AGENDA
BOARD OF COUNSELING
Quarterly Board Meeting
Friday, February 12, 2016 at 10:00 a.m.
Second Floor- Perimeter Center, Board Room 2

10:00 a.m. Call to Order – Kevin Doyle, Chairperson

I. **Welcome and Introductions**

II. **Ordering of Agenda**

III. **Public Comment**
Public comment will not be accepted in response to proposed changes in regulations if the comment period is closed.

IV. **Approval of Minutes***

V. **Agency Director's Report: David E. Brown**

VI. **Regulatory/Legislative Report: Elaine Yeatts, Senior Policy Analyst**

VII. **Executive Director's Report: Jaime Hoyle**

VIII. **Deputy Executive Director's Report: Jennifer Lang**

IX. **Licensing Manager's Report: Marcie Hyman**

X. **Board Counsel Report: Jim Rutkowski**

XI. **Board of Health Professions Report: Kevin Doyle**

XII. **Unfinished Business**
- Adoption of Proposed Amendments for a Fee Increase*
- Recommendation on Final Regulations pursuant to Periodic Review*

XIII. **New Business***
- Presentation: Brian Campbell, Senior Policy Analyst, DMAS
- Peggy Wood- HPMP Presentation
- Addition of AMHCA as an approved CE provider
- Closed Session- discussion of applications*
- CSAC Discussion

2:30 p.m. Adjourn

* Requires board vote

DRAFT
BOARD OF COUNSELING
QUARTERLY BOARD MEETING
Friday, November 13, 2015

TIME AND PLACE: The meeting was called to order at 10:04 a.m. on Friday, November 13, 2015, in Board Room 2 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.

PRESIDING: Kevin Doyle, Ed.D., LPC, LSATP

BOARD MEMBERS PRESENT:
Johnston Brendel, Ed.D., LPC, LMFT
Cinda Caiella, LMFT
Charles Gressard, Ph.D., LPC, LMFT, LSATP
Danielle Hunt, LPC
Sandra Malawer, LPC, LMFT
Leah Mills, Citizen Member
Jane Nevins, LPC, LSATP
Joan Normandy-Dolberg, LPC
Phyllis Pugh, LPC, LMFT, CSAC
Vivian Sanchez-Jones, Citizen Member
Joseph Scislowicz, LPC, LMFT
Holly Tracy, LPC, LMFT

BOARD MEMBERS ABSENT: Scott Johnson, Ph.D., LMFT

STAFF PRESENT:
Tracey Arrington-Edmonds, Licensing Specialist
Christy Evans, Discipline Case Specialist
Jamie Hoyle, Esq., Executive Director
Marcie L. Hyman, Licensing Manager
Jennifer Lang, Deputy Executive Director
Brenda Maida, Administrative Assistant
Elaine Yeatts, Senior Policy Analyst

WELCOME: Dr. Doyle welcomed the Board members, staff and the general-public in attendance. Members of the public included former Board member Dr. Benjamin Keyes, representatives from Hampton University, Regent University, Virginia Commonwealth University, Virginia Tech, the Virginia Chapter of International Association Rehabilitation Professionals (IARP, VA).

ORDERING OF AGENDA: The agenda was accepted as presented.

APPROVAL OF MINUTES: A motion was made by Ms. Malawer, and seconded by Ms. Sanchez-Jones, to approve the minutes of the September 11, 2015 meeting. The motion passed unanimously to approve the minutes.

PUBLIC COMMENT:

Dr. Doyle advised the public that the Board would not accept comments related to the pending regulatory action, as that comment period has closed. No public comments were made.

DHP DIRECTOR'S REPORT:

Announcement

In Dr. Brown's absence, Ms. Hoyle announced that her former position has been filled. Governor McAuliffe has appointed Lisa R. Hahn to the position of Chief Deputy Director of the agency, effective immediately. Ms. Hahn has close to 30 years of state government experience. She has served in the position of Executive Director for 6 of DHP's regulatory boards and has also held the position of Deputy Director of Enforcement. Prior to DHP, she has served as the Section Chief for the Department of Criminal Justice Services and was formerly a Richmond City Police officer. She holds a Master's Degree in Public Administration from VCU and a Bachelor's Degree in Criminal Justice from the University of Maryland.

REGULATORY/LEGISLATIVE UPDATE:

Regulatory Actions

A detailed chart of the current pending Regulatory actions, as of November 2, 2015, was provided listing the status of Chapter 18VAC115-20-10 Regulations Governing the Practice of Professional Counseling and Chapter 18VAC115-30-10 Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants.

Requirement for CACREP accreditation for educational programs (Action 4259) – NOIRA –Register Date of 6/1/15 and Comment ended on 7/1/15.

Fee Increase (Action 4443) – NOIRA – at Governor's Office for 18 days.

Periodic review of Regulations (Action 4182) Proposed – at Governor's Office for 1 day.

Periodic review recommendations (Action 4366) – Fast-Track at Governor's Office for 1 day.

Action on Draft Guidance Document

115-1.4 Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision: The Regulatory Committee revised the wording of each subsection number one to read as listed below respectively.

1. Counseling is most commonly offered in a *face-to-face relationship. Counseling that from the outset is delivered in a technology-assisted manner may be problematic in that the counseling relationship, client identity and other issues may be compromised.*

1. Supervision is most commonly offered in a *face-to-face relationship. Supervision that from the outset is delivered in a technology-assisted manner may be problematic in that the supervisory relationship, client identity and other issues may be compromised.*

Motion was made to accept the changes by Mr. Scislowicz, second by Mr. Brendel and passed unanimously.

115-2.2 Guidance on Planned Intervention Process: The Regulatory Committee revised the wording to read as listed below to clarify the intent.

Facilitation or participation in "planned interventions" by Certified Substance Abuse Counselors is within the scope of their practice as long as they are practicing under supervision as required by law and regulation. Motion was made to accept the changes by Ms. Normandy-Dolberg, second by Ms. Caiella and passed unanimously.

115-7 Guidance on Supervised Experience Requirements for the Delivery of Clinical Services for a Professional Counselor: The Regulatory Committee recommended that the definitions be revised to match the information in Chapter 35 of Title 54.1 of the Code of Virginia for Professional Counseling. Motion was made to accept the changes and passed unanimously.

BOARD OF HEALTH PROFESSIONS REPORT

Dr. Doyle informed the Board that he was reappointed for another term on the Board of Health Professions and that voting for the Chairperson position would take place at the next meeting.

EXECUTIVE DIRECTOR'S REPORT:

Executive Director, Ms. Hoyle, thanked the Board members and welcomed the new Board members and thanked staff for continuing the workload while she was still in the acting Executive Director roll. She is excited about her new position as the full-time Executive Director for the Behavior Science Unit (Board of Counseling, Board of Social Work and Board of Psychology). Ms. Hoyle emphasized the use of the laptops during meetings and bringing the Board to the modern age of technology and improving the process of getting information to the Board members faster by utilizing email to send secure documentation for them to review.

Questions: How are applications processed/handled? Why does it take months for some applicants to get a response?

Answers: After an application has been received:

- It is date stamped and the payment is processed.
- An administrative review will be completed on the file.

- The applicant is notified of any deficiencies found in the application. (The applicant may have not completely answered all of the required questions or did not submit a complete application –missing transcripts, verification of internship and/or documentation that their proposed supervisor meets the supervisor qualifications.)
- Upon receipt of corrections and/or additional required documentation, the file then receives another administrative review. This process continues until it appears that the file is complete.
- When the file appears to be complete, it is presented to the Credentials Reviewer for review towards approval for licensure (endorsement applicants), approval to sit for the exam (examination applicants) or residency (approved clinical supervision). If the reviewer cannot determine eligibility, then the applicant is contacted to provide the additional information.
- The amount of time to complete a credentials review varies, depending on the complexity and volume of files. All applications are reviewed on a case-by-case basis and in the order in which they were received.

The process time for the Board of Counseling applications is different from other boards due to the fact that every application for licensure by examination or initial registration of supervision must be reviewed in detail per the regulations requirements for education, supervisor qualification and clinical experience. The endorsement applications sometimes require just as must time to review as well if the applicant does not meet the required years of post-licensure clinical experience. An on-line application process is still in the works (6 or more months until completed) that should eliminate a majority of the application process issues.

Ms. Hoyle welcomed members of the Board to review the applications and to submit their input to the staff for changes to consider. Dr. Doyle requested a motion to create a committee to review the application forms. Members voted and it passed unanimously –the members would consist of Ms. Nevins, Ms. Tracy, Ms. Normandy-Dolberg and Ms. Hunt with the other Board members receiving drafts of the proposed changes.

The agency processing standard for most boards is 30 to 45 business days if a complete application is received. Currently staff is working below the agency standard due to the volume of applications received and the time it takes to complete the detailed review process. Board members would like to receive a monthly report with the number of applications received and processed.

The approved supervisors' registry for the Virginia Board Counseling is now available online from the Board of Counseling website http://www.dhp.virginia.gov/counseling/. The registry is in the form of an Excel spreadsheet that will be updated every quarter, and license statuses may change between updates. It is the responsibility of the applicant to ensure that the licensee has an active, unrestricted license.

Website information: In accordance with § 54.1-3505(8), the Board of Counseling has posted this registry of persons (MS Excel) who meet the requirements for supervision of residents. This list should only be used as a tool to assist with an applicant's search for a supervisor. Using a supervisor from this list does not guarantee that the applicant meets requirements for residency, nor shall it be interpreted as board-approval to begin a residency.

Staff Update

Ms. Hoyle announced that she accepted the Executive Director position for the three behavioral boards. She also noted that two additional staff positions have been filled. The Discipline Case Specialist position for the three Behavioral Science Boards was filled with Christy Evans, and the Licensing Specialist for the Board of Counseling was filled with Tracey Arrington-Edmonds.

DEPUTY EXECUTIVE DIRECTOR'S REPORT:

Discipline Report

Ms. Lang provided detailed discipline report's (Attachment A) and noted that IFC's have been scheduled through April 2016.

A new process for probable cause review has already been implemented and the laptops are an addition to this process. Board members receive an electronic copy of the case files to review which saves time and money.

Board members would like a report listing the type and status of the open discipline cases. Ms. Lang recommended putting together a spreadsheet of the cases signed by Dr. Brown. The other discipline cases will be monitored by staff and updated as needed. The type of open cases consist of probable cause review, an active Enforcement Department investigation, IFC, FH or Consent Order being processed by APD or compliance monitoring for licensees following a Board order. The current average per days to close a Board of Counseling discipline case is 284 days and the agency standard is 250 days. With the hiring of additional staff (Ms. Evans), the days should be reduced within the agency standards.

LICENSING MAMAGER'S REPORT

Licensing Report

Ms. Hyman provided detailed report (Attachment B) with license and

application statistics.

OLD BUSINESS

Proposed Regulations – CACREP Accreditation

New Board members were asked to voice their opinion prior to voting. Dr. Brendel supports the proposed regulations because it would protect the client seeking services from a professional counselor on a certain level. Other members does not fully support the proposed regulations because multiple counseling related tracks may not be a CACREP program but the coursework would meet the requirements for a counseling related program. Dr. Doyle supports the proposed regulations change because it would assist in not having to review education in detail as it is currently being done. Other Boards has a standard so why is it that the Board of Counseling does not have a standard. The access to CACREP programs is available in many states.

Ms. Yeatts informed the member that a decision would need to be made either, to accept or oppose the change. If opposed then it would need to go back through the process again. Motion was made to accept the proposed regulations and it was passed with 8 yea's and 5 nay's (1 member was absent).

NEW BUSINESS

Discussion - Clinical Counseling Services During Residency

Dr. Doyle wants to know does the Board approved supervisor have to continue supervision after an applicant has been approved to sit for the licensure examination. Ms. Malawer believes that there is a need for some level of supervision in order to protect the client, resident and licensed supervisor. The Regulatory Committee will discuss at their next scheduled meeting.

Addition questions: What happens when a resident stops obtaining supervision? What happens when a resident never starts supervision? When and how should it be reported? How can a resident eliminate the hardship that supervision may be causing them? All questions will be discussed at the next scheduled Regulatory Committee.

Reciprocity Agreement Review

Dr. Doyle suggested that rather than waiting for a national level the Board of Counseling should create their own process that would relieve some of the credential review process in order to license someone that has an equivalent license from another jurisdiction. Ms. Yeatts informed the Board that they are allowed to make an agreement with other jurisdictions. The Board of Psychology and other boards have compacts. Dr. Brendel would like the Board of Counseling to take the lead on making a compact with other jurisdictions. The Regulatory Committee will discuss at their next scheduled meeting.

ADJOURN: The meeting adjourned at 12:30 p.m.

Kevin Doyle, Ed.D., LPC, LSATP
Chairperson

Jamie Hoyle, Esq.
Executive Director

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**

Staff Note: Attached is a chart with the status of regulations for the Board as of January 30, 2016

Chapter		Action / Stage Information
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Fee increase [Action 4443] NOIRA - *Register Date: 11/30/15* Comment closed: 12/30/15
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Periodic review [Action 4182] Proposed - *Register Date: 11/30/15* *Comment closed: 1/29/16*
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Requirement for CACREP accreditation for educational programs [Action 4259] Proposed - *AT Attorney General's Office for 59 days*

Agenda Item: Adoption of Proposed Amendments for a Fee Increase

Included in the agenda package:

A copy of the agenda background document for the NOIRA

(No public comment on the NOIRA)

Draft proposal prepared by Finance

Action:

Adoption of proposed regulations

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Logged in: DHP

Agency **Department of Health Professions**

Board **Board of Counseling**

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

Action: Fee increase

Action 4443 / Stage 7340

Notice of Intended Regulatory Action (NOIRA)

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Preliminary Draft Text	None submitted	Sync Text with RIS
Agency Statement	9/30/2015 (modified 10/9/2015)	Upload / Replace
Governor's Approval Memo	11/6/2015	
Registrar Transmittal	11/9/2015	

Status	
Public Hearing	Will be held at the **proposed** stage
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
DPB Review	Submitted on 9/30/2015 Policy Analyst: Larry Getzler Review Completed: 10/15/2015 *DPB's policy memo is "Governor's **Confidential** Working Papers"*
Governor's Review	Review Completed: 11/6/2015 Result: Approved
Virginia Registrar	Submitted on 11/9/2015 **The Virginia Register of Regulations** Publication Date: 11/30/2015 **Volume: 32 Issue: 7**
Comment Period	Ended 12/30/2015 0 comments

Contact Information	
Name / Title:	Jaime Hoyle / *Executive Director*

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Telephone:	(804)367-4406 FAX: (804)527-4435 TDD: ()-

This person is the primary contact for this board.

13

VIRGINIA
REGULATORY TOWN HALL

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Notice of Intended Regulatory Action (NOIRA)
Agency Background Document

Agency name	Board of Counseling, Department of Health Professions
Virginia Administrative Code (VAC) citation(s)	18VAC 115-20-10 et seq. 18VAC115-30-10 et seq. 18VAC115-40-10 et seq. 18VAC115-50-10 et seq. 18VAC115-60-10 et seq.
Regulation title(s)	Regulations Governing the Practice of Counseling Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants Regulations Governing the Certification of Rehabilitation Providers Regulations Governing The Practice Of Marriage And Family Therapy Regulations Governing The Practice Of Licensed Substance Abuse Treatment Practitioners
Action title	Increase in fees
Date this document prepared	9/14/15

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual.*

Subject matter and intent

Please describe briefly the subject matter, intent, and goals of the planned regulatory action.

The issue to be addressed is the need of the Board of Counseling to increase their fees to cover expenses for essential functions of review of applications, licensing, investigation of complaints

against licensees, and adjudication and monitoring of disciplinary cases required for public health and safety in the Commonwealth.

§ 54.1-113 of the *Code of Virginia* requires that at the end of each biennium, an analysis of revenues and expenditures of each regulatory board shall be performed. It is necessary that each board have sufficient revenue to cover its expenditures. Since the fees from licensees will no longer generate sufficient funds to pay operating expenses for the Board, consideration of a fee increase is essential. In order to have sufficient funding for the operation of the Board by fiscal year 2018, it is necessary to begin the process of promulgating amendments to regulations.

Legal basis

Please identify the (1) the agency (includes any type of promulgating entity) and(2) the state and/or federal legal authority for the proposed regulatory action, including the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable. Your citation should include a specific provision, if any, authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Regulations of the Board of Counseling are promulgated under the general authority of Title 54.1, Chapter 24 of the Code of Virginia.

Chapter 24 establishes the general powers and duties of health regulatory boards including the responsibility to promulgate regulations in accordance with the Administrative Process Act which are reasonable and necessary and the authority to **levy and collect fees** that are **sufficient to cover all expenses** for the administration of a regulatory program.

§ 54.1-2400. General powers and duties of health regulatory boards.--*The general powers and duties of health regulatory boards shall be:*

5. To levy and collect fees for application processing, examination, registration, certification or licensure and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.
6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title.

The **contemplated regulation is mandated by § 54.1-113**; however the board must exercise some discretion in the amount and type of fees that will be increased in order to comply with the statute.

> ***§ 54.1-113. Regulatory boards to adjust fees.***--*Following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions maintained under § 54.1-308 or § 54.1-2505 shows expenses allocated to it for the past biennium to be more than ten percent greater or less than moneys collected on behalf of the board, it shall revise the fees levied by it for certification or licensure and renewal thereof so that the fees are sufficient but not excessive to cover expenses.*

Purpose

Please describe the specific reasons why the agency has determined that the proposed regulatory action is essential to protect the health, safety, or welfare of citizens. In addition, please explain any potential issues that may need to be addressed as the regulation is developed.

Fees charged to applicants and licensees of the Board of Counseling **have not been increased in over 15 years**. During that time period, there have been **four reductions in renewal fees**. Expenditures of the Board were not as great as projected largely because the Board has been substantially under-staffed. As staffing issues have been addressed, expenditures have increased and now exceed revenues. While the Board has maintained a positive cash balance due to carry-over revenue, expenditures exceeded revenue in FY15. The imbalance with continue to grow in the next biennium and beyond. Therefore, the Board will have a shortfall in its budget by 2018. Since it has taken in excess of four years to promulgate regulations for a fee increase for other boards, Counseling must begin the process of amending regulations to avoid the additional fee assessments that other boards had to adopt.

