years the license has lapsed, not to exceed four years;

2. Pay the reinstatement fee as prescribed in 18VAC125-20-30; and

3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for licensure.

C. A psychologist wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal, and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.

**18VAC125-20-140. [Repealed]**

**Part VI. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.**

**18VAC125-20-150. Standards of practice.**

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences.

B. Persons licensed by the board shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by training and appropriate experience. Delegate to their employees, supervisees, residents and research assistants only those responsibilities such persons can be expected to perform

competently by education, training and experience. Take ongoing steps to maintain competence in the skills they use;

2. When making public statements regarding credentials, published findings, directory listings, curriculum vitae, etc., ensure that such statements are neither fraudulent nor misleading;

3. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;

4. Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;

5. Avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable. Not exploit or mislead people for whom they provide professional services. Be alert to and guard against misuse of influence;

6. Avoid dual relationships with patients, clients, residents or supervisees that could impair professional judgment or compromise their well-being (to include but not limited to treatment of close friends, relatives, employees);

7. Withdraw from, adjust or clarify conflicting roles with due regard for the best interest of the affected party or parties and maximal compliance with these standards;

8. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Since sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation;

9. Keep confidential their professional relationships with patients or clients and disclose client records to others only with written consent except: (i) when a patient or client is a danger to self or others, (ii) as required under §32.1-127.1:03 of the Code of Virginia, or (iii) as permitted by law for a valid purpose;

10. Make reasonable efforts to provide for continuity of care when services must be interrupted or terminated;

11. Inform clients of professional services, fees, billing arrangements and limits of confidentiality before rendering services. Inform the consumer prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment. Avoid bartering goods and services. Participate in bartering only if it is not clinically contraindicated and is not exploitative;

12. Construct, maintain, administer, interpret and report testing and diagnostic services in a manner and for purposes which are appropriate;

13. Keep pertinent, confidential records for at least five years after termination of services to any consumer;

14. Design, conduct and report research in accordance with recognized standards of scientific competence and research ethics; and

15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology.

**18VAC125-20-160. Grounds for disciplinary action or denial of licensure.**

The board may take disciplinary action or deny a license for any of the following causes:

1. Conviction of a felony, or a misdemeanor involving moral turpitude;

2. Procuring of a license by fraud or misrepresentation;

3. Misuse of drugs or alcohol to the extent that it interferes with professional functioning;

4. Negligence in professional conduct or violation of practice standards including but not limited to this chapter;

5. Performing functions outside areas of competency;

6. Mental, emotional, or physical incompetence to practice the profession;

7. Failure to comply with the continued competency requirements set forth in this chapter; or

8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession regulated or any provision of this chapter.

**18VAC125-20-170. Reinstatement following disciplinary action.**

A. Any person whose license has been revoked by the board under the provisions of 18VAC125-20-160 may, three years subsequent to such board action, submit a new application to the board for reinstatement of licensure. The board in its discretion may, after a hearing, grant the reinstatement.

B. The applicant for such reinstatement, if approved, shall be licensed upon payment of the appropriate fee applicable at the time of reinstatement.

**Regulations Governing the Practice  
of  
Sex Offender Treatment Providers**

*Commonwealth of Virginia*



**REGULATIONS**

**GOVERNING THE CERTIFICATION OF  
SEX OFFENDER TREATMENT PROVIDERS**

**VIRGINIA BOARD OF PSYCHOLOGY**

**Title of Regulations: 18 VAC 125-30-10 et seq.**

**Statutory Authority: §§ 54.1-2400 and Chapter 36 of Title 54.1  
of the *Code of Virginia***

**Revised Date: January 27, 2016**

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## **Part I. General Provisions.**

### **18VAC125-30-10. Definitions.**

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

"Ancillary services" means training in anger management, stress management, assertiveness, social skills, substance abuse avoidance and sex education as part of an identified sex offender treatment provider program.

"Applicant" means an individual who has submitted a completed application with documentation and the appropriate fees to be examined for certification as a sex offender treatment provider.

"Assessment" means using specific techniques of evaluation and measurement to collect facts related to sexually abusive thoughts and behaviors contributing to sexual offense.

"Board" means the Virginia Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-2924.1, 54.1-3005, 54.1-3505, 54.1-3609, 54.1-3610, 54.1-3611, and 54.1-3705 of the Code of Virginia and the regulations promulgated pursuant to these provisions.

