

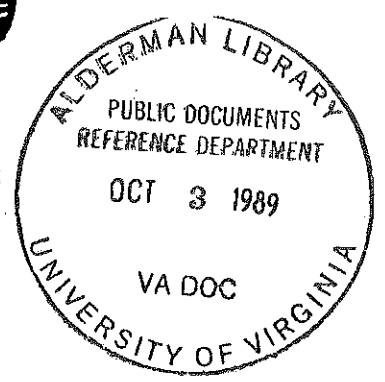
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THE VIRGINIA REGISTER

OF REGULATIONS

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September 25, 1989

1989

Pages 3975 Through 4178

VIRGINIA REGISTER

The *Virginia Register* is an official state publication issued every other week throughout the year. Indexes are published quarterly, and the last index of the year is cumulative.

The *Virginia Register* has several functions. The full text of all regulations, both as proposed and as finally adopted or changed by amendment are required by law to be published in the *Virginia Register of Regulations*.

In addition, the *Virginia Register* is a source of other information about state government, including all Emergency Regulations issued by the Governor, and Executive Orders, the *Virginia Tax Bulletin* issued periodically by the Department of Taxation, and notices of all public hearings and open meetings of state agencies.

ADOPTION, AMENDMENT, AND REPEAL OF REGULATIONS

An agency wishing to adopt, amend, or repeal regulations must first publish in the *Virginia Register* a notice of proposed action; a basis, purpose, impact and summary statement; a notice giving the public an opportunity to comment on the proposal, and the text of the proposed regulations.

Under the provisions of the Administrative Process Act, the Registrar has the right to publish a summary, rather than the full text, of a regulation which is considered to be too lengthy. In such case, the full text of the regulation will be available for public inspection at the office of the Registrar and at the office of the promulgating agency.

Following publication of the proposal in the *Virginia Register*, sixty days must elapse before the agency may take action on the proposal.

During this time, the Governor and the General Assembly will review the proposed regulations. The Governor will transmit his comments on the regulations to the Registrar and the agency and such comments will be published in the *Virginia Register*.

Upon receipt of the Governor's comment on a proposed regulation, the agency (i) may adopt the proposed regulation, if the Governor has no objection to the regulation; (ii) may modify and adopt the proposed regulation after considering and incorporating the Governor's suggestions, or (iii) may adopt the regulation without changes despite the Governor's recommendations for change.

The appropriate standing committee of each branch of the General Assembly may meet during the promulgation or final adoption process and file an objection with the *Virginia Registrar* and the promulgating agency. The objection will be published in the *Virginia Register*. Within twenty-one days after receipt by the agency of a legislative objection, the agency shall file a response with the Registrar, the objecting legislative Committee, and the Governor.

When final action is taken, the promulgating agency must again publish the text of the regulation, as adopted, highlighting and explaining any substantial changes in the final regulation. A thirty-day final adoption period will commence upon publication in the *Virginia Register*.

The Governor will review the final regulation during this time and if he objects, forward his objection to the Registrar and the agency. His objection will be published in the *Virginia Register*. If the Governor finds that changes made to the proposed regulation are substantial, he may suspend the regulatory process for thirty days and require the agency to solicit additional public comment on the substantial changes.

A regulation becomes effective at the conclusion of this thirty-day final adoption period, or at any other later date specified by the promulgating agency, unless (i) a legislative objection has been filed, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall

be after the expiration of the twenty-one day extension period; or (ii) the Governor exercises his authority to suspend the regulatory process for solicitation of additional public comment, in which event the regulation, unless withdrawn, becomes effective on the date specified which date shall be after the expiration of the period for which the Governor has suspended the regulatory process.

Proposed action on regulations may be withdrawn by the promulgating agency at any time before final action is taken.

EMERGENCY REGULATIONS

If an agency determines that an emergency situation exists, it then requests the Governor to issue an emergency regulation. The emergency regulation becomes operative upon its adoption and filing with the Registrar of Regulations, unless a later date is specified. Emergency regulations are limited in time and cannot exceed a twelve-months duration. The emergency regulations will be published as quickly as possible in the *Virginia Register*.

During the time the emergency status is in effect, the agency may proceed with the adoption of permanent regulations through the usual procedures (See "Adoption, Amendment, and Repeal of Regulations," above). If the agency does not choose to adopt the regulations, the emergency status ends when the prescribed time limit expires.

STATEMENT

The foregoing constitutes a generalized statement of the procedures to be followed. For specific statutory language, it is suggested that Article 2 of Chapter 1.1:1 (§§ 9-6.14:6 through 9-6.14:9) of the Code of Virginia be examined carefully.

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July 1989 through September 1990

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July 12	July 31
July 26	Aug. 14
Aug. 9	Aug. 28
Aug. 23	Sept. 11
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PROPOSED REGULATIONS

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Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates proposed new text. Language which has been stricken indicates proposed text for deletion.

DEPARTMENT OF CORRECTIONS (STATE BOARD OF)

Title of Regulation: VR 230-40-005. Minimum Standards for Virginia Delinquency Prevention and Youth Development Act Grant Programs.

Statutory Authority: §§ 53.1-5 and 53.1-253 of the Code of Virginia.

Public Hearing Dates:

October 4, 1989 - 7 p.m.

October 11, 1989

(See Calendar of Events section for additional information)

Preface:

In 1970, the Delinquency Prevention Service was established in recognition of the need to reduce the number of institutionalized children by preventing their contact with the Virginia Juvenile Justice System. The program was founded on several assumptions:

1. The causes of juvenile delinquency are to be found, in large part, in conditions and situations that exist in every community.
2. If these conditions and situations are to be changed, there must be a coordinated and systematic effect by each community to identify those which need to be modified.
3. The involvement of citizens as well as professionals in this process will help assure that each locality will make maximum utilization of existing services before new programs are developed.
4. The goal should be to create an environment which will provide for the positive and wholesome development of youth.

In short, it is the philosophy of the Department of Corrections that delinquency prevention is a process of community development. This process should encompass all segments of the community including the young people themselves.

In 1974, the Virginia General Assembly enacted legislation officially delegating the responsibility for a delinquency prevention and youth development program to the Department of Corrections. This was followed in 1979 by the Delinquency Prevention and Youth Development Act which provided funds for the operation of community-based delinquency prevention programs.

Although compliance with these standards is required by those receiving Act funds, they can also be used as guidelines for the development of a delinquency prevention and youth development program by communities which are not receiving Act funds. The standards require that only a minimum of services be provided and establish parameters within which each community is free to develop new and innovative approaches to delinquency prevention.

A program's Youth Services Citizen Board derives its authority from its city council or board of supervisors. Therefore, city councils or boards of supervisors are to define the relationship of the Youth Services Citizen Board to its staff, the Office on Youth. While policy-making or advisory boards with clearly defined responsibilities are the only ones specified in these standards, local governing bodies are not limited in their discretion in determining what form of Youth Services Citizen Board is appropriate for their locality.

These standards represent a revision of the 1982 standards and were accomplished by a work group of professionals and citizens from throughout the Commonwealth.

The Code of Virginia is the foundation for the development of Minimum Standards for Delinquency Prevention Programs. Section 53.1-253 of the Code of Virginia directs the State Board of Corrections to prescribe rules and regulations governing applications for grants and standards for the operation of programs developed and implemented under Delinquency Prevention and Youth Development Act grants. The State Board of Corrections is authorized to monitor the activities of the department and its effectiveness in implementing the standards and goals of the board as specified by § 53.1-5 of the Code of Virginia.

The Board of Corrections will certify all Virginia Delinquency Prevention and Youth Development Act grant programs which comply with standards approved by the board. The schedule of required compliance will be in accordance with the certification process policy adopted by the Board of Corrections.

At the time of adoption by the Board of Corrections, the following standards will replace and supersede the existing Minimum Standards, The Virginia Delinquency Prevention and Youth Development Act, Department of Corrections, approved by the State Board of Corrections, September 15, 1982. These proposed standards shall become effective on July 1, 1990.

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Summary:

These proposed standards are for the operation of programs developed and implemented under Virginia Delinquency Prevention and Youth Development (DP&YD) Act grants. State law creating this Act requires that a city or county have a youth services citizen board. The standards give guidance to these youth services citizen boards, their staff (i.e., an Office on Youth), and their programs and services. The standards outline the powers, appointment and qualifications, and responsibilities of the youth services citizen boards. Office on Youth administration is addressed and includes such items as goals and objectives, personnel, staff training, fiscal management, and monitoring and evaluation. The standards conclude with requirements concerning programs and services (i.e., comprehensive community youth needs planning, community involvement, and direct service programs).

VR 230-40-005. Minimum Standards for Virginia Delinquency Prevention and Youth Development Act Grant Programs.

PART I. INTRODUCTION.

§ 1.1. Definitions.

The following words and terms, when used in these regulations, shall have the following meaning unless the context clearly indicates otherwise:

"Administrative Manual" means a written document which contains policies/procedures, rules and regulations, or other operating instructions for a Youth Services Citizen Board or Office on Youth.

"Biennial Operating Plan" means a written plan setting forth measurable goals and objectives for a two-year period (two fiscal years) which will accomplish the goal of developing, coordinating, and evaluating youth services. The Biennial Operating Plan is to be based primarily on the six-year Delinquency Prevention and Youth Development Needs Assessment and Plan.

"Community" means the particular city or county or combination thereof which a Youth Services Citizen Board serves.

"Counseling Plan" means a written statement of objectives and goals, services to be rendered, identification of service provider, and timetable for the accomplishment of the objectives and goals.

"Delinquency Prevention and Youth Development Needs Assessment and Plan" means a document, developed every six years, which analyzes the problems, opportunities and conditions of youth and concludes with a plan of action to meet identified needs.

"Direct service" means Office on Youth staff or assigned Youth Services Citizen Board Member(s) or both providing substantial person-to-person contact with youth or families or both for purposes of instructional or skills development training.

"Direct services counseling" means a one-to-one or group relationship involving a trained counselor and focusing on some aspects of a client's adjustment, developmental, or decision-making needs.

"Functional Working Agreement" means a written document indicating an intent on the part of an agency/organization/individual to support, coordinate/cooperate with, refer to, receive referrals from, provide a resource or service, serve on a task force/committee, etc.

"Generally accepted accounting principles" means the conventions, rules, procedures, or principles necessary to define accepted accounting practice at a particular time.

"Government agencies" means an administrative division of state or local government.

"Knowledge, skills, and abilities qualifications" means the criteria which set forth the expectations of a position (formerly a correlative to education/experience qualifications).

"Local governing body" means the city council or county board of supervisors of a city or county, respectively. Many governmental services in Virginia are regionalized to serve more than one governmental jurisdiction. Any Youth Services Citizen Board and Office on Youth designed to provide regionalized services to more than one governmental jurisdiction must have the endorsement and support of all affected governing bodies.

"Office on Youth" means the staff and the place of business of the staff to the Youth Services Citizen Board.

"Personnel Policy Manual" means a written document which contains the conditions of employment including policies, procedures, responsibilities and benefits for employees of an Office on Youth.

"Primary prevention" means the active process of creating conditions that promote the well-being of people. It encompasses activities which impact system which address causes rather than symptoms. Primary prevention promotes positive youth development before delinquency occurs. Service options of primary prevention include community assessment, planning, community organization, community education, organizational development, consultation, training, parent education, advocacy for changes in conditions, employment development, legislation development, etc.

"Principal administrative officer" means the individual (i.e., city manager or county administrator) who is

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appointed and paid by a local governing body to implement its decisions.

"Program of public education" means a planned overall approach to provide information to the public related to the needs of youth. Program does not mean a single activity, but multiple types of activities.

"Self evaluation" means the assessment that a Youth Services Citizen Board performs at least once a fiscal year of its performance and program. Some factors to include in the self evaluation are the relevancy of the Youth Services Citizens Board/Office on Youth Program; the performance of the Youth Services Citizen Board's/Office on Youth's program; the performance of the staff; the funding of the Youth Services Citizen Board/Office on Youth and its program; the organization, responsibilities, and functioning of the Youth Services Citizen Board, and the Youth Services Citizen Board and Office on Youth relationships and delegated responsibilities.

"Service agency" means a public or private human service or juvenile justice organization/agency which primarily addresses the needs of youth and families.

"Youth Services Citizen Board" means an organization of citizens created by legislative action of the local governing body(ies) to be responsible for planning and coordination and other functions relative to the system of youth services in the community.

PART II. YOUTH SERVICES CITIZEN BOARD. ADMINISTRATION.

Article 1.

Powers, Appointment, and Qualifications of Members.

§ 2.1. The Youth Services Citizen Board shall be established by an ordinance or resolution of the local governing body(ies) of a locality(ies), and shall derive its authority from, and be administered by the local governing body(ies). The ordinance or resolution shall be in accordance with §§ 66-29 through 66-35 of the Code of Virginia.

§ 2.2. The members of the Youth Services Citizen Board, a majority of whom shall be citizens who are not employed by government or service agencies and who are not elected government officials, shall be appointed by the local governing body(ies). At least one member shall be below the age of 18 years.

§ 2.3. Youth Services Citizen Board members shall be appointed for a term of no less than three years and not more than five years; appointments shall be staggered for continuity. Youth members shall serve one-year terms and may be reappointed as eligible.

§ 2.4. No title, position or agency shall be appointed to the Youth Services Citizen Board.

§ 2.5. The Youth Services Citizen Board shall elect its own officers and establish its own bylaws.

Article 2.

Responsibilities of Youth Services Citizen Boards: Policy-Making Boards.

§ 2.6. The Youth Services Citizen Board shall be responsible for supervision and administration of the Office on Youth.

§ 2.7. The Youth Services Citizen Board shall hire the administrator for the Office on Youth and shall approve the following:

1. The number of staff for the Office on Youth;
2. Written job descriptions; and
3. Written minimum knowledge, skills, and abilities qualifications.

§ 2.8. The Youth Services Citizen Board shall delegate, in writing to the administrator of the Office on Youth, authority for the hiring of staff.

§ 2.9. The Youth Services Citizen Board shall be responsible for developing or adopting and maintaining a written administrative manual which shall include policies, procedures, and guidelines for the Office on Youth. This manual shall be available to all Office on Youth staff.

§ 2.10. The Youth Services Citizen Board shall establish or adopt written policies, for the Office on Youth administrator, relating to delegation of administrative authority.

§ 2.11. The Youth Services Citizen Board shall establish or adopt written policy which prohibits Youth Services Citizen Board members and Office on Youth staff from using their official position to secure privileges for themselves or others and from engaging in activities that constitute conflict of interest.

Article 3.

Responsibilities of Youth Services Citizen Boards: Advisory Boards.

§ 2.12. The Youth Services Citizen Board shall assist the principal administrative officer in the supervision and administration of the Office on Youth.

§ 2.13. The Youth Services Citizen Board shall assist the principal administrative officer in establishing for the Office on Youth the following:

1. The number of staff;
2. Written job descriptions; and
3. Written minimum knowledge, skills, and abilities

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qualifications.

§ 2.14. The Youth Services Citizen Board shall participate in the hiring of the administrator of the Office on Youth.

§ 2.15. The principal administrative officer shall be responsible for developing and maintaining a written administrative manual which shall include policies, procedures, and guidelines for the Office on Youth. This manual shall be available to all Office on Youth staff.

Part III.

OFFICE ON YOUTH ADMINISTRATION.

Article 1.

Goals and Objectives.

§ 3.1. The Office on Youth shall implement the strategies to accomplish the goals and objectives as established and authorized in the Youth Services Citizen Board Biennial Operating Plan.

Article 2.

Personnel and Operations.

§ 3.2. The Office on Youth shall have one paid full-time administrator.

§ 3.3. The Office on Youth shall have at least the equivalent of one full-time paid position to assist the administrator with the accomplishment of the goals and objectives of the Youth Services Citizen Board. A local unit of government shall submit documentation to the Department of Corrections for determination that:

1. The participating locality can accomplish the goals and objectives of the Youth Services Citizen Board without the equivalent of this full-time paid position to assist the Office on Youth's administrator; or

2. The participating locality cannot accomplish the goals and objectives of the Youth Services Citizen Board without the equivalent of this full-time paid position to assist the Office on Youth's administrator.

§ 3.4. The Office on Youth shall possess an administrative capability including clerical and other support services.

§ 3.5. A written job description with minimum knowledge, skills, and abilities qualifications shall exist for each Office on Youth staff position.

§ 3.6. Job descriptions and minimum knowledge, skills, and abilities qualifications for the Office on Youth administrator staff position shall include, but not be limited to the following:

1. Ability to conduct studies, analyze findings, identify problems, and formulate solutions;
2. Ability to research and develop informational

materials;

3. Ability to provide technical assistance and consultation;

4. Ability to establish effective working relationships with agency management and employees, with citizen groups, and with state, local and private organizations; and

5. Ability to communicate orally and in writing.

§ 3.7. All Office on Youth staff members shall meet the minimum knowledge, skills, and abilities qualifications established for their respective positions.

§ 3.8. Salary levels and employee benefits for all Office on Youth personnel shall be equitable with comparable occupational groups within the sponsoring locality.

§ 3.9. An Office on Youth shall be governed by the written personnel policy manual of the sponsoring locality when operated under an advisory Youth Services Citizen Board.

§ 3.10. Policy-making Youth Services Citizen Boards shall develop and approve a written personnel policy manual for Office on Youth employees or adopt the sponsoring locality's.

§ 3.11. When the Office on Youth is operated under a policy-making board, the Office on Youth personnel policy manual shall include, but not be limited to, policies concerning:

1. Recruitment and selection;
2. Grievance and appeal;
3. Annual employee evaluation;
4. Confidentiality of employee personnel records;
5. Equal employment opportunity;
6. Leave and benefits;
7. Resignations and termination;
8. Promotion, demotion and transfer;
9. Probationary period; and
10. Compensation.

§ 3.12. A copy of the personnel policy manual shall be made available to each Office on Youth employee by the administrator of the Office on Youth.

§ 3.13. A copy of the statewide procedures and guidelines manual developed by the Department of Corrections shall be made available to each Youth Services Citizen Board

member and Office on Youth employee by the administrator of the Office on Youth and shall be followed by the Office on Youth when applicable procedures and policies are not provided by the local governing body or developed and approved by the Youth Services Citizen Board.

Article 3. Staff Training and Development.

§ 3.14. A program of training with defined objectives relating to the job description, the Biennial Operating Plan and the Delinquency Prevention and Youth Development Needs Assessment and Plan shall be written annually for each position established for the Office on Youth.

§ 3.15. All full-time staff members of the Office on Youth shall have a minimum of 40 hours of training per year based on the written program.

§ 3.16. All part-time staff members of the Office on Youth working 20 hours or more per week shall have a minimum of 20 hours of training per year based on the written training program.

Article 4. Fiscal Management.

§ 3.17. The proposed annual operating budget of the Youth Services Citizen Board/Office on Youth shall be approved by the Youth Services Citizen Board prior to submission to the locality's principal administrative officer(s) and governing body(ies).

§ 3.18. The sponsoring locality shall submit annually to the Department of Corrections the approved operating budget for the Youth Services Citizen Board/Office on Youth showing appropriated revenue and projected expenses for the coming year.

§ 3.19. There shall be a system of financial record keeping for the Youth Services Citizen Board/Office on Youth that is consistent with generally accepted accounting principles.

§ 3.20. There shall be a system of financial record keeping that shows a separation of the Youth Services Citizen Board/Office on Youth accounts from all other records.

§ 3.21. Those members of the Youth Services Citizen Board and Office on Youth staff who have been authorized the responsibility of handling funds of the program shall be bonded.

§ 3.22. A compliance audit by an independent Certified Public Accountant shall be conducted annually on the financial records of the Youth Services Citizen Board/Office on Youth programs in accordance with local and state regulations.

§ 3.23. The sponsoring locality's purchasing policies and procedures shall govern purchasing of supplies, materials, equipment and services.

§ 3.24. The Youth Services Citizen Board shall review, on at least a quarterly basis, income received and disbursements made by the Youth Services Citizen Board/Office on Youth.

Article 5. Monitoring and Evaluation.

§ 3.25. The administrator of the Office on Youth shall provide the Department of Corrections, at least semi-annually, documentation to evaluate the accomplishment of the Biennial Operating Plan.

§ 3.26. The administrator of the Office on Youth shall circulate/distribute copies of the on-site status report received from the Regional Juvenile Delinquency Prevention Specialist to all members of the Youth Services Citizen Board and the principal administrative officer within 45 calendar days of its receipt.

§ 3.27. The Youth Services Citizen Board shall conduct a self evaluation at least once a year regarding the board's functioning. The self evaluation shall include, but not be limited to, the following factors: the relevancy of the Youth Services Citizen Board/Office on Youth program; the performance of the Youth Services Citizen Board's/Office on Youth's program; the performance of the staff; the funding of the Youth Services Citizen Board/Office on Youth and its program; the organization, responsibilities, and functioning of the Youth Services Citizen Board; and the Youth Services Citizen Board and Office on Youth relationships and delegated responsibilities.

§ 3.28. The administrator of the Office on Youth shall keep a signed, dated copy of the annual Youth Services Citizen Board's self evaluation in the office files.

PART IV. PROGRAMS AND SERVICES.

Article 1. Delinquency Prevention and Youth Development Needs Assessment and Plan.

§ 4.1. The Office on Youth shall conduct an assessment of the needs of youth within their jurisdiction at least every six years after the initial assessment.

§ 4.2. The assessment of the needs of youth shall include but not be limited to:

1. A detailed compilation of the problems, needs, opportunities and conditions of youth based on:

a. Youth-service agencies' opinions;

b. A survey of public opinion;

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c. A survey of youth; and

d. An analysis of available archival data.

2. A comprehensive inventory of current programs and resources impacting on youth, including:

a. Identifying information;

b. Program descriptions;

c. Clientele served; and

d. Fee requirements.

§ 4.3. The Youth Services Citizen Board and the Office on Youth, in conjunction with other youth serving agencies, shall develop and approve the written Delinquency Prevention and Youth Development Needs Assessment and Plan for their community(ies).

§ 4.4. The Delinquency Prevention and Youth Development Needs Assessment and Plan.

The plan shall include, but not be limited to:

1. An analysis of the needs assessment;

2. Recommendations concerning youth service needs of the community; and

3. A plan of action to meet the identified needs.

§ 4.5. The Youth Services Citizen Board shall submit a signed copy of the written six-year Delinquency Prevention and Youth Development Needs Assessment and Plan to the local governing body(ies) and the Virginia Department of Corrections within 60 days of Youth Services Citizen Board approval.

Article 2. Biennial Operating Plan.

§ 4.6. The Youth Services Citizen Board and the Office on Youth shall develop a written Biennial Operating Plan with 75% of the objectives based on the Delinquency Prevention and Youth Development Needs Assessment and Plan, which shall set forth goals, objectives and strategies for the Youth Services Citizen Board and Office on Youth.

§ 4.7. Annually, the Youth Services Citizen Board shall submit a written report to the local governing body and the Virginia Department of Corrections regarding progress toward accomplishment of the Delinquency Prevention and Youth Development Needs Assessment and Plan, and the Biennial Operating Plan.

§ 4.8. The Biennial Operating Plan shall address at least three of the youth needs areas identified by the Department of Corrections.

§ 4.9. The Biennial Operating Plan shall include a program of public education to be conducted related to the needs of youth as identified in the Delinquency Prevention and Youth Development Needs Assessment and Plan.

Article 3. Community Involvement.

§ 4.10. The Youth Services Citizen Board shall document attempts to add, delete or change laws, policies, and procedures that will improve community conditions for youth development.

§ 4.11. It shall be the responsibility of the Youth Services Citizen Board, through the Office on Youth, to assure that a mechanism exists for all youth and their families to be linked to appropriate services through a 40-hour or more per week referral system in the community. Exceptions to the 40 hours or more per week referral system can be made for locally approved holidays as specified in the sponsoring governing body's personnel policy manual.

§ 4.12. The Office on Youth shall document efforts to promote collaboration among and between other youth serving agencies through the development and updating of functional working agreements with and among other youth-service agencies.

§ 4.13. Letters of understanding, cooperation or agreement outlining expectations of all parties shall be established between the Youth Services Citizen Board/Office on Youth and other agencies identified in the Biennial Operating Plan.

§ 4.14. Consistent with the applicable personnel policies, the Office on Youth shall be accessible to the public by phone or walk-in 40 hours per week.

Article 4. Direct Service Programs.

§ 4.15. The need for the Office on Youth to operate a direct service program shall be documented and included in the Delinquency Prevention and Youth Development Needs Assessment and Plan, and Biennial Operating Plan.

§ 4.16. In order for the Office on Youth to operate a direct service program, documentation shall be submitted for approval to the Department of Corrections with the Biennial Operating Plan to include letters of assurance from the Youth Services Citizen Board and the administrator of the appropriate agency or organization. The letters shall state that the service cannot be provided by existing agencies.

§ 4.17. When a program provides direct counseling services, the administrator of the Office on Youth shall develop written policy and procedure governing counseling case record management to include, but not be limited to:

1. Confidentiality;

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2. Release of information; and
3. Destruction of records.

§ 4.18. Direct counseling services case records shall be basically uniform as to content and arrangement of content.

§ 4.19. The direct counseling services case files shall include, but not be limited to, the following:

1. Face sheet;
2. Reason for referral;
3. Assessment/evaluation;
4. Case narrative;
5. Correspondence;
6. Counseling service plan; and
7. Reason for termination and date.

§ 4.20. The direct counseling services face sheet shall contain the following client information:

1. Name;
2. Sex;
3. Race;
4. Date of birth;
5. Name of parents or legal guardian(s);
6. Address of child, parent or legal guardian(s);
7. Telephone number;
8. Referral source; and
9. Date of initial contact.

§ 4.21. Each direct counseling services case shall be reviewed and evaluated by the administrator of the Office on Youth at least once every 90 days to determine the appropriateness of the counseling plan and continued service delivery.

§ 4.22. The direct counseling services plan shall be discussed with the client (juvenile or family) within the initial 30 days and at least every 90 days thereafter.

§ 4.23. The written direct counseling service plan shall be reviewed by the administrator of the Office on Youth before being implemented.

§ 4.24. Counselors or existing staff assigned to provide

direct counseling services shall receive, at a minimum, 40 hours of annual training. At least 20 of these hours shall be in counseling theory and techniques.

DEPARTMENT OF HEALTH (STATE BOARD OF)

Title of Regulation: VR 355-28-01.02. Regulations for Disease Reporting and Control.

Statutory Authority: §§ 32.1-12 and 32.1-35 through 32.1-38 of the Code of Virginia.

Public Hearing Date: November 16, 1989 - 10 a.m.
(See Calendar of Events section for additional information)

Summary:

In response to an amendment to § 32.1-39 of the Code of Virginia, the Board of Health has added a definition and description of the means of accomplishing contact tracing to the regulations. This will empower local health departments to perform contact tracing for the purpose of protecting the public health and require contact tracing for syphilis and human immunodeficiency virus (HIV) infection.

HIV infection has been added to the list of diseases to be reported by directors of laboratories. The health department often learns of reportable diseases from laboratory reports. This addition should expedite the agency's ability to perform contact tracing.

The proposed amendment would also add a requirement for physicians to examine and test pregnant women for syphilis a second time, at the beginning of the third trimester. The basis for this is the reported increase in congenital and early syphilis in Virginia and the nation. This additional test will increase the chances of detecting and treating syphilis in pregnant women, thereby preventing congenital syphilis.

The regulations now include reference to the Code of Virginia with respect to the confidentiality of disease reports and the existence of a registry to which health care providers may report cases of memory loss disorder. *C. pylori* is excluded from the requirement to report *Campylobacter* infections because it is associated with a condition, peptic ulcer disease, which does not require public health attention.

VR 355-28-01.02. Regulations for Disease Reporting and Control.

PART I. DEFINITIONS.

§ 1.1. The following words and terms, when used in these regulations, shall have the following meaning, unless the

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context clearly indicates otherwise:

"Board" means the State Board of Health.

"Cancer" means all carcinomas, sarcomas, melanomas, leukemias, and lymphomas excluding localized basal and squamous cell carcinomas of the skin, except for lesions of the mucous membranes.

"Carrier" means a person who, with or without any apparent symptoms of a communicable disease, harbors a specific infectious agent and may serve as a source of infection.

"Commissioner" means the State Health Commissioner, his duly designated officer or agent.

"Communicable disease" means an illness due to an infectious agent or its toxic products which is transmitted, directly or indirectly, to a susceptible host from an infected person, animal, or arthropod or through the agency of an intermediate host or a vector or through the inanimate environment.

"Contact" means a person or animal known to have been in such association with an infected person or animal as to have had an opportunity of acquiring the infection.

"Contact tracing" means the process by which an infected person or health department employee notifies others that they may have been exposed to the infected person in a manner known to transmit the infectious agent in question.

"Department" means the State Department of Health.

"Designee" or *"Designated officer or agent"* means any person, or group of persons, designated by the State Health Commissioner, to act on behalf of the commissioner or the board.

"Epidemic" means the occurrence in a community or region of cases of an illness clearly in excess of normal expectancy.

"Foodborne outbreak" means a group manifestation of illness acquired through the consumption of food or water contaminated with chemicals or an infectious agent or its toxic products. Such illnesses include but are not limited to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, Clostridium perfringens food poisoning and hepatitis A.

"Immunization" means a treatment which renders an individual less susceptible to the pathologic effects of a disease or provides a measure of protection against the disease (e.g., inoculation, vaccination).

"Independent pathology laboratory" means a nonhospital or a hospital laboratory performing surgical pathology, including fine needle aspiration biopsy and bone marrow

examination services, which reports the results of such tests directly to physician offices, without reporting to a hospital or accessioning the information into a hospital tumor registry.

"Investigation" means an inquiry into the incidence, extent, source and causation of a disease occurrence.

"Isolation" means separation for the period of communicability of infected persons or animals from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of an infectious agent from those infected to those who are susceptible. The means of isolation shall be the least restrictive means appropriate under the facts and circumstances as determined by the commissioner.

"Laboratory director" means any person in charge of supervising a laboratory conducting business in the Commonwealth of Virginia.

"Medical care facility" means any hospital or nursing home licensed in the Commonwealth, or any hospital operated by or contracted to operate by an entity of the United States government or the Commonwealth of Virginia.

"Memory loss disorder" means any progressive dementia caused by AIDS, alcohol abuse, probable Alzheimer's disease, cerebral vascular disease, Creutzfeldt-Jakob disease, depression, head trauma, normal pressure hydrocephalus, Parkinson's disease, space-occupying lesion, toxic or metabolic disorder, or other known cause.

"Midwife" means any person who is registered as a nurse midwife by the State Board of Nursing or who possesses a midwife permit issued by the State Health Commissioner.

"Nosocomial outbreak" means any group of illnesses of common etiology occurring in patients of a medical care facility acquired by exposure of those patients to the disease agent while confined in such a facility.

"Nurse" means any person licensed as a professional nurse or as a licensed practical nurse by the Virginia State Board of Nursing.

"Period of communicability" means the time or times during which the etiologic agent may be transferred directly or indirectly from an infected person to another person, or from an infected animal to a person.

"Physician" means any person licensed to practice medicine by the Virginia State Board of Medicine.

"Quarantine" means generally, a period of detention for persons or domestic animals that may have been exposed to a reportable, contagious disease for purposes of observation or treatment.

1. Complete quarantine. The formal limitation of freedom of movement of well persons or animals exposed to a reportable disease for a period of time not longer than the longest incubation period of the disease in order to prevent effective contact with the unexposed. The means of complete quarantine shall be the least restrictive means appropriate under the facts and circumstances, as determined by the commissioner.

2. Modified quarantine. A selective, partial limitation of freedom of movement of persons or domestic animals, determined on the basis of differences in susceptibility, or danger of disease transmission. Modified quarantine is designed to meet particular situations and includes but is not limited to, the exclusion of children from school and the prohibition or restriction of those exposed to or suffering from a communicable disease from engaging in a particular occupation. The means of modified quarantine shall be the least restrictive means appropriate under the facts and circumstances, pursuant to § 3.1 E of these regulations or as determined by the commissioner.

3. Segregation. The separation for special control, or observation of one or more persons or animals from other persons or animals to facilitate control or surveillance of a reportable disease. The means of segregation shall be the least restrictive means available under the facts and circumstances, as determined by the commissioner.

"Reportable disease" means an illness due to a specific toxic substance, occupational exposure, or infectious agent, which affects a susceptible individual, either directly, as from an infected animal or person, or indirectly through an intermediate host, vector, or the environment, as determined by the board.

"Surveillance" means the continuing scrutiny of all aspects of occurrence and spread of a disease relating to effective control of that disease. Included in the process of surveillance are the collection and evaluation of:

1. Morbidity and mortality reports.
2. Special reports of field investigations of epidemics and individual cases.
3. Isolation and identification of infectious agents by laboratories.
4. Data concerning the availability, use, and untoward side effects of the substances used in disease control.
5. Information regarding immunity levels in segments of the population.

"Toxic substance" means any substance, including any raw materials, intermediate products, catalysts, final products, or by-products of any manufacturing operation

conducted in a commercial establishment, that has the capacity, through its physical, chemical or biological properties, to pose a substantial risk of death or impairment either immediately or over time, to the normal functions of humans, aquatic organisms, or any other animal but not including any pharmaceutical preparation which deliberately or inadvertently is consumed in such a way as to result in a drug overdose.

PART II. GENERAL INFORMATION.

§ 2.1. Authority.

Chapter 2 of Title 32.1 of the Code of Virginia deals with the reporting and control of diseases. Specifically, § 32.1-35 directs the Board of Health to promulgate regulations specifying which diseases occurring in the Commonwealth are to be reportable and the method by which they are to be reported. Further, § 32.1-42 of the Code authorizes the board to promulgate regulations and orders to prevent a potential emergency caused by a disease dangerous to the public health. Section 32.1-12 of the Code empowers the Board of Health to adopt such regulations as are necessary to carry out provisions of laws of the Commonwealth administered by the Commissioner of the Department of Health.

§ 2.2. Purpose.

These regulations are designed to provide for the uniform reporting of diseases of public health importance occurring within the Commonwealth in order that appropriate control measures may be instituted to interrupt the transmission of disease.

§ 2.3. Administration.

A. State Board of Health.

The State Board of Health ("board") has the responsibility for promulgating regulations pertaining to the reporting and control of diseases of public health importance.

B. State Health Commissioner.

The State Health Commissioner ("commissioner") is the executive officer for the State Board of Health with the authority of the board when it is not in session, subject to the rules and regulations of and review by the board.

C. Local health director.

The local health director is responsible for the surveillance and investigation of those diseases specified by these regulations which occur in his jurisdiction. He is further responsible for reporting all such surveillance and investigations to the State Department of Health. In cooperation with the commissioner, he is responsible for instituting measures for disease control, which may include

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quarantine or isolation as required by the commissioner.

D. Office of Epidemiology.

The Office of Epidemiology is responsible for the statewide surveillance of those diseases specified by these regulations, for coordinating the investigation of those diseases with the local health director and regional medical director, and for providing direct assistance where necessary. The Director of the Office of Epidemiology acts as the commissioner's designee in reviewing reports and investigations of diseases and recommendations by local health directors for quarantine or isolation. However, authority to order quarantine or isolation resides solely with the commissioner, unless otherwise expressly provided by him.

E. Confidentiality.

All persons responsible for the administration of these regulations shall ensure that the anonymity of patients and practitioners is preserved, according to the provisions of §§ 32.1-38, 32.1-41, 32.1-71, and 32.1-71.4 of the Code of Virginia.

§ 2.4. Application of regulations.

These regulations have general application throughout the Commonwealth.

§ 2.5. Effective date of original regulations.

August 1, 1980.

Effective date of amendment No. 1:

August 21, 1984.

Effective date of emergency amendment of § 3.1:

January 4, 1988.

Effective date of amendment No. 2:

February 15, 1989.

Proposed Effective date of amendment No. 3.

September 14, 1989.

Proposed effective date of amendment No. 4.

March 30, 1990.

§ 2.6. Application of the Administrative Process Act.

The provisions of the Virginia Administrative Process Act, which is codified as Chapter 1.1:1 of Title 9 of the Code, shall govern the adoption, amendment, modification, and revision of these regulations, and the conduct of all proceedings and appeals hereunder. All hearings on such

regulations shall be conducted in accordance with § ~~9-6.14:7~~ § 9-6.14:7.1 .

§ 2.7. Powers and procedures of regulations not exclusive.

The board reserves the right to authorize a procedure for enforcement of these regulations which is not inconsistent with the provisions set forth herein and the provisions of Chapter 2 of Title 32.1 of the Code.

PART III. REPORTING OF DISEASE.

§ 3.1. Reportable Disease List.

The board declares the following named diseases, toxic effects, and conditions to be reportable by the persons enumerated in § 3.2:

A. List of reportable diseases:

Acquired Immunodeficiency Syndrome	Lymphogranuloma venereum
Amebiasis	Malaria
Anthrax	Measles (Rubeola)
Arboviral infections	Meningococcal infections
Aseptic meningitis	Mumps
Bacterial meningitis (specify etiology)	Nosocomial outbreaks
Botulism	Occupational illnesses
Brucellosis	Ophthalmia neonatorum
Campylobacter infections (excluding <i>C. pylori</i>)	Pertussis (Whooping cough)
Chancroid	Phenylketonuria (PKU)
Chickenpox	Plague
Chlamydia trachomatis infections	Poliomyelitis
Congenital rubella syndrome	Psittacosis
Diphtheria	Q fever
Encephalitis primary (specify etiology)	Rabies in animals
post-infectious	Rabies in man
Foodborne outbreaks	Rabies treatment, post exposure
Giardiasis	Reye syndrome
Gonorrhea	Rocky Mountain spotted fever
Granuloma inguinale	Rubella (German measles)
Haemophilus influenzae infections invasive	Salmonellosis
Hepatitis A	Shigellosis
B	Smallpox
Non A, Non B	Syphilis
Unspecified	Tetanus
Histoplasmosis	Toxic shock syndrome
Human immunodeficiency virus (HIV) infection	Toxic substance related illnesses
Influenza	Trichinosis
Kawasaki Syndrome	Tuberculosis
Legionellosis	Tularemia
Leprosy	Typhoid fever
Leptospirosis	Typhus, flea-borne
Listeriosis	Vibrio infections including cholera
Lyme disease	Waterborne outbreaks
	Yellow fever

B. Reportable diseases requiring rapid communication.

Certain of the diseases in the list of reportable diseases,

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because of their extremely contagious nature or their potential for greater harm, or both, require immediate identification and control. Reporting of these diseases, listed below, shall be made by the most rapid means available, preferably that of telecommunication (e.g., telephone, telegraph, teletype, etc.) to the local health director or other professional employee of the department:

Anthrax	Plague
Botulism	Poliomyelitis
Cholera	Psittacosis
Diphtheria	Rabies in man
Foodborne outbreaks	Smallpox
Haemophilus influenzae infections, invasive	Syphilis, primary and secondary
Hepatitis A	Tuberculosis
Measles (Rubeola)	Yellow Fever
Meningococcal infections	

C. Diseases to be reported by number of cases.

The following disease in the list of reportable diseases shall be reported as number-of-cases only:

Influenza (by type, if available)

D. Human immunodeficiency virus (HIV) infection.

Every physician practicing in this Commonwealth shall report to the local health department any patient of his who has tested positive for exposure to human immunodeficiency virus (HIV). Every person in charge of a medical care facility shall report the occurrence in or admission to the facility of a patient with HIV infection unless there is evidence that the occurrence has been reported by a physician. When such a report is made, it shall include the information required in § 3.2 A. Only individuals who have positive blood tests for HIV antibodies as demonstrated by at least two enzyme-linked immunosorbent assays (done in duplicate at the same time or singly at different times), and a supplemental test such as the western blot are considered to have HIV infection.

E. Toxic substances related diseases or illnesses.

Diseases or illnesses resulting from exposure to a toxic substance, shall include, but not be limited to the following:

Occupational Lung Diseases	Occupationally-Related Cancers
silicosis	mesothelioma
asbestosis	
byssinosis	

Furthermore, all toxic substances-related diseases or illnesses, including pesticide poisonings, illness or disease resulting from exposure to a radioactive substance, or any illness or disease that is indicative of an occupational health, public health, or environmental problem shall be reported.

If such disease or illness is verified, or suspected, and

presents an emergency, or a serious threat to public health or safety, the report of such disease or illness shall be by rapid communication as in § 3.1 B.

F. Unusual or ill-defined diseases, illnesses, or outbreaks.

The occurrence of outbreaks or clusters of any illness which may represent an unusual or group expression of an illness which may be of public health concern shall be reported to the local health department by the most rapid means available.

G. Contact tracing.

When notified about a disease specified in § 3.1 A of the regulations, the local health department shall perform contact tracing for infectious syphilis and HIV infection, and may perform contact tracing for the other diseases if deemed necessary to protect the public health. The local health director shall have the responsibility to accomplish contact tracing by either having patients inform their potential contacts directly or through obtaining pertinent information such as names, descriptions, and addresses to enable the health department staff to inform the contacts. All contacts of HIV infection shall be afforded the opportunity for individual face-to-face disclosure of the test results and appropriate counseling. In no case shall names of informants be revealed to contacts by the health department. All information obtained shall be kept strictly confidential.

§ 3.2. Those required to report.

A. Physicians.

Each physician who treats or examines any person who is suffering from or who is suspected of having a reportable disease, or who is suspected of being a carrier of a reportable disease shall report that person's name, address, age, sex, race, name of disease diagnosed or suspected, and the date of onset of illness except that influenza should be reported by number of cases only (and type of influenza, if available). Reports are to be made to the local health department serving the jurisdiction where the physician practices. Any physician making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the Code of Virginia.

Such reports shall be made on a form to be provided by the department (CD-24) and shall be made within seven days unless the disease in question requires rapid reporting under § 3.1 B or § 3.1 F. (Venereal diseases are reported on Form VD-35C in the manner described above.)

B. Directors of laboratories.

Any person who is in charge of a laboratory conducting business in the Commonwealth shall report any laboratory examination of any specimen derived from the human body which yields evidence, by the laboratory method(s)

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indicated, of a disease listed below:

Anthrax - by culture

Campylobacter infections (*excluding C. pylori*) - by culture

Chlamydia trachomatis infections - by culture or antigen detection methods

Cholera - by culture

Diphtheria - by culture

Gonococcal infections - by culture or microscopic examination

Haemophilus influenzae infections - by culture or antigen detection assay of blood or cerebrospinal fluid

Hepatitis A - by serology specific for IGM antibodies

Human immunodeficiency virus (HIV) infection - by positive blood tests for HIV antibodies as demonstrated by at least two enzyme-linked immunosorbent assays (done in duplicate at the same time or singly at different times), and a supplemental test such as the western blot.

Influenza - by culture or serology

Legionellosis - by culture or serology

Listeriosis - by culture

Malaria - by microscopic examination

Meningococcal infections - by culture of blood or cerebrospinal fluid

Mycobacterial diseases - by culture

Pertussis - by culture or direct fluorescent antibody test

Plague - by culture or direct fluorescent antibody test

Poliomyelitis - by culture or serology

Rabies in animals - by microscopic or immunologic examination

Salmonella infections - by culture

Shigella infections - by culture

Syphilis - by serology or dark field examination

Trichinosis - by microscopic examination of a muscle biopsy

Each report shall give the name and address of the person from whom the specimen was obtained and, when available, the person's age, race and sex. The name and address of the physician or medical facility for whom the

examination was made shall also be provided. When the influenza virus is isolated, the type should be reported, if available. Reports shall be made within seven days to the local health department serving the jurisdiction in which the laboratory is located and shall be made on Form CD-24.3 or on the laboratory's own form if it includes the required information. Any person making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the Code of Virginia.

Exceptions: With the exception of reporting laboratory evidence of gonococcal infections and syphilis, laboratories operating within a medical care facility shall be considered to be in compliance with the regulations when the director of that medical care facility assumes the reporting responsibility.

Laboratory examination results indicating gonococcal infections or syphilis shall be reported either on Form VD-36 or on Form CD-24.3 or another form acceptable to the Director of the Office of Epidemiology.

A laboratory may fulfill its responsibility to report mycobacterial diseases by sending a positive culture for identification or confirmation, or both, to the Virginia Division of Consolidated Laboratory Services. The culture must be identified with the patient and physician information required above.

C. Person in charge of a medical care facility.

Any person in charge of a medical care facility shall make a report to the local health department serving the jurisdiction where the facility is located of the occurrence in or admission to the facility of a patient with a reportable disease listed in § 3.1 A unless he has evidence that the occurrence has been reported by a physician. Any person making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the Code of Virginia. The requirement to report shall include all inpatient, outpatient and emergency care departments within the medical care facility. Such report shall contain the patient's name, age, address, sex, race, name of disease being reported, the date of admission, hospital chart number, date expired (when applicable), and attending physician. Influenza should be reported by number of cases only (and type of influenza, if available). Reports shall be made within seven days unless the disease in question requires rapid reporting under §§ 3.1 B or 3.1 F and shall be made on Form CD-24.1. Nosocomial outbreaks shall be reported on Form CD-24.2.

(Note: See § 3.2 B "Exceptions")

D. Person in charge of a school.

Any person in charge of a school shall report immediately to the local health department the presence or suspected presence in his school of children who have common symptoms suggesting an epidemic or outbreak situation. Any person so reporting shall be immune from

liability as provided by § 32.1-38 of the Code of Virginia.

E. Local health directors.

The local health director shall forward within seven days to the Office of Epidemiology of the State Health Department any report of a disease or report of evidence of a disease which has been made on a resident of his jurisdiction. This report shall be by telecommunication if the disease is one requiring rapid communication, as required in § 3.1 B or § 3.1 F. All such rapid reporting shall be confirmed in writing and submitted to the Office of Epidemiology within seven days. Furthermore, the local health director shall immediately forward to the appropriate local health director any disease reports on individuals residing in the latter's jurisdiction. The local health director shall review reports of diseases received from his jurisdiction and follow-up such reports, when indicated, with an appropriate investigation in order to evaluate the severity of the problem. He shall determine, in consultation with the regional medical director, the Director of the Office of Epidemiology, and the commissioner if further investigation is required and if complete or modified quarantine will be necessary.

Modified quarantine shall apply to situations in which the local health director on the scene would be best able to judge the potential threat of disease transmission. Such situations shall include, but are not limited to, the temporary exclusion of a child with a communicable disease from school and the temporary prohibition or restriction of any individual(s), exposed to or suffering from a communicable disease, from engaging in an occupation such as foodhandling that may pose a threat to the public. Modified quarantine shall also include the exclusion, under § 32.1-47 of the Code of Virginia of any unimmunized child from a school in which an outbreak, potential epidemic, or epidemic of a vaccine preventable disease has been identified. In these situations, the local health director may be authorized as the commissioner's designee to order the least restrictive means of modified quarantine.

Where modified quarantine is deemed to be insufficient and complete quarantine or isolation is necessary to protect the public health, the local health director, in consultation with the regional medical director and the Director of the Office of Epidemiology, shall recommend to the commissioner that a quarantine order or isolation order be issued.

F. Persons in charge of hospitals, nursing homes, homes for adults, and correctional facilities.

In accordance with § 32.1-37.1 of the Code of Virginia, any person in charge of a hospital, nursing home, home for adults or correctional facility shall, at the time of transferring custody of any dead body to any person practicing funeral services, notify the person practicing funeral services or his agent if the dead person was known to have had, immediately prior to death, any of the

following infectious diseases:

Creutzfeldt-Jakob disease

Human immunodeficiency virus infection

Hepatitis B

Hepatitis Non A, Non B

Rabies

Infectious syphilis

PART IV. CONTROL OF DISEASE.

§ 4.1. The "Methods of Control" sections of the Fourteenth Edition of the Control of Communicable Diseases in Man (1985) published by the American Public Health Association shall be complied with by the board and commissioner in controlling the diseases listed in § 3.1 A, except to the extent that the requirements and recommendations therein are outdated, inappropriate, inadequate, or otherwise inapplicable. The board and commissioner reserve the right to use any legal means to control any disease which is a threat to the public health.

PART V. IMMUNIZATION.

§ 5.1. Dosage and age requirements for immunizations.

Every child in Virginia shall be immunized against the following diseases by receiving the specified number of doses of vaccine by the specified ages:

1. Diphtheria, Tetanus, and Pertussis (Whooping cough) Vaccine - three doses by age one year of toxoids of diphtheria and tetanus, combined with pertussis vaccine.

2. Poliomyelitis Vaccine, trivalent type - three doses by age 18 months of attenuated (live) trivalent oral polio virus vaccine or inactivated poliomyelitis vaccine.

3. Measles (Rubeola) Vaccine - one dose at 15 months of age, or by age two years, of further attenuated (live) measles virus vaccine (Schwartz or Moraten).

4. Rubella (German measles) Vaccine - one dose at 15 months of age or by age two years of attenuated (live) rubella virus vaccine.

5. Mumps Vaccine - one dose at 15 months of age or by age two years of mumps virus vaccine (live).

§ 5.2. Obtaining immunization.

The required immunizations may be obtained from a

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physician licensed to practice medicine or from the local health department.

PART VI. VENEREAL DISEASE.

§ 6.1. Prenatal testing.

Every physician attending a pregnant woman during gestation shall examine and test such woman for syphilis within 15 days after beginning such attendance *and again at the beginning of the third trimester (28 weeks). If the patient first seeks care during the third trimester, only one test shall be required*. Every physician should examine and test a pregnant woman for other venereal diseases as clinically indicated.

PART VII. PREVENTION OF BLINDNESS FROM OPHTHALMIA NEONATORUM.

§ 7.1. Procedure for preventing ophthalmia neonatorum.

The physician, nurse or midwife in charge of the delivery of a baby shall install in each eye of that newborn baby as soon as possible after birth one of the following: (i) two drops of a 1.0% silver nitrate solution; (ii) two drops of a 1.0% tetracycline ophthalmic solution; (iii) one quarter inch or an excessive of 1.0% tetracycline ophthalmic ointment; or (iv) one quarter inch or an excessive amount of 0.5% erythromycin ophthalmic ointment. This treatment shall be recorded in the medical record of the infant.

PART VIII. CANCER REPORTING.

§ 8.1. Authority.

Title 32.1 (§ 32.1-70) of the Code of Virginia authorizes the establishment of a statewide cancer registry.

§ 8.2. Reportable cancers.

Newly diagnosed malignant tumors or cancers, as defined in Part I, shall be reported to the Virginia Tumor Registry in the department.

§ 8.3. Those required to report.

Any person in charge of a medical care facility or independent pathology laboratory which diagnoses or treats cancer patients is required to report. *Any person making such report shall be immune from liability as provided by § 32.1-38 of the Code of Virginia.*

§ 8.4. Data which must be reported.

Each report shall include the patient's name, address, age, sex, date of diagnosis, primary site of cancer, histology, basis of diagnosis, and history of service in the

Vietnam war and exposure to dioxin-containing compounds. Medical care facility reports shall also include social security number, date of birth, race, marital status, usual occupation, and usual industry.

The reporting requirement may be met by submitting a copy of the hospital facesheet and pathology report to the Virginia Tumor Registry. Reports shall be made within four months of the diagnosis of cancer.

§ 8.5. Additional data which may be reported.

Any person in charge of a medical care facility may also elect to provide more extensive clinical information as required for cancer programs approved by the American College of Surgeons. These additional data may include staging, treatment, and recurrence information and may be reported by submitting a hospital abstract to the Virginia Tumor Registry within six months of the diagnosis of cancer. Annual follow-up may be conducted on persons reported in this manner.

PART IX.

§ 9.1. Reporting and control of diseases.

Chapter 2, §§ 32.1-35 through 32.1-73 of the Code of Virginia relating to the Reporting and Control of Diseases is incorporated by reference and made a part of these regulations.

PART X. MEMORY LOSS DISORDER REPORTING.

§ 10.1. Authority.

Article 9.1 (§ 32.1-71.1 et seq.) of Chapter 2 of Title 32.1 of the Code of Virginia authorizes the establishment of a statewide Alzheimer's Disease and related disorders registry.

§ 10.2. Provisions.

Each hospital, clinic, individual practitioner or other health care provider may report to the registry, on forms provided by the registry, information regarding persons in his care who have been diagnosed as having a memory loss disorder, as defined in Part I. Any person making such report shall be immune from liability as provided by § 32.1-38 of the Code of Virginia.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH - OFFICE OF EPIDEMIOLOGY

VIRGINIA CONFIDENTIAL MORBIDITY REPORT FOR MEDICAL CARE FACILITIES

(CD-24) VIRGINIA DEPARTMENT OF HEALTH
CONFIDENTIAL MORBIDITY REPORT
(Send to Local Health Dept.)

I. Communicable Disease Reports

DISEASE						DATE OF ONSET		
NAME OF PATIENT - LAST		FIRST	MIDDLE	AGE	RACE	SEX		
ADDRESS								
COMMENTS								
DISEASE						DATE OF ONSET		
NAME OF PATIENT - LAST		FIRST	MIDDLE	AGE	RACE	SEX		
ADDRESS								
COMMENTS								
NAME OF PHYSICIAN						ADDRESS		

(OVER)

II. OCCUPATIONAL DISEASE OR TOXIC SUBSTANCE
EXPOSURE REPORT

PATIENT'S NAME - LAST		FIRST	MIDDLE	AGE	RACE	SEX
ADDRESS				OCCUPATION		
DIAGNOSIS				DATE OF ONSET		
NAME OF TOXIC SUBSTANCE (General or Trade Name if Known)						
DATE(S) OF EXPOSURE						
NAME AND ADDRESS OF LOCATION OF SUSPECTED EXPOSURE						
COMMENTS						
NAME OF PHYSICIAN				ADDRESS		

PLEASE REPORT THE DISEASES LISTED BELOW AS REQUIRED BY SECTION 32.1-37 OF THE VIRGINIA CODE AND THE "RULES AND REGULATIONS FOR THE LICENSURE OF GENERAL AND SPECIAL HOSPITALS IN VIRGINIA." COMPLETED FORMS SHOULD BE MAILED TO THE LOCAL HEALTH DEPARTMENT AT LEAST WEEKLY IF THERE ARE CASES. A MONTHLY REPORT SHOULD BE SUBMITTED IF THERE ARE NO CASES TO BE REPORTED FOR THAT MONTH.

FOR EPIDEMIOLOGICAL ASSISTANCE OR CONSULTATION, PLEASE CALL THE LOCAL HEALTH DEPARTMENT OR THE OFFICE OF EPIDEMIOLOGY, 109 GOVERNOR STREET, RICHMOND, VIRGINIA 23219 (PH. 804-786-6261). ADDITIONAL REPORT FORMS ARE AVAILABLE THROUGH THE SAME OFFICE.

NAME OF MEDICAL CARE FACILITY _____
ADDRESS _____

REPORTED BY _____ NAME _____ TITLE _____ PHONE NUMBER _____ DATE REPORTED _____

DIAGNOSIS	PATIENT'S NAME	ADDRESS	AGE	RACE	SEX	DATE OF ADMISSION	CHART NUMBER	PHYSICIAN	DATE EXPIRED

REPORT DISEASES PRECEDED BY AN ASTERISK (*) IMMEDIATELY BY TELEPHONE TO THE LOCAL HEALTH DIRECTOR OR STATE EPIDEMIOLOGIST AS WELL AS BY COMPLETING THE REPORTING FORM.

- | | | | |
|---|--|---------------------------------|------------------------------------|
| Acquired Immunodeficiency Syndrome | Giardiasis | Lymphogranuloma Venerum* | Rocky Mountain Spotted Fever |
| Amebiasis | Gonorrhoea* | Malaria | Rubella (German Measles) |
| *Anthrax | Granuloma inguinale* | *Measles (Rubella) | Salmonellosis |
| Arboviral Infections | *Haemophilus influenzae Infections, Invasive | *Meningococcal Infections | Shigellosis |
| Aseptic Meningitis | Herpes, Viral | Mumps | *Smallpox |
| Bacterial Meningitis (Specify Etiology) | *B | Nasocornial Outbreaks* | Syphilis, All Stages* |
| *Botulism | Non A, Non B | Occupational Infections | (Primary and Secondary) |
| Brucellosis | Unspecified | Ophthalmia Neonatorum | Tetanus |
| Campylobacter Infections | Histoplasmosis | Peritussis (Whooping Cough) | Toxic Shock Syndrome |
| Chancroid* | Human Immunodeficiency Virus (HIV) Infection | Pharyngotonsillitis (FKU) | Toxic Substance Related Infections |
| Chickenspox | Influenza (Number of cases and type only) | *Plague | Trichinosis |
| Chlamydia Trachomatis Infections | Kawasaki Syndrome | *Poliomyelitis | *Tuberculosis |
| *Cholera | Legionellosis | *Psittacosis | Tularemia |
| Congenital Rubella Syndrome | Leprosy | Q Fever | Typhoid Fever |
| *Diphtheria | Leptospirosis | Rabies in Animals | Typhus, Frea-Borne |
| Encephalitis | Listeriosis | *Rabies in Man | Vibrio Infections |
| Primary (Specify Etiology) | Lyme Disease | Rabies Treatment, Post-Exposure | Waterborne Outbreaks |
| Poliomyelitis | | Reye Syndrome | *Yellow Fever |
| *Poliomyelitis Outbreaks | | | |

ANY OTHER DISEASE OR OUTBREAK OF PUBLIC HEALTH IMPORTANCE

*Venereal disease cases should be reported on form VD-35C available through the State STD/AIDS Program or the local health department.
An outbreak will be considered to be present when there is an increase in incidence of any infectious disease or infection above the usual incidence. Please complete form CD-24.2 to report outbreaks.
RETAIN COPY (2) FOR YOUR RECORDS. MAIL COPIES (1) AND (3) TO YOUR LOCAL HEALTH DEPARTMENT.

Proposed Regulations

Proposed Regulations

VIRGINIA STATE DEPARTMENT OF HEALTH
CONFIDENTIAL REPORT: LABORATORY EVIDENCE OF CERTAIN COMMUNICABLE DISEASES

Last Name		First	Middle	Age	Race	Sex	Date Specimen Submitted
Address			City	Zip	County		
Attending Physician				Address or Hospital			
City		County	Zip	Phone			
Type of Specimen		Pharyngeal Swab <input type="checkbox"/>		Sputum <input type="checkbox"/>	Discharge <input type="checkbox"/>		
Blood <input type="checkbox"/>	CSF <input type="checkbox"/>	Stool <input type="checkbox"/>	Washing <input type="checkbox"/>	Other _____			
Test	Culture Bacterial <input type="checkbox"/>	Parasitic <input type="checkbox"/>	Immunological (SPECIFY) _____			Microscopic <input type="checkbox"/>	
	Viral <input type="checkbox"/>	Serological (SPECIFY) _____			Histologic <input type="checkbox"/>		
Results							
Date of Report		Name and Address of Lab			Director		

Mail Copies (1) and (2) to Your Local Health Department

CD-24.3

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH - DIVISION OF EPIDEMIOLOGY
NOSOCOMIAL OUTBREAK REPORT

Hospital Name _____ Date of Report _____
 Address _____

Reported By _____ Title _____ Phone Number _____

Date of Onset of Index Case _____ Date of Onset of Last Case _____
 Is Outbreak Continuing? _____ # Cases to Date _____ # Deaths to Date _____

Etiology _____
 Description of Outbreak _____
 Control Measures Instituted _____
 Comments _____

(Please attach additional pages or information as needed.)
Division of Epidemiology

CD -242

**COMMONWEALTH OF VIRGINIA — DEPARTMENT OF HEALTH
LABORATORY REPORT OF REACTIVE TESTS FOR VENEREAL DISEASE**

Name of Laboratory _____ Address _____ Period Covered _____ (Date) From _____ To _____ Number of Tests Performed _____ Number Reactive _____	REPORTABLE TESTS INCLUDE: 1. All Reactive and Weakly Reactive Serologic Tests for Syphilis. 2. All Positive Darkfield Tests for Syphilis 3. All Positive Smears and Cultures for Gonorrhea	§32.1-36, Code of Virginia, 1950 as amended. "... And every director of any laboratory doing business in this Commonwealth which performs any test whose results indicate the presence of any such disease shall make a report within such time and in such manner as may be prescribed by regulations of the Board..."
---	--	--

This report shall be submitted within seven (7) days of the laboratory examination by all laboratories in Virginia. Positive darkfield tests and quantitative serologies with a titer of 1:8 or greater shall be reported within 24 hours.

Mail to: Virginia State Health Dept.
109 Governor Street
STD Control-723 Madison Bldg.,
Richmond, Virginia 23219

Name of Patient	Address of Patient	Age	Sex	Race	Date	Test	Results	Name of Physician	Address of Physician

Check if additional forms are requested

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____ Address _____ City _____ State _____ County _____	Other Venereal Diseases: <input type="checkbox"/> (60) Gonorrhea <input type="checkbox"/> (70) Chancroid <input type="checkbox"/> (80) Granuloma Inguinale <input type="checkbox"/> (90) Lymphogranuloma Venereum FOR INFORMATION INTERVIEWING & DARKFIELD SERVICES PLEASE CALL YOUR LOCAL HEALTH DEPARTMENT OR CALL COLLECT. RICHMOND, VIRGINIA 1-800-555-1965	Syphilis: <input type="checkbox"/> (10) Primary <input type="checkbox"/> (20) Secondary <input type="checkbox"/> (30) Early Latent (Less than 1 yr.'s duration) <input type="checkbox"/> (40) Late Latent (Over 2 yrs. duration) <input type="checkbox"/> (41) Neurosyphilis <input type="checkbox"/> (42) Cardiovascular <input type="checkbox"/> (43) Other <input type="checkbox"/> (50) Congenital <input type="checkbox"/> Not Infected with syphilis Signature _____ M.D. _____ Date of Report _____						
CONFIDENTIAL REPORT OF VENEREAL DISEASE VIRGINIA STATE DEPARTMENT OF HEALTH Form No. VD 35C Rev. 10-85								
Laboratory Tests Date _____ Type of Test _____ Results _____ Comments: _____ _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Treatment</th> <th style="width: 50%;">Send To:</th> </tr> <tr> <td> </td> <td> <input type="checkbox"/> Your Local Health Department or Director—Division of Disease Control <input type="checkbox"/> Printz Hall Laboratory Richmond, Virginia 23219 </td> </tr> <tr> <td> </td> <td> Do You Need? <input type="checkbox"/> Report Form _____ <input type="checkbox"/> The Patient _____ <input type="checkbox"/> Printz Hall Laboratory _____ </td> </tr> </table>		Treatment	Send To:		<input type="checkbox"/> Your Local Health Department or Director—Division of Disease Control <input type="checkbox"/> Printz Hall Laboratory Richmond, Virginia 23219		Do You Need? <input type="checkbox"/> Report Form _____ <input type="checkbox"/> The Patient _____ <input type="checkbox"/> Printz Hall Laboratory _____
Treatment	Send To:							
	<input type="checkbox"/> Your Local Health Department or Director—Division of Disease Control <input type="checkbox"/> Printz Hall Laboratory Richmond, Virginia 23219							
	Do You Need? <input type="checkbox"/> Report Form _____ <input type="checkbox"/> The Patient _____ <input type="checkbox"/> Printz Hall Laboratory _____							

Proposed Regulations

VIRGINIA TUMOR REGISTRY ABSTRACT

REPORTING HOSPITAL: NAME - LAST FIRST M.I. SOCIAL SECURITY NUMBER VITA PATIENT IDENTIFYING NUMBER ADDRESS - STREET CITY COUNTY CODE STATE ZIP USUAL OCCUPATION CODE INDUSTRY CODE DATE OF BIRTH SEX AGE AT DIAGNOSIS MARITAL STATUS CLASS OF CASE HOSPITAL ADMISSION NUMBER NAME, ADDRESS, AND RELATIONSHIP OF ONE CONTACT HOSPITAL CHART NUMBER	
PATIENT INFORMATION 1. NAME AND ADDRESS OF ATTENDING PHYSICIAN DATE OF ADMISSION DATE OF DISCHARGE 2. NAME AND ADDRESS OF FOLLOW-UP PHYSICIAN DATE INITIAL DIAGNOSIS (MOVIE) HOSPITAL REFERRED FROM: PLACE OF DIAGNOSIS HOSPITAL REFERRED TO OTHER PHISICIAN SITE, TYPE, DATE, AND PLACE OF DIAGNOSIS	
NON ANA HISTORY PRIOR THERAPY - SPECIFY CATEGORY, DATE, AND TYPE (NON-ANALYTIC CASES ONLY). OTHER PHISICIAN SITE, TYPE, DATE, AND PLACE OF DIAGNOSIS	
DIAGNOSTIC PROCEDURES PRIMARY SITE TYPE RECORD WORKING HISTORY CYTOL NO. CYTOL NO. ALCOHOL ABUSE BASIS OF DIAGNOSIS: <input type="checkbox"/> HIST. <input type="checkbox"/> EX. CYTOL. <input type="checkbox"/> MICRO CONFIRM NOS <input type="checkbox"/> SURGICAL EVID., MMC <input type="checkbox"/> CLINICAL ONLY <input type="checkbox"/> UNKNOWN EXTENT OF DISEASE - STAGE AT FIRST TREATMENT (IN YOUR HOSPITAL)	
DIAGNOSTIC PROCEDURES SUMMARY STAGE: PATHOLOGICAL USE OF TUMOR: # NODES STAINED: LATENCY: RESIDUAL TUMOR RACE: TIME BASIS: T M Y M ACCTUMBERY STAGE SITES OF DISTANT METASTASES:	
FIRST COURSE OF TREATMENT SPECIFY DATES, TYPES, (A PLACE IF ELSEWHERE) FIRST COURSE ONLY <input type="checkbox"/> SURGERY <input type="checkbox"/> BEAM RADIATION <input type="checkbox"/> OTHER RADIATION <input type="checkbox"/> CHEMO. <input type="checkbox"/> HORMONES <input type="checkbox"/> IMMUNOTHERAPY <input type="checkbox"/> OTHER <input type="checkbox"/> NONE OF THE ABOVE (AND WHY) HISTORY OF SERVICE IN VIETNAM WAR: EXPOSURE TO DIXON-CONTAINING COMPOUNDS: <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
DATE LAST CONTACT: TUMOR STATUS: FOLLOW-UP SOURCE CAUSE OF DEATH CODE: ALZHEIMER: <input type="checkbox"/> YES, WITH INFORM <input type="checkbox"/> YES, WITHOUT INFORM <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN Form VTR-1a (7/86) DATE COMPLETED AND INITIALS	

SURGERY & RADIATION - SPECIFY DATES <input type="checkbox"/> SURGERY <input type="checkbox"/> CHEMO <input type="checkbox"/> HORMONES <input type="checkbox"/> BEAM RADIATION <input type="checkbox"/> OTHER RADIATION <input type="checkbox"/> OTHER <input type="checkbox"/> IMMUNOTHERAPY <input type="checkbox"/> NONE OF THE ABOVE (AND WHY)		CHEMOTHERAPY & HORMONAL THERAPY	
STATUS OF CONTACT*		STATUS OF DISEASE	
ALIVE NO EVIDENCE OF CANCER EVIDENCE OF CANCER DEAD		RESIDUAL RECURRENT METASTATIC UNKNOWN NO EVIDENCE OF CANCER	
DATE		QUALITY OF SURVIVAL**	
SUBSEQUENT TREATMENT		SUBSEQUENT TREATMENT AND REMARKS	

* SOURCE OF CONTACT:
 1 - HOSPITAL READMISSION
 2 - CLINIC VISIT WITH-OUT PHYSICAL EXAM
 3 - CLINIC VISIT WITH PHYSICAL EXAM
 4 - CLINIC VISIT WITH PHYSICAL EXAM
 5 - DOCTOR'S OFFICE WITH-OUT PHYSICAL EXAM
 6 - PUBLIC HEALTH NURSE
 7 - DIRECT PATIENT CONTACT
 8 - OTHER: SPECIFY IN REMARKS COLUMN

** QUALITY OF SURVIVAL:
 0 - NORMAL ACTIVITY
 1 - SYMPTOMATIC & AMBULATORY
 2 - AMBULATORY MORE THAN 50%
 3 - OCCASIONAL PHYSICAL EXAM
 4 - AMBULATORY LESS THAN 50%
 5 - PUBLIC HEALTH NURSE
 6 - NURSING CARE NEEDED
 7 - BEDRIDDEN, MAY REQUIRE HOSPITALIZATION
 8 - UNKNOWN/UNSPECIFIED

VIRGINIA TUMOR REGISTRY
CANCER REPORTING - INCIDENCE ONLY

VTR use only				
Medical Facility Reporting:				
Patient Name: (Last) (First) (Middle) (Spouse)				
Street Address				
City County State Zip				
Date of Birth	Age	Sex	Race	Marital Status
SSN#:	Usual Occupation/Industry:			
Date of diagnosis:				
Primary site of cancer:				
Basis of diagnosis: <input type="checkbox"/> Hist. <input type="checkbox"/> Ex. Cytol. <input type="checkbox"/> Micro Confirm NOS <input type="checkbox"/> Surgical Evid., NMC <input type="checkbox"/> Clinical Only <input type="checkbox"/> Unknown				
Histology:				
History of service in Vietnam War:				
Exposure to dioxin-containing compounds: <input type="checkbox"/> yes <input type="checkbox"/> no				
Specify:				
Completed By				

Mailing address: Virginia Tumor Registry
Room 715
Madison Bldg.
109 Governor Street
Richmond, VA 23219

VTR form #2

THIS SIDE TO BE COMPLETED BY PHYSICIAN OR HEALTH CARE PROVIDER

VIRGINIA DEPARTMENT OF HEALTH
MEMORY LOSS DISORDERS QUESTIONNAIRE

GENERAL INSTRUCTIONS: This form should be filled out as fully as possible for any adult in the State of Virginia who has progressive memory loss, as provided in the Code of Virginia, Title 32.1, Article 9.1. Please mail completed forms to:
Virginia Department of Health, ADRD Registry
109 Governor Street, Room 701
Richmond, Virginia 23219 Date of Report: _____

PATIENT'S FULL NAME: _____ DATE OF BIRTH: _____
 Provider's Name: _____ Speciality: _____
 Name of Facility: _____ Type of Facility: _____
 Street Address: _____ Telephone Number: (____) _____
 City: _____ County: _____ State: _____ Zip Code: _____

May we contact this patient's guardian for additional information pertaining to memory loss?
 Yes No (If yes, provide name and address on reverse side.)

CLINICAL PROCEDURES AND RESULTS				
TEST	NORMAL	ABNORMAL	NOT DONE	YEAR DONE
B12				
Folate				
Thyroid Function Test				
Syphilis Serology				
CT Scan of Head				
EEG				
Lumbar Puncture				
Brain Biopsy				
Autopsy (specify laboratory)				
Other (specify)				

CAUSES OF CHRONIC DEMENTIA	PRESENT AND RELATED	PRESENT AND UNRELATED	PRESENT AND MAY OR MAY NOT BE RELATED
AIDS			
Alcohol Abuse			
Probable Alzheimer's Disease			
Cerebral Vascular Disease			
Creutzfeldt-Jakob Disease			
Depression			
Head Trauma			
Normal Pressure Hydrocephalus			
Parkinson's Disease			
Space-Occupying Lesion			
Toxic or Metabolic Disorder			
Other (specify)			

Has cognitive impairment been identified by neuropsychological testing? Yes No
 What year was the dementia diagnosis made? 19 _____

Name of Person Completing This Side of Form: _____

NOTE: The primary purpose of this report is to collect information on persons with Memory Loss in Virginia. All information shall be kept confidential. Patient and physician identities will be retained only for research studies approved by the Commissioner of Health and will not be included in any publications or reports resulting from this work.