Without adequate revenue to support licensing and discipline functions, applicants cannot be approved for licensure in a timely manner thus depriving the citizens of the Commonwealth with some of the mental health services that are needed. Additionally, if there is a substantial backlog of disciplinary cases, public health and safety may be at risk by allowing practitioners guilty of unprofessional conduct to continue in practice for several months awaiting a review and adjudication of an investigative report.

Substance

Please briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

At this time, no specific regulatory language has been developed; the agency will develop alternative fee structures that will address the deficit in funding for the board to consider in its adoption of proposed regulations. The board will apply the Principles for Fee Development adopted by the agency in 1999 and amended in 2010 to ensure equitable distribution of costs and fees that are proportional to the activities they support.

Alternatives

The Department of Health Professions could consider two possible solutions to the anticipated deficit of the Board; they are as follows:

1. Increase fees through the promulgation of regulations.

As required by law, the board is obligated to establish and collect fees that are necessary to fund operations of the board and the Department. An alternative is to seek the revenue from licensees and applicants to fully fund appropriated expenditures. Costs of services will be paid by consumers who use the services of providers, but licensure fees represent a miniscule percentage of the over-all costs of health care. The cost of operation of regulatory boards does not significantly affect the cost or access to health care. However, failure to fully fund the licensing and disciplinary services through fees will have a detrimental effect on quality and availability of services.

2. Reduce department/board operations and staff and remain at current fee level.

In order to prevent deficit spending, the department would need to lay off staff to reduce expenses associated with operations. The net result being a delay in the performance of or the elimination of the following responsibilities:

- Investigations and discipline
- Examinations leading to license
- License renewals
- Regulation

Delays in licensing and investigation could place the public at risk as victims of unscrupulous practitioners and could increase costs as new licensees would not be available. It is believed that these consequences would not be acceptable to the administration, the General Assembly, or to the general public.

The Board of Counseling has been understaffed for several years; any further reduction would be extremely detrimental to the public. The consequence of understaffing has been substantial delays in licensing decisions and adjudication of disciplinary cases. To address the backlog of applications and cases, positons are being filled and expenditures of the Board are increasing and will continue to increase in the next several years. Therefore, the option of reductions in board operations and staffing is unacceptable and cannot be chosen.

Public participation

The agency is seeking comments on this regulatory action, including but not limited to: ideas to be considered in the development of this proposal, the costs and benefits of the alternatives stated in this background document or other alternatives, and the potential impacts of the regulation.

The agency is also seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include: projected reporting, recordkeeping, and other administrative costs; the probable effect of the regulation on affected small businesses; and the description of less intrusive or costly alternatives for achieving the purpose of the regulation.

Anyone wishing to submit comments may do so via the Regulatory Townhall website , www.townhall.virginia.gov, or by mail, email or fax to Elaine Yeatts, Agency Regulatory Coordinator, 9960 Mayland Drive, Henrico, VA 23233 or **elaine.yeatts@dhp.virginia.gov** or by fax to (804) 527-4434. Written comments must include the name and address of the commenter. In order to be considered comments must be received by the last day of the public comment period.

A public hearing will be held following the publication of the proposed stage of this regulatory action and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (**http://www.townhall.virginia.gov**) and on the Commonwealth Calendar website (https://www.virginia.gov/connect/commonwealth-calendar). Both oral and written comments may be submitted at that time.

A regulatory panel will not be used to develop proposed regulations.

Department of Health Professions
FY16 - FY21 Biennial Cash\Fee Analysis
No Fee Increase

Revised 2.4.16

	Counseling
FY16	
Board Cash Balance as of June 30, 2015	649,743
Projected Revenue	797,500
Projected Direct and In-Direct Expenditures	984,371
Projected Cash Balance as of June 30, 2016	462,872
FY17	
Projected Cash Balance as of June 30, 2016	462,872
Projected Revenue	813,450
Projected Direct and In-Direct Expenditures	981,075
Projected Cash Balance as of June 30, 2017	295,247
FY18	
Projected Cash Balance as of June 30, 2017	295,247
Projected Revenue	829,719
Projected Direct and In-Direct Expenditures	990,813
Projected Cash Balance as of June 30, 2018	134,153
FY19	
Projected Cash Balance as of June 30, 2018	134,153
Projected Revenue	846,313
Projected Direct and In-Direct Expenditures	1,010,572
Projected Cash Balance as of June 30, 2019	(30,105)
FY20	
Projected Cash Balance as of June 30, 2019	(30,105)
Projected Revenue	863,240
Projected Direct and In-Direct Expenditures	1,021,063
Projected Cash Balance as of June 30, 2020	(187,928)
FY21	
Projected Cash Balance as of June 30, 2020	(187,928)
Projected Revenue	880,504
Projected Direct and In-Direct Expenditures	1,031,660
Projected Cash Balance as of June 30, 2021	$ (339,084)

Department of Health Professions
Board of Counseling
Draft 15% Fee Increase Proposal

	Licensees		Revenue	Fees
Renewal Fee:				
Licensed Marriage and Family Therapist,Current Active	798		95,760	120
Licensed Marriage and Family Therapist,Current Inactive	32		1,920	60
Licensed Professional Counselor,Current Active	4,182		501,840	120
Licensed Professional Counselor,Current Inactive	103		6,180	60
Substance Abuse Treatment Practitioner,Current Active	170		20,400	120
Substance Abuse Treatment Practitioner,Current Inactive	3		180	60
Rehabilitation Provider,Current Active	239		14,340	60
Certified Substance Abuse Counselor,Current Active	1,649		98,940	60
Substance Abuse Counseling Assistant,Current Active	167		7,515	45
Application Fee:				
Licensed Professional Counselor	475		76,000	160
Certified Substance Abuse Counselor	90		9,450	105
Rehabilitation Provider	1		105	105
Licensed Marriage and Family Therapist	40		6,400	160
Substance Abuse Treatment Practitioner	4		420	105
Registration of Supervision	625		37,500	60
Change\Add Supervisor	760		22,800	30
Endorsement - Out				
Licensed Professional Counselor	75		2,250	30
Certified Substance Abuse Counselor	4		120	30
Rehabilitation Provider	1		30	30
Licensed Marriage and Family Therapist	8		240	30
Substance Abuse Treatment Practitioner	1		30	30
Late Fee	125		3,750	30
Duplicate Wall Certificates	15		300	20
Duplicate Licensee	45		450	10
Reinstatement	15		1,875	125
Reinstatement after Discipline	1		175	175
Returned Check Fee	4		140	35
Fine	-		-	
Total			909,110	

FY16		FY19	
Board Cash Balance as of June 30, 2015	649,743	Projected Cash Balance as of June 30, 2018	124,979
Projected Revenue	724,885	Projected Revenue	927,292
Projected Direct and In-Direct Expenditures	984,371	Projected Direct and In-Direct Expenditures	1,010,572
Projected Cash Balance as of June 30, 2016	390,257	Projected Cash Balance as of June 30, 2019	41,700
FY17		**FY20**	
Projected Cash Balance as of June 30, 2016	390,257	Projected Cash Balance as of June 30, 2019	41,700
Projected Revenue	797,500	Projected Revenue	945,838
Projected Direct and In-Direct Expenditures	981,075	Projected Direct and In-Direct Expenditures	1,021,063
Projected Cash Balance as of June 30, 2017	206,682	Projected Cash Balance as of June 30, 2020	(33,525)
FY18		**FY21**	
Projected Cash Balance as of June 30, 2017	206,682	Projected Cash Balance as of June 30, 2019	(33,525)
Projected Revenue	909,110	Projected Revenue	964,755
Projected Direct and In-Direct Expenditures	990,813	Projected Direct and In-Direct Expenditures	1,031,660
Projected Cash Balance as of June 30, 2018	124,979	Projected Cash Balance as of June 30, 2020	(100,430)

Department of Health Professions
Board of Counseling
Draft 25% Fee Increase Proposal

	Licensees		Revenue	Fees
Renewal Fee:				
Licensed Marriage and Family Therapist,Current Active	798		103,740	130
Licensed Marriage and Family Therapist,Current Inactive	32		2,080	65
Licensed Professional Counselor,Current Active	4,182		543,660	130
Licensed Professional Counselor,Current Inactive	103		6,695	65
Substance Abuse Treatment Practitioner,Current Active	170		22,100	130
Substance Abuse Treatment Practitioner,Current Inactive	3		195	65
Rehabilitation Provider,Current Active	239		15,535	65
Certified Substance Abuse Counselor,Current Active	1,649		107,185	65
Substance Abuse Counseling Assistant,Current Active	167		8,350	50
Application Fee:				
Licensed Professional Counselor	475		83,125	175
Certified Substance Abuse Counselor	90		10,350	115
Rehabilitation Provider	1		115	115
Licensed Marriage and Family Therapist	40		7,000	175
Substance Abuse Treatment Practitioner	4		700	175
Registration of Supervision	625		40,625	65
Change\Add Supervisor	760		22,800	30
Endorsement - Out				
Licensed Professional Counselor	75		2,250	30
Certified Substance Abuse Counselor	4		120	30
Rehabilitation Provider	1		30	30
Licensed Marriage and Family Therapist	8		240	30
Substance Abuse Treatment Practitioner	1		30	30
Late Fee	125		3,750	30
Duplicate Wall Certificates	15		300	20
Duplicate Licensee	45		450	10
Reinstatement	15		2,100	140
Reinstatement after Discipline	1		190	190
Returned Check Fee	4		140	35
Fine	-		-	
Total			983,855	

FY16		FY19	
Board Cash Balance as of June 30, 2015	649,743	Projected Cash Balance as of June 30, 2018	199,724
Projected Revenue	724,885	Projected Revenue	1,003,532
Projected Direct and In-Direct Expenditures	984,371	Projected Direct and In-Direct Expenditures	1,010,572
Projected Cash Balance as of June 30, 2016	390,257	Projected Cash Balance as of June 30, 2019	192,685
FY17		**FY20**	
Projected Cash Balance as of June 30, 2016	390,257	Projected Cash Balance as of June 30, 2019	192,685
Projected Revenue	797,500	Projected Revenue	1,023,603
Projected Direct and In-Direct Expenditures	981,075	Projected Direct and In-Direct Expenditures	1,021,063
Projected Cash Balance as of June 30, 2017	206,682	Projected Cash Balance as of June 30, 2020	195,225
FY18		**FY21**	
Projected Cash Balance as of June 30, 2017	206,682	Projected Cash Balance as of June 30, 2019	195,225
Projected Revenue	983,855	Projected Revenue	1,044,075
Projected Direct and In-Direct Expenditures	990,813	Projected Direct and In-Direct Expenditures	1,031,660
Projected Cash Balance as of June 30, 2018	199,724	Projected Cash Balance as of June 30, 2020	207,639

Department of Health Professions
Board of Counseling
Draft 30% Fee Increase Proposal

	Licensees		Revenue	Fees
Renewal Fee:				
Licensed Marriage and Family Therapist,Current Active	798		107,730	135
Licensed Marriage and Family Therapist,Current Inactive	32		2,240	70
Licensed Professional Counselor,Current Active	4,182		564,570	135
Licensed Professional Counselor,Current Inactive	103		7,210	70
Substance Abuse Treatment Practitioner,Current Active	170		22,950	135
Substance Abuse Treatment Practitioner,Current Inactive	3		210	70
Rehabilitation Provider,Current Active	239		16,730	70
Certified Substance Abuse Counselor,Current Active	1,649		115,430	70
Substance Abuse Counseling Assistant,Current Active	167		8,350	50
Application Fee:				
Licensed Professional Counselor	475		87,875	185
Certified Substance Abuse Counselor	90		10,350	115
Rehabilitation Provider	1		115	115
Licensed Marriage and Family Therapist	40		7,400	185
Substance Abuse Treatment Practitioner	4		720	180
Registration of Supervision	625		40,625	65
Change\Add Supervisor	760		22,800	30
Endorsement - Out				
Licensed Professional Counselor	75		2,250	30
Certified Substance Abuse Counselor	4		120	30
Rehabilitation Provider	1		30	30
Licensed Marriage and Family Therapist	8		240	30
Substance Abuse Treatment Practitioner	1		30	30
Late Fee	125		3,750	30
Duplicate Wall Certificates	15		300	20
Duplicate Licensee	45		450	10
Reinstatement	15		2,175	145
Reinstatement after Discipline	1		195	195
Returned Check Fee	4		140	35
Fine	-		-	
Total			1,024,985	

FY16	
Board Cash Balance as of June 30, 2015	649,743
Projected Revenue	**724,885**
Projected Direct and In-Direct Expenditures	984,371
Projected Cash Balance as of June 30, 2016	390,257
FY17	
Projected Cash Balance as of June 30, 2016	390,257
Projected Revenue	797,500
Projected Direct and In-Direct Expenditures	981,075
Projected Cash Balance as of June 30, 2017	206,682
FY18	
Projected Cash Balance as of June 30, 2017	206,682
Projected Revenue	1,024,985
Projected Direct and In-Direct Expenditures	990,813
Projected Cash Balance as of June 30, 2018	240,854

FY19	
Projected Cash Balance as of June 30, 2018	240,854
Projected Revenue	**1,045,485**
Projected Direct and In-Direct Expenditures	1,010,572
Projected Cash Balance as of June 30, 2019	275,767
FY20	
Projected Cash Balance as of June 30, 2019	275,767
Projected Revenue	1,066,394
Projected Direct and In-Direct Expenditures	1,021,063
Projected Cash Balance as of June 30, 2020	321,099
FY21	
Projected Cash Balance as of June 30, 2019	321,099
Projected Revenue	1,087,722
Projected Direct and In-Direct Expenditures	1,031,660
Projected Cash Balance as of June 30, 2020	377,161

Project 4525 - NOIRA

BOARD OF COUNSELING

Fee increase

18VAC115-20-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a professional counselor:

Active annual license renewal	~~$105~~$130
Inactive annual license renewal	~~$55~~$65
Initial licensure by examination: Application processing and initial licensure	~~$140~~$175
Initial licensure by endorsement: Application processing and initial licensure	~~$140~~$175
Registration of supervision	~~$50~~$65
Add or change supervisor	~~$25~~$30
Duplicate license	~~$5~~$10
Verification of licensure to another jurisdiction	~~$25~~$30
Late renewal	~~$35~~$45
Reinstatement of a lapsed license	~~$165~~$200
Replacement of or additional wall certificate	~~$15~~$25
Returned check	$35
Reinstatement following revocation or suspension	~~$500~~$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-30-30. Fees required by the board.

A. The board has established the following fees applicable to the certification of substance abuse counselors and substance abuse counseling assistants:

Substance abuse counselor annual certification renewal	~~$55~~$65

Substance abuse counseling assistant annual certification renewal	~~$40~~$50
Substance abuse counselor initial certification by examination: Application processing and initial certification	~~$90~~$115
Substance abuse counseling assistant initial certification by examination: Application processing and initial certification	~~$90~~$115
Initial certification by endorsement of substance abuse counselors: Application processing and initial certification	~~$90~~$115
Registration of supervision	~~$50~~$65
Add or change supervisor	~~$25~~$30
Duplicate certificate	~~$5~~$10
Late renewal	~~$20~~$25
Reinstatement of a lapsed certificate	~~$100~~$125
Replacement of or additional wall certificate	~~$15~~$25
Returned check	$35
Reinstatement following revocation or suspension	~~$500~~$600

B. All fees are nonrefundable.

18VAC115-40-20. Fees required by the board.

A. The board has established the following fees applicable to the certification of rehabilitation providers:

Initial certification by examination: Processing and initial certification	~~$90~~$115
Initial certification by endorsement: Processing and initial certification	~~$90~~$115
Certification renewal	~~$55~~$65
Duplicate certificate	~~$5~~$10
Late renewal	~~$20~~$25
Reinstatement of a lapsed certificate	~~$100~~$125
Replacement of or additional wall certificate	~~$15~~$25
Returned check	$35
Reinstatement following revocation or suspension	~~$500~~$600

B. Fees shall be paid to the board. All fees are nonrefundable.

18VAC115-50-20. Fees.

A. The board has established fees for the following:

Registration of supervision	~~$50~~$65
Add or change supervisor	~~$25~~30
Initial licensure by examination: Processing and initial licensure	~~$140~~$175
Initial licensure by endorsement: Processing and initial licensure	~~$140~~$175
Active annual license renewal	~~$105~~$130
Inactive annual license renewal	~~$55~~$65
Penalty for late renewal	~~$35~~$45
Reinstatement of a lapsed license	~~$165~~$200
Verification of license to another jurisdiction	~~$25~~$30
Additional or replacement licenses	~~$5~~$10
Additional or replacement wall certificates	~~$15~~$25
Returned check	$35
Reinstatement following revocation or suspension	~~$500~~$600
~~One-time reduction for renewal of an active license due on June 30, 2010~~	~~$52~~
~~One-time reduction for renewal of an inactive license due on June 30, 2010~~	~~$27~~

B. ~~Fees shall be paid to the board or its contractor or both in appropriate amounts as specified in the application instructions.~~ All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-60-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a substance abuse treatment practitioner:

Registration of supervision (initial)	~~$50~~$65
Add/change supervisor	~~$25~~$30
Initial licensure by examination: Processing and initial licensure	~~$140~~$175

Initial licensure by endorsement: Processing and initial licensure	~~$140~~$175
Active annual license renewal	~~$105~~$130
Inactive annual license renewal	~~$55~~$65
Duplicate license	~~$5~~$10
Verification of license to another jurisdiction	~~$25~~$30
Late renewal	~~$35~~$45
Reinstatement of a lapsed license	~~$165~~$200
Replacement of or additional wall certificate	~~$15~~$25
Returned check	$35
Reinstatement following revocation or suspension	~~$500~~$600
~~One-time reduction for renewal of an active license due on June 30, 2010~~	~~$52~~
~~One-time reduction for renewal of an inactive license due on June 30, 2010~~	~~$27~~

B. ~~Fees shall be paid directly to the board or its contractor, or both, in appropriate amounts as specified in the application instructions.~~ All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

Agenda Item: Regulatory Action –Recommendation on final regulations pursuant to a Periodic Review of Regulations for:

18 VAC 115-20	Regulations Governing the Practice of Professional Counseling
18 VAC 115-50	Regulations Governing the Practice of Marriage and Family Therapy
18 VAC 115-60	Regulations Governing the Licensure of Substance Abuse Treatment Practitioners

Included in the agenda package:

Copy of the comments received on proposed regulations

Copy of proposed regulations to be adopted as final by the Board

Action:

Motion on proposed amendments to Chapters 20, 50 and 60:

1) Either adopt as presented; or

2) Amend the proposed regulations in response to comment.