"Competency area" means an area in which a person possesses knowledge and skills and the ability to apply them in the clinical setting.

"Sex offender" means (i) any person who has been adjudicated or convicted of a sex offense or has a founded child sexual abuse status by the Department of Social Services; (ii) any person for whom any court has found sufficient evidence without specific finding of guilt of committing a felony or misdemeanor which may be reasonably inferred to be sexually motivated; or (iii) any person who admits to or acknowledges behavior which would result in adjudication, conviction, or a founded child sexual abuse status.

"Sex offense" means behavior in violation of any of the following statutes in the Code of Virginia: § 18.2-48 in part (abduction of any person with intent to defile such person), § 18.2-60.3 in part (includes only those instances in which sexual motivation can be reasonably inferred), § 18.2-61, § 18.2-63, § 18.2-64.1, § 18.2-67.1, § 18.2-67.2, § 18.2-67.2:1, § 18.2-67.3, § 18.2-67.4, § 18.2-67.5, § 18.2-130 in part (includes only those instances in which sexual motivation can be reasonable inferred), subsection A of § 18.2-361 in part "If any person carnally knows in any manner any brute animal" and subsection B § 18.2-361 in its entirety, § 18.2-366, § 18.2-370, § 18.2-370.1, § 18.2-374.1 (not to include plethysmographic testing materials in the possession of qualified mental health professionals or technicians), § 18.2-387.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular documented individual consultation, guidance and instruction with respect to the skills and competencies of the person providing sex offender treatment services.

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person as it relates to sex offender treatment and provides the supervision required by such a person. The supervisor shall be a certified sex offender treatment provider and licensed by the Board of Medicine, Nursing, Counseling, Psychology or Social Work.

"Treatment" means therapeutic intervention to change sexually abusive thoughts and behaviors which specifically addresses the occurrence and dynamics of sexual behavior and utilizes specific strategies to promote change.

**18VAC125-30-20. Fees required by the board.**

A. The board has established the following fees applicable to the certification of sex offender treatment providers:

Registration of supervision	\$50
Add or change supervisor	\$25
Application processing and initial certification fee	\$90
Certification renewal	\$75
Duplicate certificate	\$5
Late renewal	\$25
Reinstatement of an expired certificate	\$125
Replacement of or additional wall certificate	\$15
Returned check	\$35
Reinstatement following revocation or suspension	\$500
One-time reduction in fee for renewal on June 30, 2016	\$45

B. Fees shall be made payable to the Treasurer of Virginia. All fees are nonrefundable.  
Statutory Authority

**Part II. Requirements for Certification.**

**18VAC125-30-30. Prerequisites to certification.**

A. Every applicant for certification by the board shall:

1. Meet the educational requirements prescribed in 18VAC125-30-40;
2. Meet the experience requirements prescribed in 18VAC125-30-50;
3. Submit to the board:
  - a. A completed application form;
  - b. Documented evidence of having fulfilled the education, experience, and supervision set forth in 18VAC125-30-40 and 18VAC125-30-50; and
  - c. Reference letters from three licensed health care professionals familiar with and attesting to the applicant's skills and experience.

B. The board may certify by endorsement an individual who can document current certification as a sex offender treatment provider in good standing obtained by standards substantially equivalent to those outlined in this chapter as verified by an out-of-state certifying agency on a board-approved form.

**18VAC125-30-40. Educational requirements.**

An applicant for certification as a sex offender treatment provider shall:

1. Document completion of one of the following degrees:
  - a. A master's or doctoral degree in social work, psychology, counseling, or nursing from a regionally accredited university; or
  - b. The degree of Doctor of Medicine or Doctor of Osteopathic Medicine from an institution that is approved by an accrediting agency recognized by the Virginia Board of Medicine. Graduates of institutions that are not accredited by an acceptable accrediting agency shall establish the equivalency of their education to the educational requirements of the Virginia Board of Social Work, Psychology, Counseling, Nursing or Medicine.

