

School Counselor Licensure Renewal: Training Options and Documentation Forms

Training Options (For school counselors seeking licensure renewal)

The *Code of Virginia* ([§ 22.1-298.1.](#)) requires that “every person seeking initial licensure or renewal of a license with an endorsement as a school counselor shall complete training in the recognition of mental health disorder and behavioral distress, including depression, trauma, violence, youth suicide, and substance abuse.” The following information provides training options for individuals to meet this requirement.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) [Accredited School Counselor Education Programs](#): Individuals who have graduated from a CACREP accredited state-approved school counseling program from a regionally accredited college or university since January 2016 will not be required to complete additional study to meet this requirement for **initial** licensure since the training is included in the approved school counselor program.

Training options are organized into two categories:

1. **Virginia Department of Education (VDOE) Pre-Approved Trainings:** All applicants may use the VDOE pre-approved training options (listed below).
2. **Local Educational Agency (LEA) Approved Trainings:** Individuals currently employed by a public or accredited nonpublic school in Virginia may also use LEA Approved Training(s) to meet these requirements (criteria described on the next page).

VDOE Pre-Approved Training Options

- A. The VDOE Office of Student Services' [Career and Learning Resource Center](#) offers a growing library of approved webinar series designed to satisfy § 22.1-298.1 requirements. Each series includes three webinars, a knowledge check, and meets one of the five topic areas (depression, trauma, violence, youth suicide, or substance abuse). Individuals are required to complete training in **all five** of these categories. Upon completing the knowledge check, participants will receive a certificate and a results summary report.

- B. **Youth Mental Health First Aid Training** is primarily designed for adults without a mental health degree but who regularly interact with young people, and it does meet all five- category areas. To learn more, download the [Mental Health First Aid for Youth one-pager](#). Please visit the [Mental](#)

[Health First Aid webpage](#) to find a training near you.

- C. Trainings identified by [Superintendent's Memo #313-17](#) and completed prior to September 1, 2022, may be used to meet this renewal requirement. Corresponding certificates should be submitted to and reviewed by the school division.

Local Educational Agency (LEA) Approved Training Options

Due to the need for review and approval, LEA Approved Training(s) is only an option to those currently employed by a public school or accredited nonpublic school in Virginia. These training(s) offer relevant information in the recognition of mental health disorder and behavioral distress, including depression, trauma, violence, youth suicide, and substance abuse. Individuals must meet the criteria listed below.

1. Pre-approval to participate in training by school counseling division supervisor.
2. Training for each category or topic area should be a minimum of 90 minutes in length (for a total of seven and half hours for all five categories or topics areas, listed in the table below).
3. A training may cover more than one category or topic area. For example, a training on youth suicide and depression can count for both categories if it is a minimum of three hours in length.

Use the following ratios to determine if a training can be used for multiple categories:

Number of Categories or Topic Areas	Minimum Length
1	90 minutes
2	3 hours
3	4.5 hours
4	6 hours
5	7.5 hours

4. Proof of attendance or participation examples include, but are not limited to:
 - a. certificate of attendance,

- b. reflection activity, or
- c. assessment report.

Training Documentation Form (For those currently employed by a Virginia LEA)

This form should be used by individuals currently employed by a local school division or accredited nonpublic school and who are seeking renewal of a license with an endorsement as a school counselor. In the table below, please record the training completed to satisfy § 22.1-298.1 and attach the corresponding paperwork to verify completion (e.g., certificates of attendance or assessment reports). If completed using Youth Mental Health First Aid, please note this in all five areas and attach a certificate of completion.

CATEGORY OR TOPIC AREA	TRAINING INFORMATION
Depression VDOE Approved Training <input type="checkbox"/> Youth Mental Health First Aid <input type="checkbox"/> LEA Approved Training <input type="checkbox"/>	Title of Training Length (90 minute minimum) Description of Attached Proof of Attendance Documents
Trauma VDOE Approved Training <input type="checkbox"/> Youth Mental Health First Aid <input type="checkbox"/> LEA Approved Training <input type="checkbox"/>	Title of Training Length (90 minute minimum) Description of Attached Proof of Attendance Documents
Violence VDOE Approved Training <input type="checkbox"/> Youth Mental Health First Aid <input type="checkbox"/> LEA Approved Training <input type="checkbox"/>	Title of Training Length (90 minute minimum) Description of Attached Proof of Attendance Documents
Youth Suicide VDOE Approved Training <input type="checkbox"/> Youth Mental Health First Aid <input type="checkbox"/> LEA Approved Training <input type="checkbox"/>	Title of Training Length (90 minute minimum) Description of Attached Proof of Attendance Documents
Substance Use VDOE Approved Training <input type="checkbox"/> Youth Mental Health First Aid <input type="checkbox"/> LEA Approved Training <input type="checkbox"/>	Title of Training Length (90 minute minimum) Description of Attached Proof of Attendance Documents

Full Name of Applicant (First, Last)

License Number

Email

Phone Number

By my signing, I certify that the above named license holder completed the listed activities and that these activities satisfy § 22.1-298.1.

Signature of Division Supervisor of School Counseling

Date Reviewed

Completion of the training described above should be noted on the Licensure Request Form by marking the “*Counselor Mental Health Recognition*” box. The Training Tracker Form and corresponding documentation shall be maintained by the LEA and should not be forwarded to the VDOE.

Training Documentation Form (For those NOT currently employed by a Virginia LEA)

This form should be used by individuals not currently employed by a local school division or accredited nonpublic school and seeking renewal of a license with an endorsement as a School Counselor. In the table below, please record the training completed to satisfy § 22.1-298.1, and attach the corresponding paperwork to verify completion (ex. certificates of attendance or assessment reports). If completed using Youth Mental Health First Aid please note this in all five areas and attach a certificate of completion.

CATEGORY OR TOPIC AREA	TRAINING INFORMATION
Depression VDOE Approved Webinar Series <input type="checkbox"/> Youth Mental Health First Aid <input type="checkbox"/>	Title of Training Attached Proof of Attendance Documents <input type="checkbox"/>
Trauma VDOE Approved Webinar Series <input type="checkbox"/> Youth Mental Health First Aid <input type="checkbox"/>	Title of Training Attached Proof of Attendance Documents <input type="checkbox"/>
Violence VDOE Approved Webinar Series <input type="checkbox"/> Youth Mental Health First Aid <input type="checkbox"/>	Title of Training Attached Proof of Attendance Documents <input type="checkbox"/>
Youth Suicide VDOE Approved Webinar Series <input type="checkbox"/> Youth Mental Health First Aid <input type="checkbox"/>	Title of Training Attached Proof of Attendance Documents <input type="checkbox"/>
Substance Use VDOE Approved Webinar Series <input type="checkbox"/> Youth Mental Health First Aid <input type="checkbox"/>	Title of Training Attached Proof of Attendance Documents <input type="checkbox"/>

Full Name of Applicant (First, Last)

License Number

Email

Phone Number

Mailing Address

By my signature, I certify that the information on this form is accurate and complete. I understand that misrepresentation may result in denial, revocation, cancellation, or suspension of the Virginia License.

Applicant's Signature

Date

Directions for Submission: This form, along with corresponding paperwork, shall be submitted with the application for licensure renewal to the VDOE licensure department in accordance with the Virginia Licensure Renewal Manual.