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Counseling**

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

Action	Periodic review
Stage	Proposed
Comment Period	Ends 1/29/2016

All comments for this forum

Back to List of Comments

Commenter: Lisa Iervolino, National Counseling Group * 1/11/16 7:12 pm

Comment on Counseling review of regulations plan to limit supervisor availability

Thank you to the Board of Counseling for reviewing this consideration of planned regulation changes.

I noticed that the Board of Counseling Periodic Review draft regulations include changes to limit all hours of LPC supervision to only LPC's and LMFT's, and no longer accept hours from LCSW's or LCP's (as well as for LMFT supervision, but the change to LPC regulations will affect a larger number of individuals).

I did not see listed in the draft regulation a proposed effective date for when this change would take place, and how much notice would be given in the regulations for allowing existing and planned Residents to identify a new supervisor with the new limitations, if their current or planned LCSW supervisor will no longer be an option for any of the future hours after the change.

This will require many people to change supervisors earlier than the 100 hours limit currently in place, if not allowed to continue under regulations already registered under, as well as more burdens for new applications if needing to change, with more limited options for supervisors, and more burden on the Board to review the registrations of all of the people needing to change earlier than planned and all at once.

I hope that staff already approved for a registration under an LCSW supervisor would not have a gap in supervision due to the delay of finding and waiting for the Board to go through the process of so many people needing to make changes all at the same time. They could also experience a gap if needing to identify and register a new LPC supervisor earlier than planned if not permitted to continue with the 100 hours allowance currently in place.

Is there a plan for how the Board would accommodate those already registered, and the increased burden for the Board of Counseling of many Residents needing to change supervisors all at the same time, to avoid delays due to increased volume of Board reviews due to the change? If this change is made effective, giving advance notice, such as allowing those already registered with an LCSW to finish their eligible hours with them, and a year's notice past the effective date for more planning of those needing a change in the future, would help reduce this burden. As well as allowing staff adequate time to identify a new supervisor, and employers currently able to offer internal supervision time to look at alternative options when LCSW supervisors are no longer

available.

I am writing on behalf of those LPC Residents currently registered under myself as an LCSW, and those at our agency planning to register for licensure supervision in the future, where our agency is able to offer free supervision internally, but have more limited LPC qualified supervisors available as resources in addition to LCSW qualified supervisors (i.e. needing 2yrs post-licensed experience in addition to the 20hrs supervision training).

Thank you for your consideration of looking to plan for a smooth transition for the numerous current and potential LPC Residents who will be affected by this change, and our agency's wanting to plan our best to support for them to be able to continue the Resident in Counseling status without a gap due to a regulation change, and quickly allow new qualified Residents to register as qualified supervisors are available.

Lisa Iervolino, LCSW

Building into the regulation a plan for grandfathering existing residents, and a future date for implementation if this change is approved to allow for planning of available working with more limited resources in the future, as well as the Board allowing time for the increased volume it will encounter with more registration changes earlier than planned, will allow for a smoother transition and support for Residents to remain in compliance with regulations during a possible period of change in regulations.

Commenter: Eric McCollum - Virginia Tech Masters in MFT Program * 1/26/16 2:31 pm

Comment on Proposed Changes in LMFT Regulations

Thank you to the Board for the periodic review of the regulations covering the professions over which the Board has jurisdiction. As an MFT educator, I am particularly happy to see clarification of the relationship between residency hours and master's level internship hours and the resolution of what has been a confusing situation. At the same time, I am writing to ask that the Board reconsider the language in 18VAC-115-50-55 Section 10 (LMFT Regulations) that requires that Master's "internship hours shall not begin until completion of 30 semester hours toward the Master's degree." This specification of when students may begin the internship is likely to impose difficulty on MFT programs where COAMFTE accreditation criteria require 500 client contact hours. That is more than twice the number of client contact hours required by the revised regulations. Not allowing students to begin the internship hours until after the completion of 30 credit hours means that students will not be able to finish their degrees in as timely a fashion as they are now, creating a burden for them when they are meeting twice the required number of client contact hours. I would ask that the Board not specify when the internship should begin and leave this to the discretion of the program. MFT education has historically been based on an apprenticeship model in which students begin closely supervised clinical work - usually in a clinic operated by the program - earlier in their program than is true in other disciplines. This model has been very successful in training competent practitioners in the past and I believe we can continue to rely on it. A similar change could also be made in the LPC regulations to preserve the alignment of regulations across disciplines that has been an on-going concern for the Board. I believe that one genesis of this proposed change in the internship is to make Master's internship hours equivalent to the residency hours for which they are in essence being substituted. If the Board members believe that this is an important provision to preserve, I would ask that the language be changed to state that applicants for licensure must have completed an internship and that at least 600 of the internship hours (including 240 hours of client contact of which 200 are with couples and families) occur after the completion of 30 credit hours. This does not limit when students can begin the internship but insures that at least 600 of their hours meet the requirement for internship hours applied toward residency in the current regulations.

If the Board proposes to accept the proposed change to the internship as well as the other changes to course requirements in the proposed revision, I would also ask that the Board make some provision for delayed implementation of the regulations in order to give programs time to meet them. It is possible that a student who is currently enrolled in a program like ours that satisfies all of the current regulations could apply under the new regulations and not meet the educational requirements.

Thank you for your consideration of my request.

* Nonregistered public user

Project 4067 - Proposed

BOARD OF COUNSELING
Periodic review

Part I
General Provisions

18VAC115-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Counseling"

"Professional counselor"

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

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a professional counselor.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

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

"Clinical counseling services" means activities such as assessment, diagnosis, and treatment planning/implementation.

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

"CORE" means Council on Rehabilitation Education.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of counseling according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical counseling services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited college or university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Jurisdiction" means a state, territory, district, province, or country that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of counseling as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the United States Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a post-graduate, supervised, clinical experience registered with the board.

"Resident" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in professional counseling under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

Part II

Requirements for Licensure

18VAC115-20-40. Prerequisites for licensure by examination.

Every applicant for licensure examination by the board shall:

1. Meet the degree program requirements prescribed in 18VAC115-20-49, the course work requirements prescribed in 18VAC115-20-51, and the experience requirements prescribed in 18VAC115-20-52;

2. Pass the licensure examination specified by the board;

3. Submit the following to the board:

a. A completed application;

b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-20-49 and 18VAC115-20-51. Transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of Supervision forms documenting fulfillment of the residency requirements of 18VAC115-20-52 and copies of all required evaluation forms, including verification of current licensure of the supervisor if any portion of the residency occurred in another jurisdiction;

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

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

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

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

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

A. Every applicant for licensure by endorsement shall hold or have held a professional counselor license in another jurisdiction of the United States and shall submit the following:

1. A completed application;

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

3. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement the applicant shall have no

unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

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

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

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

7. An affidavit of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.

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

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

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

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

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

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

18VAC115-20-49. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice counseling, as defined in § 54.1-3500 of the Code of Virginia, which is offered by a college or university accredited by a regional accrediting agency and which meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;

2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP or CORE are recognized as meeting the requirements of subsection A of this section.

18VAC115-20-51. Coursework requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study in the following core coursework with a minimum of three semester hours or 4.0 quarter hours in each of subdivisions 1 through 12 of this subsection:

1. Professional counseling identity, function, and ethics;

2. Theories of counseling and psychotherapy;

3. Counseling and psychotherapy techniques;

4. Human growth and development;

5. Group counseling and psychotherapy theories and techniques;

6. Career counseling and development theories and techniques;

7. Appraisal, evaluation, and diagnostic procedures;

8. Abnormal behavior and psychopathology;

9. Multicultural counseling theories and techniques;

10. Research;

11. Diagnosis and treatment of addictive disorders;

12. Marriage and family systems theory; and

13. Supervised internship of at least 600 hours to include 240 hours of face-to-face client contact. Internship hours shall not begin until completion of 30 semester hours toward the graduate degree.

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

18VAC115-20-52. Residency.

A. Registration. Applicants who render counseling services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

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

3. Pay the registration fee.

B. Residency requirements.

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

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

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

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

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

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

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

7. The residency shall be completed in not less than 18 months or more than four years. Residents who began a residency before (effective date of the regulation) shall complete the residency by (four years after the effective date). An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

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 supervision.

9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.

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

11. Residency hours approved by the licensing board in another U. S. jurisdiction, which meet the requirements of this section, shall be accepted.

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

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

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

3. Shall hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor.

D. Supervisory responsibilities.

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

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

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

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

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

Part III
Examinations

18VAC115-20-70. General examination requirements; schedules; time limits.

A. Every applicant for initial licensure by examination by the board as a professional counselor shall pass a written examination as prescribed by the board.

B. Every applicant for licensure by endorsement shall have passed a licensure examination in the jurisdiction in which licensure was obtained.

C. A candidate approved to sit for the examination shall pass the examination within two years from the date of such initial approval. If the candidate has not passed the examination by the end of the two-year period here prescribed:

1. The initial approval to sit for the examination shall then become invalid; and

2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the re-application for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.

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

E. A candidate for examination or an applicant shall not provide clinical counseling services unless he is under supervision approved by the board.

Part V
Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC115-20-130. 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. Regardless of the delivery method, whether in person, by phone, or electronically, these standards shall apply to the practice of counseling.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience, and appropriate professional experience and represent their education, training, and experience accurately to clients;

3. Stay abreast of new counseling information, concepts, applications, and practices that are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the United States Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; and

13. Advertise professional services fairly and accurately in a manner that is not false, misleading, or deceptive.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with the client's expressed written consent or that of the client's legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations; and

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18) or 10 years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client or his legally authorized representative.

D. In regard to dual relationships, persons licensed by the board shall:

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Counselors shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Counselors who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of, or participation in sexual behavior or involvement with a counselor does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationship or sexual intimacy or establish a counseling or psychotherapeutic relationship with a supervisee or student. Counselors shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of professional counseling.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent, or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-50-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia: (i) "board," (ii) "marriage and family therapy," (iii) "marriage and family therapist," and (iv) "practice of marriage and family therapy."

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

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Clinical marriage and family services" means activities such as assessment, diagnosis, and treatment planning/implementation for couples and families.

"Face-to-face" means the in-person delivery of clinical marriage and family services for a client.

"Internship" means a formal academic course from regionally accredited university in which supervised practical, experience is obtained in a clinical setting in the application of counseling principles, methods and techniques.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the United States Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Residency" means a post-graduate, supervised clinical experience registered with the board.

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

18VAC115-50-20. Fees.

A. The board has established fees for the following:

Registration of supervision	$50
Add or change supervisor	$25
Initial licensure by examination: Processing and initial licensure	$140
Initial licensure by endorsement: Processing and initial licensure	$140
Active annual license renewal	$105
Inactive annual license renewal	$55
Penalty for late renewal	$35
Reinstatement of a lapsed license	$165
Verification of license to another jurisdiction	$25
Additional or replacement licenses	$5
Additional or replacement wall certificates	$15
Returned check	$35
Reinstatement following revocation or suspension	$500

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-50-30. Application for licensure by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the education and experience requirements prescribed in 18VAC115-50-50, 18VAC115-50-55 and 18VAC115-50-60;

2. Meet the examination requirements prescribed in 18VAC115-50-70;

3. Submit to the board office the following items:

a. A completed application;

b. The application processing and initial licensure fee prescribed in 18VAC115-50-20;

c. Documentation, on the appropriate forms, of the successful completion of the residency requirements of 18VAC115-50-60 along with documentation of the supervisor's out-of-state license where applicable;

d. Official transcript or transcripts submitted from the appropriate institutions of higher education, verifying satisfactory completion of the education requirements set forth in 18VAC115-50-50 and 18VAC115-50-55. Previously submitted transcripts for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained; and

e. Verification on a board-approved form of any mental health or health out-of-state license, certification or registration ever held in another jurisdiction; and

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

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

18VAC115-50-40. Application for licensure by endorsement.

A. Every applicant for licensure by endorsement shall hold or have held a marriage and family license in another jurisdiction in the United States and shall submit:

1. A completed application;

2. The application processing and initial licensure fee prescribed in 18VAC115-50-20;

3. Documentation of licensure as follows:

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

b. Documentation of a marriage and family therapy license obtained by standards specified in subsection B;

4. Verification of a passing score on a marriage and family therapy licensure examination in the jurisdiction in which licensure was obtained;

5. An affidavit of having read and understood the regulations and laws governing the practice of marriage and family therapy in Virginia; and

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

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

1. Educational requirements consistent with those specified in 18VAC115-50-50 and 18VAC115-50-55 and experience requirements consistent with those specified in 18VAC115-50-60; or

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

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

b. Evidence of clinical practice as a marriage and family therapist for twenty-four of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical services in marriage and family therapy or clinical supervision of marriage and family services.

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

18VAC115-50-50. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice marriage and family therapy as defined in § 54.1-3500 of the Code of Virginia from a college or university which is accredited by a regional accrediting agency and which meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare students to practice marriage and family therapy as documented by the institution;

2. There must be an identifiable marriage and family therapy training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP as programs in marriage and family counseling/therapy or by COAMFTE are recognized as meeting the requirements of subsection A of this section.

18VAC115-50-55. Course work requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate coursework with a minimum of six semester hours or nine quarter hours completed in each of core areas identified in subdivisions 1 and 2 of this subsection, and three semester hours or 4.0 quarter hours in each of the core areas coursework identified in subdivisions 3 through 9 of this subsection:

1. Marriage and family studies (marital and family development; family systems theory);

2. Marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches);

3. Human growth and development across the lifespan ;

4. Abnormal behaviors;

5. Diagnosis and treatment of addictive behaviors;

6. Multicultural counseling;

7. Professional identity and ethics;

8. Research (research methods; quantitative methods; statistics);

9. Assessment and treatment (appraisal, assessment and diagnostic procedures); and

10. Supervised internship of at least 600 hours to include 240 hours of direct client contact, of which 200 hours shall be with couples and families. [redacted] through until completion of 30 semester hours toward the graduate degree.

B. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including a minimum of six semester hours or nine quarter hours completed in marriage and family studies (marital and family development; family systems theory) and six semester hours or nine quarter hours

completed in marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches).

18VAC115-50-60. Residency requirements.

A. Registration. Applicants who render marriage and family therapy services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-50-50 to include completion of the coursework and internship requirement specified in 18VAC115-50-55; and

3. Pay the registration fee.

B. Residency requirements.

1. The applicant shall have completed no fewer than 3,400 hours of supervised residency in the role of a marriage and family therapist, to include 200 hours of in-person supervision with the supervisor in the in the consultation and review of marriage and family services provided by the resident. For the purpose of meeting the 200 hours of supervision required for a residency, in-person may also include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.

a. Residents shall receive a minimum of one hour and a maximum of four hours of supervision for every 40 hours of supervised work experience.

b. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

c. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision, if the supervision was provided by a licensed marriage and family therapist or a licensed professional counselor.

2. The residency shall include documentation of at least 2,000 hours in clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist or clinical social worker, the remaining hours may be waived.

3. The residency shall consist of practice in the core areas set forth in 18VAC115-50-55.

4. The residency shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18VAC115-50-50.

5. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-50-50, may count for up to an additional 300 hours towards the requirements of a residency.

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

7.

Residents shall not call themselves marriage and family therapists, directly bill for services rendered or in any way represent themselves as marriage and family therapists. During the residency, they may use their names, the initials of their degree and the title

"Resident in Marriage and Family Therapy." Clients shall be informed in writing of the resident's status, along with the name, address and telephone number of the resident's supervisor.

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

9. The residency shall be completed in not less than 18 months or more than four years. Residents who began a residency before (effective date of the regulation) shall complete the residency by (four years after the effective date). An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

10. Residency hours which are approved by the licensing board in another U. S. jurisdiction and which meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in marriage and family therapy shall:

1. Hold an active, unrestricted license as a marriage and family therapist or professional counselor in the jurisdiction where the supervision is being provided;

2. Document two years post-licensure marriage and family therapy experience;

3. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-50-96. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.

D. Supervisory responsibilities.

1. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall report the total hours of residency and evaluate the applicant's competency to the board.

2. Supervision by an individual whose relationship to the resident is deemed by the board to compromise the objectivity of the supervisor is prohibited.

3. The supervisor shall provide supervision as defined in 18VAC115-50-10 and shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract, for the duration of the residency.

18VAC115-50-70. General examination requirements.

A. All applicants for initial licensure shall pass an examination, with a passing score as determined by the board. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

B. The examination shall concentrate on the core areas of marriage and family therapy set forth in subsection A of 18VAC115-50-55.

C. A candidate approved to sit for the examination shall pass the examination within two years from the initial notification date of approval. If the candidate has not passed the examination within two years from the date of initial approval:

1. The initial approval to sit for the examination shall then become invalid; and

2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the re-application for examination. If approved by the board, the candidate shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.

D. Applicants or candidates for examination shall not provide marriage and family services unless they are under supervision approved by the board.

18VAC115-50-90. Annual renewal of license.

A. All licensees shall renew licenses on or before June 30 of each year.

B. All licensees who intend to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-50-20.

C. A licensee who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-50-20. No person shall practice marriage and family therapy in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-50-100 C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-50-95. Continued competency requirements for renewal of a license.

A. Marriage and family therapists shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours shall be in courses that emphasize the ethics, standards of practice or laws governing behavioral science professions in Virginia.

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

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individual will only be required to provide the hours set out in subsection A of this section or subsection A of 18VAC115-20-105 in the Regulations Governing the Practice of Professional Counseling, or subsection A of 18VAC115-60-115 in the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

18VAC115-50-96. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;

2. Counseling theory;

3. Human growth and development;

4. Social and cultural foundations;

5. The helping relationship;

6. Group dynamics, processing and counseling;

7. Lifestyle and career development;

8. Appraisal of individuals;

9. Research and evaluation;

10. Professional orientation;

11. Clinical supervision;

12. Marriage and family therapy; or

13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:

a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state or local governmental agencies or licensed health facilities and licensed hospitals.

d. Workshops, seminars, conferences or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(2) The American Association for Marriage and Family Therapy and its state affiliates.