2. Provide documentation of 50 clock hours of training acceptable to the board in the following areas, with 15 clock hours in each area identified in subdivisions 2 a and b of this section, 10 clock hours in each area identified in subdivision 2 c of this section, and five clock hours in each area identified in subdivisions 2 d and e of this section:
  - a. Sex offender assessment;
  - b. Sex offender treatment interventions;
  - c. Etiology/developmental issues of sex offense behavior;
  - d. Criminal justice and legal issues related to sexual offending; and
  - e. Program evaluation, treatment efficacy, and issues related to recidivism of sex offenders.

**18VAC125-30-50. Experience requirements; supervision.**

A. Registration of supervision.

1. In order to register supervision with the board, individuals shall submit:
  - a. A completed supervisory contract;
  - b. The registration fee prescribed in 18VAC125-30-20; and
  - c. Official graduate transcript.

2. The board may waive the registration requirement for individuals who have obtained at least five years documented work experience in sex offender treatment in another jurisdiction.

B. An applicant for certification as a sex offender treatment provider shall provide documentation of having 2,000 hours of postdegree clinical experience in the delivery of clinical assessment/treatment services. At least 200 hours of this experience must be face-to-face treatment and assessment with sex offender clients.

1. The experience shall include a minimum of 100 hours of face-to-face supervision within the 2,000 hours experience with a minimum of six hours per month. A minimum of 50 hours shall be in individual face-to-face supervision. Face-to-face supervision obtained in a group setting shall include no more than six trainees in a group.
2. If the applicant has obtained the required postdegree clinical experience for a mental health license within the past 10 years, he can receive credit for those hours that were in the delivery of clinical assessment/treatment services with sex offender clients provided:
  - a. The applicant can document that the hours were in the treatment and assessment with sex offender clients; and
  - b. The supervisor for those hours can attest that he was licensed and qualified to render services to sex offender clients at the time of the supervision.

C. Supervised experience obtained in Virginia without prior written board approval shall not be accepted toward certification. Candidates shall not begin the experience until after completion of the required degree as set forth in 18VAC125-30-40. An individual who proposes to obtain supervised postdegree experience in Virginia shall, prior to the onset of such supervision, submit a supervisory contract along with the application package and pay the registration of supervision fee set forth in 18VAC125-30-20.

D. The supervisor.

1. The supervisor shall assume responsibility for the professional activities of the applicant.
2. The supervisor shall not provide supervision for activities for which the prospective applicant has not had appropriate education.
3. The supervisor shall hold a current and unrestricted license as a clinical nurse specialist, doctor of medicine or osteopathic medicine, professional counselor, clinical social worker, or clinical psychologist and shall provide supervision only for those sex offender treatment services which he is qualified to render.

4. At the time of formal application for certification, the board approved supervisor shall document for the board the applicant's total hours of supervision, length of work experience, competence in sex offender treatment, and needs for additional supervision or training.

**18VAC125-30-60. [Repealed]**

**18VAC125-30-70. Supervision of unlicensed persons.**

Those persons providing ancillary services as part of an identified sex offender treatment program in an exempt practice situation and not meeting the educational and experience requirements to become an applicant shall provide such services under the supervision of a certified sex offender treatment provider.

**Part III. Renewal and Reinstatement.**

**18VAC125-30-80. Annual renewal of certificate.**

- A. Every certificate issued by the board shall expire on June 30 of each year.
- B. Along with the renewal application, the certified sex offender treatment provider shall:
  - 1. Submit the renewal fee prescribed in 18VAC125-30-20; and
  - 2. Attest to having obtained six hours of continuing education in topics related to the provision of sex offender treatment within the renewal period. Continuing education shall be offered by a sponsor or provider approved by the Virginia Board of Social Work, Psychology, Counseling, Nursing, or Medicine or by the Association for the Treatment of Sexual Abusers or one of its state chapters. Hours of continuing education used to satisfy the renewal requirements for another license may be used to satisfy the six-hour requirement for sex offender treatment provider certification, provided it was related to the provision of sex offender treatment.
- C. Certificate holders shall notify the board in writing of a change of address of record or of the public address, if different from the address of record, within 60 days. Failure to receive a renewal notice and application form or forms shall not excuse the certified sex offender treatment provider from the renewal requirement.

**18VAC125-30-90. Reinstatement.**

- A. A person whose certificate has expired may renew it within one year after its expiration date by paying the renewal fee and the late renewal fee prescribed in 18VAC125-30-20.
- B. A person whose certificate has expired beyond one year and who wishes to resume practice shall:
  - 1. Submit a reinstatement application along with the reinstatement fee.
  - 2. Provide evidence satisfactory to the board of current ability to practice.
  - 3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for certification.