Proposed Regulations

THIS SIDE TO BE FILLED OUT BY FAMILY OR CAREGIVER

VIRGINIA DEPARTMENT OF HEALTH
MEMORY LOSS DISORDERS QUESTIONNAIRE

GENERAL INSTRUCTIONS: This form should be filled out as fully as possible for any adult in the State of Virginia who has MEMORY LOSS. Please mail completed forms to:
 Virginia Department of Health, ADRD Registry
 109 Governor Street, Room 701
 Richmond, Virginia 23219
 Date of Report: _____

Patient's Last Name: _____ First: _____ M.I.: _____
 Street Address: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Age: _____ Date of Death: _____ Social Security Number: _____

SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other (Specify) _____	PATIENT'S PRESENT LIVING ARRANGEMENTS: (If in a hospital, check the expected living arrangement upon discharge) <input type="checkbox"/> Living Alone <input type="checkbox"/> Living with Someone Else <input type="checkbox"/> Nursing Home or Other Facility	SERVICES CURRENTLY USED: <input type="checkbox"/> None <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Home for Adults <input type="checkbox"/> In Home Care by Relative <input type="checkbox"/> In Home Care by Paid Attendant <input type="checkbox"/> Respite Care (relief for caregiver) <input type="checkbox"/> Support Group <input type="checkbox"/> Other Services Needed: _____
MARITAL STATUS: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other	SOURCE(S) OF HEALTH CARE PAYMENT: <input type="checkbox"/> Medicare/Federal Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> None		

CHANGES IN EVERYDAY ACTIVITIES BECAUSE OF MEMORY LOSS THE PERSON: <table border="1"> <thead> <tr> <th></th> <th>Independently</th> <th>Needs Assistance</th> <th>Totally Dependent</th> </tr> </thead> <tbody> <tr> <td>1. Performs Simple Tasks?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Handles Small Sums of Money?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Remembers Short Lists of Items?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Recognizes Familiar Objects?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Recalls Events?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Responds to Own Name?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> What year did the signs or symptoms of memory loss begin? 19 ____		Independently	Needs Assistance	Totally Dependent	1. Performs Simple Tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Handles Small Sums of Money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Remembers Short Lists of Items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Recognizes Familiar Objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Recalls Events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Responds to Own Name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOES THIS PERSON HAVE A: 1. Hearing Impairment? <input type="checkbox"/> No <input type="checkbox"/> Slight <input type="checkbox"/> Severe 2. History of Alcohol Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. History of Head Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. History of a Stroke? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Family History of Dementia? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship: _____ 6. Family History of Down's Syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship: _____ 7. What was the Person's Primary Occupation? _____
	Independently	Needs Assistance	Totally Dependent																										
1. Performs Simple Tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
2. Handles Small Sums of Money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
3. Remembers Short Lists of Items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
4. Recognizes Familiar Objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
5. Recalls Events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
6. Responds to Own Name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										

NAME OF RELATIVE OR PERSON RESPONSIBLE FOR THE PATIENT'S AFFAIRS:
 Last Name: _____ First: _____ M.I.: _____
 Street Address: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Relationship to Patient: Spouse Guardian Son/Daughter Other Relative Friend Paid Helper Other

MAY WE CONTACT THE DOCTOR THAT EXAMINED THE PATIENT FOR MEMORY PROBLEMS? Yes No
 Dr. _____
 Street Address: _____
 City: _____ County: _____ State: _____ Zip Code: _____

INFORMATION REQUEST:
 I would like to receive information regarding services available to dementia patients and their families: Yes No
 I am willing to release my name to service organizations for this purpose: Yes No
 I am interested in a state-funded autopsy for my loved one if it is available when he or she dies: Yes No

Name of Person Completing This Side of Form: _____
NOTE: The primary purpose of this report is to collect information on persons with Memory Loss in Virginia. All information shall be kept confidential. Patient and physician identities will be released only for research studies approved by the Commissioner of Health and will not be included in any publications or reports resulting from such research.

Proposed Regulations

* * * * *

Title of Regulation: VR 355-34-01. Private Well Regulations.

Statutory Authority: § 32.1-176 of the Code of Virginia.

Public Hearing Dates:

- November 6, 1989 - 7 p.m.
 - November 13, 1989 - 7 p.m.
 - November 14, 1989 - 7 p.m.
 - November 15, 1989 - 7 p.m.
 - November 21, 1989 - 7 p.m.
 - November 28, 1989 - 7 p.m.
 - November 29, 1989 - 7 p.m.
- (See Calendar of Events section for additional information)

Summary:

The private well regulations establish a permitting process for all private drilled wells. A well construction permit will be required for all private wells drilled after the effective date of the regulations. These regulations will replace those portions of Article 11 in the Sewage Handling and Disposal Regulations governing private wells constructed in conjunction with an on-site sewage system. Observation and monitoring wells are exempted from the location and construction requirements except when they will be utilized for drinking water purposes. Well abandonment is also described.

Permits for regulated wells will be issued by the Department of Health when minimum set back distances can be met. The department will establish construction criteria and inspect wells to assure permit compliance. An appeal process for the denial of a permit is described in the regulations as is a variance procedure.

Minimum casing and grouting specifications are established for Class III (potable water supply sources) and Class IV wells (nonpotable supplies). Material specifications for major well components are also established, as are quality requirements for Class III wells. No quantity or quality or requirements are established for Class IV wells.

VR 355-34-01. Private Well Regulations.

**PART I.
GENERAL FRAMEWORK FOR REGULATIONS.**

**Article 1.
Definitions.**

§ 1.1. Definitions.

The following words and terms, when used in these regulations, shall have the following meaning unless the

context clearly indicates otherwise.

"Abandoned well" means a private well whose pump has been disconnected for reasons other than repair or replacement, or whose use has been discontinued for a period of one year (excepting a well intended for use as a standby well and equipped with a pump for that purpose), or pronounced abandoned by the owner.

"Agent" means a legally authorized representative of the owner.

"Annular space" means the space between the bore hole wall and the outside of a water well casing pipe, or between a casing pipe and a liner pipe.

"Aquifer" means a geologic formation, group of formations, or part of a formation, that transmits water.

"Bedrock" means any solid rock underlying soil, sand, or clay.

"Bored well" means a well that is excavated by means of a soil auger (hand or power) as distinguished from a well which is drilled, driven, dug, or jetted.

"Commissioner" means the State Health Commissioner or his subordinate who has been delegated powers in accordance with § 1.8 B of these regulations.

"Construction of wells" means acts necessary to construct private wells, including the location of private wells, the boring, digging, drilling, or otherwise excavating a well hole and installing casing with or without well screens, or well curbing.

"Dewatering well" means a driven well constructed for the sole purpose of lowering the water table and kept in operation for a period of 60 days or less. Dewatering wells are used to allow construction in areas where a high water table hinders or prohibits construction and are always temporary in nature.

"Disinfection" means the destruction of all pathogenic organisms.

"Division" means the Division of Sanitarian Services.

"District health department" means a consolidation of local health departments as authorized in § 32.1-31 C of the Code of Virginia.

"Drilled well" means a well that is excavated wholly or in part by means of a drill (either percussion or rotary) which operates by cutting or abrasion.

"Driven well" means a well that is constructed by driving a pipe, at the end of which there is a drive point and screen, without the use of any drilling, boring or jetting device.

Proposed Regulations

"Dug well" means a well that is excavated by means of picks, shovels, or other hand tools, or by means of a power shovel or other dredging or trenching machinery, as distinguished from a bored, drilled, driven, or jetted well.

"Gravel pack" means gravel placed outside a well screen in a well to assist the flow of water into the well screen and to inhibit clogging of the screen.

"Ground water" means any water, except capillary moisture, beneath the land surface in the zone of saturation or beneath the bed of any stream, lake, reservoir or other body of surface water within the boundaries of this Commonwealth, whatever may be the subsurface geologic structure in which such water stands, flows, percolates, or otherwise occurs.

"Grout" means any stable, impervious bonding material, reasonably free of shrinkage, which is capable of providing a watertight seal in the annular spaces of a water well throughout the depth required, to protect against the intrusion of objectionable matter.

"Jetted well" means a well that is excavated using water pumped under pressure through a special washing point to create a water jet which cuts, abrades, or erodes material to form the well.

"Local health department" means the department established in each city and county in accordance with § 32.1-30 of the Code of Virginia.

"Observation or monitoring well" means a well constructed to measure hydrogeologic parameters, such as the fluctuation of water levels, or for monitoring the quality of ground water, or for both purposes.

"Owner" means any person, who owns, leases, or proposes to own or lease a private well.

"Person" means any and all persons, including individuals, firms, partnerships, associations, public or private institutions, municipalities or political subdivisions, governmental agencies, or private or public corporations organized under the law of this Commonwealth or any other state or country.

"Private well" means any water well constructed for a person on land which is owned or leased by that person and is usually intended for household, ground water source heat pump, agricultural use, industrial use, or other nonpublic water well.

"Sanitary survey" means an investigation of any condition that may affect public health.

"Screen" means the intake section of a well that obtains water from an unconsolidated aquifer providing for the water to flow freely and adding structural support to the bore hole. Screens are used to increase well yield

or prevent the entry of sediment, or both.

"Sewage" means water carried and nonwater carried human excrement, kitchen, laundry, shower, bath, or lavatory wastes separately or together with such underground, surface, storm and other water and liquid industrial wastes as may be present from residences, buildings, vehicles, industrial establishments or other places.

"Sewage disposal system" means a sewerage system or treatment works designed not to result in a point source discharge.

"Sewer" means any sanitary or combined sewer used to convey sewage or municipal or industrial wastes.

"Sewerage system" means pipelines or conduits, pumping stations and force mains and all other construction, devices and appliances appurtenant thereto, used for the collection and conveyance of sewage to a treatment works or point of ultimate disposal.

"Subsurface soil absorption" means a process which utilizes the soil to treat and dispose of sewage effluent.

"Treatment works" means any device or system used in the storage, treatment, disposal or reclamation of sewage or combinations of sewage and industrial wastes, including but not limited to pumping, power and other equipment and appurtenances, septic tanks, and any works, including land, that are or will be (i) an integral part of the treatment process or (ii) used for the ultimate disposal of residues or effluents resulting from such treatment.

"Variance" means a conditional waiver of a specific regulation which is granted to a specific owner relating to a specific situation or facility and may be for a specified time period.

"Water table" means the uppermost surface of ground water saturation. The level in the saturated zone at which the pressure is equal to atmospheric pressure.

"Water well" or *"well"* means any artificial opening or artificially altered natural opening, however made, by which ground water is sought or through which ground water flows under natural pressure or is intended to be artificially drawn; provided this definition shall not include wells drilled for the following purposes: (i) exploration or production of oil or gas, (ii) building foundation investigation and construction, (iii) elevator shafts, (iv) grounding of electrical apparatus, or (v) the modification or development of springs.

"Yield" means the quantity of water, usually measured in volume of water per unit time, which may flow or which may be pumped, from a well or well field.

Article 2.

General Provisions.

§ 1.2. Authority for regulations.

Title 32.1 of the Code of Virginia, and specifically §§ 32.1-12 and 32.1-176.4, provide that the State Board of Health has the duty to protect the public health and to ensure that ground water resources are not adversely affected by the construction and location of private wells. In order to discharge this duty, the board is empowered to supervise and regulate the construction and location of private wells within the Commonwealth.

§ 1.3. Purpose of regulations.

These regulations have been promulgated by the State Board of Health to:

1. Ensure that all private wells are located, constructed and maintained in a manner which does not adversely affect ground water resources, or the public welfare, safety and health;
2. Guide the State Health Commissioner in his determination of whether a permit for construction of a private well should be issued or denied;
3. Guide the owner or his agent in the requirements necessary to secure a permit for construction of a private well; and
4. Guide the owner or his agent in the requirements necessary to secure an inspection statement following construction.

§ 1.4. Relationship to Virginia Sewage Handling and Disposal Regulations.

These regulations supersede § 4.50 of the Virginia Sewage Handling and Disposal Regulations, and § 4.49 B and C of the Virginia Sewage Handling and Disposal Regulations which address private wells, and were adopted by the State Board of Health pursuant to Title 32.1 of the Code of Virginia.

§ 1.5. Relationship to the State Water Control Board.

These regulations are independent of all regulations promulgated by the State Water Control Board. Ground water users located in a ground water management area may be required to obtain a permit from the State Water Control Board in addition to obtaining a permit from the Department of Health.

§ 1.6. Relationship to the Department of Waste Management.

These regulations establish minimum standards for the protection of public health and ground water resources. Observation wells, monitoring wells, and remediation wells constructed under the supervision of the Virginia

Department of Waste Management are governed by § 3.8 of these regulations.

§ 1.7. Relationship to the Uniform Statewide Building Code.

These regulations are independent of and in addition to the requirements of the Uniform Statewide Building Code. All persons required to obtain a well permit by these regulations shall furnish a copy of the permit to the local building official, upon request, when making application for a building permit. Prior to obtaining an occupancy permit, an applicant shall furnish the local building official with a copy of the inspection statement demonstrating the water supply has been inspected, sampled (when applicable), and approved by the district or local health department.

§ 1.8. Administration of regulations.

These regulations are administered by the following:

A. State Board of Health.

The State Board of Health, hereinafter referred to as the board, has the responsibility to promulgate, amend, and repeal regulations necessary to ensure the proper construction and location of private wells.

B. State Health Commissioner.

The State Health Commissioner, hereinafter referred to as the commissioner, is the chief executive officer of the State Department of Health. The commissioner has the authority to act, within the scope of regulations promulgated by the board, and for the board when it is not in session. The commissioner may delegate his powers under these regulations in writing to any subordinate, with the exception of (i) his power to issue variances under § 32.1-12 of the Code of Virginia and § 2.7 of these regulations, (ii) his power to issue orders under § 32.1-26 of the Code of Virginia and §§ 2.4 and 2.5 B of these regulations and (iii) the power to revoke permits or inspection statements under § 2.16 of these regulations, which may only be delegated pursuant to § 32.1-22.

The commissioner has final authority to adjudicate contested case decisions of subordinates delegated powers under this section prior to appeal of such case decisions to the circuit court.

C. State Department of Health.

The State Department of Health hereinafter referred to as department is designated as the primary agent of the commissioner for the purpose of administering these regulations.

D. District or local health departments.

The district or local health departments are responsible

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for implementing and enforcing the regulatory activities required by these regulations.

§ 1.9. Right of entry and inspections.

In accordance with the provisions of §§ 32.1-25 and 32.1-176.6 of the Code of Virginia, the commissioner or his designee shall have the right to enter any property to ensure compliance with these regulations.

PART II. PROCEDURAL REGULATIONS.

Article I. Procedures.

§ 2.1. Compliance with the Administrative Process Act.

The provisions of the Virginia Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia) shall govern the promulgation and administration of these regulations and shall be applicable to the appeal of any case decision based upon these regulations.

§ 2.2. Powers and procedures of regulations not exclusive.

The commissioner may enforce these regulations through any means lawfully available.

§ 2.3. Effective date of regulations.

The effective date of these regulations is

§ 2.4. Emergency order.

If an emergency exists the commissioner may issue an emergency order as is necessary for preservation of public health, safety, and welfare or to protect ground water resources. The emergency order shall state the reasons and precise factual basis upon which the emergency order is issued. The emergency order shall state the time period for which it is effective. Emergency orders will be publicized in a manner deemed appropriate by the commissioner. The provisions of §§ 2.5 C and 2.5 D shall not apply to emergency orders issued pursuant to this section.

§ 2.5. Enforcement of regulations.

A. Notice.

Subject to the exceptions below, whenever the commissioner or the district or local health department has reason to believe a violation of any of these regulations has occurred or is occurring, the alleged violator shall be notified. Such notice shall be made in writing, shall be delivered personally or sent by certified mail, shall cite the regulation or regulations that are allegedly being violated, shall state the facts which form the basis for believing the violation has occurred or is occurring, shall include a request for a specific action by

the recipient by a specified time and shall state the penalties associated with such violation. When the commissioner deems it necessary, he may initiate criminal prosecution or seek civil relief through mandamus or injunction prior to giving notice.

B. Orders.

Pursuant to the authority granted in § 32.1-26 of the Code of Virginia, the commissioner may issue orders to require any owner, or other person, to comply with the provisions of these regulations. The order shall be signed by the commissioner and may require:

1. The immediate cessation and correction of the violation;
2. Appropriate remedial action to ensure that the violation does not recur;
3. The submission of a plan to prevent future violations to the commissioner for review and approval;
4. The submission of an application for a variance; and
5. Any other corrective action deemed necessary for proper compliance with the regulations.

C. Hearing before the issuance of an order.

Before the issuance of an order described in § 2.5 B, a hearing must be held, with at least 30 days notice by certified mail to the affected owner or other person of the time, place and purpose thereof, for the purpose of adjudicating the alleged violation or violations of these regulations. The procedures at the hearing shall be in accordance with § 2.8 A or B of the regulations and with §§ 9-6.14:11 through 9-6.14:14 of the Code of Virginia.

D. Order; when effective.

All orders issued pursuant to § 2.5 B shall become effective not less than 15 days after mailing a copy thereof by certified mail to the last known address of the owner or person violating these regulations. Violation of an order is a Class 1 misdemeanor. See § 32.1-27 of the Code of Virginia.

E. Compliance with effective orders.

The commissioner may enforce all orders. Should any owner or other person fail to comply with any order, the commissioner may:

1. Apply to an appropriate court for an injunction or other legal process to prevent or stop any practice in violation of the order;
2. Request the Attorney General to bring an action

for civil penalty, injunction, or other appropriate remedy; or

3. Request the Commonwealth Attorney to bring a criminal action.

F. Not exclusive means of enforcement.

Nothing contained in § 2.4 or § 2.5 shall be interpreted to require the commissioner to issue an order prior to seeking enforcement of any regulations or statute through an injunction, mandamus or criminal prosecution.

§ 2.6. Suspension of regulations during disasters.

If in the case of a man-made or natural disaster, the commissioner finds that certain regulations cannot be complied with and that the public health is better served by not fully complying with these regulations, he may authorize the suspension of the application of the regulations for specifically affected localities and institute a provisional regulatory plan until the disaster is abated.

§ 2.7. Variances.

Only the commissioner or the deputy commissioners may grant a variance to these regulations. (See §§ 32.1-12 and 32.1-22 of the Code of Virginia and § 1.8 B of these regulations). The commissioner or the deputy commissioners shall follow the appropriate procedures set forth in this subsection in granting a variance.

A. Requirements for a variance.

The commissioner may grant a variance if a thorough investigation reveals that the hardship imposed, which may be economic, by these regulations outweighs the benefits that may be received by the public. Further, the granting of such a variance shall not subject the public to unreasonable health risks or jeopardize ground water resources.

B. Application for a variance.

Any owner who seeks a variance shall apply in writing within the time period specified in § 2.11 B. The application shall be signed by the owner, addressed and sent to the commissioner at the State Department of Health in Richmond. The application shall include:

1. A citation to the regulation from which a variance is requested;
2. The nature and duration of the variance requested;
3. Any relevant analytical results including results of relevant tests conducted pursuant to the requirements of these regulations;
4. Statements or evidence why the public health and welfare as well as the ground water resources would

not be degraded if the variance were granted;

5. Suggested conditions that might be imposed on the granting of a variance that would limit the detrimental impact on the public health and welfare or ground water resources;

6. Other information, if any, believed pertinent by the applicant; and

7. Such other information as the district or local health department or commissioner may require.

C. Evaluation of a variance application.

1. The commissioner shall act on any variance request submitted pursuant to § 2.7 B within 60 calendar days of receipt of the request.

2. In the evaluation of a variance application, the commissioner shall consider the following factors:

- a. The effect that such a variance would have on the construction, location, or operation of the private well;
- b. The cost and other economic considerations imposed by this requirement;
- c. The effect that such a variance would have on protection of the public health;
- d. The effect that such a variance would have on protection of ground water resources; and
- e. Such other factors as the commissioner may deem appropriate.

D. Disposition of a variance request.

1. The commissioner may deny any application for a variance by sending a denial notice to the applicant by certified mail. The notice shall be in writing and shall state the reasons for the denial.

2. If the commissioner proposes to grant a variance request submitted pursuant to § 2.7 B, the applicant shall be notified in writing of this decision. Such notice shall identify the variance, private well covered, and shall specify the period of time for which the variance will be effective. The effective date of a variance shall be as stated in the variance.

3. No owner may challenge the terms or conditions set forth in the variance after 30 calendar days have elapsed from the effective date of the variance.

E. Posting of variances.

All variances granted to any private wells are transferable unless otherwise stated. Each variance shall

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be attached to the permit to which it is granted. Each variance is revoked when the permit to which it is attached is revoked.

§ 2.8. Hearing types.

Hearings before the commissioner or the commissioner's designees shall include any of the following forms depending on the nature of the controversy and the interests of the parties involved.

A. Informal hearings.

An informal hearing is a meeting with a district or local health department with the district or local health director presiding and held in conformance with § 9-6.14:11 of the Code of Virginia. The district or local health department shall consider all evidence presented at the meeting which is relevant to the issue in controversy. Presentation of evidence, however, is entirely voluntary. The district or local health department shall have no subpoena power. No verbatim record need be taken at the informal hearing. The local or district health director shall review the facts presented and based on those facts render a decision. A written copy of the decision and the basis for the decision shall be sent to the appellant within 15 work days of the hearing, unless the parties mutually agree to a later date in order to allow the department to evaluate additional evidence. If the decision is adverse to the interests of the appellant, an aggrieved appellant may request an adjudicatory hearing pursuant to § 2.8 B.

B. Adjudicatory hearing.

The adjudicatory hearing is a formal, public adjudicatory proceeding before the commissioner, or a designated hearing officer, and held in conformance with § 9-6.14:12 of the Code of Virginia. An adjudicatory hearing includes the following features:

1. *Notice.* Notice which states the time and place and the issues involved in the prospective hearing shall be sent to the owner or other person who is the subject of the hearing. Notice shall be sent by certified mail at least 15 calendar days before the hearing is to take place.
2. *Record.* A record of the hearing shall be made by a court reporter. A copy of the transcript of the hearing, if transcribed, will be provided within a reasonable time to any person upon written request and payment of the cost.
3. *Evidence.* All interested parties may attend the hearing and submit oral and documentary evidence and rebuttal proofs, expert or otherwise, that are material and relevant to the issues in controversy. The admissibility of evidence shall be determined in accordance with § 9-6.14:12 of the Code of Virginia.
4. *Counsel.* All parties may be accompanied by and

represented by counsel and are entitled to conduct such cross examination as may elicit a full and fair disclosure of the facts.

5. *Subpoena.* Pursuant to § 9-6.14:13 of the Code of Virginia, the commissioner or hearing officer may issue subpoenas on behalf of himself or any person or owner for the attendance of witnesses and the production of books, papers or maps. Failure to appear or to testify or to produce documents without adequate excuse may be reported by the commissioner to the appropriate circuit court for enforcement.

6. *Judgment and final order.* The commissioner may designate a hearing officer or subordinate to conduct the hearing as provided in § 9-6.14:12 of the Code of Virginia, and to make written recommended findings of fact and conclusions of law to be submitted for review and final decision by the commissioner. The final decision of the commissioner shall be reduced to writing and will contain the explicit findings of fact upon which his decision is based. Certified copies of the decision shall be delivered to the owner affected by it. Notice of a decision will be served upon the parties and become a part of the record. Service may be by personal service or certified mail return receipt requested.

§ 2.9. Request for hearing.

A request for an informal hearing shall be made by sending the request in writing to the district or local health department. A request for an adjudicatory hearing shall be made in writing and directed to the commissioner at the State Department of Health in Richmond. Requests for hearings shall cite the reason(s) for the hearing request and shall cite the section(s) of these regulations involved.

§ 2.10. Hearing as a matter of right.

Any owner or other person whose rights, duties, or privileges have been, or may be affected by any decision of the board or its subordinates in the administration of these regulations shall have a right to both informal and adjudicatory hearings. The commissioner may require participation in an informal hearing before granting the request for a full adjudicatory hearing. Exception: No person other than an owner shall have the right to an adjudicatory hearing to challenge the issuance of either a construction permit or inspection statement unless the person can demonstrate at an informal hearing that the minimum standards contained in these regulations have not been applied and that he will be injured in some manner by the issuance of the permit or that ground water resources will be damaged by the issuance of the permit.

§ 2.11. Appeals.

Any appeal from a denial of a construction permit for a

private well must be made in writing and received by the department within 60 days of the date of the denial.

A. Any request for hearing on the denial of an application for a variance pursuant to § 2.7 D.1 must be made in writing and received within 60 days of receipt of the denial notice.

B. Any request for a variance must be made in writing and received by the department prior to the denial of the private well permit, or within 60 days after such denial.

C. In the event a person applies for a variance within the 60-day period provided by subsection B above, the date for appealing the denial of the permit, pursuant to subsection A above, shall commence from the date on which the department acts on the request for a variance.

D. Pursuant to the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia) an aggrieved owner may appeal a final decision of the commissioner to an appropriate circuit court.

§ 2.12. Permits and inspection statement; general.

All private wells shall be constructed and located in compliance with the requirements as set forth in these regulations.

A. Except as provided in § 2.12 B, after the effective date of these regulations, no person shall construct, alter, rehabilitate, or extend a private well, or allow the construction, alteration, rehabilitation, or extension of a private well, without a written construction permit from the commissioner. Conditions may be imposed on the issuance of any permit and no private well shall be constructed or modified in violation of those conditions. The replacement of a well pump, or the replacement of a well seal or cap with an equivalent well seal or cap, shall not be considered a well modification.

B. No permit shall be required for the construction, operation, or abandonment of dewatering wells. Furthermore, dewatering wells are exempted from the construction requirements found in § 3.7 of these regulations. All dewatering wells shall be abandoned within 60 days of construction. Abandonment in this case means the removal of the well point, well casing, screening, and other appurtenances associated with the construction and operation of the well.

C. Except as provided in § 2.19, no person shall place a private well in operation, or cause or allow a private well to be placed in operation, without obtaining a written inspection statement pursuant to §§ 2.18 and 2.20.

D. Except as provided in §§ 2.16 and 2.17, construction permits for a private well shall be deemed valid for a period of 54 months from the date of issuance.

§ 2.13. Procedures for obtaining a construction permit for

a private well.

Construction permits are issued by the authority of the commissioner. All requests for a private well construction permit shall be by written application, signed by the owner or his agent, and shall be directed to the district or local health department. All applications shall be made on an application form provided by the district or local health department and approved by the commissioner.

An application shall be deemed completed upon receipt by the district or local health department of a signed and dated application, together with the appropriate fee, containing the following information:

1. The property owner's name, address, and telephone number;
2. The applicant's name, address, and phone number (if different from subdivision 1 above);
3. A statement signed by the property owner, or his agent, granting the Health Department access to the site for the purposes of evaluating the suitability of the site for a well and allowing the department access to inspect the well after it is installed;
4. A site plan showing the proposed well site, property boundaries, accurate locations of actual or proposed sewage disposal systems, recorded easements, and other sources of contamination within 200 feet of the proposed well site, and at the option of the applicant a proposed well design; and
5. When deemed necessary because of geological or other natural conditions, plans and specifications detailing how the well will be constructed.

§ 2.14. Issuance of the construction permit.

A construction permit shall be issued to the owner by the commissioner no later than 60 days after receipt of a complete and approvable application submitted under § 2.13.

§ 2.15. Denial of a construction permit.

If it is determined that the proposed design is inadequate or that site, geological, hydrological, or other conditions exist that do not comply with these regulations or would preclude the safe and proper operation of a private well system, or that the installation of the well would create an actual or potential health hazard or nuisance, or the proposed design would adversely impact the ground water resource, the permit shall be denied and the owner shall be notified in writing, by certified mail, of the basis for the denial. The notification shall also state that the owner has the right to appeal the denial.

§ 2.16. Revocation of construction permits and inspection statements.

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The commissioner may revoke a construction permit or inspection statement for any of the following reasons:

1. Failure to comply with the conditions of the permit;
2. Violation of any of these regulations for which no variance has been issued;
3. Facts become known which reveal that a potential health hazard would be created or that the ground water resources may be adversely affected by allowing the proposed well to be installed or completed.

§ 2.17. Voidance of construction permits.

Null and void. All well construction permits are null and void when (i) conditions such as house location, sewage system location, sewerage system location, topography, drainage ways, or other site conditions are changed from those shown on the application, (ii) conditions are changed from those shown on the construction permit, or (iii) more than 54 months elapse from the date the permit was issued. Reapplication for the purposes of having an expired permit reissued shall be the responsibility of the owner, and such reapplication shall be handled as an initial application and comply fully with § 2.13.

§ 2.18. Statement required upon completion of construction.

Upon completion of the construction, alteration, rehabilitation or extension of a private well, the owner or agent shall submit to the district or local health department a statement, signed by the contractor, upon the form set out in Appendix IV, that the well was installed and constructed in accordance with the permit, and further that the well complies with all applicable state and local regulations, ordinances and laws.

§ 2.19. Inspection and correction.

No well shall be placed in operation, except for the purposes of testing the mechanical soundness of the system, until inspected by the district or local health department, corrections made if necessary, and the owner has been issued an inspection statement by the district or local health department.

§ 2.20. Issuance of the inspection statement.

Upon satisfactory completion of the requirements of §§ 2.18, 2.19, 3.3, 3.9 and 3.10, the commissioner shall issue an inspection statement to the owner. The issuance of an inspection statement does not denote or imply any warranty or guarantee by the department that the private well will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, replace, or to comply with the

requirements to abandon any private well.

PART III. DESIGN AND CONSTRUCTION CRITERIA.

Article 1. General Requirements.

§ 3.1. General.

These regulations do not apply to private wells constructed, altered, rehabilitated or extended prior to the effective date of these regulations unless the well construction is modified or expanded after the effective date of these regulations.

§ 3.2. Classes of water wells.

The following classes of private wells are established for purposes of these regulations. These classes are in addition to those established in the current Commonwealth of Virginia Waterworks Regulations and are intended for use for private well systems:

1. Class III - Private wells constructed to be used as a source of drinking water.
2. Class IV - Private wells constructed for any purpose other than use as a source of drinking water.

§ 3.3. Water quality and quantity.

A. The water quality requirements contained in this section apply only to Class III private wells. Class IV private wells (wells not constructed as a source of drinking water) are not subject to any quality requirements. These regulations contain no well yield requirements. See Appendix I for suggested minimum well yields for residential supplies.

B. A sample tap shall be provided at or near the water entry point into the system so that samples may be taken directly from the source; this requirement may be met by utilizing the first tap on a line near where the plumbing enters the house (may be a hose bib), provided the tap precedes any water treatment devices.

C. The entire water system including the well shall be disinfected prior to use (see § 3.9 and Appendix II).

D. After operating the well to remove any remaining disinfectant, a sample of the water from the well shall be collected by the district or local health department for bacteriological examination. The sample may be collected by the owner, well driller, or other person provided the sample is submitted to the Department of General Services, Division of Consolidated Laboratory Services, or a private laboratory certified by the Department of General Services, Division of Consolidated Laboratory Services, for analysis.

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E. A Class III private well shall be considered satisfactory if the water sample(s) test(s) negative for coliform organisms as described in subdivision 1 or 2 below. Sources with positive counts shall be tested as described in subdivision 3 below to determine if the water supply is amenable to continuous disinfection (chlorination).

1. Where a private well has no unsatisfactory water sample within the previous 12 months, one water sample which tests negative for coliform bacteria shall be considered satisfactory for coliform organisms.

2. Where a private well has had one or more positive water samples within the past 12 months for coliform bacteria, at least two consecutive samples must be collected and found negative for coliform organisms before the supply may be considered satisfactory for coliform organisms. The samples must be collected at least 24 hours apart and the well may not be disinfected between samples.

3. When a private well does not test satisfactory for coliform organisms continuous disinfection may be recommended to the homeowner if the water supply is found to be suitable for continuous disinfection. A minimum of 10 samples shall be collected and tested for total coliform using an MPN methodology. The geometric mean of the samples shall be calculated and if the result is less than 100 organisms per 100 ml, the supply shall be considered satisfactory for continuous disinfection.

F. If tests indicate that the water is unsatisfactory and no other approvable source is available, adequate methods of water treatment shall be applied and demonstrated to be effective pursuant to § 3.3 B.3 prior to the issuance of an inspection statement. The district or local health department shall be consulted when treatment is necessary.

§ 3.4. Well location.

A. Sanitary survey.

Any obvious source of toxic or dangerous substances within 200 feet of the proposed private well shall be investigated as part of the sanitary survey by the district or local health department. Sources of contamination may include, but are not limited to, items listed in Table 3.1, abandoned wells, pesticide treated soils, underground storage tanks, and other sources of physical, chemical or biological contamination. If the source of contamination could affect the well adversely, and preventive measures are not available to protect the ground water, the well shall be prohibited. The minimum separation distance between a private well and structures, topographic features, or sources of pollution shall comply with the minimum distances shown in Table 3.1. Where the minimum separation distances for Class III and IV wells cannot be met, a permit may be issued under these

regulations for a well meeting all of the construction criteria and separation distance requirements, without deviation, found in the Commonwealth of Virginia Water works Regulations and such well shall also meet the water quality requirements of § 3.3.

Table 3.1
Distances (in feet) Between a Well
and a Structure or Topographic Feature
Structure or Class III or IV Class I or II (1)
Topographic Feature

Property line	10	10
Building Foundation	10	10
Building Foundation (Termite Treated)	100 (2)	50
Utility Line	10	10
Sewer Line	50	50 (3)
Sewerage System	50	50
Pretreatment System (e.g. Septic Tank or Aerobic Unit) Sewage System (barnyard, hog lot or similar contaminant source)	100	50
Cemetery	100	50
Sewage Dump Station	100	50

1. Class I and II well construction standards and these separation distances are contained in the Commonwealth of Virginia Waterworks Regulations.

2. See section 3.4 D.

3. Private wells shall not be constructed within 50 feet of a sewer except as provided below. Where special construction and pipe materials are used in a sewer to provide adequate protection, a Class II well may be located as close as 10 feet to the sewer line. Special construction constitutes sewer pipe meeting AWWA specifications, pressure tested (10 feet of water) in place without leakage prior to backfilling. However, in no case shall a private well be placed within 10 feet of a sewer.

B. Downslope siting of wells from potential sources of pollution.

Special precaution shall be taken when locating a well within a 60 degree arc directly downslope from any part of any existing or intended onsite sewage disposal system or other known source of pollution, including, but not limited to, buildings subject to termite or vermin treatment, or used to store polluting substances or storage tanks or storage areas for petroleum products or other deleterious substances. The minimum separation distance shall be: (i) increased by 25 feet for every 5.0% of slope; or (ii) an increase shall be made to the minimum depth of grout and casing in the amount of five feet for every 5.0% of slope.

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C. Sites in swampy areas, low areas, or areas subject to flooding.

No private well covered by these regulations shall be located in areas subject to the collection of pollutants such as swampy areas, low areas, or areas subject to flooding. Wells located in flood plains shall be adequately constructed so as to preclude the entrance of surface water during flood conditions. At a minimum, such construction will include extending the well terminus 18 inches above the annual flood level. Other requirements may be made as determined on a case by case basis.

D. Pesticide and termite treatment.

No Class III or Class IV private well shall be placed closer than 100 feet to a building foundation that has been chemically treated with any termiticide or other pesticide except as provided below. Further, no termiticides or other pesticides shall be applied within five feet of the water supply trench. A Class III or Class IV private well may be placed as close as 50 feet to a chemically treated foundation if special precautions are or have been taken. Special precautions include the application of pesticides by pouring or spraying on the foundation excavation prior to construction, or the removal and treatment of soil at a site 50 feet or more from the well and then backfilling with the treated soil.

§ 3.5. Site protection.

A. No objects, articles, or materials of any kind which are not essential to the operation of the well shall be placed or stored in a well house, on the well head or well pump or water treatment system, or within close proximity to them.

B. The minimum distance between any well subject to these regulations and any property line shall be 10 feet.

C. Fencing of an area around the well, or the placement of other barriers or restrictions, may be required as a condition of the permit under certain circumstances, such as to prohibit livestock access to the well head or to prohibit vehicles from damaging or polluting the area around the well head.

D. The area around the well shall be graded to divert surface water away from the well.

§ 3.6. Materials.

A. General.

All materials used in private wells shall have long-term resistance to corrosion and sufficient strength to withstand hydraulic, lateral and bearing loads.

B. Casing.

Materials used for casing shall be watertight and shall

consist of wrought iron, concrete tile, clay tile, steel, stainless steel or plastic, all designed for water well use or other suitable materials as determined by the division on a case by case basis. Driven casings shall consist of ductile iron, steel or stainless steel and shall be equipped with a suitable drive boot.

C. Screens.

Where utilized, screens shall be constructed of stainless steel, plastic or other suitable materials as determined by the division on a case by case basis. Screens shall be constructed of materials which will not be damaged by any chemical action of the ground water or future cleaning operations. Additionally, screens shall be constructed of materials which will not degrade ground water quality.

D. Joints.

Joints shall be watertight and mechanically sound. Welded joints shall have smooth interior surfaces and shall be welded in accordance with acceptable welding practice.

E. Gravel.

Gravel utilized for gravel packed wells shall be uniformly graded, cleaned, washed, disinfected and of a suitable size.

§ 3.7. Construction; general.

A. Casing.

1. Except as provided in subdivisions a through d below, all Class III and IV wells shall be cased to a minimum depth of 20 feet or terminated not less than one foot in bedrock when bedrock is encountered at a depth less than 20 feet.

a. When in unconsolidated material, the casing shall terminate in the aquifer but in no instance be less than 20 feet.

b. Where an aquifer is encountered at less than 20 feet, Class IV wells may be cased to within one foot of the water bearing strata. In the instance of Class IV wells the intent of these regulations is to protect ground water quality, and not to ensure a potable water supply.

c. Alternate casing depths may be accepted for bored wells when the only aquifer lies between 11 and 20 feet provided the casing is placed within one foot of the aquifer and must not be less than 10 feet in depth from the ground surface.

d. Class III driven wells shall be cased to the water bearing strata; however, in no case less than 10 feet. No minimum casing requirements apply to

Class IV driven wells except that in order to protect ground water they shall be capable of meeting the minimum grouting requirements as described in § 3.7 C.4.b.

2. All private well casings shall be extended at least 12 inches above ground or 12 inches above a concrete floor in well house with a gravity flow drain.

3. All steel casings shall meet or exceed the material specifications found in Appendix III.

4. No plastic well casing shall be installed which will exceed 80% of its RHCP (resistance to hydraulic collapse pressure). When experience has shown, in the division's opinion, that the prevailing geologic conditions are subject to collapse or shifting, or where heavy clay or unstable backfill materials occur, plastic well casings may not exceed 50% of the RHCP rating. It shall be the responsibility of the well driller to submit calculations to the division demonstrating that individual well casings do not exceed these ratings.

B. Screens.

When used for the prevention of entry of foreign materials, screens shall be free of rough edges, irregularities, or other defects. A positive watertight seal between the screen and the casing shall be provided when appropriate.

C. Grouting.

1. General. All private wells shall be grouted. A neat cement grout is preferable over any other grout mixture. It is preferred that no openings are made in the side of the well casing. All openings through well casings shall be equipped with necessary fittings and service pipe and then provided with a positive water stop prior to grouting in order to maintain casing integrity. Grouting will be placed after the pitless unit has been installed. Grouting shall be at least four inches thick around the pitless unit.

2. Purpose. The annular space between the casing and well bore is one of the principal avenues through which undesirable water and contaminants may gain access to a well. Therefore, the annular space shall be filled with a neat cement grout, or a mixture of bentonite and neat cement.

3. Specifications. Neat cement grout shall consist of cement and water with not more than five gallons of water per sack (94 pounds) of cement. Bentonite clay may be used in conjunction with neat Portland cement to form a grouting mixture. The bentonite used must be specifically recommended by the manufacturer as being suitable for use as a well grout material and cannot exceed 6.0% by weight of the mixture. Exception: (i) When exceptional conditions require the use of a less fluid grout, to

bridge voids, a mixture of cement, sand and water in the proportion of not more than two parts by weight of sand to one part of cement with not more than five gallons of clean water per bag of cement may be used if approved by the district or local health department, or (ii) for bored wells only, a concrete (1-1-2 mix with all aggregates passing a 1 inch sieve) grout with not more than five gallons of clean water per bag of cement may be used provided a minimum three-inch annular space is available and its use approved by the district or local health department.

In cases where an open borehole has been drilled below the depth to which the casing is to be grouted, the lower part of the hole must be backfilled, or a packer must be set in the hole, to retain the slurry at the desired depth. Backfilling the hole with gravel and capping with sand is an acceptable practice. Material ordinarily sold as plaster or mortar sand is usually satisfactory; more than half the sand should be of grain sizes between 0.012 inches and 0.024 inches.

4. Depth. All private wells shall be grouted to a minimum depth of 20 feet when the casing depth is equal to or greater than 20 feet. When the casing depth is less than 20 feet, the casing shall be grouted in accordance with § 3.7 above, from the lower terminus of the casing to the surface.

a. Alternate grouting depths may be accepted for bored wells when the only aquifer suitable for a private well lies between 11 and 20 feet provided the grouting shall terminate at least one foot above the aquifer but must not be less than 10 feet in depth from the ground surface.

b. Driven wells shall be grouted to a minimum depth of five feet by excavating an oversize hole at least four inches in diameter larger than the casing and pouring an approved grout mixture into the annular space.

5. Installation. Grout shall be installed by means of a grout pump or tremie pipe from the bottom of the annular space upward in one operation until the annular space is filled, whenever the grouting depth exceeds 20 feet. Pouring of grout is acceptable for both drilled and bored wells whenever grouting depth does not exceed 20 feet. Grouting shall be brought to the ground surface and flared to provide a one foot radius around the casing at least six inches thick. When an outer casing is necessary to construct a new well, where possible, the outer casing shall be pulled simultaneously with the grouting operation.

6. Annular space. The clear annular space around the outside of the casing and the well bore shall be at least 1.5 inches on all sides except for bored wells which shall have at least a 3-inch annular space.

D. Additional casing and grouting.

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When a well is to be constructed within 200 feet of a subsurface sewage disposal system, which has been or is proposed to be installed at a depth greater than five feet below the ground surface, the casing and grouting of the water well shall be increased to maintain at least a 15-foot vertical separation between the trench bottom and the lower terminus of the casing and grouting.

E. Well head.

1. *General.* No open wells or well heads or unprotected openings into the interior of the well shall be permitted. Prior to the driller leaving the well construction site, the owner shall have the driller protect the bore hole by installing a cover adequate to prevent accidental contamination.

2. *Mechanical well seals.* Mechanical well seals (either sanitary well seals or pitless adapters) shall be used on all wells and shall be water and air tight except as provided in § 3.6 F 4.

3. *Other.* Wells greater than eight inches in diameter shall be provided with a watertight overlapping (shoebox) type cover, constructed of reinforced concrete or steel.

F. Appurtenances passing through casing.

1. *General.* All openings through well casings shall be provided with a positive water stop.

2. *Pitless well adapters.* Pitless well adapters shall be subject to approval by the division. All pitless adapters shall be installed according to the manufacturers recommendations.

3. *Sanitary well seals.* Sanitary well seals shall be subject to approval by the division. All sanitary well seals shall be installed according to the manufacturers recommendations.

4. *Venting.* Venting shall be provided in such a manner as to allow for the passage of air, but not water, insects, or foreign materials, into the well.

§ 3.8. Observation, monitoring, and remediation wells.

A. Except as provided in §§ 3.8 B and 3.8 C, observation and monitoring wells are exempted from these regulations.

B. Observation or monitoring wells shall be constructed in accordance with the requirements for private wells if they are to remain in service after the completion of the ground water study.

C. Observation or monitoring wells shall be properly abandoned in accordance with § 3.11 within 90 days of abandonment.

§ 3.9. Disinfection.

All Class III private wells shall be disinfected before placing the well(s) in service. Disinfection shall be accomplished by maintaining a 100 mg/l solution of chlorine in the well for 24 hours utilizing the dosage rates set forth in Appendix II.

§ 3.10. Information to be reported.

A copy of a Uniform Water Well Completion Report (see Appendix IV) shall be provided to the district or local health department within 30 days of the completion of the well or completion of alterations thereto.

§ 3.11. Well abandonment.

A. Well abandonment is governed jointly by the State Water Control Board and the Department of Health pursuant to § 62.1-44.92(6) of the Ground Water Act of 1973. In addition, the abandonment of any private well governed by these regulations, or any private well abandoned as a condition of a permit issued under these regulations, shall be administered by the Department of Health in conformance with this section.

B. All casing material may be salvaged.

C. The well shall be checked from land surface to the entire depth of the well before it is plugged to ascertain freedom from obstructions that may interfere with plugging (sealing) operations.

D. The well shall be thoroughly chlorinated prior to plugging (sealing).

E. Bored wells shall be completely filled with cement grout or dry clay compacted in place.

F. Wells constructed in unconsolidated formations shall be completely filled with cement grout or clay slurry by introduction through a pipe initially extending to the bottom of the well. Such pipe shall be raised, but remain submerged in grout, as the well is filled.

G. Wells constructed in consolidated rock formations or which penetrate zones of consolidated rock may be filled with sand or gravel opposite the zones of consolidated rock. The top of the sand or gravel fill shall be at least five feet below the top of the consolidated rock. The remainder of the well shall be filled with sand-cement grout only.

H. Test and exploration wells shall be abandoned in such a manner as to prevent the well from being a channel for the vertical movement of water or a source of contamination to ground water.

Appendix I.

Recommended Well Yields for Residential Use Wells

All private wells should be capable of supplying water in adequate quantity for the intended usage. Failure to provide adequate capacity may cause intermittent flows and negative pressures which may cause contamination of the system through cross connections or other system deficiencies. All Class III wells should have a capacity to produce 150 gallons per bedroom per day and be capable of delivering a sustained flow of five gallons per minute per connection for 10 minutes. The system should be capable of providing at least 500 gallons per hour for at least one hour if lawns or other residential areas are to be irrigated. In general, residential use wells with yields less than 3 gallons per minute require additional storage to provide uninterrupted service during peak water use times.

Appendix II. Chlorination Dosage Rates

Casing Diameter Inches	Volume per 100 Feet in (Gallons)	70% Sodium Hypochlorite (Oz. Dry Wt.)	5% Sodium Hypochlorite (Liquid Meas.)
2	16	0.5	4 oz.
4	65	2	18 oz.
6	147	4	40 oz.
8	261	6	4.25 pts.
10	408	8	7 pts.
12	588	12	10 pts.
16	1045	20	2 gal.
20	1632	32	3.3 gal.
24	2350	48	4.67 gal.
30	3672	70	7.3 gal.
36	5288	101	10.5 gal.

Appendix III. Well Casing Specifications Steel Casings

Nom. Size (inches)	Weight (lbs./ft.)	Thickness (inches)	External Diameter	Internal Diameter
4	10.79	.237	4.5	4.026
6	18.97	.280	6.625	6.65
8	24.70	.277	8.625	8.071
10	31.20	.279	10.75	10.192

Appendix IV Uniform Well Completion Report

Commonwealth of Virginia Uniform Water Well Completion Report

Owner _____ Tax Map ID _____
 Address _____ VDH Permit _____
 Phone _____ WCB Permit _____
 WCB ID _____

* Well Data *

Total Depth of Well _____ Depth to Bedrock _____ Drilling Method _____
 Static Water Level _____ Stabilized Water Level _____ Date Completed _____
 Natural Flow (Y or N) _____ Yield _____ (GPM) Length of Test _____

Casing From _____ to _____ From _____ to _____ From _____ to _____
 Size _____ Weight _____ Size _____ Weight _____ Size _____ Weight _____
 Material _____ Material _____ Material _____

Gravel Pack From _____ to _____ From _____ to _____ From _____ to _____
 Grout From _____ to _____ From _____ to _____ From _____ to _____

Water Zones or Screened Intervals
 From _____ to _____ From _____ to _____ From _____ to _____
 Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____
 From _____ to _____ From _____ to _____ From _____ to _____
 Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____

* Use Data *

Private Well: Domestic _____ Agricultural _____ Industrial _____ Monitoring _____
 Public Well: Community _____ Non Community _____

Drillers Log *

(Use additional sheets if necessary)
 Description of Formation or Sediment

Depth	Description of Formation or Sediment	Remarks

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws

Drillers Signature _____ Date _____ Representing _____

Virginia Contractors License Number _____

Proposed Regulations

BOARD OF MEDICINE

Title of Regulation: VR 465-03-01. Regulations Governing the Practice of Physical Therapy.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public Hearing Date: N/A - Written Comments may be submitted until November 24, 1989

(See Calendar of Events section for additional information)

Summary:

The proposed amendments to the current regulations establish the authority for the Advisory Board on Physical Therapy to the Board of Medicine to use its discretion for approving additional physical therapy assistants supervised by a single physical therapist in approved institutions under the supervision of the Department of Mental Health, Mental Retardation and Substance Abuse Services to assure the health and welfare of residents in such institutions and establish a fee for reinstatement of a lapsed license that has been expired two or more years.

VR 465-03-01. Regulations Governing the Practice of Physical Therapy.

PART I. GENERAL PROVISIONS.

§ 1.1. Definitions.

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

"Board" means the Virginia Board of Medicine.

"Advisory board" means the Advisory Board on Physical Therapy.

"Evaluation" means the carrying out by a physical therapist of the sequential process of assessing a patient, planning the patient's physical therapy treatment program, and appropriate documentation.

"Examination" means an examination approved and prescribed by the board for licensure as a physical therapist or physical therapy therapist assistant.

"Physical therapist" means a person qualified by education and training to administer a physical therapy program under the direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery.

"Physical therapist assistant" means a person qualified by education and training to perform physical therapy functions under the supervision of and as directed by a

physical therapist.

"Physical therapy aide" means any nonlicensed personnel performing patient care functions at the direction of a physical therapist or physical therapist assistant within the scope of these regulations.

"Referral and direction" means the referral of a patient by a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery to a physical therapist for a specific purpose and for consequent treatment that will be performed under the direction of and in continuing communication with the referring doctor or dentist.

"Trainee" means a person undergoing a traineeship.

1. *"Relicensure trainee"* means a physical therapist or physical therapist assistant who has been inactive for four years or more and who wishes to return to the practice of physical therapy.

2. *"Unlicensed graduate trainee"* means a graduate of an approved physical therapy program who has not taken the state licensure examination or who has taken the examination but not yet received a license from the board.

3. *"Foreign trained trainee"* means a physical therapist who graduated from a school outside the United States, its territories, or the District of Columbia and who is seeking licensure to practice in Virginia.

"Traineeship" means a period of activity during which an unlicensed physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"Direct supervision" means a physical therapist is present and is fully responsible for the activities assigned to the trainee.

§ 1.2. A separate board regulation entitled VR 465-01-01, Public Participation Guidelines, which provides for involvement of the public in the development of all regulations of the Virginia State Board of Medicine, is incorporated by reference in these regulations.

PART II. LICENSURE: GENERAL REQUIREMENTS AND LICENSURE BY EXAMINATION.

§ 2.1. Requirements, general.

A. No person shall practice as a physical therapist or physical therapist assistant in the Commonwealth of Virginia except as provided in these regulations.

B. Licensure by this board to practice as a physical therapist or physical therapist assistant shall be by examination or by endorsement, whichever is appropriate.

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§ 2.2. Licensure by examination: Prerequisites to examination.

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

1. Meet the age and character requirements of §§ 54.1-2947 and 54.1-2948 of the Code of Virginia;
2. Meet the educational requirements prescribed in § 2.3 or § 2.4 of these regulations;
3. Submit the required application and credentials to the board not less than 30 days prior to the date of examination; and
4. Submit, along with his application, the examination fee prescribed in § 9.1, Fees, of these regulations.

B. Every applicant shall take the examination at the time prescribed by the board.

§ 2.3. Education requirements: Graduates of American institutions or programs.

A. A graduate of an American institution who applies for licensure as a physical therapist shall be a graduate of a school of physical therapy approved by the American Physical Therapy Association and shall submit to the board documented evidence of his graduation from such a school.

B. An applicant for licensure as a physical therapist assistant who attended an American institution shall be a graduate of a two-year college-level educational program for physical therapist assistants approved by the board and shall submit to the board documented evidence of his graduation from such a program.

§ 2.4. Educational requirement: Graduates of foreign institutions.

A. An applicant for licensure as a physical therapist who graduated from a school outside the United States or Canada shall be a graduate of such a school which offers and requires courses in physical therapy acceptable to the board on the advice of the advisory board.

B. An applicant under this section for licensure as a physical therapist, when filing his application and examination fee with the board, shall also:

1. Submit proof of proficiency in the English language by passing with a grade of not less than 560, the Test of English as a Foreign Language (TOEFL); or an equivalent examination approved by the board. TOEFL may be waived upon evidence of English proficiency.
2. Submit a photostatic copy of the original certificate or diploma verifying his graduation from a physical therapy curriculum which has been certified as a true

copy of the original by a notary public.

3. If such certificate or diploma is not in the English language, submit either:

- a. A translation of such certificate or diploma by a qualified translator other than the applicant; or
- b. An official certification from the school attesting to the applicant's attendance and graduation date.

4. Submit verification of the equivalency of the applicant's education to the following standards from a scholastic credentials service approved by the advisory board.

Total education (general and professional) - 120 semester hours

a. General education requirements. 40 or more semester hours in the following subjects: humanities, social sciences, natural sciences, biological sciences and electives.

b. Professional education requirements. 60 or more semester hours; the course of professional study shall include: basic health sciences, clinical sciences, clinical education, and other electives.

c. Education requirements of foreign trained physical therapists shall be equivalent to the entry level degree of U.S. trained physical therapists as established by the American Physical Therapy Association.

5. Submit verification of having successfully completed a full-time 1000 hour traineeship (approximately six months) under the direct supervision of a physical therapist licensed under § 54.1-2946 of the Code of Virginia. The initial 500 hours must be in an acute care facility treating both in and out patients and 500 hours may be in another type of physical therapy facility which is on the list approved by the advisory board.

6. The traineeship must be completed in Virginia:

- a. At a JCAH accredited hospital or other facility approved by the advisory board; and
- b. At a hospital that serves as a clinical education facility for students enrolled in an accredited program in physical therapy education in Virginia.

7. It will be the responsibility of the trainee to make the necessary arrangements for his training with the Director of Physical Therapy, or the director's designee at the facility selected by the trainee.

8. The physical therapist supervising the trainee shall submit a progress report to the chairman of the

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advisory board at the end of 500 hours of training. A final report will be submitted at the end of the second 500 hours. These reports will be submitted on forms supplied by the advisory board.

9. If the trainee's performance is unsatisfactory, during the training period, the supervising therapist will notify, in writing, the chairman of the advisory board.

10. If the traineeship is not successfully completed at the end of the six-month period, the advisory board shall determine if the traineeship will be continued for a period not to exceed six months.

11. The traineeship requirements of this part may be waived, at the discretion of the advisory board, if the applicant for licensure can verify, in writing, the successful completion of one year of clinical practice in the United States, its territories or the District of Columbia.

12. A foreign trained physical therapist licensed in another state who has not less than one year of clinical practice in the United States, its territories or the District of Columbia must comply with the 1000 hour traineeship requirement for licensure by endorsement.

PART III. EXAMINATION.

§ 3.1. Conditions of examinations.

A. The licensure examinations for both physical therapists and physical therapist assistants shall be prepared and graded as prescribed and approved by the board.

B. The advisory board shall schedule and conduct the examinations at least once each fiscal year, the time and place to be determined by the advisory board.

C. The physical therapy examination shall be a three part examination as follows: Part I shall cover the topics of Basic Sciences; Part II shall cover the topics of Clinical Sciences; and Part III shall cover the topics of Theory and Procedures, and physical therapy treatment.

D. The physical therapy assistant examination shall be an examination approved by the board as prescribed in § 54.1-2948.

§ 3.2. Examination scores.

A. The minimum passing scores shall be:

1. For the physical therapist examination: 70% on each of the three parts and an overall average of 75%.

2. For the physical therapist assistant examination: 75%.

B. The scores shall be filed with the appropriate interstate reporting services.

§ 3.3. Failure to pass.

A. An applicant who fails the examination after three attempts shall be required to satisfactorily complete a full time supervised traineeship approved by the chairman of the Advisory Board on Physical Therapy as prescribed in § 8.4, Traineeship, prior to being eligible for three additional attempts.

PART IV. LICENSURE BY ENDORSEMENT.

§ 4.1. Endorsement.

A physical therapist or physical therapist assistant who has been licensed by another state or territory or the District of Columbia by examination equivalent to the Virginia examination at the time of licensure and who has met all other requirements of the board may, upon recommendation of the advisory board to the board, be licensed in Virginia by endorsement.

PART V. PRACTICE OF PHYSICAL THERAPY.

§ 5.1. General requirements.

All services rendered by a physical therapist shall be performed only upon medical referral by and under the direction of a doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery.

§ 5.2. Individual responsibilities to patients and to referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery.

A. The physical therapists' responsibilities are to evaluate a patient, plan the treatment program and administer and document treatment within the limit of his professional knowledge, judgment, and skills.

B. A physical therapist shall maintain continuing communication with and shall report the results of periodic evaluation of patients to the referring practitioner.

§ 5.3. Supervisory responsibilities.

A. A physical therapist shall supervise no more than three physical therapist assistants at any one time participating in the treatment of patients.

B. A physical therapist shall be responsible for any action of persons performing physical therapy functions under the physical therapist's supervision or direction.

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C. A physical therapist may not delegate physical therapy treatments to physical therapy aides except those activities that are available without prescription in the public domain to include but not limited to hot packs, ice packs, massage and bandaging.

D. Supervision of a physical therapy aide means that a licensed physical therapist or licensed physical therapist assistant must be within the facility to give direction and instruction when procedures or activities are performed. Such nonlicensed personnel shall not perform those patient care functions that require professional judgment or discretion.

E. For patients assigned to a physical therapist assistant, the physical therapist shall make visits to such patients jointly with the assistant at the frequency prescribed in § 6.1 of these regulations.

F. The advisory board may at its discretion approve the utilization of more than three physical therapist assistants supervised by a single physical therapist in institutions under the supervision of the Department of Mental Health, Mental Retardation and Substance Abuse Services where the absence of physical therapy care would be detrimental to the welfare of the residents of the institution.

PART VI.

PRACTICE OF PHYSICAL THERAPIST ASSISTANTS.

§ 6.1. Scope of responsibility.

A. A physical therapist assistant is permitted to perform all physical therapy functions within his capabilities and training as directed by a physical therapist. The scope of such functions excludes initial evaluation of the patient, initiation of new treatments, and alteration of the plan of care of the patient.

B. Direction by the physical therapist shall be interpreted as follows:

1. The initial patient visit shall be made by the physical therapist for evaluation of the patient and establishment of a plan of care.
2. The physical therapist assistant's first visit to the patient shall be made jointly with the physical therapist.
3. The physical therapist shall provide on-site supervision one of every five visits made to the patient by the physical therapist assistant during a 30-day period. Should there be fewer than five visits to the patient by the physical therapist assistant in a 30-day period, the assistant shall be supervised on-site at least once during that period by the physical therapist.
4. Failure to abide by this regulation due to absence

of the physical therapist in case of illness, vacation, or professional meeting, for a period not to exceed five consecutive days, will not constitute violation of the foregoing provisions.

PART VII.

RENEWAL OF LICENSURE; UPDATE FOR QUALIFICATIONS.

§ 7.1. Biennial renewal of license.

Every physical therapist and physical therapist assistant who intends to continue practice shall renew his license biennially during his birth month in each even numbered year and pay to the board the renewal fee prescribed in § 9.1 of these regulations.

A. A licensee whose license has not been renewed by the first day of the month following the month in which renewal is required shall be dropped from the registration roll.

B. An additional fee to cover administrative costs for processing a late application shall be imposed by the board. The additional fee for late renewal of licensure shall be \$25 for each renewal cycle.

§ 7.2. Updates on professional activities.

A. The board shall require from physical therapists and physical therapist assistants licensed or applying for licensure in Virginia reports concerning their professional activities as shall be necessary to implement the provisions of these regulations.

B. A minimum of 720 hours of practice shall be required for licensure renewal for each biennium.

C. Any physical therapist or physical therapist assistant who fails to meet the requirements of subsection B of this section shall be considered to have been inactive since the professional activity requirement was last satisfied and the license shall be deemed to have expired and become invalid.

PART VIII.

TRAINEESHIP REQUIREMENTS.

§ 8.1. Traineeship required for relicensure.

A. Any physical therapist or physical therapist assistant who has been inactive as described in § 7.1 for a period of four years or more and who wishes to resume practice shall first serve a traineeship.

B. The period of traineeship to be served by such person shall be:

1. A minimum of one month full time for those inactive for a period of four to six years.

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2. A minimum of two months full time for those inactive for a period of six to 10 years.

3. A minimum of three months full time for those inactive for a period exceeding 10 years.

C. The physical therapist who serves as the supervisor of a trainee under this section shall certify to the advisory board upon completion of the traineeship that the trainee's knowledge and skills meet current standards of the practice of physical therapy.

D. Upon receipt of a petition from a person seeking relicensure and declaring hardship, the advisory board may, at its discretion, recommend to the board that the traineeship provision be waived.

§ 8.2. Additional requirement for physical therapist : examination.

In addition to the traineeship required in § 8.1, any physical therapist seeking relicensure who has been inactive for six years or more shall take and pass the theory and procedures portion of an examination prescribed by the board with a grade of 70% or more and a fee as prescribed in § 9.1.

§ 8.3. Exemption for physical therapist assistant.

A physical therapist assistant seeking relicensure who has been inactive shall be exempt from reexamination requirements but not from traineeship requirements.

§ 8.4. Traineeship required for unlicensed graduate scheduled to sit for the board's licensure examination as required by regulation in § 2.1.

A. Upon approval of the chairman of the advisory board, an unlicensed graduate trainee may be employed under the direct supervision of a physical therapist while awaiting the results of the next licensure examination.

B. The traineeship shall terminate upon receipt by the candidate of the licensure examination results.

C. A person not taking the licensure examination within three years after graduation shall serve a three-month traineeship before taking the licensure examination.

PART IX. FEES.

§ 9.1. The following fees have been established by the board:

1. The fee for physical therapist examination shall be \$200.

2. The fee for the physical therapist assistant examination shall be \$200.

3. The fee for licensure by endorsement for the physical therapist shall be \$225.

4. The fee for licensure by endorsement for the physical therapist assistant shall be \$225.

5. The fees for taking the physical therapy or physical therapist assistant examination are nonrefundable. An applicant may, upon request 21 days prior to the scheduled exam, and payment of the \$100 fee, reschedule for the next time such examination is given.

6. The fee for license renewal for a physical therapist assistant's license is \$80 and shall be due in the licensee's birth month, in each even numbered year. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$25 for each renewal cycle.

7. The fee for license renewal for a physical therapy license is \$125 and shall be due in the licensee's birth month, in each even numbered year. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$25 for each renewal cycle.

8. The examination fee for reinstatement of an inactive license as prescribed in § 8.2 shall be \$75.

9. Lapsed license. The fee for reinstatement of a physical therapist license issued by the Board of Medicine pursuant to § 54.1-2904, which has expired for a period of two years or more, shall be \$225 and must be submitted with an application for licensure reinstatement.

HRB-30-059
Revised: 1/18/89

INSTRUCTIONS FOR LICENSURE BY EXAMINATION
FOR FOREIGN GRADUATES
TO PRACTICE
PHYSICAL THERAPY/PHYSICAL THERAPIST ASSISTANT

The Virginia Physical Therapy or Physical Therapist Assistant examination is provided by the American Physical Therapy Association. Our next examination will be held on _____, Richmond, Virginia. The deadline date for the receipt of the completed application is thirty-five days prior to the date of the examination.

THE FEE for taking the Physical Therapy/Physical Therapist Assistant Examination is \$200.00. The fee must be accompanied by the application. APPLICATIONS WILL NOT BE PROCESSED UNLESS THE FEE IS ATTACHED AND FEES SENT BEFORE THE RECEIPT OF AN APPLICATION WILL BE RETURNED. The fee for taking the Physical Therapy/Physical Therapist Assistant examination are non-refundable. An applicant may, upon request 21 days prior to the scheduled examination, and payment of the \$100.00 fee, reschedule for the next time such examination is given.

CERTIFIED CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO: TREASURER OF VIRGINIA.

PROOF OF PROFESSIONAL EDUCATION - Submit a notarized photostatic copy of your physical therapy/physical therapist assistant diploma along with an English translation, and return with the application. Do not send the Professional Education Section of the application to your school.

QUIZ ON THE HEALING ARTS - Complete and return the Quiz on the Virginia Code and Regulations with the application. The application will not be considered complete without this Quiz.

CREDENTIALS EVALUATION -In addition to the application, candidates must provide satisfactory evidence that the curriculum from which they graduated is substantially equivalent to that approved by the American Physical Therapy Association. The Board will accept as such evidence/verification, credentials from the Evaluation Services of the International Education Research Foundation, Inc., P.O. Box 24679, Los Angeles, California 90024; The International Consultants of Delaware, 109 Barksdale Professional Center, Newark, Delaware 19711; and/or the International Credentialing Associates, Inc., SouthTrust Bank Building, Suite 1600, 150 Second Avenue North, St. Petersburg, Florida 33701.

TOEFL - Submit proof of proficiency in the English language by passing with a grade of not less than 560, the Test of English as a Foreign Language (TOEFL); or an equivalent examination approved by the Board. TOEFL may be waived upon evidence of English proficiency.

AMERICAN PHYSICAL THERAPY ASSOCIATION APPLICATION - Please complete the blue American Physical Therapy Association Application and return directly with the four page application and fee. You will find this application in the Candidate Handbook between pages 13 and 14.

TRAINEESHIP REQUIREMENTS

As required in regulation, Part II, Section 2.4., Subsection 5 thru 10 a foreign trained physical therapist must serve a full-time 1000 hour traineeship under the direct supervision of a physical therapist currently licensed in Virginia.

The traineeship requirements may be waived, at the discretion of the Advisory Board, if the applicant can verify, in writing, the successful completion of one (1) year of clinical practice in the United States, its territories or the District of Columbia.

No traineeship will be considered until the original application to take the examination has been completed and approved.

Completed applications for the examination and the traineeship are sent the first of each week to the chairman of the Physical Therapy Advisory Board for approval. This process takes approximately five working days.

Your supervisor will be notified as soon as your traineeship has been approved.

EXAMINATION RESULTS

The grading shall be done on a percentage basis with a minimum passing grade of 70% for each of the three parts and an overall average of at least 75%. An applicant who fails the examination after three attempts shall be required to satisfactory complete a full time supervised traineeship approved by the Chairman of the Advisory Board on Physical Therapy.

The results of the examination are received directly from the A.S.I. Processing Center. This process takes about four to six weeks. Please do not contact the Board office. These results will be sent out as soon as they are received.

GENERAL INFORMATION

It is unlawful to practice Physical Therapy in Virginia until you have received your Virginia license or until you have received authorization from the Board office to serve a traineeship under the direct supervision of a licensed Physical Therapist in Virginia.

COMMONWEALTH of VIRGINIA

Department of Health Regulatory Boards
Board of Medicine
1601 Rolling Hills Drive
Richmond, Virginia 23224-5005

Office Use Only
EXAM _____
END _____

APPLICATION
FOR A
LICENSE
TO PRACTICE
PHYSICAL THERAPY

SECURELY PASTE
A PASSPORT SIZE
PHOTOGRAPH

TO THE BOARD OF MEDICINE OF VIRGINIA:

I HEREBY MAKE APPLICATION FOR A LICENSE TO PRACTICE
PHYSICAL THERAPY IN THE STATE OF VIRGINIA AND SUBMIT THE
FOLLOWING STATEMENTS

1. NAME IN FULL (PLEASE PRINT OR TYPE)

(LAST) (FIRST) (MIDDLE/MAIDEN) (JR./SR.)

(STREET) (CITY) (STATE) (ZIP CODE)

(DATE OF BIRTH) (PLACE OF BIRTH) (SOCIAL SECURITY NUMBER)

(GRADUATION DATE) (PROF. SCH. DEGREE) (SCHOOL, CITY STATE)

() () () () () () () () () () () ()

APPLICANTS DO NOT USE SPACES BELOW THIS LINE — FOR OFFICE USE ONLY

APPROVED BY: _____ Date
Chairman, Advisory Board on Physical Therapy

(CLASS) (LICENSE NO.) (SUFFIX) (SCH. CODE) (FEE) (HOW REG.) (BASE STATE)

(LICENSE NO.) (EXPIRATION DATE) (DATE ISSUED)

(ADDRESS CHANGE)

(STREET) (CITY) (STATE) (ZIP CODE)

- * PLEASE SUBMIT ADDRESS CHANGES IN WRITING IMMEDIATELY!
- * PLEASE ATTACH ORIGINAL CHECK OR MONEY ORDER. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE FEE. DONOR PERMITS FOR ANY APPLICATIONS WILL BE REVOKED.

2. List in chronological order all professional practice since graduation (eg. hospital department, outpatient centers, etc.). Also list all periods of absences from work and non-professional activity/employment of more than three months. Please account for all time. If engaged in private practice, list hospital or other professional practice.

From	To	Location and Complete Address	Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Virginia Register of Regulations
4016

ALL QUESTIONS MUST BE ANSWERED: If any of the following questions is answered YES, explain and substantiate with documentation.

- 3. List all states in which you have been issued a license to practice physical therapy; active, inactive, or expired.
Indicate license number and date issued: _____

- 4. Have you ever been denied the privilege of taking a physical therapy licensure examination? Yes No
- 5. Have you ever taken the PES examination? If so, what state? _____ Yes No
- 6. Have you ever been denied a physical therapy license? Yes No
- 7. Have you ever been convicted of a violation of or pled Nolo Contendere to any Federal, State, or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violation, except convictions for driving under the influence) Yes No
- 8. Have you ever been censured, warned, or requested to withdraw from any licensed hospital staff, nursing home, or other health care facility? Yes No
- 9. Have you ever had any of the following disciplinary actions taken against your license to practice physical therapy, or are any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) have your practice monitored. Yes No
- 10. Have you ever had any membership in a state or local professional society revoked, suspended, or involuntarily withdrawn? Yes No
- 11. Have you had any malpractice suits brought against you in the last ten years? If so, how many? _____ Provide a letter from your attorney explaining each case. Yes No
- 12. Have you ever been physically or emotionally dependent upon use of alcohol/drugs? Yes No
- 13. Have you ever been treated by, consulted with, or been under care of a professional for substance abuse? If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. Yes No
- 14. Have you ever received treatment for or been hospitalized for a nervous, emotional or mental disorder? If so, provide a letter from your treating professional summarizing diagnosis, treatment, and prognosis. Yes No
- 15. Do you have a serious physical disease or diagnosis which could effect your performance of professional duties? If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. Yes No
- 16. Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution? Provide details. Yes No

17. AFFIDAVIT OF APPLICANT:

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine any information, files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice physical therapy in the state of Virginia.