(3) The American Association of State Counseling Boards.

(4) The American Counseling Association and its state and local affiliates.

(5) The American Psychological Association and its state affiliates.

(6) The Commission on Rehabilitation Counselor Certification.

(7) NAADAC, The Association for Addiction Professionals. and its state and local affiliates.

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

(11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

(12) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. Publication/presentation/new program development.

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of ten hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officers of state or national counseling organization; editor and/or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include language courses, software training, medical topics, etc.

18VAC115-50-100. Late renewal, reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-50-20 as well as the license fee prescribed for the period the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person seeking reinstatement of a license one year or more after its expiration date must:

1. Apply for reinstatement and pay the reinstatement fee;

2. Submit documentation of any mental health license he holds or has held in another jurisdiction, if applicable;

3. Submit evidence regarding the continued ability to perform the functions within the scope of practice of the license, if required by the board to demonstrate competency; and

4. Provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours, obtained within the four years immediately preceding application for reinstatement.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal and (ii) documentation of continued competency hours equal to the number of years the license has been inactive, not to exceed a maximum of 80 hours, obtained within the four years immediately preceding

application for reinstatement. The board may require additional evidence regarding the person's continued ability to perform the functions within the scope of practice of the license.

18VAC115-50-110. Standards of practice.

A. The protection of the public's 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. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of marriage and family therapy.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training, and experience accurately to clients;

3. Stay abreast of new marriage and family therapy information, concepts, applications and practices that are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform client of the risks and benefits of any such treatment. Ensure that the welfare of the client is not compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the United States Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; and

13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release client records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations; and

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18) or 10 years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have transferred to another mental health service provider or given to the client or his legally authorized representative.

D. In regard to dual relationships, persons licensed by the board shall:

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Marriage and family therapists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and also not counsel persons with whom they have had a sexual intimacy or romantic relationship. Marriage and family therapists shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Marriage and family therapists who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a marriage and family therapist does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationships or sexual relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Marriage and family therapists shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of marriage and family therapy.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-50-120. Disciplinary action.

A. Action by the board to revoke, suspend, deny issuance or removal of a license, or take other disciplinary action may be taken in accordance with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of marriage and family therapy, or any provision of this chapter;

2. Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or the general public or if one is unable to practice marriage and family therapy with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;

4. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

5. Performance of functions outside the demonstrable areas of competency;

6. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of marriage and family therapy, or any part or portion of this chapter;

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

8. Performance of an act likely to deceive, defraud, or harm the public.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

Part I
General Provisions

18VAC115-60-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

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

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a substance abuse treatment practitioner.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

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

"Clinical substance abuse treatment services" means activities such as assessment, diagnosis, and treatment planning/implementation.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

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

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of substance abuse treatment according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical substance abuse treatment services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods and techniques.

"Jurisdiction" means a state, territory, district, province or country which has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting which does not meet the conditions of exemption from the requirements of licensure to engage in the practice of substance abuse treatment as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the United States Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a post-graduate, supervised, clinical experience registered with the board.

"Resident" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in substance abuse treatment under supervision.

18VAC115-60-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a substance abuse treatment practitioner:

Registration of supervision (initial)	$50
Add/change supervisor	$25
Initial licensure by examination: Processing and initial licensure	$140
Initial licensure by endorsement: Processing and initial licensure	$140
Active annual license renewal	$105
Inactive annual license renewal	$55
Duplicate license	$5
Verification of license to another jurisdiction	$25
Late renewal	$35
Reinstatement of a lapsed license	$165
Replacement of or additional wall certificate	$15
Returned check	$35
Reinstatement following revocation or suspension	$500

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

Part II

Requirements for Licensure

18VAC115-60-40. Application for licensure by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the degree program, course work and experience requirements prescribed in 18VAC115-60-60, 18VAC115-60-70 and 18VAC115-60-80;

2. Pass the examination required for initial licensure as prescribed in 18VAC115-60-90;

3. Submit the following items to the board:

a. A completed application;

b. Official transcripts documenting the applicant's completion of the degree program and course work requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70. Transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-60-80 and copies of all required evaluation forms, including verification of current licensure of the supervisor of any portion of the residency occurred in another jurisdiction;

d. Documentation of any other mental health or health professional license or certificate ever held in another jurisdiction;

e. The application processing and initial licensure fee as prescribed in 18VAC115-60-20; and

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

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

18VAC115-60-50. Prerequisites for licensure by endorsement.

A. Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing and initial licensure fee as prescribed in 18VAC115-60-20;

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

4. Further documentation of one of the following:

a. A current substance abuse treatment license in good standing in another jurisdiction obtained by meeting requirements substantially equivalent to those set forth in this chapter; or

b. A mental health license in good standing in a category acceptable to the board which required completion of a master's degree in mental health to include 60 graduate semester hours in mental health; and

(1) Board-recognized national certification in substance abuse treatment;

(2) If the master's degree was in substance abuse treatment, two years of post-licensure experience in providing substance abuse treatment;

(3) If the master's degree was not in substance abuse treatment, five years of post-licensure experience in substance abuse treatment plus 12 credit hours of didactic training in the substance abuse treatment competencies set forth in 18VAC115-60-70 C; or

(4) Current substance abuse counselor certification in Virginia in good standing or a Virginia substance abuse treatment specialty licensure designation with two years of post-licensure or certification substance abuse treatment experience;

c. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials and evidence of post-licensure clinical practice for twenty-four of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical substance abuse treatment services or clinical supervision of such services.

5. Verification of a passing score on a substance abuse licensure examination as established by the jurisdiction in which licensure was obtained. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia;

6. Official transcripts documenting the applicant's completion of the education requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70;

7. An affidavit of having read and understood the regulations and laws governing the practice of substance abuse treatment in Virginia; and

8. A current report from the U. S. Department of Health and Human Services Data Bank (NPDB).

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

18VAC115-60-55. (Repealed.)

18VAC115-60-60. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice substance abuse treatment or a related counseling discipline as defined in § 54.1-3500 of the Code of Virginia from a college or university accredited by a regional accrediting agency that meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;

2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

Programs that are approved by CACREP as programs in addictions counseling are recognized as meeting the requirements of subsection A of this section.

18VAC115-60-70. Course work requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study.

B. The applicant shall have completed a general core curriculum containing a minimum of three semester hours or 4.0 quarter hours in each of the areas identified in this section:

1. Professional identity, function and ethics;

2. Theories of counseling and psychotherapy;

3. Counseling and psychotherapy techniques;

4. Group counseling and psychotherapy, theories and techniques;

5. Appraisal, evaluation and diagnostic procedures;

6. Abnormal behavior and psychopathology;

7. Multicultural counseling, theories and techniques;

8. Research; and

9. Marriage and family systems theory.

C. The applicant shall also have completed 12 graduate semester credit hours or 18 graduate quarter hours in the following substance abuse treatment competencies.

1. Assessment, appraisal, evaluation and diagnosis specific to substance abuse;

2. Treatment planning models, client case management, interventions and treatments to include relapse prevention, referral process, step models and documentation process;

3. Understanding addictions: The biochemical, sociocultural and psychological factors of substance use and abuse;

4. Addictions and special populations including, but not limited to, adolescents, women, ethnic groups and the elderly; and

5. Client and community education.

D. The applicant shall have completed a supervised internship of 600 hours to include 240 hours of direct client contact, of which 200 hours shall be in treating substance abuse-specific treatment problems. Internship hours shall not begin until completion of 30 semester hours toward the graduate degree.

E. One course may satisfy study in more than one content area set forth in subsections B and C of this section.

F. If the applicant who holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including the hours specified in subsection C of this section.

18VAC115-60-80. Residency.

A. Registration. Applicants who render substance abuse treatment services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-60-60 to include completion of the coursework and internship requirement specified in 18VAC115-60-70; and

3. Pay the registration fee.

B. Applicants who are beginning their residencies in exempt settings shall register supervision with the board to assure acceptability at the time of application.

C. Residency requirements.

1. The applicant for licensure shall have completed no fewer than 3,400 hours in a supervised residency in substance abuse treatment with various populations, clinical problems and theoretical approaches in the following areas:

a. Clinical evaluation;

b. Treatment planning, documentation and implementation;

c. Referral and service coordination;

d. Individual and group counseling and case management;

e. Client family and community education; and

f. Professional and ethical responsibility.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident occurring at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency.

a. No more than half of these hours may be satisfied with group supervision.

b. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

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

d. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.

e. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision, if the supervision was provided by a licensed professional counselor.

3. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical substance abuse treatment services with individuals, families or groups of individuals suffering from the effects of substance abuse or dependence. The remaining hours may be spent in the performance of ancillary services.

4. A graduate level degree internship in excess of 600 hours, which is completed in a program that meets the requirements set forth in 18VAC115-60-70, may count for up to an additional 300 hours towards the requirements of a residency.

5. The residency shall be completed in not less than 18 months or more than four years. Residents who began a residency before (effective date of the regulation) shall complete the residency by (four years after the effective date). An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

6.

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

7. Residents may not call themselves substance abuse treatment practitioners, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or substance abuse treatment practitioners. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Substance Abuse Treatment" in all written communications. Clients shall be informed in writing of the resident's status, the supervisor's name, professional address, and telephone number.

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

9. Residency hours which are approved by the licensing board in another U. S. jurisdiction and which meet the requirements of this section shall be accepted.

D. Supervisory qualifications.

1. A person who provides supervision for a resident in substance abuse treatment shall hold an active, unrestricted license as a professional counselor or substance abuse treatment practitioner in the jurisdiction where the supervision is being provided.

2. All supervisors shall document two years post-licensure substance abuse treatment experience and at least 100 hours of didactic instruction in substance abuse treatment. Supervisors must document a three-credit-hour course in supervision, a 4.0-quarter-hour course in supervision, or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-60-116.

E. Supervisory responsibilities.

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

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

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

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

F. Documentation of supervision. Applicants shall document successful completion of their residency on the Verification of Supervision form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet.

Part III
Examinations

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

A. Every applicant for initial licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board.

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

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

D. A candidate approved by the board to sit for the examination shall pass the examination within two years from the date of such initial board approval. If the candidate has not passed the examination within two years from the date of initial approval:

1. The initial board approval to sit for the examination shall then become invalid; and

2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the re-application for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.

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

F. A candidate for examination or an applicant shall not provide clinical services unless he is under supervision approved by the board.

Part IV
Licensure Renewal; Reinstatement

18VAC115-60-110. Renewal of licensure.

A. All licensees shall renew licenses on or before June 30 of each year.

B. Every license holder who intends to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-60-20.

C. A licensee who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-60-20. No person shall practice substance abuse treatment in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-60-120 C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-60-115. Continued competency requirements for renewal of a license.

A. Licensed substance abuse treatment practitioners shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours shall be in courses that emphasize the ethics, standard of practice or laws governing behavioral science professions in Virginia.

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

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section or subsection A of 18VAC115-50-95 in the Regulations Governing the Practice of Marriage and Family Therapy, or subsection A of 18VAC115-20-105 in the Regulations Governing the Practice of Professional Counseling.

18VAC115-60-116. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;
4. Social and cultural foundations;
5. The helping relationship;
6. Group dynamics, processing and counseling;
7. Lifestyle and career development;
8. Appraisal of individuals;
9. Research and evaluation;
10. Professional orientation;
11. Clinical supervision;
12. Marriage and family therapy; or
13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:

a. Regionally accredited university-or college-level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state or local governmental agencies or licensed health facilities and licensed hospitals.

d. Workshops, seminars, conferences or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(2) The American Association for Marriage and Family Therapy and its state affiliates.

(3) The American Association of State Counseling Boards.

(4) The American Counseling Association and its state and local affiliates.

(5) The American Psychological Association and its state affiliates.

(6) The Commission on Rehabilitation Counselor Certification.

(7) NAADAC, The Association for Addiction Professionals, and its state and local affiliates.

(8) National Association of Social Workers.

(9) The National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

(11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

2. Individual professional activities.

a. Publication/presentation/new program development.

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development. Activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of 10 hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officers of state or national counseling organization; editor and/or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the

regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include language courses, software training, medical topics, etc.

18VAC115-60-120. Late renewal; reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late renewal fee prescribed in 18VAC115-60-20, as well as the license fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours, obtained within the four years immediately preceding application for reinstatement. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours, obtained within the four years immediately preceding application for reactivation; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

Part V

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC115-60-130. 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. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of substance abuse treatment.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training and experience accurately to clients;

3. Stay abreast of new substance abuse treatment information, concepts, application and practices that are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the United States Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; and

13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the substance abuse treatment relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18) or 10 years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client; and

5. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations.

D. In regard to dual relationships, persons licensed by the board shall:

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Licensed substance abuse treatment practitioners shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Licensed substance abuse treatment practitioners who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a licensed substance abuse treatment practitioner does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any sexual intimacy or romantic relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Licensed substance abuse treatment practitioners shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of substance abuse treatment.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-60-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license.

A. Action by the board to revoke, suspend, deny issuance or renewal of a license, or take other disciplinary action may be taken in accord with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1

of the Code of Virginia, any other statute applicable to the practice of substance abuse treatment, or any provision of this chapter;

2. Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or to the public, or if one is unable to practice substance abuse treatment with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;

4. Intentional or negligent conduct that causes or is likely to cause injury to a client;

5. Performance of functions outside the demonstrable areas of competency;

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

7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of licensed substance abuse therapy, or any part or portion of this chapter; or

8. Performance of an act likely to deceive, defraud, or harm the public.

B. Following the revocation or suspension of a license the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

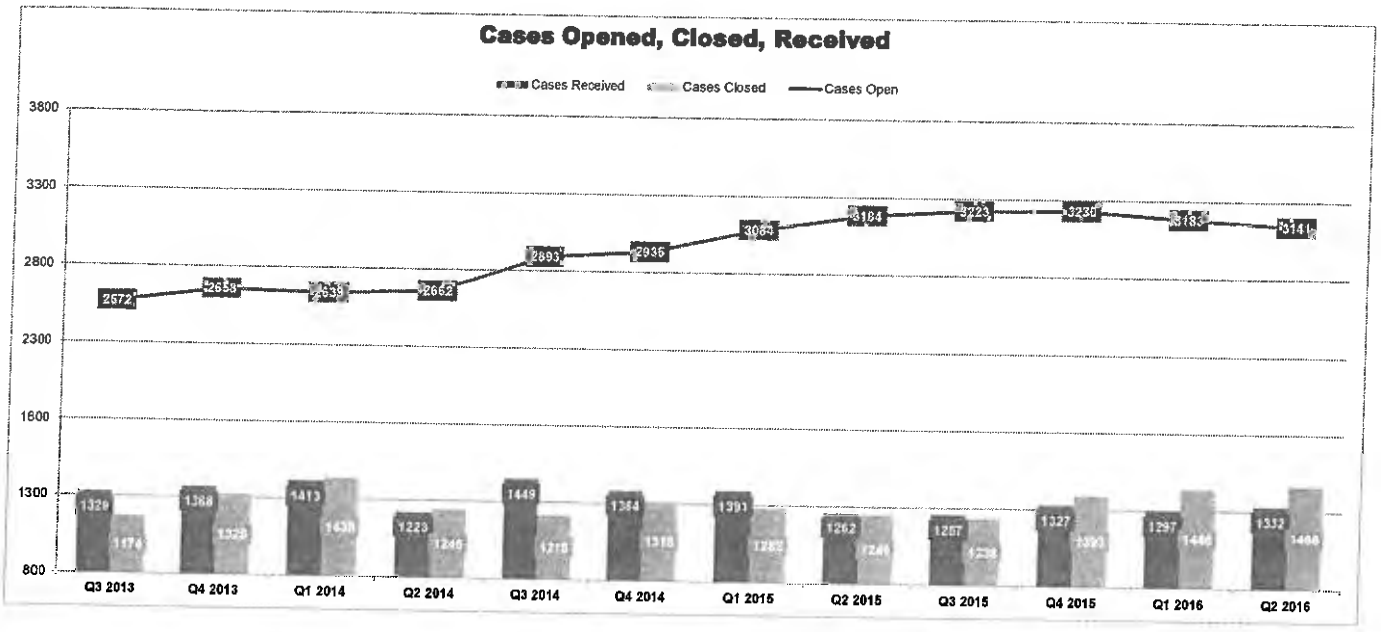
Virginia Department of Health Professions

CASES RECEIVED, OPEN, & CLOSED REPORT
ALL BOARDS
FISCAL YEAR 2016, QUARTER ENDING 12/31/2015

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

The "Received, Open, Closed" table belows 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.

Quarter Ending	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Cases Received	1329	1368	1413	1223	1449	1384	1391	1262	1257	1327	1297	1332
Cases Open	2572	2658	2639	2662	2693	2935	3084	3184	3223	3230	3183	3141
Cases Closed	1174	1325	1438	1246	1218	1318	1282	1249	1238	1393	1440	1466


Cases Opened, Closed, Received
Cases Received
Cases Closed
Cases Open
3800
3300
2800
2300
1600
1300
800
2672
2659
2633
2662
2893
2936
3084
3184
3223
3230
3183
3141
1329
1174
1388
1329
1413
1438
1223
1246
1449
1215
1364
1318
1391
1282
1262
1249
1257
1238
1327
1393
1297
1446
1332
1466
Q3 2013
Q4 2013
Q1 2014
Q2 2014
Q3 2014
Q4 2014
Q1 2015
Q2 2015
Q3 2015
Q4 2015
Q1 2016
Q2 2016

Virginia Department of Health Professions

CASES RECEIVED, OPEN, & CLOSED REPORT
SUMMARY BY BOARD
FISCAL YEAR 2016, QUARTER ENDING 12/31/2015

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

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.