**Part IV. Standards of Practice; Disciplinary Action; Reinstatement.**

**18VAC125-30-100. Standards of practice.**

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all certified practitioners who provide services to sex offenders.

B. Persons certified by the board and applicants under supervision shall:

1. Practice in a manner that ensures community protection and safety.
2. Treat all sex offender clients with dignity and respect, regardless of the nature of their crimes or offenses.
3. Provide only services and use only techniques for which they are qualified by training and experience.
4. Inform sex offender clients of (i) the purposes of an interview, testing, or evaluation session; (ii) the ways in which information obtained in such sessions will be used before asking the sex offender client to reveal personal information or allowing such information to be divulged; (iii) the methods of interventions, including any experimental methods of treatment; and (iv) the risks and benefits of any treatment.
5. Inform sex offender clients of the limits of confidentiality and any circumstances which may allow an exception to the agreed upon confidentiality, including (i) as obligated under dual-client situations, especially in criminal justice or related settings; (ii) when the client is a danger to self or others; (iii) when under court order to disclose information; (iv) in cases of suspected child abuse; and (v) as otherwise required by law.
6. Not require or seek waivers of privacy or confidentiality beyond the requirements of treatment, training, or community safety.
7. Explain to juvenile sex offender clients the rights of their parents or legal guardians, or both, to obtain information relating to the sex offender client.
8. Maintain sex offender client records securely, inform all employees of the rules applicable to the appropriate level of confidentiality, and provide for the destruction of records which are no longer useful.
9. Retain sex offender client records for a minimum of five years from the date of termination of services.
10. Stay abreast of new developments, concepts, and practices which are important to providing appropriate professional services.
11. Never engage in dual relationships with sex offender clients or former clients, or current trainees that could impair professional judgment or compromise the sex offender client's or trainee's well-being, impair the trainee's judgment, or increase the risk of sex offender client or trainee exploitation. Engaging in sexual intimacies or romantic relationships with sex offender clients or former clients, or with current trainees is strictly prohibited.
12. Report to the board known or suspected violations of the laws and regulations governing the practice of sex offender treatment providers, as well as any information that a sex offender treatment provider is unable to practice with reasonable skill and safety because of illness or substance abuse or otherwise poses a danger to himself, the public, or clients.
13. Provide clients with accurate information concerning tests, reports, billing, payment responsibilities, therapeutic regime, and schedules before rendering services.
14. Maintain cooperative and collaborative relationships with corrections/probation/parole officers or any responsible agency for purposes of the effective supervision and monitoring of a sex offender client's behavior in order to assure public safety.
15. Consider the validity, reliability, and appropriateness of assessments selected for use with sex offender clients. Where questions exist about the appropriateness of utilizing a particular assessment with a sex offender client, expert guidance from a knowledgeable, certified sex offender treatment provider shall be sought.

16. Recognize the sensitivity of sexual arousal assessment testing and treatment materials, safeguard the use of such materials in compliance with § 18.2-374.1:1 of the Code of Virginia, and use them only for the purpose for which they are intended in a controlled penile plethysmographic laboratory assessment.

17. Be aware of the limitations of plethysmograph and that plethysmographic data is only meaningful within the context of a comprehensive evaluation or treatment process or both.

18. Be knowledgeable of the limitations of the polygraph and take into account its appropriateness with each individual client and special client population.

19. Comply with all laws of the Code of Virginia applicable to the practice of sex offender treatment providers.

#### **18VAC125-30-110. Grounds for disciplinary action.**

The board may revoke, suspend, restrict or refuse to issue a certificate, or reprimand or fine a practitioner in accord with the following:

1. Violation of the standards of practice.
2. Conviction of a felony or a misdemeanor involving moral turpitude.
3. Misuse of drugs or alcohol which interferes with professional functioning.
4. Mental or physical illness which interferes with professional functioning.
5. The denial, revocation, suspension, or restriction of a registration, license or certificate to practice in another state, or a United States possession or territory or the surrender of any such registration, license or certificate while an active investigation is pending.