RIGHT THUMB PRINT

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

IF RIGHT THUMB IS MISSING, USE LEFT AND SO INDICATE.

Signature of Applicant

NOTARY: City/County of _____ State of _____

Subscribed and Sworn to before me this _____ day of _____ 19____

My Commission Expires _____ Notary Public

(NOTARY SEAL)

CERTIFICATE OF PROFESSIONAL EDUCATION (Not For Use By Foreign Trained Applicants)

It is hereby certified that _____
Name of Applicant

matriculated in _____ on _____
Course or Study Date

and received/will receive a diploma from _____
Institution

conferring the degree of _____
Degree

on _____
Date

SCHOOL SEAL

Date, Prerequisite Date for U.S. Citizens

QUIZ - PHYSICAL THERAPY PRACTICE ACT

Instructions:

This is an open book quiz, please consult:

1. Laws of Virginia Relating to Medicine and Other Healing Arts
2. Rules and Regulations Governing the Practice of Physical Therapy

There is only one correct answer, please choose the best answer:

1. A newly graduated but unlicensed PT/PTA shall be allowed to work as a trainee under the direct supervision of licensed physical therapist:
 - a. is not allowed under Virginia law
 - b. after receipt of his licensure examination results indicating a passing score
 - c. following completion of this application and receipt of it by the Board of Medicine
 - d. upon receiving written approval by the Chairman of the Advisory Board on Physical Therapy
2. What is the maximum number of Physical Therapist Assistants that a Physical Therapist may supervise?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
3. Which of the following is accurate?
 - a. non licensed personnel may be supervised by Physical Therapist Assistants
 - b. non licensed personnel may only be supervised by Physical Therapist
 - c. the ratio of licensed to non licensed personnel is 1 to 2
 - d. non licensed personnel must receive a minimum of 4 weeks on the job training
4. In supervising PTA's in home health or other facilities:
 - a. following the PT's initial evaluation, the PTA may make the first visit alone
 - b. the PTA may make the second through the fourth visits alone
 - c. the PT must be on site for every treatment done by the PTA
 - d. a PT may make the fifth visit alone then share information jointly with the PTA
5. The professional activity requirements a PT/PTA must perform to maintain current licensure is:
 - a. 300 hours cumulative for each biennium
 - b. 125 hours per year
 - c. 360 hours per year
 - d. 720 hours cumulative for each biennium
6. The Physical Therapist Assistant is excluded from doing which of the following task:
 - a. discharge planning
 - b. initiation of new treatments
 - c. writing progress notes
 - d. goniometric assessments
7. A referral from which of the following is not permitted by Virginia law?
 - a. osteopath
 - b. podiatrist
 - c. chiropractor
 - d. psychologist
8. The practice of physical therapy includes:
 - a. usage of roentgen rays for therapeutic purposes
 - b. osteokinematic techniques
 - c. cauterization
 - d. use of electricity for shock therapy
9. According to Section 54.1-2914, what constitutes unprofessional conduct for a Physical Therapist?
 - a. publishes advertising that contains a claim of superiority of his/her physical therapy services
 - b. minimally documents treatment in the medical records
 - c. recommends specific name brands of TENS units
 - d. none of the above
10. To report a violation by a PT/PTA of the laws of the Healing Arts and Rules and Regulation, one should contact the:
 - a. Attorney General's Office
 - b. Office of the Virginia Board of Medicine/Enforcement Division
 - c. Commonwealth's Attorney
 - d. Virginia Physical Therapy Association

HRB-03-059
Revised: 2/22/89

VIRGINIA BOARD OF MEDICINE
1601 ROLLING HILLS DRIVE
RICHMOND, VIRGINIA 23229-5005

TRAINEESHIP APPLICATION

FOREIGN GRADUATES THAT NEED TO COMPLETE A FULL-TIME
1000 HOURS (APPROXIMATELY 6 MONTHS) OF
TRAINEESHIP

Authorization to work as a trainee is valid only for the dates indicated on the "Statement of Authorization" issued by the Board of Medicine. Unforeseen circumstances that require interruption or prevent successful completion of the Traineeship should be brought to the attention of the Board. This traineeship may only be served under a Virginia licensed physical therapist.

Traineeship will begin on _____ and will end on _____

(Please print or type)

Name of Trainee _____

Name and Title of Supervisor _____

Name and address of institution _____

We, the undersigned, have read and understand Regulation VR465-03-01-Part II, Section 2.4 "Educational requirement: Graduates of foreign institution", pertaining to foreign trained physical therapist that need to serve a full-time 1000 hours of traineeship and agree to abide by the conditions contained herein.

Signature of Trainee _____ Signature of Supervisor _____

FOR OFFICE USE ONLY

Approved by _____
Chairman, Advisory Board on Physical Therapy

Date _____

HRB-30-059
Revised: 1/18/89

INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT
TO PRACTICE
PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT

Physical Therapist and Physical Therapist Assistants who have been licensed by examination in another state, territory, or the District of Columbia, equivalent to the Virginia examination at the time they were licensed and, having met the following requirements, may at the recommendation of the Advisory Board on Physical Therapy to the Virginia Board of Medicine, be accepted for licensure by endorsement in Virginia.

The completed application should be returned to this office along with the licensure fee of \$225.00. APPLICATIONS WILL NOT BE PROCESSED UNLESS THE FEE IS ATTACHED AND FEES SENT BEFORE THE RECEIPT OF AN APPLICATION WILL ALSO BE RETURNED.

CERTIFIED CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO: TREASURER OF VIRGINIA.

PROOF OF PROFESSIONAL EDUCATION - Professional Education Section (Bottom, page 4 of application) should be completed by your physical therapy/physical therapist assistant school of graduation. The entire application must be forwarded. We will not accept copies.

QUIZ ON THE HEALING ARTS - Complete and return the Quiz on the Virginia Code and Regulations with the application. The application will not be considered complete without this quiz.

P.E.S. SCORES - Complete the enclosed form and mail to the Interstate Reporting Service. The initial registration fee is thirty dollars (\$30.00) and the reporting fee is five dollars (\$5.00). Fees should accompany your request for the reporting of your scores. You may obtain your identification number, NOT your social security number, and the date and place of examination from the State Board which administered your P.E.S. examination. The Board of Medicine neither accepts from nor reports to another Board a candidate's scores attained on the Professional Examination Services examination (P.E.S.). Therefore, an endorsement candidate who has taken the P.E.S. examination must register with the Interstate Reporting Service and request that your scores be reported to the Virginia Board of Medicine.

EMPLOYMENT AND STATE LICENSURE QUESTIONNAIRE - One employment and one state licensure questionnaire is enclosed. You may xerox these forms. Send one form to each place of employment in the last ten (10) years. All professional practice since graduation from Physical Therapy/Physical Therapist Assistant school for the past ten years must be included. PLEASE NOTE THAT YOUR SIGNATURE MUST BE ON THE FRONT SIDE OF EACH EMPLOYMENT QUESTIONNAIRE. Also, send the state licensure questionnaire to those states in which you have held or currently hold a license. Your application will not be complete until all of these forms are returned to this office.

Over

COMMONWEALTH of VIRGINIA

Department of Health Regulatory Boards
 Board of Medicine
 1601 Rolling Hills Drive
 Richmond, Virginia 23229-5005

A Physical Therapist/Physical Therapist Assistant who has been inactive in the field of physical therapy for four years or more shall be unable to obtain Virginia licensure unless and until he/she serves an approved traineeship. The traineeship application, along with the Supervisor's Guidelines, are available upon request.

GENERAL INFORMATION

Completed applications for licensure by endorsement are sent the first of each week to the chairman of the Physical Therapy Advisory Board for approval. This process takes approximately five working days. Upon receipt of approved applications from the chairman, the Board office will issue a temporary license which will be valid until the next scheduled licensing date.

It is unlawful to practice physical therapy or as a physical therapist assistant in Virginia until you have received your Virginia license or until you have received authorization from the Board office to serve a traineeship under the direct supervision of a licensed physical therapist in Virginia.

Office Use Only

EXAM _____
END _____

**APPLICATION
 FOR A
 LICENSE
 TO PRACTICE
 PHYSICAL THERAPY**

SECURELY PASTE
 A PASSPORT SIZE
 PHOTOGRAPH

TO THE BOARD OF MEDICINE OF VIRGINIA:

I HEREBY MAKE APPLICATION FOR A LICENSE TO PRACTICE PHYSICAL THERAPY IN THE STATE OF VIRGINIA AND SUBMIT THE FOLLOWING STATEMENTS:

1. NAME IN FULL (PLEASE PRINT OR TYPE)

(LAST)	(FIRST)	(MIDDLE/MA/DM)	(JR SR)
(STREET)	(CITY)	(STATE)	(ZIP CODE)
(DATE OF BIRTH)	(PLACE OF BIRTH)	(SOCIAL SECURITY NUMBER)	
(GRADUATION DATE)	(PROF. SCH. DEGREE)	(SCHOOL CITY, STATE)	

APPLICANTS DO NOT USE SPACES BELOW THIS LINE — FOR OFFICE USE ONLY

APPROVED BY: _____ Date _____
 Chairman, Advisory Board on Physical Therapy

(CLASS)	(LICENSE NO.)	(SUFFIX)	(SCH. CODE)	(FEE)	(HOW REG.)	(BASE STATE)
	(LICENSE NO.)	(EXPIRATION DATE)	(DATE ISSUED)			

(ADDRESS CHANGE)

(STREET)	(CITY)	(STATE)	(ZIP CODE)
----------	--------	---------	------------

- * PLEASE SUBMIT ADDRESS CHANGES IN WRITING IMMEDIATELY!
- * PLEASE ATTACH CERTIFIED CHECK OR MONEY ORDER. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE FEE. DO NOT SUBMIT FEE WITHOUT AN APPLICATION. IT WILL BE RETURNED.

ALL QUESTIONS MUST BE ANSWERED. If any of the following questions is answered YES, explain and substantiate with documentation.

3. List all states in which you have been issued a license to practice physical therapy, active, inactive, or expired. Indicate license number and date issued: _____

4. Have you ever been denied the privilege of taking a physical therapy licensure examination? _____

5. Have you ever taken the PES examination? If so, what state? _____

6. Have you ever been denied a physical therapy license? _____

7. Have you ever been convicted of a violation of or pled Nolo Contendere to any Federal, State or local statute, regulation or ordinance, or entered into any plea bargaining relating to any such misdemeanor? (Excluding traffic violation, except convictions for driving Under the Influence)

8. Have you ever been censured, warned, or requested to withdraw from any licensed facility (staff, nursing home, or other health care facility)? _____

9. Have you ever had any of the following disciplinary actions taken against your ability to practice physical therapy, or are any such actions pending? (a) Suspension of licensure (b) Probation (c) Reprimand (d) Cease and desist (e) Have your practice monitored? _____

10. Have you ever had any membership in a state or local professional society revoked, suspended, or involuntarily withdrawn? _____

11. Have you had any malpractice suits brought against you in the last ten years? If so, how many? _____ Provide a letter from your attorney explaining each case.

12. Have you ever been physically or emotionally dependent upon use of a habit-forming drug? _____

13. Have you ever been treated by, consulted with, or been under the care of a professional for substance abuse? If so, please list the name, address, telephone number, and profession of the professional. If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. _____

14. Have you ever been treated by or been hospitalized for or even hospitalized for a mental health condition? If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. _____

15. Do you have a serious physical condition or illness which could affect the ability of you, as a professional, to practice physical therapy? If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. _____

16. Have you ever been a practicing member of more than one professional organization? If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. _____

2. List in chronological order all professional practice since graduation (e.g., hospital, department, outpatient centers, etc.). Also list all periods of absence from work and non-professional activity. Employment less than three months. Please account for all time. If engaged in private practice, list hospital or other professional practice.

From _____ To _____ Location and Complete Address _____ Position Held _____

17 AFFIDAVIT OF APPLICANT:

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, persons, physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine any information, files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice physical therapy in the state of Virginia.

RIGHT THUMB PRINT
[]

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

IF RIGHT THUMB IS MISSING, USE LEFT AND SO INDICATE

Signature of Applicant

NOTARY: City/County of _____ State of _____

Subscribed and Sworn to before me this _____ day of _____ 19____

My Commission Expires _____

Notary Public

(NOTARY SEAL)

CERTIFICATE OF PROFESSIONAL EDUCATION
(Not For Use By Foreign Trained Applicants)

It is hereby certified that _____
Name of Applicant

matriculated in _____ on _____
Degree of Study Date

and received will receive a diploma from _____
Institution

concerning the degree of _____
Degree

at _____
School

SCHOOL SEAL

QUIZ - PHYSICAL THERAPY PRACTICE ACT

Instructions:

This is an open book quiz, please consult:

1. Laws of Virginia Relating to Medicine and Other Healing Arts
2. Rules and Regulations Governing the Practice of Physical Therapy

There is only one correct answer, please choose the best answer:

1. A newly graduated but unlicensed PT/PTA shall be allowed to work as a trainee under the direct supervision of licensed physical therapist:
 - a. is not allowed under Virginia law
 - b. after receipt of his licensure examination results indicating a passing score
 - c. following completion of this application and receipt of it by the Board of Medicine
 - d. upon receiving written approval by the Chairman of the Advisory Board on Physical Therapy
2. What is the maximum number of Physical Therapist Assistants that a Physical Therapist may supervise?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
3. Which of the following is accurate?
 - a. non licensed personnel may be supervised by Physical Therapist Assistants
 - b. non licensed personnel may only be supervised by Physical Therapist
 - c. the ratio of licensed to non licensed personnel is 1 to 2
 - d. non licensed personnel must receive a minimum of 4 weeks on the job training
4. In supervising PTA's in home health or other facilities:
 - a. following the PT's initial evaluation, the PTA may make the first visit alone
 - b. the PTA may make the second through the fourth visits alone
 - c. the PT must be on site for every treatment done by the PTA
 - d. a PT may make the fifth visit alone then share information jointly with the PTA

5. The professional activity requirements a PT/PTA must perform to maintain current licensure is:
 - a. 300 hours cumulative for each biennium
 - b. 125 hours per year
 - c. 360 hours per year
 - d. 720 hours cumulative for each biennium
6. The Physical Therapist Assistant is excluded from doing which of the following task:
 - a. discharge planning
 - b. initiation of new treatments
 - c. writing progress notes
 - d. goniometric assessments
7. A referral from which of the following is not permitted by Virginia law?
 - a. osteopath
 - b. podiatrist
 - c. chiropractor
 - d. psychologist
8. The practice of physical therapy includes:
 - a. usage of roentgen rays for therapeutic purposes
 - b. osteokinematic techniques
 - c. cauterization
 - d. use of electricity for shock therapy
9. According to Section 54.1-2914, what constitutes unprofessional conduct for a Physical Therapist?
 - a. publishes advertising that contains a claim of superiority of his/her physical therapy services
 - b. minimally documents treatment in the medical records
 - c. recommends specific name brands of TENS units
 - d. none of the above
10. To report a violation by a PT/PTA of the laws of the Healing Arts and Rules and Regulation, one should contact the:
 - a. Attorney General's Office
 - b. Office of the Virginia Board of Medicine/Enforcement Division
 - c. Commonwealth's Attorney
 - d. Virginia Physical Therapy Association

THE INTERSTATE REPORTING SERVICE
of the
PROFESSIONAL EXAMINATION SERVICE
in cooperation with the
AMERICAN PHYSICAL THERAPY ASSOCIATION
Physical Therapist Licensing Examination

Please do not write in this space

Application for:
 Registration
 Transfer
 Today's Date _____

Last Name _____ First Name _____
 (please print)

Address _____
 (number) (street)

 (city) (state) (zip code)

Date of examination _____

State in which examination was taken _____

Identification number _____

(This is the number you wrote on your answer sheet. If you do not know your ID number, you can obtain it from the examining agency of the state in which you took the test.)

Please report scores to the following state(s) _____

I am enclosing:

\$30.00 for registration of each examination _____

\$10.00 for each additional registration of examination part _____

\$ 5.00 for each score report _____

Total _____

In offering this Service, Professional Examination Service in no way guarantees that any Board will accept a score report in lieu of other state requirements for purposes of licensure.

Signature _____

Please do not send cash. Make your certified check or money order payable to Professional Examination Service.

Mail to: Professional Examination Service, 475 Riverside Drive, New York, NY 10115.

(212) 670 2724

CO	RPT
_____	_____
_____ DA	_____
_____ RN	_____ F
_____ ED	_____ ED
_____ ST	_____ ST
_____ ID	_____ ID
_____ FO	_____ FO
_____ T	_____ T
_____ I	_____ I
_____ II	_____ II
_____ III	_____ III
_____ ED	_____ ED
_____ ST	_____ ST
_____ ID	_____ ID
_____ FO	_____ FO
_____ T	_____ T
_____ I	_____ I
_____ II	_____ II
_____ III	_____ III

HRB-11499
Revised: 8/23/89

VERIFICATION OF STATE LICENSURE

HRB-10-659
Revised: 8/23/89

VERIFICATION OF PHYSICAL THERAPY PRACTICE

Please print or type name of
employment setting:

Name of Applicant-Please Print

The Virginia Board of Medicine received a great number of applications for licensure. Since we cannot personally interview these applicants, we are forced to depend on information from the employment settings in which the applicant has had work experience. We feel that in making our decision we can get invaluable help from those with whom the applicant has worked.

I hereby authorize all hospital, institutions, or organizations, my references, personal physicians, employers (past and present), governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information files or records requested by the Board in connection with the processing of my application.

Signature of Applicant

1. Date and type of service: This applicant served in our facility as _____ from _____ to _____.

2. Please evaluate: Poor Fair Good Superior

Professional knowledge				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

3. Recommendation: (Please indicate with check mark)

- A. Recommend highly and without reservation _____
- B. Recommend as qualified and competent _____
- C. Recommend with some reservation (explain) _____
- D. Do not recommend (explain) _____

4. Additional comments: _____

Signed: _____

Date: _____ Title _____

(This report will become a part of the applicant's file and may be reviewed by the applicant upon demand)

Applicant:

Please supply license number and forward to each state in which you are now or have been licensed.

Applicant's Name _____

Applicant's License # _____

To State Board Office:

I am applying for a license to practice physical therapy in the State of Virginia. The Board of Medicine requires that this form be completed by each jurisdiction in which I hold or have held licenses. Please complete the form and return it to the address below. Thank you.

Virginia Board of Medicine
1601 Rolling Hills Drive
Richmond, Virginia 23229-500

STATE OF _____

NAME OF LICENSEE _____

LICENSE NO. _____ DATE ISSUED _____

LICENSED THROUGH (CHECK ONE):

_____ P.E.S. EXAMINATION

_____ RECIPROCITY/ENDORSEMENT FROM _____ (NAME OF STATE)

_____ BOARD EXAMINATION OTHER THAN P.E.S.

_____ OTHER

LICENSE IS CURRENT _____ LAPSED _____ (DATE LAPSED)

HAS APPLICANT'S LICENSE EVER BEEN SUSPENDED OR REVOKED? _____

IF SO, FOR WHAT REASON? _____

DEROGATORY INFORMATION, IF ANY _____

COMMENTS, IF ANY _____

SIGNED _____

TITLE _____

BOARD SEAL

STATE BOARD _____

HRB-30-059
Revised: 1/18/89

**INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT
TO PRACTICE AS A
PHYSICAL THERAPY/PHYSICAL THERAPIST ASSISTANT
FOREIGN GRADUATES**

Physical Therapy and Physical Therapist Assistants who have been licensed by examination in another state, territory, or the District of Columbia, equivalent to the Virginia examination at the time they were licensed and, having met the following requirements, may, at the recommendation of the Advisory Board on Physical Therapy to the Virginia Board of Medicine, be accepted for licensure by endorsement in Virginia.

The completed application should be returned to this office along with the licensure fee of \$225.00. APPLICATIONS WILL NOT BE PROCESSED UNLESS THE FEE IS ATTACHED AND FEES SENT BEFORE THE RECEIPT OF AN APPLICATION WILL ALSO BE RETURNED.

CERTIFIED CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO: TREASURER OF VIRGINIA.

PROOF OF PROFESSIONAL EDUCATION - Submit a notarized photostatic copy of your physical therapy/physical therapist assistant diploma along with an English translation, and return with the application. Do not send the Professional Education Section of the application to your school.

QUIZ ON THE HEALING ARTS - Complete and return the Quiz on the Virginia Code and Regulations with the application. The application will not be considered complete without this Quiz.

P.E.S. SCORES - Complete the enclosed form and mail to the Interstate Reporting Service. The initial registration fee is thirty dollars (\$30.00) and the reporting fee is five dollars (\$5.00). Fees should accompany your request for the reporting of your scores. You may obtain your identification number, NOT your social security number, and the date and place of examination from the State Board which administered your P.E.S. examination. The Board of Medicine neither accepts from nor reports to another Board a candidate's scores attained on the Professional Examination Services examination (P.E.S.). Therefore, an endorsement candidate who has taken the P.E.S. examination must register with the Interstate Reporting Service and request that your scores be reported to the Virginia Board of Medicine.

EMPLOYMENT AND STATE LICENSURE QUESTIONNAIRES - One employment and one state questionnaire is enclosed. You may photocopy these forms. Send one form to each place of employment in the last ten (10) years. All professional practice since graduation from Physical Therapy/Physical Therapist Assistant school for the past ten years

must be included. Please note that your signature must be on the front side of each employment questionnaire. Also, send the state licensure questionnaire to those states in which you have held or currently hold a license. Your application will not be complete until all of these forms are returned to this office.

A Physical Therapist/Physical Therapist Assistant who has been inactive in the field of physical therapy for four years or more shall be unable to obtain Virginia licensure unless and until he/she serves an approved traineeship. The traineeship application, along with the Supervisor's Guidelines, are available upon request.

CREDENTIALS EVALUATION - In addition to the application, candidates must provide satisfactory evidence that the curriculum from which they graduated is substantially equivalent to that approved by the American Physical Therapy Association. The Board will accept as such evidence/verification, credentials from the Evaluation Services of the International Education Research Foundation, Inc., P.O. Box 24679, Los Angeles, California 90024; The International Consultants of Delaware, 109 Barksdale Professional Center, Newark, Delaware 19711; and/or the International Credentialing Associates, Inc., SouthTrust Bank Building, Suite 1600, 150 Second Avenue North, St. Petersburg, Florida 33701.

TOEFL - Submit proof of proficiency in the English language by passing with a grade of not less than 560, the Test of English as a Foreign Language (TOEFL); or an equivalent examination approved by the Board. TOEFL may be waived upon evidence of English proficiency.

GENERAL INFORMATION

Under Section 2.4 (12) of the Regulations: Educational requirement: Graduates of foreign institutions: "A foreign trained physical therapist licensed in another state who has less than one (1) year of clinical practice in the United States, its territories of the District of Columbia must comply with the 1000 hour traineeship requirement for licensure by endorsement.

Completed applications for licensure by endorsement are sent the first of each week to the chairman of the Physical Therapy Advisory Board for approval. This process takes approximately five working days. Upon receipt of approved applications from the chairman, the Board office will issue a temporary license which will be valid until the next scheduled licensing date.

It is unlawful to practice Physical Therapy or as a Physical Therapist Assistant in Virginia until you have received your Virginia license or until you have received authorization from the Board office to serve a traineeship under the direct supervision of a licensed physical therapist in Virginia.

COMMONWEALTH of VIRGINIA

Department of Health Regulatory Boards
Board of Medicine
1601 Roiling Hills Drive
Richmond, Virginia 23229-5005

Office Use Only
 EXAM _____
 END _____

APPLICATION
FOR A
LICENSE
TO PRACTICE
PHYSICAL THERAPY

SECURELY PASTE
A PASSPORT SIZE
PHOTOGRAPH

TO THE BOARD OF MEDICINE OF VIRGINIA:

I HEREBY MAKE APPLICATION FOR A LICENSE TO PRACTICE
PHYSICAL THERAPY IN THE STATE OF VIRGINIA AND SUBMIT THE
FOLLOWING STATEMENTS:

1. NAME IN FULL (PLEASE PRINT OR TYPE)

(LAST)	(FIRST)	(MIDDLE MAIDEN)	(JR. SR.)
(STREET)	(CITY)	(STATE)	(ZIP CODE)
(DATE OF BIRTH)	(PLACE OF BIRTH)	(SOCIAL SECURITY NUMBER)	
(GRADUATION DATE)	(PROF. SCH. DEGREE)	(SCHOOL CITY, STATE)	

APPLICANTS DO NOT USE SPACES BELOW THIS LINE — FOR OFFICE USE ONLY

APPROVED BY: _____
Chairman, Advisory Board on Physical Therapy Date

(CLASS)	(LICENSE NO.)	(SUFFIX)	(SCH. CODE)	(FEE)	(HOW REQ.)	(BASE STATE)
(LICENSE NO.)	(EXPIRATION DATE)	(DATE ISSUED)				

(ADDRESS CHANGE)

(STREET)	(CITY)	(STATE)	(ZIP CODE)
----------	--------	---------	------------

- PLEASE SUBMIT ADDRESS CHANGES IN WRITING IMMEDIATELY
- PLEASE ATTACH CERTIFIED CHECK OR MONEY ORDER. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE FEE. DO NOT SUBMIT FEE WITHOUT AN APPLICATION. IT WILL BE RETURNED.

2. List in chronological order all professional practice since graduation (eg. hospital department, outpatient centers, etc.). Also list all periods of absences from work and non-professional activity/employment of more than three months. Please account for all time. If engaged in private practice, list hospital or other professional practice.

From To Location and Complete Address Position Held

From	To	Location and Complete Address	Position Held

Virginia Register of Regulations

4026

ALL QUESTIONS MUST BE ANSWERED: If any of the following questions is answered YES, explain and substantiate with documentation.

- 3. List all states in which you have been issued a license to practice physical therapy; active, inactive, or expired.
Indicate license number and date issued: _____

- 4. Have you ever been denied the privilege of taking a physical therapy licensure examination? Yes No
- 5. Have you ever taken the PES examination? If so, what state? _____ Yes No
- 6. Have you ever been denied a physical therapy license? _____ Yes No
- 7. Have you ever been convicted of a violation of or pled Nolo Contendere to any Federal, State, or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violation, except convictions for driving under the influence) _____ Yes No
- 8. Have you ever been censured, warned, or requested to withdraw from any licensed hospital staff, nursing home, or other health care facility? _____ Yes No
- 9. Have you ever had any of the following disciplinary actions taken against your license to practice physical therapy, or are any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) have your practice monitored. _____ Yes No
- 10. Have you ever had any membership in a state or local professional society revoked, suspended, or involuntarily withdrawn? _____ Yes No
- 11. Have you had any malpractice suits brought against you in the last ten years? If so, how many? _____ Provide a letter from your attorney explaining each case. _____ Yes No
- 12. Have you ever been physically or emotionally dependent upon use of alcohol/drugs? _____ Yes No
- 13. Have you ever been treated by, consulted with, or been under care of a professional for substance abuse? If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. _____ Yes No
- 14. Have you ever received treatment for or been hospitalized for a nervous, emotional or mental disorder? If so, provide a letter from your treating professional summarizing diagnosis, treatment, and prognosis. _____ Yes No
- 15. Do you have a serious physical disease or diagnosis which could affect your performance of professional duties? If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. _____ Yes No
- 16. Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution? Provide details. _____ Yes No

17. AFFIDAVIT OF APPLICANT:

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine any information, files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice physical therapy in the state of Virginia.

RIGHT THUMB PRINT

IF RIGHT THUMB IS MISSING, USE LEFT AND SO INDICATE.

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Signature of Applicant

NOTARY: City/County of _____ State of _____

Subscribed and Sworn to before me this _____ day of _____ 19____

My Commission Expires _____ Notary Public

(NOTARY SEAL)

CERTIFICATE OF PROFESSIONAL EDUCATION (Not For Use By Foreign Trained Applicants)

It is hereby certified that _____ Name of Applicant

matriculated in _____ Course of Study ON _____ Date

and received/will receive a diploma from _____ Institution

conferring the degree of _____ Degree

on _____ Date

SCHOOL SEAL

Dean of School/Institution/Program

QUIZ - PHYSICAL THERAPY PRACTICE ACT

Instructions:

This is an open book quiz, please consult:

1. Laws of Virginia Relating to Medicine and Other Healing Arts
2. Rules and Regulations Governing the Practice of Physical Therapy

There is only one correct answer, please choose the best answer:

1. A newly graduated but unlicensed PT/PTA shall be allowed to work as a trainee under the direct supervision of licensed physical therapist:
 - a. is not allowed under Virginia law
 - b. after receipt of his licensure examination results indicating a passing score
 - c. following completion of this application and receipt of it by the Board of Medicine
 - d. upon receiving written approval by the Chairman of the Advisory Board on Physical Therapy
2. What is the maximum number of Physical Therapist Assistants that a Physical Therapist may supervise?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
3. Which of the following is accurate?
 - a. non licensed personnel may be supervised by Physical Therapist Assistants
 - b. non licensed personnel may only be supervised by Physical Therapist
 - c. the ratio of licensed to non licensed personnel is 1 to 2
 - d. non licensed personnel must receive a minimum of 4 weeks on the job training
4. In supervising PTA's in home health or other facilities:
 - a. following the PT's initial evaluation, the PTA may make the first visit alone
 - b. the PTA may make the second through the fourth visits alone
 - c. the PT must be on site for every treatment done by the PTA
 - d. a PT may make the fifth visit alone then share information jointly with the PTA
5. The professional activity requirements a PT/PTA must perform to maintain current licensure is:
 - a. 300 hours cumulative for each biennium
 - b. 125 hours per year
 - c. 360 hours per year
 - d. 720 hours cumulative for each biennium
6. The Physical Therapist Assistant is excluded from doing which of the following task:
 - a. discharge planning
 - b. initiation of new treatments
 - c. writing progress notes
 - d. goniometric assessments
7. A referral from which of the following is not permitted by Virginia law?
 - a. osteopath
 - b. podiatrist
 - c. chiropractor
 - d. psychologist
8. The practice of physical therapy includes:
 - a. usage of roentgen rays for therapeutic purposes
 - b. osteokinematic techniques
 - c. cauterization
 - d. use of electricity for shock therapy
9. According to Section 54.1-2914, what constitutes unprofessional conduct for a Physical Therapist?
 - a. publishes advertising that contains a claim of superiority of his/her physical therapy services
 - b. minimally documents treatment in the medical records
 - c. recommends specific name brands of TENS units
 - d. none of the above
10. To report a violation by a PT/PTA of the laws of the Healing Arts and Rules and Regulation, one should contact the:
 - a. Attorney General's Office
 - b. Office of the Virginia Board of Medicine/Enforcement Division
 - c. Commonwealth's Attorney
 - d. Virginia Physical Therapy Association

THE INTERSTATE REPORTING SERVICE
of the
PROFESSIONAL EXAMINATION SERVICE
in cooperation with the
AMERICAN PHYSICAL THERAPY ASSOCIATION
Physical Therapist Licensing Examination

Application for:

- Registration
- Transfer

Today's Date _____

Last Name _____ First Name _____
(please print)

Address _____
(number) (street)

(city) (state) (zip code)

Date of examination _____

State in which examination was taken _____

Identification number _____

(This is the number you wrote on your answer sheet. If you do not know your ID number, you can obtain it from the examining agency of the state in which you took the test.)

Please report scores to the following state(s) _____

I am enclosing:

- \$30.00 for registration of each examination
- \$10.00 for each additional registration of examination part
- \$ 5.00 for each score report

Total

In offering this Service, Professional Examination Service in no way guarantees that any board will accept a score report in lieu of other state requirements for purposes of licensure.

Signature _____

Please do not send cash. Make your certified check or money order payable to Professional Examination Service.

Mail to: Professional Examination Service, 475 Riverside Drive, New York, NY 10115.

(212) 870 2724

Please do not write in this space.

CO.	RPT.
_____ DA	_____
_____ RN	_____ F
_____ EO	_____ ED
_____ ST	_____ ST
_____ ID	_____ ID
_____ FO	_____ FO
_____ T	_____ T
_____ I	_____ I
_____ II	_____ II
_____ III	_____ III
_____ ED	_____ ED
_____ ST	_____ ST
_____ ID	_____ ID
_____ FO	_____ FO
_____ T	_____ T
_____ I	_____ I
_____ II	_____ II
_____ III	_____ III

HRB-30-059
Revised: 8/23/89

VERIFICATION OF PHYSICAL THERAPY PRACTICE

Please print or type name of employment setting:

Name of Applicant-Please Print

The Virginia Board of Medicine received a great number of applications for licensure. Since we cannot personally interview these applicants, we are forced to depend on information from the employment settings in which the applicant has had work experience. We feel that in making our decision we can get invaluable help from those with whom the applicant has worked.

I hereby authorize all hospital, institutions, or organizations, my references, personal physicians, employers (past and present), governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information files or records requested by the Board in connection with the processing of my application.

Signature of Applicant _____

1. Date and type of service: This applicant served in our facility as _____ from _____ to _____.

2. Please evaluate: Poor Fair Good Superior

	Poor	Fair	Good	Superior
Professional knowledge				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

3. Recommendation: (Please indicate with check mark)

- A. Recommend highly and without reservation _____
- B. Recommend as qualified and competent _____
- C. Recommend with some reservation (explain) _____
- D. Do not recommend (explain) _____

4. Additional comments: _____

Signed: _____

Date: _____

Title _____

HRB-30-059
Revised: 1/18/89

VERIFICATION OF STATE LICENSURE

Applicant:

Please supply license number and forward to each state in which you are now or have been licensed.

Applicant's Name _____

Applicant's License # _____

To State Board Office:

I am applying for a license to practice physical therapy in the State of Virginia. The Board of Medicine requires that this form be completed by each jurisdiction in which I hold or have held licenses. Please complete the form and return it to the address below. Thank you.

Virginia Board of Medicine
1601 Rolling Hills Drive
Richmond, Virginia 23229-5005

STATE OF _____

NAME OF LICENSEE _____

LICENSE NO. _____ DATE ISSUED _____

LICENSED THROUGH (CHECK ONE):

_____ P.E.S. EXAMINATION

_____ RECIPROCITY/ENDORSEMENT FROM _____ (NAME OF STATE)

_____ BOARD EXAMINATION OTHER THAN P.E.S.

_____ OTHER

LICENSE IS CURRENT _____ LAPSED _____ (DATE LAPSED)

HAS APPLICANT'S LICENSE EVER BEEN SUSPENDED OR REVOKED? _____

IF SO, FOR WHAT REASON? _____

DEROGATORY INFORMATION, IF ANY _____

COMMENTS, IF ANY _____

SIGNED _____

TITLE _____

BOARD SEAL

STATE BOARD _____

HRB-30-059
Revised: 1/18/89

INSTRUCTIONS FOR LICENSURE BY EXAMINATION
TO PRACTICE AS A
PHYSICAL THERAPIST

The Virginia Physical Therapy examination is provided by the American Physical Therapy Association. Our next examination will be held on _____ in Richmond, Virginia. The deadline date for the receipt of the completed application is thirty-five days prior to the date of the examination.

THE FEE for taking the Physical Therapy examination is \$200.00. The fee must be accompanied by the application. APPLICATIONS WILL NOT BE PROCESSED UNLESS THE FEE IS ATTACHED AND FEES SENT BEFORE THE RECEIPT OF AN APPLICATION WILL BE RETURNED. The fee for taking the Physical Therapy examination are non-refundable. An applicant may, upon request 21 days prior to the scheduled examination, and payment of the \$100.00 fee, reschedule for the next time such examination is given.

CERTIFIED CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO: TREASURER OF VIRGINIA.

PROOF OF PROFESSIONAL EDUCATION - Professional Education Section (bottom, page 4 of application) should be completed by your physical therapy school of graduation. The entire application must be forwarded. We will not accept copies.

QUIZ ON THE HEALING ARTS - Complete and return the Quiz on the Virginia Code and Regulations with the application. The application will not be considered complete without this Quiz.

AMERICAN PHYSICAL THERAPY ASSOCIATION APPLICATION - Please complete the blue American Physical Therapy Association Application and return directly with the four page application and fee. You will find this application in the Candidate Handbook between pages 13 and 14.

EXAMINATION RESULTS

The grading shall be done on a percentage basis with a minimum passing grade of 70% for each of the three parts and an overall average of at least 75%.

An applicant who fails the examination after three attempts shall be required to satisfactorily complete a full time supervised traineeship approved by the Chairman of the Advisory Board on Physical Therapy.

The results of the examination are received directly from the A.S.I. Processing Center. This process takes about four to six weeks. Please do not contact the Board office. These results will be sent out as soon as they are received.

The Board of Medicine neither accepts from nor reports to another Board a candidate's scores attained on the Physical Therapy Examination. Scores shall be obtained only from the ASI Processing Center.

TRAINEESHIPS

Upon approval by the Chairman of the Advisory Board, while awaiting the next licensure examination, an unlicensed graduate physical therapist may be employed as a trainee under the direct supervision of a licensed physical therapist in a hospital or other physical therapy setting which employs one or more licensed therapist.

No traineeship will be considered until the original application to take the examination has been completed and approved.

Completed applications for the examination and the traineeship are sent the first of each week to the chairman of the Physical Therapy Advisory Board for approval. This process takes approximately five working days.

Your supervisor will be notified as soon as your traineeship has been approved.

GENERAL INFORMATION

It is unlawful to practice Physical Therapy in Virginia until you have received your Virginia license or until you have received authorization from the Board office to serve a traineeship under the direct supervision of a licensed Physical Therapist in Virginia.

COMMONWEALTH of VIRGINIA

Department of Health Regulatory Boards
Board of Medicine
1601 Rolling Hills Drive
Richmond, Virginia 23229-5005

Office Use Only
EXAM _____
END _____

APPLICATION
FOR A
LICENSE
TO PRACTICE
PHYSICAL THERAPY

SECURELY PASTE
A PASSPORT SIZE
PHOTOGRAPH

TO THE BOARD OF MEDICINE OF VIRGINIA:

I HEREBY MAKE APPLICATION FOR A LICENSE TO PRACTICE PHYSICAL THERAPY IN THE STATE OF VIRGINIA AND SUBMIT THE FOLLOWING STATEMENTS:

1. NAME IN FULL (PLEASE PRINT OR TYPE)

(LAST)	(FIRST)	(MIDDLE, MAIDEN)	(R. S.)
(STREET)		(CITY)	(STATE) (ZIP CODE)
(DATE OF BIRTH)	(PLACE OF BIRTH)	(SOCIAL SECURITY NUMBER)	
(GRADUATION DATE)	(PROF. SCH. DEGREE)	(SCHOOL, CITY, STATE)	

APPLICANTS DO NOT USE SPACES BELOW THIS LINE — FOR OFFICE USE ONLY

APPROVED BY: _____
Chairman, Advisory Board on Physical Therapy Date

(CLASS)	(LICENSE NO.)	(SUFFIX)	(SCH. CODE)	(FEE)	(HQA REG.)	(BASE STATE)
(LICENSE NO.)		(EXPIRATION DATE)		(DATE ISSUED)		

(ADDRESS CHANGE)

(STREET)	(CITY)	(STATE)	(ZIP CODE)
----------	--------	---------	------------

- * PLEASE SUBMIT ADDRESS CHANGES IN WRITING IMMEDIATELY
- * PLEASE ATTACH CERTIFIED CHECK OR MONEY ORDER. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE FEE. DO NOT SUBMIT FEE WITHOUT AN APPLICATION. IT WILL BE RETURNED.

Proposed Regulations

ALL QUESTIONS MUST BE ANSWERED: If any of the following questions is answered YES, explain and substantiate with documentation.

3. List all states in which you have been issued a license to practice physical therapy: active, inactive, or expired
 Indicate license number and date issued: _____

- 4. Have you ever been denied the privilege of taking a physical therapy licensure examination? YES NO
- 5. Have you ever taken the PES examination? If so, what state? _____ YES NO
- 6. Have you ever been denied a physical therapy license? YES NO
- 7. Have you ever been convicted of a violation of/or pled Nolo Contendere to any Federal, State, or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violation, except convictions for driving under the influence) YES NO
- 8. Have you ever been censured, warned, or requested to withdraw from any licensed hospital staff, nursing home, or other health care facility? YES NO
- 9. Have you ever had any of the following disciplinary actions taken against your license to practice physical therapy, or are any such actions pending? (a) suspension revocation (b) probation (c) reprimand/cease and desist (d) have your practice monitored. YES NO
- 10. Have you ever had any membership in a state or local professional society revoked, suspended, or involuntarily withdrawn? YES NO
- 11. Have you had any malpractice suits brought against you in the last ten years? If so, how many? _____ Provide a letter from your attorney explaining each case. YES NO
- 12. Have you ever been physically or emotionally dependent upon use of alcohol/drugs? YES NO
- 13. Have you ever been treated by, consulted with, or been under care of a professional for substance abuse? If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. YES NO
- 14. Have you ever received treatment for/or been hospitalized for a nervous, emotional or mental disorder? If so, provide a letter from your treating professional summarizing diagnosis, treatment, and prognosis. YES NO
- 15. Do you have a serious physical disease or diagnosis which could affect your performance of professional duties? If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. YES NO
- 16. Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution? Provide details. YES NO

2. List in chronological order all professional practice since graduation (eg, hospital department, outpatient centers, etc.). Also list all periods of absences from work and non-professional activity employment of more than three months. Please account for all time, if engaged in private practice, list hospital or other professional practice.

From	To	Location and Complete Address	Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. AFFIDAVIT OF APPLICANT:

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine any information, files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice physical therapy in the state of Virginia.

RIGHT THUMB PRINT

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

IF RIGHT THUMB IS MISSING, USE LEFT AND SO INDICATE.

Signature of Applicant

NOTARY: City/County of _____ State of _____
 Subscribed and Sworn to before me this _____ day of _____ 19____
 My Commission Expires _____ Notary Public

(NOTARY SEAL)

CERTIFICATE OF PROFESSIONAL EDUCATION
 (Not For Use By Foreign Trained Applicants)

It is hereby certified that _____ Name of Applicant
 matriculated in _____ on _____ Date
 Course of Study
 and received/will receive a diploma from _____ Institution
 conferring the degree of _____ Degree
 on _____ Date
 SCHOOL SEAL

QUIZ - PHYSICAL THERAPY PRACTICE ACT

Instructions:

This is an open book quiz, please consult:

1. Laws of Virginia Relating to Medicine and Other Healing Arts
2. Rules and Regulations Governing the Practice of Physical Therapy

There is only one correct answer, please choose the best answer:

1. A newly graduated but unlicensed PT/PTA shall be allowed to work as a trainee under the direct supervision of licensed physical therapist:
 - a. is not allowed under Virginia law
 - b. after receipt of his licensure examination results indicating a passing score
 - c. following completion of this application and receipt of it by the Board of Medicine
 - d. upon receiving written approval by the Chairman of the Advisory Board on Physical Therapy
2. What is the maximum number of Physical Therapist Assistants that a Physical Therapist may supervise?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
3. Which of the following is accurate?
 - a. non licensed personnel may be supervised by Physical Therapist Assistants
 - b. non licensed personnel may only be supervised by Physical Therapist
 - c. the ratio of licensed to non licensed personnel is 1 to 2
 - d. non licensed personnel must receive a minimum of 4 weeks on the job training
4. In supervising PTA's in home health or other facilities:
 - a. following the PT's initial evaluation, the PTA may make the first visit alone
 - b. the PTA may make the second through the fourth visits alone
 - c. the PT must be on site for every treatment done by the PTA
 - d. a PT may make the fifth visit alone then share information jointly with the PTA

- 5. The professional activity requirements a PT/PTA must perform to maintain current licensure is:
 - a. 300 hours cumulative for each biennium
 - b. 125 hours per year
 - c. 350 hours per year
 - d. 720 hours cumulative for each biennium
- 6. The Physical Therapist Assistant is excluded from doing which of the following task:
 - a. discharge planning
 - b. initiation of new treatments
 - c. writing progress notes
 - d. goniometric assessments
- 7. A referral from which of the following is not permitted by Virginia law?
 - a. osteopath
 - b. podiatrist
 - c. chiropractor
 - d. psychologist
- 8. The practice of physical therapy includes:
 - a. usage of roentgen rays for therapeutic purposes
 - b. osteokinematic techniques
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 - d. use of electricity for shock therapy
- 9. According to Section 54.1-2914, what constitutes unprofessional conduct for a Physical Therapist?
 - a. publishes advertising that contains a claim of superiority of his/her physical therapy services
 - b. minimally documents treatment in the medical records
 - c. recommends specific name brands of TENS units
 - d. none of the above
- 10. To report a violation by a PT/PTA of the laws of the Healing Arts and Rules and Regulation, one should contact the:
 - a. Attorney General's Office
 - b. Office of the Virginia Board of Medicine/Enforcement Division
 - c. Commonwealth's Attorney
 - d. Virginia Physical Therapy Association

HRB-30-059
Revised: 2/22/89

VIRGINIA BOARD OF MEDICINE
1601 ROLLING HILLS DRIVE
RICHMOND, VIRGINIA 23229-5005

TRAINEESHIP APPLICATION

AMERICAN GRADUATES THAT ARE SCHEDULED FOR THE NEXT EXAMINATION UPON APPROVAL, MAY BE EMPLOYED UNDER THE DIRECT SUPERVISION OF A PHYSICAL THERAPIST WHILE AWAITING THE RESULTS OF THE NEXT LICENSURE EXAMINATION

Authorization to work as a trainee is valid only for the dates indicated on the "Statement of Authorization" issued by the Board of Medicine. Unforeseen circumstances that require interruption or prevent successful completion of the Traineeship should be brought to the attention of the Board. This traineeship may only be served under a Virginia licensed Physical Therapist.

Traineeship will begin on _____ and will end on _____.

(Please print or type)

Name of Trainee _____

Name and Title of Supervisor _____

Name and address of institution _____

We, the undersigned, have read and understand Regulation VR465-03-01 Part VIII, Section 8.4 A, B, and C pertaining to the unlicensed graduate trainee employed under the direct supervision of a licensed Physical Therapist while awaiting the results of the licensure examination and agree to abide by the conditions contained herein.

Signature of Trainee _____ Signature of Supervisor _____

FOR OFFICE USE ONLY

Approved by _____
Chairman, Advisory Board on Physical Therapy

Date _____

TRAINEESHIPS

Upon approval by the Chairman of the Advisory Board, while awaiting the next licensure examination, an unlicensed graduate physical therapist assistant may be employed as a trainee under the direct supervision of a licensed physical therapist in a hospital or other physical therapy setting which employs one or more licensed therapist.

No traineeship will be considered until the original application to take the examination has been completed and approved.

Completed applications for the examination and the traineeship are sent the first of each week to the chairman of the Physical Therapy Advisory Board for approval. This process takes approximately five working days.

Your supervisor will be notified as soon as your traineeship has been approved.

GENERAL INFORMATION

It is unlawful to practice as a Physical Therapist Assistant in Virginia until you have received your Virginia license or until you have received authorization from the Board office to serve a traineeship under the direct supervision of a licensed Physical Therapist in Virginia.

HRB-30-059
Revised: 1/18/89

INSTRUCTIONS FOR LICENSURE BY EXAMINATION
TO PRACTICE AS A
PHYSICAL THERAPIST ASSISTANT

The Virginia Physical Therapy Assistant examination is provided by the American Physical Therapy Association. Our next examination will be held on _____ in Richmond, Virginia. The deadline date for the receipt of the completed application is thirty-five days prior to the date of the examination.

THE FEE for taking the Physical Therapist Assistant Examination is \$200.00. The fee must be accompanied by the application. APPLICATIONS WILL NOT BE PROCESSED UNLESS THE FEE IS ATTACHED AND FEES SENT BEFORE THE RECEIPT OF AN APPLICATION WILL BE RETURNED. The fee for taking the Physical Therapist Assistant examination are non-refundable. An applicant may, upon request 21 days prior to the scheduled examination, and payment of the \$100.00 fee, reschedule for the next time such examination is given.

CERTIFIED CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO: TREASURER OF VIRGINIA.

PROOF OF PROFESSIONAL EDUCATION - Professional Education Section (bottom, page 4 of application) must be completed by your physical therapist assistant school of graduation. The entire application must be forwarded. We will not accept copies.

QUIZ ON THE HEALING ARTS - Complete and return the Quiz on the Virginia Code and Regulations with the application. The application will not be considered complete without this Quiz.

AMERICAN PHYSICAL THERAPY ASSOCIATION APPLICATION - Please complete the blue American Physical Therapy Association Application and return directly with the four page application and fee. You will find this application in the Candidate Handbook between pages 13 and 14.

EXAMINATION RESULTS

The grading shall be done on a percentage basis with a minimum passing grade of 75%.

An applicant who fails the examination after three attempts shall be required to satisfactorily complete a full time supervised traineeship approved by the chairman of the Advisory Board on Physical Therapy.

The results of the examination are received directly from the A.S.I. Processing Center. This process takes about four to six weeks. Please do not contact the Board office. The results will be sent out as soon as they are received.

The Board of Medicine neither accepts from nor resorts to another Board a candidate's scores attained on the Physical Therapist Assistant Examination. Scores shall be obtained only from the

COMMONWEALTH of VIRGINIA

Department of Health Regulatory Boards
Board of Medicine
1601 Rolling Hills Drive
Richmond, Virginia 23229-5005

Office Use Only

EXAM _____
END _____

APPLICATION FOR A LICENSE TO PRACTICE AS A PHYSICAL THERAPIST ASSISTANT

SECURELY PASTE A PASSPORT SIZE PHOTOGRAPH

TO THE BOARD OF MEDICINE OF VIRGINIA:

I HEREBY MAKE APPLICATION FOR A LICENSE TO PRACTICE AS A PHYSICAL THERAPIST ASSISTANT IN THE STATE OF VIRGINIA AND SUBMIT THE FOLLOWING STATEMENTS:

1. NAME IN FULL (PLEASE PRINT OR TYPE)

Form with fields for (LAST), (FIRST), (MIDDLE MAIDEN), (JR SR), (STREET), (CITY), (STATE), (ZIP CODE), (DATE OF BIRTH), (PLACE OF BIRTH), (SOCIAL SECURITY NUMBER), (GRADUATION DATE), (PROF. SCH. DEGREE), (SCHOOL, CITY, STATE)

APPLICANTS DO NOT USE SPACES BELOW THIS LINE - FOR OFFICE USE ONLY

APPROVED BY: _____ Date _____
Chairman, Advisory Board on Physical Therapy

Form with fields for (CLASS), (LICENSE NO.), (SUFFIX), (SCH. CODE), (FEE), (HOW REG.), (BASE STATE), (LICENSE NO.), (EXPIRATION DATE), (DATE ISSUED)

(ADDRESS CHANGE)

(STREET) _____ (CITY) _____ (STATE) (ZIP CODE) _____

* PLEASE SUBMIT ADDRESS CHANGES IN WRITING IMMEDIATELY!
* PLEASE ATTACH CERTIFIED CHECK OR MONEY ORDER. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE FEE. DO NOT SUBMIT FEE WITHOUT AN APPLICATION. IT WILL BE RETURNED.

2. List in chronological order all professional practice since graduation (eg. hospital department, outpatient centers, etc.). Also list all periods of absences from work and non-professional activity, employment of more than three months. Please account for all time. If engaged in private practice, list hospital or other professional practice.

From To Location and Complete Address Position Held

Table with 4 columns: From, To, Location and Complete Address, Position Held. Multiple rows for data entry.

ALL QUESTIONS MUST BE ANSWERED: If any of the following questions is answered YES, explain and substantiate with documentation.

- 3. List all states in which you have been issued a license to practice as a physical therapist assistant: active, inactive, or expired. Indicate license number and date issued: _____
- 4. Have you ever been denied the privilege of taking a physical therapist assistant licensure examination? yes no
- 5. Have you ever taken the PES examination? If so, what state? yes no
- 6. Have you ever been denied a physical therapist assistant license? yes no
- 7. Have you ever been convicted of a violation of or pled Nolo Contendere to any Federal, State, or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violation, except convictions for driving under the influence) yes no
- 8. Have you ever been censured, warned, or requested to withdraw from any licensed hospital staff, nursing home, or other health care facility? yes no
- 9. Have you ever had any of the following disciplinary actions taken against your license to practice as a physical therapist assistant, or are any such actions pending? (a) suspension; revocation (b) probation (c) reprimand/cease and desist (d) have your practice monitored. yes no
- 10. Have you ever had any membership in a state or local professional society revoked, suspended, or involuntarily withdrawn? yes no
- 11. Have you had any malpractice suits brought against you in the last ten years? If so, how many? _____ Provide a letter from your attorney explaining each case. yes no
- 12. Have you ever been physically or emotionally dependant upon use of alcohol drugs? yes no
- 13. Have you ever been treated by, consulted with, or been under care of a professional for substance abuse? If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. yes no
- 14. Have you ever received treatment for or been hospitalized for a nervous, emotional or mental disorder? If so, provide a letter from your treating professional summarizing diagnosis, treatment, and prognosis. yes no
- 15. Do you have a serious physical disease or diagnosis which could affect your performance of professional duties? If so, please provide a letter from the treating professional which includes diagnosis, treatment, and prognosis. yes no
- 16. Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution? Provide details. yes no

17. AFFIDAVIT OF APPLICANT:

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine any information, files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice as a physical therapist assistant in the state of Virginia.

RIGHT THUMB PRINT

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

IF RIGHT THUMB IS MISSING, USE LEFT AND SO INDICATE.

Signature of Applicant

NOTARY: City/County of _____ State of _____

Subscribed and Sworn to before me this _____ day of _____ 19____

My Commission Expires _____

Notary Public

(NOTARY SEAL)

CERTIFICATE OF PROFESSIONAL EDUCATION (Not For Use By Foreign Trained Applicants)

It is hereby certified that _____ Name of Applicant

matriculated in _____ Course of Study on _____ Date

and received/will receive a diploma from _____ Institution

conferring the degree of _____ Degree

on _____ Date

SCHOOL SEAL

QUIZ - PHYSICAL THERAPY PRACTICE ACT

Instructions:

This is an open book quiz, please consult:

1. Laws of Virginia Relating to Medicine and Other Healing Arts
2. Rules and Regulations Governing the Practice of Physical Therapy

There is only one correct answer, please choose the best answer:

1. A newly graduated but unlicensed PT/PTA shall be allowed to work as a trainee under the direct supervision of licensed physical therapist:
 - a. is not allowed under Virginia law
 - b. after receipt of his licensure examination results indicating a passing score
 - c. following completion of this application and receipt of it by the Board of Medicine
 - d. upon receiving written approval by the Chairman of the Advisory Board on Physical Therapy
2. What is the maximum number of Physical Therapist Assistants that a Physical Therapist may supervise?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
3. Which of the following is accurate?
 - a. non licensed personnel may be supervised by Physical Therapist Assistants
 - b. non licensed personnel may only be supervised by Physical Therapist
 - c. the ratio of licensed to non licensed personnel is 1 to 2
 - d. non licensed personnel must receive a minimum of 4 weeks on the job training
4. In supervising PTA's in home health or other facilities:
 - a. following the PT's initial evaluation, the PTA may make the first visit alone
 - b. the PTA may make the second though the fourth visits alone
 - c. the PT must be on site for every treatment done by the PTA
 - d. a PT may make the fifth visit alone then share information jointly with the PTA
5. The professional activity requirements a PT/PTA must perform to maintain current licensure is:
 - a. 300 hours cumulative for each biennium
 - b. 125 hours per year
 - c. 360 hours per year
 - d. 720 hours cumulative for each biennium
6. The Physical Therapist Assistant is excluded from doing which of the following task:
 - a. discharge planning
 - b. initiation of new treatments
 - c. writing progress notes
 - d. goniometric assessments
7. A referral from which of the following is not permitted by Virginia law?
 - a. osteopath
 - b. podiatrist
 - c. chiropractor
 - d. psychologist
8. The practice of physical therapy includes:
 - a. usage of roentgen rays for therapeutic purposes
 - b. osteokinematic techniques
 - c. cauterization
 - d. use of electricity for shock therapy
9. According to Section 54.1-2914, what constitutes unprofessional conduct for a Physical Therapist?
 - a. publishes advertising that contains a claim of superiority of his/her physical therapy services
 - b. minimally documents treatment in the medical records
 - c. recommends specific name brands of TENS units
 - d. none of the above
10. To report a violation by a PT/PTA of the laws of the Healing Arts and Rules and Regulation, one should contact the:
 - a. Attorney General's Office
 - b. Office of the Virginia Board of Medicine/Enforcement Division
 - c. Commonwealth's Attorney
 - d. Virginia Physical Therapy Association

Proposed Regulations

Title of Regulation: VR 465-05-01. Regulations Governing the Practice of Physicians' Assistants.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public Hearing Date: November 3, 1989 - 9 a.m.
(See Calendar of Events section for additional information)

Summary:

The Board of Medicine proposes amendments to the current regulations for physician's assistants to establish new definitions for direct supervision, general supervision, and personal supervision of physician's assistants supervised by physicians in the extended delivery of health care, and the prerequisite training for certain procedures and patient examinations that may be performed by the physician's assistants.

VR 465-05-01. Regulations Governing the Practice of Physicians' Assistants.

PART I. GENERAL PROVISIONS.

§ 1.1. Definitions.

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

"Alternate supervising physician" means a member of the same group or professional corporation or partnership of any licensee, any hospital or any commercial enterprise with the supervising physician. Such alternating supervising physician shall be a physician licensed in the Commonwealth of Virginia who has registered with the board and who has accepted responsibility for the supervision of the service that a physician's assistant renders.

"Assistant to a Doctor of Medicine, Osteopathy, or Podiatry," or *"Physician's Assistant,"* means an individual who is qualified as an auxiliary paramedical person by academic and clinical training and is functioning in a dependent-employee relationship with a doctor of medicine, osteopathy, or podiatry licensed by the board.

"Board" means the Virginia Board of Medicine.

"Committee" means the Advisory Committee on Physician's Assistants appointed by the president of the board to advise the board on matters relating to physician's assistants. The committee is composed of four members of the board, one supervising physician, and two physician's assistants.

HRB-30-059
Revised: 2/22/89

VIRGINIA BOARD OF MEDICINE
1601 ROLLING HILLS DRIVE
RICHMOND, VIRGINIA 23229-5005

TRAINEESHIP APPLICATION

AMERICAN GRADUATES THAT ARE SCHEDULED FOR THE NEXT EXAMINATION UPON APPROVAL, MAY BE EMPLOYED UNDER THE DIRECT SUPERVISION OF A PHYSICAL THERAPIST WHILE AWAITING THE RESULTS OF THE NEXT LICENSURE EXAMINATION

Authorization to work as a trainee is valid only for the dates indicated on the "Statement of Authorization" issued by the Board of Medicine. Unforeseen circumstances that require interruption or prevent successful completion of the Traineeship should be brought to the attention of the Board. This traineeship may only be served under a Virginia licensed Physical Therapist.

Traineeship will begin on _____ and will end on _____

(Please print or type)

Name of Trainee _____

Name and Title of Supervisor _____

Name and address of institution _____

We, the undersigned, have read and understand Regulation VR465-03-01 Part VIII, Section 8.4 A, B, and C pertaining to the unlicensed graduate trainee employed under the direct supervision of a licensed Physical Therapist while awaiting the results of the licensure examination and agree to abide by the conditions contained herein.

Signature of Trainee _____ Signature of Supervisor _____

FOR OFFICE USE ONLY

Approved by _____
Chairman, Advisory Board on Physical Therapy

Date _____

Proposed Regulations

"Direct supervision" means the physician is in the room in which a procedure is being performed.

"General supervision" means the supervising physician is easily available and is physically present within one hour.

"Group practice" means the practice of a group of two or more doctors of medicine, osteopathy, or podiatry licensed by the board who practice as a partnership or professional corporation.

"Institution" means a hospital, nursing home or other health care facility, community health center, public health center, industrial medicine or corporation clinic, a medical service facility, student health center, or other setting approved by the board.

"NCCPA" means the National Commission on Certification of Physician Assistants.

"Personal supervision" means the supervising physician is within the facility in which the physician's assistant is functioning.

"Protocol" means a set of directions developed by the supervising physician that defines the supervisory relationship between the physician assistant and the physician and the circumstances under which the physician will see and evaluate the patient.

"Supervising physician" means a doctor of medicine, osteopathy, or podiatry licensed in the Commonwealth of Virginia who has registered with the board and who has accepted responsibility for the supervision of the service that a physician's assistant renders.

"Substitute supervising physician" means a doctor of medicine, osteopathy, or podiatry licensed in the Commonwealth of Virginia who has accepted responsibility for the supervision of the service that a physician's assistant renders in the absence of such assistant's supervising physician.

§ 1.2. Applicability.

These regulations apply to physician's assistants only, as defined in § 1.1.

§ 1.3. A separate board regulation, VR 465-01-01, entitled Public Participation Guidelines, which provides for involvement of the public in the development of all regulations of the Virginia State Board of Medicine, is incorporated by reference in these regulations.

PART II. REQUIREMENTS FOR PRACTICE AS A PHYSICIAN'S ASSISTANT.

§ 2.1. Requirements, general.

A. No person shall practice as a physician's assistant in the Commonwealth of Virginia except as provided in these regulations.

B. All services rendered by a physician's assistant shall be performed only under the supervision of a doctor of medicine, osteopathy, or podiatry licensed by this board to practice in the Commonwealth of Virginia.

§ 2.2. Certification, entry requirements and application.

A. A certificate to practice as a physician's assistant shall be obtained from the board before such assistant begins to practice with a supervising doctor of medicine, osteopathy, or podiatry.

B. Entry requirements.

An applicant for certification shall:

1. Possess the educational qualifications prescribed in § 2.3 of these regulations; and
2. Meet the requirements for examination prescribed in §§ 3.1 through 3.3 of these regulations.

C. Application for board approval of a physician's assistant shall be submitted to the board by the supervising physician under whom the assistant will work, and who will assume the responsibility for the assistant's performance.

D. The application shall:

1. Be made on forms supplied by the board and completed in every detail;
2. Spell out the roles and functions of the assistant with a protocol acceptable to the board and any such protocols shall take into account such factors as the number of patients, the types of illness treated by the physician, the nature of the treatment, special procedures, and the nature of the physician's availability in ensuring direct physician involvement at an early stage and regularly thereafter;
3. Provide that, if for any reason the assistant discontinues working in the employment and under the supervision of the licensed practitioner who submitted the application:
 - a. Such assistant and the employing practitioner shall so inform the board and the assistant's approval shall terminate.
 - b. A new application shall be submitted to the board and approved by the board in order for the assistant either to be reemployed by the same practitioner or to accept new employment with another supervising physician.

Proposed Regulations

E. The application fee prescribed in § 5.1 of these regulations shall be paid at the time the application is filed.

§ 2.3. Educational requirements.

An applicant for certification shall:

1. Have successfully completed a prescribed curriculum of academic study in a school or institution accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association and accredited by the American Academy of Physician Assistants; and
2. Present documented evidence of eligibility for the NCCPA examination or completed certification requirements.

PART III. EXAMINATION.

§ 3.1. The proficiency examination of the NCCPA constitutes the board examination required of all applicants for certification.

§ 3.2. Provisional registration.

An applicant who has met the requirements of the board at the time his initial application is submitted may be granted provisional registration by the board if he meets the provisions of § 54.1-2950 of the Code of Virginia and § 2.3 of these regulations. Such provisional registration shall be subject to the following conditions:

A. The provisional registration shall be valid until the applicant takes the next subsequent NCCPA examination and its results are reported, but this period of validity shall not exceed 30 days following the reporting of the examination scores.

B. An applicant who fails the examination may be granted individual consideration by the board and granted an extension of the provisional registration upon evidence that he is eligible for admission to the next scheduled board examination.

§ 3.3. Examination.

A. Every applicant shall take the NCCPA examination at the time scheduled by the NCCPA.

B. An applicant who fails the examination three consecutive times shall surrender his certificate to practice until proof has been provided to the board that the standards of NCCPA have been met.

§ 3.4. Renewal of certificate.

A. Every certified physician's assistant intending to continue his practice shall annually on or before July 1:

1. Register with the board for renewal of his certificate;

2. Present documented evidence of compliance with continuing medical education standards established by the NCCPA; and

3. Pay the prescribed renewal fee at the time he files for renewal.

B. Any physician's assistant who allows his NCCPA certification to lapse shall be considered not certified by the board. Any such assistant who proposes to resume his practice shall make a new application for certification.

PART IV. INDIVIDUAL RESPONSIBILITIES.

§ 4.1. Individual responsibilities.

A supervising physician and the physician's assistants working with him shall observe the following division of responsibilities in the care of patients:

A. The supervising physician shall:

1. See and evaluate any patient who presents with the same complaint twice in a single episode of care and has failed to improve significantly. Such physician involvement shall occur not less frequently than every fourth visit for a continuing illness.

2. Review the record of services rendered the patient by the physician's assistant and sign such records within 24 hours after any such care was rendered by the assistant.

3. *Be in the room in which the following procedures are being performed: lumbar puncture, thoracentesis, paracentesis, joint aspiration, insertion of flow directed pulmonary artery catheter, reduction of fracture, removal of foreign body embedded in the cornea and any procedure that goes deeper than the subcutaneous tissues with the exception of venipuncture, injection, or insertion of peripheral intravenous catheter or needle.*

B. The physician's assistant shall not render independent health care. Such assistant:

1. Shall perform only those medical care services that are within the scope of the practice and proficiency of the supervising physician as prescribed in the physician's assistants protocol.

2. Shall not sign prescriptions.

3. Shall, during the course of performing his duties, wear identification showing clearly that he is a physician's assistant.

Proposed Regulations

PART V. FEES.

4. *May only perform pelvic examinations under personal supervision provided the physician's assistant is credentialed for the procedure.*

C. If the assistant is to perform duties away from the supervising physician, such supervising physician shall obtain board approval in advance for any such arrangement and shall establish written policies to protect the patient.

D. If, due to illness, vacation, or unexpected absence, the supervising physician is unable to supervise personally the activities of his assistant, such supervising physician may temporarily delegate the responsibility to another doctor of medicine, osteopathy, or podiatry. The employing supervising physician so delegating his responsibility shall report such arrangement for coverage, with the reason therefor, to the board office in writing, subject to the following provisions:

1. For planned absence, such notification shall be received at the board office at least one month prior to the supervising physician's absence.
2. For sudden illness or other unexpected absence, the board office shall be notified as promptly as possible, but in no event later than one week.
3. Temporary coverage may not exceed four weeks unless special permission is granted by the board.

E. With respect to assistants employed by institutions, the following additional regulations shall apply:

1. No assistant may render care to a patient unless the physician responsible for that patient has signed an application to act as supervising physician for that assistant. The board shall make available appropriate forms for physicians to join the application for an assistant employed by an institution.
2. Any such application as described in subdivision 1 above shall delineate the duties which said physician authorizes the assistant to perform.
3. The assistant shall as soon as circumstances may dictate but, within an hour, report to the supervising physician concerning the examination of the patient. The assistant shall also record his findings in appropriate institutional records.
4. No physician assistant shall perform the initial evaluation, or institute treatment of a patient who presents to the emergency room or is admitted to the hospital for a life threatening illness or injury. In noncritical care areas, the physician assistant may perform the initial evaluation in an inpatient setting provided the supervising physician evaluates the patient within eight hours of the physician assistant's initial evaluation.

§ 5.1. The following fees are required:

A. The application fee, payable at the time application is filed, shall be \$100.

B. The annual fee for renewal of registration, payable on or before July 1, shall be \$40.

C. An additional fee to cover administrative costs for processing a late application may be imposed by the board. The additional fee for late renewal of licensure shall be \$10 for each renewal cycle.

INSTRUCTIONS FOR COMPLETING PHYSICIAN ASSISTANT APPLICATION

Completed application must be returned to this office along with the statutory fee of \$100.00. APPLICATIONS WILL NOT BE PROCESSED UNLESS THE FEE IS ATTACHED.

INFORMATION REQUIRED TO COMPLETE YOUR APPLICATION:

1. Resume of assistant's duties as prescribed by the supervising physician on enclosed form (#A). The completion of this form is necessary. We will not accept anything else.
 2. Proof from the NCCPA that you are currently certified. **NOTE: YOU WILL NOT BE ELIGIBLE FOR CERTIFICATION IN THE STATE OF VIRGINIA IF THIS CERTIFICATE HAS EXPIRED.** Also, submit a copy of original NCCPA certificate.
 3. Grades must be requested from the NCCPA, Inc., 2845 Henderson Mill Rd., NE, Atlanta, Georgia 30341, Telephone (404)493-9100. They must be mailed directly from the NCCPA to the Board office.
 4. If you are not NCCPA certified, we must have a letter submitted directly from the NCCPA stating that you are eligible for and are scheduled to sit for the next examination.
 5. Official college transcript from your Physician's Assistant program must be mailed directly to the Board office.
 6. The enclosed employment form (#B) must be forwarded to all places of employment that you have listed on the chronological page of your application.
 7. The enclosed state questionnaire (#C) must be forwarded to those states in which you have been certified or registered.
- (Your application will not be complete until all of the forms #B and #C are returned to this office. You may copy these forms if needed)
8. Certificate of Physician Assistant Education must be completed by your Physician's Assistant College. The entire application must be forwarded to the college; they in turn will forward it to the Board. The original application form must be returned to the Board office. COPIES WILL NOT BE ACCEPTED.

NOTE: COMPLETED APPLICATIONS ARE REVIEWED BY THE ADVISORY COMMITTEE CHAIRMAN ON PHYSICIAN ASSISTANTS AND SUBMITTED FOR RECOMMENDATION TO THE EXECUTIVE DIRECTOR. THE COMMITTEE CHAIRMAN OR EXECUTIVE DIRECTOR MAY REQUEST ADDITIONAL INFORMATION OR CLARIFICATION OF INFORMATION SUBMITTED ON THE APPLICATION. PLEASE ALLOW 4-6 WEEKS FOR PROCESSING.