Board Of	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Audiology/Speech Pathology												
Number of Cases Received	15	8	4	2	6	8	6	3	10	12	5	1
Number of Cases Open	12	5	1	3	6	7	7	8	15	8	7	8
Number of Cases Closed	10	15	9	0	2	7	6	2	4	19	8	0
Counseling												
Number of Cases Received	24	23	27	19	19	32	29	20	19	23	24	21
Number of Cases Open	48	51	57	54	55	59	73	80	87	94	91	108
Number of Cases Closed	16	22	22	25	20	31	15	14	12	21	31	11
Dentistry												
Number of Cases Received	100	99	96	90	140	123	93	126	123	111	107	67
Number of Cases Open	332	334	327	293	356	412	393	399	404	425	388	302
Number of Cases Closed	70	106	107	126	85	74	121	122	123	112	154	162
Funeral Directing												
Number of Cases Received	19	16	33	13	9	21	31	8	13	14	22	20
Number of Cases Open	48	46	44	40	24	30	48	31	28	30	37	41
Number of Cases Closed	19	14	32	17	24	15	11	26	16	12	14	19

Virginia Department of Health Professions

CASES RECEIVED, OPEN, & CLOSED REPORT
SUMMARY BY BOARD
FISCAL YEAR 2016, QUARTER ENDING 12/31/2015

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

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.

Board Of	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Long Term Care Administrators												
Number of Cases Received	9	12	13	11	9	12	21	18	13	12	18	12
Number of Cases Open	30	25	26	29	29	31	35	40	41	36	48	49
Number of Cases Closed	10	14	8	8	5	4	14	14	11	13	9	9
Medicine												
Number of Cases Received	365	404	375	312	369	299	331	295	302	320	324	288
Number of Cases Open	543	640	609	657	733	715	726	733	751	643	613	582
Number of Cases Closed	340	328	398	290	318	303	330	309	288	457	408	337
Nurse Aide												
Number of Cases Received	179	168	198	166	167	190	198	139	157	174	173	170
Number of Cases Open	296	292	277	304	253	260	286	282	297	315	287	302
Number of Cases Closed	152	179	220	141	180	184	193	157	148	186	213	176
Nursing												
Number of Cases Received	389	419	384	384	377	444	446	414	386	414	400	478
Number of Cases Open	801	777	757	758	815	869	926	942	943	972	958	965
Number of Cases Closed	375	447	402	395	325	385	392	424	381	368	410	495

Virginia Department of Health Professions

CASES RECEIVED, OPEN, & CLOSED REPORT

SUMMARY BY BOARD

FISCAL YEAR 2016, QUARTER ENDING 12/31/2015

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

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.

Board Of	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Optometry												
Number of Cases Received	12	5	5	4	8	9	11	14	10	10	6	5
Number of Cases Open	22	16	14	15	20	21	17	27	21	28	27	20
Number of Cases Closed	11	11	8	4	3	8	17	4	19	6	7	13
Pharmacy												
Number of Cases Received	120	105	194	142	224	133	133	143	132	148	126	141
Number of Cases Open	279	285	332	310	360	274	320	345	312	326	363	355
Number of Cases Closed	100	103	146	161	178	210	88	123	164	128	94	144
Physical Therapy												
Number of Cases Received	9	23	9	8	12	8	14	7	10	3	14	17
Number of Cases Open	20	31	26	23	22	23	19	19	24	17	28	27
Number of Cases Closed	11	11	12	10	8	6	11	8	5	8	4	17
Psychology												
Number of Cases Received	12	23	21	24	10	19	23	16	19	8	19	18
Number of Cases Open	23	35	34	41	28	33	44	61	65	64	78	84
Number of Cases Closed	12	12	23	16	26	13	15	4	16	13	8	12

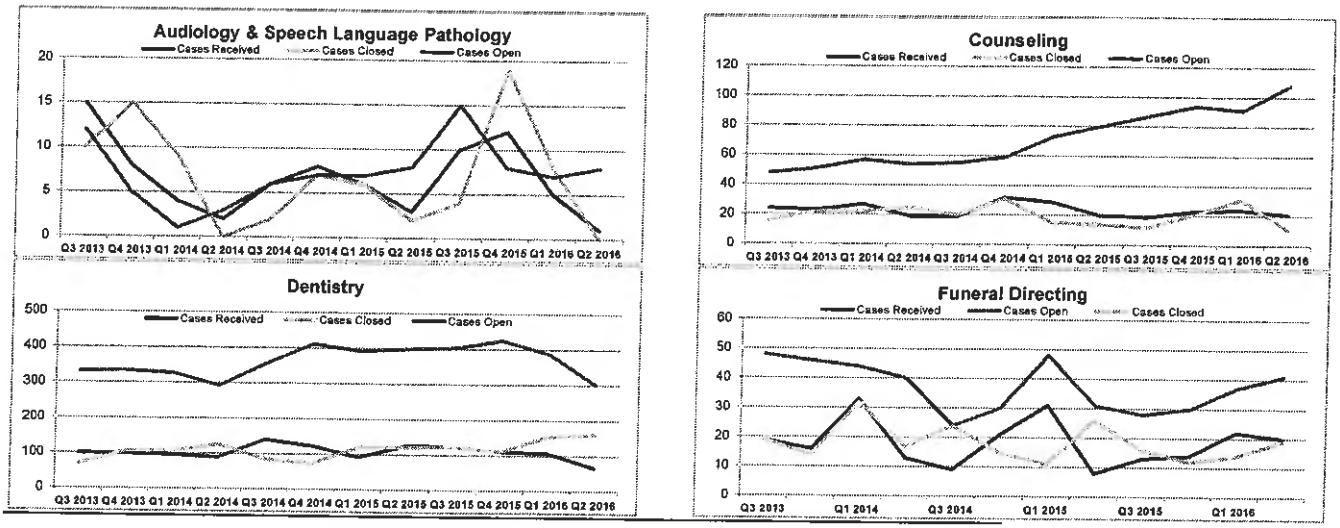
Virginia Department of Health Professions

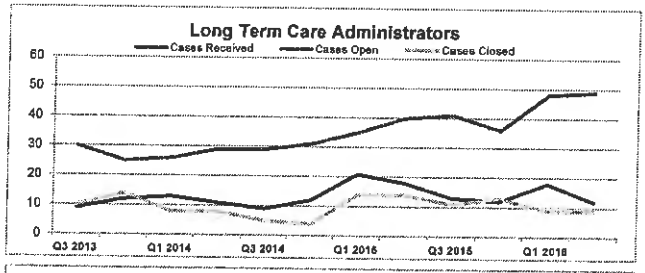
CASES RECEIVED, OPEN, & CLOSED REPORT
SUMMARY BY BOARD
FISCAL YEAR 2016, QUARTER ENDING 12/31/2015

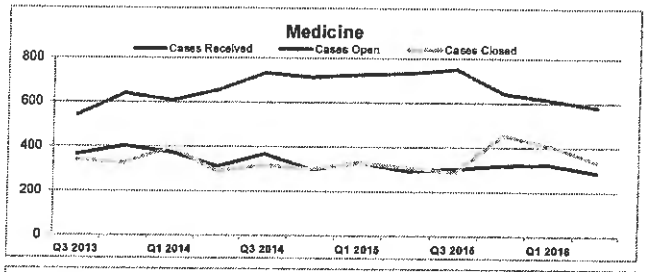
Quarter Breakdown	
Quarter 1	July 1st - September 30th
Quarter 2	October 1st - December 31st
Quarter 3	January 1st - March 31st
Quarter 4	April 1st - June 30th

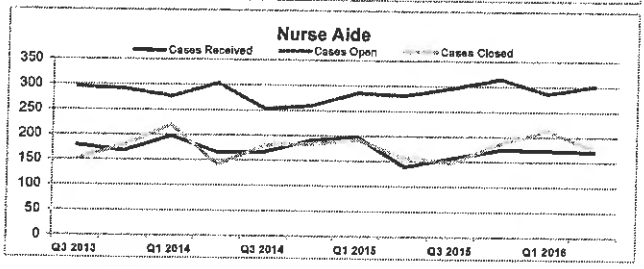
The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

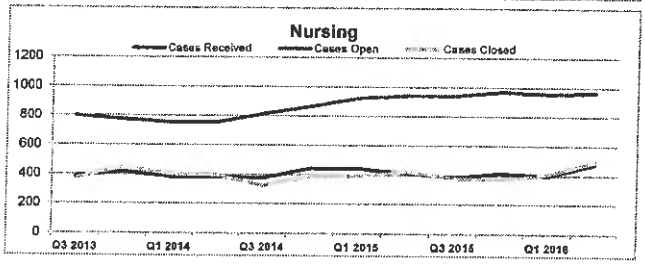
Board Of	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Social Work												
Number of Cases Received	11	17	13	14	29	50	24	25	11	15	22	31
Number of Cases Open	24	32	40	41	58	71	73	80	82	96	95	126
Number of Cases Closed	11	11	16	15	14	36	23	18	13	9	27	8
Veterinary Medicine												
Number of Cases Received	65	46	41	34	70	36	31	34	52	63	37	63
Number of Cases Open	94	89	95	94	134	130	117	137	153	176	163	172
Number of Cases Closed	37	52	35	38	30	42	46	24	38	41	53	63
AGENCY												
Number of Cases Received	1329	1368	1413	1223	1449	1384	1391	1262	1257	1327	1297	1332
Number of Cases Open	2572	2658	2639	2662	2893	2935	3084	3184	3223	3230	3183	3141
Number of Cases Closed	1174	1325	1438	1246	1218	1318	1282	1249	1238	1393	1440	1466

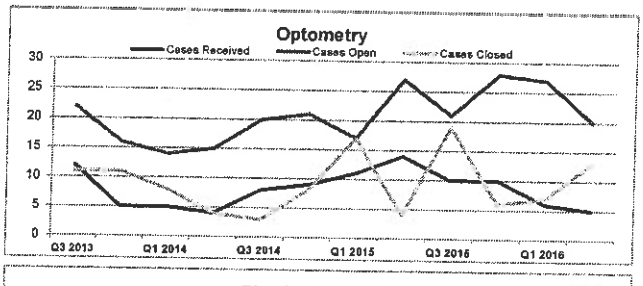

Audiology & Speech Language Pathology
Cases Received
Cases Closed
Cases Open
20
15
10
5
0
Q3 2013 Q4 2013 Q1 2014 Q2 2014 Q3 2014 Q4 2014 Q1 2015 Q2 2015 Q3 2015 Q4 2015 Q1 2016 Q2 2016
Counseling
Cases Received
Cases Closed
Cases Open
120
100
80
60
40
20
0
Q3 2013 Q4 2013 Q1 2014 Q2 2014 Q3 2014 Q4 2014 Q1 2015 Q2 2015 Q3 2015 Q4 2015 Q1 2016 Q2 2016
Dentistry
Cases Received
Cases Closed
Cases Open
500
400
300
200
100
0
Q3 2013 Q4 2013 Q1 2014 Q2 2014 Q3 2014 Q4 2014 Q1 2015 Q2 2015 Q3 2015 Q4 2015 Q1 2016 Q2 2016
Funeral Directing
Cases Received
Cases Open
Cases Closed
60
50
40
30
20
10
0
Q3 2013
Q1 2014
Q3 2014
Q1 2015
Q3 2015
Q1 2016

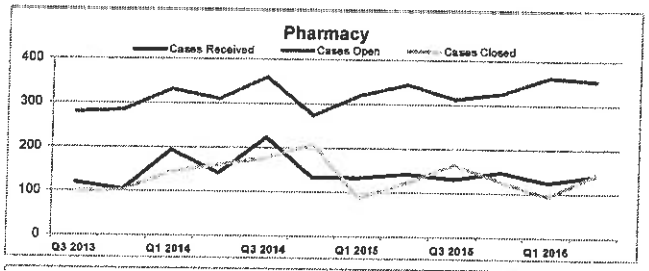

Long Term Care Administrators
Cases Received
Cases Open
Cases Closed
60
50
40
30
20
10
0
Q3 2013
Q1 2014
Q3 2014
Q1 2015
Q3 2015
Q1 2016

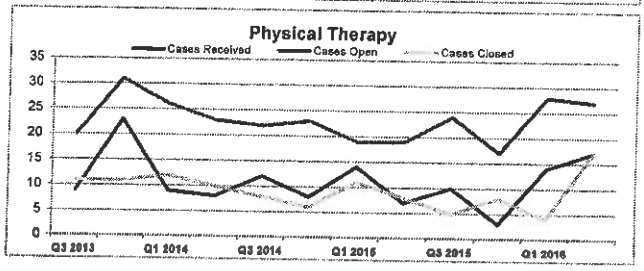

Medicine
Cases Received
Cases Open
Cases Closed
800
600
400
200
0
Q3 2013
Q1 2014
Q3 2014
Q1 2015
Q3 2015
Q1 2016

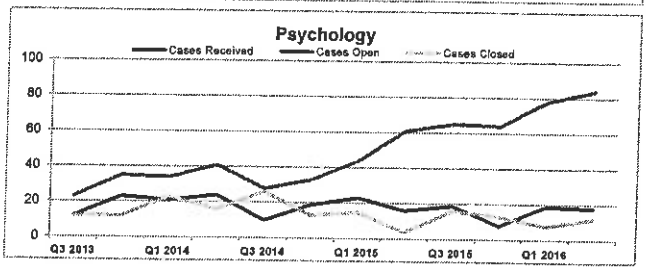

Nurse Aide
Cases Received
Cases Open
Cases Closed
350
300
250
200
150
100
50
0
Q3 2013
Q1 2014
Q3 2014
Q1 2015
Q3 2015
Q1 2016

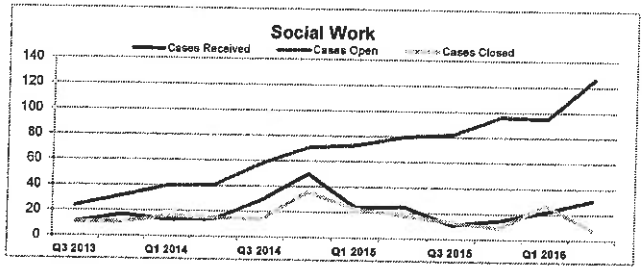

Nursing
Cases Received
Cases Open
Cases Closed
1200
1000
800
600
400
200
0
Q3 2013
Q1 2014
Q3 2014
Q1 2015
Q3 2015
Q1 2016

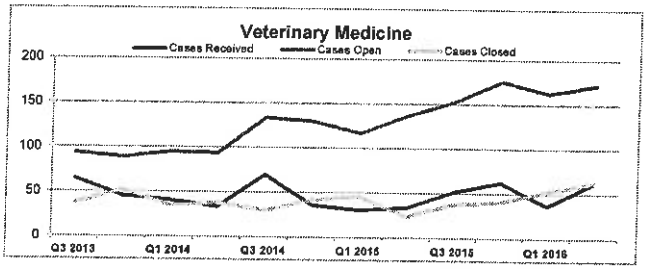

Optometry
Cases Received
Cases Open
Cases Closed
30
25
20
15
10
5
0
Q3 2013
Q1 2014
Q3 2014
Q1 2015
Q3 2015
Q1 2016


Pharmacy
Cases Received
Cases Open
Cases Closed
400
300
200
100
0
Q3 2013
Q1 2014
Q3 2014
Q1 2015
Q3 2015
Q1 2016


Physical Therapy
Cases Received
Cases Open
Cases Closed
35
30
25
20
15
10
5
0
Q3 2013
Q1 2014
Q3 2014
Q1 2015
Q3 2015
Q1 2016


Psychology
Cases Received
Cases Open
Cases Closed
100
80
60
40
20
0
Q3 2013
Q1 2014
Q3 2014
Q1 2015
Q3 2015
Q1 2016


Social Work
Cases Received
Cases Open
Cases Closed
140
120
100
80
60
40
20
0
Q3 2013
Q1 2014
Q3 2014
Q1 2015
Q3 2015
Q1 2016


Veterinary Medicine
Cases Received
Cases Open
Cases Closed
200
150
100
50
0
Q3 2013
Q1 2014
Q3 2014
Q1 2015
Q3 2015
Q1 2016

Virginia Department of Health Professions

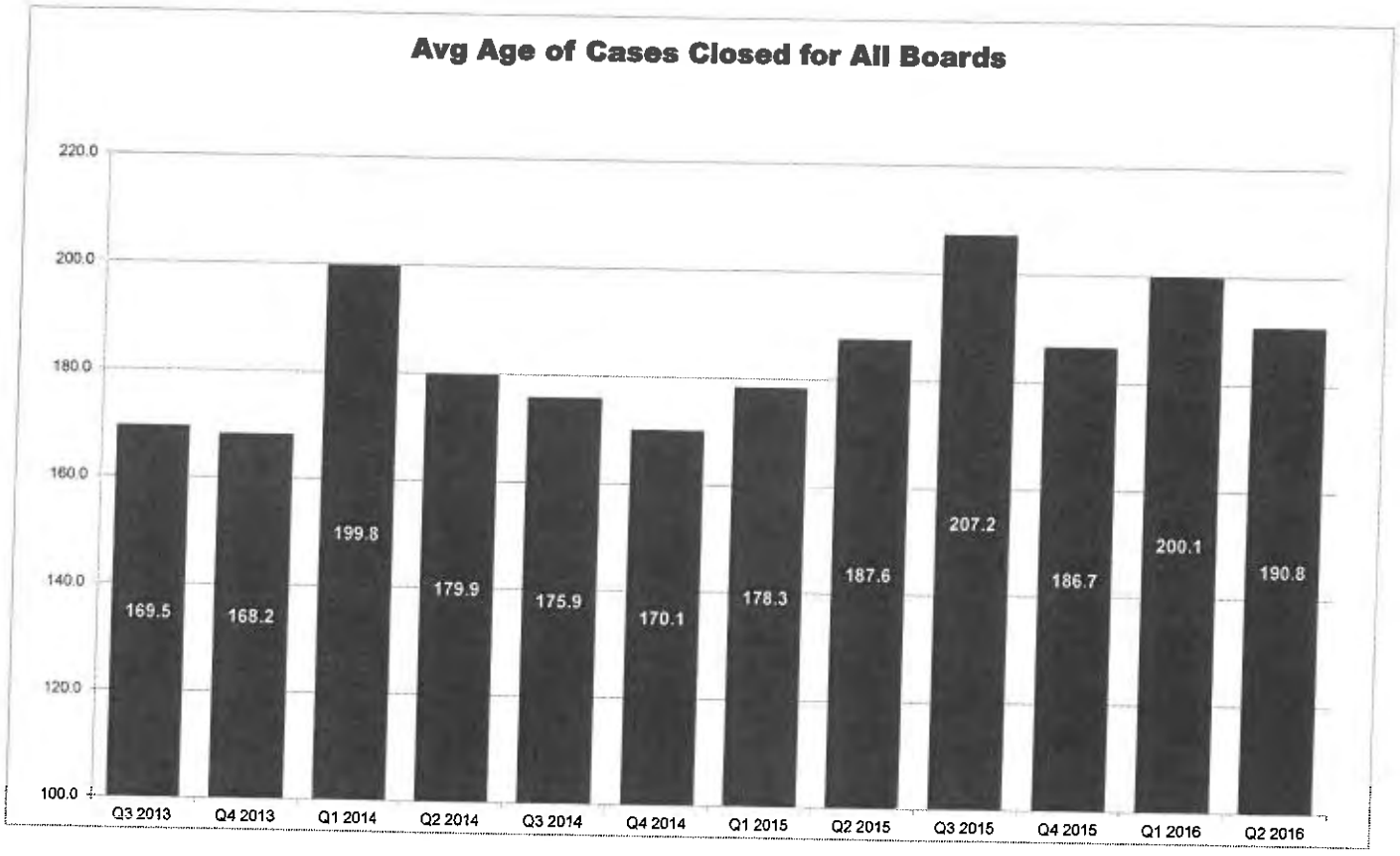
AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER QUARTER