#### **18VAC125-30-120. Reinstatement following disciplinary action.**

A. Any person whose certificate has been revoked by the board under the provisions of 18VAC125-30-110 may, three years subsequent to such board action, submit a new application to the board for certification to the board. Any person whose certificate has been denied renewal by the board under the provisions of 18VAC125-30-110 may, two years subsequent to such board action, submit a new application to the board for certification to the board.

B. The board in its discretion may, after a hearing, grant reinstatement.

C. The applicant for reinstatement, if approved, shall be certified upon payment of the appropriate fees applicable at the time of reinstatement.

**Code of Virginia  
Chapter 36 of Title 54.1**

# Chapter 36 of Title 54.1 of the Code of Virginia

## Psychology

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## **§ 54.1-3600. Definitions.**

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

"Applied psychologist" means an individual licensed to practice applied psychology.

"Board" means the Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-2924.1, 54.1-3005, 54.1-3505, 54.1-3611, and 54.1-3705 and the regulations promulgated pursuant to these provisions.

"Clinical psychologist" means an individual licensed to practice clinical psychology.

"Practice of applied psychology" means application of the principles and methods of psychology to improvement of organizational function, personnel selection and evaluation, program planning and implementation, individual motivation, development and behavioral adjustment, as well as consultation on teaching and research.

"Practice of clinical psychology" includes, but is not limited to:

1. "Testing and measuring" which consists of the psychological evaluation or assessment of personal characteristics such as intelligence, abilities, interests, aptitudes, achievements, motives, personality dynamics, psychoeducational processes, neuropsychological functioning, or other psychological attributes of individuals or groups.
2. "Diagnosis and treatment of mental and emotional disorders" which consists of the appropriate diagnosis of mental disorders according to standards of the profession and the ordering or providing of treatments according to need. Treatment includes providing counseling, psychotherapy, marital/family therapy, group therapy, behavior therapy, psychoanalysis, hypnosis, biofeedback, and other psychological interventions with the objective of modification of perception, adjustment, attitudes, feelings, values, self-concept, personality or personal goals, the treatment of alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, pain, injury or disability.
3. "Psychological consulting" which consists of interpreting or reporting on scientific theory or research in psychology, rendering expert psychological or clinical psychological opinion, evaluation, or engaging in applied psychological research, program or organizational development, administration, supervision or evaluation of psychological services.

"Practice of psychology" means the practice of applied psychology, clinical psychology or school psychology.

The "practice of school psychology" means:

1. "Testing and measuring" which consists of psychological assessment, evaluation and diagnosis relative to the assessment of intellectual ability, aptitudes, achievement, adjustment, motivation, personality or any other psychological attribute of persons as individuals or in groups that directly relates to learning or behavioral problems that impact education.

2. "Counseling" which consists of professional advisement and interpretive services with children or adults for amelioration or prevention of problems that impact education.

Counseling services relative to the practice of school psychology include but are not limited to the procedures of verbal interaction, interviewing, behavior modification, environmental manipulation and group processes.

3. "Consultation" which consists of educational or vocational consultation or direct educational services to schools, agencies, organizations or individuals. Psychological consulting as herein defined is directly related to learning problems and related adjustments.

4. Development of programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher involvement in adaptations and innovations.

"Psychologist" means a person licensed to practice school, applied or clinical psychology.

"School psychologist" means a person licensed by the Board of Psychology to practice school psychology.

(1976, c. 608, § 54-936; 1987, cc. 522, 543; 1988, c. 765; 1994, c. 778; 1996, cc. 937, 980; 2004, c. 11.)

### **§ 54.1-3601. Exemption from requirements of licensure.**

The requirements for licensure provided for in this chapter shall not be applicable to:

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and the person rendering such service is not held out, by himself or otherwise, as a licensed practitioner or a provider of clinical or school psychology services.

2. The activities or services of a student pursuing a course of study in psychology in an institution accredited by an accrediting agency recognized by the Board or under the supervision of a practitioner licensed or certified under this chapter, if such activities or services constitute a part of his course of study and are adequately supervised.

3. The activities of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether

with or without charge, for or under the auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization, except that any such person who renders psychological services, as defined in this chapter, shall be (i) supervised by a licensed psychologist or clinical psychologist; (ii) licensed by the Department of Education as a school psychologist; or (iii) employed by a school for students with disabilities which is certified by the Board of Education. Any person who, in addition to the above enumerated employment, engages in an independent private practice shall not be exempt from the licensure requirements.