HRB-30-056
Rev. 6-86

COMMONWEALTH of VIRGINIA

DEPT. OF HEALTH PROFESSIONS
BOARD OF MEDICINE
1501 ROLLING HILLS DR.
RICHMOND, VA 23220-5005
**APPLICATION FOR CERTIFICATION
AS A
PHYSICIAN'S ASSISTANT**

SECURELY PASTE
A PASSPORT-TYPE
PHOTOGRAPH NOT LESS THAN
2 X 2" IN THIS SPACE

PLEASE SIGN PHOTO

TO THE BOARD OF MEDICINE OF VIRGINIA:

I HEREBY MAKE APPLICATION FOR CERTIFICATION AS A PHYSICIAN'S ASSISTANT IN THE COMMONWEALTH OF VIRGINIA AND SUBMIT THE FOLLOWING STATEMENTS:

1. NAME IN FULL (PLEASE PRINT OR TYPE)

(LAST)	(FIRST)	(MIDDLE MAIDEN)	(GENERATION)
(STREET)	(CITY)	(STATE)	(ZIP CODE)
(DATE OF BIRTH)	(PLACE OF BIRTH)	(SOCIAL SECURITY NUMBER)	
(GRADUATION DATE)	(PROF. SCH. DEGREE)	(SCHOOL CITY, STATE)	

APPLICANTS DO NOT USE SPACES BELOW THIS LINE—FOR OFFICE USE ONLY

APPROVED BY: _____

(CLASS)	(PENDING NO.)	(SUFFIX)	(SCH. CODE)	(FEE)	(HOW REG.)	(BASE STATE)
(CERTIFICATE NO.)	(EXPIRATION DATE)	(DATE ISSUED)				
(STREET)	(ADDRESS CHANGE)	(CITY)	(STATE)	(ZIP CODE)		

PLEASE SUBMIT ADDRESS CHANGES IN WRITING IMMEDIATELY

*PLEASE ATTACH CERTIFIED CHECK OR MONEY ORDER. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE FEE. DO NOT SUBMIT FEE WITHOUT AN APPLICATION. IT WILL BE RETURNED.

2. List in chronological order all professional activities since graduation from PA training program, including post-graduate training and absences from work. Also list all periods of non-professional activity or employment for more than three months. Please account for all time.

FROM	TO	Location (complete address), Supervisor	Position Held

ALL QUESTIONS MUST BE ANSWERED. If any of the following questions are answered YES, explain and substantiate with available documentation. Letters must be submitted by any treating professionals regarding treatment. These shall include diagnosis, treatment, and prognosis.

- 3. PA Program Attended: _____ (name and date of graduation)
- 4. NCCPA# _____ Expiration date _____ (Attach a copy of NCCPA certificate or proof of eligibility for certification)
- 5. List the state(s) in which you have been or are certified or licensed as a PA. _____
- 6. Have you ever been denied certification or licensure in any state? | Y | N
 - (a) Has any state ever denied, suspended, or revoked your certification or licensure? | Y | N
 - (b) Has your license or certification to practice ever been limited in any way either by a licensing agency, supervising physician; or hospital in which you have been allowed to practice? | Y | N
- 7. Have you ever been convicted of a violation and/or pled nolo contendere to any federal, state, or local statute relating to a felony or misdemeanor (excluding traffic violations)? | Y | N
- 8. Have you ever been convicted of a violation of any state or federal controlled substance law? | Y | N
- 9. Have you ever received treatment for or been hospitalized for a nervous emotional or mental disorder? If so, please provide a letter from your treating professional summarizing diagnosis, treatment, and prognosis. | Y | N
 - (a) Do you have a serious physical disease or diagnosis which could affect your performance of professional duties? If so, please provide a letter from the treating professional. | Y | N
 - (b) Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution? Please provide details. | Y | N
- 10. Have you ever been physically or emotionally dependent upon the use of alcohol drugs or treated by, consulted with, or been under the care of a physician as a habitual chronic abuser? | Y | N
- 11. Have you read carefully and do you understand the rules and regulations for an assistant to a physician adopted by the Virginia Board of Medicine? | Y | N
- 12. Work Setting: (check appropriate area) | Y | N
 - Out patient setting
 - Hospital (if employer, complete hospital information section)
 - Nursing Home
 - Other (specify in complete detail)

13. Physician Practice Information

Supervising Physicians Name _____

Specialty _____ VA License # _____

Name of Practice _____

Address of Practice _____ (street) _____ (city) _____ (zip)

Type of Practice (family practice, surgery, etc.) _____

Do you have primary responsibility for the supervision of other physicians assistants? If yes, please list name(s) below Yes No

Name and address of all physicians who will serve as supervising physicians (if more than three, provide information on a separate sheet)

Name #1 _____

Office Address: _____

Specialty: _____ VA License # _____

Name #2 _____

Office Address: _____

Specialty: _____ VA License # _____

Name #3 _____

Office Address: _____

Specialty: _____ VA License # _____

14. Will PA perform medical acts when the supervising physician is not in the office medical facility? If yes, describe situations in which this might occur and the arrangements made to ensure communication is maintained with either the supervising physician or an alternate supervising physician on a separate sheet of paper. Yes No

If for any reason the assistant discontinues working in the employment and under the supervision of the licensed practitioner who submitted the application, such assistant and the employing practitioner shall so inform the Board and the assistant's approval shall terminate, and a new application must be submitted to the Board and approved by the Board in order for the assistant either to be re-employed by the same practitioner or to accept new employment with another supervising physician.

15. Hospital Employed Physician's Assistant

Name of Hospital: _____

Address of Hospital: _____ (street) _____ (city) _____ (zip)

In what department will the PA assist the Supervising Physician or Alternate Supervising Physician: _____

Explain on a separate sheet of paper, the guidelines established by the hospital to ensure proper supervision of the PA in the hospital setting.

Are there other features pertaining to the hospital function of the PA which should be called to the Board's attention? If so, describe on a separate sheet.

16. Summary

Each of the undersigned has read this application and certifies that the information therein is correct to the best of his/her knowledge and belief. Each further certifies that he/she has read carefully and understands the rules and regulations for an assistant to a physician adopted by the Virginia Board of Medicine. Such regulations will be fully complied with by the undersigned, and each undersigned physician accepts the responsibility of the applicant's conduct as an assistant to the physician.

DATE: _____ M.D.
Supervising Physician

DATE: _____ M.D.
Alternate Supervising Physician

DATE: _____ M.D.
Alternate Supervising Physician

DATE: _____ M.D.
Alternate Supervising Physician

DATE: _____ M.D.
Alternate Supervising Physician

DATE: _____ M.D.
Hospital Administrator (if applicable)

17. Release of Information

I hereby authorize all past and present hospitals, institutions, or organizations, my references, personal physicians, employers, business and professional associates and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia State Board of Medicine any information, files, or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my certificate to practice as a Physician's Assistant in the Commonwealth of Virginia.

Date _____ Signature of Applicant _____

CERTIFICATE OF PHYSICIAN'S ASSISTANT EDUCATION

It is hereby certified that _____ matriculated in _____ at _____ date _____ attended _____ courses of lectures of _____ months each, and received a diploma from _____ conferring the degree of _____ date _____

SCHOOL SEAL

(President, Secretary or Dean)

18A. PROTOCOL OF PHYSICIAN ASSISTANT DUTIES - PLEASE LIST IN DETAIL.

Please spell out role and function of the assistant, indicating number of patients, types of illnesses, nature of treatments, special procedures, and the nature of physician's availability in ensuring direct physician involvement.

Multiple horizontal lines provided for listing duties.

Please use additional paper if necessary.

Signature of Primary Supervising Physician

*Additional information may be requested.

DATE

HRB-30-056
#B

VIRGINIA BOARD OF MEDICINE
1601 Rolling Hills Drive
Richmond, VA 23229-5005

Please print or type name and address
of supervising physician:

(Name of applicant - Please Print)

The Virginia Board of Medicine, in its consideration of a candidate for licensure, depends on information from persons and institutions regarding the candidate's employment.

Please complete this form to the best of your ability and return it to the Board so the information you provide can be given consideration in the processing of this candidate's application in a timely manner.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

Signature of Applicant

1. This P.A. was employed as _____
from (month) _____ (year) _____ to (month) _____ (year) _____

2. Please evaluate: (Please indicate with check mark)

	Peer	Fair	Good	Superior
Professional knowledge _____				
Clinical judgement _____				
Relationship with patients _____				
Ethical/professional conduct _____				
Interest in work _____				
Ability to communicate _____				

3. Recommendation: (Please indicate with check mark) 1. Recommend highly and without reservation _____
2. Recommend as qualified and competent _____
3. Recommend with some reservation (explain) _____
4. Do not recommend (explain) _____

4. Of particular value to us in evaluating any candidate are comments regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you.

5. The above report is based on: (Please indicate with check mark) 1. Close personal observation _____
2. General impression _____
3. A composite of evaluations _____
4. Other _____

Date: _____ To: _____

(This report will become a permanent record.)

HRB-30-056

Revised 7/83

#C

Dear Sirs:

The person listed below is applying for certification as a Physician's Assistant in the state of Virginia. The state board of medicine requires that this form be completed by each jurisdiction in which he/she holds or has held licenses. Please complete the form and return it to the address below. THANK YOU.

NAME _____

LICENSE # _____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF MEDICINE
1601 ROLLING HILLS DR.
RICHMOND, VA 23229-5005

State of _____

Name of Licensee _____

Graduate of _____

License No. _____ Issued effective _____

By reciprocity/endorsement _____ by examination _____

License is current _____ Lapsed _____

Has the applicant's license ever been suspended or revoked? _____

If so, for what reason? _____

Derogatory information, if any _____

Comments, if any _____

Signed _____

Title _____

(BOARD SEAL)

State Board _____

**NOTE - TO APPLICANT - PLEASE PROVIDE LICENSE NUMBER AND FORWARD TO STATE INDICATED.

Proposed Regulations

DEPARTMENT OF MOTOR VEHICLES

Title of Regulation: VR 485-60-8901. Motor Vehicle Dealer Advertising Practices and Enforcement Regulations.

Statutory Authority: §§ 46.1-26, 46.1-520 and 46.1-550.5:41 of the Code of Virginia.

Public Hearing Date: December 4, 1989 - 9:30 a.m.
(See Calendar of Events section for additional information)

Summary:

The Virginia Motor Vehicle Dealer Advertising Practices and Enforcement Regulations establish certain rules and standards which will govern advertising of motor vehicle dealers by the Department of Motor Vehicles.

Part I includes the purpose and definition sections of the regulations.

Part II of the regulations sets forth the violations of regulated advertising practices which could be considered unfair, deceptive or misleading acts or practices. The motor vehicle dealer has a strict definition of "new" versus "used" in advertising. Advertisements which include finance charges or interest rates are narrowly defined. Finance charges or interest rates advertisements have a narrowly defined use. Terms, conditions and disclaimers in all forms of advertising media shall always be stated clearly and conspicuously. In addition, they shall meet the Federal Trade Commission Truth in Lending Act Requirements (Regulation Z). Advertisements which include the matching or bettering of a competitor's price shall not be used unless the terms of the offer are specific, verifiable, and reasonable. If a specific vehicle is advertised, the seller shall be in possession of a reasonable supply of said vehicles and they shall be available at the advertised price. If a lease payment is advertised, the fact that it is a lease payment shall be disclosed.

Part III of the regulations sets forth the steps involved in the enforcement process. These include administrative and civil penalties, along with the judicial review process.

These regulations shall be in addition to and not a substitute for the powers and authority granted pursuant to the provisions of the Virginia Consumer Protection Act or any other provision of the Code of Virginia.

VR 485-60-8901. Motor Vehicle Dealer Advertising Practices and Enforcement Regulations.

PART I. GENERAL PROVISIONS.

§ 1.1. Intent.

In the 1989 Acts of the Virginia General Assembly it was found that it is in the interest of the consuming public and legitimate motor vehicle dealers to insure that the advertising of motor vehicles is honest, fair, and clear and that deceptive or misleading advertising of the retail sales of motor vehicles as described in Motor Vehicle Dealer Advertising, Article 7, (§ 46.1-550.5:39 et seq.) should be prohibited. Therefore, the following regulations are promulgated to administer the administrative and civil penalties necessary for enforcement of prohibited advertising practices.

§ 1.2. Definitions.

The following words and terms when used in these regulations, shall have the following meaning, unless the context clearly indicates otherwise:

"Act" means Chapter 7 (§ 46.1-515 et seq.) of Title 46.1 of the Code of Virginia.

"Administrative penalties" means the denial, suspension or revocation of a license as allowed in § 46.1-550.5:35 of the Act and based on one or more of the grounds specified in § 46.1-550.5:34 of the Act.

"Advertiser" means same as licensee.

"Civil penalty" means the monetary assessment imposed by the Commissioner against a licensee not to exceed one \$1,000 for any single violation of § 46.1-550.5:40:

"Commissioner" means the Commissioner of the Department of Motor Vehicles of this Commonwealth.

"Disclaimer" means those words or phrases used to provide a clear understanding or limitation to an advertised statement but not used to contradict or change the meaning of the statement.

"Disclosure" means a statement in clear terms of the dollar amounts, time frames, down payments and other terms which may be needed to provide a full understanding of credit terms, periodic payment, interest rates, time payment plans, etc.

"Department" means the Department of Motor Vehicles of this Commonwealth.

"License" means the document issued to a Virginia motor vehicle dealer and which permits such dealers to engage in the business of buying and selling new and used motor vehicles or used motor vehicles only.

"Licensee" means any person, partnership, association, corporation or entity which is required to be licensed as a motor vehicle dealer in this Commonwealth.

"Line-make marketing group" means an association of

Proposed Regulations

motor vehicle dealers franchised to sell and advertise the same line-make of new motor vehicles.

"New motor vehicle" means a vehicle which meets all of the following criteria:

1. It has had limited use necessary in moving or road testing the vehicle prior to delivery to a customer;
2. It is transferred by a manufacturer's or distributor's certificate of origin which is the document provided by the manufacturer of a new motor vehicle, or its distributor to its franchised motor vehicle dealer;
3. It has the manufacturer's or distributor's certification that it conforms to all applicable federal motor vehicle safety and emission standards;
4. It has not been previously sold by a dealer except for the purpose of resale and when the exchange is between franchised dealers of the same line-make;
5. It has not been used as a rental, driver education, or demonstration motor vehicle; and
6. It has not been used for the personal and business transportation of the manufacturer, distributor or dealer or any of their employees.

"Sale" means there is a significant reduction from the advertiser's usual and customary price of a motor vehicle and the offer is for a limited period of time.

"Used motor vehicle" shall mean any vehicle other than a new motor vehicle as defined in these regulations.

PART II. REGULATED ADVERTISING PRACTICES.

§ 2.1. Practices.

For purposes of these regulations, a violation of the following regulated advertising practices shall be an unfair, deceptive, or misleading act or practice.

A. New motor vehicle.

A motor vehicle shall not be advertised as new, either by word or implication, unless it is one which conforms to the definition of a "new motor vehicle" as defined in Part I.

B. Used motor vehicle.

1. The fact that a motor vehicle is used should be clearly and unequivocally expressed by the term "used" or by such other term as is commonly understood to mean that the vehicle is used. For example, "special purchase" by itself is not a satisfactory disclosure; however, such terms as

"demonstrator" or "former leased and/or rental vehicles" used alone clearly express that they meet the definition of a used vehicle for advertising purposes. When in doubt, the dealer should provide more information or simply say "used."

2. Once a certificate of origin as defined in § 46.1-516 has been assigned to a purchaser, the motor vehicle becomes a used vehicle and must be advertised as such.

C. Finance charges or interest rates advertisements.

Advertisements of finance charges or other interest rates "below market" (or words to that effect) shall not be used unless it is manufacturer or distributor sponsored or substantiated by a written agreement with the finance source.

D. Terms, conditions, and disclaimers.

1. When terms, conditions or disclaimers are used, they shall always be stated clearly and conspicuously. An asterisk or other reference symbol may be used to point to a disclaimer or other information but the disclaimer shall not be used as a means of contradicting or changing the meaning of an advertised statement. In addition, they must meet the Federal Trade Commission Truth in Lending Act Requirements (Regulation Z).

2. In all printed media, where terms, conditions or disclaimers are used, they shall be clearly and conspicuously visible and printed in not less than 6-point upper case type print. When billboards, portable signs, posters, etc., are used, all terms, conditions or disclaimers need to be displayed and phrased in a manner which are clear and conspicuous.

3. In radio ads, where terms, conditions or disclaimers are used, they shall be clearly announced during the ad. They must be explained clearly and at an understandable speed and volume level.

4. In television ads, where terms, conditions or disclaimers are used, they shall be clearly and conspicuously displayed or announced during the ad. They shall be at an understandable speed and volume level.

E. Sales(s).

The expiration date of an advertised "sale" shall be clearly and conspicuously disclosed. If the sale exceeds 30 days, the advertiser should be prepared to substantiate that the offering is indeed a valid reduction and has not become his regular price.

- F. "List price," "sticker price," "suggested retail price."

Proposed Regulations

These terms and similar terms shall be used only as follows:

1. In reference to the manufacturer's or distributor's suggested retail price for new vehicles, or

2. The dealer's own usual and customary price for used vehicles.

G. "Cost" and "invoice price" terms.

1. "At cost," "below cost," "\$ off cost" shall not be used in advertisements because of the difficulty in determining a dealer's actual net cost at the time of sale.

2. "Invoice price," "\$ over invoice," may be used, provided that the invoice referred to is the manufacturer's factory invoice, distributor's invoice, or a bona fide bill of sale is available for customer inspection.

3. "Manufacturer's factory invoice" or "distributor's invoice" means that document supplied by the manufacturer or the distributor listing the manufacturer's or distributor's charge to the dealer before any deduction for items such as holdback, group advertising, factory incentives or rebates, or any governmental charges.

H. Price or credit terms of advertised vehicles.

When the price or credit terms of a vehicle are advertised in print, radio, or television, the vehicle should be fully identified as to year, make, and model. In addition, in all advertisements placed by individual dealers and not marketing groups, the stated price or credit terms shall include all charges which the buyer must pay to the seller including "freight" or "destination charges." State and local fees and taxes need not be included in the stated price. If the buyer will be required to pay to the seller charges which increase the advertised price, the charges must be disclosed and priced in the advertisement.

I. Matching or bettering competitor's price ads.

Advertisements which set out a policy matching or bettering competitor's price shall not be used unless the terms of the offer are specific, verifiable, and reasonable. All terms of the offer shall be included in the disclosure and disclaimer area and may not say such things as "rules or terms available in showroom" or "available before delivery." You must fully disclose as a part of the ad any material or significant conditions which must be met or the evidence the consumer must present to take advantage of the offer.

J. Advertisements of dealer rebates shall not be used.

Offers to match down payments or guarantee minimum

trade-in allowances are forms of dealer rebates.

K. "Free," "at no extra cost" terms.

In a negotiated sale no "free," "at no cost" (or any words to that effect) offer of equipment, accessory, other merchandise or service, shall be made. No equipment, accessory, other merchandise or service shall be described as "free" or "at no cost," if its cost, or any part of its cost, is included in the price of the vehicle, or if the vehicle can be purchased for a lesser price without accepting the free offer.

L. "Bait advertising" shall not be used.

1. If a specific vehicle is advertised, the seller shall be in possession of a reasonable supply of said vehicles and they shall be available at the advertised price. If the advertised vehicle is available only in limited numbers or only by order, that shall be stated in the ad. For purposes of these guidelines, the listings of a vehicle by stock number or vehicle identification number in the advertisement is permissible for a used vehicle, and is one means of satisfactorily disclosing a limitation of availability. For new vehicles, if the offer is limited, you will be able to say such things as "in stock" or "will order" provided you can order the vehicle just as advertised and delivery can be assured as soon as the manufacturer or distributor can confirm the order and deliver to your dealership. If you cannot get an order confirmation within 30 days, you must refund all moneys collected from the buyer at his request. If the vehicle is available only by order then it must be clearly and conspicuously disclosed in the advertisement.

2. Advertising a vehicle at a certain price (including "as low as" statements), but having available for sale only vehicles equipped with dealer added cost "options" which increase the selling price, above the advertised price, may also be considered "bait advertising."

3. If a lease payment is advertised, the fact that it is a lease arrangement shall be disclosed.

M. Term "repossessed vehicle" means a vehicle which meets all of the following criteria:

1. It has been sold, titled, registered, and taken back from a purchaser; and

2. Has not yet been resold to an ultimate user.

N. "Finance" or "loan."

Words such as "finance" or "loan" shall not be used in a motor vehicle dealer advertiser's firm name or trade name, unless that person is actually engaged in the financing of motor vehicles.

O. "Special arrangement or relationship" advertisements.

Statements such as "big volume buying power," "manufacturer's outlet," "factory authorized outlet," and "factory wholesale outlet," shall not be used. Any term that gives the consumer the impression the dealer has a special arrangement with the manufacturer or distributor as compared to similarly situated dealers, is misleading and shall not be used.

to the provisions of the Virginia Consumer Protection Act (§ 59.1-196 et seq.) or of any other provision of the Code of Virginia.

P. Records retention.

Advertisers shall maintain the original or a clear facsimile copy of all ads in a manner that permits systematic retrieval for a period of 60 days subsequent to the expiration date of the advertised sale.

PART III. ENFORCEMENT.

In addition to any other sanctions or remedies available to the Commissioner under the Act, the following regulations are adopted to enforce the regulated advertising practices set forth in § 46.1-550.5:40 and as described in Part II.

§ 3.1. Administrative and civil penalties.

A. Violations of any regulated advertising practice may, in the discretion of the Commissioner, be addressed by a written warning to the licensee as an initial step in the enforcement process.

B. Any single violation of a regulated advertising practice may also, after an informal fact finding proceeding as provided in the Administrative Process Act (§ 9-6.14:1 et seq.), result in an assessment of a civil penalty up to \$1,000.

C. Subsequent, same or similar violations may, after an informal fact finding proceeding as provided in the Administrative Process Act (§ 9-6.14:1 et seq.), result in an assessment of a civil penalty up to the \$1,000 and may also be grounds for denying, suspending or revoking a license subject to the hearing requirements pursuant to § 46.1-550.5:35 of the Act, either or both.

§ 3.2. Appeals.

The action of the department in suspending, revoking or refusing any license or in imposing a monetary civil penalty against the licensee shall be subject to judicial review as provided in §§ 46.1-550.5:36 and 46.1-550.5:37 of the Act.

§ 3.3. Other enforcement.

These regulations and the provisions of Article 7 (§ 46.1-550.5:39 et seq.) of Chapter 7 of Title 46.1 of the Code of Virginia shall be in addition to and not a substitute for the powers and authority granted pursuant

FINAL REGULATIONS

For information concerning Final Regulations, see information page.

Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates new text. Language which has been stricken indicates text to be deleted. [Bracketed language] indicates a substantial change from the proposed text of the regulations.

DEPARTMENT OF LABOR AND INDUSTRY

Safety and Health Codes Board

REGISTRAR'S NOTICE: The following Labor and Industry regulations are excluded from Article 2 of the Administrative Process Act in accordance with § 9-6.14:4.1 C 4(c) of the Code of Virginia, which excludes from Article 2 regulations which are necessary to meet the requirements of federal law or regulations, provided such regulations do not differ materially from those required by federal law or regulation. The Department of Labor and Industry will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulation: VR 425-02-36. Virginia Occupational Safety and Health Standards - Air Contaminants Standard, Permissible Exposure Limits (1910.1000).

Statutory Authority: § 40.1-22(5) of the Code of Virginia.

Effective Date: October 31, 1989

Summary:

On July 5, 1989, Federal OSHA published in the Federal Register an amendment to the Air Contaminants Standard Permissible Exposure Limits, Corrections, 29 CFR 1910.1000, which corrects typographical errors, incorrect citations and ambiguities contained in the regulatory text.

"OSHA wishes to clarify that the Transitional Limits noted in Table Z-1-A would be continued as the Final Rule Limits in the unanticipated event that rulemakings for the substances are delayed beyond Dec. 31, 1992. Therefore the quoted phrase is replaced by the current exposure limit. The change does not indicate any intention not to complete these rulemakings on schedule. The eight substances are: Butadiene, Cadmium fume, Cadmium dust, 2 Ethoxyethanol, 2 Ethoxyethyl acetate, Ethylene dibromide, Methyl cellosolve, Methyl cellosolve acetate and Methylene chloride."

"For three substances, Beryllium, Ethylene dibromide and Methylene chloride, OSHA did not change the PEL in this rulemaking. In attempting to transpose the existing exposure limits in Table Z-2 to the Final Rule Limits columns in Table Z-1-A, it inadvertently changed the limits by a small percent because the column headings are organized differently. As OSHA did not intend in this rulemaking to make any

changes to the limits it is correcting the Final Rule Limits columns to cross reference Table Z-2."

"For 7 substances OSHA inadvertently indicated in Table Z-1-A that there was a respirable dust limit. There was none in the past, OSHA did not propose a respirable dust limit and OSHA did not conclude that one should be included. Accordingly the respirable dust entries are deleted for:

Boron Oxide
Ferbam
Magnesium oxide fume
Malathion
Methoxychlor
Molybdenum (insoluble compounds)
Titanium dioxide."
(54 Fed. Reg. 28054)

Note on Incorporation by Reference

Pursuant to § 9-6.18 of the Code of Virginia, the Air Contaminants Standard (1910.1000) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason, the entire document will not be printed in The Virginia Register of Regulations. Copies of this document are available for inspection at the Department of Labor and Industry, 205 North Fourth Street, Richmond, Virginia, and in the Office of the Registrar of Regulations, Room 292, General Assembly Building, Capitol Square, Richmond, Virginia.

The Virginia Occupational Safety and Health Codes Board adopted the Federal OSHA Air Contaminants Standard as codified in 29 CFR 1910.1000, and published in the Federal Register, Vol. 54, No. 127, pp. 28059-28061, Wednesday, July 5, 1989.

When the regulations as set forth in the amendment to the Air Contaminants Standard, Permissible Exposure Limits, Corrections, (1910.1000) are applied to the Commissioner of the Department of Labor and Industry or to Virginia employers, the following federal terms shall be considered to read as below:

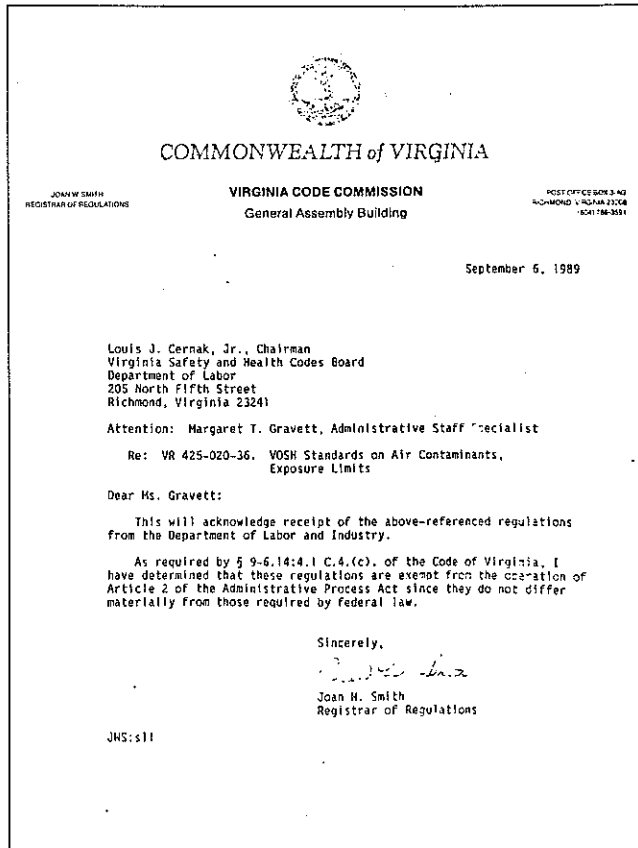
FEDERAL TERMS

29 CFR

VOSH EQUIVALENT

VOSH Standard

The amendments as adopted are not set out.



The compliance date for all other industries covered by the stay is 2-1/2 years from the lifting of the court stay.

"On November 14, 1978, OSHA promulgated the lead standard (29 CFR 1910.1025), which in part limited occupational exposure to airborne concentrations of lead to 50 micrograms per cubic meter of air (ug/m³), based on an 8-hour time-weighted average (TWA) (43 FR 52952; and 43 FR 54354, November 21, 1978). In paragraph (e)(1) of the lead standard, employers in the lead industries were required to achieve the 50ug/m³ PEL by means of engineering and work practices controls and various industries were given extended time to comply with that obligation." (54 Fed. Reg. 29142)

As a result of a court challenge to the standard in the case of United Steelworkers of America v. Marshall, 647 F.2d 1189 (D.C. Cir. 1980), cert. denied, 453 U.S. 913 (1981), the standard was stayed for 38 industry sectors (including the nine sectors covered by this amendment).

"The court did not vacate any portion of the lead standard. Rather, for the 38 industry sectors, it stayed the enforcement of paragraph (e)(1) of 29 CFR 1910.1025, which requires compliance with the PEL exclusively by means of engineering and work practice controls. The court held that these industries, however, were immediately required to meet the PEL of 50 ug/m³ by some combination of engineering, work practice and respirator controls. The court also remanded the record to OSHA for reconsideration of the question of technological and economic feasibility for these industry sectors and gave OSHA six months in which to complete its reassessment of the feasibility issue." (Id.)

After further review and rulemaking which settled questions concerning all but eight of the 38 industry sectors, OSHA requested the court on December 10, 1981, to remand the record on the remaining eight industries for further review.

OSHA also requested permission to reexamine the applicability of the lead standard to the stevedoring industry. OSHA's request was granted by the court on March 31, 1987, and this amendment is in response to the court order remanding the record. (54 Fed. Reg. 29143)

Title of Regulation: VR 425-02-66. Virginia Occupational Safety and Health Standards - Lead Standard (1910.1025).

Statutory Authority: § 40.1-22(5) of the Code of Virginia.

Effective Date: October 31, 1989

Summary:

On July 11, 1989, Federal OSHA published in the Federal Register an amendment to the Lead Standard, 29 CFR 1910.1025, which establishes compliance dates for nine industry sectors which to date have not been covered by the Lead Standard because of a judicial court stay issued by the U.S. Court of Appeals for the District of Columbia. This amendment establishes those compliance dates.

The compliance date for the following industries is five years from the lifting of the court stay: (i) brass and bronze ingot manufacturers, (ii) lead chemical manufacturers, and (iii) secondary copper smelting.

Note on Incorporation by Reference

Pursuant to § 9-6.18 of the Code of Virginia, the Lead Standard (1910.1025) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason, the entire document will not be printed in The Virginia Register of Regulations. Copies of the document are available for inspection at the Department of Labor and Industry, 205 North Fourth Street, Richmond, Virginia, and in the Office of the Registrar of Regulations, Room 292, General Assembly Building, Capitol Square, Richmond, Virginia.

Final Regulations

The Virginia Occupational Safety and Health Codes Board adopted the Federal OSHA Lead Standard as codified in 29 CFR 1910.1025, and published in the Federal Register, Vol. 54, No. 131, pp. 29274-29275, Tuesday, July 11, 1989.

When the regulations as set forth in the amendment to the Lead Standard (1910.1025) are applied to the Commissioner of the Department of Labor and Industry or to Virginia employers, all terms are to be read as given.

The amendments as adopted are set out below.

VR 425-02-66. Virginia Occupational Safety and Health Standards - Lead Standard (1910.1025).



COMMONWEALTH of VIRGINIA

JOHN W. SMITH
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION
General Assembly Building

POST OFFICE BOX 342
RICHMOND, VIRGINIA 23204
(804) 786-2191

September 6, 1989

Louis J. Cernak, Jr., Chairman
Virginia Safety and Health Codes Board
Department of Labor
205 North Fifth Street
Richmond, Virginia 23241

Attention: Margaret T. Gravett, Administrative Staff Specialist

Re: VR 425-020-66. VOSH Lead Standard

Dear Ms. Gravett:

This will acknowledge receipt of the above-referenced regulations from the Department of Labor and Industry.

As required by § 9-6.14:4.1 C.4.(c) of the Code of Virginia, I have determined that these regulations are exempt from the operation of Article 2 of the Administrative Process Act since they do not differ materially from those required by federal law.

Sincerely,

John W. Smith
Joan H. Smith
Registrar of Regulations

JHS:sll

§ 1910.1025 Lead.

(e) Methods of compliance—(1)
Engineering and work practice controls.

TABLE I—IMPLEMENTATION SCHEDULE

Industry ¹	Compliance dates		
	200 µg/m ³	100 µg/m ³	50 µg/m ³
Primary lead production	(1)	*June 29, 1984	*June 29, 1991
Secondary lead production	(2)	*June 29, 1984	*June 29, 1986
Lead acid battery manufacture	(1)	*June 29, 1983	*June 29, 1985
Automobile manufacture/solder grinding	(2)	N/A	*June 29, 1988
Electronics, gray iron foundries, ink manufacture, paints and coatings manufacture, wall paper manufacture, can manufacture, and printing	(1)	N/A	*June 29, 1982
Brass and bronze ingot manufacture, lead chemical manufacture, and secondary copper smelting	(1)	N/A	15 years
Non-ferrous foundries	(2)	N/A	N/A
All other industries	(2)	N/A	12 1/2 years

¹ Includes ancillary activities located on the same worksite.
² This date is calculated by counting, from June 29, 1981 (the date when the United States Supreme Court denied certiorari and lifted the stay on the implementation of paragraph (e)(1)), the number of years specified for the particular industry in the original lead standard for compliance with the given airborne exposure level. The denial of certiorari followed a decision of the United States Court of Appeals for the District of Columbia Circuit finding compliance with paragraph (e)(1) to be feasible for the relevant industries.
³ On the effective date of this standard, March 1, 1979. This continues an obligation from Table Z-2 of 29 CFR 1910.1000, which had been in effect since 1971, but was deleted from the Code of Federal Regulations upon the effectiveness of this standard.
⁴ Expressed as the number of years from the date on which the court lifts the stay on the implementation of paragraph (e)(1) for the particular industry.

(1) Startup dates.
 (2) Employers in secondary lead smelting and refining and in lead storage

battery manufacturing—1 year from the effective date.
 (E) All other industries—1 year from the date on which the court lifts the stay

on the implementation of paragraph (e)(1) for the particular industry.
 [FR Doc. 89-15053 Filed 6-30-89; 2:12 pm]
 BILLING CODE 4510-26-M

**DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
(BOARD OF)**

Title of Regulation: State Plan for Medical Assistance Relating to Preadmission Screening.
VR 460-01-46. Utilization Control.
VR 460-02-4.141. Criteria for Nursing Home Preadmission Screening: Medicaid Eligible Individuals and All Mentally Ill and Mentally Retarded Individuals At Risk of Institutionalization.

Statutory Authority: § 32.1-325 of the Code of Virginia.

Effective Date: October 25, 1989

Summary:

These final regulations will regulate the administration of preadmission screening requirements of all persons applying for nursing home admittance. These regulations conform to OBRA 1987 for persons having diagnoses of mental illness and mental retardation as well as to § 32.1-327.2 of Code of Virginia.

VR 460-01-46. Utilization Control.

Revision: HCFA PM 87-9 (BERC) OMB No.: 0938-0193
 August 1987

State Territory : Virginia

Citation 4.14 **Utilization Control**

- | | |
|---|--|
| 42 CFR 431.630
42 CFR 456.2
50 FR 15312 | A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met: |
| 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431) | □ By undertaking medical and utilization review requirements (including quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract) through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO - |
- (1) Meets the requirements of § 434.6(a);
 - (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
 - (3) Identifies the services and providers subject to PRO review;
 - (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
 - (5) Includes a description of the extent to which PRO determinations are considered

conclusive for payment purposes.

- Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designated under 42 CFR Part 462.

- 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431) □ By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

VR 460-02-4.141. Criteria for Nursing Home Preadmission Screening: Medicaid Eligible Individuals and All Mentally Ill and Mentally Retarded Individuals At Risk of Institutionalization.

§ 1. Definitions.

"Active treatment for mental illness" means the implementation of an individual treatment that prescribes specific therapies and activities for the treatment of persons who are experiencing an acute episode of severe mental illness which necessitates [24-hour] supervision by trained mental health personnel. The active treatment plan is developed under and supervised by a physician and provided by a physician and other qualified mental health professionals.

"Active treatment for mental retardation" means a continuous program for each client, which includes aggressive, consistent implementation of specialized and generic training, treatment, health, and related services that are directed towards (i) the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and (ii) the prevention or deceleration of regression or loss of current optimal functional status. Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program. [The active treatment plan shall be developed and supervised by an interdisciplinary team that represents areas that are relevant to identifying the client's needs and to designing programs that meet the client's needs.]

"Community services board (CSB)" means the local [governmental] agency responsible for local mental health, mental retardation, and substance abuse services. Boards function as service providers, client advocates, and community educators.

"Cost effectiveness" means the determination that the Medicaid expenditure for an individual receiving home and community-based care services is equal to or less than the Medicaid expenditure would be for that individual to receive nursing home care.

["Diagnostic and Statistical Manual of Mental Disorders, 3rd edition (DSM III)" means the 1980

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publication of the American Psychiatric Association classifying diagnoses of abnormal behavior.]

"DMAS-95 form" means the assessment tool used by nursing home preadmission screening committees and utilization review staff to assess an individual's medical, functional and social status, and document the justification for the need for nursing facility care and the appropriate level of care.

"Home and Community-Based Care Services" means Medicaid-funded long-term care services offered to Medicaid eligible elderly or physically disabled individuals in a home or community-based care setting in lieu of nursing home placement. These services must be preauthorized by either a nursing home preadmission screening committee or DMAS utilization review staff as a part of the nursing home preadmission screening process.

"Level I assessment" means the screening process [(,)] whether done by the nursing home preadmission screening committees, private practitioners or some other entity contracted with DMAS [() ,] to identify those individuals who are in need of nursing facility care and who have a known or suspected diagnosis of mental illness or mental retardation [() or related condition [()] .

"Level II assessment process" means the evaluation of the need for active treatment for those individuals who are identified in Level I as needing nursing facility care and as having a condition of mental illness or mental retardation. For individuals who are Medicaid eligible or expected to become Medicaid eligible within 180 days, the CSBs or other entity authorized to complete Level II assessments will submit the required assessments to the state mental health or mental retardation authority which will decide whether or not active treatment is indicated. For private pay individuals, the nursing facility shall submit copies of the required evaluations to the state mental health or mental retardation authority. The state mental health or mental retardation authority shall decide whether or not active treatment is indicated and shall inform the nursing facility of the decision. Nursing facilities are prohibited from admitting any individual who is mentally ill or mentally retarded unless it has been determined [by the Level II assessment] that the individual requires the level of services provided by a nursing facility and [does not require active treatment that the active treatment needs of the individual can be appropriately provided in the nursing facility] .

"Mental illness" means the existence of a [current primary or secondary] diagnosis of a [major] mental disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition (DSM IIIR), limited to schizophrenic, paranoid, major affective, schizoaffective disorders, and atypical psychosis, and does not include a primary diagnosis of dementia [(,)] including Alzheimer's disease or a related disorder [() , severe physical illness, terminal illness or acute physical illness which requires convalescence care] .

"Mental retardation and related conditions" means the existence of a level of retardation (mild, moderate, severe and profound) as [described defined] in the American Association on Mental Deficiency's Manual on Classification in Mental Retardation (1983) [which . This definition] states that "Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period." The provisions of this section also apply to persons with "related conditions," meaning severe, chronic disabilities that meet all of the following conditions:

- They are attributable to cerebral palsy or epilepsy or any other condition [including autism] , other than mental illness, found to be closely related to mental retardation because the related condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for those persons.
- They are manifested before the person reaches age 22.
- They are likely to continue indefinitely.
- They result in substantial functional limitations in three or more of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living.

"MI/MR Supplemental Assessment" means the assessment form utilized by the nursing home preadmission screening committees in conjunction with the DMAS-95 form to identify those individuals who have been assessed to need nursing facility care and who have a known or suspected diagnosis of mental illness or mental retardation [() or a related condition. [()]

"Nursing home preadmission screening committee" means either a local committee organized by the local health director or a committee established in a hospital setting for the purpose of determining whether an individual meets nursing facility criteria. Those committees organized by the local health director [must shall] be composed, at a minimum, of a physician, nurse, and social worker. The nurse and physician (both of whom must be licensed or eligible to be licensed) shall be employed by the local health department, and the social worker shall be employed from the adult services section of the local department of social services or the local health department. The committee, at the discretion of the local health director, may include representatives of other agencies which provide community services to aged and disabled individuals. Hospital committees [are shall be] composed of a social worker or discharge planner and physician. If the discharge planner is not a nurse, collaboration with a registered nurse who is knowledgeable about the individual's medical needs [is shall be] required prior to completion of the screening

process. A mental health professional from the local community services board may also serve on the committee.

"Nursing Home Preadmission Screening Program" means a process to: (i) evaluate the medical, nursing, developmental, psychological, and social needs of each individual believed to be in need of nursing home admission; (ii) analyze what specific services the individual needs; and (iii) evaluate whether a service or a combination of existing community services is available to meet the individual's needs. An essential part of the assessment process is determining the level of care required by applying existing criteria for skilled and intermediate nursing home care.

"Plan of care" means the weekly schedule of services [(,)] home and community-based care and other formal and informal services [() ,] developed to meet the assessed needs of the individual in order to avoid nursing home placement. The plan of care [~~must~~ shall] ensure the safety, health and welfare of the individual in order for home and community-based care services to be authorized.

"Private pay individuals" means persons who are not Medicaid eligible or are not expected to be Medicaid eligible within 180 days of admission to a nursing facility.

"State mental health or mental retardation authority" means the designated representative(s) of the Department of Mental Health, Mental Retardation and Substance Abuse Services who shall make active treatment decisions.

§ 2. Persons subject to nursing home preadmission screening and identification of conditions of mental illness and mental retardation.

A. As a condition of a nursing facility's Medicaid participation, all persons applying for admission to it shall be screened to determine whether they meet the criteria for nursing facility placement and whether conditions of mental illness and mental retardation [()] or related conditions [()] exist. Nursing facilities are responsible for ensuring that applicants for admission who [~~are mentally ill, mentally retarded~~ have a known or suspected case of mental illness, mental retardation] or [~~have a~~] related [~~condition~~ conditions] are not admitted until [~~their determinations have an evaluation of their condition and need for active treatment has~~] been made under the screening process.

B. Beginning April 1, 1990, nursing facility residents shall be [~~reviewed annually~~ identified] for conditions of mental illness or mental retardation [through annual review] .

§ 3. Preadmission screening assessment process.

A. Level I assessment.

1. For individuals who are Medicaid eligible or are expected to become Medicaid eligible within 180 days, the nursing home preadmission screening committee or other entity contracted by DMAS will complete the initial screening assessment to determine (i) the need for nursing facility services and (ii) whether or not the individual has a known or suspected diagnosis of mental illness or mental retardation [()] or a related condition [()] . The DMAS-95 form and the MI/MR Supplemental Assessment will be used by the screening committees in making Level I assessments. Persons identified as possibly mentally ill or mentally retarded shall be referred for further diagnostic evaluation (Level II assessment) performed by the local community services board (CSB) or other entity contracted to complete Level II assessment.

2. For private pay individuals applying to enter a nursing facility, it will be the responsibility of the nursing facility to determine (i) the need for nursing facility services and (ii) whether or not the individual is or may be mentally ill or mentally retarded [()] or has a related condition [()] . Persons identified as mentally ill or mentally retarded shall be referred to their private practitioners for further diagnostic evaluation.

B. Level II assessment.

1. For individuals who are Medicaid eligible or expected to be Medicaid eligible within 180 days, the entity completing the Level II assessment will refer any individual screened by Level I assessment who meets the nursing facility criteria and is suspected of having conditions of mental illness or mental retardation [()] or related conditions [()] for a Level II assessment. The CSB or other entity responsible for completing the Level II assessment will determine the individual's need for active treatment and the appropriate placement if active treatment is indicated. The criteria used in making a decision about appropriate placement are not, in any way, to be affected by the availability of placement alternatives. The state mental health or mental retardation authority shall decide whether or not active treatment is indicated, based on the Level II assessment recommendation. If active treatment for mental retardation or mental illness is required, the CSB or other responsible entity will arrange for the appropriate services to be provided [~~and nursing facility services under Medicaid will be denied~~] .

2. For those private pay individuals, the nursing facility will refer any individual suspected of having conditions of mental illness or mental retardation to a private practitioner to determine if there is a need for active treatment and the appropriate placement if active treatment is indicated. The criteria used in making a decision about appropriate placement are not, in any way, to be affected by the availability of placement alternatives. The nursing facility shall

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submit copies of the required evaluations to the Department of Mental Health, Mental Retardation and Substance Abuse Services which shall decide whether or not active treatment is indicated, based on the private practitioner's recommendation. If active treatment for mental retardation or mental illness is required, the Department of Mental Health, Mental Retardation and Substance Abuse Services shall notify the nursing facility [~~that the individual may not be admitted to the nursing facility~~ of the determination of appropriate placement for that individual] .

[3. Nursing facilities are prohibited from admitting any individual who is mentally ill or mentally retarded unless it has been determined by the Level II assessment that the individual requires the level of services provided by a nursing facility and that the active treatment needs of the individual can be appropriately provided in the nursing facility.]

§ 4. Nursing home preadmission screening authorization.

At the completion of the nursing home preadmission screening assessment and evaluation, the nursing home preadmission screening committee [{ , } or DMAS utilization review staff or other authorized entity [} ~~must~~ shall] authorize the appropriate service level for the individual screened. [If an individual disagrees with a determination of either the preadmission screening committee or the state mental health or mental retardation authority, he has the right to appeal under the applicable appeal process.]

A. Referrals for services not required.

When it is determined that the individual does not need nursing facility care and is not in need of any other community services, the committee will not authorize any services for the individual.

B. Referrals to non-Medicaid-funded community services.

When it is determined that the individual does not need nursing facility care but requires some services in order to be adequately maintained in the community, the committee [~~must~~ shall] make referrals to the appropriate agency and assure [that] the individual and family understand how to access those community services.

C. Home and community-based care authorization.

When it is determined that the individual does need the type of care found in a nursing facility but could be maintained appropriately in the community with home and community-based care services, the committee [~~must~~ shall] give the individual the choice of nursing home placement or home and community-based care services. In order to make the determination that home and community based care services can appropriately maintain the individual in the community, the nursing home preadmission screening committee [~~must~~ shall] : (i)

develop a plan of care for home and community-based care, (ii) determine the cost effectiveness of this plan of care, (iii) offer the individual a choice of home and community-based care providers, (iv) ensure provider availability to render services and make referrals for service initiation.

D. Nursing home authorization.

When the assessment process has been completed and it is determined that nursing facility care is needed and home and community-based care services are not considered an appropriate alternative, the authorization for nursing home placement [~~can~~ may] be made. The screening committee [~~must~~ shall] make referrals for appropriate placement.

E. Referrals to state facilities for the mentally ill or mentally retarded.

When the screening committee, CSB and [state] mental health [or mental retardation] authority determine that the individual meets nursing facility criteria and requires active treatment in a state facility for mental illness, mental retardation or related conditions, nursing home placement [~~must~~ shall] not be authorized. Instead, the CSB will initiate placement proceedings.

ASSESSMENT PROCESS

NAME		HOME ADDRESS		TELEPHONE NUMBER	
RECORD NUMBER	PROVIDER NAME	PROVIDER ADDRESS	PROVIDER NUMBER	SOURCE	DATES OF ADMISSION/ DISCHARGE
SUMMARY OF PROVIDERS					
BIRTHDATE: MONTH DAY YEAR					
SEX: MALE 6, FEMALE 7, OTHER 8					
MARRITAL STATUS: MARRIED 9, SEPARATED 2, SINGLE 4, WIDOWED, DIVORCED, UNKNOWN 1					
RACIAL/ETHNIC BACKGROUND: AMERICAN INDIAN, BLACK 2, WHITE, (NOT HISPANIC), (NOT HISPANIC), (NOT HISPANIC), (NOT HISPANIC), ASIAN OR PACIFIC ISLANDER, HISPANIC, OTHER 3					
EDUCATION: GRADUATE 10, ELEMENTARY SCHOOL 6, COLLEGE GRADUATE 11, SPECIAL COLLEGE GRADUATE 12, UNDERGRADUATE 13, VOCATIONAL 14, HIGH SCHOOL 15, UNKNOWN 9, DIPLOMA 1					
FAMILY INCOME: \$0-\$9,999 16, \$10,000-\$19,999 17, \$20,000-\$29,999 18, \$30,000-\$39,999 19, \$40,000-\$49,999 20, \$50,000-\$59,999 21, \$60,000-\$69,999 22, \$70,000-\$79,999 23, \$80,000-\$89,999 24, \$90,000-\$99,999 25, \$100,000 OR MORE 26, UNKNOWN 9					
HEALTH CARE COVERAGE: MEDICARE 19, MEDICAID 18, OTHER TYPE 1, 2, 3, 4, 5					
EMPLOYMENT STATUS: EMPLOYED 1, RETIRED 2, PRE-RETIREMENT 1, PENSION 1, POST-RETIREMENT 1, NO PENSION 1, NEVER EMPLOYED 20, UNKNOWN 9					
USUAL OCCUPATION: HOME MAKER 10, NONE 0, OCCUPATION OUTSIDE THE HOME 2, SPECIFY 1, 2					
UTILIZATION INFORMATION: TYPE OF SERVICE OR CURRENT RECOMMENDED 3, DATES OF ASSESSMENT 4, METHOD OF PAYMENT 5, EXPECTED 6					
DIRECTORY OF HEALTH CARE PROFESSIONALS & OTHERS: REFERRING PHYSICIAN, ATTENDING PHYSICIAN, PHYSICIAN ASSISTANT, PHYSICIAN, DENTIST, PODIATRIST, PHARMACY, FUNERAL PERSONS TO BE NOTIFIED, OTHER					

MEDICAL STATUS		CHECK BOXES (CHECK ONLY, FILL IN SPACES AS INDICATED)		H-ICCA CODE	
NO IMPAIRMENTS	NO ATTEMPTS TO IMPROVE	NO COMPLETION 1	NO COMPLETION 2	DATE OF CHANGE	DATE OF ONSET
SIGHT					
HEARING					
SPEECH: NO IMPAIRMENT 0, IMPAIRMENT 1, STRUCTURE OF MUSCULATURE OF VOCAL TRACT 2, LINGUISTIC SYSTEM 3, COMPLETE LOSS 5, DOES NOT SPEAK-NO KNOWN IMPAIRMENT 6					
DENTITION: MISSING OR FEW TEETH MISSING 1, SOME OPPOSING TEETH 2, NO TEETH OR NO OPPOSING TEETH 3, FRACTURES/DISLOCATIONS					
MISSING LIMBS: LOCATION, PREVIOUS REHABILITATION PROGRAM					
FINGERS OR TOES: LOCATION, PREVIOUS REHABILITATION PROGRAM					
BELOW ELBOW: LOCATION, PREVIOUS REHABILITATION PROGRAM					
ABOVE ELBOW: LOCATION, PREVIOUS REHABILITATION PROGRAM					
BELOW KNEE: LOCATION, PREVIOUS REHABILITATION PROGRAM					
ABOVE KNEE: LOCATION, PREVIOUS REHABILITATION PROGRAM					
PARALYSIS/PARESIS: LOCATION, PREVIOUS REHABILITATION PROGRAM					
MONOPLÉGIA/PARESIS 1, HEMLIP/HEMIPARESIS 2, PARAPLÉGIA/PARESIS 3, TETRAPLÉGIA/PARESIS 4, BILATERAL HEMLIP/HEMIPARESIS 5, QUADRIPLÉGIA/PARESIS 6					
ALLERGIES—SPECIFY					
RISK FACTOR MEASUREMENTS/OTHER TESTS: CIGARETTE SMOKING, NEVER SMOKED 0, EX-SMOKER 1, DOES NOT SMOKE HISTORY UNKNOWN 2, SMOKES 3 PER DAY 1, 3				RECORD DATE AND REASON	
WEIGHT, HEIGHT, BLOOD PRESSURE, BLOOD SUGAR, CHOLESTEROL, BUN, ALBUMINURIA, HEMOGLOBIN OR HEMATOCRIT, DIG. LEVEL, SPECIFY TEST, PROTHROMBIN TIME, SERUM POTASSIUM, CHEST X-RAY 1, 2, OTHER				SPECIFY JOINTS AFFECTED	
JOINT MOTION: WITHIN NORMAL LIMITS 0, INSTABILITY 1, CORRECTED 2, UNCORRECTED 3, IMMOBILITY 4, 5				H-ICCA CODE	
MEDICAL HISTORY				H-ICCA CODE	
FAMILY HISTORY				H-ICCA CODE	

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FUNCTIONING STATUS		ACTIVITIES OF DAILY LIVING (ADL)		NAME OR NUMBER		SERVICES CURRENTLY RECEIVED		MEDICATIONS		SPECIFY EACH MEDICATION, INDICATION, DOSAGE, ROUTE OF ADMINISTRATION, FREQUENCY, AND TIME OF LAST DOSE			
BATHING DATE _____ WITHOUT HELP 0 MH ONLY 1 MH ONLY 2 MH AND HH 3 IS BATHED 4 (BY OTHER PERSON) 5 DOES NOT BATH 6 DESCRIBE HELP _____		BLADDER FUNCTION DATE _____ CONTINENT 0 LESS THAN WKLY 1 EXTERNAL DEVICE 2 INWELING CATHETER 3 OSTOMY 4 SELF CARE 5 WEAKLY OR MORE 6 EXTERNAL DEVICE NOT SELF CARE 6 D INWELING CATHETER NOT SELF CARE 6 D OSTOMY NOT SELF CARE 6 D TYPE OF OSTOMY _____ OTHER PROBLEM _____		MOBILITY LEVEL: GOES OUTSIDE 2 A WITHOUT HELP 2 B GOES OUTSIDE 2 C GOES OUTSIDE WITH HELP 2 D GOES OUTSIDE WITH HELP 2 E CONFINED 3 MOVES ABOUT 4 CONFIRMED—DOES NOT MOVE ABOUT 5		OTHER SERVICES/SOCIAL CONTACTS RECREATION/ACTIVITIES 1 RELIGIOUS SERVICES 1 VISITORS 1 OTHER 1 NUTRITION DIET—SPECIFY 0 FOOD/FLUID INTAKE AND PROBLEM 1 SUPPLEMENTS 2 NOURISHMENTS 3 DINING LOCATION 4 OTHER 5		SERVICES CURRENTLY RECEIVED THERAPIES: DATE _____ INHALATION 1 OCCUPATIONAL 1 PHYSICAL 1 SPEECH 1 REALITY/REHABILITATION 1 SOCIAL SERVICE 1 OTHER 1 OTHER SERVICES/SOCIAL CONTACTS RECREATION/ACTIVITIES 1 RELIGIOUS SERVICES 1 VISITORS 1 OTHER 1 NUTRITION DIET—SPECIFY 0 FOOD/FLUID INTAKE AND PROBLEM 1 SUPPLEMENTS 2 NOURISHMENTS 3 DINING LOCATION 4 OTHER 5		MEDICATIONS DATE _____ ANALGESICS/NARCOTICS ANTACIDS ANTIBIOTICS ANTIHYPERTENSIVES ANTICOAGULANTS ANTYHYPER- TENSIVES BOWEL REGULATORS CARDIAC REGULATORS DIURETICS/ ELECTROLYTES INSULIN/ HYPOGLYCEMICS SEDATIVES/ ANXIOLYTICS TRANQUILIZERS/ ANTI-DEPRESSANTS VASODILATORS VITAMINS OTHER		SPECIFY EACH MEDICATION, INDICATION, DOSAGE, ROUTE OF ADMINISTRATION, FREQUENCY, AND TIME OF LAST DOSE	
TOILETING WITHOUT HELP 0 DAY & NIGHT 1 MH ONLY 2 MH AND HH 3 IS DRESSED 4 DESCRIBE HELP _____		EATING/FEEDING WITHOUT HELP 0 MH ONLY 1 MH ONLY 2 MH AND HH 3 SPOON FED 4 SYRINGE OR TUBE FED 5 FED BY IV OR OLIGOS 6 DESCRIBE HELP _____		WALKING WITHOUT HELP 3 MH ONLY 1 MH ONLY 2 MH AND HH 3 DOES NOT WALK 4 DESCRIBE HELP _____		WHEELING DOES NOT WALK 4 DOES NOT WALK ABOUT 5 WITHOUT HELP 1 MH ONLY 2 MH ONLY 3 MH AND HH 4 IS WHEELED 5 DESCRIBE HELP _____		SPECIAL NURSING PROCEDURES SPECIFY SITES WHERE APPLICABLE, TYPE, AND FREQUENCY OF TREATMENT PRECATHETER CARE (SITES) 1-5 DRESSING(S) 01 RIGIDIZATION 01 EYE CARE 1-1 SPECIFY TYPE 1-4 OXYGEN Rx 1-4 HEALING WOUNDS 1-4 BOWEL/BLADDER/URINARY CATHETERS 1-4 ROM EXERCISES 1-4 OTHER 1-5		PROFESSIONAL VISITS 1, 2 SPECIFY FREQUENCY OF VISITS ATTENDING MD 00 OTHER MD 00 AUDIOLOGIST DENTIST OPHTHALMOLOGIST OPTOMETRIST PODIATRIST HOME HEALTH OTHER		MEDICATION ADMINISTRATION WHO RECEIVES 1 SITE 1 HOW MANY 1 HOW OFTEN 1 HOW LONG 1 HOW MANY 1 HOW OFTEN 1 HOW LONG 1 HOW MANY 1 HOW OFTEN 1 HOW LONG 1	
TRANSFERRING WITHOUT HELP 0 MH ONLY 1 MH ONLY 2 MH AND HH 3 IS TRANS-FERRED 4 IS NOT TRANS-FERRED 5 DESCRIBE HELP _____		BEHAVIOR PATTERN APPROPRIATE 0 WANDERING-PASSIVE 1 WANDERING-PASSIVE/AGGRESSIVE 2 WANDERING-PASSIVE/AGGRESSIVE 3 WANDERING-PASSIVE/AGGRESSIVE 4 WANDERING-PASSIVE/AGGRESSIVE 5 WANDERING-PASSIVE/AGGRESSIVE 6 WANDERING-PASSIVE/AGGRESSIVE 7 WANDERING-PASSIVE/AGGRESSIVE 8 WANDERING-PASSIVE/AGGRESSIVE 9 WANDERING-PASSIVE/AGGRESSIVE 10 WANDERING-PASSIVE/AGGRESSIVE 11 WANDERING-PASSIVE/AGGRESSIVE 12 WANDERING-PASSIVE/AGGRESSIVE 13 WANDERING-PASSIVE/AGGRESSIVE 14 WANDERING-PASSIVE/AGGRESSIVE 15 WANDERING-PASSIVE/AGGRESSIVE 16 WANDERING-PASSIVE/AGGRESSIVE 17 WANDERING-PASSIVE/AGGRESSIVE 18 WANDERING-PASSIVE/AGGRESSIVE 19 WANDERING-PASSIVE/AGGRESSIVE 20		STAIRCLIMBING WITHOUT HELP 3 MH ONLY 1 MH ONLY 2 MH AND HH 3 DOES NOT CLIMB 4 DESCRIBE HELP _____		COMMUNICATION OF NEEDS VERBALLY-ENGLISH 2 VERBALLY-OTHER LANGUAGE 1 NON-VERBALLY 2 DOES NOT COMMUNICATE 3 DESCRIBE HELP _____		ORIENTATION ORIENTED 0 DISORIENTED-SOME SPHERES SOME TIME 1 DISORIENTED-SOME SPHERES ALL TIME 2 DISORIENTED-ALL SPHERES SOME TIME 3 DISORIENTED-ALL SPHERES ALL TIME 4 COMATOSE 5 UNRECOGNIZABLE 6 AFFECTED 7		OTHER SPECIAL NURSING 1 OTHER SPECIAL NURSING 1		LONG-TERM CARE INFORMATION SYSTEM 1-5 TYPE OF FACILITY 1 NUMBER OF VISITS 2 TYPE OF VISIT 3 OTHER 4	

MI/MR SUPPLEMENTAL ASSESSMENT

A. This section is to be completed by the MH Pre-Admission Screening Committee.

NAME _____ DATE OF BIRTH _____
 SOCIAL SECURITY NUMBER _____ MEDICAID NUMBER _____
 LOCAL CSB RESPONSIBLE _____ DATE NRPAS REQUEST RECEIVED: _____

1. DOES THE INDIVIDUAL HAVE A CURRENT DIAGNOSIS OF MI? yes no MR? yes no
 Diagnosis: _____
2. DOES THE INDIVIDUAL HAVE A RECENT (WITHIN 2 YEARS) HISTORY OF MI? _____
 DOES THE INDIVIDUAL HAVE A HISTORY OF MR? _____ Describe briefly and list date(s)
 of onset: _____
3. HAS THE INDIVIDUAL BEEN REFERRED BY AN AGENCY SERVING PERSONS WITH MENTAL
 RETARDATION OR A DEVELOPMENTAL DISABILITY? YES NO
 If yes, specify agency, location, type of service provided, contact person, and
 phone #: _____

4. LIST ANY PRESCRIBED MAJOR TRANQUILIZER OR PSYCHOACTIVE DRUG BELOW:

Medication	Dosage	Frequency	Reason Prescribed
_____	_____	_____	_____
_____	_____	_____	_____

Is there a diagnosed neurological disorder or medical justification for the
 prescription? _____

5. DOES THE INDIVIDUAL PRESENT EVIDENCE OF MENTAL ILLNESS OR MENTAL RETARDATION?
 Please check any of the following which the individual is currently exhibiting:

- | | |
|---|---|
| <input type="checkbox"/> is combative | <input type="checkbox"/> exhibits seriously impaired judgement |
| <input type="checkbox"/> has an appetite disturbance | <input type="checkbox"/> displays inappropriate social behavior |
| <input type="checkbox"/> is withdrawn/depressed | <input type="checkbox"/> has suicidal thoughts, ideations, & gestures |
| <input type="checkbox"/> has epilepsy | <input type="checkbox"/> cannot communicate basic needs |
| <input type="checkbox"/> has a sleep disturbance | <input type="checkbox"/> talks about his/her worthlessness |
| <input type="checkbox"/> hallucinates | <input type="checkbox"/> is unable to understand simple commands |
| <input type="checkbox"/> has delusions | <input type="checkbox"/> experiences difficulty learning new skills |
| <input type="checkbox"/> is disoriented | <input type="checkbox"/> is destructive to self/property |
| <input type="checkbox"/> sets fires | <input type="checkbox"/> demonstrates severe maladaptive behavior(s) |
| <input type="checkbox"/> exhibits bizarre behavior | <input type="checkbox"/> has face or body twitches or jerks |
| <input type="checkbox"/> bangs head | <input type="checkbox"/> has specialized training needs |
| <input type="checkbox"/> uses self-stimulatory behavior | <input type="checkbox"/> other _____ |

6. RECOMMENDATION:

REFER TO _____ (CSB) FOR LEVEL II ASSESSMENT FOR MI OR MR.
 Screening Placement Recommendation: Nursing Home Community-Based Care
 Other _____ Date package sent: _____

NO REFERRAL FOR LEVEL II ASSESSMENT BECAUSE INDIVIDUAL:
 Does not have known or suspected diagnosis of MI or MR.
 Has a diagnosis of dementia (includes Alzheimer's disease).
 Has a severe or terminal illness as a primary diagnosis.
 Requires convalescent care.
 Is of advanced years and has declined assessment for active treatment needs.

Signature _____	Title _____	Name of Screening Committee _____
Date _____	Telephone Number _____	Mailing Address _____

DMAS-95 MI/MR

B. This section is to be completed by the Community Services Board or other entity
 under contract for Level II evaluation process.

1. EVALUATIONS REQUIRED UPON RECEIPT OF REFERRAL:

- Neurological Evaluation Psychosocial/Functional Assessment
 Psychological Assessment History and Physical Examination
 Psychiatric Assessment Other (please specify) _____

2. RECOMMENDATION:

ACTIVE TREATMENT INDICATED
 Placement will be arranged for:
 ICF/MR IMD psychiatric hospital other (please specify) _____
 Comments: _____

ACTIVE TREATMENT NOT INDICATED

ACTIVE TREATMENT INDICATED, BUT INDIVIDUAL IS OF ADVANCED YEARS AND CHOOSES
 NURSING FACILITY

Date referral package received: _____ Date referral package sent to DMEMRSAS: _____

Board-certified Psychiatrist Signature (MI dx) _____ Date _____ Telephone Number _____

Psychologist Signature (MR dx) _____ Date _____ Telephone Number _____

Case Manager Signature/Title _____ Date _____ Telephone Number _____

Agency/Facility Name _____ Mailing Address _____

Agency/Facility ID # (if applicable) _____

C. This section is to be completed by the Department of Mental Health, Mental
 Retardation and Substance Abuse Services.

Date referral package received: _____

CONCUR WITH RECOMMENDATIONS OF LEVEL II EVALUATION PROCESS? yes no

COMMENTS _____

Referral package returned to _____ Date _____

Signature _____ Title _____ Date _____ Telephone number _____

BOARD OF PHARMACY

Title of Regulation: VR 530-01-1. Virginia Board of Pharmacy Regulations.

Statutory Authority: §§ 54.1-2400 and 54.1-3007 of the Code of Virginia.

Effective Date: October 25, 1989

Summary:

The Board of Pharmacy is increasing fees for licensure and other services by amending § 1.3 of VR 530-01-1 of the Virginia Board of Pharmacy Regulations. These increased fees will generate approximately \$450,000 in additional revenue annually. Fee increases are necessary to replace income of \$250,000 from controlled substances registration fees which, in the past, have been available to support board operating costs, and to support continued and expanded services provided by the board.

VR 530-01-1. Virginia Board of Pharmacy Regulations.

PART I. GENERAL PROVISIONS.

§ 1.1. Public participation guidelines.

A. Mailing list.

The executive director of the board will maintain a list of persons and organizations who will be mailed the following documents:

1. "Notice of intent" to promulgate regulations.
2. "Notice of public hearing" or "informational proceeding," the subject of which is proposed or existing regulation.
3. Final regulation adopted.

B. Being placed on list: deletion.

Any person wishing to be placed on the mailing list may do so by writing the board. In addition, the board may, in its discretion, add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations. Persons on the list will be provided all information stated in subsection A of this section. Those on the list may be periodically requested to indicate their desires to continue to receive documents or to be deleted from the list. After 30 days, the names of the persons who do not respond will be deleted from the list.

C. Notice of intent.

At least 30 days prior to the publication of the notice to conduct an informational proceeding as required by § 9-6.14:1 of the Code of Virginia, the board will publish a "notice of intent." This notice will contain a brief and concise statement of the possible regulation or the problem the regulation would address and invite any person to provide written comment on the subject matter. Such notice shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations.

D. Informational proceedings or public hearings for existing rules.

At least once each biennium, the board will conduct an informational proceeding, which may take the form of a public hearing, to receive public comment on existing regulation. The purpose of the proceeding will be to solicit public comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance. Notice of such proceeding will be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations. Such proceeding may be held separately or in conjunction with other informational proceedings.

E. Petition for rulemaking.

Any person may petition the board to adopt, amend, or delete any regulation. Any petition received in a timely manner shall appear on the next agenda of the board. The board shall have sole authority to dispose of the petition.

F. Notice of formulation and adoption.

At any meeting of the board or subcommittee of the board at which the formulation or adoption of regulations is to occur, the subject matter shall be transmitted to the Registrar for inclusion in the Virginia Register of Regulations.

G. Advisory committees.

The board may appoint advisory committees as it may deem necessary to provide for adequate citizen participation in the formation, promulgation, adoption, and review of regulations.

§ 1.2. Definitions.

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

"Board" means the Virginia State Board of Pharmacy.

"Expiration date" means that date placed on a drug package by the manufacturer or repacker beyond which the product may not be dispensed or used.

"Generic drug name" means the nonproprietary name listed in the United States Pharmacopeia-National

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Formulary (USP-NF) or in the USAN and the USP Dictionary of Drug Names.

"Hermetic container" means a container that is impervious to air or any other gas under the ordinary or customary conditions of handling, shipment, storage, and distribution.

"Hospital" or *"nursing home"* means those facilities as defined in Title 32.1 of the Code of Virginia or as defined in regulations by the Virginia Department of Health.

"Light resistant container" means a container that protects the contents from the effects of light by virtue of the specific properties of the material of which it is composed, including any coating applied to it. Alternatively, a clear and colorless or a translucent container may be made light-resistant by means of an opaque covering, in which case the label of the container bears a statement that the opaque covering is needed until the contents have been used. Where a monograph directs protection from light, storage in a light-resistant container is intended.

"Nuclear pharmacy" means a pharmacy providing radiopharmaceutical services.

"Personal supervision" means the pharmacist must be physically present and render direct, personal control over the entire service being rendered or act(s) being performed. Neither prior nor future instructions shall be sufficient nor, shall supervision rendered by telephone, written instructions, or by any mechanical or electronic methods be sufficient.

"Radiopharmaceutical" means any article that exhibits spontaneous decay or disintegration of any unstable atomic nucleus, usually accompanied by the emission of ionizing radiation and any nonradioactive reagent kit or nuclide generator which is intended to be used in the preparation of any such article.

"Repackaged drug" means any drug removed from the manufacturer's original package and placed in different packaging.

"Safety closure container" means a container which meets the requirements of the Federal Poison Prevention Packaging Act, i.e., in testing such containers, that 85% of a test group of 200 children of ages 41-52 months are unable to open the container in a five minute period and that 80% fail in another five minutes after a demonstration of how to open it and that 90% of a test group of 100 adults must be able to open and close the container.

"Special packaging" means packaging that is designed or constructed to be significantly difficult for children under five years of age to open to obtain a toxic or harmful amount of the drug contained therein within a reasonable time and not difficult for normal adults to use

properly, but does not mean packaging which all such children cannot open or obtain a toxic or harmful amount within a reasonable time.

"Special use permit" means a permit issued to conduct a pharmacy of a special scope of service that varies in any way from the provisions of any board regulation.

"Storage temperature" means those specific directions stated in some monographs with respect to the temperatures at which pharmaceutical articles shall be stored, where it is considered that storage at a lower or higher temperature may produce undesirable results. The conditions are defined by the following terms:

1. "Cold" means any temperature not exceeding 8°C (46°F). A refrigerator is a cold place in which temperature is maintained thermostatically between 2° and 8°C (36° and 46°F). A freezer is a cold place in which the temperature is maintained thermostatically between -20° and -10°C (-4° and 14°F).

2. "Room temperature" means the temperature prevailing in a working area.

3. "Controlled room temperature" is a temperature maintained thermostatically between 15° and 30°C (59° and 86°F).

4. "Warm" means any temperature between 30° and 40°C (86° and 104°F).

5. "Excessive heat" means any temperature above 40°C (104°F).

6. "Protection from freezing" means where, in addition to the risk of breakage of the container, freezing subjects a product to loss of strength or potency, or to the destructive alteration of the dosage form, the container label bears an appropriate instruction to protect the product from freezing.

"Tight container" means a container that protects the contents from contamination by extraneous liquids, solids, or vapors, from loss of the drug, and from efflorescence, deliquescence, or evaporation under the ordinary or customary conditions of handling, shipment, storage, and distribution, and is capable of tight reclosure. Where a tight container is specified, it may be replaced by a hermetic container for a single dose of a drug and physical tests to determine whether standards are met shall be as currently specified in United States Pharmacopoeia-National Formulary.