FISCAL YEAR 2016, QUARTER ENDING 12/31/2015

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

***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.**

	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Audiology/Speech Pathology	148.0	77.8	47.2	0.0	53.0	77.5	92.0	66.7	179.0	82.1	134.9	N/A
Counseling	65.8	422.6	254.2	225.4	225.8	170.4	204.6	238.2	315.6	252.2	284.1	193.5
Dentistry	204.4	280.2	286.0	325.1	298.1	394.1	307.5	259.4	222.8	350.3	272.5	292.7
Funeral Directing	208.8	177.5	180.4	164.2	185.7	175.5	175.9	99.4	205.8	140.4	181.3	190.7
Long Term Care Administrator	234.2	233.1	120.7	195.0	291.1	143.8	184.8	154.7	179.7	260.5	247.6	145.4
Medicine	145.0	129.2	225.0	135.9	167.5	151.7	170.8	165.4	219.3	147.3	177.1	181.1
Nurse Aide	173.1	150.3	164.9	167.1	146.6	121.1	116.4	147.2	172.6	145.5	169.6	121.8
Nursing	196.6	164.7	190.1	179.8	184.0	182.9	173.2	214.3	188.1	231.2	191.1	196.3
Optometry	294.8	124.2	163.5	220.5	229.5	289.4	205.5	184.3	122.1	197.2	294.0	154.2
Pharmacy	109.1	154.2	158.7	142.4	130.5	148.4	139.7	102.1	247.3	121.9	200.2	102.6
Physical Therapy	286.1	177.2	99.8	127.0	125.8	123.0	176.4	137.9	120.8	280.5	190.0	117.1
Psychology	80.0	298.3	155.1	177.5	149.5	176.5	210.0	129.0	171.1	181.1	216.0	287.0
Social Work	131.1	276.5	176.0	138.9	216.9	171.2	183.9	314.4	198.9	202.9	199.4	132.5
Veterinary Medicine	196.0	165.4	243.9	243.9	187.2	116.2	214.5	318.2	269.9	158.9	295.7	331.7
AGENCY	169.5	168.2	199.8	179.9	175.9	170.1	178.3	187.6	207.2	186.7	200.1	190.8


Avg Age of Cases Closed for All Boards
220.0
200.0
180.0
160.0
140.0
120.0
100.0
169.5
168.2
199.8
179.9
175.9
170.1
178.3
187.6
207.2
186.7
200.1
190.8
Q3 2013
Q4 2013
Q1 2014
Q2 2014
Q3 2014
Q4 2014
Q1 2015
Q2 2015
Q3 2015
Q4 2015
Q1 2016
Q2 2016

Virginia Department of Health Professions

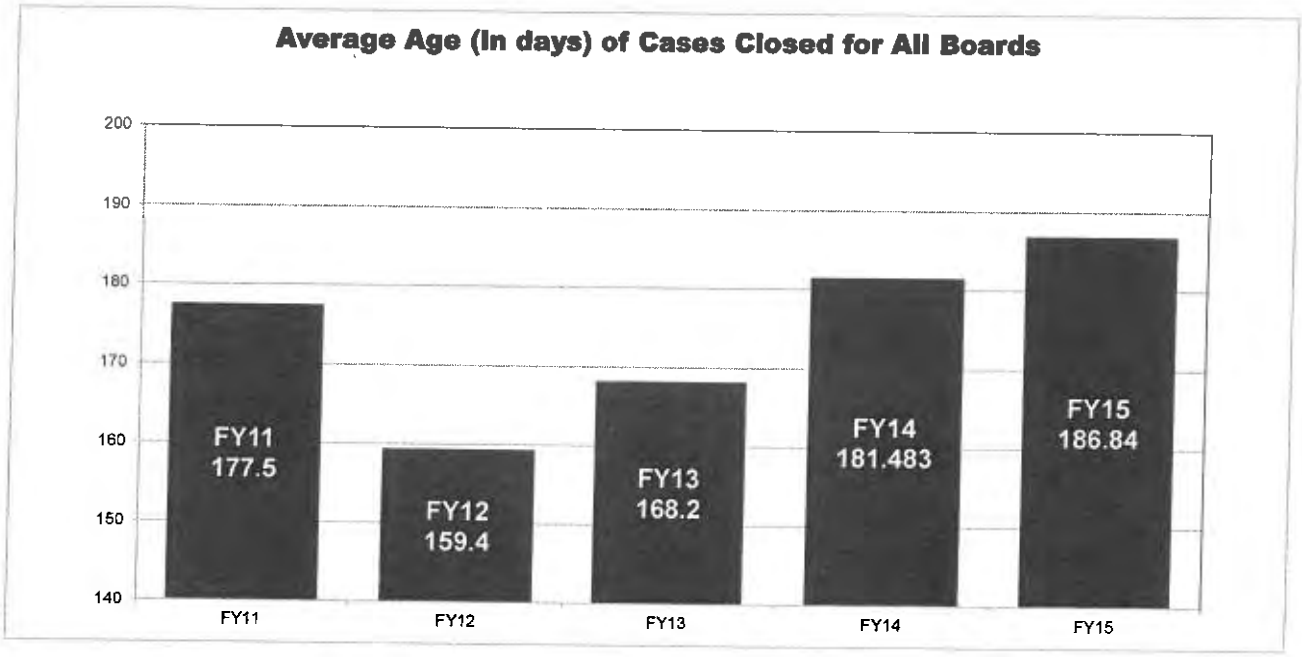
AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER FISCAL YEAR

LAST FIVE FISCAL YEARS

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

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.

Board	FY11	Change Between FY12 & FY11	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15
Audiology/Speech Pathology	89.6	26.6%	113.4	-31.4%	77.8	-23.1%	59.85	65.4%	99
Counseling	77.7	136.4%	183.7	130.0%	422.6	-49.1%	215.2	20.0%	258.3
Dentistry	172.9	23.6%	213.7	31.1%	280.2	13.5%	317.9	-11.0%	282.92
Funeral Directing	226.5	-26.7%	166.1	6.9%	177.5	0.3%	178	-16.7%	148.27
Long Term Care Administrator	126.1	30.5%	164.6	41.6%	233.1	-24.6%	175.79	7.2%	188.47
Medicine	148.4	-19.2%	119.9	7.8%	129.2	21.2%	156.58	9.2%	171.01
Nurse Aide	180.4	-3.3%	174.4	-13.8%	150.3	35.5%	203.71	-29.6%	143.41
Nursing	196.5	-6.1%	184.6	-10.8%	164.7	8.4%	178.51	8.7%	194.02
Optometry	214.9	-35.7%	138.2	-10.1%	124.2	80.1%	223.64	-23.7%	170.73
Pharmacy	159.7	-0.5%	158.9	-3.0%	154.2	-11.4%	136.662	19.0%	162.63
Physical Therapy	74.4	215.9%	235	-24.6%	177.2	-16.9%	147.2	22.0%	179.65
Psychology	204.8	11.7%	228.7	30.4%	298.3	-46.9%	158.265	15.4%	182.65
Social Work	257.3	-49.6%	129.6	113.3%	276.5	-37.8%	171.975	33.4%	229.43
Veterinary Medicine	162.4	-5.4%	153.6	7.7%	165.4	5.7%	174.829	31.6%	230.03
AGENCY	177.5	-10.2%	159.4	5.5%	168.2	7.9%	181.483	*3.0%*	186.84


Average Age (In days) of Cases Closed for All Boards
200
190
180
170
160
150
140
FY11
177.5
FY12
159.4
FY13
168.2
FY14
181.483
FY15
186.84
FY11
FY12
FY13
FY14
FY15

Virginia Department of Health Professions

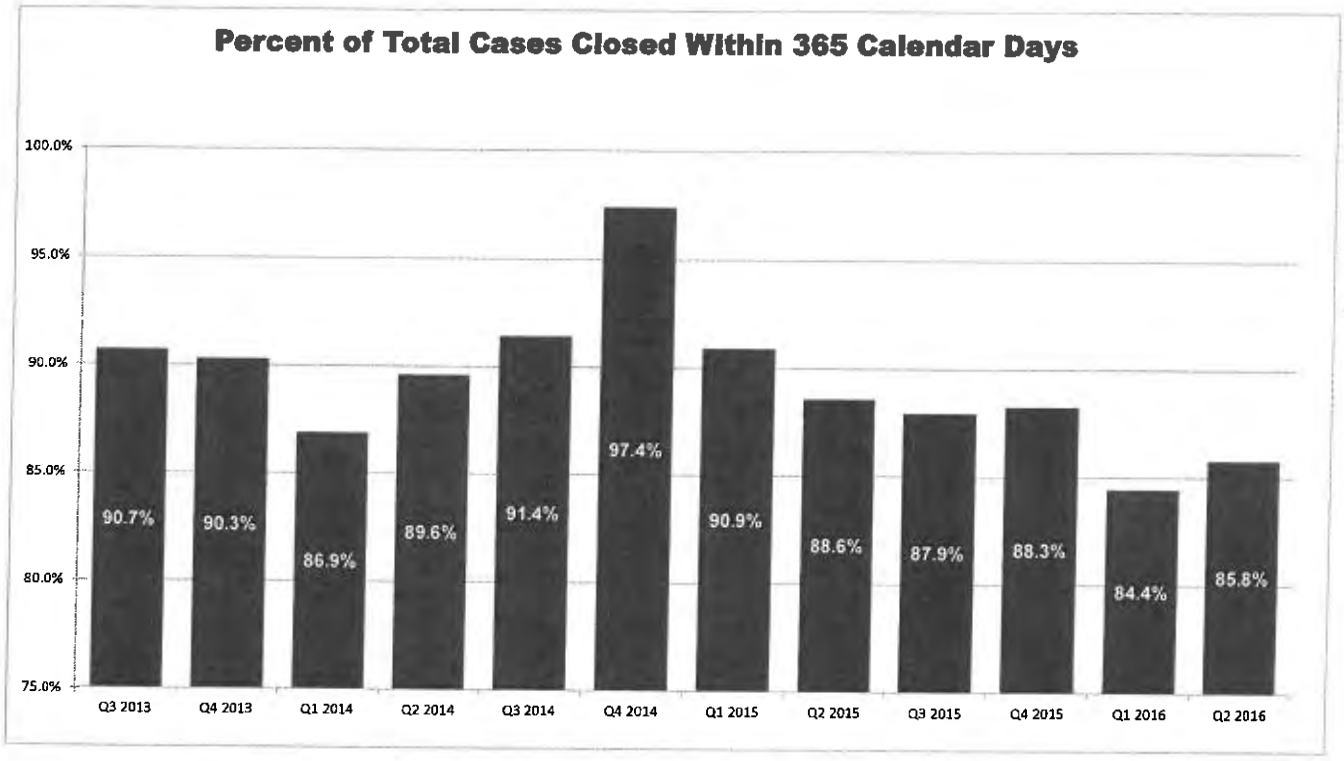
PERCENTAGE OF CASES OF ALL TYPES CLOSED WITHIN 365 CALENDAR DAYS*

FISCAL YEAR 2016, QUARTER ENDING 12/31/2015

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

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.

	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Audiology/Speech Pathology	90.0%	100.0%	N/A	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A
Counseling	100.0%	47.6%	80.0%	80.0%	89.5%	96.8%	86.7%	78.6%	75.0%	76.2%	64.3%	72.7%
Dentistry	94.3%	75.5%	73.0%	64.0%	72.9%	52.7%	67.5%	81.2%	83.7%	53.6%	74.0%	69.8%
Funeral Directing	94.7%	85.7%	93.3%	82.4%	95.8%	86.7%	90.9%	100.0%	87.5%	100.0%	88.2%	88.2%
Long Term Care Administrator	81.8%	85.7%	100.0%	75.0%	71.4%	100.0%	84.6%	92.9%	90.9%	84.6%	77.8%	88.9%
Medicine	90.8%	92.5%	79.6%	95.9%	91.6%	92.7%	90.4%	89.9%	87.1%	94.3%	87.8%	87.9%
Nurse Aide	87.4%	93.9%	94.3%	95.7%	96.7%	96.2%	97.9%	96.2%	96.6%	93.0%	91.1%	97.1%
Nursing	89.9%	93.5%	90.8%	91.8%	92.3%	90.1%	94.1%	86.5%	92.4%	87.2%	87.3%	86.2%
Optometry	72.7%	100.0%	100.0%	75.0%	66.7%	75.0%	82.4%	75.0%	100.0%	66.7%	85.7%	100.0%
Pharmacy	96.0%	88.5%	91.1%	90.1%	92.7%	132.9%	95.5%	95.1%	76.7%	62.2%	82.8%	95.4%
Physical Therapy	72.7%	100.0%	100.0%	90.0%	100.0%	100.0%	90.9%	87.5%	100.0%	75.0%	75.0%	100.0%
Psychology	100.0%	83.3%	90.5%	94.1%	92.3%	100.0%	93.3%	100.0%	87.5%	100.0%	75.0%	50.0%
Social Work	100.0%	72.7%	93.8%	100.0%	85.7%	91.7%	95.7%	72.2%	92.3%	77.8%	65.5%	87.5%
Veterinary Medicine	91.9%	88.5%	85.7%	94.7%	96.7%	100.0%	93.5%	66.7%	71.1%	92.7%	65.3%	63.5%
AGENCY TOTAL	90.7%	90.3%	86.9%	89.6%	91.4%	97.4%	90.9%	88.6%	87.9%	88.3%	84.4%	85.8%


Percent of Total Cases Closed Within 365 Calendar Days
100.0%
95.0%
90.0%
85.0%
80.0%
75.0%
90.7%
90.3%
86.9%
89.6%
91.4%
97.4%
90.9%
88.6%
87.9%
88.3%
84.4%
85.8%
Q3 2013
Q4 2013
Q1 2014
Q2 2014
Q3 2014
Q4 2014
Q1 2015
Q2 2015
Q3 2015
Q4 2015
Q1 2016
Q2 2016

Virginia Department of Health Professions

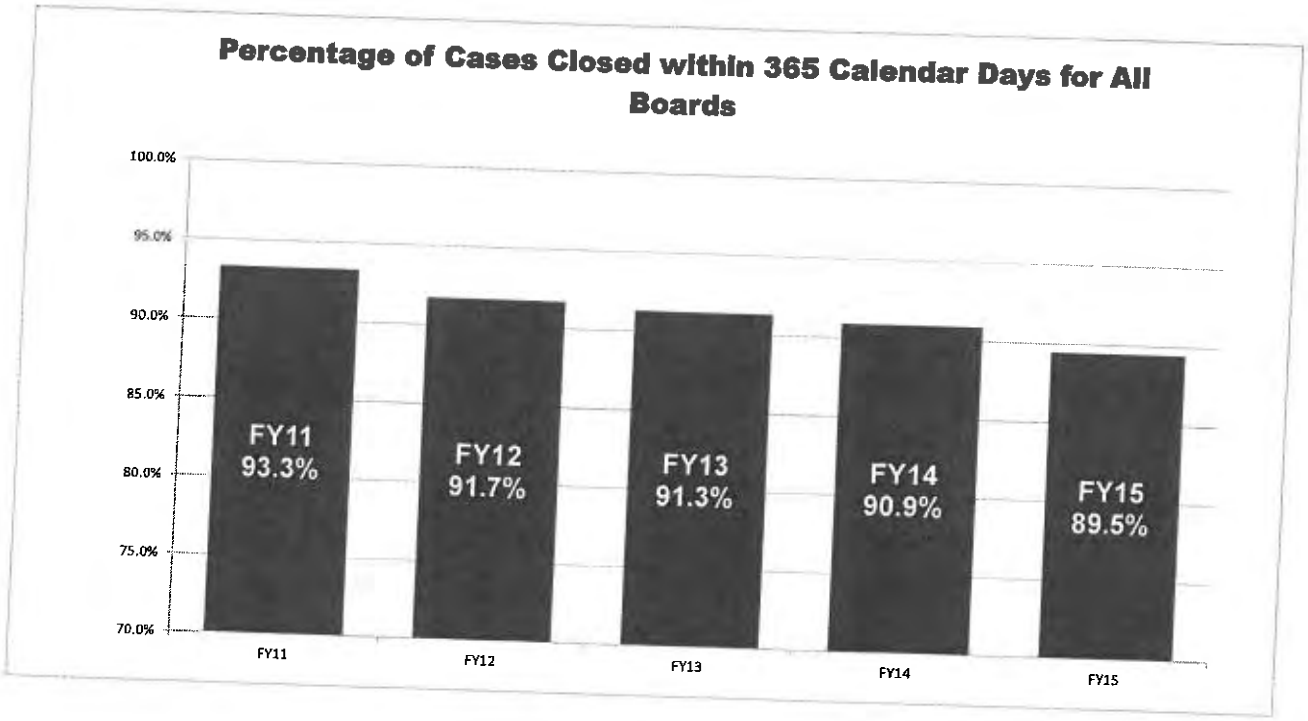
PERCENTAGE OF CASES CLOSED WITHIN 365 CALENDAR DAYS

LAST FIVE FISCAL YEARS

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

***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. In comparing two time periods, if the change is positive there was a higher percent of cases closed in under a year in the first period than in the previous period.**