5. Persons regularly employed by private business firms as personnel managers, deputies or assistants so long as their counseling activities relate only to employees of their employer and in respect to their employment.

6. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction consulting with licensed psychologists in this Commonwealth.

7. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction when in Virginia temporarily and such psychologist has been issued a temporary license by the Board to participate in continuing education programs or rendering psychological services without compensation to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106.

8. The performance of the duties of any commissioned or contract clinical psychologist in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States while such individual is so commissioned or serving.

9. Any person performing services in the lawful conduct of his particular profession or business under state law.

10. Any person duly licensed as a psychologist in another state or the District of Columbia who testifies as a treating psychologist or who is employed as an expert for the purpose of possibly testifying as an expert witness.

(1976, c. 608, § 54-944; 1986, c. 581; 1988, c. 765; 1996, cc. 937, 980; 2000, c. 462.)

**§ 54.1-3602. Administration or prescription of drugs not permitted.**

This chapter shall not be construed as permitting the administration or prescribing of drugs or in any way infringing upon the practice of medicine as defined in Chapter 29 (§ 54.1-2900 et seq.) of this title.

(1976, c. 608, § 54-945; 1988, c. 765.)

**§ 54.1-3603. Board of Psychology; membership.**

The Board of Psychology shall regulate the practice of psychology. The membership of the Board shall be representative of the practices of psychology and shall consist of nine members as follows: five persons who are licensed as clinical psychologists, one person licensed as a school psychologist, one person licensed as an applied psychologist and two citizen members. At least one of the seven psychologist members of the Board shall be a member of the faculty at an accredited college or university in this Commonwealth actively engaged in teaching psychology. The terms of the members of the Board shall be four years.

(1976, c. 608, § 54-937; 1981, c. 447; 1982, c. 165; 1985, c. 159; 1986, cc. 464, 510; 1988, cc. 42, 765; 1996, cc. 937, 980.)

**§ 54.1-3604. Nominations.**

Nominations for professional members may be made from a list of at least three names for each vacancy submitted to the Governor by the Virginia Psychological Association, the Virginia Academy of Clinical Psychologists, the Virginia Applied Psychology Academy and the Virginia Academy of School Psychologists. The Governor may notify such organizations of any professional vacancy other than by expiration. In no case shall the Governor be bound to make any appointment from among the nominees.

(1986, c. 464, § 54-937.1; 1988, c. 765; 1996, cc. 937, 980.)

**§ 54.1-3605. Powers and duties of the Board.**

In addition to the powers granted in other provisions of this title, the Board shall have the following specific powers and duties:

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.
2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.
3. To designate specialties within the profession.
4. To issue a temporary license for such periods as the Board may prescribe to practice psychology to persons who are engaged in a residency or pursuant to subdivision 7 of § 54.1-3601.

5. To promulgate regulations for the voluntary certification of licensees as sex offender treatment providers.

6. To administer the mandatory certification of sex offender treatment providers for those professionals who are otherwise exempt from licensure under subdivision 4 of §§ 54.1-3501, 54.1-3601 or § 54.1-3701 and to promulgate regulations governing such mandatory certification. The regulations shall include provisions for fees for application processing, certification qualifications, certification issuance and renewal and disciplinary action.

7. To promulgate regulations establishing the requirements for licensure of clinical psychologists that shall include appropriate emphasis in the diagnosis and treatment of persons with moderate and severe mental disorders.

(1976, c. 608, §§ 54-929, 54-931; 1983, c. 115; 1986, cc. 64, 100, 464; 1988, c. 765; 1993, c. 767; 1994, c. 778; 1996, cc. 937, 980; 1997, c. 556; 1999, c. 630; 2001, cc. 186, 198; 2004, c. 11.)

**§ 54.1-3606. License required.**

A. In order to engage in the practice of applied psychology, school psychology, or clinical psychology, it shall be necessary to hold a license.

B. Notwithstanding the provisions of subdivision 4 of § 54.1-3601 or any Board regulation, the Board of Psychology shall license, as school psychologists-limited, persons licensed by the Board of Education with an endorsement in psychology and a master's degree in psychology. The Board of Psychology shall issue licenses to such persons without examination, upon review of credentials and payment of an application fee in accordance with regulations of the Board for school psychologists-limited.