"Unit-dose container" means a container that is a single-unit container, as defined in United States Pharmacopoeia-National Formulary, for articles intended for administration by other than the parenteral route as a single dose, direct from the container.

"Unit dose package" means a container that contains a particular dose ordered for a patient.

"Unit dose system" means a pharmacy coordinated method of drug dispensing and control in which drugs are distributed in properly labeled unit-dose containers or single-unit containers in ready to administer form as far as possible, in a supply for not more than seven days.

"U.S.P.-N.F." means the United States Pharmacopeia-National Formulary.

"Well-closed container" means a container that protects the contents from extraneous solids and from loss of the drug under the ordinary or customary conditions of handling, shipment, storage, and distribution.

§ 1.3. Fees.

The fee which shall accompany an application or a renewal for a license, permit, registration or the charge for the delinquent payment of a renewal shall be as follows:

A. The application fee for pharmacist examination shall be \$300. If applicant withdraws the application after the deadline for filing, all but \$25 of the fee will be refunded.

B. The application fee for a ~~temporary or probationary or reciprocal license~~ *pharmacist license by endorsement* shall be \$300.

C. Renewal of pharmacist license shall be ~~\$20~~ \$50 .

1. The application fee for a person whose license has been revoked or suspended indefinitely shall be ~~\$50~~ \$300 .

2. If a pharmacist does not maintain a license within the Commonwealth, all back renewal fees and a ~~\$10~~ \$25 delinquent fee shall be paid before a renewal of the license will be issued.

D. Permit to conduct a pharmacy shall be ~~\$75~~ \$200 annually.

E. Physician drug dispensing license shall be ~~\$75~~ \$200 annually.

F. *Manufacturing permits.*

1. Nonrestricted manufacturing permit shall be ~~\$200~~ \$300 annually.

2. Restricted manufacturing permit shall be ~~\$200~~ \$300 annually.

3. Wholesaler or distributor shall be ~~\$200~~ \$300 annually.

G. Controlled substances registration shall be \$20

annually.

H. If a licensee fails to renew a required license, registration or permit prior to the expiration date for the license or registration, a ~~\$10~~ \$25 late fee shall be assessed.

I. Duplicate certificate of registration for a pharmacist or the certification of grades and registration for a pharmacist shall be ~~\$15~~ \$25 .

PART II. ENTRY AND LICENSURE REQUIREMENTS.

§ 2.1. Practical experience required.

A. Each applicant for licensure by examination shall have gained practical experience in prescription compounding and dispensing within a pharmacy for a period of not less than six months.

B. During the six months of practical experience required, the applicant shall accumulate a minimum of 1,000 hours. For purposes of this regulation, credit will not be given for more than 40 hours in any one week.

C. All practical experience credit required shall only be gained after completion of the first professional year in an approved school of pharmacy.

D. Practical experience gained in a college of pharmacy which has a program designed to provide the applicant with practical experience in all phases of pharmacy practice and which program is approved by the American Council on Pharmaceutical Education will be accepted by the board for the time period during which the student is actually enrolled. The applicant will be required to gain any additional experience needed toward fulfilling the six months of experience required.

E. An applicant shall not be admitted to the examination unless all of the practical experience has been gained.

§ 2.2. Procedure for gaining practical experience.

A. Each pharmacy student, except those enrolled in an approved college clerkship program, who desires to gain practical experience in a pharmacy within the Commonwealth shall register with the board on a form provided by the board prior to becoming so engaged. This requirement shall also apply to students gaining practical experience within the Commonwealth for licensure in another state. The student shall be called a "student externe."

B. Graduates in pharmacy of an approved school of pharmacy who wish to gain practical experience within the Commonwealth shall register with the board prior to being so engaged. Such graduates shall be called "pharmacy interne." Experience gained in another state must be certified by the board in the state in which the

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experience was gained.

C. The applicant shall be supervised by a pharmacist who holds an unrestricted license and assumes full responsibility for the training, supervision and conduct of the externe or the interne. The supervising pharmacist shall not supervise more than one interne or externe during the same time period for experience during or after the last professional year.

D. The practical experience of the student externe shall be gained nonconcurrent with the school year excepting that gained in any program of a pharmacy school which meets the requirements of [~~§ 54-524.21~~ § 54.1-3312] of the Code of Virginia.

E. Any practical experience gained within any state by a student externe or a pharmacy interne who has not registered with the board in the state in which the experience is being gained will not be accepted by this board nor certified to another state by the board.

F. All practical experience of the student externe shall be evidenced by an affidavit which shall be filed with the application for examination for licensure.

G. An applicant for examination shall file the certificate of experience no less than 30 days prior to the date of the examination, and such certificates required in G and H of this section shall be on a form prescribed by the board.

H. The registration of a student externe shall be valid only while the student is enrolled in a school of pharmacy. The registration card issued by the board shall be returned to the board upon failure to be enrolled.

§ 2.3. Curriculum and approved colleges of pharmacy.

A. Length of curriculum.

The following educational requirements for licensure for the specified periods shall be recognized by the board for the purpose of licensure.

1. On and after June 1, 1928, but before June 1, 1936, the applicant for licensure shall have been graduated from a three-year course of study with a pharmacy graduate or pharmacy college degree in pharmacy awarded.

2. On and after June 1, 1936, but before June 1, 1964, the applicant for licensure shall have been graduated from a four-year course of study with a Bachelor of Science degree in pharmacy awarded.

3. On and after June 1, 1964, the applicant for licensure shall have been graduated from a five-year course of study with a Bachelor of Science degree in pharmacy awarded.

B. First professional degree required.

In order to be licensed as a pharmacist within this Commonwealth, the applicant shall have been granted the first professional degree from a program of a college of pharmacy which meets the requirements of [~~§ 54-524.21~~ § 54.1-3312] of the Code of Virginia.

§ 2.4. Content of the examination and grades required.

A. The examination for licensure as a pharmacist shall consist of an integrated examination of pharmacy practice, pharmacology, pharmacy mathematics, and such other subjects as are necessary to assure that the candidate possesses the necessary knowledge and skills to practice pharmacy. Additional examination of the candidates' knowledge of federal and state laws related to pharmacy practice shall be provided by the board.

B. Passing requirements.

The passing grade on the integrated pharmacy examination shall be not less than 75. The passing grade on the law examination shall be not less than 75.

C. Limitation on admittance to examination.

When an applicant for licensure by examination fails to meet the passing requirements of paragraph B of this section on three occasions, he shall not be readmitted to the examinations until he has completed an additional six months of practical experience as a pharmacy interne as set forth in § 2.2.

PART III. PHARMACIES.

§ 3.1. Pharmacy permits generally.

A. A pharmacy permit shall not be issued to a pharmacist to be simultaneously in charge of more than one pharmacy.

B. The pharmacist-in-charge or the pharmacist on duty shall control all aspects of the practice of pharmacy. Any decision overriding such control of the pharmacist-in-charge or other pharmacist on duty by nonpharmacist personnel shall be deemed the practice of pharmacy.

C. When the pharmacist-in-charge ceases practice at a pharmacy, an application for a new pharmacy permit shall be filed within 10 days.

§ 3.2. Special or limited-use pharmacy permits.

For good cause shown, the board may issue a special or limited-use pharmacy permit, when the scope, degree or type of pharmacy practice or service to be provided is of a special, limited or unusual nature as compared to a regular pharmacy service. The permit to be issued shall be based on special conditions of use requested by the applicant and imposed by the board in cases where

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certain requirements of regulations may be waived. The following conditions shall apply:

1. A policy and procedure manual detailing the type and method of operation, hours of operation, and method of documentation of continuing pharmacist control must accompany the application.
2. The issuance and continuation of such permits shall be subject to continuing compliance with the conditions set forth by the board.

§ 3.3. Pharmacies going out of business.

Ten days prior to the closing date, the board shall be notified by the pharmacist-in-charge or other responsible person of the closing of the pharmacy. At that time, the disposition of all Schedule II through VI drugs shall be reported to the board. If the pharmacy drug stock is to be transferred to another licensee, the pharmacist-in-charge or other responsible person shall inform the board of the name and address of the licensee to whom the drugs are being transferred.

§ 3.4. New pharmacies.

A. Inspection and notice required for new pharmacies.

1. The proposed location of a pharmacy practice area shall be inspected by an agent of the board prior to the issuance of a permit.
2. Pharmacy permit applications which indicate a requested inspection date, or requests which are received after the application is filed, shall be honored provided a 14-day notice is allowed prior to the requested inspection date.
3. Requested inspection dates which do not allow a 14-day notice to the board may be adjusted by the board to provide 14 days for the scheduling of the inspection.

B. At the time of the inspection, the dispensing area shall comply with §§ 3.5, 3.6, 3.7, 3.8, and 3.10 of these regulations.

C. Drugs shall not be stocked within the proposed pharmacy until adequate safeguards against diversion have been provided and approved by the board or its authorized agent.

§ 3.5. Physical standards for all pharmacies.

A. Space requirements.

The area which is to be used for the storage, compounding, and preparation of prescriptions for Schedule II through VI drugs shall not be less than 240 square feet. The patient waiting area or the area used for devices, cosmetics, and proprietary medicines shall not be

considered a part of the minimum 240 square feet. The total area shall be consistent with the size and scope of the services provided.

B. Access to dispensing area.

Access to stock rooms, rest rooms, and other areas other than an office that is exclusively used by the pharmacist shall not be through the dispensing area or drug storage area. This subsection shall not apply to dispensing areas which are established prior to the effective date of this regulation.

C. The pharmacy shall be constructed of permanent and secure materials. Trailers or other moveable facilities or temporary construction shall not be permitted.

D. The entire area of the location of the pharmacy practice, including all areas where drugs are stored shall be well lighted and well ventilated; the proper storage temperature shall be maintained to meet U.S.P.-N.F. specifications for drug storage.

E. The counter work space shall be used only for the compounding and dispensing of drugs and necessary record keeping.

F. A sink with hot and cold running water shall be within the immediate compounding and dispensing area.

G. Adequate refrigeration facilities for the storage of drugs requiring cold storage temperature shall be maintained within the compounding and dispensing area.

§ 3.6. Sanitary conditions.

A. The entire area of any place bearing the name of a pharmacy shall be maintained in a clean and sanitary manner and in good repair and order.

B. The dispensing area and work counter space and equipment in the dispensing area shall be maintained in a clean and orderly manner.

C. Adequate trash disposal facilities and receptacles shall be available.

§ 3.7. Required minimum equipment.

The pharmacist-in-charge shall be responsible for maintaining the following equipment:

A. A current copy of the United States Pharmacopeia Dispensing Information Reference Book.

B. A set of Prescription Balances, sensitive to 15 milligrams, and weights.

C. A refrigerator with a monitoring thermometer.

D. A copy of the current Virginia Drug Control Act and

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board regulations.

E. A current copy of the Virginia Voluntary Formulary.

F. A laminar flow hood for pharmacies engaging in the compounding of sterile product(s).

§ 3.8. Safeguards against diversion of drugs.

A device for the detection of breaking shall be installed in each dispensing and drug storage area of each pharmacy. The installation and the device shall be based on accepted burglar alarm industry standards, and shall be subject to the following conditions:

A. The device shall be a sound, microwave, photoelectric, ultrasonic, or any other generally accepted and suitable device.

B. The device shall be maintained in operating order.

C. The device shall fully protect the immediate drug compounding, dispensing and storage areas and shall be capable of detecting breaking by any means whatsoever in the area when the pharmacy or other business in which the pharmacy is located is closed.

D. The alarm system must have an auxiliary source of power.

E. This regulation shall not apply to pharmacies which have been granted a permit prior to the effective date of this regulation provided a previously approved security alarm system is in place and provided further that a breaking and loss of drugs does not occur.

§ 3.9. Special security requirements.

A. If the compounding and dispensing area is to be closed while the remainder of the pharmacy or business in which the dispensing area is located is open for the conduct of business, an alarm system shall be installed in the dispensing area and be subject to the following requirements:

1. The alarm system is activated and operated separately from any other alarm system in the pharmacy or the business in which the dispensing area is located.

2. The alarm system will detect breaking in the dispensing area when it is closed.

3. The alarm system is controlled only by the pharmacist.

B. An emergency key or access code to the system shall be maintained as set forth in § 3.10 of these regulations.

C. If the dispensing and drug storage area is enclosed from floor to ceiling, the separately activated alarm

system referred to in this regulation shall not be required.

§ 3.10. Dispensing area enclosures.

A. The drug dispensing and drug storage areas of each pharmacy shall be provided with enclosures subject to the following conditions:

1. The enclosure shall be constructed in such a manner that it protects the controlled drug stock from unauthorized entry and from pilferage at all times whether or not a pharmacist is on duty.

2. The enclosure shall be of sufficient height as to prevent anyone from reaching over to gain access to the drugs.

3. Entrances to the enclosed area must have a door which extends from the floor and which is at least as high as the adjacent counters or adjoining partitions.

4. Doors to the area must have locking devices which will prevent entry in the absence of the pharmacist.

B. The door keys to the dispensing areas shall be subject to the following requirements:

1. Only pharmacists practicing at the pharmacy and authorized by the pharmacist-in-charge shall be in possession of any keys to the locking device on the door to such enclosure.

2. The pharmacist may place a key in an envelope or other container which contains a seal and a signature placed by the pharmacist on the envelope or container in a safe or vault within

3. The key may be used to allow emergency entrance to the dispensing area by other pharmacists.

C. Restricted access to the dispensing area.

The prescription drug compounding and dispensing area is restricted to pharmacists, externs, and internes who are practicing at the pharmacy. Clerical assistants and other persons designated by the pharmacist may be allowed access by the pharmacist but only during the hours the pharmacist is on duty.

§ 3.11. Drugs outside of dispensing area.

Any Schedule II through VI drug not stored within the prescription compounding and dispensing area and kept for stock replenishing shall be secured and access to it shall be restricted to the pharmacist and persons authorized by the pharmacist.

§ 3.12. Prescriptions awaiting delivery.

Prescriptions prepared for delivery to the patient may be placed in a secure place outside of the compounding

and dispensing area and access to the prescriptions restricted by the pharmacist to designated clerical assistants. The prepared prescriptions may be transferred to the patient whether or not a pharmacist is on duty.

§ 3.13. Dispersion of Schedule II drugs.

Schedule II drugs may be dispersed with other schedules of drugs or shall be maintained within a locked cabinet, drawer, or safe.

§ 3.14. Safeguards for controlled paraphernalia.

Controlled paraphernalia shall not be placed on open display or in an area completely removed from the drug compounding and dispensing area whereby patrons will have free access to such items or where the pharmacist cannot exercise reasonable supervision and control.

§ 3.15. Expired drugs; security.

Any drug which has exceeded the expiration date shall be separated from the stock used for dispensing and may be maintained in a designated area with the unexpired stock prior to the disposal of the expired drug.

§ 3.16. Destruction of Schedule II through V drugs in pharmacies.

If a pharmacist-in-charge wishes to destroy unwanted Schedule II through V drugs kept for dispensing, in lieu of returning the drugs to the Drug Enforcement Administration (DEA), he shall use the following procedures for the drug destruction:

A. At least 14 days prior to the destruction date, the pharmacist-in-charge shall provide a written notice to the board office; the notice shall state the following:

1. Date, time, and manner or place of destruction.
2. The names of the pharmacists who will witness the destruction process.

B. If the destruction date is to be changed or the destruction does not occur, a new notice must be provided to the board office as set forth above in this subsection.

C. The DEA Drug Destruction Form No. 41 must be used to make a record of all drugs to be destroyed.

D. The drugs must be destroyed by burning in an incinerator; an alternate method of flushing may be used if incineration is not possible and if permitted by the municipality.

E. The actual destruction shall be witnessed by the pharmacist-in-charge and another pharmacist not employed by the pharmacy.

F. Each form shall show the following information:

1. Legible signatures of the pharmacist-in-charge and the witnessing pharmacist;

2. The license numbers of the pharmacists destroying the drugs; and

3. The date of the destruction.

G. At the conclusion of the destruction of the drug stock:

1. Two copies of the completed destruction form shall be sent to Drug Enforcement Administration, Washington Field Division, Room 2558, 400 - 6th Street S.W., Washington, D.C. 20024, Attn: Diversion Control Group.

2. A copy of the completed destruction form shall be sent to the office of the board.

3. A copy of the completed destruction form shall be retained with the pharmacy inventory records.

PART IV. NUCLEAR PHARMACIES.

§ 4.1. General requirements for pharmacies providing radiopharmaceutical services.

A. A permit to operate a pharmacy providing radiopharmaceutical services shall be issued only to a qualified nuclear pharmacist. In emergency situations, in the pharmacist's absence, he may designate one or more other qualified pharmacists to have access to the licensed area. These individuals may obtain single doses of radiopharmaceuticals for the immediate emergency and shall document such withdrawals in the control system.

B. Pharmacies providing ordinary pharmacy services in addition to radiopharmaceutical services shall comply with all regulations applicable to pharmacies in general. Pharmacies providing only radiopharmaceutical services shall comply with all regulations related to physical standards, sanitary conditions and security.

C. The nuclear pharmacy area shall be separate from the pharmacy areas for nonradioactive drugs and shall be secured from unauthorized personnel. All pharmacies handling radiopharmaceuticals shall provide a radioactive storage and product decay area, occupying at least 25 square feet of space, separate from and exclusive of the hot laboratory, compounding, dispensing, quality assurance and office area.

D. A prescription order for a radiopharmaceutical shall be dispensed in a unit-dose package. A pharmacy may furnish the radiopharmaceuticals for office use only to practitioners for an individual patient except for the occasional transfer to a pharmacist.

E. In addition to any labeling requirements of the board

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for nonradioactive drugs, the immediate outside container of a radioactive drug to be dispensed shall also be labeled with: (i) the standard radiation symbol; (ii) the words "Caution—Radioactive Material"; (iii) the name of the radionuclide; (iv) the chemical form; (v) the amount of radioactive material contained, in millicuries or microcuries; (vi) if a liquid, the volume in milliliters; (vii) the requested calibration time for the amount of radioactivity contained; and (viii) the practitioner's name and the assigned lot number.

F. The immediate inner container shall be labeled with: (i) the standard radiation symbol; (ii) the words "Caution—Radioactive Material"; and (iii) the prescription number.

G. The amount of radioactivity shall be determined by radiometric methods for each individual dose immediately prior to dispensing.

H. Nuclear pharmacies may redistribute approved radioactive drugs if the pharmacy does not process the radioactive drugs in any manner nor violate the product packaging.

§ 4.2. Qualification as a nuclear pharmacist.

In order to practice as a nuclear pharmacist, a pharmacist shall possess the following qualifications:

1. Meet Nuclear Regulatory Commission standards of training for medically used or radioactive by-product material.
2. Have received a minimum of 90 contact hours of didactic instruction in nuclear pharmacy.
3. Attain a minimum of 160 hours of clinical nuclear pharmacy training under the supervision of a qualified nuclear pharmacist in a nuclear pharmacy providing nuclear pharmacy services, or in a structured clinical nuclear pharmacy training program in an approved college of pharmacy.
4. Submit an affidavit of experience and training to the board.

PART V. DRUG INVENTORY AND RECORDS.

§ 5.1. Manner of maintaining records, prescriptions, inventory records.

A. Each pharmacy shall maintain the inventories and records of drugs as follows:

1. Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy.
2. Inventories and records of drugs listed in Schedules III, IV, and V may be maintained separately or with

records of Schedule VI drugs but shall not be maintained with other records of the pharmacy.

3. Location of records. All records of Schedule II through V drugs shall be maintained at the same location as the stock of drugs to which the records pertain.

4. Inventory after drug theft. In the event that an inventory is taken as the result of a theft of drugs pursuant to [~~§ 54-524.56(d)~~ § 54.1-3404] of the Drug Control Act, the inventory shall be used as the opening inventory within the current biennial period. Such an inventory does not preclude the taking of the required inventory on the required biennial inventory date.

B. Prescriptions.

1. Schedule II drugs. Prescriptions for Schedule II drugs shall be maintained in a separate prescription file.

2. Schedule III through V drugs. Prescriptions for Schedule III through V drugs shall be maintained either in a separate prescription file for drugs listed in Schedules III, IV, and V only or in such form that they are readily retrievable from the other prescriptions of the pharmacy. Prescriptions will be deemed readily retrievable if, at the time they are initially filed, the face of the prescription is stamped in red ink in the lower right corner with the letter "C" no less than one inch high and filed in the prescription file for drugs listed in the usual consecutively numbered prescription file for Schedule VI drugs.

§ 5.2. Automated data processing records of prescriptions.

A. An automated data processing system may be used for the storage and retrieval of original and refill dispensing information for prescriptions instead of manual record keeping requirements, subject to the following conditions:

1. Any computerized system shall provide retrieval (via CRT display or printout) of original prescription information for those prescriptions which are currently authorized for dispensing.
2. Any computerized system shall also provide retrieval via CRT display or printout of the dispensing history for prescriptions dispensed during the past two years.
3. Documentation of the fact that the refill information entered into the computer each time a pharmacist refills an original prescription for a drug is correct shall be provided by the individual pharmacist who makes use of such system. If the system provides a printout of each day's prescription

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dispensing data, the printout shall be verified, dated and signed by the individual pharmacist who dispensed the prescription. The individual pharmacist shall verify that the data indicated is correct and then sign the document in the same manner as he would sign a check or legal document (e.g., J.H. Smith or John H. Smith).

a. In place of such printout, the pharmacy shall maintain a bound log book, or separate file, in which each individual pharmacist involved in dispensing shall sign a statement each day, in the manner previously described, attesting to the fact that the dispensing information entered into the computer that day has been reviewed by him and is correct as shown.

b. Printout of dispensing data requirements.

Any computerized system shall have the capability of producing a printout of any dispensing data which the user pharmacy is responsible for maintaining under the Drug Control Act.

§ 5.3. Pharmacy repackaging of drug; records required.

A. Records required.

Pharmacies in which bulk reconstitution of injectables, bulk compounding or the prepackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater. The records shall show the name of the drug(s) used, strength, if any, quantity prepared, initials of the pharmacist supervising the process, manufacturer's or distributor's name, control number or the assigned number, and an expiration date.

B. Expiration date.

The drug name, strength, if any, the manufacturer's or distributor's name and control number or assigned control number, and an appropriate expiration date shall appear on any subsequently repackaged or reconstituted units:

1. If U.S.P.-N.F. Class B or better packaging material is used for oral unit dose packages, an expiration date not to exceed six months or the expiration date shown on the original manufacturing bulk container, whichever is less, shall appear on the repackaged or reconstituted units.
2. If it can be documented that the repackaged unit has a stability greater than six months, an appropriate expiration date may be assigned.
3. If U.S.P.-N.F. Class C or less packaging material is used for oral, solid medication, an expiration date not to exceed 30 days shall appear on the repackaged or reconstituted units.

PART VI. PRESCRIPTION ORDER AND DISPENSING STANDARDS.

§ 6.1. Distribution of a prescription device.

Any person, except those persons who are registered under the provisions of [§ 54-524.31 § 54.1-3434] of the Drug Control Act, who sells or distributes a Schedule VI device which under the applicable federal or state law may be sold, dispensed, or distributed only by or on the order of prescription of a practitioner, shall maintain every such prescription or order on file for two years.

§ 6.2. Emergency prescriptions for Schedule II drugs.

In case of an emergency situation, a pharmacist may dispense a drug listed in Schedule II upon receiving oral authorization of a prescribing practitioner, provided that:

1. The quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period;
2. The prescription shall be immediately reduced to writing by the pharmacist and shall contain all information required in [§ 54-524.67 § 54.1-3410] of the Drug Control Act, except for the signature of the prescribing practitioner;
3. If the pharmacist does not know the practitioner, he shall make a reasonable effort to determine that the oral authorization came from a practitioner using his phone number as listed in the telephone directory or other good-faith efforts to ensure his identity; and
4. Within 72 hours after authorizing an emergency oral prescription, the prescribing practitioner shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist. In addition to conforming to the requirements of [§ 54-524.67 § 54.1-3410] of the Drug Control Act, the prescription shall have written on its face "Authorization for Emergency Dispensing" and the date of the oral order. The written prescription may be delivered to the pharmacist in person or by mail, but if delivered by mail, it must be postmarked within the 72-hour period. Upon receipt, the dispensing pharmacist shall attach this prescription to the oral emergency prescription which had earlier been reduced to writing. The pharmacist shall notify the nearest office of the Drug Enforcement Administration and the board if the prescribing practitioner fails to deliver a written prescription to him. Failure of the pharmacist to do so shall void the authority conferred by this paragraph to dispense without a written prescription of a prescribing practitioner.

§ 6.3. Partial dispensing of Schedule II prescriptions.

A. The partial filling of a prescription for a drug listed

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in Schedule II is permissible if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription, and he makes a notation of the quantity supplied on the face of the written prescription. The remaining portion of the prescription may be dispensed within 72 hours of the first partial dispensing; however, if the remaining portion is not or cannot be dispensed within the 72-hour period, the pharmacist shall so notify the prescribing practitioner. No further quantity may be supplied beyond 72 hours without a new prescription.

B. Prescriptions for Schedule II drugs written for patients in nursing homes may be dispensed in partial quantities, to include individual dosage units. For each partial dispensing, the dispensing pharmacist shall record on the back of the prescription (or on another appropriate record, uniformly maintained and readily retrievable) the date of the partial dispensing, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. The total quantity of Schedule II drugs in all partial dispensing shall not exceed the total quantity prescribed. Schedule II prescriptions shall be valid for a period not to exceed 60 days from the issue date unless sooner terminated by the discontinuance of the drug.

C. Information pertaining to current Schedule II prescriptions for patients in a nursing home may be maintained in a computerized system if this system has the capability to permit:

1. Output (display or printout) of the original prescription number, date of issue, identification of prescribing practitioner, identification of patient, identification of the nursing home, identification of drug authorized (to include dosage form, strength, and quantity), listing of partial dispensing under each prescription and the information required in subsection B of this section.

2. Immediate (real time) updating of the prescription record each time a partial dispensing of the prescription is conducted.

§ 6.4. Dispensing of prescriptions; acts restricted to pharmacists.

A. The following acts shall be performed by a pharmacist, or by a student externe or pharmacy interne, provided a method for monitoring such acts of the externe or interne is provided:

1. The accepting of an oral prescription from a practitioner and the reducing of such oral prescription to writing.

2. The personal supervision of the compounding of extemporaneous preparations.

3. The providing of drug information, including notice

of changes or substitution of medication, to practitioners and to the patients.

4. The interpretation of the information contained in medication profile records.

B. Persons assisting pharmacist.

The following shall apply to persons present in the compounding and dispensing area:

1. Only one person who is not a pharmacist may be present in the immediate compounding and dispensing area at any given time with each pharmacist for the purpose of assisting the pharmacist in preparing and packaging of prescriptions.

2. In addition to the person authorized in paragraph 1 in this section, personnel authorized by the pharmacist may be present in the immediate compounding and dispensing area for the purpose of performing clerical functions.

C. Certification of completed prescription.

After the prescription has been prepared and prior to the delivery of the order, the pharmacist shall inspect the prescription product to verify its accuracy in all respects, and place his initials on the record of dispensing as a certification of the accuracy of, and the responsibility for, the entire transaction.

§ 6.5. Refilling of prescriptions.

A. Schedule II drugs.

A prescription for a Schedule II drug shall not be refilled.

B. Schedule III through V drugs.

A prescription for a drug listed in Schedule III, IV, or V shall not be dispensed or refilled more than six months after the date on which such prescription was issued, and no such prescription authorized to be filled may be refilled more than five times.

1. Each refilling of a prescription shall be entered on the back of the prescription, initialed and dated by the pharmacist as of the date of dispensing. If the pharmacist merely initials and dates the prescription, it shall be presumed that the entire quantity ordered was dispensed.

2. Partial dispensing of prescriptions. The partial dispensing of a prescription for a drug listed in Schedule III, IV, or V is permissible, provided that:

- a. Each partial dispensing is recorded in the same manner as a refilling;

b. The total quantity of drug dispensed in all partial dispensing does not exceed the total quantity prescribed; and

c. No dispensing occurs after six months after the date on which the prescription order was issued.

C. Schedule VI drugs.

1. A prescription for a drug listed in Schedule IV shall be refilled only as expressly authorized by the practitioner. If no such authorization is given, the prescription shall not be refilled.

2. A prescription for a Schedule VI drug or device shall not be refilled if the prescription is more than two years old. In instances where the drug or device is to be continued, authorization shall be obtained from the prescriber and a new prescription shall be filed.

D. As an alternative to all manual record-keeping requirements provided for in subsections A, B and C of this section, an automated data processing system as provided in § 5.2 may be used for the storage and retrieval of dispensing information for prescription for drugs dispensed.

PART VII. LABELING AND PACKAGING STANDARDS FOR PRESCRIPTIONS.

§ 7.1. Labeling of prescription as to content and quantity.

A. Unless otherwise directed by the prescribing practitioner, any drug dispensed pursuant to a prescription shall bear on the label of the container, in addition to other requirements, the following information:

1. The drug name and strength, when applicable;

a. If a trade name drug is dispensed, the trade name of the drug or the generic name of the drug.

b. If a generic drug is dispensed in place of a trade name drug, in addition to the requirements of § 32.1-87.A of the Code of Virginia, one of the following methods shall be used:

(1) The generic name or,

(2) A name for the product dispensed which appears on the generic manufacturer's label.

(3) The generic name followed by the words "generic for" followed by the trade name of the drug for which the generic drug is substituted.

2. The number of dosage units, or if liquid, the number of milliliters dispensed.

§ 7.2. Packaging standards for dispensed prescriptions.

A drug shall be dispensed only in packaging approved by the current U.S.P.-N.F. for that drug. In the absence of such packaging standard for that drug, it shall be dispensed in a well-closed container.

§ 7.3. Special packaging.

A. Each drug dispensed to a person in a household shall be dispensed in special packaging except when otherwise directed in a prescription by a practitioner, when otherwise requested by the purchaser, or when such drug is exempted from such requirements promulgated pursuant to the Poison Prevention Packaging Act of 1970.

B. Each pharmacy may have a sign posted near the compounding and dispensing area advising the patients that nonspecial packaging may be requested.

PART VIII. STANDARDS FOR PRESCRIPTION TRANSACTIONS.

§ 8.1. Issuing a copy of a prescription that can be refilled.

A. A copy of a prescription for a drug which pursuant to [§ ~~54-524.68~~ § 54.1-3411] of the Code of Virginia, can be refilled at the time the copy is issued shall be given upon request to another pharmacist.

B. The transfer of original prescription information for a drug listed in Schedules III through VI for the purpose of refill dispensing is permissible between pharmacies if the transfer is communicated directly between two pharmacists, and the transferring pharmacist records the following information:

1. Records the word "VOID" on the face of the invalidated prescription;

2. Records on the reverse of the invalidated prescription the name, address, and the Drug Enforcement Administration (DEA), registry number of the pharmacy to which it was transferred, except for a prescription for a Schedule VI drug, and the name of the pharmacist receiving the prescription information; and

3. Records the date of the transfer and the name of the pharmacist transferring the information.

C. The pharmacist receiving the transferred prescription information shall reduce to writing the following:

1. Write the word "TRANSFER" on the face of the transferred prescription.

2. Provide all information required to be on a prescription and include:

a. Date of issuance of original prescription;

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b. Original number of refills authorized on the original prescription;

c. Date of original dispensing;

d. Number of valid refills remaining and date of last refill;

e. Pharmacy name, address, DEA registry number except for Schedule VI prescriptions, and original prescription number from which the prescription information was transferred; and

f. Name of transferring pharmacist.

3. Both the original and transferred prescription shall be maintained for a period of two years from the date of last refill.

D. Nothing in this regulation shall prevent the giving of a prescription marked "For Information Only" to a patient.

§ 8.2. Issuing a copy of a prescription that cannot be refilled.

A. A copy of a prescription for a drug which, pursuant to [§ 54-524.68 § 54.1-3411] of the Drug Control Act, cannot be refilled at the time the copy is issued, shall be given on request of a patient but such copy shall be marked with the statement "FOR INFORMATION ONLY," the patient's name and address, the date of the original prescription, and the date the copy was given.

B. A copy marked in this manner is not a prescription, as defined in [§ 54-524.2 § 54.1-3400] of the Drug Control Act, and shall not be refilled.

C. The original prescription shall indicate that a copy has been issued, to whom it was issued, and the issuing date.

§ 8.3. Confidentiality of patient information.

A pharmacist shall not exhibit, dispense, or reveal any prescription or discuss the therapeutic effects thereof, or the nature or extent of, or the degree of illness suffered by or treatment rendered to, any patient served by the pharmacist with any person other than the patient or his authorized representative, the prescriber, or other licensed practitioner caring for this patient, or a person duly authorized by law to receive such information.

§ 8.4. Kickbacks, fee-splitting, interference with supplier.

A. A pharmacist shall not solicit or foster prescription practice by secret agreement with a prescriber of drugs or any other person providing for rebates, "kickbacks", fee-splitting, or special charges in exchange for prescription orders.

B. A pharmacist shall not interfere with the patient's

right to choose his supplier of medication or cooperate with any person or persons in denying a patient the opportunity to select his supplier of prescribed medications.

§ 8.5. Returning of drugs and devices.

Drugs or devices shall not be accepted for return or exchange by any pharmacist or pharmacy for resale after such drugs and devices have been taken from the premises where sold, distributed, or dispensed unless such drug or devices are in the manufacturer's original sealed containers or in unit-dose container which meets the U.S.P.-N.F. Class A or Class B container requirement.

§ 8.6. Physician licensed by the board.

Physicians licensed by the board to dispense drugs shall be subject to the following sections of these regulations:

§ 3.8. Safeguards against diversion of drugs.

§ 5.1. Manner of maintaining records, prescriptions, inventory records.

§ 6.4. Filling of prescriptions.

§ 6.5. Refilling of prescriptions.

§ 7.1. Labeling of prescriptions.

§ 7.2. Packaging standards for dispensed prescriptions.

§ 7.3. Special packaging.

§ 8.5. Returning of drugs and devices.

PART IX. UNIT DOSE DISPENSING SYSTEMS:

§ 9.1. Unit dose dispensing system.

A unit dose drug dispensing system may be utilized for the dispensing of drugs to patients in a hospital or nursing home. The following requirements shall apply:

A. If a unit dose system is utilized by a pharmacy, no more than a seven-day supply of drugs shall be dispensed at any one given time.

B. A signed order by the prescribing practitioner shall accompany the requests for a Schedule II drug, except that a verbal order for a hospital patient for a Schedule II controlled substance may be transmitted to a licensed nurse or pharmacist employed by the hospital who will promptly reduce the order to writing in the patient's chart. Such an order shall be signed by the prescriber within 72 hours.

C. Properly trained personnel may transcribe the physician's drug orders to a patient profile card, fill the

medication carts, and perform other such duties related to a unit dose distribution system provided these are done under the personal supervision of a pharmacist.

D. All dosages and drugs shall be labeled with the drug name, strength, lot number and expiration date when indicated.

E. The patient's individual drug drawer or tray shall be labeled with the patient's name and location.

F. All unit dose drugs intended for internal use shall be maintained in the patient's individual drawer or tray unless special storage conditions are necessary.

G. A back-up dose of a drug of not more than one dosage unit may be maintained in the patient's drawer, tray, or special storage area provided that the dose is maintained in the patient's drawer, tray, or special storage area with the other drugs for that patient.

H. A record shall be made and maintained within the pharmacy for a period of one year showing:

1. The date of filling of the drug cart;
2. The location of the drug cart;
3. The initials of person who filled the drug cart; and
4. The initials of the pharmacist checking the drug cart.

I. A patient profile record or medication card will be accepted as the dispensing record of the pharmacy for unit dose dispensing systems only, subject to the following conditions:

1. The record of dispensing must be entered on the patient profile record or medication card at the time the drug drawer or tray is filled.
2. In the case of Schedule II through V drugs, after the patient profile record or medication card has been completed, the card must be maintained for two years.
3. In the case of the computer-based distribution system, a uniformly maintained "fill list" or other document may be accepted as the dispensing record for Schedule II through VI drugs. Records of disposition/administration for floor stock drugs as provided in § 10.5.B will be accepted for drugs distributed as floor stock. A separate record for Schedule VI is not required if disposition records of Schedule II through V are maintained.

PART X. HOSPITAL PHARMACIES.

§ 10.1. Hospital pharmacies: chart order not a prescription.

A chart order is an order for a medication to be dispensed for an inpatient in a hospital. It is not a prescription order as defined in the Drug Control Act.

§ 10.2. Standards for hospital pharmacies.

A. Hospitals not having a full-time pharmacist, but in which drugs are prepackaged or relabeled or drugs transferred from one container to another, shall obtain a pharmacy permit with a part-time pharmacist designed to perform such functions or to provide personal supervision of such functions.

B. If there is no formally organized pharmacy department, the pharmacy service shall be obtained from another hospital having such a service or from a community pharmacy. Properly labeled and prepackaged drugs may then be distributed from the storage area under the supervision and direction of the pharmacist-in-charge of the service provider.

§ 10.3. Labeling of drugs; preparation and storage of drugs.

A. Labeling.

All medications issued as floor stock shall be labeled with the name of the drug, strength, assigned lot number and expiration date when applicable. In the case of a drug order sent to a nursing unit in a multiple dose container for subsequent administration to a particular patient, the drug shall be labeled with the name and the strength of the drug and the name and the location of the patient.

B. Equipment.

There shall be adequate equipment, properly maintained, and supplies provided to ensure proper professional and administrative services as may be required for patient safety through proper storage, compounding, dispensing, distribution and administration of drugs. When sterile products are prepared in the pharmacy, the product shall be prepared by qualified personnel in the environment of a laminar flow hood.

C. Storage.

All drugs within the pharmacy and throughout the hospital shall be under the supervision of the pharmacist-in-charge. The drugs shall be stored under proper conditions of temperature, light, sanitation and security.

§ 10.4. After-hours access to the pharmacy.

When authorized by the pharmacist-in-charge, a supervisory nurse may have access to the pharmacy in the absence of the pharmacist in order to obtain emergency medication, provided that such drug is available in the manufacturer's original package or in units which have been prepared and labeled by a pharmacist and provided further that a separate record shall be made and left

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within the pharmacy on a form prescribed by the pharmacist-in-charge and such records are maintained within the pharmacy for a period of one year showing:

1. The date of withdrawal;
2. The patient's name;
3. The name of the drug, strength, dosage form and dose prescribed;
4. Number of doses removed; and
5. The signature of the authorized nurse.

§ 10.5. Floor stock drugs.

A. Proof of delivery.

A delivery receipt shall be obtained for Schedule II through V drugs supplied as floor stock. Receipts shall be maintained in the pharmacy for a period of two years.

B. Distribution records.

A record of disposition/administration shall be used to document administration of Schedule II through V drugs when a floor stock system is used for such drugs. The record shall be returned to the pharmacist-in-charge or his designee shall:

1. Match returned records with delivery receipts to verify that all records are returned;
2. Periodically audit returned administration records for completeness as to patient's names, dose, date and time of administration, signature or initials of person administering the drug, and date the record is returned;
3. Verify that all additions to inventory are recorded, that all additions to and deductions from inventory are correctly calculated, that sums carried from one record to the next are correctly recorded, and periodically verify that doses documented on administration records are reflected in the medical record;
4. Initial or sign the returned record and retain for two years from the date of return; and
5. Establish a system of documentation of administration of drugs in all areas where drugs are stored or administered.

C. Repackaging.

Drugs repackaged for floor stock shall comply with § 5.3.

§ 10.6. Securing the pharmacy.

The pharmacy shall be locked in the absence of a pharmacist prior to, and after, routine hours of operation and shall be secured from access to other personnel except as provided in § 10.4 of these regulations.

§ 10.7. Emergency room.

All drugs in the emergency department shall be under the control and supervision of the pharmacist-in-charge and shall be subject to the following additional requirements:

A. All drugs kept in the emergency room shall be in a secure place from which unauthorized personnel and the general public are excluded.

B. Oral orders for medications shall be reduced to writing and shall be signed by the practitioner.

C. In the emergency room, a medical practitioner may dispense drugs for the immediate need of his patient if permitted to do so by the hospital; the drug container and the labeling shall comply with the requirements of these regulations and the Drug Control Act.

D. A record shall be maintained of all drugs administered in the emergency room.

E. A separate record shall be maintained on all drugs, including drug samples, dispensed in the emergency room. The records shall be maintained for a period of two years showing:

1. Date dispensed;
2. Patient's name;
3. Physician's name;
4. Name of drug dispensed, strength, dosage form, quantity dispensed, and dose.

§ 10.8. Outpatient pharmacy permit.

A. An outpatient pharmacy of a hospital shall be operated under a separate pharmacy permit issued to a specific pharmacy-in-charge of each such operation; if the pharmacy dispensed drugs to walk-in customers who are not patients of the hospital, the outpatient pharmacies shall be governed by laws and regulations as they apply to pharmacies in general and shall be operated in a space separated from the hospital pharmacy.

B. An outpatient pharmacy of a hospital may be operated under the permit of the hospital pharmacy, if the drugs are dispensed only:

1. To patients who receive treatments or consultations on the premises;

2. To inpatients, outpatients, or emergency patients upon discharge for their personal use away from the hospital; and

3. To the hospital employees, medical staff members, or students for personal use or for the use of their dependents.

4. Nothing in this regulation shall prohibit a hospital pharmacy not operated under a separate outpatient pharmacy permit from providing such services or drugs, or both, as are not readily available in the community to patients who may not otherwise be served by the hospital pharmacy.

§ 10.9. Mechanical devices for dispensing drugs.

A hospital may utilize mechanical devices for the dispensing of drugs pursuant to [§ 54-524.54 § 54.1-3301] of the Drug Control Act, provided the utilization of such mechanical devices is under the personal supervision of the pharmacist. Such supervision shall include:

A. The packaging and labeling of drugs to be placed in the mechanical dispensing devices. Such packaging and labeling shall conform to all requirements pertaining to containers and label contents.

B. The placing of previously packaged and labeled drug units into the mechanical dispensing device.

C. The removal of the drug from the mechanical device and the final labeling of such drugs after removal from the dispensing device.

D. In the absence of a pharmacist, a person legally qualified to administer drugs may remove drugs from such mechanical device.

§ 10.10. Certified emergency medical technician program.

The pharmacy may prepare a drug kit for a Certified Emergency Medical Technician Program provided:

1. The pharmacist-in-charge of the hospital shall be responsible for all controlled drugs contained in this drug kit.

2. The drug kit is sealed in such a manner that it will preclude any possibility of loss of drugs.

3. Drugs may be administered by a technician upon an oral order of an authorized medical practitioner. The oral order shall be reduced to writing by the technician and shall be signed by the physician.

4. When the drug kit has been opened, the kit shall be returned to the pharmacy and exchanged for an unopened kit. A record signed by the physician for the drugs administered shall accompany the opened kit when exchanged. An accurate record shall be

maintained by the pharmacy on the exchange of the drug kit for a period of one year.

5. The record of the drugs administered shall be maintained as a part of the pharmacy records pursuant to state and federal regulations.

§ 10.11. Identification for interne or resident prescription form in hospitals.

The prescription form for the prescribing of drugs for use by medical interns or residents who prescribe only in a hospital shall bear the prescriber's signature, the legibly printed name, address, and telephone number of the prescriber and an identification number assigned by the hospital. The identification number shall be the Drug Enforcement Administration number assigned to the hospital pharmacy plus a suffix assigned by the institution. The assigned number shall be valid only within the course of duties within the hospital.

PART XI. PHARMACY SERVICES TO NURSING HOMES.

§ 11.1. Drugs in nursing homes.

Drugs, as defined in the Drug Control Act, shall not be floor stocked by a nursing home, except those in the stat drug box or emergency drug box provided for within these regulations.

§ 11.2. Pharmacist's responsibilities to nursing homes.

The pharmacist serving a nursing home shall ascertain:

A. That a valid order exists prior to the dispensing of any drug.

B. That the drugs for each patient are kept and stored in the originally received containers and that the medication of one patient shall not be transferred to another patient.

C. That each cabinet utilized for the storage of the drugs for individual patients is locked and accessible only to authorized personnel.

D. That the storage area for patients drugs is well lighted, of sufficient size to permit storage without crowding, and is of the appropriate temperature.

E. That poison and drugs for "external use only" are kept in a cabinet and separate from other medications.

F. That discontinued drugs are destroyed under the following conditions:

1. The drugs are destroyed on the premises of the facility.

2. The drugs are destroyed in the presence of the

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pharmacist supplying pharmacy service to the facility and the director of nurses of the facility.

3. A complete and accurate record of the drugs destroyed shall be maintained and signed by the pharmacist and director of nurses.

4. All destruction of the drugs is done without 30 days of the time the drug was discontinued.

5. The records of destruction shall be made a part of the records on all Schedule II through V drugs administered in the nursing home.

6. This procedure does not apply to discontinued drugs in unit-dose containers which meet U.S.P.-N.F. Class A or Class B container requirements or the manufacturer's sealed containers. Such drugs may be returned to the issuing pharmacist for reuse.

G. That drug reference materials are available on the nursing units.

H. That a monthly review of a drug therapy by a pharmacist is conducted for each patient. Such review shall be used to determine any irregularities. The pharmacist shall sign and date the notation of the review. An irregularity shall include such therapy which is not right and proper, and may include drug interactions or drug administration or transcription errors. All significant irregularities shall be brought to the attention of the attending practitioner or other party having authority to correct the potential problem.

§ 11.3. Emergency drug kit.

The pharmacist may prepare an emergency kit for a facility served by the pharmacy provided:

A. The contents of the emergency kit shall be of such a nature that the absence of the drugs would threaten the survival of the patients.

B. The contents of the kit shall be determined by the Pharmacy and Therapeutics Committee of the institutions and shall be limited to drugs for administration by injection or inhalation only, except that Nitroglycerin SL may be included.

C. The kit is sealed in such a manner that it will preclude any possible loss of the drug.

D. The opened kit is maintained under secure conditions and returned to the pharmacy within 72 hours for replenishing.

E. Any drug used from the kit shall be covered by a prescription, signed by the physician, when legally required, within 72 hours.

§ 11.4. Stat-drug box.

An additional drug box called a stat-drug box may be prepared by a pharmacy to provide for initiating therapy prior to the receipt of ordered drugs from the pharmacy and shall be subject to the following conditions:

A. The box is sealed in such a manner that will preclude the loss of drugs.

B. When the stat-drug box has been opened, it is returned to the pharmacy.

C. Any drug used from the box shall be covered by a drug order signed by the practitioner, when legally required, within 72 hours.

D. There shall not be more than one box per 200 patients in a facility.

E. There shall be a listing of the contents of the box maintained in the pharmacy and also attached to the box in the facility. This same listing shall become a part of the policy and procedure manual of the facility served by the pharmacy.

F. The drug listing on the box shall bear an expiration date for the box. The expiration date shall be the day on which the first drug in the box will expire.

G. Contents of the stat-drug box.

The contents of the box shall be limited to the following classes of drugs, the drug strengths to be selected by the drug committee of the facility in consultation with the providing pharmacist:

1. Antibiotics (injectable) - Not more than five doses of each of four different antibiotics.

2. Antibiotics (oral) - Not more than five doses each of five different antibiotics including two strengths of each antibiotic.

3. Antilematics - Not more than five doses each of three different antiemetics.

4. Antihistamines - Not more than five doses each of two different antihistamines.

5. Antihypertensives - Not more than five doses each of two different antihypertensives.

6. Antipyretics - Not more than five doses each of two antipyretics.

7. Antipsychotic - Not more than five doses each of five antipsychotics.

8. Diuretics - Not more than five doses each of two diuretics.

9. Antidiarrheals - Not more than five doses of two

oral antidiarrheal products.

10. Anticonvulsants - Not more than five doses of two oral anticonvulsants.

11. Analgesics - Not more than five doses of one oral narcotic drug in Schedule III or IV and five doses of one nonnarcotic drug in Schedule III or IV.

PART XII. OTHER INSTITUTIONS AND FACILITIES.

§ 12.1. Drugs in industrial infirmaries/first aid rooms.

A. Controlled drugs purchased by an institution, agency, or business within the Commonwealth, having been purchased in the name of a practitioner licensed by the Commonwealth of Virginia and who is employed by an institution, agency, or business which does not hold a pharmacy permit, shall be used only for administering to those persons at that institution, agency, or business.

B. All controlled drugs will be maintained and secured in a suitable locked facility, the key to which will be in the possession of the practitioner or nurse who is under the direction and supervision of the practitioner.

C. Such institution, agency, or business shall adopt a specific protocol for the administration of prescription drugs, listing the inventory of such drugs maintained, and authorizing the administering of such drugs in the absence of a physician in an emergency situation when the timely prior verbal or written order of a physician is not possible. Administering of such drugs shall be followed by written orders.

1. For the purpose of this regulation, emergency shall be defined as a circumstance requiring administration of controlled drugs necessary to preserve life or to prevent significant or permanent injury or disability.

2. The protocol shall be maintained for inspection and documentation purposes.

D. A nurse may, in the absence of a practitioner, administer nonprescription drugs and provide same in unit dose containers in quantities which in the professional judgment of the nurse and the existing circumstances will maintain the person at an optimal comfort level until the employee's personal practitioner can be consulted. The administering and providing of such medication must be in accordance with explicit instructions of a specific protocol promulgated by the practitioner in charge of the institution, agency, or business.

§ 12.2. Licensed humane societies and animal shelters; use of pentobarbital.

A humane society or animal shelter, after having obtained the proper permits pursuant to state and federal laws, may purchase, possess and administer Sodium

Pentobarbital to euthanize injured, sick, homeless and unwanted domestic pets and animals provided that:

1. The facility shall be under the general supervision of a veterinarian.

2. The person(s) responsible for administering the drug shall have been trained by a veterinarian in the manner of administration.

3. The drug shall be stored in a secure place and only the person responsible for administering the drug may have access to the drug.

4. The drug shall be obtained and administered in the injectable form only.

5. All invoices and order forms shall be maintained for a period of two years.

6. Complete and accurate records shall be maintained on the administration of the drug; the record shall show the date of administration, the species of the animal, the weight of animal, the amount of drug administered and signature of the person administering the drug.

§ 12.3. Drugs in correctional institutions.

All prescription drugs at any correctional unit shall be obtained only on an individual prescription basis from a pharmacy and subject to the following conditions:

1. The prescription orders shall be initiated by the physician or his agent.

2. The number of doses on each prescription order shall be specified.

3. All prepared drugs shall be maintained in a suitable locked facility with only the person responsible for administering the drugs having access.

4. All drugs shall be taken in the presence of the person administering the drug.

5. Drug administration record. Complete and accurate records shall be maintained on all drugs received, administered and discontinued. This record shall consist of a two-part drug administration record. The administration record shall show the:

a. Prescription number;

b. Drug name and strength;

c. Number of dosage units received;

d. Physician's name; and

e. Date, time and signature of person administering

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the individual dose of drug.

6. Disposal of unused drugs. All unused or discontinued drugs shall be sealed and the amount in the container at the time of the sealing shall be recorded on the drug administration record. Such drugs shall be returned to the provider pharmacy along with Part 2 of the drug administration record within seven days. The drug shall be returned by the same means as it was originally sent.

a. The provider pharmacy shall compare the number of drug dosage units dispensed against Part 2 of the drug administration record, the number of dosage units administered and the number of dosage units returned to the issuing pharmacy.

b. The drug administration records shall be filed in chronological order by the provider pharmacy and maintained for a period of one year or, at the option of the facility, the records may be returned by the provider pharmacy to the facility.

c. The returned drugs shall be destroyed at least every 30 days. This destruction shall be carried out by the provider pharmacy and a responsible witness. The Board of Pharmacy shall be notified two weeks prior to the destruction in order that the board may witness any such destruction. An agent of the board shall, from time to time, witness a destruction of such drugs and, prior to the destruction, randomly reconcile the contents of selected containers against the drug administration record.

d. Drugs in the manufacturer's original sealed container may be returned to the stocks of the provider pharmacy.

7. Emergency and stat-drug box.

An emergency box and a stat-drug box may be prepared for the facility served by the pharmacy pursuant to §§ 11.3 and 11.4 of the regulations provided:

a. The facility employs one or more full-time physicians, registered nurse, licensed practical nurse or correctional health assistant;

b. No drugs are to be administered from the emergency box or "stat"-drug box unless authorized by the physician either in writing or orally. If orally, the order must be signed by the physician within 72 hours.

c. Only the physician, nurse, licensed practical nurse or correctional health assistant may administer a drug from the emergency box or "stat"-drug box.

d. The emergency drug box or "stat"-drug box must be sealed in such a manner that it will preclude

any possibility of loss of drugs. Any drug box which has been opened must be returned to the pharmacy within 72 hours.

PART XIII.

EXEMPTED STIMULANT OR DEPRESSANT DRUGS AND CHEMICAL PREPARATIONS.

§ 13.1. Excluded substances.

The list of excluded substances, which may be lawfully sold over the counter without a prescription under the Federal Food, Drug and Cosmetic Control Act (21.U.S.C. 301), as set forth in the Code of Federal Regulations, Title 21, Part 1308.22, is adopted pursuant to the authority set forth in [§§ 54-524.84:1(d), 54-524.84:8(e), and 54-524.84:10(e) §§ 54.1-3443, 54.1-3450 and 54.1-3452] of the Drug Control Act.

§ 13.2. Exempted chemical preparations.

The list of exempt chemical preparations set forth in the Code of Federal Regulations, Title 21, Part 1308.24 is adopted pursuant to the authority set forth in [§§ 54-524.84:1(d), 54-524.84:8(e), and 54-524.84:10(e) §§ 54.1-3443, 54.1-3450 and 54.1-3452] of the Drug Control Act.

§ 13.3. Excepted compounds.

The list of excepted compounds set forth in the Code of Federal Regulations, Title 21, Part 1308.32 is adopted pursuant to the authority set forth in [§§ 54-524.84:1(d), 54-524.84:8(e), and 54-524.84:10(e) §§ 54.1-3443, 54.1-3450 and 54.1-3452]; the excepted compounds are drugs which are subject to the provisions of [§ 54-524.84:13 § 54.1-3455] of the Drug Control Act.

PART XIV.

MANUFACTURERS, WHOLESALERS, AND DISTRIBUTORS

§ 14.1. Manufacturers, wholesalers and distributors.

A permit shall not be issued to any manufacturer or distributor to operate from a private dwelling, unless a separate entrance is provided, and the place of business is open for inspection at all times during normal business hours. In any case, all other state and local laws and ordinances shall be complied with before any permit is issued.

§ 14.2. Manufacturers and wholesalers safeguards against diversion of drugs.

The following requirements shall comply to manufacturers or wholesaler of drugs:

1. The holder of the permit shall restrict all areas in which Schedule II-V drugs are manufactured, stored, or kept for sale, to a limited number of designated

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and necessary persons.

2. The holder of the permit shall take reasonable measures to prevent any person from pilfering drugs from the restricted area.

3. The holder of the permit shall not deliver any drug to a licensed business at which there is no one in attendance at the time of the delivery nor to any person who may not legally process such drugs.

4. The holder of a permit to manufacture or wholesale only Schedule VI drugs shall comply with the security requirements set forth in § 3.8.

5. This regulation shall not apply to the holder of a permit to manufacture or wholesale medical gases.

§ 14.3. Manufacturing of cosmetics.

A. The building in which cosmetics are manufactured, processed, packaged and labeled, or held shall be maintained in a clean and orderly manner and shall be of suitable size, construction and location in relation to surroundings to facilitate maintenance and operation for their intended purpose. The building shall:

1. Provide adequate space for the orderly placement of equipment and materials used.
2. Provide adequate lighting and ventilation.
3. Provide adequate washing, cleaning, and toilet facilities.

PART XV. GOOD MANUFACTURING PRACTICES.

§ 15.1. Good manufacturing practices.

A. The Good Manufacturing Practices regulations set forth in the Code of Federal Regulations, Title 21, Part 211 and effective April 1, 1986, are adopted by reference.

B. Each manufacturer of drugs shall comply with the requirements set forth in the federal regulations referred to in subsection A of this section.

DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

REGISTRAR'S NOTICE: This regulation is excluded from Article 2 of the Administrative Process Act in accordance with § 9-6.14:4.1 C 4(c) of the Code of Virginia, which excludes from Article 2 regulations which are necessary to meet the requirements of federal law or regulations, provided such regulations do not differ materially from those required by federal law or regulation. The Department of Social Services will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulation: VR 615-01-12. Persons and Income Required to be Considered when Evaluating Eligibility for Assistance in the Aid to Dependent Children (ADC) Program.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Effective Date: October 25, 1989

Summary:

This regulation provides that a child who meets the criteria of a dependent child may not be denied assistance provided through the Aid to Dependent Children (ADC) Program solely on the basis of the child being emancipated either by court order or marriage. This regulation specifies which children are to be included in the assistance unit for purposes of establishing eligibility for ADC.

VR 615-01-12. Persons and Income Required to be Considered when Evaluating Eligibility for Assistance in the Aid to Dependent Children (ADC) Program.

PART I. GENERAL.

§ 1.1. Definitions.

The following words and terms, when used in these guidelines, shall have the following meaning, unless the context clearly indicates otherwise:

"Appropriate disregards" means (i) the first \$75 of monthly gross income for each employed parent; (ii) an allowance at 100% of the state's standard of need for the parent(s) and all dependents for whom the parent is responsible and whose needs are not included in the assistance unit; (iii) the actual amount of support paid to persons not living in the home who are, or could be, claimed as tax dependents; and (iv) the actual amount of support or alimony paid to persons not living in the home who are not claimed on the individual's federal income tax return.

"Assistance unit" means all parents and siblings, both natural and adoptive, of the child for whom assistance is requested.

"Dependent child" means a needy child who has been deprived of parental support or care by reason of death, continued absence from the home, or physical or mental incapacity of a parent, and living in the home of a parent or relative of specified degree. This includes children who have been emancipated by court order or marriage.

"Emancipated child" means a minor who has been released from parental care and responsibility by either court order or marriage.

"Minor" means any child who is under the age of 18.

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"Otherwise eligible" means that the individual is not precluded from eligibility by some provision of Part IV-A of the Social Security Act and with respect to children, means they meet the requirements of § 406(a)(1) and (2) of the Act.

PART II. FORMING THE ASSISTANCE UNIT.

§ 2.1. In order for the family to be eligible for Aid to Dependent Children (ADC), an application with respect to a dependent child must also include, if living in the same household and otherwise eligible for assistance:

1. Any natural or adoptive parent; and
2. Any blood related or adopted brother or sister, including those emancipated by court order or marriage.

PART III. COUNTING THE INCOME OF PARENTS OF MINOR PARENTS.

§ 3.1. In the case of a dependent child whose parent is under the age of 18, the Virginia Department of Social Services shall deem as income to the assistance unit the income, after appropriate disregards, of such minor's own parent(s) living in the same household as the minor and dependent child.

* * * * *

REGISTRAR'S NOTICE: This regulation is excluded from Article 2 of the Administrative Process Act in accordance with § 9-6.14:4.1 C 4(c) of the Code of Virginia, which excludes from Article 2 regulations which are necessary to meet the requirements of federal law or regulation. The Department of Social Services will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

Title of Regulation: VR 615-01-27. Work-Related Child Care Expense Disregard in the Aid to Dependent Children (ADC) Program.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Effective Date: October 25, 1989

Summary:

According to an Aid to Families with Dependent Children (ADC) Information Memorandum Number FSA-IM-88-11 from the Department of Health and Human Services, states must treat work-related child care costs as a disregard from earned income for both applicants and recipients. Although states may also provide work-related child care as a service under Title XX of the Social Security Act, the Information Memorandum clarifies that states are required to offer recipients of the Aid to Dependent Children (ADC) program who are employed the choice of either receiving child care services purchased under Title XX or making their own child care arrangements and having the expense disregarded from their earned income. This regulation assures compliance with federal regulations and laws by allowing recipients a choice in their child care arrangements.

VR 615-01-27. Work-Related Child Care Expense Disregard in the Aid to Dependent Children (ADC) Program.


PART I. DEFINITIONS.

§ 1.1. "Screening process" means the evaluation of an applicant's financial eligibility to receive assistance.

"Work-related child care expense" means the actual cost of child care per month, not to exceed the maximum amount allowed per month under state ADC policy of \$160 for full-time employment or \$120 for part-time employment, for each child in the assistance unit.

PART II. WORK-RELATED CHILD CARE EXPENSE DISREGARD.

§ 2.1. The cost of child care must not shall be included as a disregard except in the screening process for


COMMONWEALTH of VIRGINIA

VIRGINIA CODE COMMISSION
General Assembly Building

September 11, 1989

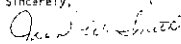
Larry D. Jackson, Commissioner
Department of Social Services
2007 Discovery Drive
Richmond, Virginia 23220

Re: VR 615-01-12. Persons and Income Required to be Considered When Evaluating Eligibility for Assistance in the Aid to Dependent Children (ADC) Program

Dear Mr. Jackson:

This will acknowledge receipt of the above-referenced regulations from the Department of Social Services.

As required by § 9-6.14:4.1 C.4.(c) of the Code of Virginia, I have determined that these regulations are exempt from the operation of Article 2 of the Administrative Process Act since they do not differ materially from those required by federal law.

Sincerely,

Joan A. Smith
Registrar of Regulations

JMS:111

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determining initial eligibility since child care is provided through a vendor service payment to eligible recipients. Recipients shall be offered the choice of either having child care services purchased by the local department of social services or making their own child care arrangements and having the cost deducted as a work expense.

monitoring is conducted and overseen by the Virginia Department of Social Services.

The State Board of Social Services approved the following changes as a result of public comment:

1. The policy would be implemented in phases, beginning with Titles IV-B and IV-E of the Social Security Act. The IV-B and IV-E requirements are federally mandated. The proposed compliance policy would apply the federal formula to determine any chargeback which might be imposed on local departments of social services.

No other program area would be subject to the Compliance with Service Program Policy Requirements until:

a. Specific review criteria are approved by the State Board of Social Services;

b. Specific review instruments are developed, tested, published, and trained on;

c. Local departments have sufficient staff to implement the program per caseload standards;

d. A trial application period of a at least one year during which time the chargeback provisions would not apply.

2. The appeal procedures were strengthened to specify that a panel of three shall be appointed to decide any appeal related to chargebacks.

VR 615-50-6. Compliance with Service Program Policy Requirements.

PART I. DEFINITIONS.

§ 1.1. Definitions.

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


"Case" means any client(s) receiving social services.

"Case record" means the actual record/folder which contains documentation of the services a case receives.

"Corrective action" means an action required by the department of a local agency to bring a case into compliance with policy.

"Department" means the Virginia Department of Social Services.

"Instrument" means the form used to collect information from case records (or other sources) when


COMMONWEALTH of VIRGINIA

JOAN W. SMITH
REGISTRAR OF REGULATIONS

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September 7, 1989.

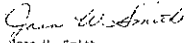
Larry D. Jackson, Commissioner
Department of Social Services
8007 Discovery Drive
Richmond, Virginia 23229

Re: VR 615-01-27. Aid to Dependent Children (ADC) Program
Work-Related Child Care Expense Disregard

Dear Mr. Jackson:

This will acknowledge receipt of the above-referenced regulations from the Department of Social Services.

As required by § 9-6.14(4.1) C.4.(c). of the Code of Virginia, I have determined that these regulations are exempt from the operation of Article 2 of the Administrative Process Act since they do not differ materially from those required by federal law.

Sincerely,

Joan W. Smith
Registrar of Regulations

JHS:s11

* * * * *

Title of Regulation: VR 615-50-6. Compliance with Service Program Policy Requirements.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Effective Date: October 25, 1989

Summary:

This regulation establishes state monitoring of service program policy. Service program policy is implemented by the local social service agencies. This regulation also establishes the scope and a system for monitoring which includes the methodology for monitoring and the corrective actions and chargebacks that result from noncompliance. The

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monitoring for policy compliance.

"Local agency" means any local department of social services/welfare in the Commonwealth of Virginia.

"Monitoring" means reviewing cases through reading case records [~~and possibly~~ and] other [~~methods~~ appropriate methods] to determine compliance with service policy.

"Policy compliance" means that local agencies are following the required social service policy as set out in the department's policy manual.

"Sample" means the cases selected to be reviewed for policy compliance. The sample is a subgroup of all cases in a particular program and is determined by using statistical methods.

"Service policy" means social services policy which is found in the department's policy manual.

"Service programs" means social services which provide [~~an~~] assessment and delivery of broad services which include intake services, adult services, prevention and support services for families, adult protective services, child protective services, foster care and adoption services, and employment services to meet family needs.

PART II. MONITORING.

§ 2.1. Monitoring scope.

[A. The department shall have an ongoing system of monitoring for all service programs subject to federal fiscal sanctioning (such as the foster care program), for carrying out responsibilities of the department in relation to local agencies, and for all service programs where the liability is great (such as the child protective services program).

B. Monitoring has to be based on policy compliance issues but it shall be acknowledged that policy compliance is only one part of a program. Other parts of the program (such as appropriate services provision, good client/worker relationships, etc.) may also be monitored to ensure the program is a quality one.]

[A. Programs for which the Commonwealth may be subject to federal fiscal sanctions shall be monitored by the department.

B. Any service program may be monitored on an as-needed basis to determine its efficiency and effectiveness.]

§ 2.2. Approach.

[A. The approach to monitoring shall be a proactive one. The purpose of monitoring is to detect problems and

correct them before they become serious enough or numerous enough to cause either the client or the system harm. Therefore, monitoring shall be approached as a cooperative effort at the local, regional, and central levels.]

[A. The purpose of monitoring is to detect program deficiencies or errors and correct them as early as possible. Therefore, monitoring shall be approached as a cooperative effort at the local, regional and central levels.]

B. Problems found shall be addressed through a corrective action process. This process shall begin with a written request that the problem be corrected. If the problem is not corrected, other actions shall be taken ending with fiscal sanctioning (chargebacks) [as a last resort] .

[C. Legal authority for chargebacks comes from the 1988 Appropriation Act, Chapter 800. Chargebacks shall be limited to programs which carry federal fiscal sanctions for noncompliance.]

§ 2.3. Plan.

In order to have [~~an ongoing a~~] system of monitoring [~~there the department~~] shall [~~be a well-developed develop a~~] monitoring plan. The plan shall [~~include what identify the~~] programs [~~are~~] to be monitored, [~~when they are to be monitored, and how they are to be monitored the monitoring schedule, and the methodology to be used~~] .

PART III. METHODOLOGY.

§ 3.1. Instruments.

[A. Once the monitoring plan is developed, standard instruments shall be developed for each program being monitored. The instrument shall collect demographic characteristics of the cases in the program as well as case specific policy compliance information for the program. The instruments may collect other case specific program information.

Generally, these instruments shall be used to collect information from the case records. They may be used to collect information from workers, clients, and similar individuals, by personal interview, phone interviews, and similar methods. The instruments shall be designed so they can be computerized.

B. The foster care program monitoring will use an instrument to collect demographic characteristics of the cases as well as case specific policy compliance information.]

[A. Standard monitoring instruments shall be developed for each program to be monitored. The instruments shall

be specifically designed to:

1. Measure compliance with federal or state laws or regulations;
2. Collect demographic or outcome data; or
3. Gather efficiency or effectiveness data.

B. Monitoring instruments shall be tested and shared with local agencies prior to their use.]

§ 3.2. Timeframes.

[A. Monitoring shall be carried out on an ongoing, regular basis. Once the monitoring instruments are developed, disseminated, and trained on, monitoring shall be scheduled.

B. For the foster care program, foster care Title IV-B and Title IV-E of the Social Security Act, monitoring will be the first to be formalized. This monitoring is and will continue to occur twice a year.]

[A. Monitoring shall be conducted on a regular basis. When the monitoring instruments are developed, disseminated, and when training has been conducted, the monitoring shall be scheduled.

B. The foster care program shall be the first program monitored to determine compliance with Titles IV-B and IV-E of the Social Security Act.]

§ 3.3. Sample size.

[A. The program sample to be monitored shall be selected by department staff using a statistically valid random sample methodology. The criteria for the random sample methodology shall be program specific, where appropriate.

B. For the foster care program the sample will be selected from the cases on the Foster Care Supplement of the Virginia Client Information System. The sample will be statistically valid and the sample will have at least one case from each local agency.]

[The sample for each program to be monitored shall be selected by department staff using random sampling methodology. The sample shall either be statistically valid or a predetermined percentage of the caseload.]

PART IV. CORRECTIVE ACTION AND CHARGEBACKS.

§ 4.1. Corrective actions.

[A. All program monitoring shall have corrective actions for noncompliance. Corrective actions shall be requests to do whatever is necessary to bring a case into compliance. For some cases, it shall not be possible to

take actions to bring a case into compliance for a particular time period, but every effort shall be made to see that the case is in compliance for future time periods.

B. For programs that carry federal fiscal sanctions, corrective actions shall include chargebacks for noncompliant cases. Before chargebacks are imposed on local agencies, there shall be efforts made by the department to ensure:

1. The service policy which is monitored is well written (clear, concise, and measurable).

2. The service policy which is monitored is appropriately communicated to regional offices and local agencies.

3. The service policy which is monitored is appropriately trained to regional office and local agency staff.

4. The local agencies have adequate time to implement the service policy which is being monitored.

Before chargebacks are imposed on local agencies, it shall be determined that the local agencies are clearly at fault for their noncompliance.]

[A. The department shall initiate corrective action for all cases found to be out of compliance. The corrective action shall be designed to correct or to prevent recurrence of the noncompliance.

B. Corrective actions for programs subject to federal fiscal sanctions for noncompliance shall include chargebacks. Prior to imposing chargebacks on local agencies, the department shall ensure:

1. The service policy to be monitored is based on federal law or policy;

2. The service policy to be monitored has been appropriately communicated to local agencies;

3. The local agencies have had adequate time and resources to implement the policy; and

4. The local agencies are clearly at fault for their noncompliance.]

§ 4.2. Appeal of chargebacks.

[If a local agency disagrees with the chargeback imposed, the director shall write the Director of the Division of Service Programs and request a review.

A meeting will be held with appropriate department and local agency staff to review the facts and circumstances surrounding the chargeback. The division

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director shall make the final decision on the chargeback.

[A. If a local agency disagrees with the chargeback imposed, the director shall appeal, within 15 working days of receipt of notification (of the chargebacks), to the Director of the Division of Service Programs.

B. The Director of the Division of Service Programs shall appoint a panel of three to conduct a review of the circumstances. The panel shall include a local agency representative from a local agency outside the agency's region, a member of the State Board of Social Services designated by the state board, and a regional office services specialist from outside the region of the appealing agency.

C. The panel shall make the final decision on the validity of the chargeback.]

[§ 4.3. Method of chargeback.

A. The method for chargebacks shall be defined by program. The chargebacks shall be case specific for the period of time the case is out of compliance.