Board	FY11	Change Between FY12 & FY11	FY12	Change Between FY13 & FY 12	FY13	Change Between FY14 & FY 13	FY14	Change Between FY15 & FY 14	FY15
Audiology/Speech Pathology	93.3%	1.2%	94.4%	2.1%	96.4%	3.7%	100.0%	-3.2%	96.8%
Counseling	100.0%	-27.9%	72.2%	12.5%	81.2%	7.9%	87.6%	-12.6%	76.6%
Dentistry	90.1%	2.5%	92.4%	-6.4%	86.5%	-24.7%	65.1%	11.1%	72.4%
Funeral Directing	93.0%	-7.5%	86.0%	0.3%	86.3%	5.3%	90.8%	5.4%	95.7%
Long Term Care Administrator	93.3%	-1.6%	91.8%	-3.4%	88.7%	-0.1%	88.6%	1.6%	90.0%
Medicine	92.3%	0.3%	92.6%	-0.6%	92.1%	-0.4%	91.7%	-1.0%	90.8%
Nurse Aide	94.9%	-3.4%	91.7%	0.2%	91.9%	4.6%	96.1%	-0.1%	96.0%
Nursing	96.6%	-5.3%	91.5%	0.3%	91.8%	0.6%	92.3%	-2.2%	90.3%
Optometry	80.1%	24.8%	100.0%	-8.2%	91.8%	-9.2%	83.3%	4.0%	86.7%
Pharmacy	93.8%	-1.3%	92.6%	-1.2%	91.5%	0.5%	92.0%	-4.3%	88.0%
Physical Therapy	95.8%	0.0%	95.8%	-8.0%	88.1%	8.2%	95.4%	-5.6%	90.0%
Psychology	93.6%	-13.4%	81.1%	17.4%	95.2%	-1.6%	93.7%	0.1%	93.8%
Social Work	83.9%	4.8%	87.9%	2.4%	90.0%	3.0%	92.7%	-8.3%	85.0%
Veterinary Medicine	93.8%	0.2%	94.0%	-3.4%	90.8%	4.8%	95.2%	5.1%	100.0%
AGENCY	93.3%	-1.7%	91.7%	-0.5%	91.3%	-0.4%	90.9%	-1.6%	89.5%


Percentage of Cases Closed within 365 Calendar Days for All Boards
100.0%
95.0%
90.0%
85.0%
80.0%
75.0%
70.0%
FY11
93.3%
FY12
91.7%
FY13
91.3%
FY14
90.9%
FY15
89.5%
FY11
FY12
FY13
FY14
FY15

Attachment B

Virginia Board of Counseling
Licensing Statistics

Current Licenses and Certificate Holders
As of 11/12/15

TOTAL Current Licenses/Certificates - 7,385

License Professional Counselor	3,675	Current Active
	55	Current Inactive
	504	Current Active (out-of-state)
	50	Current Inactive (out-of-state)
Total LPC Licensee	**4,284**	
Licensed Marriage and Family Therapist	708	Current Active
	15	Current Inactive
	97	Current Active (out-of-state)
	18	Current Inactive (out-of-state)
Total MFT Licensee	**838**	
Licensed Substance Abuse Treatment Practitioner	155	Current Active
	1	Current Inactive
	16	Current Active (out-of-state)
	2	Current Inactive (out-of-state)
Total LSATP Licensee	**174**	
Certified Substance Abuse Counselor	1,477	Current Active
	157	Current Active (out-of-state)
Total CSAC Licensee	**1,634**	
Certified Substance Abuse Counselor Assistant	154	Current Active
	14	Current Active (out-of-state)
Total CSAC-A Licensee	**168**	
Certified Rehabilitation Provider	223	Current Active
	64	Current Active (out-of-state)
Total CRP Licensee	**287**	

Attachment B

Licenses/Registrations Issued
09/10/15 - 11/12/15

Total Licenses/Approvals Issued - 179 (not including exam approvals)

License Professional Counselor	84	Licenses Issued
	72	Supervision Approval Issued
Licensed Marriage and Family Therapist	9	Licenses Issued
	7	Supervision Approval Issued
Licensed Substance Abuse Treatment Practitioner	3	Licenses Issued
	0	Supervision Approval Issued
Certified Substance Abuse Counselor	3	Licenses Issued
Certified Substance Abuse Counselor Assistant	1	Licenses Issued
Certified Rehabilitation Provider	0	Licenses Issued

Applications Received for Licensure/Supervision
09/10/15 - 11/12/15

Total Applications/Registrations Received - 423

License Professional Counselor	89	Applications for Licensure/Exam
	269	Registration Requests
Licensed Marriage and Family Therapist	10	Applications for Licensure/Exam
	14	Registration Requests
Licensed Substance Abuse Treatment Practitioner	1	Applications for Licensure/Exam
Certified Substance Abuse Counselor	12	Applications for Licensure/Exam
	24	Registration Requests
Certified Substance Abuse Counselor Assistant	3	Applications for Licensure/Exam
Certified Rehabilitation Provider	1	Applications for Licensure/Exam

Virginia Department of Health Professions

COUNT OF CURRENT LICENSES*
BOARD SUMMARY
FISCAL YEAR 2016, QUARTER ENDING 12/31/2015

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

	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Audiology/Speech Pathology	3694	3756	4019	4093	3936	4104	4418	4674	4653	4840	4944	4992
Counseling	6833	6801	6788	6960	7098	6545	7026	7183	7256	7042	7249	7490
Dentistry	12608	12216	13103	13226	12617	13140	13390	13507	12782	13753	13999	14186
Funeral Directing	2555	2373	2484	2516	2379	2471	2521	2543	2313	2506	2540	2573
Long Term Care Administrator	2066	1961	2030	2079	1968	2054	2107	2176	1922	2058	2115	2165
Medicine	58960	58848	61299	61769	61910	61789	62714	62617	62816	64137	65337	65922
Nurse Aide	54656	54833	53995	53989	53751	53098	54250	54491	53695	53834	54568	54402
Nursing	156004	154149	159261	159067	159315	159974	162346	161891	161569	163058	164128	163594
Optometry	1819	1875	1896	1915	1852	1906	1927	1946	1856	1915	1931	1963
Pharmacy	31547	32263	34021	34800	33321	34398	35424	36750	34226	35476	36365	37218
Physical Therapy	9344	9384	10170	10390	10574	10901	11401	11647	10533	11000	10908	11075
Psychology	3743	3656	3696	3799	3888	3624	3893	4017	4093	3876	4028	4141
Social Work	6176	6008	5923	6076	6242	6350	6481	6590	6741	6306	6544	6690
Veterinary Medicine	6474	6348	6833	6882	6651	6897	7029	7108	6888	7187	7304	7370
AGENCY TOTAL	356499	354471	365518	367561	365502	367251	374927	377140	371343	376988	381960	383781

Virginia Department of Health Professions

COUNT OF CURRENT LICENSES *

FISCAL YEAR 2016, QUARTER ENDING 12/31/15

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**

Board	Occupation	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Audiology/Speech Pathology	Audiologist	487	488	494	500	480	486	506	513	491	501	517	519
	Continuing Education Provider	0	0	0	0	11	12	0	12	13	14	14	14
	School Speech Pathologist	116	116	124	127	124	130	221	334	431	475	506	513
	Speech Pathologist	3111	3172	3401	3466	3321	3476	3691	3815	3718	3850	3907	3946
Total		*3694*	*3756*	*4019*	*4093*	*3936*	*4104*	*4418*	*4674*	*4653*	*4840*	*4944*	*4992*
Counseling	Certified Substance Abuse Counselor	1693	1724	1614	1661	1680	1473	1617	1869	1679	1556	1617	1679
	Licensed Marriage and Family Therapist	828	801	817	825	838	775	817	828	832	808	825	845
	Licensed Professional Counselor	3672	3630	3716	3821	3944	3700	3950	4036	4123	4072	4188	4333
	Rehabilitation Provider	328	333	336	337	307	311	312	313	280	285	286	288
	Substance Abuse Counseling Assistant	126	128	124	135	146	117	151	157	152	152	153	159
	Substance Abuse Treatment Practitioner	186	185	181	181	183	169	179	180	180	167	170	176
Total		*6833*	*6801*	*6788*	*6960*	*7098*	*6545*	*7026*	*7183*	*7256*	*7042*	*7249*	*7490*
Dentistry	Conscious/Moderate Sedation	0	144	166	174	139	182	193	199	178	189	198	206
	Cosmetic Procedure Certification	27	27	29	30	29	30	30	32	31	32	33	34
	Deep Sedation/General Anesthesia	0	32	38	40	30	41	48	50	44	51	56	59
	Dental Assistant II	4	3	3	3	3	3	3	4	6	10	10	10
	Dental Full Time Faculty	10	9	10	10	9	9	9	10	11	12	14	14
	Dental Hygienist	5417	5122	5466	5508	5287	5465	5558	5596	5293	5575	5643	5687
	Dental Hygienist Restricted Volunteer	-	-	-	-	-	1	0	1	1	1	1	1
	Dental Hygienist Teacher	1	1	0	0	0	0	1	0	0	0	1	1
	Dental Hygienist Temporary Permit	13	0	0	0	0	0	0	0	0	0	0	0
	Dental Hygienist Volunteer Registration	-	-	-	-	-	-	-	-	1	0	1	0
	Dental Restricted Volunteer	0	16	15	16	17	13	16	14	14	13	14	14
	Dental Teacher	3	4	0	0	0	0	0	0	0	0	0	0
	Dental Temporary Permit	2	2	1	1	1	0	0	0	0	0	0	0
	Dentist	6840	6432	6905	6962	6668	6911	7022	7097	6713	7052	7152	7212
	Dentist-Volunteer Registration	0	1	10	2	2	2	11	0	7	6	9	3
	Enteral Conscious/Moderate Sedation	0	94	142	156	113	157	163	164	150	152	163	175

Virginia Department of Health Professions

COUNT OF CURRENT LICENSES *

LAST FIVE FISCAL YEARS

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 FISCAL YEAR

Board	Occupation	FY11	Change Between FY12 & FY11	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15
Audiology/Speech Pathology	Audiologist	461	-2.2%	451	3.8%	468	3.8%	486	3.1%	501
	Continuing Education Provider	1	0.0%	1	-	0	-	12	16.7%	14
	School Speech Pathologist	98	12.2%	110	5.5%	116	12.1%	130	265.4%	475
	Speech Pathologist	2854	5.9%	3022	5.0%	3172	9.6%	3476	10.8%	3850
Total		*3414*	*5.0%*	*3584*	*4.8%*	*3756*	*9.3%*	*4104*	*17.9%*	*4840*
Counseling	Certified Substance Abuse Counselor	1717	-0.2%	1714	0.6%	1724	-14.6%	1473	5.8%	1558
	Licensed Marriage and Family Therapist	831	-4.9%	790	1.4%	801	-3.2%	775	4.3%	808
	Licensed Professional Counselor	3510	0.8%	3538	2.6%	3630	1.9%	3700	10.1%	4072
	Rehabilitation Provider	344	-2.9%	334	-0.3%	333	-6.6%	311	-8.4%	285
	Substance Abuse Counseling Assistant	99	16.2%	115	11.3%	128	-8.6%	117	29.9%	152
	Substance Abuse Treatment Practitioner	191	-4.2%	183	1.1%	185	-8.6%	169	-1.2%	167
Total		*6692*	*-0.3%*	*6674*	*1.9%*	*6801*	*-3.8%*	*6545*	*7.6%*	*7042*
Dentistry	Conscious/Moderate Sedation	-	-	-	-	144	26.4%	182	3.8%	189
	Cosmetic Procedure Certification	24	12.5%	27	0.0%	27	11.1%	30	6.7%	32
	Deep Sedation/General Anesthesia	-	-	-	-	32	28.1%	41	24.4%	51
	Dental Assistant II	-	-	-	-	3	0.0%	3	233.3%	10
	Dental Full Time Faculty	8	-	9	0.0%	9	0.0%	9	33.3%	12
	Dental Hygienist	5043	-0.4%	5021	2.0%	5122	6.7%	5465	2.0%	5575
	Dental Hygienist Teacher	1	0.0%	1	0.0%	1	-	0	-	0
	Dental Hygienist Restricted Volunteer	-	-	-	-	-	-	1	0.0%	1
	Dental Restricted Volunteer	-	-	-	-	16	-18.8%	13	0.0%	13
	Dental Hygienist Temporary Permit	-	-	13	-	-	-	0	-	0
	Dental Teacher	3	0.0%	3	33.3%	4	-	0	-	0
	Dental Temporary Permit	2	50.0%	3	-33.3%	2	-	0	-	0
	Dentist	6392	-1.5%	6293	2.2%	6432	7.4%	6911	2.0%	7052
	Dentist-Volunteer Registration	-	-	-	-	1	100.0%	2	200.0%	6
	Enteral Conscious/Moderate Sedation	-	-	-	-	94	67.0%	157	-3.2%	152
	Mobile Dental Facility	-	-	-	-	7	28.6%	9	44.4%	13

Virginia
Department of
Health Professions

NEW LICENSES ISSUED
BOARD SUMMARY

FISCAL YEAR 2016, QUARTER ENDING 12/31/2015

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*

	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Audiology/Speech Pathology	75	103	164	63	68	138	276	200	235	169	167	
Counseling	234	291	496	304	240	253	148	125	91	174	94	
Dentistry	239	426	350	131	134	348	251	130	152	335	302	
Funeral Directing	52	52	43	51	40	51	45	29	51	54	45	
Long Term Care Administrator	73	75	80	72	73	88	93	79	80	96	77	
Medicine	1219	2237	1631	910	1113	2171	1411	993	1045	2588	1768	
Nurse Aide	1516	2479	1614	1495	1258	2216	1756	1565	1227	2224	1716	
Nursing	3001	2820	4089	2186	2875	3226	3844	2231	2851	3216	3418	
Optometry	21	69	23	15	22	54	22	17	9	51	24	
Pharmacy	909	1143	1321	765	1024	1215	1428	1019	785	1132	1140	
Physical Therapy	168	262	522	210	152	33	487	238	187	424	442	
Psychology	68	70	77	75	64	91	108	91	65	63	90	
Social Work	218	231	336	284	238	254	124	110	139	169	171	
Veterinary Medicine	91	222	116	53	71	239	110	75	79	266	128	
AGENCY TOTAL	7884	10474	10862	6614	7372	10677	10103	6902	6996	10961	9582	0

Virginia Department of Health Professions

NEW LICENSES ISSUED BY QUARTER*

FISCAL YEAR 2016, QUARTER ENDING 12/31/2015

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

*Shows the number of initial licenses granted for each licensing board by occupation.

Board	Occupation	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Audiology/Speech Pathology	Audiologist	3	14	12	5	8	9	12	9	5	12	12	0
	Continuing Education Provider	1	0	0	2	0	1	0	0	1	1	0	0
	School Speech Pathologist	4	1	5	1	10	4	88	107	116	39	31	6
	Speech Pathologist	67	88	147	55	50	124	176	84	114	117	124	36
Total		*75*	*103*	*164*	*63*	*68*	*138*	*276*	*200*	*235*	*169*	*167*	*42*
Counseling	Certified Substance Abuse Counselor	2	25	1	33	4	29	8	39	2	33	1	43
	Licensed Marriage and Family Therapist	7	5	20	8	7	7	11	8	2	14	4	16
	Licensed Professional Counselor	48	59	109	90	81	75	110	72	80	106	77	131
	Rehabilitation Provider	2	3	2	0	0	2	0	0	2	0	0	1
	Substance Abuse Counseling Assistant	6	1	17	8	8	8	17	5	5	18	12	4
	Substance Abuse Treatment Practitioner	2	0	0	0	1	1	2	1	0	1	0	5
Total		*67*	*93*	*149*	*139*	*101*	*122*	*148*	*125*	*91*	*174*	*94*	*200*
Dentistry	Conscious/Moderate Sedation	78	31	22	8	3	14	13	7	9	4	13	7
	Cosmetic Procedure Certification	0	0	2	0	0	1	0	1	0	1	1	0
	Deep Sedation/General Anesthesia	10	10	6	2	0	3	7	2	2	4	7	3
	Dental Assistant II	-	-	-	-	-	-	-	-	2	4	0	0
	Dental Full Time Faculty	0	0	1	0	0	0	0	1	1	1	2	0
	Dental Hygienist	30	113	110	37	28	112	97	29	23	135	87	36
	Dental Hygienist Restricted Volunteer	0	0	0	0	1	0	0	0	0	0	0	0
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	0	0	0	0
	Dental Hygienist-Volunteer Registration	0	1	3	2	1	0	1	0	5	0	3	0
	Dental Restricted Volunteer	1	2	1	1	0	1	1	0	0	2	1	0
	Dental Teacher	0	0	0	0	0	0	0	0	0	0	0	0
	Dental Temporary Permit	0	0	0	0	0	0	0	0	0	0	0	0
	Dentist	77	182	125	53	71	173	100	75	66	147	115	53
	Dentist Restricted Permit	0	0	0	0	0	0	0	0	0	0	0	0
	Dentist-Volunteer Registration	6	11	20	9	23	10	18	11	12	2	8	13
	Enteral Conscious/Moderate Sedation	23	46	48	14	5	6	7	1	15	0	12	11
	Mobile Dental Facility	0	0	0	0	1	1	0	0	4	1	1	1
	Oral/Maxillofacial Surgeon Registration	5	6	4	1	0	5	3	2	1	5	6	2