Persons holding such licenses as school psychologists-limited shall practice solely in public school divisions; holding a license as a school psychologist-limited pursuant to this subsection shall not authorize such persons to practice outside the school setting or in any setting other than the public schools of the Commonwealth, unless such individuals are licensed by the Board of Psychology to offer to the public the services defined in § 54.1-3600.

The Board shall issue persons, holding licenses from the Board of Education with an endorsement in psychology and a license as a school psychologist-limited from the Board of Psychology, a license which notes the limitations on practice set forth in this section.

Persons who hold licenses as psychologists issued by the Board of Psychology without these limitations shall be exempt from the requirements of this section.

(1979, c. 408, § 54-939.1; 1988, c. 765; 1996, cc. 937, 980; 1999, cc. 967, 1005.)

**§ 54.1-3606.1. Continuing education.**

A. The Board shall promulgate regulations governing continuing education requirements for psychologists licensed by the Board. Such regulations shall require the completion of the equivalent of 14 hours annually in Board-approved continuing education courses for any license renewal or reinstatement after the effective date.

B. The Board shall include in its regulations governing continuing education requirements for licensees a provision allowing a licensee who completes continuing education hours in excess of the hours required by subsection A to carry up to seven hours of continuing education credit forward to meet the requirements of subsection A for the next annual renewal cycle.

C. The Board shall approve criteria for continuing education courses that are directly related to the respective license and scope of practice of school psychology, applied psychology and clinical psychology. Approved continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders. Any licensed hospital, accredited institution of higher education, or national, state or local health, medical, psychological or mental health association or organization may submit applications to the Board for approval as a provider of continuing education courses satisfying the requirements of the Board's regulations. Approved course providers may be required to register continuing education courses with the Board pursuant to Board regulations. Only courses meeting criteria approved by the Board and offered by a Board-approved provider of continuing education courses may be designated by the Board as qualifying for continuing education course credit.

D. All course providers shall furnish written certification to licensed psychologists attending and completing respective courses, indicating the satisfactory completion of an approved continuing education course. Each course provider shall retain records of all persons attending and those persons satisfactorily completing such continuing education courses for a period of four years following each course. Applicants for renewal or reinstatement of licenses issued pursuant to this article shall retain for a period of four years the written certification issued by any course provider. The Board may require course providers or licensees to submit copies of such records or certification, as it deems necessary to ensure compliance with continuing education requirements.

E. The Board shall have the authority to grant exemptions or waivers or to reduce the number of continuing education hours required in cases of certified illness or undue hardship.  
2000, c. [83](#); 2015, c. [359](#).

**§ 54.1-3607. .**

Repealed by Acts 1996, cc. 937 and 980.

**§ 54.1-3608. .**

Repealed by Acts 2001, cc. 186 and 198.

**§§ 54.1-3609. , 54.1-3610.**

Repealed by Acts 2004, c. 11.

**§ 54.1-3611. Restriction of practice; use of titles.**

No person, including licensees of the Boards of Counseling; Medicine; Nursing; Psychology; or Social Work, shall claim to be a certified sex offender treatment provider unless he has been so certified. No person who is exempt from licensure under subdivision 4 of §§ 54.1-3501, 54.1-3601 or § 54.1-3701 shall hold himself out as a provider of sex offender treatment services unless he is certified as a sex offender treatment provider by the Board of Psychology.

(1994, c. 778; 1999, c. 630; 2000, c. 473.)

**§ 54.1-3612. .**

Repealed by Acts 1997, c. 698.

**§ 54.1-3613. .**

Repealed by Acts 2004, cc. 40 and 68.

**§ 54.1-3614. Delegation to unlicensed persons.**

Any licensed psychologist may delegate to unlicensed personnel supervised by him such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by psychologists, if such activities or functions are authorized by and performed for such psychologist and responsibility for such activities or functions is assumed by such psychologist.

(1996, cc. 937, 980.)

**§ 54.1-3615. .**

Repealed by Acts 2004, c. 64.

**§ 54.1-3616. Use of title "Doctor."**

No person regulated under this chapter shall use the title "Doctor" or the abbreviation "Dr." in writing or in advertising in connection with his practice unless he simultaneously uses a clarifying title, initials, abbreviation or designation or language that identifies the type of practice for which he is licensed.

(1996, cc. 937, 980.)