B. The method to be used in the foster care program in monitoring for Title IV-B and Title IV-E of the Social Security Act requirements shall be as follows:

1. In June of each year for each local agency, the federal foster care allocation for the new fiscal year will be divided by the average foster care caseload for the previous fiscal year. This number represents the cost of a foster care case for the year and will be used for Title IV-B program. This number divided by 12 represents the cost of a foster care case for a month. For every month a case is found to be out of Title IV-B compliance, the local agency will be charged its monthly amount.

2. For the Title IV-E program, the number of months out of compliance is determined. Then the amount of maintenance paid on behalf of the case for the number of months out of compliance is calculated. This amount is divided by two since 50% of these funds are federal funds. This amount is charged back.

[§ 4.3. Calculating chargebacks.

A. Chargebacks shall be determined based on program. They shall be case specific at set rates established by the State Board of Social Services.

B. The chargeback methodology to be used in monitoring for compliance with Titles IV-B and IV-E of the Social Security Act shall be:

1. Every agency shall participate in an initial review which will include one-tenth of the agency's eligible foster care population. For each case determined to

be out of compliance, the agency shall be charged back an amount equal to 25% of the average statewide service or maintenance payment for the preceding year.

2. If an agency is found to be below a 90% compliance rate during the initial review, a second review shall be conducted. The sample for this review shall be statistically valid by agency.

3. Agencies whose compliance rate is found to be between 70% - 90% shall be charged back an amount equal to 35% of the average statewide service or maintenance payment for the preceding year multiplied times the number of cases found to be out of compliance.

4. Agencies whose compliance rate is less than 70% shall be charged back an amount equal to 50% of the average statewide service or maintenance payment for the preceding year multiplied times the number of cases found to be out of compliance.]

§ 4.4. Method of repayment from chargebacks.

The local agency shall be notified in writing when a chargeback is required. The local agency shall then have the appropriate amount withheld from its next reimbursement from the department.

§ 4.5. Use of money collected from chargebacks.

The money collected from chargebacks shall be held in a pool. The pool shall either be used to repay appropriate federal chargebacks, to provide specialized training to local agencies to help bring them into compliance, or to fund innovative programs in local agencies.

DEPARTMENT OF TRANSPORTATION (COMMONWEALTH TRANSPORTATION BOARD)

Title of Regulation: VR 385-01-08. Subdivision Street Requirements.

Statutory Authority: §§ 33.1-12(3) and 33.1-229 of the Code of Virginia.

Effective Date: January 1, 1990

EDITOR'S NOTE: Documents incorporated by reference are listed at the end of these regulations, and are filed in the office of the Registrar of Regulations.

Summary:

These regulations prescribe the requirements for the addition of subdivision streets into the secondary system of state highways. The geometric standards and specifications set forth herein are consistent with the Virginia Department of Transportation's criteria

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for the design and construction of roadway facilities adequate to serve the traffic projected to travel over the streets involved. However, they do incorporate certain provisions which recognize situations unique to street development as an integral part of the overall subdivision of land.

In the development of these regulations, due consideration has been given to the varied terrain and other topographic conditions present in various areas of the Commonwealth.

Provisions have also been included to permit innovative design of such streets provided the safety features, structural integrity, or traffic capacity of the streets involved are not sacrificed.

Additional changes made as a result of public comment, as a result of further analysis by the department, or for purposes of clarity follow:

1. Section 1.6 adds a new subsection A which requires a developer to prepare a conceptual subdivision sketch to determine functional classification, projected traffic and terrain.
2. A sentence was added to § 1.7 identifying the chief engineer as the authority to grant variances other than those set forth in this regulation.
3. The term "detached" was added to single family residential dwelling in § 2.1 B 1.
4. In § 2.2 B 5 b the requirement for a governing body to provide an acceptable surety was eliminated and replaced with the requirement to provide assurance.
5. A sentence was added to § 2.3 B specifying that longitudinal underground utilities shall be located outside the street's pavement whenever practical.
6. The circular turnaround of a 30-foot minimum radius was restricted to residential subdivisions and increased to a 45-foot minimum radius for all other subdivisions, and the statement not permitting an island or similar median within the paved area of the turnaround was deleted in § 3.8.
7. Table I-A was modified by exempting an additional category of roads, based on projected traffic, from certain design features, thereby reducing construction costs.

VR 385-01-08. Subdivision Street Requirements.

PART I. GENERAL PROVISIONS.

§ 1.1. Definitions.

The following words and terms, when used in these requirements, shall have the following meaning, unless the context clearly indicates otherwise:

"AASHTO" means the American Association of State Highway and Transportation Officials.

"ADT" means average daily traffic count (see "Projected Traffic").

"Board" means the Commonwealth Transportation Board.

"Chief engineer" means the employee of the department who, pursuant to Chapter 1 (§ 33.1-8) of Title 33.1 of the Code of Virginia, is responsible for the design, construction and maintenance of the systems of state highways.

"Commissioner" means the Chairman of the Commonwealth Transportation Board for the Commonwealth of Virginia.

"Complete development" (land) means the utilization of the available areas in such a manner as to realize its highest density for the best potential use based on current zoning, pending rezoning, the adopted comprehensive plan of the governing body, or the customary use of similar parcels of land.

"Complete development" (streets) means the development of a subdivision street in full compliance with all applicable provisions of these regulations.

"County official" means the representative of the governing body appointed to serve as its agent in matters relating to subdivisions.

"Cul-de-sac" means a street with only one outlet and having an appropriate turnaround for a safe and convenient reverse traffic movement.

"Department" means the Virginia Department of Transportation.

"Developer" means an individual, corporation, or registered partnership engaged in the subdivision of land.

"Design speed" means a speed selected for purposes of design and correlation of those features of a street such as curvature, super elevation, and sight distance, upon which the safe operation of vehicles is dependent.

"District engineer" means the employee of the department assigned the overall supervision of the departmental operations in each of the Commonwealth's nine construction districts.

"Drainage Manual" means the department's current Drainage Manual, Location and Design Division.

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"Easement" means a grant of a right to use property of an owner for specific, limited use or purpose.

"Functional classification" means the process by which streets and highways are grouped into classes, or systems, according to the character of service they are intended to provide.

"Governing body" means the board of supervisors of the county.

"ITE Trip Generation" means the current edition of Trip Generation, an informational report of the Institute of Transportation Engineers.

"Level of service" means a qualitative measure describing operational conditions within a traffic stream, and their perception by motorists and passengers. For the purposes of these requirements, the applicable provisions of the current Highway Capacity Manual, Transportation Research Board, shall serve as the basis for determining "levels of service."

"Loop street" means a street whose two outlets are to the same street.

"Minimum entrance standards" means the department's current Minimum Standards of Entrances to State Highways, Traffic Engineering Division.

"Permit manual" means the department's current Land Use Permit Manual Maintenance Division.

" [Phase Phased] development" (streets) means the method whereby the acceptance of certain subdivision streets into the secondary system of state highways may be considered prior to their complete development in accordance with all applicable requirements.

"Plans" means the standard drawings, including profile and roadway typical section, which show the location, character, dimensions and details for the proposed construction of the subdivision street.

"Plat" means the schematic representation of the land divided or to be divided.

"Private streets" means subdivision streets which are not intended to be accepted into the secondary system of state highways.

"Projected traffic" means the number of vehicles, normally expressed in average daily traffic (ADT), forecast to travel over the segment of the subdivision street involved.

"Requirements" means the design, construction, and related administrative considerations herein prescribed for the acceptance of a subdivision street into the secondary system of state highways pursuant to Chapter 2 (§ 33.1-229) of Title 33.1 of the Code of Virginia.

"Resident engineer" means the employee of the department assigned to supervise departmental operations within a specified geographical portion of the Commonwealth, consisting of one to four counties.

"Right-of-way" means the land, property, or interest therein, usually in a strip, acquired for or devoted to a public street or road.

"Roadway" means the portion of the road or street within the limits of construction and all structures, ditches, channels, etc. necessary for the correct drainage thereof.

"Secondary system of state highways" means those public roads, streets, bridges, etc., as established by Chapter 1 (§ 33.1-67 et seq.) of Title 33.1 of the Code of Virginia, that are under the supervision of and maintained by the department.

"Specifications" means the department's current Road and Bridge Specifications, including related supplemental specifications and special provisions.

"Standards" means the applicable drawings and related criteria contained in the department's current Road and Bridge Standards.

[*"State secondary roads engineer" means the employer of the department assigned to manage and administer the operations of the Secondary Roads Division to carry out the statewide secondary roads program.]*

"Subdivision" means the division of a lot, tract, or parcel into two or more lots, plats, sites, or other division of land for the purpose, whether immediate or future, of sale or of building development. Any resubdivision of a previously subdivided tract or parcel of land shall also be interpreted as a "subdivision." The division of a lot or parcel permitted by Chapter 11 (§ 15.1-466 A (k)) of Title 15.1 of the Code of Virginia will not be considered a "subdivision" under this definition, provided no new road or street is thereby established. However, any further division of such parcels shall be considered a "subdivision."

"Subdivision street" means a public way for purposes of vehicular travel, including the entire area within the right-of-way, that results from the subdivision of land. Such streets developed in accordance with these requirements shall be eligible for addition to the secondary system of state highways pursuant to Chapter 2 (§ 33.1-229) of Title 33.1 of the Code of Virginia.

"Tertiary subdivision street" means a lower classification of local street which, by design, is generally a cul-de-sac or loop street. The adjacent property shall be platted in a manner to preclude its subsequent resubdivision or future land development that will generate unanticipated additional traffic volumes. [(See Table I-A)]

"Through street" means a street which provides access between two other streets.

"Traveled way" means the portion of the subdivision street designated for the movement of vehicles, exclusive of shoulders, parking areas, turn lanes, etc.

"VDOT" means the Virginia Department of Transportation.

§ 1.2. Applicability.

These requirements are applicable to all subdivision streets designated to become part of the secondary system of state highways. Conversely, the department's review and approval shall be applicable only to streets proposed to be added ultimately to the secondary system. Due to the eventual problems normally associated with private streets, the department does not subscribe to the concept of their use in subdivision development. Any plans submitted for review which contain only private streets shall be returned marked "unapproved," with a notation as to the reason.

§ 1.3. Continuity of public street system.

The continuity of a publicly maintained street system is a prerequisite to the addition of any subdivision street into the secondary system of state highways. Therefore, no street will be accepted for state maintenance unless it is the continuation of the network of public streets whose maintenance has been officially accepted by the department or, if appropriate, a city, town or county.

§ 1.4. Large-lot-size subdivision.

In the application of these requirements, the department does not recognize any provision of an ordinance adopted by the governing body that excepts certain large-lot-size subdivisions from its definition of subdivision. Therefore, any street proposed for addition to the secondary system of state highways shall comply with applicable requirements as herein provided.

§ 1.5. Service requirements.

A. No street or road will be accepted into the secondary system of state highways unless it renders sufficient public service to justify the expenditure of public funds for its subsequent maintenance. Therefore, sufficiently varied proprietorship of the land served is required. For the purpose of these requirements, public service may include, but is not necessarily limited to, one or more of the following situations:

1. Serves three or more occupied units of varied proprietorship with a unit being a house, townhouse, condominium, apartment, mobile home park, or other similar facility.
2. Constitutes a connecting link between other streets

which qualify from the point of public service.

3. Provides an extension of a street to the subdivision boundary to facilitate the continuity of possible adjacent development, if required by local ordinance.

4. Serves as access to schools, churches, public sanitary landfills, public recreational facilities, or similar facilities open to public use.

B. Entrances to shopping centers or rental apartment buildings do not normally qualify for addition to the system. This is because the primary service they provide is to the owner who stands to profit rather than the tenant or customer. However, when a street serves as the principal access to apartment buildings or condominiums, containing either rental or individually-owned units, it may be considered as providing public service if unrestricted public use is permitted and maintenance continuity is practical. Entrances to shopping centers do not qualify unless the streets leading thereto are through streets and are included in the comprehensive plan approved by the local governing body.

C. There may be other sets of circumstances that could constitute public service. Consequently, any question regarding unclear situations should be referred to the resident engineer for resolution.

§ 1.6. Administrative procedure.

[A. Conceptual subdivision sketch.

Prior to preparation of plats or plans, or both, the developer shall prepare a conceptual subdivision plan to determine functional classification, projected traffic, and terrain. (See § 2.1 A, B, and C.)]

[A. B.] Plan submission.

Plats or plans, or both, together with other pertinent data as herein prescribed, shall be submitted to the responsible resident engineer for all proposed subdivisions whose streets are intended to be added to the secondary system of state highways. Appendix B contains a listing of the locations and jurisdictions of the residency offices.

[B. C.] Plan review.

Upon receipt of the plats or plans, or both, the resident engineer will arrange for the appropriate review to determine compliance with all applicable requirements. The general procedure for this review is prescribed in Appendix A.

[C. D.] Plan approval.

The resident engineer will advise the appropriate county official and the developer, if applicable, as to the results of the review.

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1. If the street development proposed by the plats or plans, or both, is determined to be in compliance with these requirements, the resident engineer will provide written confirmation of this finding. This action signifies the resident engineer's recommendation for VDOT approval of the street design shown on the plats or plans, as submitted. Any subsequent revision, additions, or deletions thereto shall require specific written approval of the resident engineer for each such change.

2. Where the revision of the submitted plats or plans is determined necessary, the resident engineer will list the required changes in a written response to the [~~appropriate~~] county official and the developer, if applicable. Upon completion of the specified revisions, the plats or plans will be resubmitted for review and approval by the resident engineer as prescribed in Appendix A.

[~~D. E.~~] Street acceptance.

Upon completion of the subdivision street construction, the resident engineer will initiate its acceptance into the secondary system of state highways provided:

1. The developer dedicates the prescribed right-of-way to public use.
2. The street has been constructed in accordance with the [applicable specifications, standards and the] plats or plans approved by the resident engineer.
3. The street renders a public service as prescribed in § 1.5 of these requirements.
4. The street has been properly maintained since its completion.
5. The developer furnishes the surety and maintenance fee, if applicable, in accordance with Table III.
6. The governing body requests, by proper resolution which includes the guarantee of an unrestricted and unencumbered right-of-way as dedicated, the department's acceptance of the street into the secondary system.

Upon the department's determination that the requested addition is in compliance with the applicable provisions of these requirements, the governing body will be officially advised of the street's acceptance into the secondary system of state highways and the effective date of such action. This notification serves as the resident engineer's authority to begin maintenance thereon.

§ 1.7. Variances.

The department's field engineers are authorized

considerable discretionary authority in the application of the geometric standards relative to alignment and grade for streets functionally classified as "local." Such judgments should take into consideration the individual situation, but in no instance are the safety features, structural integrity, or traffic capacities prescribed by these requirements to be sacrificed. Meandering alignment and rolling grades are satisfactory, provided adequate stopping sight distances and reasonable alignment and gradients are provided to safely accommodate the projected traffic at the design speed. [Other variances may only be granted as designated by the chief engineer.]

§ 1.8. Effect of legislation.

If subsequent legislation is enacted that conflicts with any provision of these requirements, the legislative provisions shall govern. As of its effective date such legislation shall take precedence over any conflicting interpretations or decisions rendered by department personnel prior to the enactment of the legislation. However, such action shall not affect the validity of these requirements as a whole, or any part thereof, other than the specific provision involved.

§ 1.9. Entrance permits.

An entrance permit is required by the general rules and regulations of the Commonwealth Transportation Board for any form of access to state maintained roads, including the connection of a subdivision street. Such a connection shall comply with applicable commercial entrance requirements of the department's Permit Manual and Minimum Entrance Standards.

Due to the wide variation in prevailing conditions, each location shall be evaluated individually to determine exact requirements. Therefore, it is incumbent upon the developer or his designee to apply for any required entrance permit at the appropriate time to insure the desired completion of the development. Such application shall be made to the resident engineer and commensurate with the approved plats or plans for the subdivision.

§ 1.10. Appeal to district engineer.

The district engineer is authorized to consider and render a ruling on unresolved differences of opinion between the developer and the resident engineer that pertain to the interpretation and application of these requirements.

To obtain this review, the developer shall provide the district engineer [,] with [a copy to the county official,] a written request for such action, including a brief description of any unresolved issue. After reviewing all pertinent information, the district engineer will advise the developer in writing [, with a copy to the county official,] as to the decision relative to the appeal. The developer may further appeal the district engineer's decision to the

chief engineer for review and disposition as he deems appropriate. A final appeal may be made to the commissioner.

§ 1.11. Precedent of local subdivision ordinance.

Where the requirements of the subdivision ordinance adopted by the governing body equal or exceed the requirements herein prescribed, they shall become the department's requirements in that area and govern.

§ 1.12. Applicable requirements of other regulatory agencies.

Should a subdivision street proposed for acceptance into the secondary system of state highways be subject to provisions of any regulatory agency pertaining to the maintenance, control, and operation of the completed street, the developer shall provide the resident engineer with a copy of such requirements at the time its addition is requested.

PART II. SPECIFIC PROVISIONS.

§ 2.1. Design requirements.

A. Functional classification.

1. Policy.

The characteristics and magnitude of the service to be provided, as herein defined, shall be the basis for the department's determination of the functional classification for each subdivision street intended for acceptance into the secondary system.

2. Criteria.

Urban and rural areas have fundamentally different characteristics. Consequently, urban and rural functional systems are classified separately.

a. *Urban areas.* This designation shall apply to the urbanized areas of Virginia so identified by the U.S. Bureau of the Census (e.g., Northern Virginia, Richmond, Peninsula, Southeastern, Tri-Cities, Roanoke, Lynchburg, Danville, Charlottesville, Bristol, and Kingsport).

b. *Rural areas.* Those areas outside the boundaries of urban areas.

3. Functional systems.

a. Rural.

(1) *Principal arterial.* The most significant streets in the area which serve long distance travel demands such as statewide and interstate travel. Provide service to major centers of activities, constitute the

highest traffic volume corridors, carry the major portion of the area's through traffic, and provide continuity between other arterials.

(2) *Minor arterial.* Streets which interconnect and supplement the principal arterial system with a greater emphasis on land access and a lower level of traffic mobility. They are intended as routes that generally have minimum interference to through traffic and provide intracommunity service.

(3) *Major collector.* These streets provide service to large communities or other major traffic generators not served by the arterial system. They provide links to higher classified routes and serve as important intracounty travel corridors.

(4) *Minor collector.* Streets that collect traffic from local streets and distribute it to the arterial system. These streets provide land access service and traffic circulation within residential, commercial, and industrial areas.

(5) *Local.* These streets provide direct access to adjacent land and serve travel of short distances as compared to the higher systems. Service to through traffic is discouraged.

b. Urban areas.

(1) *Principal arterial.* These highways are the most significant streets in the urban area that serve the major centers of activity, constitute the highest traffic volume corridors, serve the longest trip desires, carry the major portion of through traffic in the urban area, and provide continuity between rural arterials.

(2) *Minor arterial.* Streets which interconnect and supplement the principal arterial system with a greater emphasis on land access and a lower level of traffic mobility. They provide intracommunity service as well as connecting rural collectors to the urban highway system.

(3) *Urban collector.* These streets provide land access service and traffic circulation within residential, commercial, and industrial areas. They collect local traffic and distribute it to the arterial system.

(4) *Local.* These streets provide direct access to adjacent land and provide access to the higher systems. Service to through traffic is discouraged.

4. Procedures.

The department's determination of the functional classification for each street within a subdivision shall be made prior to the resident engineer's approval of its plats or plans. To facilitate the effective

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development of the plats or plans and permit their expeditious review, it is recommended that this determination be completed prior to the developer's initiation of detail design for the subdivision. To originate the functional classification process, the developer shall submit the following information:

a. A sketch accurately depicting the general concept for the proposed development of the subdivision, [as permitted by in conformance with] the applicable provisions of the governing body's zoning and subdivision regulations. This sketch shall include:

(1) The general location and configuration, including the terminus, of each street proposed within the subdivision.

(2) The location and area of each type of permitted land use within the subdivision.

(3) The location of any proposed transportation facility, within the subdivision's boundaries, included in the current comprehensive plan of the governing body.

[(4) Where the governing body's zoning or subdivision regulations, or both, require submission of a conceptual plan in general conformance with the aforementioned submission, such may be acceptable for review by the resident engineer.]

b. Other available information pertinent to the intended development of the subdivision.

5. Approval.

The resident engineer shall provide written notification to the appropriate county official and the developer, if applicable, regarding the approved functional classification for each street in the subdivision. This approval shall be valid as long as the basic concept for the subdivision's development, as submitted pursuant to the previous paragraph, remains unchanged.

B. Projected traffic/capacity analysis.

1. For the purposes of these requirements, "projected traffic" shall include the traffic resulting from the complete development of all land to be served by the subject roadway facility. This shall include traffic forecasted to be generated by development, both internal and external, to the subdivision under consideration. The basis for this forecast will be the governing body's current comprehensive plan or other available information pertinent to the permitted land use and transportation planning for the subdivision and adjacent properties. Traffic projections shall be based on each single-family [detached] residential dwelling unit generating 10 vehicle trips per day. The

trip generation rates in the ITE Trip Generation Report shall be utilized in determining the projection of traffic resulting from development other than single-family [detached] residential. [Different rates resulting from] The use of other bonafide traffic studies [in determining projected traffic for all types of land development] may be considered [,] subject to their submission for review and approval by the department.

2. As an alternative to the application of the projected traffic to the applicable geometric design criteria of these requirements, the department will consider subdivision street design based on a capacity analysis concept provided:

a. The governing body permits the utilization of this concept in the design of subdivision streets in the county.

b. The developer furnishes full rationale, from an engineer licensed by the Commonwealth to perform such studies, to support the recommendations of this analysis. The submission shall include all pertinent traffic data and computations affecting the design proposal for the subdivision streets involved.

c. A minimum level of service "C" shall be accommodated in the street design proposed under the capacity analysis concept.

C. Terrain classification.

The applicable provisions of the current Policy on Geometric Design of Highways and Streets, AASHTO, shall be used in the determination of the appropriate classification of terrain for subdivision streets.

D. Roadway geometric design criteria.

Except as may be permitted under the provisions of subdivision 2, subsection B of this section, the following criteria shall apply in the design of subdivision streets intended for addition to the secondary system:

1. Any street functionally classified as "local" pursuant to subsection A of this section shall be designed in accordance with the applicable provisions of Tables 1 and 1-A of these requirements.

2. Streets functionally classified as a "collector" and "arterial" shall be designed in accordance with applicable provisions of the department's standards for the appropriate functional and terrain classification.

E. Bridge and culvert design criteria.

1. Capacity.

All bridges and culverts shall be of HS 20-44 loading or alternate military loading, or both, in accordance with the current AASHTO bridge design specifications and VDOT modifications. To facilitate the department's review, all pertinent calculations for the structure's design shall be submitted with each bridge plan.

2. Width.

Clear roadway widths shall be provided on all structures in accordance with the department's standards.

F. Drainage.

1. Policy and procedures.

All drainage facilities shall be designed in accordance with the department's current Drainage Manual and supplemental directives.

2. Criteria.

Standards appropriate to the functional classification of the street and the potential impact on adjacent property shall apply.

3. Design.

Specific reference is made to the following design requirements:

a. VDOT Drainage Manual

- (1) Hydrology - Chapter 1
- (2) Open Channels and Ditches - Chapter 2
- (3) Culverts - Chapter 3
- (4) Storm Sewer Systems - Chapter 4
- (5) Bridges - Chapter 5
- (6) Storm Water Management - Chapter 10

b. Division of Soil and Water Conservation Erosion and Sediment Control Handbook

- (1) Erosion and Sediment Control

4. Storm water detention.

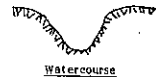
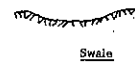
The department does not require detention. However, it does recognize it as an available design alternative. Where the developer is required by regulations of the local government or elects to utilize detention facilities in the design of a subdivision, an acceptable agreement from the local government is required which absolves the department from any responsibility

or liability for the detention facility.

VDOT does adhere to the state Stormwater Management Criteria for Controlling Off-Site Erosion, Division of Soil and Water Conservation, GC-7.

5. Easements.

a. An acceptable easement shall be provided from all drainage outfalls to a natural watercourse, i.e., "A defined natural channel with bed and banks within which water flows either continuously or intermittently." A swale is a board depression without defined bed and banks and is not a natural watercourse.



(See VDOT Drainage Manual, Chapter 7)

b. An acceptable agreement from the local government, which absolves the department from any future responsibility or liability may be considered as an alternative to providing an easement.

c. Where development activity results in increased runoff to the extent that adjustment of an outfall facility is required, such adjustment shall be at the developer's expense and contained within an appropriate easement.

6. Documentation.

All drainage design computation shall be complete, properly documented and presented to the resident engineer for review.

G. Pavement structure design.

The design of the pavement structure for subdivision streets shall be in accordance with Table II of these requirements.

§ 2.2. [Phase Phased] development of subdivision streets.

A. Policy.

Certain subdivision streets may be considered for addition to the secondary system of state highways prior to their complete development in accordance with applicable provisions of these requirements.

B. Criteria.

1. The street shall be functionally classified as a "collector" or "arterial" pursuant to § 2.1 of these

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requirements.

2. The traveled way of the street, upon complete development pursuant to applicable provision of these requirements, shall provide four or more lanes for motor vehicles, exclusive of turn lanes, parking lanes, etc.

3. [Except as may be expressly authorized by the state secondary roads engineer,] only two phases of the street's development, i.e., initial and complete, shall be permitted.

4. The governing body, by resolution, recommends the street's acceptance into the secondary system of state highways prior to its complete development.

5. The governing body elects to enter into an agreement, acceptable to the department, to assure the street's subsequent completion in full compliance with these requirements. It shall specifically include suitable provisions for each of the following issues:

a. All cost incurred in the street's complete development, including construction, right-of-way, engineering, utility adjustment, etc., shall be provided from funds other than those derived from state revenue sources administered by VDOT [, except as may be expressly authorized by the state secondary roads engineer] .

b. The governing [body will provide an acceptable ~~surety~~ body's assurance] for the completion of the street's full development pursuant to the applicable provisions of these requirements.

c. The governing body shall have the sole responsibility to collect and maintain any funds provided, either voluntarily or pursuant to its requirements, for the required subsequent development of the street.

d. The determination relative to the timing of the street's complete development shall be exclusively that of the department and will be based on whichever of the following situations occurs first:

(1) The street's actual traffic volume, as determined by the department, exceeds 8,000 ADT.

(2) The department determines the initial phase of the street's development is incapable of permitting a minimum level of service of "D" to be maintained.

e. Consideration for the acceptance of any street under the provisions of this section shall be limited to the [phase phased] development of only the street's roadway. All other applicable requirements, e.g., public service, drainage easements, [and] administrative procedures [; etc.,] shall apply.

C. Procedures.

1. Plats or plans, or both, for the street's complete development, in accordance with all applicable provisions of these requirements, shall be submitted for approval.

2. The plats or plans shall also delineate the street's initial development as proposed pursuant to this section. In no case shall this design provide less than one-half of the roadway typical section required by the applicable requirements for the street's complete development.

3. A capacity analysis, as prescribed in subsection B of § 2.1 of these requirements, shall be submitted to document that a minimum level of service of "C" will be maintained by the initial roadway phase throughout its intended duration.

4. Concurrent with the submissions prescribed in subdivisions 1, 2, and 3 of this subsection, the developer shall request the governing body to advise the resident engineer of its recommendation for the street's phase development and of its intent to enter into the agreement prescribed in subsection B, subdivision 5 of this section.

5. Upon the resident engineer's determination that the proposal is in compliance with the applicable provisions of this section, he may approve the plans accordingly.

6. Upon completion of the street's initial phase in accordance with approved plans, its compliance with all other applicable provisions of subsection D of § 1.6 of these requirements and the governing body's execution of the prescribed agreement, the street may be accepted into the secondary system of state highways.

§ 2.3. Right-of-way.

A. Width.

A clear and unencumbered right-of-way shall be dedicated to public use for any subdivision street proposed for addition to the secondary system of state highways. The width of such dedication shall be in accordance with Tables I and I-A for those streets functionally classified as "local." For streets functionally classified as "collector" or "arterial" the dedicated width shall be in accordance with applicable provisions of the department's standards. Where sidewalk is to be provided which qualifies for maintenance by the department, additional right-of-way shall be dedicated to the extent necessary to accommodate the sidewalk and facilitate its future maintenance.

For other required elements of a subdivision street, e.g., turn lanes and cul-de-sacs, additional right-of-way shall

also be provided as necessary.

B. Utilities.

To assure the unencumbered dedication of the right-of-way for subdivision street additions, easements or other interests within the platted right-of-way shall be quit-claimed of any prior rights therein. In exchange, a permit may be issued by the department for a utility to occupy the area involved. This permit will be processed by the resident engineer upon acceptance of the street into the secondary system of state highways. No inspection fee is required for permits so issued. However, the approval of the permit shall be contingent upon the utility's compliance with applicable provisions of the Permit Manual.

[Insofar as is practical, longitudinal underground utilities shall be located outside of the street's pavement. However,] where the governing body has established [adequate] requirements for the [location design, location, and construction] of underground utilities within the right-of-way for subdivision streets, they shall become the department's requirements in that area and govern, provided they are not in conflict with any applicable requirements of the department. Departmental regulations prohibit the open-cutting of hardsurfaced roads except in extenuating circumstances. Therefore, all underground utilities within the right-of-way, as determined necessary by good engineering practice to serve the complete development of adjacent properties, shall be installed during the street's initial construction and prior to the application of its final pavement surface course.

All above ground utilities shall be installed behind the sidewalk or as close as possible to the limits of the street's right-of-way.

C. "Spite strips."

Plans that include a reserved or "spite" strip which prohibits otherwise lawful vehicular access to a street from the adjacent properties, whether within or outside the subdivision, will not be approved.

§ 2.4. Surety and fees.

A. Surety.

1. Bond or cash deposit.

The developer shall furnish an acceptable surety, in accordance with Table III, to guarantee the satisfactory performance of the street for a period of one year from the date of its acceptance into the secondary system of state highways. The surety may be a performance bond, cash deposit, certified check or other form mutually satisfactory to the department and the developer.

2. Alternatives to surety.

a. In jurisdictions where the staff of the governing body administers a comprehensive subdivision construction inspection program which has been approved by the department, the surety may be waived upon certification by the governing body that the proposed addition has been constructed in accordance with approved plans and specifications.

b. If requested by the developer and subject to availability of departmental personnel, the VDOT may perform the construction inspection of subdivision streets proposed to be added to the secondary system of state highways. In such cases, the developer shall bear all costs incurred by the department.

B. Maintenance fee.

A maintenance fee, in accordance with Table III, will be required for the acceptance of a subdivision street into the secondary system at any time other than July 1. Any fraction of a month shall be computed as a whole month in arriving at the amount of fee involved.

The official acceptance date of any addition will not be made retroactive. However, where it is demonstrated that extenuating circumstances beyond the control of the developer prevented the addition's acceptance on July 1, the department may waive the maintenance fee. Administrative delays by the governing body or the department may be considered an extenuating circumstance. However, failure of the developer to comply with all applicable requirements, including the provision for the dedication of an unencumbered right-of-way, will not be considered extenuating.

PART III. MISCELLANEOUS PROVISIONS.

§ 3.1. Sidewalk.

The installation of sidewalk is not a requisite for the department's acceptance of a subdivision street. However, board policy permits sidewalk located within the dedicated right-of-way, whose construction is either [voluntarily voluntary] or a requirement of the governing body, to be accepted for maintenance subject to its compliance with the following guidelines and criteria.

A. Guidelines.

Sidewalks may be accepted on (i) streets adjacent to and in the immediate vicinity of multiple businesses or public buildings, or (ii) on subdivision streets within the specified range of the governing body's policy regarding pedestrian transportation between home and school.

B. Criteria.

1. Sidewalk on one side of streets within one mile of all existing elementary schools, and one and one-half

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miles of all existing intermediate and high schools, will be eligible for maintenance. This criteria shall also apply to streets in the vicinity of proposed schools, the construction of which is included in a county's five-year capital improvement budget.

2. Sidewalk on both sides of a school access street described in subdivision 1 of this subsection will be eligible for maintenance when the existing or projected traffic exceeds 3,000 ADT.

3. No sidewalks will be eligible for maintenance on permanent deadend street, loop streets or cross streets which do not serve as access to a high density residential area.

4. Sidewalks on streets adjacent to and in the immediate vicinity of multiple commercial businesses or public facilities will be eligible for maintenance. Immediate vicinity shall mean 1,000 feet beyond zoning line.

5. In situations not herein addressed, sidewalks may be approved for maintenance eligibility after individual study and joint concurrence by the resident engineer and the governing body.

C. Standards.

1. Sidewalk constructed adjacent to a curb and gutter typical section street shall be constructed at least four feet wide by four inches deep and in accordance with the department's specifications for cement concrete sidewalk.

On rural typical sections, asphalt concrete sidewalk may be acceptable when located behind the ditch line in cut sections and behind the guardrail in fill sections. Construction of sidewalk within the prescribed shoulder area of the roadway will not be permitted. Such sidewalks shall be at least four feet wide by four inches deep and at a grade and elevation compatible with the adjacent roadway element. Cement concrete sidewalk on typical sections will be acceptable only when constructed on an alignment and grade to be compatible with the eventual conversion of the street to a curb and gutter section.

2. Sidewalk underdrain shall be provided in accordance with the department's Standard UD-3.

D. [~~Temporary~~ Nonstandard] sidewalks.

[~~Temporary~~ Nonstandard] sidewalks that meander horizontally or vertically, or both, relative to the roadway may be permitted. However, the department will not accept responsibility for their maintenance. A permit which clearly specifies the applicant's responsibility for the sidewalk's maintenance and related activities shall be obtained from the department to the extent it will

encroach upon the street's right-of-way. The permit applicant shall be a county, incorporated town, or other agency which has perpetual maintenance capability. [~~Such temporary~~ These] sidewalks may be constructed of asphalt, concrete, gravel, or other stabilizer convenient to the applicant.

§ 3.2. Intersections.

The legs of intersecting streets that will operate under a STOP or YIELD condition preferable should be at right angles. Also, a relatively flat landing, of sufficient length to properly accommodate the projected traffic volume, shall be provided. Where turning volumes are significant, appropriate channelization of intersection may be required.

§ 3.3. Guardrail.

Guardrail shall be provided as [~~deemed~~] necessary for the safety of the traveling public as well as protection for adjacent properties. The use of guardrail types that are aesthetically compatible with the surrounding areas should be considered. One acceptable type is "Corten" or weathering steel rail with treated timber post. Alternate types may be considered provided they conform to applicable VDOT standards or the criteria prescribed in the National Cooperative Highway Research Program Report 230, blend in with the surrounding and do not create an undue maintenance problem.

§ 3.4. Curb and gutter.

For the purpose of these requirements, the use of a curb and gutter is an acceptable alternative, rather than a requisite, for the acceptance of subdivision streets. However, where its use is required by the governing body or otherwise desired, "local" streets utilizing a curb and gutter typical section shall be designed in accordance with Tables I and I-A. The appropriate standard for curb and gutter, as prescribed in Table IV, shall be utilized.

Curb-cut ramps shall be provided in accordance with Chapter 10 (§ 15.1-381) of Title 15.1 of the Code of Virginia and constructed in accordance with the department's Standard CG-12.

§ 3.5. Turn lanes.

Left or right turn lanes shall be provided at intersections when the department determines that projected turning movements warrant their installation. These facilities shall be designed in accordance with the appropriate provisions of the department's Minimum Entrance Standards. Where necessary, additional width of right-of-way shall be provided to accommodate these facilities.

§ 3.6. Townhouses and condominiums.

The density of units normally associated with the

development of townhouses and condominiums presents several unique situations that must be considered in the design of the adjacent subdivision streets. Primarily, these relate to parking and the frequency of desired entrances. In the absence of local regulations which are deemed acceptable by the department, the following criteria shall apply for the design of subdivision streets serving these developments:

1. A minimum of two parking spaces for each unit shall be provided. On street parking, if available and in the proximity of the unit it is intended to serve, may be combined with "on-site" parking to satisfy this provision.

2. In the event parking bays are provided, they shall be located off the street's right-of-way and designed to prevent vehicles from backing into the adjacent subdivision street.

3. Entrances to parking bays or individual units shall be [separated by] at least 50 feet [apart] and designed in accordance with the appropriate provisions of the Standards or Permit Manual.

§ 3.7. Concentric design.

The design of the subdivision street's principal roadway elements shall, except in extenuating circumstances, be concentric to the center of the right-of-way. No variance from the appropriate typical section will be permitted except as necessary to provide for vehicular safety and traffic channelization features, e.g., turn lanes, intersection radius, etc.

§ 3.8. Turnaround/cul-de-sac.

An adequate turnaround facility shall be provided at the end of each cul-de-sac street to permit the safe and convenient maneuvering by service vehicles. Where a circular turnaround is used, a minimum 30-foot radius from its center to the outer edge of pavement shall be provided [in residential subdivisions and a minimum 45-foot radius in all other types of subdivision] . [No island or similar median shall be permitted within the paved area of the turnaround.] Additional right-of-way, as necessitated by the turnaround, shall be provided.

§ 3.9. Dams.

Subdivision streets which cross a dam may be eligible for acceptance into the secondary system of state highways subject to the following criteria:

1. An appropriate alternate roadway facility for public ingress and egress, with suitable provisions to assure its perpetual maintenance, is provided.

2. The dam's hydraulic and structural design shall be in accordance with current national engineering practice. Flow of water over the roadway is not

acceptable as an emergency spillway.

3. Applicable federal and state permits must be secured prior to VDOT acceptance of the street.

4. Protection of roadway from inundation shall be provided as herein prescribed by these requirements.

5. VDOT maintenance responsibilities shall be limited to roadway surface and related elements. The maintenance of the dam shall be that of the owner, other than VDOT, as established by Chapter 1 (§ 33.1-176 et seq.) of Title 33.1 of the Code of Virginia.

6. An acceptable agreement is entered into with the governing body and other parties as may be appropriate, which absolves the department of any future liability due to the dam's existence.

§ 3.10. Railroad crossing.

Short-arm gates or flashing signals, or other protective devices as deemed appropriate by VDOT, shall be provided by any at-grade crossing of an active railroad by a subdivision street. Prior to the execution of the agreement between the railroad and the developer or the governing body, regarding the construction or maintenance of any at-grade crossing, bridge, or signal device, it shall be reviewed and approved in by the department's Rail and Public Transportation Division. This agreement shall be fully executed prior to the street's acceptance into the secondary system.

§ 3.11. Private entrances.

All private entrances shall be designed and constructed in accordance with the applicable standard. For rural typical section streets, the department's Standard PE-1 shall be utilized. On streets with curb and gutter, the appropriate entrance gutter, as prescribed by the standards, shall be provided.

§ 3.12. Parking.

Perpendicular and angle parking along subdivision streets shall be prohibited. On streets with curb and gutter, parallel parking may be permitted where appropriate parking lanes are provided.

§ 3.13. Landscaping.

All disturbed areas within the dedicated right-of-way and easements of any subdivision street shall be restored with a vegetation compatible with the surrounding area. No street will be accepted into the secondary system of state highways where there is visual evidence of erosion or siltation unless appropriate protective measures, in accordance with VDOT's construction practices, have been taken. Any planting of trees or shrubs shall be in accordance with the department's current Guidelines for Planting Along Virginia's Roadways, Environmental

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§ 3.14. Encroachments.

Posts, walls, signs, or similar ornamental structures that do not enhance a roadway's capacity or traffic safety, shall not be permitted within the right-of-way of a subdivision street. Only those structures specifically authorized by permit issued by the department may be located within the street's right-of-way.

§ 3.15. Lighting.

Where roadway, security, or pedestrian lighting is required by the governing body or desired by the developer, it shall be installed in accordance with the department's Guidelines for Lighting by Permit on State Right of Way (No. M-245-87), Maintenance Division.

[§ 3.16. Noise abatement.

Where applicable, the governing body and the developer are reminded of the board's adoption, on August 18, 1988, of the State Noise Abatement Policy which applies to nonfederal-aid highway construction and improvement projects.

§ 3.17. Effective date and transition.

These requirements are effective as of January 1, 1990; provided, however, that during the period of January 1, 1990, through March 31, 1990, the department will consider approval of streets designed in accordance with either the former requirements (1980) or with these requirements. Any street design initially submitted for approval by the department after March 31, 1990, shall be in accordance with these requirements.]

Subdivision Street Requirements - VDOT Listing of Documents (Publications) Incorporated by Reference

1. Drainage Manual, Location and Design Division, No. 2808, (1980).
2. "ITE" Trip Generation, Information Report of the Institute of Transportation Engineers (4th edition).
3. Highway Capacity Manual, Transportation Research Board Special Report 209, (1985).
4. Minimum Entrance Standards, Traffic Engineering Division (1979).
5. Land Use Permit Manual, Maintenance Division (January, 1983).
6. Road and Bridge Specifications (VDOT), January, 1987.
7. Road and Bridge Standards (VDOT) Volume I & II,

1986.

8. Policy on Geometric Design of Highways and Streets, AASHTO (1984).
9. Standard Specifications for Highway Bridges, AASHTO, 13th Edition (1983), with VDOT modifications.
10. Virginia Erosion and Sediment Control Handbook, Division of Soil and Water Conservation, Second Edition (1980), with The Virginia Erosion and Sediment Control Law and General Criteria (1987).
11. National Cooperative Highway Research Program Report 230, Transportation Research Board (1981).
12. Guidelines for Planting Along Virginia's Roadways, Environmental Division (1986).
13. Guidelines for Lighting by Permit on State Right of Way (No. M-245-87), Maintenance Division.

Table 1
GEOMETRIC DESIGN GUIDES FOR ARJON SUBDIVISION STREETS FUNCTIONALLY CLASSIFIED AS LOCAL ROADS (1)
(NUMBERS SHOWN IN PARENTHESES DESIGNATE APPLICABLE FOOTNOTES)

PROPOSED TRAFFIC RATE	TERRAIN	MINIMUM DESIGN SPEED	MINIMUM GRADE OF CROWNLINE	SUGGESTED MAXIMUM GRADE	MAX. STOPPING SIGHT DIST. (2)	MINIMUM INTERSECTION SIGHT DISTANCE (3)	MINIMUM PAVEMENT DESIGN CLASS (SEE TABLE 11)	SLOPES CUT & FILL	WITHOUT CURB AND GUTTER					WITH CURB AND GUTTER		
									MINIMUM PAVEMENT WIDTH (4)	MINIMUM SHOULDER WIDTH (5)	WIDTH OF DITCHES	MINIMUM HEIGHT OF CURBS	MINIMUM CLEARANCE TO FACE OF CURBS	MINIMUM RIGHT-OF-WAY WIDTH (6)		
251 - 400	LEVEL	30	12"	7	275'	400'	II		20'	5'	1'	4"	4"	50"	34'	41'
	ROLLING	30	22"	10	260'	300'	II		20'	5'	4"	4"	4"	50"	34'	41'
	UNFAVORABLE	20	110" (1)	14	125'	200'	II		20'	5'	4"	4"	4"	50"	34'	41'
401-1000	LEVEL	50	27" 30"	6	600'	500'	III & IV		22'	8'	4"	4"	4"	50"	38'	46'
	ROLLING	30	22"	9	275'	400'	III & IV		22'	8'	4"	4"	4"	50"	38'	46'
	UNFAVORABLE	20	22"	14	200'	300'	III & IV		20'	8'	4"	4"	4"	50"	34'	41'
1001-2000	LEVEL	50	27" 30"	6	600'	500'	IV & V	MAX = 2 1/2	22'	9'	4"	4"	4"	50"	38'	46'
	ROLLING	30	22"	9	275'	400'	IV & V		22'	9'	4"	4"	4"	50"	38'	46'
	UNFAVORABLE	20	22"	14	200'	300'	IV & V		20'	9'	4"	4"	4"	50"	34'	41'
2001-4000	LEVEL	50	27" 30"	6	600'	500'	V		24'	11'	8'	4"	4"	60"	40'	48'
	ROLLING	30	22"	9	275'	400'	V		22'	11'	8'	4"	4"	60"	38'	46'
	UNFAVORABLE	20	22"	14	200'	300'	V		22'	11'	8'	4"	4"	60"	38'	46'
OVER 4000	LEVEL	50	27" 30"	6	600'	500'	VI & VII		24'	11'	8'	4"	4"	60"	40'	48'
	ROLLING	30	22"	9	275'	400'	VI & VII		24'	11'	8'	4"	4"	60"	40'	48'
	UNFAVORABLE	20	22"	14	200'	300'	VI & VII		24'	11'	8'	4"	4"	60"	40'	48'

FOOTNOTES: 1. STREETS FUNCTIONALLY CLASSIFIED OTHER THAN LOCAL ARE TO BE IN ACCORDANCE WITH THE GEOMETRIC DESIGN REQUIREMENTS IN THE CURRENT ISSUE OF THE ROAD AND BRIDGE STANDARDS FOR THE APPLICABLE ROAD FUNCTIONAL CLASSIFICATION.
 2. DISTANCES ARE BASED ON A 3.5' HEIGHT OF EYE AND A 0.5' HEIGHT OF OBJECT.
 3. DISTANCES ARE BASED ON A 3.5' HEIGHT OF EYE AND A 4.25' HEIGHT OF OBJECT.
 4. A MINIMUM LEVEL OF SERVICE C IS TO BE MAINTAINED. ADDITIONAL LANES AND/OR CHANNELIZED INTERSECTIONS MAY BE REQUIRED.
 5. SHOULDER DESIGNS ARE TO BE IN ACCORDANCE WITH STANDARD 85-12.
 6. DITCH SLOPES (FROM EDGE OF SHOULDER TO BOTTOM OF DITCH) ARE TO BE 1" VERTICAL FOR EACH 4" HORIZONTAL FOR 6" WIDE DITCHES, AND 1" VERTICAL FOR EACH 3" HORIZONTAL FOR 4" WIDE DITCHES.
 7. A MINIMUM 50' OF RIGHT OF WAY IS REQUIRED. ADDITIONAL WIDTHS IN IMPROVEMENTS OF 10' AS NECESSARY TO ACCOMMODATE THE ROADWAY ELEMENTS INCLUDING CUT AND FILL SLOPES AND STRUCTURES WHERE APPLICABLE, ARE REQUIRED.
 8. DIMENSIONS SHOWN TAKE INTO CONSIDERATION THAT PARKING MAY BE PERMITTED.
 9. WHERE SIDEWALKS ARE TO BE PROVIDED, ADDITIONAL RIGHT OF WAY WIDTH TO ACCOMMODATE THEM IS REQUIRED.
 GENERAL NOTES: EACH STREET SHOULD HAVE CONTINUITY OF DESIGN THROUGHOUT. THEREFORE, MULTIPLE OR "STEP-DOWN" TYPICAL DESIGNS WILL NOT BE ACCEPTABLE EXCEPT WHERE A MAJOR TRAFFIC GENERATOR SUCH AS AN INTERSECTION WOULD DEFINE A CLEAR LINE OF DEMARCATION.
 DUE TO THE NATURE OF TERTIARY STREETS AND THEIR LOW DESIGN SPEED, CURVE SUPERELEVATION IS NOT PRACTICAL OR LOCAL STREETS WHERE THE DESIGN SPEEDS ARE 25 MPH OR LESS AND NO SUPERELEVATION IS REQUIRED. PROJECTS WITH DESIGN SPEEDS EXCEEDING 25 MPH BUT NO MORE THAN 40 MPH ARE TO BE SUPERELEVATED BY AN AMOUNT EQUAL TO THE STANDARD PAVEMENT DESIGN FOR ALL SPEEDS EXCEEDING 40 MPH. SUPERELEVATION AND PAVEMENT SCHEDULING SHOULD BE PROVIDED IN ACCORDANCE WITH STANDARD 11-1 (UPPER) OF THE DEPARTMENT ROAD AND BRIDGE STANDARDS.
 AN ADEQUATE TURNAROUND SHALL BE PROVIDED AT THE END OF DEAD END OR CUL-DE-SAC STREETS TO ALLOW SAFE MANEUVERING BY SERVICE VEHICLES, SCHOOL BUSES, AND HIGHWAY EQUIPMENT.
 FOR NON-RESIDENTIAL SUBDIVISIONS WHERE CIRCULAR TURNAROUNDS ARE USED, A MINIMUM 30 FOOT RADIUS IS REQUIRED, AND FOR STREETS INTENDED TO SERVE MORE THAN 10 RESIDENCES, A 45 FOOT RADIUS IS RECOMMENDED.
 FOR NON-RESIDENTIAL SUBDIVISIONS WHERE CIRCULAR TURNAROUNDS ARE USED, A MINIMUM RADIUS OF 45 FEET IS REQUIRED.
 BASED ON TRAFFIC VOLUME RESULTING FROM "COMPLETE DEVELOPMENT" (L&D).

TABLE 1-A
GEOMETRIC DESIGN GUIDES FOR TERTIARY SUBDIVISION STREETS
CUL-DE-SACS, LOOPS, AND OTHER STREETS OF LIMITED VEHICULAR GENERATION
(NUMBERS SHOWN IN PARENTHESES DESIGNATE APPLICABLE FOOTNOTES)

PROPOSED TRAFFIC RATE	TERRAIN	MINIMUM DESIGN SPEED	MINIMUM GRADE OF CROWNLINE	SUGGESTED MAXIMUM GRADE	MAX. STOPPING SIGHT DIST. (2)	MINIMUM INTERSECTION SIGHT DISTANCE (3)	MINIMUM PAVEMENT DESIGN CLASS (SEE TABLE 11)	SLOPES CUT & FILL	WITHOUT CURB AND GUTTER					WITH CURB AND GUTTER		
									MINIMUM PAVEMENT WIDTH (4)	MINIMUM SHOULDER WIDTH (5)	WIDTH OF DITCHES	MINIMUM HEIGHT OF CURBS	MINIMUM CLEARANCE TO FACE OF CURBS	MINIMUM RIGHT-OF-WAY WIDTH (6)		
UP TO 250	LEVEL	30	12"	7	200'	300'	I		18'	4'	4"	4"	4"	40"	30'(2)	35'
	ROLLING	30	22"	10	200'	300'	I		18'	4'	4"	4"	4"	40"	30'(2)	35'
	UNFAVORABLE	20	110" (1)	14	125'	200'	I		18'	4'	4"	4"	4"	40"	30'(2)	35'
251 - 400	LEVEL	30	22"	7	200'	300'	II		20'	4'	4"	4"	4"	50"	30'	40'
	ROLLING	30	22"	10	200'	300'	II	MAX = 2 1/2	20'	4'	4"	4"	4"	50"	30'	40'
	UNFAVORABLE	20	110" (1)	14	125'	200'	II		20'	4'	4"	4"	4"	50"	30'	40'
401 - 1000	LEVEL	30	22"	7	200'	300'	III & IV		22'	4'	4"	4"	4"	50"	38'	46'
	ROLLING	30	22"	10	200'	300'	III & IV		22'	4'	4"	4"	4"	50"	38'	46'
	UNFAVORABLE	20	110" (1)	14	125'	200'	III & IV		20'	4'	4"	4"	4"	50"	34'	41'

FOOTNOTES: 1. WHEN A 110' RADIUS CANNOT BE OBTAINED IN UNFAVORABLE TERRAINS, A MINIMUM 90' RADIUS MAY BE USED WITH A SUPERELEVATION RATE (E) OF -0.02.
 2. DISTANCES ARE BASED ON A 3.5' HEIGHT OF EYE AND A 0.5' HEIGHT OF OBJECT.
 3. DISTANCES ARE BASED ON A 3.5' HEIGHT OF EYE AND A 4.25' HEIGHT OF OBJECT.
 4. SHOULDER DESIGNS ARE TO BE IN ACCORDANCE WITH STANDARD 85-12.
 5. DITCH SLOPES (FROM EDGE OF SHOULDER TO BOTTOM OF DITCH) ARE TO BE 1" VERTICAL FOR EACH 3" HORIZONTAL.
 6. DIMENSIONS SHOWN TAKE INTO CONSIDERATION THAT PARKING MAY BE PERMITTED EXCEPT AS PROVIDED FOR BY FOOTNOTE 7.
 7. IF PARKING IS PROHIBITED, FACE TO FACE CURBS MAY BE REDUCED TO 24" ON A MINIMUM 30' RIGHT-OF-WAY.
 8. WHERE SIDEWALKS ARE TO BE PROVIDED, ADDITIONAL RIGHT OF WAY TO ACCOMMODATE THEM WILL BE REQUIRED.
 GENERAL NOTES: EACH STREET SHOULD HAVE CONTINUITY OF DESIGN THROUGHOUT. THEREFORE, MULTIPLE OR "STEP-DOWN" TYPICAL DESIGNS WILL NOT BE ACCEPTABLE EXCEPT WHERE A MAJOR TRAFFIC GENERATOR SUCH AS AN INTERSECTION PROVIDES A CLEAR LINE OF DEMARCATION.
 DUE TO THE NATURE OF TERTIARY STREETS AND THEIR LOW DESIGN SPEED, CURVE SUPERELEVATION IS NOT REQUIRED.
 AN ADEQUATE TURNAROUND SHALL BE PROVIDED AT THE END OF DEAD END OR CUL-DE-SAC STREETS TO ALLOW SAFE MANEUVERING BY SERVICE VEHICLES, SCHOOL BUSES, AND HIGHWAY EQUIPMENT.
 FOR RESIDENTIAL SUBDIVISIONS WHERE CIRCULAR TURNAROUNDS ARE USED, A MINIMUM 30 FOOT RADIUS IS REQUIRED, AND FOR STREETS INTENDED TO SERVE MORE THAN 10 RESIDENCES, A 45 FOOT RADIUS IS RECOMMENDED.
 FOR NON-RESIDENTIAL SUBDIVISIONS WHERE CIRCULAR TURNAROUNDS ARE USED, A MINIMUM RADIUS OF 45 FEET IS REQUIRED.
 BASED ON TRAFFIC VOLUME RESULTING FROM "COMPLETE DEVELOPMENT" (L&D).

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TABLE II
PAVEMENT STRUCTURE DESIGN

CLASS	SUBGRADE	BASE	SURFACE
I. UP TO 250 ADT	1. SELECT MATERIAL TYPE I, II OR III 2. CEMENT OR LIME STABILIZED SUBGRADE	1. ASP. BASE MATERIAL 2. ST. LOCAL OR SEL. STAB. (TOP SOIL OR BURNED) 3. ASP. BASE MATERIAL 4. ASP. BASE MATERIAL 5. ASP. CONCRETE, TYPE B-1 OR B-2 6. PLAIN PORTLAND CEMENT CONCRETE	PRIME AND DEL. SEAL PRIME AND DEL. SEAL PRIME AND DEL. SEAL 220 # PST ASP. CONCRETE TYPE S-1 OR S-5
II. 250 - 400 ADT	1. SELECT MATERIAL TYPE I OR III 2. CEMENT STABILIZED SUBGRADE	1. ASP. BASE MATERIAL 2. LOCAL OR SELECT MATERIAL STAB. WITH CEMENT 3. ASP. BASE MATERIAL 4. ASP. BASE MATERIAL 5. ASP. CONCRETE, TYPE B-1 OR B-2 6. PLAIN PORTLAND CEMENT CONCRETE	PRIME AND DEL. SEAL PRIME AND DEL. SEAL PRIME AND DEL. SEAL 220 # PST ASP. CONCRETE TYPE S-1 OR S-5
III. 400 - 750 ADT	1. SUBGRADE OR SELECT MATERIAL TYPE II 2. SELECT MATERIAL TYPE I OR III 3. CEMENT STABILIZED SUBGRADE 4. LIME STABILIZED SUBGRADE	1. ASP. BASE MATERIAL 2. ASP. BASE MATERIAL 3. ASP. BASE MATERIAL 4. ASP. BASE MATERIAL 5. ASP. CONCRETE, TYPE B-1 OR B-2 6. PLAIN PORTLAND CEMENT CONCRETE	PRIME AND DEL. SEAL PRIME AND DEL. SEAL PRIME AND DEL. SEAL 220 # PST ASP. CONCRETE TYPE S-1 OR S-5
IV. 750 - 1500 ADT	1. SELECT MATERIAL TYPE I OR III 2. ASP. SUBGRADE OR BASE MATERIAL 3. CEMENT STABILIZED SUBGRADE 4. LIME STABILIZED SUBGRADE 5. ASP. SUBGRADE OR BASE MATERIAL	1. ASP. BASE OR SUBGRADE MATERIAL 220 # PST ASP. CON. TYPE S-1 OR S-5 10" LOCAL OR SEL. MATERIAL, TYPE II (TOP 4" STAB. WITH CEMENT) 3. ASP. BASE OR SUBGRADE MATERIAL 4. ASP. BASE OR SUBGRADE MATERIAL 5. ASP. CONCRETE, TYPE B-1 OR B-2 6. PLAIN PORTLAND CEMENT CONCRETE	PRIME AND DEL. SEAL PRIME AND DEL. SEAL PRIME AND DEL. SEAL 220 # PST ASP. CONCRETE TYPE S-1 OR S-5
V. 1500 - 4000 ADT	1. SELECT MAT., TYPE I OR II & ASP. SUBGRADE OR BASE MATERIAL 2. ASP. SUBGRADE OR BASE MATERIAL 3. CEMENT STAB. SUBGRADE OR BASE MATERIAL 4. LIME STAB. SUBGRADE OR BASE MATERIAL 5. ASP. SUBGRADE OR BASE MATERIAL	1. ASP. CONCRETE, TYPE B-1 OR B-2 2. ASP. CONCRETE, TYPE B-1 OR B-2 3. ASP. CONCRETE, TYPE B-1 OR B-2 4. ASP. CONCRETE, TYPE B-1 OR B-2 5. PLAIN PORTLAND CEMENT CONCRETE	165 # PST ASP. CONCRETE, TYPE S-1 OR S-5 165 # PST ASP. CONCRETE, TYPE S-1 OR S-5 165 # PST ASP. CONCRETE, TYPE S-1 OR S-5 165 # PST ASP. CONCRETE, TYPE S-1 OR S-5
VI. 4000 - 10,000 ADT	1. LIME STAB. SUBGRADE & ASP. SUBGRADE OR BASE MATERIAL 2. LOCAL OR SELECT MATERIAL, TYPE I 3. CEMENT STAB. SUBGRADE OR SELECT MATERIAL 4. ASP. SUBGRADE OR BASE MATERIAL	1. ASP. CONCRETE, TYPE B-1 OR B-2 2. ASP. CONCRETE, TYPE B-1 OR B-2 3. ASP. CONCRETE, TYPE B-1 OR B-2 4. ASP. CONCRETE, TYPE B-1 OR B-2 5. PLAIN PORTLAND CEMENT CONCRETE	165 # PST ASP. CONCRETE, TYPE S-1 OR S-5 165 # PST ASP. CONCRETE, TYPE S-1 OR S-5 165 # PST ASP. CONCRETE, TYPE S-1 OR S-5 165 # PST ASP. CONCRETE, TYPE S-1 OR S-5
VII. 10,000-20,000 ADT	1. CEMENT STAB. SUBGRADE & ASP. BASE MATERIAL 2. SELECT MATERIAL TYPE I OR II AND ASP. BASE MATERIAL 3. CEMENT TREATED AGGREGATE BASE MATERIAL 4. CEMENT STAB. SUBGRADE 5. ASP. SUBGRADE OR BASE MATERIAL	1. ASP. CONCRETE, TYPE B-1 OR B-2 2. ASP. CONCRETE, TYPE B-1 OR B-2 3. ASP. CONCRETE, TYPE B-1 OR B-2 4. ASP. CONCRETE, TYPE B-1 OR B-2 5. PLAIN PORTLAND CEMENT CONCRETE	165 # PST ASP. CONCRETE, TYPE S-1 OR S-5 165 # PST ASP. CONCRETE, TYPE S-1 OR S-5 165 # PST ASP. CONCRETE, TYPE S-1 OR S-5 165 # PST ASP. CONCRETE, TYPE S-1 OR S-5

(SEE SUBSEQUENT PAGE FOR GENERAL NOTES)

TABLE II (Continued)
PAVEMENT STRUCTURE DESIGN

GENERAL NOTES:

- THESE DESIGNS ARE BASED ON THE ASSUMPTION THAT THE VOLUME OF HEAVY COMMERCIAL VEHICLES (TRUCKS, BUSES, ETC., WITH 4 TIRES OR GREATER) WILL NOT EXCEED 5% OF THE PROJECTED TRAFFIC. IF THE PROJECTED TRAFFIC INCLUDES A HIGHER PERCENTAGE OF SUCH VEHICLES, AN EQUIVALENT PROJECTED TRAFFIC SHALL BE UTILIZED IN DETERMINING THE APPROPRIATE MAXIMUM STRUCTURAL DESIGN. THIS EQUIVALENT PROJECTED TRAFFIC SHALL BE CALCULATED IN THE FOLLOWING MANNER: [EQUIVALENT PROJECTED TRAFFIC (ADT) EQUALS 20 TIMES NUMBER OF HEAVY COMMERCIAL VEHICLES (EPT = 20 X HCV)].
- PAVEMENT DESIGN IN ACCORDANCE WITH "A DESIGN GUIDE FOR SUBDIVISION ROADS PAVEMENTS IN VIRGINIA" BY DR. W.E. VASWANT IS AN ACCEPTABLE ALTERNATE TO THESE DESIGNS. INCREASE THE THICKNESS EQUIVALENCY VALUE OF THE ASPHALT CONCRETE FROM 1.47 TO 2.25 WHERE ITS TOTAL THICKNESS IS 4.50 INCHES OR MORE AS REQUIRED BY VASWANT'S METHOD. THE HOMOGRAPH OF THE HILLMAN'S INDEX (1, 1, 1), AND SOIL SUPPORT VALUE (SSV) ARE USED IN THE ABOVE-MENTIONED DESIGN METHOD, WHICH IS AVAILABLE FROM VDOT'S DISTRICT MATERIALS ENGINEER. IN ADDITION, PAVEMENTS MAY BE DESIGNED UTILIZING THE MASHO "PAVEMENT DESIGN GUIDELINES" OR THE PCA COMPUTER PROGRAM.
- WHEN THE PROJECTED TRAFFIC REQUIRES A FOUR-LANE FACILITY, 80% OF THE PROJECTED TRAFFIC (ADT) SHALL BE THE BASIS FOR DETERMINING THE APPLICABLE CLASS FOR THE PAVEMENT STRUCTURE DESIGN.
- THESE SYSTEMS ARE BASED ON THE SUBGRADE SOILS, IMMEDIATELY UNDER THE PAVEMENT STRUCTURE, HAVING A SOIL SUPPORT VALUE (SSV) OF 10. IF DIFFERENT THAN 10: 400-1,727 ASPHALT CONCRETE ON 1" AGGREGATE BASE MATERIAL FOR EACH 5' SW BELOW; REDUCE BY SAME FOR EACH 10' SSV ABOVE. [SOIL SUPPORT VALUE EQUALS THE CALIFORNIA BEARING RATIO TIMES RESISTANCE FACTOR (SSV = CBR x RF)].
- REPRESENTATIVE CALIFORNIA BEARING RATIO (CBR) SAMPLES, TAKEN AT SUBGRADE ELEVATION, SHOULD BE USED AS THE BASIS FOR EVALUATING THE SOIL SUPPORT VALUE (SSV). CORRECTION MAY BE OBTAINED FROM VDOT'S DISTRICT MATERIALS ENGINEER TO DETERMINE TEST METHODS AND THE NUMBER OF SAMPLES REQUIRED TO OBTAIN REPRESENTATIVE CBR VALUES.
- EACH STREET SHOULD HAVE CONSISTENCY OF DESIGN THROUGHOUT. THEREFORE, MULTIPLE AND/OR VARIABLE PAVEMENT STRUCTURE DESIGNS WILL NOT BE ACCEPTABLE EXCEPT IN UNUSUAL SITUATIONS.
- ALTERNATE DESIGNS WITHIN A SPECIFIC TRAFFIC CLASS MAY NOT BE STRUCTURALLY EQUAL BECAUSE OF DIFFERENCES IN THE MATERIALS' FLEXURAL STRENGTHS AND PRACTICAL CONSTRUCTION CONSIDERATION.
- CEMENT TREATED AGGREGATE (CTA) OR FULL DEPTH ASPHALT CONCRETE MAY BE SUBSTITUTED FOR ANY AGGREGATE, SUBGRADE STABILIZATION, OR SELECT MATERIAL ON BASIS OF 1 INCH OF CTA OR ASPHALT CONCRETE FOR 2 INCHES OF THE OTHER MATERIALS. NEITHER CTA NOR ASPHALT CONCRETE SHOULD BE PLACED DIRECTLY ON A RESILIENT SOIL (AS DEFINED IN VASWANT'S DESIGN GUIDE) UNLESS THE SOIL IS STABILIZED WITH CEMENT OR OTHER APPROVED STABILIZING AGENT. CEMENT TREATED AGGREGATE (CTA) SHOULD HAVE A MINIMUM OF 4" INCHES OF AGGREGATE BASE MATERIAL UNDER IT WHEN LESS THAN 4 INCHES OF ASPHALT CONCRETE IS TO BE APPLIED OVER THE CTA.
- COLOR READING IN THIS TABLE REFER TO LATER LOCATION (SUBGRADE-BASE-SURFACE) OF THE MATERIAL WITHIN THE PAVEMENT STRUCTURE, AND THE VERTICAL COLUMNS REFER TO THE MATERIALS' TYPES AND CLASSIFICATION IN ACCORDANCE WITH DIVISION 11 OF VDOT ROAD AND BRIDGE SPECIFICATIONS.
- WHEN THE APPLICATION OF ASPHALT CONCRETE IS SPECIFIED IN POUNDS PER SQUARE YARD (PPSY), ITS DEPTH MAY BE DETERMINED FROM THE FOLLOWING AVERAGE WEIGHT/DEPTH FACTOR: BASE - 115 # PST = 1 INCH, SURFACE - 110 # PST = 1 INCH.
- ALL UNTREATED AGGREGATE BASE OR SUBGRADE MATERIAL SHALL BE 210 GRADATION. IF AGGREGATE IS CEMENT STABILIZED, USE 21A GRADATION.
- ALL MATERIALS AND CONSTRUCTION CONTROLS SHALL BE IN ACCORDANCE WITH CURRENT VDOT SPECIFICATIONS AND SPECIAL PROVISIONS.
- IF TYPE II SELECT MATERIAL IS USED, IT SHALL BE CEMENT STABILIZED.
- ASPHALT CONCRETE TOTAL THICKNESS GREATER THAN 4.727" IS CONSIDERED BASE AND SURFACE. ALL AGGREGATE MATERIALS UNDER SAME ARE CONSIDERED SUBGRADE. APPROPRIATE STRUCTURAL VALUES SHOULD BE ASSIGNED THESE MATERIALS WHEN USING VASWANT METHOD OF DESIGN.

TABLE III
FEES AND SURETY SCHEDULE

SUBDIVISION STREETS		
2-Lane Street	Surety	Maintenance Fee
Minimum (up to 0.25 mi.)	\$3,750	\$ 375/year
From 0.25 to 0.50 mile	7,500	750/year
Over 0.50 mile	1,500/tenth of mile and fraction thereof	150/tenth of mile and fraction thereof/year
4-Lane Street	Surety	Maintenance Fee
Minimum (up to 0.25 mi.)	7,500	750/year
From 0.25 to 0.50 mile	15,000	1,500/year
Over 0.50 mile	3,000/tenth of mile and fraction thereof	300/tenth of mile and fraction thereof/year

Examples

A two lane street, 0.35 mile long, is processed for addition effective September 18. Therefore, surety is required for four-tenths mile and maintenance fee is required for ten months.

Surety required: \$7,500

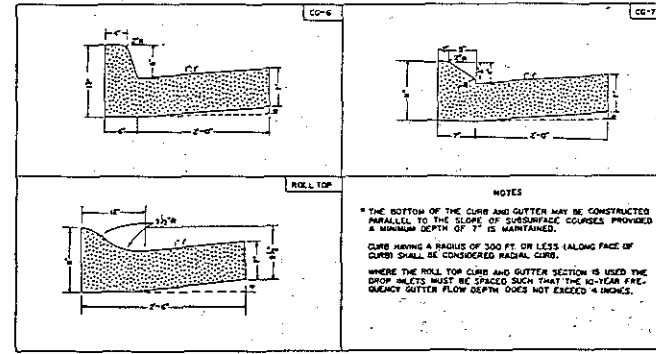
Maintenance fee required: $750 \times 10/12 = \$625$

A four lane street, 0.78 mile long, is processed for addition effective February 4. Therefore, surety is required for eight-tenths mile and maintenance fee is required for five months.

Surety required: $8 \times \$3,000 = \$24,000$

Maintenance fee required: $8 \times \$300 \times 5/12 = \$1,000$

TABLE IV



DESIGN SPEED	S T A N D A R D			
	MAJOR ARTERIALS	COLLECTOR	LOCAL	TERTIARY
40 MPH OR LESS	CG-6	CG-6	CG-6	CG-6, CG-7 OR ROLL TOP
GREATER THAN 40 MPH	CG-7	CG-7	CG-7	NOT APPLICABLE

ACCEPTABLE CURB & GUTTER DESIGNS

VIRGINIA DEPARTMENT OF TRANSPORTATION

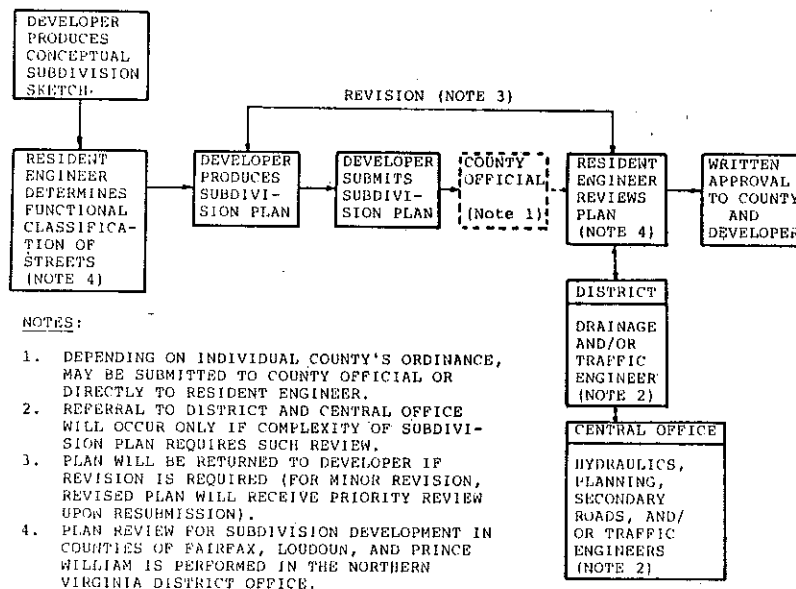
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APPENDIX B

Residency Offices are listed below. District Offices are located in or near the cities bearing the District name.