Virginia Department of Health Professions

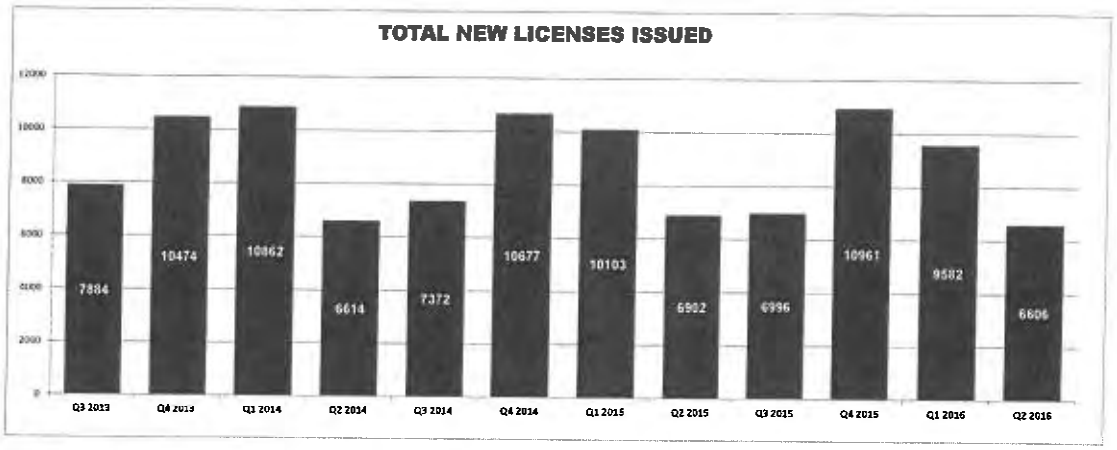
NEW LICENSES ISSUED*

PAST FIVE FISCAL YEARS

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

***Shows the number of initial licenses granted for each licensing board by occupation.**

Board	Occupation	FY11	Change Between FY12 & FY11	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14
Audiology/Speech Pathology	Audiologist	33	-30.3%	23	47.8%	34	0.0%	34	11.8%
	Continuing Education Provider	1	0.0%	1	100.0%	2	50.0%	3	-33.3%
	School Speech Pathologist	9	88.9%	17	5.9%	18	11.1%	20	1650.0%
	Speech Pathologist	298	8.7%	324	5.6%	342	9.9%	376	30.3%
Total		*341*	*7.0%*	*365*	*8.5%*	*396*	*9.3%*	*433*	*103.2%*
Counseling	Certified Substance Abuse Counselor	55	7.3%	59	0.0%	59	13.6%	67	22.4%
	Licensed Marriage and Family Therapist	10	70.0%	17	82.4%	31	35.5%	42	-16.7%
	Licensed Professional Counselor	197	9.6%	216	-1.9%	212	67.5%	355	4.2%
	Rehabilitation Provider	15	-33.3%	10	80.0%	18	-77.8%	4	-50.0%
	Substance Abuse Counseling Assistant	23	21.7%	28	-25.0%	21	95.2%	41	9.8%
	Substance Abuse Treatment Practitioner	5	-60.0%	2	250.0%	7	-71.4%	2	50.0%
Total		*305*	*10.2%*	*336*	*149.7%*	*839*	*50.8%*	*1265*	*-57.5%*
Dentistry	Conscious/Moderate Sedation	0	0.0%	0	-	144	-66.1%	48	-32.6%
	Cosmetic Procedure Certification	1	200.0%	3	-	0	-	3	-33.3%
	Deep Sedation/General Anesthesia	0	0.0%	0	-	32	-65.6%	11	36.4%
	Dental Assistant II	-	-	-	-	-	-	0	-
	Dental Full Time Faculty	0	-	1	-	0	-	1	200.0%
	Dental Hygienist	338	-1.8%	332	-16.3%	278	3.2%	287	-1.0%
	Dental Hygienist Restricted Volunteer	0	-	0	-	0	-	1	-
	Dental Hygienist Temporary Permit	0	-	0	-	0	-	0	-
	Dental Hygienist-Volunteer Registration	4	-50.0%	2	-50.0%	1	500.0%	6	0.0%
	Dental Restricted Volunteer	2	50.0%	3	0.0%	3	0.0%	3	0.0%
	Dental Teacher	0	-	0	-	0	-	0	-
	Dental Temporary Permit	1	-	1	-	0	-	0	-
	Dentist	375	7.7%	404	5.2%	425	-0.7%	422	-8.1%
	Dentist Restricted Permit	0	-	0	-	0	-	0	-
	Dentist-Volunteer Registration	33	9.1%	36	11.1%	40	55.0%	62	-30.6%
	Enteral Conscious/Moderate Sedation	0	-	0	-	94	-22.3%	73	-68.5%



NEW LICENSES ISSUES - QUARTER ENDING 12-31-2015

Virginia Department of Health Professions

APPLICANT SATISFACTION SURVEY RESULTS

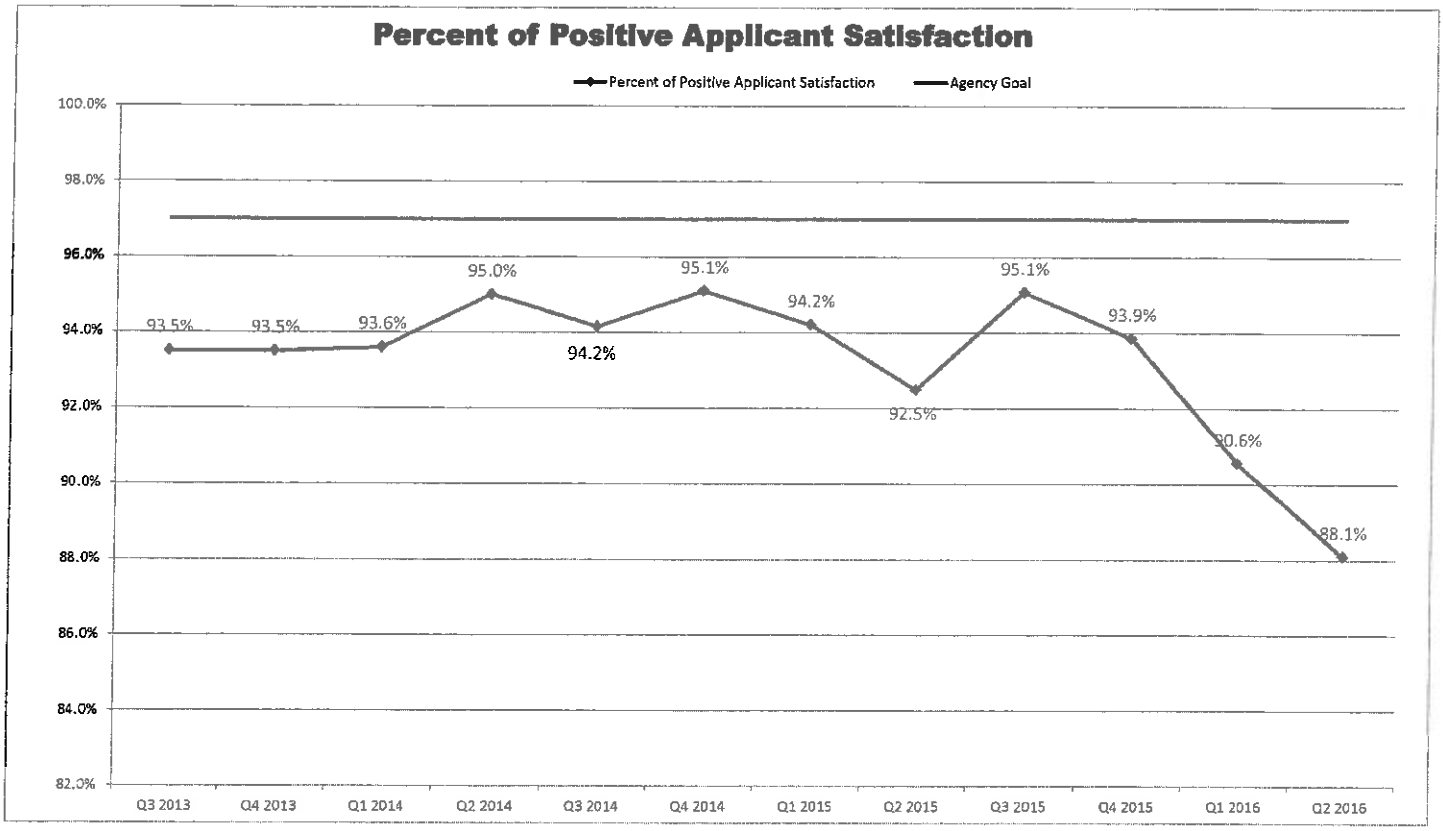
APPROVAL RATE

FISCAL YEAR 2016, QUARTER ENDING 12/31/2015

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

***Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of disatisfaction. This report calculates the percentage of total responses falling into the approval range. An "n/a" is used if no response was received for that board during the specified timeframe.**

Board	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	CURRENT Q2 2016
Audiology/Speech Pathology	100.0%	100.0%	94.8%	85.7%	100.0%	100.0%	89.6%	83.3%	100.0%	86.7%	76.7%	100.0%
Counseling	69.9%	76.3%	80.1%	83.2%	87.7%	92.8%	83.3%	91.1%	83.9%	80.8%	79.6%	83.3%
Dentistry	98.7%	94.7%	90.9%	95.9%	92.3%	88.9%	86.3%	91.7%	100.0%	93.3%	96.4%	83.3%
Funeral Directing	n/a	100.0%	100.0%	100.0%	88.9%	100.0%	N/A	100.0%	100.0%	97.0%	88.9%	100.0%
Long Term Care Administrator	100.0%	n/a	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%	100.0%
Medicine	94.4%	87.5%	91.1%	91.8%	92.2%	95.0%	92.2%	81.2%	84.8%	89.6%	80.8%	80.6%
Nurse Aide	97.6%	99.1%	97.2%	99.7%	96.5%	100.0%	95.6%	97.3%	88.9%	98.9%	100.0%	98.2%
Nursing	94.4%	96.5%	94.3%	96.4%	94.5%	94.5%	95.6%	94.9%	98.1%	97.2%	92.4%	86.7%
Optometry	n/a	100.0%	100.0%	100.0%	N/A	N/A	100.0%	100.0%	N/A	66.7%	100.0%	N/A
Pharmacy	97.5%	97.3%	97.7%	98.1%	97.6%	99.1%	98.8%	98.3%	100.0%	99.5%	96.3%	98.9%
Physical Therapy	100.0%	98.6%	96.9%	98.7%	100.0%	90.5%	94.3%	97.3%	100.0%	100.0%	96.9%	89.7%
Psychology	89.6%	99.1%	88.6%	92.6%	88.9%	96.0%	89.6%	76.8%	90.0%	84.9%	83.3%	93.2%
Social Work	84.7%	94.9%	86.6%	90.7%	95.8%	88.5%	92.0%	92.0%	90.7%	92.6%	90.7%	94.4%
Veterinary Medicine	83.3%	93.3%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	91.7%	100.0%	N/A
AGENCY	*93.5%*	*93.5%*	*93.6%*	*95.0%*	*94.2%*	*95.1%*	*94.2%*	*92.5%*	*95.1%*	*93.9%*	*90.6%*	*88.1%*


Percent of Positive Applicant Satisfaction
Percent of Positive Applicant Satisfaction
Agency Goal
100.0%
98.0%
96.0%
94.0%
92.0%
90.0%
88.0%
86.0%
84.0%
82.0%
93.5%
93.5%
93.6%
95.0%
94.2%
95.1%
94.2%
92.5%
95.1%
93.9%
90.6%
88.1%
Q3 2013
Q4 2013
Q1 2014
Q2 2014
Q3 2014
Q4 2014
Q1 2015
Q2 2015
Q3 2015
Q4 2015
Q1 2016
Q2 2016

Virginia Department of Health Professions

APPLICANT SATISFACTION SURVEY RESULTS

APPROVAL RATE*

LAST FIVE FISCAL YEARS

Quarter Breakdown	
Quarter 1	July 1st - September 30th
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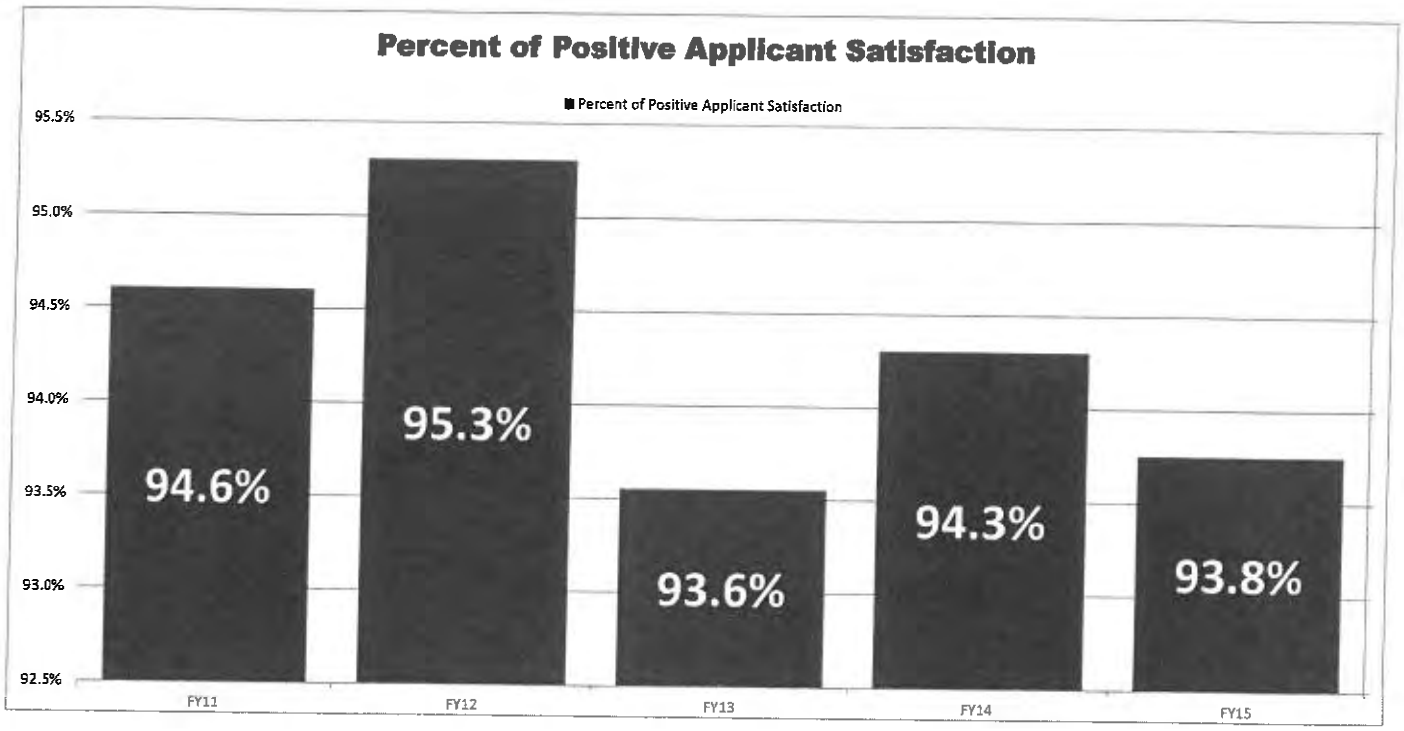
***Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from** one to four, one and two being degrees of satisfaction, three and four being degrees of disatisfaction. This report calculates the percentage of total responses falling into the approval range. "N/A" indicates that no response was received for that board during the specified timeframe.

Board	FY11	Change Between FY12 & FY11	FY12	Change Between FY13 & FY12	FY13	Change Between FY14 & FY13	FY14	Change Between FY15 & FY14	FY15
Audiology/Speech Pathology	91.8%	-1.4%	90.5%	9.1%	98.7%	-4.8%	94.0%	-7.6%	86.9%
Counseling	75.7%	-1.8%	74.3%	-2.4%	72.5%	17.1%	84.9%	-1.1%	83.9%
Dentistry	95.7%	-2.9%	92.9%	2.0%	94.8%	-3.2%	91.8%	0.3%	92.1%
Funeral Directing	95.2%	5.0%	100.0%	0.0%	100.0%	-3.0%	97.0%	1.4%	98.3%
Long Term Care Administrator	94.4%	2.0%	96.3%	-100.0%	n/a	100.0%	98.5%	-0.5%	98.0%
Medicine	94.1%	2.6%	96.5%	-6.4%	90.3%	1.9%	92.0%	-3.3%	89.0%
Nurse Aide	97.5%	0.4%	97.9%	-0.1%	97.8%	0.5%	98.3%	-1.0%	97.3%
Nursing	94.8%	1.6%	96.3%	-1.1%	95.2%	-0.3%	94.9%	1.2%	96.0%
Optometry	100.0%	0.0%	100.0%	-7.1%	92.9%	7.6%	100.0%	-8.3%	91.7%
Pharmacy	97.7%	-0.9%	96.8%	1.1%	97.9%	0.1%	98.0%	1.0%	98.9%
Physical Therapy	95.3%	2.4%	97.6%	-0.8%	96.8%	0.4%	97.2%	-0.9%	96.3%
Psychology	88.1%	-4.0%	84.6%	7.9%	91.3%	0.2%	91.5%	-8.3%	83.9%
Social Work	90.6%	-5.6%	85.5%	3.2%	88.2%	1.0%	89.1%	3.1%	91.9%
Veterinary Medicine	97.7%	-0.1%	97.6%	-1.8%	95.8%	3.7%	99.3%	-4.0%	95.4%
Agency Total	94.6%	0.7%	95.3%	-1.8%	93.6%	0.8%	94.3%	-0.6%	93.8%


Percent of Positive Applicant Satisfaction
Percent of Positive Applicant Satisfaction
95.5%
95.0%
94.5%
94.0%
93.5%
93.0%
92.5%
94.6%
95.3%
93.6%
94.3%
93.8%
FY11
FY12
FY13
FY14
FY15

-----Original Message-----
From: Crystal Morrison [mailto:c.caprice.morrison@gmail.com]
Sent: Sunday, November 29, 2015 12:34 PM
To: Lang, Jennifer (DHP)
Subject: Question

Good Afternoon,

Does the Board have a guidance in place regarding the below commentary? I read this a few months ago and the authors reference is mainly for the state of Florida. Does Virginia follow suit as well?

Sincerely,

If you are working in an agency or group practice. please be aware that it is unethical for your supervisor to bill insurance companies for your counseling sessions under his or her license. Put simply. this is lying. Essentially, the supervisor is stating to the insurance company that the counseling session was performed by him or herself, when in reality it was performed by the intern. Although it is technically the supervisor who is in violation. if you are aware of the practice you have an ethical obligation to stop it: and if you cannot stop it you must report it.