Bristol District (Residency Office) Wise Abingdon Lebanon Tazewell Wytheville Jonesville	(Counties Served) Wise & Dickenson Washington & Smyth Russell & Buchanan Tazewell & Bland Wythe & Grayson Lee & Scott	Richmond District (Residency Office) South Hill Amelia Petersburg Chesterfield Sandston Ashland	(Counties Served) Brunswick & Mecklenburg Amelia, Nottoway & Lunenburg Dinwiddie & Prince George Chesterfield & Powhatan Charles City, Henrico & New Kent Goochland & Hanover
Culpeper District Louisa Charlottesville Culpeper Warrenton	Fluvanna & Louisa Albemarle & Greene Culpeper, Orange & Madison Fauquier & Rappahannock	Salem District Hillsville Christiansburg Martinsville Rocky Mount Salem Bedford	Carroll & Floyd Montgomery, Giles & Pulaski Henry & Patrick Franklin Craig, Roanoke & Botetourt Bedford
Fredericksburg District Saluda	King & Queen, Gloucester Middlesex & Mathews Richmond, Lancaster, Northumberland & Westmoreland Spotsylvania, Stafford & King George Caroline, Essex & King William	Staunton District Lexington Staunton Harrisonburg Edinburg Luray	Alleghany, Rockbridge & Bath Augusta & Highland Rockingham Frederick & Shenandoah Clarke, Page & Warren
Warsaw Fredericksburg Dowling Green		Suffolk District Franklin Waverly Norfolk	Greensville & Southampton Surrey & Sussex Cities: Norfolk, Virginia Beach, Chesapeake & Portsmouth James City & York Isle of Wight & City of Suffolk Accomack & Northampton
Lynchburg District Chatham Halifax Dillwyn	Pittsylvania Halifax & Charlotte Buckingham, Cumberland & Prince Edward Appomattox & Campbell Amherst & Nelson	Williamsburg Suffolk Accomack	
Appomattox Amherst			
Northern Virginia Fairfax Manassas Leesburg	Fairfax & Arlington Prince William Loudoun		

APPENDIX A - SUBDIVISION STREET PLAN REVIEW PROCEDURE



STATE WATER CONTROL BOARD

Title of Regulation: VR 680-13-02. Underground Storage Tanks; Technical Standards and Corrective Action Requirements.

Statutory Authority: §§ 62.1-44.15(10) and 62.1-44.34:9 of the Code of Virginia.

Effective Date: October 25, 1989

Summary:

Federal Underground Storage Tank (UST) Technical Regulations became effective on December 22, 1988, nationwide. This state regulation will enable the State Water Control Board to apply for program delegation and administer the federal program in Virginia.

The Underground Storage Tank (UST) Regulation will prevent and control releases of petroleum and Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or "Superfund") listed substances to state waters from regulated underground storage tanks. Owners and operators of new USTs will immediately be required to meet the new UST requirements. Owners and operators of existing USTs will be given until December 22, 1998, to upgrade to new tank standards. Owners and operators of USTs will be required to notify, properly install, upgrade, repair, close out the tanks, and properly report and clean up releases.

The State Water Control Board will administer the program. The Department of Housing and Community Development will reference the State Water Control Board's regulation in the Virginia Uniform Statewide Building Code. Local building officials will ensure compliance with UST requirements for installations, repairs, upgrades, and closures by permitting and inspecting USTs.

Based on the comments received, the State Water Control Board made several revisions to the proposed regulation. The most significant revision concerned heating oil tanks with a capacity greater than 5,000 gallons that are being regulated in accordance with state law. Those heating oil tanks which were installed before 1965, or of an unknown age, are allowed an extension of one year, until December 22, 1990, to meet leak detection requirements. The other revisions to the proposed regulation were clarification or editorial in nature.

VR 680-13-02. Underground Storage Tanks; Technical Standards and Corrective Action Requirements.

PART I. DEFINITIONS, APPLICABILITY AND INTERIM PROHIBITION.

§ 1.1. Definitions.

The following words and terms, when used in these regulations, shall have the following meaning unless the context clearly indicates otherwise:

"Aboveground release" means any release to the surface of the land or to surface water. This includes, but is not limited to, releases from the aboveground portion of an UST system and aboveground releases associated with overfills and transfer operations as the regulated substance moves to or from an UST system.

"Ancillary equipment" means any devices including, but not limited to, such devices as piping, fittings, flanges, valves, and pumps used to distribute, meter, or control the flow of regulated substances to and from an UST.

"Belowground release" means any release to the subsurface of the land and to ground water. This includes, but is not limited to, releases from the belowground portions of an underground storage tank system and belowground releases associated with overfills and transfer operations as the regulated substance moves to or from an underground storage tank.

"Beneath the surface of the ground" means beneath the ground surface or otherwise covered with earthen materials.

"Board" means the [Virginia] State Water Control Board.

"Building official" means the executive official of the local government building department [in charge of the enforcement and administration of empowered by § 36-105 of the Code of Virginia to enforce and administer] the Virginia Uniform Statewide Building Code (USBC).

"Cathodic protection" is a technique to prevent corrosion of a metal surface by making that surface the cathode of an electrochemical cell. For example, a tank system can be cathodically protected through the application of either galvanic anodes or impressed current.

"Cathodic protection tester" means a person who can demonstrate an understanding of the principles and measurements of all common types of cathodic protection systems as applied to buried or submerged metal piping and tank systems. At a minimum, such persons must have education and experience in soil resistivity, stray current, structure-to-soil potential, and component electrical isolation measurements of buried metal piping and tank systems.

"CERCLA" means the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended.

"Compatible" means the ability of two or more substances to maintain their respective physical and

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chemical properties upon contact with one another for the design life of the tank system under conditions likely to be encountered in the UST.

“Connected piping” means all underground piping including valves, elbows, joints, flanges, and flexible connectors attached to a tank system through which regulated substances flow. For the purpose of determining how much piping is connected to any individual UST system, the piping that joins two UST systems should be allocated equally between them.

“Corrosion expert” means a person who, by reason of thorough knowledge of the physical sciences and the principles of engineering and mathematics acquired by a professional education and related practical experience, is qualified to engage in the practice of corrosion control on buried or submerged metal piping systems and metal tanks. Such a person must be accredited or certified as being qualified by the National Association of Corrosion Engineers or be a registered professional engineer who has certification or licensing that includes education and experience in corrosion control of buried or submerged metal piping systems and metal tanks.

[“De minimis” means trivial and beyond the intent of regulation, as that term is used at 53 Fed. Reg. 37108-37109.]

“Department of Waste Management” means the Virginia Department of Waste Management which has jurisdiction over the proper handling and disposal of solid and hazardous wastes in the Commonwealth of Virginia.

“Dielectric material” means a material that does not conduct direct electrical current. Dielectric coatings are used to electrically isolate UST systems from the surrounding soils. Dielectric bushings are used to electrically isolate portions of the UST system (e.g., tank from piping).

“Electrical equipment” means underground equipment that contains dielectric fluid that is necessary for the operation of equipment such as transformers and buried electrical cable.

“Excavation zone” means the volume containing the tank system and backfill material bounded by the ground surface, walls, and floor of the pit and trenches into which the UST system is placed at the time of installation.

“Existing tank system” means a tank system used to contain an accumulation of regulated substances or for which installation has commenced on or before December 22, 1988. Installation is considered to have commenced if:

1. The owner or operator has obtained all federal, state, and local approvals or permits necessary to begin physical construction of the site or installation of the tank system; and if,

2.a. Either a continuous on-site physical construction or installation program has begun; or,

b. The owner or operator has entered into contractual obligations—which cannot be cancelled or modified without substantial loss—for physical construction at the site or installation of the tank system to be completed within a reasonable time.

“Farm tank” is a tank located on a tract of land devoted to the production of crops or raising animals, including fish, and associated residences and improvements. A farm tank must be located on the farm property. “Farm” includes fish hatcheries, rangeland and nurseries with growing operations.

“Flow-through process tank” is a tank that forms an integral part of a production process through which there is a steady, variable, recurring, or intermittent flow of materials during the operation of the process. Flow-through process tanks do not include tanks used for the storage of materials prior to their introduction into the production process or for the storage of finished products or by-products from the production process.

“Free product” refers to a regulated substance that is present as a nonaqueous phase liquid (e.g., liquid not dissolved in water).

“Gathering lines” means any pipeline, equipment, facility, or building used in the transportation of oil or gas during oil or gas production or gathering operations.

“Hazardous substance UST system” means an underground storage tank system that contains a hazardous substance defined in § 101(14) of the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) of 1980 (but not including any substance regulated as a hazardous waste under subtitle C of RCRA) or any mixture of such substances and petroleum, and which is not a petroleum UST system.

“Heating oil” means petroleum that is No. 1, No. 2, No. 4—light, No. 4—heavy, No. 5—light, No. 5—heavy, and No. 6 technical grades of fuel oil; other residual fuel oils (including Navy Special Fuel Oil and Bunker C); and other fuels when used as substitutes for one of these fuel oils. Heating oil is typically used in the operation of heating equipment, boilers, or furnaces.

“Hydraulic lift tank” means a tank holding hydraulic fluid for a closed-loop mechanical system that uses compressed air or hydraulic fluid to operate lifts, elevators, and other similar devices.

“Liquid trap” means sumps, well cellars, and other traps used in association with oil and gas production, gathering, and extraction operations (including gas production plants), for the purpose of collecting oil, water, and other liquids. These liquid traps may temporarily collect liquids for subsequent disposition or reinjection into

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a production or pipeline stream, or may collect and separate liquids from a gas stream.

"Maintenance" means the normal operational upkeep to prevent an underground storage tank system from releasing product.

"Motor fuel" means petroleum or a petroleum-based substance that is motor gasoline, aviation gasoline, No. 1 or No. 2 diesel fuel, or any grade of gasohol, and is typically used in the operation of a motor engine.

"New tank system" means a tank system that will be used to contain an accumulation of regulated substances and for which installation has commenced after December 22, 1988 (See also "Existing Tank System").

"Noncommercial purposes" with respect to motor fuel means not for resale.

"On the premises where stored" with respect to heating oil means UST systems located on the same property where the stored heating oil is used.

"Operational life" refers to the period beginning when installation of the tank system has commenced until the time the tank system is properly closed under Part VII.

"Operator" means any person in control of, or having responsibility for, the daily operation of the UST system.

"Overfill release" is a release that occurs when a tank is filled beyond its capacity, resulting in a discharge of the regulated substance to the environment.

"Owner" means:

1. In the case of an UST system in use on November 8, 1984, or brought into use after that date, any person who owns an UST system used for storage, use, or dispensing of regulated substances; and

2. In the case of any UST system in use before November 8, 1984, but no longer in use on that date, any person who owned such UST immediately before the discontinuation of its use.

"Person" means an individual, trust, firm, joint stock company, corporation, including a government corporation, partnership, association, any state or agency thereof, municipality, county, town, commission, political subdivision of a state, any interstate body, consortium, joint venture, commercial entity, the government of the United States or any unit or agency thereof.

"Petroleum UST system" means an underground storage tank system that contains petroleum or a mixture of petroleum with de minimis quantities of other regulated substances. Such systems include those containing motor fuels, jet fuels, distillate fuel oils, residual fuel oils, lubricants, petroleum solvents, and used oils.

"Pipe" or "Piping" means a hollow cylinder or tubular conduit that is constructed of nonferrous materials.

"Pipeline facilities (including gathering lines)" are new and existing pipe rights-of-way and any associated equipment, facilities, or buildings.

"RCRA" means the federal Resource Conservation and Recovery Act of 1976 as amended.

"Regulated substance" means an element, compound, mixture, solution, or substance that, when released into the environment, may present substantial danger to the public health or welfare, or the environment. The term "regulated substance" includes:

1. Any substance defined in § 101(14) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, but not any substance regulated as a hazardous waste under subtitle C of the Resource Conservation and Recovery Act (RCRA) of 1976; [~~or~~ and]

2. Petroleum, including crude oil or any fraction thereof, that is liquid at standard conditions of temperature and pressure (60°F and 14.7 pounds per square inch absolute). The term "regulated substance" includes but is not limited to petroleum and petroleum-based substances comprised of a complex blend of hydrocarbons derived from crude oil through processes of separation, conversion, upgrading, and finishing, such as motor fuels, jet fuels, distillate fuel oils, residual fuel oils, lubricants, petroleum solvents, and used oils.

"Release" means any spilling, leaking, emitting, discharging, escaping, leaching or disposing from an UST into ground water, surface water or subsurface soils.

"Release detection" means determining whether a release of a regulated substance has occurred from the UST system into the environment or into the interstitial space between the UST system and its secondary barrier or secondary containment around it.

"Repair" means to restore a tank or UST system component that has caused a release of product from the UST system.

"Residential tank" is a tank located on property used primarily for dwelling purposes.

"SARA" means the Superfund Amendments and Reauthorization Act of 1986.

"Septic tank" is a water-tight covered receptacle designed to receive or process, through liquid separation or biological digestion, the sewage discharged from a building sewer. The effluent from such receptacle is distributed for disposal through the soil and settled solids and scum from the tank are pumped out periodically and

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hauled to a treatment facility.

“Stormwater or wastewater collection system” means piping, pumps, conduits, and any other equipment necessary to collect and transport the flow of surface water run-off resulting from precipitation, or domestic, commercial, or industrial wastewater to and from retention areas or any areas where treatment is designated to occur. The collection of stormwater and wastewater does not include treatment except where incidental to conveyance.

“Surface impoundment” is a natural topographic depression, man-made excavation, or diked area formed primarily of earthen materials (although it may be lined with man-made materials) that is not an injection well.

“Tank” is a stationary device designed to contain an accumulation of regulated substances and constructed of nonearthen materials (e.g., concrete, steel, plastic) that provide structural support.

“Underground area” means an underground room, such as a basement, cellar, shaft or vault, providing enough space for physical inspection of the exterior of the tank situated on or above the surface of the floor.

“Underground release” means any belowground release.

“Underground storage tank” or “UST” means any one or combination of tanks (including underground pipes connected thereto) that is used to contain an accumulation of regulated substances, and the volume of which (including the volume of underground pipes connected thereto) is 10% or more beneath the surface of the ground. This term does not include any:

1. Farm or residential tank of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;

2. Tank used for storing heating oil for consumption on the premises where stored, except for tanks having a capacity of more than 5,000 gallons and used for storing heating oil;

3. Septic tank;

4. Pipeline facility (including gathering lines) regulated under:

a. The Natural Gas Pipeline Safety Act of 1968 (49 U.S.C. App. 1671, et seq.), or

b. The Hazardous Liquid Pipeline Safety Act of 1979 (49 U.S.C. App. 2001, et seq.), or

c. Which is an intrastate pipeline facility regulated under state laws comparable to the provisions of the law referred to in subdivisions 4a or 4b of this definition;

5. Surface impoundment, pit, pond, or lagoon;

6. Storm-water or wastewater collection system;

7. Flow-through process tank;

8. Liquid trap or associated gathering lines directly related to oil or gas production and gathering operations; or

9. Storage tank situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

The term “underground storage tank” or “UST” does not include any pipes connected to any tank which is described in subdivisions 1 through 9 of this definition.

“Upgrade” means the addition or retrofit of some systems such as cathodic protection, lining, or spill and overflow controls to improve the ability of an underground storage tank system to prevent the release of product.

“UST system” or “tank system” means an underground storage tank, connected underground piping, underground ancillary equipment, and containment system, if any.

“Wastewater treatment tank” means a tank that is designed to receive and treat an influent wastewater through physical, chemical, or biological methods.

§ 1.2. Applicability.

A. The requirements of this regulation apply to all owners and operators of an UST system as defined in § 1.1 except as otherwise provided in subsections B, C, and D of this section. Any UST system listed in subsection C of this section must meet the requirements of § 1.3.

B. The following UST systems are excluded from the requirements of this regulation:

1. Any UST system holding hazardous wastes listed or identified under Subtitle C of the Solid Waste Disposal Act, or a mixture of such hazardous waste and other regulated substances.

2. Any wastewater treatment tank system that is part of a wastewater treatment facility regulated under § 402 or § 307(b) of the Clean Water Act.

3. Equipment or machinery that contains regulated substances for operational purposes such as hydraulic lift tanks and electrical equipment tanks.

4. Any UST system whose capacity is 110 gallons or less.

5. Any UST system that contains a de minimis

concentration of regulated substances.

6. Any emergency spill or overflow containment UST system that is expeditiously emptied after use.

C. Deferrals.

Parts II, III, IV, V, and VII of this regulation do not apply to any of the following types of UST systems:

1. Wastewater treatment tank systems;
2. Any UST systems containing radioactive material that are regulated under the Atomic Energy Act of 1954 (42 USC 2011 and following);
3. Any UST system that is part of an emergency generator system at nuclear power generation facilities regulated by the Nuclear Regulatory Commission under 10 CFR Part 50, Appendix A;
4. Airport hydrant fuel distribution systems; and
5. UST systems with field-constructed tanks.

D. Deferrals.

Part IV does not apply to any UST system that stores fuel solely for use by emergency power generators.

§ 1.3. Interim prohibition for deferred UST systems.

No person may install an UST system listed in subsection C of § 1.2 for the purpose of storing regulated substances unless the UST system (whether of single- or double-wall construction):

1. Will prevent releases due to corrosion or structural failure for the operational life of the UST system;
2. Is cathodically protected against corrosion, constructed of noncorrodible material, steel clad with a noncorrodible material, or designed in a manner to prevent the release or threatened release of any stored substance; and
3. Is constructed or lined with material that is compatible with the stored substance.

§ 1.4. Permitting and inspection requirements for all UST systems.

In all instances of installation, upgrade, repair and closure where an UST system is constructed, enlarged, altered, repaired or closed all UST systems must be permitted and inspected in accordance with [subdivisions E 1 and E 2 of] §§ 2.1, 2.2, 3.4, [4.4, 4.5,] 7.1 and [subsection A of §] 7.2.

PART II. UST SYSTEMS: DESIGN, CONSTRUCTION,

INSTALLATION, AND NOTIFICATION.

§ 2.1. Performance standards for new UST systems.

[Owners and operators must obtain a permit, the required inspections and a Certificate of Use issued in accordance with the provisions of the Virginia Uniform Statewide Building Code. No UST system shall be installed or placed into use without the owner and operator having obtained the required permit, inspections and Certificate of Use from the building official under the provisions of the Virginia Uniform Statewide Building Code.

In the case of state-owned facilities the Department of General Services shall function as the building official in accordance with § 36-98.1 of the Code of Virginia.

In the case of federal facilities the building official must obtain a permit, the required inspections and a Certificate of Use must be issued in accordance with the provisions of the Virginia Uniform Statewide Building Code.]

In order to prevent releases due to structural failure, corrosion, or spills and overfills for as long as the UST system is used to store regulated substances, all owners and operators of new UST systems must meet the following requirements.

A. Tanks.

Each tank must be properly designed and constructed, and any portion underground that routinely contains product must be protected from corrosion, in accordance with a code of practice developed by a nationally recognized association or independent testing laboratory as specified below:

1. The tank is constructed of fiberglass-reinforced plastic; or

NOTE: The following industry codes may be used to comply with subdivision A 1 of this section: Underwriters Laboratories Standard 1316, "Standard for Glass-Fiber-Reinforced Plastic Underground Storage Tanks for Petroleum Products"; Underwriters Laboratories of Canada CAN4-S615-M83, "Standard for Reinforced Plastic Underground Tanks for Petroleum Products"; or American Society of Testing and Materials Standard D4021-86, "Standard Specification for Glass-Fiber-Reinforced Polyester Underground Petroleum Storage Tanks."

2. The tank is constructed of steel and cathodically protected in the following manner:

- a. The tank is coated with a suitable dielectric material;
- b. Field-installed cathodic protection systems are designed by a corrosion expert;

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c. Impressed current systems are designed to allow determination of current operating status as required in subdivision 3 of § 3.2; and

d. Cathodic protection systems are operated and maintained in accordance with § 3.2; or

NOTE: The following codes and standards may be used to comply with subdivision A 2 of this section:

(1) Steel Tank Institute "Specification for STI-P3 System of External Corrosion Protection of Underground Steel Storage Tanks";

(2) Underwriters Laboratories Standard 1746, "Corrosion Protection Systems for Underground Storage Tanks";

(3) Underwriters Laboratories of Canada CAN4-S603-M85, "Standard for Steel Underground Tanks for Flammable and Combustible Liquids," and CAN4-G03.1-M85, "Standard for Galvanic Corrosion Protection Systems for Underground Tanks for Flammable and Combustible Liquids," and CAN4-S631-M84, "Isolating Bushings for Steel Underground Tanks Protected with Coatings and Galvanic Systems"; or

(4) National Association of Corrosion Engineers Standard RP-02-85, "Control of External Corrosion on Metallic Buried, Partially Buried, or Submerged Liquid Storage Systems," and Underwriters Laboratories Standard 58 "Standard for Steel Underground Tanks for Flammable and Combustible Liquids."

3. The tank is constructed of a steel-fiberglass-reinforced-plastic composite; or

NOTE: The following industry codes may be used to comply with subdivision A 3 of this section: Underwriters Laboratories Standard 1746, "Corrosion Protection Systems for Underground Storage Tanks," or the Association for Composite Tanks ACT-100, "Specification for the Fabrication of FRP Clad Underground Storage Tanks."

4. The tank construction and corrosion protection are determined by the board to be designed to prevent the release or threatened release of any stored regulated substance in a manner that is no less protective of human health and the environment than subdivisions A 1 through 3 of this section.

B. Piping.

The piping that routinely contains regulated substances [(e.g., fill pipes, product lines)] and is in contact with the ground must be properly designed, constructed, and protected from corrosion in accordance with a code of practice developed by a nationally recognized association

or independent testing laboratory as specified below:

1. The piping is constructed of fiberglass-reinforced plastic; or

NOTE: The following codes and standards may be used to comply with subdivision B 1 of this section:

(a) Underwriters Laboratories Subject 971, "UL Listed Non-Metal Pipe";

(b) Underwriters Laboratories Standard 567, "Pipe Connectors for Flammable and Combustible and LP Gas";

(c) Underwriters Laboratories of Canada Guide ULC-107, "Glass Fiber Reinforced Plastic Pipe and Fittings for Flammable Liquids"; and

(d) Underwriters Laboratories of Canada Standard CAN 4-S633-M81, "Flexible Underground Hose Connectors."

2. The piping is constructed of steel and cathodically protected in the following manner:

a. The piping is coated with a suitable dielectric material;

b. Field-installed cathodic protection systems are designed by a corrosion expert;

c. Impressed current systems are designed to allow determination of current operating status as required in subsection C of § 3.2; and

d. Cathodic protection systems are operated and maintained in accordance with § 3.2; or

NOTE: The following codes and standards may be used to comply with subdivision B 2 of this section:

(1) National Fire Protection Association Standard 30, "Flammable and Combustible Liquids Code";

(2) American Petroleum Institute Publication 1615, "Installation of Underground Petroleum Storage Systems";

(3) American Petroleum Institute Publication 1632, "Cathodic Protection of Underground Petroleum Storage Tanks and Piping Systems"; and

(4) National Association of Corrosion Engineers Standard RP-01-69, "Control of External Corrosion on Submerged Metallic Piping Systems."

3. The piping construction and corrosion protection are determined by the board to be designed to prevent the release or threatened release of any stored regulated substance in a manner that is no

less protective of human health and the environment than the requirements in subdivisions B 1 through 2 of this section.

C. Spill and overflow prevention equipment.

1. Except as provided in subdivision C 2 of this section, to prevent spilling and overflowing associated with product transfer to the UST system, owners and operators must use the following spill and overflow prevention equipment:

a. Spill prevention equipment that will prevent release of product to the environment when the transfer hose is detached from the fill pipe (for example, a spill catchment basin); and

b. Overflow prevention equipment that will:

(1) Automatically shut off flow into the tank when the tank is no more than 95% full; or

(2) Alert the transfer operator when the tank is no more than 90% full by restricting the flow into the tank or triggering a high-level alarm.

2. Owners and operators are not required to use the spill and overflow prevention equipment specified in subdivision C 1 of this section if:

a. Alternative equipment is used that is determined by the board to be no less protective of human health and the environment than the equipment specified in subdivision C 1 a or b of this section; or

b. The UST system is filled by transfers of no more than 25 gallons at one time.

D. Installation.

All tanks and piping must be properly installed in accordance with a code of practice developed by a nationally recognized association or independent testing laboratory and in accordance with the manufacturer's instructions.

[NOTE: A precision tank system test is required by industry codes prior to bringing the system into use.]

NOTE: Tank and piping system installation practices and procedures described in the following codes may be used to comply with the requirements of subsection D of this section:

1. American Petroleum Institute Publication 1615, "Installation of Underground Petroleum Storage System"; or

2. Petroleum Equipment Institute Publication RP100, "Recommended Practices for Installation of

Underground Liquid Storage Systems"; or

3. American National Standards Institute Standard B31.3, "Petroleum Refinery Piping," and American National Standards Institute Standard B31.4 "Liquid Petroleum Transportation Piping System."

[Note: These industry codes require that prior to bringing the system into use the following tests be performed: (i) tank tightness test (air); (ii) pipe tightness test (air or hydrostatic); and (iii) precision system test in accordance with NFPA 329 (detection of .05 gal/hr leak rate).]

E. Certification of installation.

[±] All owners and operators must ensure that one or more of options a through d of the following methods of certification, testing, or inspection is performed, and a Certificate of Use has been issued in accordance with the provisions of the Virginia Uniform Statewide Building Code to demonstrate compliance with subsection D of this section. A certification of compliance on the UST Notification form must be submitted to the board in accordance with § 2.3.

a. The installer has been certified by the tank and piping manufacturers; or

b. The installation has been inspected and certified by a registered professional engineer with education and experience in UST system installation; or

c. All work listed in the manufacturer's installation checklists has been completed; or

d. The owner and operator have complied with another method for ensuring compliance with subsection D of this section that is determined by the board to be no less protective of human health and the environment;

[2. Owners and operators must obtain a permit, the required inspections and a Certificate of Use issued in accordance with the provisions of the Virginia Uniform Statewide Building Code. No UST system shall be installed or placed into use without the owner and operator having obtained the required permit, inspections and Certificate of Use under the provisions of the Virginia Uniform Statewide Building Code.

In the case of state facilities the Department of General Services shall function as the building official.

In the case of federal facilities the building official must be contacted. Owners and operators must obtain a permit, the required inspections and a Certificate of Use must be issued in accordance with the provisions of the Virginia Uniform Statewide Building Code. No UST system shall be installed or placed into use

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without the owner and operator having obtained the required permit, inspections and Certificate of Use under the provisions of the Virginia Uniform Statewide Building Code.]

[F. Release detection.

Release detection shall be provided in accordance with Part IV.]

§ 2.2. Upgrading of existing UST systems.

[A permit from the building official must be obtained prior to upgrading any UST system. No upgraded system shall be placed into use unless and until the system is inspected in accordance with the provisions of the Virginia Uniform Statewide Building Code.]

Owners and operators must obtain a permit and the required inspections in accordance with the provisions of the Virginia Uniform Statewide Building Code.

[A permit from the building official must be obtained prior to upgrading any UST system. No upgraded UST system shall be placed into use unless and until the system is inspected in accordance with the provisions of the Virginia Uniform Statewide Building Code.]

In the case of state facilities the Department of General Services shall function as the building official [in accordance with § 36-98.1 of the Code of Virginia] .

In the case of federal facilities the building official must be contacted. Owners and operators must obtain a permit and the required inspections in accordance with the provisions of the Virginia Uniform Statewide Building Code.

A. Alternatives allowed.

Not later than December 22, 1998, all existing UST systems must comply with one of the following requirements:

- 1. New UST system performance standards under § 2.1;*
- 2. The upgrading requirements in subsections B through [D E] of this section; or*
- 3. Closure requirements under Part VII of this regulation, including applicable requirements for corrective action under Part VI.*

B. Tank upgrading requirements.

Steel tanks must be upgraded to meet one of the following requirements in accordance with a code of practice developed by a nationally recognized association or independent testing laboratory:

1. Interior lining. A tank may be upgraded by internal lining if:

a. The lining is installed in accordance with the requirements of § 3.4, and -

b. Within 10 years after lining, and every five years thereafter, the lined tank is internally inspected and found to be structurally sound with the lining still performing in accordance with original design specifications.

2. Cathodic protection. A tank may be upgraded by cathodic protection if the cathodic protection system meets the requirements of subdivisions A 2 b, c and d of § 2.1 and the integrity of the tank is ensured using one of the following methods:

a. The tank is internally inspected and assessed to ensure that the tank is structurally sound and free of corrosion holes prior to installing the cathodic protection system; or

b. The tank has been installed for less than 10 years and is monitored monthly for releases in accordance with subsections D through H of § 4.4; or

c. The tank has been installed for less than 10 years and is assessed for corrosion holes by conducting two tightness tests that meet the requirements of subsection C of § 4.4. The first tightness test must be conducted prior to installing the cathodic protection system. The second tightness test must be conducted between three and six months following the first operation of the cathodic protection system; or

d. The tank is assessed for corrosion holes by a method that is determined by the board to prevent releases in a manner that is no less protective of human health and the environment than subdivisions B 2 a through c of this section.

3. Internal lining combined with cathodic protection. A tank may be upgraded by both internal lining and cathodic protection if:

a. The lining is installed in accordance with the requirements of § 3.4; and

b. The cathodic protection system meets the requirements of subdivisions A 2 b, c and d of § 2.1.

NOTE: The following codes and standards may be used to comply with this section:

(1) American Petroleum Institute Publication 1631, "Recommended Practice for the Interior Lining of Existing Steel Underground Storage Tanks";

(2) National Leak Prevention Association Standard 631, "Spill Prevention, Minimum 10 Year Life Extension of Existing Steel Underground Tanks by Lining Without the Addition of Cathodic Protection";

(3) National Association of Corrosion Engineers Standard RP-02-85, "Control of External Corrosion on Metallic Buried, Partially Buried, or Submerged Liquid Storage Systems"; and

(4) American Petroleum Institute Publication 1632, "Cathodic Protection of Underground Petroleum Storage Tanks and Piping Systems."

C. Piping upgrading requirements.

Metal piping that routinely contains regulated substances and is in contact with the ground must be cathodically protected in accordance with a code of practice developed by a nationally recognized association or independent testing laboratory and must meet the requirements of subdivisions B 2 b, c and d of § 2.1.

NOTE: The codes and standards listed in the note following subdivision B 2 of § 2.1 may be used to comply with this requirement.

D. Spill and overflow prevention equipment.

To prevent spilling and overflowing associated with product transfer to the UST system, all existing UST systems must comply with new UST system spill and overflow prevention equipment requirements specified in subsection C of § 2.1.

[E. Release detection.

Release detection shall be provided in accordance with Part IV.]

§ 2.3. Notification requirements.

A. Any owner who brings an underground storage tank system into use after May 8, 1986, must within 30 days of bringing such tank into use, submit, in the form prescribed in Appendix I of this regulation, a notice of existence of such tank system to the board. Any change in: ownership; tank status (e.g., temporarily/permanently closed out); tank/piping systems (e.g., upgrades such as addition of corrosion protection, internal lining, release detection); substance stored (e.g., change from petroleum to hazardous substance) requires the UST owner to submit an amended notification form within 30 days after such change/upgrade occurs or is brought into use. Owners may provide notice for several tanks using one notification form, but owners with tanks located at more than one place of operation must file a separate notification form for each separate place of operation.

B. Under Virginia UST notification requirements

effective July 1, 1987, owners of property who have actual knowledge of underground storage tanks on such property that were taken out of service before January 1, 1974, yet still in the ground, must notify the board on the notification form.

NOTE: Under the Federal UST Notification Program, owners and operators of UST systems that were in the ground on or after May 8, 1986, unless taken out of operation on or before January 1, 1974, were required to notify the board in accordance with the Hazardous and Solid Waste Amendments of 1984, P.L. 98-616 on a form published by EPA on November 8, 1985, (50 FR 46602) unless notice was given pursuant to § 103(c) of CERCLA. Owners and operators who have not complied with the notification requirements may use portions I through VI of the notification form contained in Appendix I of this regulation.

C. Notices required to be submitted under subsection A of this section must provide all of the information in Sections I through VI of the prescribed form (Appendix I) for each tank for which notice must be given. Notices for tanks installed after December 22, 1988, must also provide all of the information in Section VII of the prescribed form (Appendix I) for each tank for which notice must be given.

D. All owners and operators of new UST systems must certify in the notification form compliance with the following requirements:

1. Installation of tanks and piping under subsection E of § 2.1;

2. Cathodic protection of steel tanks and piping under subsections A and B of § 2.1;

3. Financial responsibility under [40 CFR Part 280 Subpart H (for petroleum USTS only) and under] financial responsibility regulations promulgated by the board.

4. Release detection under §§ 4.2 and 4.3.

E. All owners and operators of new UST systems must ensure that the installer certifies in the notification form that the methods used to install the tanks and piping [~~complies~~ comply] with the requirements in subsection D of § 2.1.

F. Beginning October 24, 1988, any person who sells a tank intended to be used as an underground storage tank must notify the purchaser of such tank of the owner's notification obligations under subsection A of this section. The statement provided in Appendix II of this regulation may be used to comply with this requirement.

PART III. GENERAL OPERATING REQUIREMENTS.

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§ 3.1. Spill and overfill control.

A. Owners and operators must ensure that releases due to spilling or overfilling do not occur. The owner and operator must ensure that the volume available in the tank is greater than the volume of product to be transferred to the tank before the transfer is made and that the transfer operation is monitored constantly to prevent overfilling and spilling.

NOTE: The transfer procedures described in National Fire Protection Association Publication 385 may be used to comply with subsection A of this section. Further guidance on spill and overfill prevention appears in American Petroleum Institute Publication 1621, "Recommended Practice for Bulk Liquid Stock Control at Retail Outlets," and National Fire Protection Association Standard 30, "Flammable and Combustible Liquids Code."

B. The owner and operator must report, investigate, and clean up any spills and overfills in accordance with § 5.4.

§ 3.2. Operation and maintenance of corrosion protection.

All owners and operators of steel UST systems with corrosion protection must comply with the following requirements to ensure that releases due to corrosion are prevented for as long as the UST system is used to store regulated substances:

1. All corrosion protection systems must be operated and maintained to continuously provide corrosion protection to the metal components of that portion of the tank and piping that routinely contain regulated substances and are in contact with the ground.

2. All UST systems equipped with cathodic protection systems must be inspected for proper operation by a qualified cathodic protection tester in accordance with the following requirements:

a. Frequency. All cathodic protection systems must be tested within six months of installation and at least every three years thereafter; and

b. Inspection criteria. The criteria that are used to determine that cathodic protection is adequate as required by this section must be in accordance with a code of practice developed by a nationally recognized association.

NOTE: National Association of Corrosion Engineers Standard RP-02-85, "Control of External Corrosion on Metallic Buried, Partially Buried, or Submerged Liquid Storage Systems," may be used to comply with subdivision 2 b of this section.

3. UST systems with impressed current cathodic protection systems must also be inspected every 60 days to ensure the equipment is running properly.

These systems only provide the necessary corrosion protection when in continuous operation. Such equipment shall be installed so that it cannot be [readily inadvertently] shut off [by the owner and operator] .

4. For UST systems using cathodic protection, records of the operation of the cathodic protection must be maintained (in accordance with § 3.5) to demonstrate compliance with the performance standards in this section. These records must provide the following:

a. The results of the last three inspections required in subdivision 3 of this section; and

b. The results of testing from the last two inspections required in subdivision 2 of this section.

§ 3.3. Compatibility.

Owners and operators must use an UST system made of or lined with materials that are compatible with the substance stored in the UST system.

NOTE: Owners and operators storing alcohol blends may use the following codes to comply with the requirements of this section:

1. American Petroleum Institute Publication 1626, "Storing and Handling Ethanol and Gasoline-Ethanol Blends at Distribution Terminals and Service Stations"; and

2. American Petroleum Institute Publication 1627, "Storage and Handling of Gasoline-Methanol/Cosolvent Blends at Distribution Terminals and Service Stations."

§ 3.4. Repairs allowed.

[A permit from the building official must be obtained prior to repairing any UST system. No repaired system shall be placed into use unless and until the system is inspected in accordance with the provisions of the Virginia Uniform Statewide Building Code.]

Owners and operators must obtain a permit and the required inspections in accordance with the provisions of the Virginia Uniform Statewide Building Code.

[A permit from the building official must be obtained prior to repairing any UST system. No repaired UST system shall be placed into use unless and until the system is inspected in accordance with the provisions of the Virginia Uniform Statewide Building Code.]

In the case of state facilities the Department of General Services shall function as the building official [in accordance with § 36-98.1 of the Code of Virginia] .

In the case of federal facilities the building official must

be contacted. Owners and operators must obtain a permit and the required inspections in accordance with the provisions of the Virginia Uniform Statewide Building Code.

Owners and operators of UST systems must ensure that repairs will prevent releases due to structural failure or corrosion as long as the UST system is used to store regulated substances. The repairs must meet the following requirements:

1. Repairs to UST systems must be properly conducted in accordance with a code of practice developed by a nationally recognized association or an independent testing laboratory.

NOTE: The following codes and standards may be used to comply with subdivision 1 of this section: National Fire Protection Association Standard 30, "Flammable and Combustible Liquids Code"; American Petroleum Institute Publication 2200, "Repairing Crude Oil, Liquefied Petroleum Gas, and Product Pipelines"; American Petroleum Institute Publication 1631, "Recommended Practice for the Interior Lining of Existing Steel Underground Storage Tanks"; and National Leak Prevention Association Standard 631, "Spill Prevention, Minimum 10 Year Life Extension of Existing Steel Underground Tanks by Lining Without the Addition of Cathodic Protection."

2. Repairs to fiberglass-reinforced plastic tanks may be made by the manufacturer's authorized representatives or in accordance with a code of practice developed by a nationally recognized association or an independent testing laboratory.

3. Metal pipe sections and fittings that have released product as a result of corrosion or other damage must be replaced. Fiberglass pipes and fittings may be repaired in accordance with the manufacturer's specifications.

4. Repaired tanks and piping must be tightness tested in accordance with subsection C of § 4.4 and subdivision 2 of § 4.5 within 30 days following the date of the completion of the repair except as provided in subdivisions 4 a through c of this section:

- a. The repaired tank is internally inspected in accordance with a code of practice developed by a nationally recognized association or an independent testing laboratory; or

- b. The repaired portion of the UST system is monitored monthly for releases in accordance with a method specified in subsections D through H of § 4.4; or

- c. Another test method is used that is determined by the board to be no less protective of human health and the environment than those listed above.

5. Within six months following the repair of any cathodically protected UST system, the cathodic protection system must be tested in accordance with subsections 2 and 3 of § 3.2 to ensure that it is operating properly.

6. UST system owners and operators must maintain records of each repair for the remaining operating life of the UST system that demonstrate compliance with the requirements of this section.

§ 3.5. Reporting and recordkeeping.

Owners and operators of UST systems must cooperate fully with inspections, monitoring and testing conducted by the board, as well as requests for document submission, testing, and monitoring by the owner or operator pursuant to § 9005 of Subtitle I of the Resource Conservation and Recovery Act, as amended.

A. Reporting.

Owners and operators must submit the following information to the board:

1. Notification for all UST systems (§ 2.3), which includes certification of installation for new UST systems (§ 2.1 E),

2. Reports of all releases including suspected releases (§ 5.1), spills and overfills (§ 5.4), and confirmed releases (§ 6.2);

3. Corrective actions planned or taken including initial abatement measures (§ 6.3), site characterization (§ 6.4), free product removal (§ 6.5), and corrective action plan (§ 6.6); and

4. An amended notification form must be submitted within 30 days after permanent closure or change-in-service (§ 7.2).

B. Recordkeeping.

Owners and operators must maintain the following information:

1. Documentation of operation of corrosion protection equipment (§ 3.2);

2. Documentation of UST system repairs (§ 3.4);

3. Recent compliance with release detection requirements (§ 4.6); and

4. Results of the site investigation conducted at permanent closure (§ 7.5).

C. Availability and maintenance of records.

Owners and operators must keep the records required

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either:

1. At the UST site and immediately available for inspection by the board; or
2. At a readily available alternative site and be provided for inspection to the board upon request.

In the case of permanent closure records required under § 7.5, owners and operators are also provided with the additional alternative of mailing closure records to the board if they cannot be kept at the site or an alternative site as indicated above.

PART IV. RELEASE DETECTION.

§ 4.1. General requirements for all [petroleum and hazardous substance] UST systems.

A. Owners and operators of new and existing UST systems must provide a method, or combination of methods, of release detection that:

1. Can detect a release from any portion of the tank and the connected underground piping that routinely contains product;
2. Is installed, calibrated, operated, and maintained in accordance with the manufacturer's instructions, including routine maintenance and service checks for operability or running condition; and
3. Meets the performance requirements in § 4.4 or § 4.5, with any performance claims and their manner of determination described in writing by the equipment manufacturer or installer. In addition, methods used after December 22, 1990, except for methods permanently installed prior to that date, must be capable of detecting the leak rate or quantity specified for that method in subsections B, C and D of § 4.4 or subdivisions 1 and 2 of § 4.5 with a probability of detection of 0.95 and a probability of false alarm of 0.05.

B. When a release detection method operated in accordance with the performance standards in §§ 4.4 and 4.5 indicates a release may have occurred, owners and operators must notify the board in accordance with Part V.

C. Owners and operators of all UST systems must comply with the release detection requirements of this part by December 22 of the year listed in the following table:

SCHEDULE FOR PHASE-IN OF RELEASE DETECTION

Year system	Year when release detection is required (by December 22
-------------	---

was installed of the year indicated)
1989 1990 1991 1992 1993

Before 1965 or date unknown [RB	RD*]	P
1965-1969				P/RD
1970-1974				P RD
1975-1979				P RD
1980-1988				P RD

New tanks (after December 22, 1988) immediately upon installation.

P = Must begin release detection for all pressurized piping in accordance with subdivision B 1 of § 4.2 [~~and subdivision 2 d of § 4.3~~].

RD = Must begin release detection for tanks and suction piping in accordance with subsection A and subdivision B 2 of § 4.2, and § 4.3.

[* = Heating oil tanks greater than 5,000 gallons capacity installed before 1965 or date unknown are allowed until December 22, 1990, to comply with this requirement.]

D. Any existing UST system that cannot apply a method of release detection that complies with the requirements of this part must complete the closure procedures in Part VII by the date on which release detection is required for that UST system under subsection C of this section.

§ 4.2. Requirements for petroleum UST systems.

Owners and operators of petroleum UST systems must provide release detection for tanks and piping as follows:

A. Tanks.

Tanks must be monitored at least every 30 days for releases using one of the methods listed in subsections D through H of § 4.4 except that:

1. UST systems that meet the performance standards in [subsections A through E of] § 2.1 or [subsections A through D of] § 2.2 [; and ~~the~~ may use both] monthly inventory control requirements in subsection A or B of § 4.4, [may use and] tank tightness testing (conducted in accordance with subsection C of § 4.4) at least every five years until December 22, 1998, or until 10 years after the tank is installed or upgraded under subsection B of § 2.2, whichever is later;

2. UST systems that do not meet the performance standards in § 2.1 or § 2.2 may use monthly inventory controls (conducted in accordance with

subsection A or B of § 4.4) and annual tank tightness testing (conducted in accordance with subsection C of § 4.4) until December 22, 1998, when the tank must be upgraded under § 2.2 or permanently closed under § 7.2; and

3. Tanks with capacity of 550 gallons or less may use weekly tank gauging (conducted in accordance with subsection B of § 4.4).

B. Piping.

Underground piping that routinely contains regulated substances must be monitored for releases in a manner that meets one of the following requirements:

1. Pressurized piping. Underground piping that conveys regulated substances under pressure must:

a. Be equipped with an automatic line leak detector conducted in accordance with subdivision 1 of § 4.5; and

b. Have an annual line tightness test conducted in accordance with subdivision 2 of § 4.5 or have monthly monitoring conducted in accordance with subdivision 3 of § 4.5.

2. Suction piping. Underground piping that conveys regulated substances under suction must either have a line tightness test conducted at least every three years and in accordance with subdivision 2 of § 4.5, or use a monthly monitoring method conducted in accordance with subdivision 3 of § 4.5. No release detection is required for suction piping that is designed and constructed to meet the following standards:

a. The below-grade piping operates at less than atmospheric pressure;

b. The below-grade piping is sloped so that the contents of the pipe will drain back into the storage tank if the suction is released;

c. Only one check valve is included in each suction line;

d. The check valve is located directly below and as close as practical to the suction pump; and

e. A method is provided that allows compliance with subdivisions B 2 b through d of this section to be readily determined.

§ 4.3. Requirements for hazardous substance UST systems.

Owners and operators of hazardous substance UST systems must provide release detection that meets the following requirements:

1. Release detection at existing UST systems must meet the requirements for petroleum UST systems in § 4.2. By December 22, 1998, all existing hazardous substance UST systems must meet the release detection requirements for new systems in subdivision 2 of this section.

2. Release detection at new hazardous substance UST systems must meet the following requirements:

a. Secondary containment systems must be designed, constructed and installed to:

(1) Contain regulated substances released from the tank system until they are detected and removed;

(2) Prevent the release of regulated substances to the environment at any time during the operational life of the UST system; and

(3) Be checked for evidence of a release at least every 30 days.

NOTE: The provisions of 40 CFR 265.193, Containment and Detection of Releases, may be used to comply with these requirements.

b. Double-walled tanks must be designed, constructed, and installed to:

(1) Contain a release from any portion of the inner tank within the outer wall; and

(2) Detect the failure of the inner wall.

c. External liners (including vaults) must be designed, constructed, and installed to:

(1) Contain 100% of the capacity of the largest tank within its boundary;

(2) Prevent the interference of precipitation or ground-water intrusion with the ability to contain or detect a release of regulated substances; and

(3) Surround the tank completely (i.e., it is capable of preventing lateral as well as vertical migration of regulated substances).

d. Underground piping must be equipped with secondary containment that satisfies the requirements of subdivision 2 a of this section (e.g., trench liners, jacketing of double-walled pipe). In addition, underground piping that conveys regulated substances under pressure must be equipped with an automatic line leak detector in accordance with subdivision 1 of § 4.5.

e. Other methods of release detection may be used if owners and operators:

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(1) Demonstrate to the board that an alternate method can detect a release of the stored substance as effectively as any of the methods allowed in subsections B through H of § 4.4 can detect a release of petroleum;

(2) Provide information to the board on effective corrective action technologies, health risks, and chemical and physical properties of the stored substance, and the characteristics of the UST site; and,

(3) Obtain approval from the board to use the alternate release detection method before the installation and operation of the new UST system.

§ 4.4. Methods of release detection for tanks.

[Owners and operators must obtain a permit and the required inspections in accordance with § 2.1 or § 2.2 for the methods of release detection contained in subsections D through H of § 4.4.]

Each method of release detection for tanks used to meet the requirements of § 4.2 must be conducted in accordance with the following and be designed to detect releases at the earliest possible time for the specific method chosen:

A. Inventory control.

Product inventory control (or another test of equivalent performance) must be conducted monthly to detect a release of at least 1.0% of flow-through plus 130 gallons on a monthly basis in the following manner:

1. Inventory volume measurements for regulated substance inputs, withdrawals, and the amount still remaining in the tank are recorded each operating day;
2. The equipment used is capable of measuring the level of product over the full range of the tank's height to the nearest one-eighth of an inch;
3. The regulated substance inputs are reconciled with delivery receipts by measurement of the tank inventory volume before and after delivery;
4. Deliveries are made through a drop tube that extends to within one foot of the tank bottom;
5. Product dispensing is metered and recorded according to regulations of the Bureau of Weights and Measures of the Virginia Department of Agriculture and Consumer Services for meter calibration within their jurisdiction; for all other product dispensing meter calibration, an accuracy of six cubic inches for every five gallons of product withdrawn is required; and

6. The measurement of any water level in the bottom of the tank is made to the nearest one-eighth of an inch at least once a month.

NOTE: Practices described in the American Petroleum Institute Publication 1621, "Recommended Practice for Bulk Liquid Stock Control at Retail Outlets," may be used, where applicable, as guidance in meeting the requirements of this subsection.

B. Manual tank gauging.

Manual tank gauging must meet the following requirements:

1. Tank liquid level measurements are taken at the beginning and ending of a period of at least 36 hours during which no liquid is added to or removed from the tank;
2. Level measurements are based on an average of two consecutive stick readings at both the beginning and ending of the period;
3. The equipment used is capable of measuring the level of product over the full range of the tank's height to the nearest one-eighth of an inch;
4. A leak is suspected and subject to the requirements of Part V if the variation between beginning and ending measurements exceeds the weekly or monthly standards in the following table:

Nominal tank capacity	Weekly standard (one test)	Monthly standard (average of four tests)
550 gallons or less	10 gallons	5 gallons
551-1,000 gallons	13 gallons	7 gallons
1,001-2,000 gallons	26 gallons	13 gallons

5. Only tanks of 550 gallons or less nominal capacity may use this as the sole method of release detection. Tanks of 551 to 2,000 gallons may use the method in place of manual inventory control in subsection A of § 4.4. Tanks of greater than 2,000 gallons nominal capacity may not use this method to meet the requirements of this part.

C. Tank tightness testing.

Tank tightness testing (or another test of equivalent performance) must be capable of detecting a 0.1 gallon per hour leak rate from any portion of the tank that routinely contains product while accounting for the effects of thermal expansion or contraction of the product, vapor pockets, tank deformation, evaporation or condensation, and the location of the water table.

D. Automatic tank gauging.

Equipment for automatic tank gauging that tests for the loss of product and conducts inventory control must meet the following requirements:

1. The automatic product level monitor test can detect a 0.2 gallon per hour leak rate from any portion of the tank that routinely contains product; and
2. Inventory control (or another test of equivalent performance) is conducted in accordance with the requirements of subsection A of § 4.4.

E. Vapor monitoring.

Testing or monitoring for vapors within the soil gas of the excavation zone must meet the following requirements:

1. The materials used as backfill are sufficiently porous (e.g., gravel, sand, crushed rock) to readily allow diffusion of vapors from releases into the excavation area;
2. The stored regulated substance, or a tracer compound placed in the tank system, is sufficiently volatile (e.g., gasoline) to result in a vapor level that is detectable by the monitoring devices located in the excavation zone in the event of a release from the tank;
3. The measurement of vapors by the monitoring device is not rendered inoperative by the ground water, rainfall, or soil moisture or other known interferences so that a release could go undetected for more than 30 days;
4. The level of background contamination in the excavation zone will not interfere with the method used to detect releases from the tank;
5. The vapor monitors are designed and operated to detect any significant increase in concentration above background of the regulated substance stored in the tank system, a component or components of that substance, or a tracer compound placed in the tank system;
6. In the UST excavation zone, the site is assessed to ensure compliance with the requirements in subdivisions E 1 through 4 of this section and to establish the number and positioning of monitoring wells that will detect releases within the excavation zone from any portion of the tank that routinely contains product; and
7. Monitoring wells are clearly marked and secured to avoid unauthorized access and tampering.

F. Ground-water monitoring.

Testing or monitoring for liquids on the ground water must meet the following requirements:

1. The regulated substance stored is not readily miscible in water and has a specific gravity of less than one;
2. Ground water is never more than 20 feet from the ground surface and the hydraulic conductivity of the soil(s) between the UST system and the monitoring wells or devices is not less than 0.01 cm/sec (e.g., the soil should consist of gravels, coarse to medium sands, coarse silts or other permeable materials);
3. The slotted portion of the monitoring well casing must be designed to prevent migration of natural soils or filter pack into the well and to allow entry of regulated substance on the water table into the well under both high and low ground-water conditions;
4. Monitoring wells shall be sealed from the ground surface to the top of the filter pack;
5. Monitoring wells or devices intercept the excavation zone or are as close to it as is technically feasible;
6. The continuous monitoring devices or manual methods used can detect the presence of at least one-eighth of an inch of free product on top of the ground water in the monitoring wells;
7. Within and immediately below the UST system excavation zone, the site is assessed to ensure compliance with the requirements in subdivisions F 1 through 5 of this section and to establish the number and positioning of monitoring wells or devices that will detect releases from any portion of the tank that routinely contains product; and
8. Monitoring wells are clearly marked and secured to avoid unauthorized access and tampering.

G. Interstitial monitoring.

Interstitial monitoring between the UST system and a secondary barrier immediately around or beneath it may be used, but only if the system is designed, constructed and installed to detect a leak from any portion of the tank that routinely contains product and also meets one of the following requirements:

1. For double-walled UST systems, the sampling or testing method can detect a release through the inner wall in any portion of the tank that routinely contains product;

NOTE: The provisions outlined in the Steel Tank Institute's "Standard for Dual Wall Underground

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Storage Tanks may be used as guidance for aspects of the design and construction of underground steel double-walled tanks.

2. For UST systems with a secondary barrier within the excavation zone, the sampling or testing method used can detect a release between the UST system and the secondary barrier;

a. The secondary barrier around or beneath the UST system consists of artificially constructed material that is sufficiently thick and impermeable (at least 10^{-6} cm/sec for the regulated substance stored) to direct a release to the monitoring point and permit its detection;

b. The barrier is compatible with the regulated substance stored so that a release from the UST system will not cause a deterioration of the barrier allowing a release to pass through undetected;

c. For cathodically protected tanks, the secondary barrier must be installed so that it does not interfere with the proper operation of the cathodic protection system;

d. The ground water, soil moisture, or rainfall will not render the testing or sampling method used inoperative so that a release could go undetected for more than 30 days;

e. The site is assessed to ensure that the secondary barrier is always above the ground water and not in a 25 year flood plain, unless the barrier and monitoring designs are for use under such conditions; and,

f. Monitoring wells are clearly marked and secured to avoid unauthorized access and tampering.

3. For tanks with an internally fitted liner, an automated device can detect a release between the inner wall of the tank and the liner, and the liner is compatible with the substance stored.

H. Other methods.

Any other type of release detection method, or combination of methods, can be used if:

1. It can detect a 0.2 gallon per hour leak rate or a release of 150 gallons within a month with a probability of detection of 0.95 and a probability of false alarm of 0.05; or

2. The board may approve another method if the owner and operator can demonstrate that the method can detect a release as effectively as any of the methods allowed in subsections C through H of this section. In comparing methods, the board shall consider the size of release that the method can

detect and the frequency and reliability with which it can be detected. If the method is approved, the owner and operator must comply with any conditions imposed by the board on its use to ensure the protection of human health and the environment.

§ 4.5. Methods of release detection for piping.

[Owners and operators must obtain a permit and the required inspections in accordance with § 2.1 or § 2.2 for the methods of release detection contained in subdivisions 1 through 3 of § 4.5.]

Each method of release detection for piping used to meet the requirements of § 4.2 must be conducted in accordance with the following:

1. Automatic line leak detectors. Methods which alert the operator to the presence of a leak by restricting or shutting off the flow of regulated substances through piping or triggering an audible or visual alarm may be used only if they detect leaks of three gallons per hour at 10 pounds per square inch line pressure within one hour. An annual test of the operation of the leak detector must be conducted in accordance with the manufacturer's requirements.

2. Line tightness testing. A periodic test of piping may be conducted only if it can detect a 0.1 gallon per hour leak rate at one and one-half times the operating pressure.

3. Applicable tank methods. Any of the methods in subsections E through H of § 4.4 may be used if they are designed to detect a release from any portion of the underground piping that routinely contains regulated substances.

§ 4.6. Release detection record keeping.

All UST system owners and operators must maintain records in accordance with § 3.5 demonstrating compliance with all applicable requirements of this part. These records must include the following:

1. All written performance claims pertaining to any release detection system used, and the manner in which these claims have been justified or tested by the equipment manufacturer or installer, must be maintained for five years [from the date of installation] or as long as the method of release detection is used, whichever is greater [; from the date of installation] ;

2. The results of any sampling, testing, or monitoring must be maintained for at least one year, or for another reasonable period of time determined by the board, except that the results of tank tightness testing conducted in accordance with subsection C of § 4.4 must be retained until the next test is conducted; and

3. Written documentation of all calibration, maintenance, and repair of release detection equipment permanently located on-site must be maintained for at least one year after the servicing work is completed or for such longer period as may be required by the board. Any schedules of required calibration and maintenance provided by the release detection equipment manufacturer must be retained for five years from the date of installation.

PART V.

RELEASE REPORTING, INVESTIGATION, AND CONFIRMATION.

§ 5.1. Reporting of suspected releases.

Owners and operators of UST systems must report to the board within 24 hours and follow the procedures in § 5.3 for any of the following conditions:

1. The discovery by owners and operators or others of released regulated substances at the UST site or in the surrounding area (such as the presence of free product or vapors in soils, basements, sewer and utility lines, and nearby surface water).

2. Unusual operating conditions observed by owners and operators (such as the erratic behavior of product dispensing equipment, the sudden loss of product from the UST system, or an unexplained presence of water in the tank), unless system equipment is found to be defective but not leaking, and is immediately repaired or replaced;

3. Monitoring results from a release detection method required under §§ 4.2 and 4.3 that indicate a release may have occurred unless:

a. The monitoring device is found to be defective, and is immediately repaired, recalibrated or replaced, and additional monitoring does not confirm the initial result; or

b. In the case of inventory control, a second month of data or in the case of manual tank gauging, a second week or month as prescribed in the chart under subdivision B 4 of § 4.4 does not confirm the initial result.

§ 5.2. Investigation due to off-site impacts.

When required by the board, owners and operators of UST systems must follow the procedures in § 5.3 to determine if the UST system is the source of off-site impacts. These impacts include the discovery of regulated substances (such as the presence of free product or vapors in soils, basements, sewer and utility lines, and state waters) that has been observed by the board or brought to its attention by another party.

§ 5.3. Release investigation and confirmation steps.

Unless corrective action is initiated in accordance with Part VI, owners and operators must immediately investigate and confirm all suspected releases of regulated substances requiring reporting under § 5.1 within seven days, or another reasonable time period specified by the board upon written request made and approved within seven days after reporting of the suspected release.

The following steps are required for release investigation and confirmation:

1. *System test.* Owners and operators must conduct tests (according to the requirements for tightness testing in subsection C of § 4.4 and subdivision 2 of § 4.5) that determine whether a leak exists in that portion of the tank that routinely contains product, or the attached delivery piping, or both.

a. Owners and operators must repair, replace or upgrade the UST system, and begin corrective action in accordance with Part VI if the test results for the system, tank, or delivery piping indicate that a leak exists.

b. Further investigation is not required if the test results for the system, tank, and delivery piping do not indicate that a leak exists and if environmental contamination is not the basis for suspecting a release.

c. Owners and operators must conduct a site check as described in subdivision 2 of this section if the test results for the system, tank, and delivery piping do not indicate that a leak exists but environmental contamination is the basis for suspecting a release.

2. *Site check.* Owners and operators must measure for the presence of a release where contamination is most likely to be present at the UST site. In selecting sample types, sample locations, and measurement methods, owners and operators must consider the nature of the stored substance, the type of initial alarm or cause for suspicion, the type of backfill, the depth of ground water, and other factors appropriate for identifying the presence and source of the release. Samples shall be tested according to established EPA analytical methods or methods approved by the board.

a. If the test results for the excavation zone or the UST site indicate that a release has occurred, owners and operators must begin corrective action in accordance with Part VI;

b. If the test results for the excavation zone or the UST site do not indicate that a release has occurred, further investigation is not required.

§ 5.4. Reporting and cleanup of spills and overfills.

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A. Owners and operators of UST systems must contain and immediately clean up a spill or overfill and report to the board within 24 hours and begin corrective action in accordance with Part VI in the following cases:

1. Spill or overfill of petroleum that results in a release to the environment that exceeds 25 gallons or that causes a sheen on nearby surface water; and
2. Spill or overfill of a hazardous substance that results in a release to the environment that equals or exceeds its reportable quantity under CERCLA (40 CFR Part 302).

B. Owners and operators of UST systems must contain and immediately clean up a spill or overfill of petroleum that is less than 25 gallons and a spill or overfill of a hazardous substance that is less than the reportable quantity. If cleanup cannot be accomplished within 24 hours owners and operators must immediately notify the board.

NOTE: Pursuant to [40 CFR] §§ 302.6 and 355.40 [of CERCLA], a release of a hazardous substance equal to or in excess of its reportable quantity must also be reported immediately (rather than within 24 hours) to the National Response Center under §§ 102 and 103 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980 and to appropriate state and local authorities under Title III of the Superfund Amendments and Reauthorization Act (SARA) of 1986.

PART VI. RELEASE RESPONSE AND CORRECTIVE ACTION FOR UST SYSTEMS CONTAINING PETROLEUM OR HAZARDOUS SUBSTANCES.

§ 6.1. General.

Owners and operators of petroleum or hazardous substance UST systems must, in response to a confirmed release from the UST system, comply with the requirements of this part except for USTs excluded under subsection B of § 1.2 and UST systems subject to RCRA Subtitle C corrective action requirements under § 3004(u) of the Resource Conservation and Recovery Act, as amended.

§ 6.2. Initial response.

Upon confirmation of a release in accordance with § 5.3 or after a release from the UST system is identified in any other manner, owners and operators must perform the following initial response actions within 24 hours of a release:

1. Report the release to the board (e.g., by telephone or electronic mail);
2. Take immediate action to prevent any further release of the regulated substance into the

environment; and

3. Identify and mitigate fire, explosion, and vapor hazards.

§ 6.3. Initial abatement measures and site check.

A. Unless directed to do otherwise by the board, owners and operators must perform the following abatement measures:

1. Remove as much of the regulated substance from the UST system as is necessary to prevent further release to the environment;
2. Visually inspect any aboveground releases or exposed below ground releases and prevent further migration of the released substance into surrounding soils and ground water;
3. Continue to monitor and mitigate any additional fire and safety hazards posed by vapors or free product that have migrated from the UST excavation zone and entered into subsurface structures (such as sewers or basements);
4. Remedy hazards posed by contaminated soils that are excavated or exposed as a result of release confirmation, site investigation, abatement, or corrective action activities. If these remedies include treatment or disposal of soils, the owner and operator must comply with applicable state and local requirements;
5. Measure for the presence of a release where contamination is most likely to be present at the UST site, unless the presence and source of the release have been confirmed in accordance with the site check required by subdivision 2 of § 5.3 or the closure site assessment of subsection A of § 7.3. In selecting sample types, sample locations, and measurement methods, the owner and operator must consider the nature of the stored substance, the type of backfill, depth to ground water and other factors as appropriate for identifying the presence and source of the release. Samples shall be tested according to established EPA analytical methods or methods approved the board; and
6. Investigate to determine the possible presence of free product, and begin free product removal as soon as practicable and in accordance with § 6.5.

B. Within 20 days after release confirmation, or within another reasonable period of time determined by the board upon written request made and approved within 20 days after release confirmation, owners and operators must submit a report to the board summarizing the initial abatement steps taken under subsection A of this section and any resulting information or data.

§ 6.4. Site characterization.

A. Owners and operators must assemble information about the site and the nature of the release, including information gained while confirming the release or completing the initial abatement measures in §§ 6.1 and 6.2. This information must include, but is not necessarily limited to, the following:

1. Data on the material released and the estimated quantity of release;
2. Data from available sources or site investigations concerning the following:
 - a. Site assessment to include: data on the physical/chemical properties of the contaminant; nature and quantity and extent of the release; evidence that free product is found to need recovery; geologic/hydrologic site characterization; current and projected land/water uses; water quality; subsurface soil conditions; evidence that contaminated soils are in contact with the ground water; locations of subsurface conduits (e.g., sewers, utility lines, etc.); and climatological conditions. Samples collected for this site characterization shall be tested according to established EPA analytical methods or methods approved by the board;
 - b. Risk [(exposure)] assessment to include: evidence that wells of the area have been affected; use and approximate locations of wells potentially affected by the release; identification of potential and impacted receptors; migration routes; surrounding populations; potential for additional environmental damage;
 - c. Remediation assessment to include: potential for remediation and [~~expected remediation levels;~~] applicability of different remediation technologies to the site.
3. Results of the site check required under subdivision A 5 of § 6.3; and
4. Results of the free product investigations required under subdivision A 6 of § 6.3, to be used by owners and operators to determine whether free product must be recovered under § 6.5.

B. Within 45 days of release confirmation or another reasonable period of time determined by the board upon written request made and approved within 45 days after release confirmation, owners and operators must submit the information collected in compliance with subsection A of this section to the board in a manner that demonstrates its applicability and technical adequacy, or in a format and according to the schedule required by the board.

§ 6.5. Free product removal.

At sites where investigations under subdivision A 6 of § 6.3 indicate the presence of free product, owners and operators must remove free product to the maximum extent practicable as determined by the board while continuing, as necessary, any actions initiated under §§ 6.2 through 6.4, or preparing for actions required under §§ 6.6 through 6.7. In meeting the requirements of this section, owners and operators must:

1. Conduct free product removal in a manner that minimizes the spread of contamination into previously uncontaminated zones by using recovery and disposal techniques appropriate to the hydrogeologic conditions at the site, and that properly treats, discharges or disposes of recovery by-products in compliance with applicable local, state and federal regulations;
2. Use abatement of free product migration as a minimum objective for the design of the free product removal system;
3. Handle any flammable products in a safe and competent manner to prevent fires or explosions; and
4. Unless directed to do otherwise by the board, prepare and submit to the board, within 45 days after confirming a release, a free product removal report that provides at least the following information:
 - a. The name of the person(s) responsible for implementing the free product removal measures;
 - b. The estimated quantity, type, and thickness of free product observed or measured in wells, bore holes, and excavations;
 - c. The type of free product recovery system used;
 - d. Whether any discharge will take place on-site or off-site during the recovery operation and where this discharge will be located;
 - e. The type of treatment applied to, and the effluent quality expected from, any discharge;
 - f. The steps that have been or are being taken to obtain necessary permits for any discharge; and
 - g. The disposition of the recovered free product.

§ 6.6. Corrective action plan.

A. At any point after reviewing the information submitted in compliance with §§ 6.2 through 6.4, the board may require owners and operators to submit additional information or to develop and submit a corrective action plan for responding to contaminated soils and ground water. If a plan is required, owners and operators must submit the plan according to a schedule and format established by the board. Alternatively, owners and operators may, after fulfilling the requirements of §§

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6.2 through 6.4, choose to submit a corrective action plan for responding to contaminated soil and ground water. In either case, owners and operators are responsible for submitting a plan that provides for adequate protection of human health and the environment as determined by the board, and must modify their plan as necessary to meet this standard.

B. In conjunction with the information provided under subdivision A 2 of § 6.4 (site assessment, risk [(exposure)] assessment, and remediation assessment), the corrective action plan must include the following information:

1. Detailed conceptual design including narrative description of technologies and how they will be applied at the site;
2. Projected remediation end points/degree of remediation;
3. Schedule of project implementation;
4. Schedule to achieve projected end points;
5. Operational and post-operational monitoring schedules (to include data submittals);
6. Proposed disposition of any wastes and discharges (if applicable);
7. Actions taken to obtain any necessary federal, state and local permits to implement the plan; and
8. Proposed actions to notify persons directly affected by the release or the planned corrective action.

C. The board will approve the corrective action plan only after ensuring that implementation of the plan will adequately protect human health, safety, and the environment. In making this determination, the board will consider the following factors as appropriate:

1. The physical and chemical characteristics of the regulated substance, including its toxicity, persistence, and potential for migration;
2. The hydrogeologic characteristics of the facility and the surrounding area;
3. The proximity, quality, and current and future uses of nearby surface water and ground water;
4. The potential effects of residual contamination on nearby surface water and ground water;
5. [A The site,] risk (exposure) [~~assessment~~ , and remediation assessments as required by subdivision A 2 of § 6.4] ; and
6. Any information assembled in compliance with this part.

D. Upon approval of the corrective action plan or as directed by the board, owners and operators must implement the plan, including modifications to the plan made by the board. They must monitor, evaluate, and report the results of implementing the plan in accordance with a schedule and in a format established by the board.

E. Owners and operators may, in the interest of minimizing environmental contamination and promoting more effective cleanup, begin cleanup of soil and ground water before the corrective action plan is approved provided that they:

1. Notify the board of their intention to begin cleanup and obtain written approval to proceed with an agreed upon activity;
2. Comply with any conditions imposed by the board, including halting cleanup or mitigating adverse consequences from cleanup activities; and
3. Incorporate these self-initiated cleanup measures in the corrective action plan that is submitted to the board for approval.

§ 6.7. Corrective Action Plan (CAP) permit.

A. Owners and operators shall file a complete application for and obtain a Corrective Action Plan (CAP) permit from the board for any corrective action plan required by § 6.6 of this regulation.

B. If the corrective action plan involves a point source discharge of pollutants to surface waters, the CAP permit application shall be processed in accordance with the procedures and the requirements set forth in the board's Permit Regulation (VR 680-14-01) and the provisions of that regulation shall apply *mutatis mutandis*. The CAP permit shall include, but not be limited to, a schedule and format for the corrective action plan, the corrective action plan, and all of the pertinent conditions set forth in VR 680-14-01.

C. If the corrective action plan involves only the management of pollutants that are not point source discharges to surface waters, the owner and operator shall be exempt from the requirement to obtain a Virginia Pollution Abatement (VPA) permit under VR 680-14-01 conditioned upon:

1. The owner and operator shall obtain the CAP Permit which shall contain the conditions, and be processed in accordance with the procedures and requirements, set forth in subsection B of § 2.1; §§ 2.2 and 2.3; subsections E, F, G, H, I and K of § 2.5; subsections A and C of § 2.7; § 4.2; §§ 5.1 through 5.4; §§ 6.2, 6.3 and 8.1 of VR 680-14-01;
2. The CAP Permit shall include, where appropriate, a schedule and format for the corrective action plan and the corrective action plan; and

3. The application shall be publicly noticed in accordance with § 6.8 of this regulation and subsections A and B of § 3.1 of VR 680-14-01.

D. If the corrective action plan involves the introduction of pollutants into publicly owned treatment works, owners and operators shall also comply with the board's and any publicly owned treatment work's pretreatment program requirements.

§ 6.8. Public participation.

A. For each confirmed release that requires a corrective action plan, the board will require the owner and operator to provide notice to the public by means designed to reach those members of the public directly affected by the release or the planned corrective action. This notice may include, but is not limited to, public notice in local newspapers, block advertisements, public service announcements, publication in a state register, letters to individual households, or personal contacts by field staff.

B. The board must ensure that site release information and decisions concerning the corrective action plan are made available to the public for inspection upon request.

C. Before approving a corrective action plan, the board may hold a public meeting to consider comments on the proposed corrective action plan if there is sufficient public interest, or for any other reason.

D. The board will require the owner and operator to give public notice that complies with subsection A of this section if implementation of an approved corrective action plan does not achieve the established cleanup levels in the plan and termination of that plan is under consideration by the board.

E. These public participation requirements do not supersede any public participation requirements of other regulations.

F. In the event the owner and operator have failed to give the required notice to the public, the board will provide such notice to the extent required by applicable federal law.

[G. In those cases where the board implements the corrective plan, the board will provide such notice to the extent required by applicable federal law.]

PART VII.

OUT-OF-SERVICE UST SYSTEMS AND CLOSURE.

§ 7.1. Temporary closure.

[Owners and operators must obtain a permit and the required inspections in accordance with the provisions of the Virginia Uniform Statewide Building Code.

A permit from the building official must be obtained prior to temporary tank closure. No UST system shall be temporarily closed unless and until the system is inspected in accordance with the provisions of the Virginia Uniform Statewide Building Code.

In the case of state-owned facilities the Department of General Services shall function as the building official in accordance with § 36-98.1 of the Code of Virginia.

In the case of federal facilities the building official must be contacted. Owners and operators must obtain a permit and the required inspections in accordance with the provisions of the Virginia Uniform Statewide Building Code.]

A. When an UST system is temporarily closed, owners and operators [must obtain a building permit from the building official and] must continue operation and maintenance of corrosion protection in accordance with § 3.2, and any release detection in accordance with Part IV. Parts V and VI must be complied with if a release is suspected or confirmed. However, release detection is not required as long as the UST system is empty. The UST system is empty when all materials have been removed using commonly employed practices so that no more than 2.5 centimeters (one inch) of residue, or 0.3% by weight of the total capacity of the UST system, remain in the system.

B. When an UST system is temporarily closed for three months or more, owners and operators must also comply with the following requirements:

1. Leave vent lines open and functioning; and
2. Cap and secure all other lines, pumps, manways, and ancillary equipment.

C. When an UST system is temporarily closed for more than 12 months, owners and operators must permanently close the UST system if it does not meet either performance standards in § 2.1 for new UST systems or the upgrading requirements in § 2.2, except that the spill and overfill equipment requirements do not have to be met. Owners and operators must permanently close the substandard UST systems at the end of this 12-month period in accordance with §§ 7.2 through 7.5, unless the building official provides an extension of the 12-month temporary closure period. Owners and operators must complete a site assessment in accordance with § 7.3 before such an extension can be applied for.

§ 7.2. Permanent closure and changes-in-service.

[A.] Owners and operators must obtain a [building] permit and the required inspections from the building official prior to permanent tank closure or a change-in-service in accordance with the Virginia Uniform Statewide Building Code.

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[A permit from the building official must be obtained prior to permanent tank closure or a change-in-service. No UST system shall be permanently closed or changed-in-service unless and until the system is inspected in accordance with the provisions of the Virginia Statewide Building Code.]

If such closure is in response to immediate corrective actions that necessitate timely tank removal, then the building official must be notified and the official's directions followed until a permit is issued.

In the case of state facilities the Department of General Services shall function as the building official [in accordance with § 36-98.1 of the Code of Virginia] .

In the case of federal facilities the building official must be contacted. Owners and operators must obtain a permit and the required inspections in accordance with the provisions of the Virginia Uniform Statewide Building Code.

[~~1. A.~~] Owners and operators must within 30 days after either permanent closure or a change-in-service submit an amended UST notification form (Appendix I) to the board.

[~~2. B.~~] The required assessment of the excavation zone under § 7.3 must be performed after notifying the building official but before completion of the permanent closure or a change-in-service.

[~~B. C.~~] To permanently close a tank, owners and operators must empty and clean it by removing all liquids and accumulated sludges. When the owner or operator suspects that the residual sludges are hazardous in nature the Department of Waste Management regulations shall be followed to facilitate the proper treatment, storage, manifesting, transport, and disposal. All tanks taken out of service permanently must also be either removed from the ground or filled with an inert solid material.

[~~C. D.~~] Continued use of an UST system to store a nonregulated substance is considered a change-in-service. Before a change-in-service, owners and operators must empty and clean the tank by removing all liquid and accumulated sludge and conduct a site assessment in accordance with § 7.3.

NOTE: The following cleaning and closure procedures may be used to comply with this section:

1. American Petroleum Institute Recommended Practice 1604, "Removal and Disposal of Used Underground Petroleum Storage Tanks";
2. American Petroleum Institute Publication 2015, "Cleaning Petroleum Storage Tanks";
3. American Petroleum Institute Recommended Practice 1631, "Interior Lining of Underground

Storage Tanks," may be used as guidance for compliance with this section; and

4. The National Institute for Occupational Safety and Health "Criteria for a Recommended Standard - Working in Confined Space" may be used as guidance for conducting safe closure procedures at some hazardous substance tanks.

§ 7.3. Assessing the site at closure or change-in-service.

A. Before permanent closure or a change-in-service is completed, owners and operators must measure for the presence of a release where contamination is most likely to be present at the UST site. In selecting sample type(s) (soil or water) and sample location(s), and measurement methods, owners and operators must consider the method of closure, the nature of the stored substance, the type of backfill, the depth to ground water, and other factors appropriate for identifying the presence of a release. Samples shall be tested according to established EPA analytical methods or methods approved by the board. Where the suspected release is a petroleum product, the samples shall be analyzed for total petroleum hydrocarbons (TPH). The requirements of this section are satisfied if one of the external release detection methods allowed in subsections E and F of § 4.4 is operating in accordance with the requirements in § 4.4 at the time of closure, and indicates no release has occurred.

B. In all cases where a sample or samples are analyzed, the owner and operator shall submit, along with the amended UST notification form as required in [~~subdivision A~~ subsection A] of § 7.2, a copy of the laboratory results (including a statement as to the test method used), a description of the area sampled, and a site map depicting tanks, piping, and sample location(s).

C. If contaminated soils, contaminated ground water, or free product as a liquid or vapor is discovered under subsection A of this section, or by any other manner, owners and operators must begin corrective action in accordance with Part VI.

§ 7.4. Applicability to previously closed UST systems.

When directed by the board, the owner and operator of an UST system permanently closed before December 22, 1988, must assess the excavation zone and close the UST system in accordance with this part if releases from the UST may, in the judgment of the board, pose a current or potential threat to human health and the environment.

§ 7.5. Closure records.

Owners and operators must maintain records in accordance with § 3.5 that are capable of demonstrating compliance with closure requirements under this part. The results of the excavation zone assessment required in § 7.3 must be maintained for at least three years after completion of permanent closure or change-in-service in

one of the following ways:

- 1. By the owners and operators who took the UST system out of service;*
- 2. By the current owners and operators of the UST system site; or*
- 3. By mailing these records to the board if they cannot be maintained at the closed facility.*

*PART VIII.
DELEGATION.*

§ 8.1. Delegation of authority.

The executive director, or in his absence a designee acting for him, may perform any act of the board provided under this regulation, except as limited by § 62.1-44.14 of the Code of Virginia.

APPENDIX I.

*Virginia Underground Storage Tank Notification
Form(s).*

Page No. _____ of _____ Pages

Location (from Section II)

Tank No.	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
1. Status of Tank (Mark all that apply) <input type="checkbox"/>	2. Estimated Age (Years) (Mark one) <input type="checkbox"/>	3. Estimated Total Capacity (Gallons) (Mark one) <input type="checkbox"/>	4. Material of Construction (Mark one) <input type="checkbox"/>	5. Internal Protection (Mark all that apply) <input type="checkbox"/>	6. External Protection (Mark all that apply) <input type="checkbox"/>	7. Piping (Mark all that apply) <input type="checkbox"/>	8. Substance Currently or Last Stored (Mark all that apply) <input type="checkbox"/>
Currently in Use Temporarily Out of Use Permanently Out of Use Brought into Use after 5/8/68	Steel Concrete Fiberglass Reinforced Plastic Unknown Other, Please Specify	Steel Concrete Fiberglass Reinforced Plastic Unknown Other, Please Specify	Cathodic Protection Interior Lining (e.g., epoxy resins) None Unknown Other, Please Specify	Cathodic Protection Painted (e.g., asphaltic) Fiberglass Reinforced Plastic Coated None Unknown Other, Please Specify	Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Cathodically Protected Unknown Other, Please Specify	a. Empty b. Petroleum Kerosene Gasoline (including alcohol blends) Used Oil Other, Please Specify c. Hazardous Substance Please indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No. Mark box B if tank stores a mixture of substances d. Unknown	9. Additional Information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) b. Estimated quantity of substance remaining (gal.) c. Mark box D if tank was filled with inert material (e.g., sand, concrete)

Notification for Underground Storage Tanks

STATE USE ONLY

I.D. Number _____ Date Received _____

VIRGINIA WATER CONTROL BOARD - UST PROGRAM
2111 NORTH HAMILTON STREET
RICHMOND, VIRGINIA 23220

GENERAL INFORMATION:

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1980, or have been brought into use after May 8, 1980. The information required is to be submitted to the nearest State Water Control Board (SWCB) by May 8, 1980, or to the nearest Regional Office (RO) by May 8, 1980.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is intended to provide information to SWCBs and the public regarding the location and status of these tanks.

Who Must Notify? Section 9001 of RCRA, as amended, requires that unless exempted, owners of underground tanks that store regulated substances must notify SWCBs of the location and status of these tanks. The notification requirements apply to underground tanks that store or have stored petroleum or hazardous substances that are listed in 40 CFR 300.105. The notification requirements do not apply to tanks that store or have stored petroleum or hazardous substances that are not listed in 40 CFR 300.105.

What Tanks Are Included? Underground storage tanks (USTs) are defined as any one or combination of tanks that if it is used to contain an accumulation of "regulated substances" as defined in 40 CFR 300.105. The regulated substances are petroleum or hazardous substances that are listed in 40 CFR 300.105. The notification requirements apply to tanks that store or have stored these substances.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Tanks that are used for agricultural purposes, for domestic water supply, for noncommercial purposes, for heating, ventilation, or air conditioning, or for other purposes are not subject to notification. Tanks that are used for the storage of compressed gas are not subject to notification.

INSTRUCTIONS:

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 3 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

OWNER INFORMATION:

Owner Name (Corporation, Partnership, Public Agency, or Other Entity) _____
Street Address _____
City _____ State _____ ZIP Code _____
Area Code _____ Phone Number _____
City (nearest) _____ State _____ ZIP Code _____

Type of Owner (Mark all that apply)

Current State or Local Govt Private or Commercial
 Former Federal Govt Ownership
 GSA Facility I.D. No. _____ Uncertain

Name (If same as Section I, mark box here) _____ Job Title _____
Area Code _____ Phone Number _____

LOCATION OF TANKS:

Facility Name or Company Site Identifier, as applicable _____
Street Address or State Road, as applicable _____
Country _____ State _____ ZIP Code _____

Indicate number of tanks at this location _____
Mark box here if tank(s) are located on land within an Indian trust lands on other Indian trust lands

TYPE OF NOTIFICATION:

Mark box here only if this is an amended or subsequent notification for this location

VERIFICATION:

Mark box here only if this is an amended or subsequent notification for this location

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative _____
Signature _____ Date Signed _____

Owner Name (from Section I) _____ Location (from Section II) _____ Page No. _____ of _____ Pages

VII: CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW TANKS AT THIS LOCATION)

10. Installation (mark all that apply):

- The installer has been certified by the tank and piping manufacturers.
- The installer has been certified or licensed by the implementing agency.
- The installation has been inspected and certified by a registered professional engineer.
- The installation has been inspected and approved by the implementing agency.
- All work listed on the manufacturer's installation checklists has been completed.
- Another method was used as allowed by the implementing agency. Please specify:

11. Release Detection (mark all that apply):

- Manual tank gauging.
- Tank tightness testing with inventory controls.
- Automatic tank gauging.
- Vapor monitoring.
- Ground-water monitoring.
- Interstitial monitoring within a secondary barrier.
- Interstitial monitoring within secondary containment.
- Automatic line leak detectors.
- Line tightness testing.
- Another method allowed by the implementing agency. Please specify:

12. Corrosion Protection (if applicable)

- As specified for coated steel tanks with cathodic protection.
- As specified for coated steel piping with cathodic protection.
- Another method allowed by the implementing agency. Please specify:

13. I have financial responsibility in accordance with Subpart I. Please specify:

Method: _____
Insurer: _____
Policy Number: _____

14. OATH: I certify that the information concerning installation provided in Item 10 is true to the best of my belief and knowledge.

Installer: _____
Name _____ Date _____
Position _____
Company _____

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APPENDIX II.

Statement for Shipping Tickets and Invoices.

A Federal law (the Resource Conservation and Recovery Act (RCRA), as amended (Pub.L. 98-616)) requires owners of certain underground storage tanks to notify designated state or local agencies by May 8, 1986, of the existence of their tanks. Notifications for tanks brought into use after May 8, 1986, must be made within 30 days. Consult EPA's regulations, issued on November 8, 1985 (40 CFR Part 280), to determine if you are affected by this law.

EMERGENCY REGULATIONS

DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

Title of Regulation: VR 615-43-3. Non-Agency Placements For Adoption-Consent.

Statutory Authority: §§ 63.1-25 and 63.1-22.3 of the Code of Virginia.

Effective Dates: August 29, 1989, through August 28, 1990.

Preface:

It is necessary for the proposed procedures to be published as emergency regulations due to the July 1, 1989, changes to the Code of Virginia, specifically to amend §§ 63.1-220 through 63.1-238. The statutory changes enable birth parents to place their children for adoption with individuals of their choice; provide procedures for executing consent to the adoption; and specify the penalty for violation of laws governing parental placements. The regulations will enable local departments of social services to implement the new legislation in a timely manner.

Due to the effective date of the legislative changes, the attached regulations are being submitted as emergency regulations to be in effect until they can be submitted and approved through the regular Administrative Process Act.

PART I. DEFINITIONS.

§ 1.1 The following words and terms, when used in these regulations, shall have the following meaning, unless the context clearly indicates otherwise:

"Adult adoption" means the adoption of any person eighteen years of age or older.

"Adoption" means the legal process in which a person's rights and duties toward birth parents are terminated and similar rights and duties are established with a new family.

"Adoptive home" means any family home selected and approved by a parent, local board of public welfare or social services or a licensed child-placing agency for the placement of a child with the intent of adoption.

"Adoptive home study" means an assessment of the adoptive family to determine their suitability for adoption.

"Agency" means a local department of social services or a licensed child-placing agency.

"Child" means any person under eighteen years of age.

"Commissioner" means the Commissioner of the Department of Social Services.

"Intercountry placement" means the arrangement for the care of a child in an adoptive home or foster care placement into or out of the Commonwealth by a licensed child-placing agency, court, or other entity authorized to make such placements in accordance with the laws of the foreign country under which it operates.

"Non-agency placement" means the placement for purposes of foster care or adoption of a child who is not in the custody of a local board of social services or child-placing agency. Non-agency placements include parental placements, step-parent adoptions, and adult adoptions.

"Parental placement" means the placement of a child in a family home by the child's parent or legal guardian for the purpose of foster care or adoption.

"Person" means any natural person, or any association, partnership or corporation.

"Step-parent adoption" means the adoption of a child by a new spouse of the birth or adoptive parent.

PART II. POLICY.

§ 2.1. Responsibilities of the agency.

In order for the Juvenile and Domestic Relations Court to make the legally required determinations before accepting consent, the agency shall:

1. Conduct a home study of the prospective adoptive home in accordance with regulations promulgated by the State Board of Social Services; and

2. Provide the court with a report of the home study. Two copies of the home study report shall be sent with the original for the court, at its discretion, to provide to the birth and adoptive parents. The report shall include the following:

a. information regarding whether the prospective adoptive parents are financially able, morally suitable, and in satisfactory physical and mental health to enable them to care for the child;

b. the physical and mental condition of the child;

c. information about both birth parents including:

(1) full names and addresses;

(2) why the parents desire to be relieved of the responsibility for the child and what their attitude is toward the proposed adoption;

(3) physical description, age, race, marital status, education, employment, and, if known, physical and mental health.

Emergency Regulation

- d. the circumstance under which the child came to live, or will be living, in the home of the prospective adoptive family;
- e. fees that have been paid by the prospective adoptive family or in their behalf in the placement and adoption of the child;
- f. a statement as to whether the requirements of law related to execution of consent have been met;
- g. the agency's recommendation regarding the suitability of the placement. When the recommendation is that the placement appears to be contrary to the best interest of the child, the agency shall provide its justification for the recommendation; and
- h. any other matters specified by the court.

3. If the agency suspects there has been an exchange of property, money, services, or any other thing of value in violation of law in the placement or adoption of the child, the agency shall report such findings to the Commissioner for investigation. The following exceptions apply;

- a. reasonable and customary services provided by a licensed or duly authorized child-placing agency, and fees, based on prevailing community rates, paid for such services;
- b. payment or reimbursement for medical expenses directly related to the birth mother's pregnancy and hospitalization for the birth of the child who is the subject of the adoption proceedings, and for expenses incurred for medical care for the child;
- c. payment or reimbursement to birth parents for transportation necessary to execute consent to the adoption;
- d. usual and customary fees, based on prevailing community rates, for legal services in adoption proceedings; and
- e. payment or reimbursement of reasonable expenses incurred by adoptive parents for transportation in intercountry placements and as necessary for compliance with state and federal law in such placements.

4. If the agency suspects that a person has engaged in the activities of a child-placing agency without a license to do so, the agency shall report the findings to the Commissioner for investigation. These activities include:

- a. physical placement of the child with the prospective adoptive family;

- b. conducting an adoptive home study; and
- c. providing supervision of the placement to meet legal requirements related to visitation of the child and family.

§ 2.2. Responsibilities of the Commissioner.

When reports of suspected violations of law in the placement and adoption of the child are received by the Commissioner, the Commissioner shall:

1. Investigate the suspected violation; and
2. Take appropriate action.

When the investigation reveals that:

- a. there may have been a violation of law, the Commissioner shall report his findings to the appropriate attorney for the Commonwealth;
- b. the violation occurred in the course of the practice of a profession or occupation licensed or regulated pursuant to Title 54.1, the Commissioner shall also report his findings to the appropriate regulatory authority for investigation and appropriate disciplinary action;
- c. the violation involves engaging in the activities of a child-placing agency without a license, the Commissioner may file suit with the court of record having chancery jurisdiction.

/s/ Larry D. Jackson
Commissioner
Date: August 10, 1989

/s/ Gerald L. Bailes
Governor
Date: August 27, 1989

/s/ Ann M. Brown
Deputy Registrar of Regulations
Date: August 29, 1989

GOVERNOR

EXECUTIVE ORDER NUMBER SEVENTY-TWO (89)

PROVIDING PREPARATIONS BY WHICH THE VIRGINIA NATIONAL GUARD MAY BE READY TO ASSIST THE VIRGINIA DEPARTMENT OF STATE POLICE TO CONTROL CROWDS AND TRAFFIC IN THE CITY OF VIRGINIA BEACH DURING THE 1989 LABOR DAY WEEKEND

As Governor of the Commonwealth of Virginia, I have received a request from the Chief of Police of the City of Virginia Beach, pursuant to § 44-78.1 of the Code of Virginia, for the assistance of the Virginia National Guard in crowd control and traffic regulation during the 1989 Labor Day weekend. Based upon the information I have received from the City of Virginia Beach Police Department and the Virginia State Police, I have determined that the extraordinarily large number of people expected to visit the City of Virginia Beach during the coming Labor Day weekend may create a requirement for additional law enforcement personnel for traffic and crowd control. I have further determined that the police forces of the City of Virginia Beach and the number of personnel available from the Virginia State Police may be inadequate to enforce the laws of the Commonwealth, preserve public order, and prevent the disruption of vital public services in Virginia Beach from September 1 through 6, 1989.

Therefore, by virtue of the authority vested in me by Article V, Section 7 of the Constitution of Virginia and by §§ 44-75.1(3) and (5) and 44-78.1 of the Code of Virginia, as Governor and Commander-in-Chief of the armed forces of the Commonwealth, and subject always to my continuing, ultimate authority and responsibility to act in such matters, I hereby call forth the 229th Military Police Company of the Virginia Army National Guard and such other National Guard personnel as the Adjutant General deems necessary to command, control and support said Company, all being a part of the militia of the Commonwealth, and order said 229th Military Police Company to move to the State Military Reservation in the City of Virginia Beach.

The National Guard shall not be deployed or called out for duty in the City of Virginia Beach unless ordered to do so by me. The National Guard personnel are to be prepared, upon receiving further orders from me, to assist the Virginia State Police with crowd control, traffic regulation, and such other law enforcement activities as may be necessary under the circumstances to enforce the laws of the Commonwealth and the City of Virginia Beach, to preserve public order and to prevent the disruption of vital public services, as requested by the City of Virginia Beach.

The following conditions shall apply to the use of the Virginia National Guard:

1. I direct the Adjutant General of Virginia, upon coordination with the Secretary of Transportation and

Public Safety, to make available on state active duty such members of said 229th Military Police Company, such Army National Guard command, control and support personnel, and such equipment as may be necessary to assist the Virginia State Police with traffic and crowd control and any other necessary law enforcement activities in the City of Virginia Beach during the period from September 1 through 6, 1989.

2. In all instances, members of the Virginia Army National Guard shall remain subject to military command as prescribed by § 44-78.1 of the Code of Virginia and not subject to the civilian authorities of the City or State. This shall not be deemed to prohibit working in close cooperation with members of the City or State Police or receiving guidance from them in the performance of their duties.

3. Should service under this Executive Order result in the injury or death of any member of the Virginia National Guard, the following will be provided to the member and his/her dependents or survivors:

(a) Workers' Compensation benefits provided to members of the National Guard by the Virginia Workers' Compensation Act; and, in addition,

(b) The same benefits for injury, disability and/or death, or their equivalent, as would be provided by the federal government if the member were serving on federal active duty at the time of injury or death. Any such federal-type benefits due to a member and his/her dependents or survivors during any calendar month shall be reduced by any payments due under the Virginia Workers' Compensation Act during the same month. If and when the time period for payment of Workers' Compensation benefits has elapsed, the member and his/her dependents or survivors shall thereafter receive full federal-type benefits for as long as they would have received such benefits if the member had been serving on federal active duty at the time of the injury or death. Any federal-type benefits due shall be computed on the basis of military pay grade E-5 or the member's military grade at the time of injury or death, whichever produces the greater benefit amount. Pursuant to § 44-14 of the Code of Virginia, and subject to the concurrence of the Board of Military Affairs, I now approve of future expenditures out of appropriations to the Department of Military Affairs for such federal-type benefits as being manifestly for the benefit of the military service.

This Executive Order will become effective upon its signing and, except for that portion providing for benefits in the event of injury or death, will not remain in effect past September 7, 1989, unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the

Governor

Commonwealth of Virginia the 1st day of September, 1989.

/s/ Gerald L. Baliles
Governor

EXECUTIVE ORDER NUMBER SEVENTY-THREE (89)

PROVIDING FOR THE ASSISTANCE OF THE VIRGINIA NATIONAL GUARD TO THE VIRGINIA DEPARTMENT OF STATE POLICE IN THE CITY OF VIRGINIA BEACH DURING THE 1989 LABOR DAY WEEKEND

As Governor of the Commonwealth of Virginia, I have previously received a request from the Chief of Police of the City of Virginia Beach, pursuant to § 44-78.1 of the Code of Virginia, for the assistance of the Virginia National Guard in crowd control, traffic regulation and law enforcement during the 1989 Labor Day weekend. Based upon the information I received from the City of Virginia Beach Police Department and the Virginia State Police, I subsequently issued Executive Order Seventy-Two (89) ordering the 229th Military Police Company of the Virginia Army National Guard to stand by at the State Military Reservation in the City of Virginia Beach and be prepared, upon my orders, to assist the Virginia State Police with crowd control, traffic regulation and such other law enforcement activities as might be necessary to enforce the laws of the Commonwealth and the City of Virginia Beach, to preserve public order and to prevent the disruption of vital public services.

Based upon further information which I have now received, I have determined that the large number of Labor Day visitors in the City of Virginia Beach have caused a disruption of public order within the City of Virginia Beach which requires additional personnel to control. I have further determined that the police forces of the City of Virginia Beach and the number of personnel available from the Virginia State Police are inadequate to enforce the laws of the Commonwealth, preserve public order, and prevent the disruption of vital public services in Virginia Beach without further assistance.

Therefore, by virtue of the authority vested in me by Article V, Section 7 of the Constitution of Virginia and by §§ 44-75.1(3) and (5) and 44-78.1 of the Code of Virginia, as Governor and Commander-in-Chief of the armed forces of the Commonwealth, and subject always to my continuing, ultimate authority and responsibility to act in such matters, I hereby call forth the 229th Military Police Company of Virginia Army National Guard and such other National Guard personnel as the Adjutant General deems necessary to command, control and support said Company, all being a part of the militia of the Commonwealth, and order said 229th Military Police Company to assist the Virginia State Police with crowd control, traffic regulation, and such other law enforcement activities as the Superintendent of State Police or his designated subordinate officer may determine to be necessary under the circumstances to enforce the laws of the

Commonwealth and the City of Virginia Beach, to preserve public order and to prevent the disruption of vital public services. This assistance shall be rendered through and including September 6, 1989, or until such earlier time as I order such assistance to cease, and said National Guard members shall then be released from active state duty as soon as they are rested and may safely return to their homes.

The following conditions shall apply to the employment of the Virginia National Guard:

1. I direct the Adjutant General of Virginia, upon coordination with the Secretary of Transportation and Public Safety, to make available on state active duty such members of said 229th Military Police Company, such Army National Guard command, control support personnel, and such equipment as may be necessary to assist the Virginia State Police and the City of Virginia Beach with traffic and crowd control and any other necessary law enforcement activities in the City of Virginia Beach during the period from September 1 through 6, 1989.
2. Pursuant to § 52-6 of the Code of Virginia, I authorize and direct the Superintendent of State Police to appoint any and all such Virginia Army National Guard personnel called to state active duty as additional police officers. These police officers shall have the same powers and perform the same duties as the regular State Police Officers appointed by the Superintendent; however, they shall nevertheless remain members of the Virginia National Guard, subject to military command as members of the State Militia. Any bonds and/or insurance required by § 52-7 of the Code of Virginia shall be provided for them at the expense of the Commonwealth.
3. In all instances, members of the Virginia Army National Guard shall remain subject to military command as prescribed by § 44-78.1 of the Code of Virginia and not subject to the civilian authorities of the City or State. This shall not be deemed to prohibit working in close cooperation with members of the City or State Police or receiving guidance from them in the performance of their duties.
4. Should service under this Executive Order result in the injury or death of any member of the Virginia National Guard, the following will be provided to the member and the member's dependents or survivors:
 - (a) Workers' Compensation benefits provided to members of the National Guard by the Virginia Workers' Compensation Act; and, in addition,
 - (b) The same benefits for injury, disability and/or death, or their equivalent, as would be provided by the federal government if the member were serving on federal active duty at the time of injury or death. Any such federal-type benefits due to a

member and his/her dependents or survivors during any calendar month shall be reduced by any payments due under the Virginia Workers' Compensation Act during the same month. If and when the time period for payment of Workers' Compensation benefits has elapsed, the member and his/her dependents or survivors shall thereafter receive full federal-type benefits for as long as they would have received such benefits if the member had been serving on federal active duty at the time of injury or death. Any federal-type benefits due shall be computed on the basis of military pay grade E-5 or the member's military grade at the time of injury or death, whichever produces the greater benefit amount. Pursuant to § 44-14 of the Code of Virginia, and subject to the concurrence of the Board of Military Affairs, I now approve of future expenditures out of appropriations to the Department of Military Affairs for such federal-type benefits as being manifestly for the benefit of the military service.

This Executive Order will become effective upon its signing and, except for that portion providing for benefits in the event of injury or death, will not remain in effect past September 7, 1989, unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 3rd day of September, 1989.

/s/ Gerald L. Baliles
Governor

EXECUTIVE ORDER NUMBER SEVENTY-FOUR (89)

PROVIDING FOR ADDITIONAL ASSISTANCE OF THE VIRGINIA NATIONAL GUARD TO THE VIRGINIA DEPARTMENT OF STATE POLICE IN THE CITY OF VIRGINIA BEACH DURING THE 1989 LABOR DAY WEEKEND

As Governor of the Commonwealth of Virginia, I have previously received a request from the Chief of Police of the City of Virginia Beach, pursuant to § 44-78.1 of the Code of Virginia, for the assistance of the Virginia National Guard in crowd control, traffic regulation and law enforcement during the 1989 Labor Day weekend. Based upon the information I received from the City of Virginia Beach Police Department and the Virginia State Police, I subsequently issued Executive Order Seventy-Two (89) ordering the 229th Military Police Company of the Virginia Army National Guard to stand by at the State Military Reservation in the City of Virginia Beach and be prepared, upon my orders, to assist the Virginia State Police with crowd control, traffic regulation and such other law enforcement activities as might be necessary to enforce the laws of the Commonwealth and the City of Virginia Beach, to preserve public order and to prevent

the disruption of vital public services.

Thereafter, I issued Executive Order Seventy-Three (89) directing that the 229th Military Police Company be deployed to provide such assistance to the Virginia State Police.

Based upon further information from officials of the City of Virginia Beach and from the Virginia State Police, I have now determined that additional Virginia Army National Guard assistance is required.

By virtue of the authority vested in me by Article V, Section 7 of the Constitution of Virginia and by §§ 44-75.1 (3) and (5) and 44-78.1 of the Code of Virginia, as Governor and Commander-in-Chief of the armed forces of the Commonwealth, and subject always to my continuing, ultimate authority and responsibility to act in such matters, I am therefore authorizing the Adjutant General, after prior consultation with me, to deploy such additional units, personnel and equipment as he determines to be necessary to assist the Virginia State Police. This assistance will include crowd control, traffic regulation, and other law enforcement activities necessary to enforce the laws of the Commonwealth and the City of Virginia Beach, to preserve public order and to prevent the disruption of vital public services in the City of Virginia Beach.

This assistance shall be rendered through and including September 6, 1989, or until such earlier time as I order such assistance to cease, and said National Guard members shall then be released from active state duty as soon as they are rested and may safely return to their homes.

The following conditions shall apply to the employment of the Virginia National Guard:

1. I direct the Adjutant General of Virginia, upon coordination with the Secretary of Transportation and Public Safety, to make available on state active duty such additional units, personnel and equipment of the Army National Guard as may be necessary to assist the Virginia State Police and the City of Virginia Beach with traffic and crowd control and any other necessary law enforcement activities in the City of Virginia Beach through and including September 6, 1989.
2. Pursuant to § 52-6 of the Code of Virginia, I authorize and direct the Superintendent of State Police to appoint any and all such Virginia Army National Guard personnel called to state active duty as additional police officers. These police officers shall have the same powers and perform the same duties as the regular State Police Officers appointed by the Superintendent; however, they shall nevertheless remain members of the Virginia National Guard, subject to military command as members of the State Militia. Any bonds and/or insurance required by § 52-7 of the Code of Virginia shall be provided for

them at the expense of the Commonwealth.

3. In all instances, members of the Virginia Army National Guard shall remain subject to military command as prescribed by § 44-78.1 of the Code of Virginia and not subject to the civilian authorities of the City or State. This shall not be deemed to prohibit working in close cooperation with members of the City or State Police or receiving guidance from them in the performance of their duties.

4. Should service under this Executive Order result in the injury or death of any member of the Virginia National Guard, the following will be provided to the member and the member's dependents or survivors:

(a) Workers' Compensation benefits provided to members of the National Guard by the Virginia Workers' Compensation Act; and, in addition,

(b) The same benefits for injury, disability and/or death, or their equivalent, as would be provided by the federal government if the member were serving on federal active duty at the time of injury or death. Any such federal-type benefits due to a member and his/her dependents or survivors during any calendar month shall be reduced by any payments due under the Virginia Workers' Compensation Act during the same month. If and when the time period for payment of Workers' Compensation benefits has elapsed, the member and his/her dependents or survivors shall thereafter receive full federal-type benefits for as long as they would have received such benefits if the member had been serving on federal active duty at the time of the injury or death. Any federal-type benefits due shall be computed on the basis of military pay grade E-5 or the member's military grade at the time of injury or death, whichever produces the greater benefit amount. Pursuant to § 44-14 of the Code of Virginia, and subject to the concurrence of the Board of Military Affairs, I now approve of future expenditures out of appropriations to the Department of Military Affairs for such federal-type benefits as being manifestly for the benefit of the military service.

This Executive Order will become effective upon its signing and, except for that portion providing for benefits in the event of injury or death, will not remain in effect past September 7, 1989, unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 3rd day of September, 1989.

/s/ Gerald L. Baliles
Governor

GOVERNOR'S COMMENTS ON PROPOSED REGULATIONS

(Required by § 9-6.12:9.1 of the Code of Virginia)

STATE AIR POLLUTION CONTROL BOARD

Title of Regulation: VR 120-01. Regulations for the Control and Abatement of Air Pollution - Documents Incorporated by Reference.

Governor's Comment:

The promulgation of these regulations is intended to ensure conformance of state rules and standards to federal regulations. Pending public comment, I recommend approval of these regulations.

/s/ Gerald L. Baliles
Date: September 5, 1989

DEPARTMENT OF HEALTH (STATE BOARD OF)

Title of Regulation: VR 355-30-01. Virginia Medical Care Facilities Certificate of Public Need Rules and Regulation.

Governor's Comment:

I concur with the form and content of this proposal. My final assessment will be contingent upon a review of the public's comments.

/s/ Gerald L. Baliles
Date: August 27, 1989

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (BOARD OF)

Title of Regulation: VR 394-01-06. Virginia Statewide Fire Prevention Code/1987 Edition.

Governor's Comment:

The promulgation of these regulations will help protect the public from fire and safety hazards. Pending public comment, I have no objection to the amendments concerning explosives, ammunition and blasting agents as proposed. With respect to the amendments containing references to the Building Maintenance Code, I urge the Board to carefully consider public comment as well as all available alternatives, and measure the balance between the impact of these amendments on regulated entities and the present situation with respect to public safety.

/s/ Gerald L. Baliles
Date: August 23, 1989

DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

Title of Regulation: VR 394-01-21. Virginia Uniform Statewide Building Code, Volume 1, New Construction Code/1987 Edition.

Title of Regulation: VR 615-70-17. Child Support Enforcement Program.

Governor's Comment:

Governor's Comment:

These regulations are intended to help protect and promote the public's health, safety and welfare. Pending public comment, I recommend approval of the regulations addressing a fee levy, building accessibility for the physically disabled, fire protection systems for Use Group R-2, underground storage tanks, and asbestos inspections. Because of the substantial financial burden on the regulated entities resulting from amendments to the fire protection requirements for Use Group R-1 and for boat storage facilities, I urge the Board to carefully consider public comment as well as all available alternatives, and measure the balance between the impact of these amendments on the regulated entities and the present situation with respect to public safety.

I concur with the form and content of this proposal. My final assessment will be contingent upon a review of the public's comments.

/s/ Gerald L. Baliles
Date: August 23, 1989

/s/ Gerald L. Baliles
Date: August 27, 1989

Title of Regulation: VR 394-01-22. Uniform Statewide Building Code - Volume II - Building Maintenance Code/1987.

Governor's Comment:

The promulgation of these regulations will help protect human lives and property. I urge the Board to carefully consider public comment as well as these amendments on the regulated entities and the present situation with respect to public safety.

/s/ Gerald L. Baliles
Date: August 23, 1989

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
(BOARD OF)

Title of Regulation: VR 460-02-4.191. State Plan for Medical Assistance Relating to Disproportionate Share Adjustments of Hospitals: Methods and Standards for Establishing Payment Rates - In-Patient Hospital Care.

Governor's Comment:

I concur with the form and content of this proposal. My final assessment will be contingent upon a review of the public's comments.

/s/ Gerald L. Baliles
Date: August 27, 1989

GENERAL NOTICES/ERRATA

Symbol Key †

† Indicates entries since last publication of the Virginia Register

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Agriculture and Consumer Services intends to consider amending regulations entitled: **VR 115-01-01. Rules Governing the Solicitation of Contributions.** The purpose of the proposed action is to (i) review the regulations for currency and continued need; (ii) define certain terms contained in statute regarding exemption from annual registration; (iii) specify pursuant to § 57-55.2 (i) of the Code of Virginia the name or names by which a professional solicitor may identify himself and his employer; and (iv) consider other measures to enforce the Solicitation of Contributions Law (§§ 57-48 et seq. of the Code of Virginia) and to assure uniform regulation of charitable solicitations throughout the Commonwealth.

Drafts of the amended regulations will be sent to those who respond to this notice.

Statutory Authority: §§ 57-66 of the Code of Virginia.

Written comments may be submitted until October 15, 1989.

Contact: Jo Freeman, Chair, Revisions Committee, Department of Agriculture and Consumer Services, Division of Consumer Affairs, 1100 Bank St., P.O. Box 1163, Richmond, VA 23209, telephone (804) 786-1343, toll-free 1-800-552-9963 or SCATS 786-1343

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Agriculture and Consumer Services intends to consider amending regulations entitled: **VR 115-04-04. Rules and Regulations for the Enforcement of the Virginia Weights and Measures Law.** The purpose of the proposed action is to adopt the standards of the National Conference on Weights and Measures pertaining to the Method of Sale of Clams, Mussels, and Oysters. These standards are contained in NBS Handbook 130, 1989 edition.

NBS Handbook 130 provides, as follows, with respect to the Method of Sale of Clams, Mussels, and Oysters:

1.5.3. Clams, Mussels, and Oysters

1.5.3.1. Processed clams, mussels, or oysters on the half shell (fresh or frozen) shall be sold by weight excluding the weight of the shell.

1.5.3.2. Canned (heat-processed) mussels, clams, or oysters shall be sold by net weight. A maximum of 41% free liquid by weight is permitted for canned oysters.

1.5.3.3. Fresh oysters, clams, or mussels removed from the shell and placed in a container shall be sold by fluid volume. A maximum of 15% free liquid by weight is permitted.

1.5.3.4. Whole clams, oysters, or mussels in the shell (fresh or frozen) shall be sold by weight (including the weight of the shell, but not including the liquid or ice packed with them), dry measure (e.g., bushel), and/or count. In addition, size designations may be provided.

Statutory Authority: § 3.1-926 of the Code of Virginia.

Written comments may be submitted until 5 p.m., September 29, 1989.

Contact: J. Alan Rogers, Bureau Chief, Virginia Weights and Measures Bureau, Department of Agriculture and Consumer Services, P.O. Box 1163, Room 402, Richmond, VA 23209, telephone (804) 786-2476 or SCATS 786-2476

STATE AIR POLLUTION CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Air Pollution Control Board intends to consider amending regulations entitled: **VR 120-01. Regulations for the Control and Abatement of Air Pollution.** The purpose of the proposed regulation is to enhance the Department of Air Pollution Control's ability to ensure compliance with emission standards by requiring a permit to operate.

A public meeting will be held on September 27, 1989, at 10 a.m. in House Committee Room 1, State Capitol Building, Richmond, Virginia to receive input on the development of the proposed regulation.

Statutory Authority: § 10.1-1308 of the Code of Virginia.

Written comments may be submitted until September 27, 1989, to Director of Program Development, Department of

Air Pollution Control, P.O. Box 10089, Richmond, VA 23240.

Contact: Nancy S. Saylor, Policy and Program Analyst, Division of Program Development, Department of Air Pollution Control, P.O. Box 10089, Richmond, VA 23240, telephone (804) 786-1249 or SCATS 786-1249

DEPARTMENT OF COMMERCE

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Commerce intends to consider amending regulations entitled: **VR 190-05-1. Asbestos Licensing Regulations.** The purpose of the proposed action is to carry out the provisions of Title 54.1, Chapter 5 of the Code of Virginia regarding training and licensing of any person or entity engaging in work as an asbestos worker, supervisor, contractor, inspector, management planner or project designer and RFS contractor.

Amendments include inclusions of RFS contractor licensure requirements, additional licensure requirements for inspectors and management planners, contractors notification requirements, requirements that certificates be issued to students by approved trainers and revisions in license application procedures and fees.

Statutory Authority: § 54.1-501 of the Code of Virginia.

Written comments may be submitted until October 11, 1989.

Contact: Peggy J. Wood, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595, toll-free 1-800-552-3016 or SCATS 367-8595

BOARD OF CORRECTIONS

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Corrections intends to consider promulgating regulations entitled: **Supervision Fee Rules, Regulations and Procedures.** The purpose of the proposed action is to provide procedural instruction for the collection and accounting of supervision fees required of adult offenders.

Statutory Authority: § 53.1-150 of the Code of Virginia.

Written comments may be submitted until October 31, 1989.

Contact: Walter M. Pulliam, Jr., Manager, Probation and Parole Support Services, P.O. Box 26963, Richmond, VA

23261, telephone (804) 674-3063 or SCATS 674-3063

BOARD FOR COSMETOLOGY

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board for Cosmetology intends to consider amending regulations entitled: **VR 235-01-02. Board for Cosmetology Regulations.** The purpose of the proposed action is to solicit public comment on amending regulations to require hours and performances be reported to the board upon termination of a student from a cosmetology school for any reason.

Statutory Authority: § 54.1-201.5 and Chapter 12 (§ 54.1-1200 et seq.) of Title 54.1 of the Code of Virginia.

Written comments may be submitted until October 11, 1989.

Contact: Roberta L. Banning, Assistant Director, Board for Cosmetology, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590 or toll-free 1-800-552-3016 (VA only)

VIRGINIA EMPLOYMENT COMMISSION

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Employment Commission intends to consider amending regulations entitled: **VR 300-01-3. Benefits.** The purpose of this action is to clarify the conditions under which training is approved by the commission so as to allow claimants for unemployment insurance to meet the requirements that they be available for work or actively seeking work during weeks they are enrolled in and regularly attending such training.

The proposed amendment is intended to permit claimants for Unemployment Insurance to obtain commission approval of a training course when it conforms to the usual and customary educational and industrial requirements.

Statutory Authority: § 60.2-111 of the Code of Virginia.

Written comments may be submitted until September 27, 1989.

Contact: Joseph L. Hayes, Manager, Administration and Appeals, Virginia Employment Commission, P.O. Box 1358, Richmond, VA 23211, telephone (804) 786-7554 or SCATS 786-7554

General Notices/Errata

DEPARTMENT OF HEALTH (BOARD OF)

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Health intends to consider amending regulations entitled: **Governing the Newborn Screening and Treatment Program.** The purpose of the proposed action is to (i) revise the regulations to include diseases of newborn infants as specified in § 32.1-65 of the Code of Virginia and (ii) clarify the critical time periods for submitting newborn screening tests in order to more accurately test for diseases that are mandated.

Statutory Authority: § 32.1-12 and Article 7 of Chapter 2 of Title 32.1 of the Code of Virginia.

Written comments may be submitted until January 6, 1990.

Contact: J. Henry Hershey, M.D., M.P.H., Genetics Program Director, Department of Health, Division of Maternal and Child Health, James Madison Bldg., 109 Governor St., 6th Floor, Richmond, VA 23219, telephone (804) 786-7367 or SCATS 786-7367

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Health intends to consider amending regulations entitled: **Rules and Regulations Governing the Licensing of Commercial Blood Banks and Minimum Standards and Qualification for Noncommercial and Commercial Blood Banks.** The purpose of the proposed action is to update the 1980 regulations to reflect change in federal regulations, American Association of Blood Bank guidelines and current blood banking technology.

Statutory Authority: §§ 32.1-2, 32.1-12, 32.1-42 and 32.1-140 of the Code of Virginia.

Written comments may be submitted until January 8, 1990.

Contact: Dr. Martin A. Cader, Director, Division of Communicable Disease Control, Department of Health, 109 Governor St., Richmond, VA 23219, telephone (804) 786-6261 or SCATS 786-6261

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Health intends to consider amending regulations entitled: **VR 355-12-02. Regulations Governing Children's Specialty Services.** The proposals include additions of covered services, the setting of eligibility resource limitation for patients receiving large awards through litigation, revised eligibility criteria and addition of Child Development Services Program.

Statutory Authority: §§ 32.1-12 and 32.1-77 of the Code of Virginia.

Written comments may be submitted until October 11, 1989.

Contact: Nancy R. Bullock, R.N., M.P.H., Nurse Consultant, Children's Specialty Services, Department of Health, 109 Governor St., Richmond, VA 23219, telephone (804) 786-3691 or SCATS 786-3691

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Health intends to consider promulgating regulations entitled: **VR 355-34-01. Private Well Regulations.** The proposed regulations will provide construction and location standards for all private wells drilled, whether intended as a potable water supply source or for other purposes. Water quality standards are established for potable water supplies.

A notice of intended regulatory action was originally published on November 24, 1986.

Statutory Authority: § 32.1-176.4 of the Code of Virginia.

Written comments may be submitted until December 1, 1989.

Contact: Donald J. Alexander, Director, Bureau of Sewage and Water Services, Department of Health, Room 500, Madison Bldg., 109 Governor St., Richmond, VA 23219, telephone (804) 786-1750 or SCATS 786-1750

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Health intends to consider amending regulations entitled: **VR 355-34-02. Sewage Handling and Disposal Regulations.** The purpose of this action is to repeal portions of Article 11 of these regulations that duplicate the construction, location, and quality requirements of the Private Well Regulations.

Statutory Authority: § 32.1-176.4 of the Code of Virginia.

Written comments may be submitted until December 1, 1989.

Contact: Donald J. Alexander, Director, Bureau of Sewage and Water Services, Department of Health, Room 500, Madison Bldg., 109 Governor St., Richmond, VA 23219, telephone (804) 786-1750 or SCATS 786-1750

VIRGINIA HEALTH PLANNING BOARD

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Health Planning Board intends to consider promulgating regulations entitled: **Guidelines for Public Participation in Developing Regulations**. The purpose of the proposed regulation is to describe the method of soliciting input from interested parties in the formation and development of regulations of the Virginia Health Planning Board.

Parties interested in assisting in the developing of these regulations should send written notification to Mr. English by October 2, 1989.

Statutory Authority: §§ 9-6.14:7.1 A and 32.1-122.01 et seq. of the Code of Virginia.

Written comments may be submitted until October 2, 1989.

Contact: John P. English, Health Planning Consultant, Department of Health, 1010 Madison Bldg., 109 Governor St., Richmond, VA 23219, telephone (804) 786-4891 or SCATS 786-4891

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Health Planning Board intends to consider promulgating regulations entitled: **Regulations for Designating Health Planning Regions**. The purpose of the proposed regulation is to set forth the required characteristics of a health planning region and the process for officially designating such regions.

Parties interested in assisting in the development of these regulations should send written notification to Mr. English by October 2, 1989.

Statutory Authority: § 32.1-122.01 et seq. of the Code of Virginia.

Written comments may be submitted until October 2, 1989.

Contact: John P. English, Health Planning Consultant, 1010 Madison Bldg., 109 Governor St., Richmond, VA 23219, telephone (804) 786-4891 or SCATS 786-4891

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Health Planning Board intends to consider promulgating regulations entitled: **Regulations for Designating Regional Health Planning Agencies**. The purpose of the proposed regulation is to set forth requirements for the designation of regional health planning agencies.

Parties interested in assisting in the development of these regulations should send written notification to Mr. English by October 2, 1989.

Statutory Authority: § 32.1-122.01 et seq. of the Code of Virginia.

Written comments may be submitted until October 2, 1989.

Contact: John P. English, Health Planning Consultant, 1010 Madison Bldg., 109 Governor St., Richmond, VA 23219, telephone (804) 786-4891 or SCATS 786-4891

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Health Planning Board intends to consider promulgating regulations entitled: **Administration of State Funding for Regional Health Planning**. The purpose of the proposed regulation is to set forth the required procedures and conditions for distributing state funds appropriated for regional health planning activities.

Parties interested in assisting in the development of these regulations should send written notification to Mr. English by October 2, 1989.

Statutory Authority: § 32.1-122.01 et seq. of the Code of Virginia.

Written comments may be submitted until October 2, 1989.

Contact: John P. English, Health Planning Consultant, 1010 Madison Bldg., 109 Governor St., Richmond, VA 23219, telephone (804) 786-4891 or SCATS 786-4891

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Health Planning Board intends to consider promulgating regulations entitled: **Regulations Governing the Regional Health Planning Boards**. The purpose of the proposed regulation is to set forth required characteristics of the regional health planning boards, including the composition and method of appointment of members.

Parties interested in assisting in the development of these regulations should send written notification to Mr. English by October 2, 1989.

Statutory Authority: § 32.1-122.01 et seq. of the Code of Virginia.

Written comments may be submitted until October 2, 1989.

Contact: John P. English, Health Planning Consultant, 1010 Madison Bldg., 109 Governor St., Richmond, VA 23219, telephone (804) 786-4891 or SCATS 786-4891

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BOARD OF MEDICINE

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medicine intends to consider amending regulations entitled: **VR 465-02-01. Regulations Governing the Practice of Medicine, Osteopathic Medicine, Chiropractic, Clinical Psychology, Podiatry, Acupuncture, and Other Healing Arts.** The purpose of the proposed action is to amend Part I - General Provisions to add new §§ 1.6. Misleading or Deceptive Advertising and 1.7. Anabolic Steroids.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until September 28, 1989.

Contact: Eugenia K. Dorson, Deputy Executive Director, Board of Medicine, 1601 Rolling Hills Dr., Surry Bldg., 2nd Floor, Richmond, VA 23229-5005, telephone (804) 662-9925

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medicine intends to consider amending regulations entitled: **VR 465-02-01. Regulations Governing the Practice of Medicine, Osteopathic Medicine, Chiropractic, Clinical Psychology, Podiatry, Acupuncture, and Other Healing Arts.** The purpose of the proposed action is (i) to amend Part IV to establish requirements for maintaining patient records treated with acupuncture to increase number of hours for approved training; (ii) to delete supervised clinical training and (iii) to increase number of hours for approved training in acupuncture.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until October 25, 1989.

Contact: Eugenia K. Dorson, Deputy Executive Director, Board of Medicine, 1601 Rolling Hills Dr., Surry Bldg., 2nd Floor, Richmond, VA 23229-5005, telephone (804) 662-9925

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Medicine intends to consider amending regulations entitled: **VR 465-03-01. Physical Therapy.** The purpose of the proposed action is to amend Part V - Practice of Physical Therapy, § 5.3 - Supervisory responsibilities, F. Supervision of personnel in Mental Health Institutions and Part IX - Fees, Section I - Lapsed License - Reinstatement.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until September 28,

1989.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Surry Bldg., 2nd Floor, Richmond, VA 23229-5005, telephone (804) 662-9925

DEPARTMENT OF SOCIAL SERVICES (STATE BOARD OF)

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Social Services intends to consider amending regulations entitled: **Employment Services Program.** The purpose of the proposed action is to amend the current Employment Services Program to include requirements of the Job Opportunities and Basic Skills Training (JOBS) Program of the Family Support Act of 1988.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Written comments may be submitted until October 9, 1989, to Joan Kerby, Department of Social Services, 8007 Discovery Drive, Richmond, Virginia 23229-8699.

Contact: Peggy Friedenberg, Legislative Analyst, Department of Social Services, Division of Service Programs, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9217 or SCATS 662-9217

VIRGINIA SOIL AND WATER CONSERVATION BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Virginia Soil and Water Conservation Board intends to consider promulgating regulations entitled: **VR 625-03-00. Flood Prevention and Protection Assistance Fund.** The purpose of the proposed regulation is to make grants or loans to any city, county, town, water authority, service authority or taxing district for the purpose of assisting local sponsors in providing required matching funds for flood prevention or protection, or for flood prevention or protection studies conducted by agencies of the federal government.

Statutory Authority: § 10.1-603.18 of the Code of Virginia.

Written comments may be submitted until October 1, 1989, to Leon E. App, Executive Assistant, Department of Conservation and Recreation, 203 Governor Street, Suite 302, Richmond, Virginia 23219.

Contact: L. S. Button, Jr., Bureau of Dam Safety and Floodplain Programs Manager, Department of Conservation and Recreation, Division of Soil and Water Conservation, 203 Governor St., Suite 238, Richmond, VA 23219, telephone (804) 371-7536 or SCATS 371-7536

GENERAL NOTICES

DEPARTMENT OF HEALTH

Notice of Intent to Solicit Comments on the Proposed WIC Program State Plan of Program Operations and Administration for Federal Fiscal Year 1990

Notice is hereby given that the Special Supplemental Food Program for Women, Infants and Children (WIC) is soliciting additional comments from the general public regarding its proposed WIC State Plan for Federal FY 1990.

The WIC State Plan includes state goals and objectives for FY 1990, names and addresses of local agencies, a map identifying the areas being served, an affirmative action plan, a description of the financial management system, fair hearing procedures, state agency monitoring procedures, an outreach program description, a plan for the provision of nutrition education, a description of the methods used to certify participants, the specific nutritional risk criteria used to determine a person's eligibility, a description of the food delivery system and other sections required by federal regulations.

The State WIC Office has provided one copy of the proposed State Plan for public review at the headquarters office in each of the state's 36 health districts. The location of the office in your area may be obtained by calling your local health department or the State WIC Office at (804) 786-5420. Additional copies of the proposed State Plan are available on a limited basis upon request.

Those individuals wishing to comment in person on the proposed State Plan are invited to attend a public hearing from 1 - 5 p.m. on September 12, 1989, in the Main Floor Conference Room, James Madison Building, 109 Governor Street, Richmond, VA 23319.

Written comments will be accepted until 5 p.m. on October 13, 1989, and should be sent to:

WIC Program Director
State Department of Health
109 Governor Street - 6th Floor
Richmond, Virginia 23219

VIRGINIA HEALTH PLANNING BOARD

† Notice

The Virginia Health Planning Board is establishing a mailing list of parties interested in participating in the development of its regulations. Those regulations generally pertain to the board's responsibility to supervise and provide leadership for the statewide health planning system, through which it makes recommendations to the Secretary of Health and Human Resources of the Commonwealth of Virginia, the Governor, and the General

Assembly concerning health policy, legislation, and resource allocation. In particular, the board is required to promulgate regulations for the designation of health planning regions, the designation of regional health planning agencies, the composition and method of appointment of members of regional health planning boards, and the administration of state funding for regional planning.

Parties interested in receiving a notice whenever the board decides that such regulations need to be created or modified should send a written request to be placed on the Virginia Health Planning Board regulatory notice mailing list, along with their name and mailing address, to: Virginia Health Planning Board, c/o VDH Division of Health Planning, 1010 Madison Building, 109 Governor Street, Richmond, VA 23219. Further information may be obtained from the Division of Health Planning by calling (804) 786-4891.

DEPARTMENT OF LABOR AND INDUSTRY

Notice to the Public of Adoption of Agency Policy Statement Concerning the Recommendation of Manslaughter Charges as a Result of Workplace Fatalities

Notice is given that the Commissioner of the Virginia Department of Labor and Industry has adopted an Agency Policy Statement concerning the recommendation of Manslaughter Charges as a Result of Workplace Fatalities. The Policy Statement that follows shows changes made to the original draft policy statement by italicizing new language and striking through language to be deleted.

The effective date for the Agency Policy Statement is October 1, 1989.

The final changes being made to the policy statement are the result of comments received from the public and Commonwealth's Attorneys.

The internal procedures listed in the policy statement are not subject to the formal notice and comment procedures required under the Virginia Administrative Process Act.

AGENCY POLICY STATEMENT

Subject: Manslaughter Charges as a Result of Workplace Fatalities

Effective Date: October 1, 1989

I. Purpose:

~~The purpose of This policy statement is to establish establishes a uniform policy for determining when a charge of the appropriateness of bringing manslaughter charges as a result of a when a death occurs in the workplace . fatality is appropriate. This policy addresses~~

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how such cases shall be investigated, and how the investigation shall be coordinated with the appropriate Commonwealth's Attorney.

II. Background:

A. Statutory Law

Section § 40.1-49.4 of the Code of Virginia provides for misdemeanor sanctions against any "employer" who willfully violates provisions of the Occupational Safety and Health laws and regulations when that violation results in the death of an employee. There may be cases, however, where a person's conduct is so egregious that a more stringent criminal penalty is warranted. In these cases, the department may recommend that the appropriate Commonwealth's Attorney bring a charge of manslaughter against the violator.

A recent *The United States Supreme Court* ruling has defined "willful" violations in a civil context to include those situations where the employer exhibits a conscious disregard for the provisions of the Act or a plain indifference to the Act's requirements. *McLaughlin v. Richland Shoe Company*, 56 USLW 4433, 4436 (1988).

When an employer wilfully violates safety and health laws or regulations, and an employee is killed as a result, the employer can be cited by the department can cite the employer for a civil willful violation. In these cases which meet the criteria of Chapter IV of the VOSH Field Operations Manual (attached), the Commonwealth's Attorney may also charge the employer may also be charged with a criminal misdemeanor by the Commonwealth's Attorney under § 40.1-49.4(K).

B. Common Law

The criminal laws of Virginia provide for felony sanctions where the conduct resulting in death is:

so flagrant, culpable, and wanton as to show utter disregard of the safety of others under circumstances likely to cause injury.

King v. Commonwealth, 217 Va. 601, 606, 321 S.E.2d 312, 316 (1977). Where the death is an unintentional result of such flagrant, culpable, or wanton conduct, a charge of involuntary manslaughter is appropriate.

Under the common law, a person who involuntarily takes the life of another, (1) in the "performance of an unlawful but not felonious act," or, (2) in the "improper performance of a lawful act," can be charged with involuntary manslaughter.

Where the charge is the "improper performance of a lawful act," the act must be more than mere

negligence. The negligent conduct must be "performed in a manner so gross, wanton, and culpable as to show a reckless disregard for human life." *Gooden v. Commonwealth*, 226 Va. 565, 571, 311 S.E.2d 780, 784 (1984). See also *Davis v. Commonwealth*, 230 Va. 201, 206, 335 S.E.2d 375, 378 (1985).

Virginia Courts have found such a "callous disregard for human life" where when the defendant has violated violates a safety and that the violation was is the proximate cause of the fatal accident. In the case of *Beck v. Commonwealth*, 216 Va. 1, 216 S.E.2d 8 (1975), a manslaughter charge was upheld where the defendant was driving while intoxicated (violating a safety statute), and his actions resulted in the death of killed two pedestrians. However, in a later case, *King v. Commonwealth*, 217 Va. 601, 231 S.E.2d 312 (1977), the Commonwealth was unsuccessful in arguing that the defendant's driving at night without headlights (as required by statute) was constituted criminal negligence. The Court stated held that not every "statutory violation that proximately causes death constitutes involuntary manslaughter." *Id.* at 605, 231 S.E.2d at 316. The violation of a statute falls within the common law definition of involuntary manslaughter where it is:

so flagrant, culpable, and wanton as to show utter disregard of the safety of others under circumstances likely to cause injury. ...Inadvertent acts of negligence, without recklessness, while giving rise to civil liability, will not suffice to impose criminal responsibility...Intentional, willful, and wanton violations of safety statutes, resulting in death, however, will justify conviction of involuntary manslaughter.

Id. at 606, 231, S.E.2d at 316. See also *Darnell v. Commonwealth*, 6 Va. App. 485, 489, 370 S.E.2d 717, 719 (1988).

III. Statement of Policy

A. General:

It shall be is the Department's policy of the Department to recommend felony prosecution for manslaughter of any natural person whose flagrant, culpable, or wanton violation of the Occupational Safety and Health laws and regulation results in the death of an employee.

Because these charges are criminal, it shall further be is the Department's policy of the Department to coordinate investigation of such fatalities with the local police or sheriff's office, and with the Commonwealth's Attorney. The Commonwealth's Attorney shall make the final decision whether to pursue a manslaughter charge.

Misdemeanor charges for criminal willful violations of

the VOSH law under § 40.1-49.4(k) will only be brought against the "employer" (as defined by statute and case law) in circumstances meeting the criteria of the F.O.M. Chapter 4. This charge can be brought against any legal entity that is an employer, including corporations and natural persons. Individuals may also be charged as aiders and abettors of the employer. Va. Code §§ 18.2-18 to 18.2-21. As with felony prosecutions, final discretion as to whether to pursue charges lies with the appropriate Commonwealth's Attorney.

Manslaughter charges, on the other hand, will be brought against "any natural person" whose flagrant, culpable, and wanton conduct brings about the death of an employee.

B. Definitions:

For the purposes of this policy, any "Natural person" shall mean means any individual having direction, management, control, or custody of any worksite, place of employment, employee and shall exclude excluding corporate or other legal entities.

C. Criteria For Determining When a Manslaughter Charge is Appropriate:

1. In order To establish grounds for a manslaughter charge, the CSHO must document that the death occurred as the result of either:

- a. the performance of some unlawful, but not felonious, act, OR
- b. the improper performance of a lawful act.

2. If the charge is based on 1(a)(above), i.e. an unlawful but not felonious act, the CSHO must document that:

- a. the individual whose conduct brought brings about the death committed a misdemeanor violation of Virginia law.

[Note: This element is established in those cases where the responsible individual is also the "employer" and has thus committed a criminal willful violation of VOSH standards under § 40.1-49.4(K). The criminal willful misdemeanor violation could be considered a lesser included offense. It is not established where the responsible individual is a co-worker or person outside of the supervisory chain-of-command];

AND

- b. the statutory violation is so flagrant, culpable, and wanton as to show utter disregard of the safety of others under circumstances likely to cause injury.

[Note: An accidental or inadvertent act of negligence will not support a charge of involuntary manslaughter];

AND

- c. the statutory violation is the proximate cause of the victim's death.

[Note: If several factors contributed to the victim's death, and the statutory violation was one of the contributing causes, this element is satisfied.]

Example:

A foreman in charge of a construction site decides that a job is moving too slowly for proper safety precautions, and He orders employees to enter a 12 foot deep trench with vertical unshored walls. This same foreman had been was responsible for earlier violations of VOSH trench standards and has clear knowledge of the requirements for sloping and shoring.

If the trench caves in ; resulting in a fatality, the employer would be cited by VOSH for a civil willful violation of VOSH standards . and a In addition, a recommendation for criminal willful charges against the "employer" under § 40.1-49.4(K) would be made to the appropriate Commonwealth's Attorney.

Because the foreman committed a nonfelonious criminal violation of the statute, and because his conduct, considering his actual or imputed knowledge of the dangers of unshored trenches, was is flagrant, culpable, and proximately caused the employee's death, a manslaughter charge would be is appropriate.

3. If the charge is based on 1(b)(above), i.e., the improper performance of a lawful act, the CSHO must document that the individual whose conduct brought about the death was negligent in the performance of his duty, and the negligence was so gross and culpable as to indicate a callous disregard of human life. Each element should be analyzed separately:

- a. the individual had has a legal duty under § 40.1-51.1(a) to provide a workplace free from recognized hazards and to comply with Virginia Occupational Safety and Health laws and regulations; OR

the individual had has a legal duty under § 40.1-51.2(a) to comply with Virginia Occupational Safety and Health laws and regulations; OR

the individual had has a legal duty imposed by contract to protect employee safety and health;

AND

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b. the individual negligently breached that duty;

AND

c. the individual's negligent breach of duty was the proximate cause of the victim's death;

AND

d. the negligence was so reckless, wanton, and flagrant as to indicate a callous disregard for human life.

Example:

An example of this type of manslaughter would be the A foreman who sends an untrained maintenance employee to paint an unlocked enclosure for an electrical installation, and, knowing that the electrical host was *is* live, fails to warn the employee about exposed live parts or *fails* to instruct him in methods of disconnecting live equipment, resulting in the electrocution of the employee.

A second example would be the highrise construction site *is* where a county building inspector at a *highrise construction site* tells the General Contractor, the Safety Director, and the Subcontractor's foreman on 3 occasions to replace missing guardrails on the 10th floor. The project is under a deadline and all 3 men ignore his warnings, and a worker then falls from the unguarded 10th floor.

In both cases, the persons responsible had ~~had~~ have either a statutory or contractual responsibility for the safety of the employees; they breached that duty by failing to take action (warning/training employee, installing guardrails); and their ~~behavior~~ *conduct* showed a callous disregard for the lives of the deceased employees.

D. Manslaughter Distinguished From Murder

If an individual willfully or purposefully (rather than negligently) embarks on a course of wrongful conduct with an obvious likelihood of death or serious bodily harm, the charge is not manslaughter, but murder. Second degree murder is defined as any purposeful, cruel act committed by one individual against another without great provocation. If the death results from an intentional or malicious omission of the performance of a duty defined in § 3(a), the charge is also murder.

E. Procedure:

1. When a jobsite fatality has occurred ~~occurs~~, the CSHO and *Regional Supervisor* shall follow existing procedures in the Field Operations Manual and the Significant Case Review Policy for fatality investigations. *The Regional Supervisor shall immediately notify (by telephone) local law*

enforcement officials and the Commonwealth's Attorney of the fatality and VOSH's ongoing investigation.

2. At any time during the investigation, if the CSHO determines that a willful violation of the Act may have occurred, the CSHO shall immediately notify his ~~her~~ Supervisor. The CSHO, Supervisor, and Enforcement Director shall review the evidence in the case with the *Commissioner, the Assistant Commissioner for Enforcement, and the Director Office of Federal Liaison and Technical Support. The Regional Supervisor shall immediately notify the Commonwealth's Attorney of the CSHO's findings.*

3. If the evidence at this point seems to support ~~supports~~ a criminal violation of the Act under the definitions of manslaughter set out in § III(C) above, the Enforcement Director shall notify the Assistant Commissioner, the Commissioner, and the Assistant Attorney General. At the direction of the Commissioner, the ~~CSHO~~ *Regional Supervisor* and/or the Technical Support staff shall immediately consult with the appropriate Commonwealth's Attorney.

4. After the ~~initial~~ *this* determination is made, all ~~ALL~~ *further stages* of the investigation shall be coordinated with local law enforcement officials. The Commonwealth's Attorney may determine the type and scope of investigatory procedures to be followed. *Once the Commonwealth's Attorney is involved in the investigation, the CSHO shall not conduct any further questioning of the principals involved without prior consultation with the Commonwealth's Attorney and the Technical Support Staff. and shall determine whether the investigation has proceeded to a point at which Miranda warnings should be given by local law enforcement officials.*

5. Once the investigation is completed, the Enforcement Director shall review the case and recommend the appropriate course of action to the Assistant Commissioner and Commissioner. The Commissioner, on review of the evidence in the case file, shall recommend a course of action to the Commonwealth's Attorney.

6. If the Commonwealth's Attorney determines that prosecution is warranted, the CSHO and Technical Support staff, at the direction of the Attorney General's Office and the Commissioner, shall provide the Commonwealth's Attorney with all requested support.

IV. Recisions.

None.

V. Impact.

This policy statement is not a regulation which requires

requiring action on the part of any individual party or entity other than agency employees. ~~This is rather~~ It is an internal procedural outline not intended to create any rights or disabilities in third parties.

VI. Reference.

"Criminal/Willful Violations," VOSH F.O.M. Field Operations Manual, Chapter IV, pp. 26-29.

NOTICES TO STATE AGENCIES

RE: Forms for filing material on dates for publication in the Virginia Register of Regulations.

All agencies are required to use the appropriate forms when furnishing material and dates for publication in the Virginia Register of Regulations. The forms are supplied by the office of the Registrar of Regulations. If you do not have any forms or you need additional forms, please contact: Jane Chaffin, Virginia Code Commission, P.O. Box 3-AG, Richmond, Va. 23208, telephone (804) 786-3591.

FORMS:

- NOTICE OF INTENDED REGULATORY ACTION - RR01
- NOTICE OF COMMENT PERIOD - RR02
- PROPOSED (Transmittal Sheet) - RR03
- FINAL (Transmittal Sheet) - RR04
- EMERGENCY (Transmittal Sheet) - RR05
- NOTICE OF MEETING - RR06
- AGENCY RESPONSE TO LEGISLATIVE OR GUBERNATORIAL OBJECTIONS - RR08
- DEPARTMENT OF PLANNING AND BUDGET (Transmittal Sheet) - DPBRR09

Copies of the Virginia Register Form, Style and Procedure Manual may also be obtained from Jane Chaffin at the above address.

ERRATA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

Title of Regulation: ~~VR 460-04-8.2.~~ VR 460-04-8.4. Home and Community Based Care Services for Elderly and Disabled Individuals.

Publication: 5:21 VA.R. 3092-3104 July 17, 1989

Correction to the Final Regulation:

The regulation identification number (VR 460-04-8.2) was incorrectly assigned to this regulation. The correct VR

number is VR 460-04-8.4.

Page 3096, column 1, subsection E, should be changed to read:

E. Recipient choice of provider agencies.

If there is more than one approved provider agency in the community, the individual will have the option of selecting the provider agency of [~~their~~ his] choice.

Page 3097, column 1, subdivision 5, should be changed to read:

5. DMAS termination of home and community-based care services. The effective date of termination [~~will~~ shall] be at least 10 days...

Page 3098, column 1, subdivision g, line 8, should be changed to read:

...specialized health care knowledge [~~shall~~ must] be applied...

Page 3099, column 1, subsection D, should be changed to read:

D. [Service] responsibilities of the adult day health care center [and staff duties] are:

Page 3102, column 1, subdivision (2), should be changed to read:

(2) When respite care services are not received on a routine basis, but are episodic in nature [~~(i.e., respite care offered for one full week during a six-month period)~~], the RN ... visit within [~~two weeks after~~] the respite care period [~~has concluded~~] .

Page 3102, column 2, subdivision f, should be changed to read:

...be available to the respite care aide [~~for conference~~ pertaining to to discuss] the recipient's...

Page 3102, column 2, subdivision 4, lines 5 and 6, should be changed to read:

...compliance with minimum qualifications [as required by DMAS] . Each aide must:

Title of Regulation: ~~VR 460-04-8.4.~~ VR 460-04-8.3. Client Medical Management Program.

Publication: 5:21 VA.R. 3104-3116 July 17, 1989

Correction to the Final Regulation:

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The regulation identification number (VR 460-04-8.4) was incorrectly assigned to this regulation. The correct VR number is VR 460-04-8.3.

The revised version of the Practitioner Referral Form (DMAS-70) used in administering the Client Medical Management Program follows:

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CLIENT MEDICAL MANAGEMENT PROGRAM
PRACTITIONER REFERRAL FORM

Recipient's Name: _____ DMAS#: _____

Referred to: _____ Date: _____

Purpose of Referral (check one):

____ Physician covering in absence of primary health care provider for (specify period of absence for up to 90 days) _____

____ See one time only for _____

____ See as needed for on-going treatment of _____

(Referral for on-going treatment must be renewed at 90 day intervals.)

This recipient is restricted to me as his/her primary health care provider. Please refer to the billing chapter in your Medicaid Provider Manual for billing information. **This form must be part of your medical record. For reimbursement, a copy must be attached to every claim submitted on behalf of this recipient.**

If you wish to refer this patient to another source who will be billing Medicaid, you must obtain another referral form for that physician from me.

These referral provisions do not apply while the recipient is an inpatient in a hospital.

Signature of Primary Health Care Provider

Name of Primary Health Care Provider

Provider ID#: _____

Address: _____

Telephone #: () _____

(Instructions on Back)

DEPARTMENT OF TAXATION

Title of Regulation: VR 630-3-400.1. Corporation Income Tax: Telecommunications Companies.

Publication: 5:24 VA.R. 3623-3632 August 28, 1989

Correction to the Proposed Regulation:

Page 3627, column 1, § 6 A, the last line should read: "10-year period from 1989 through 1998."

Page 3632, column 1, end of subsection B, the following text was omitted: "...telecommunications company or upon the amount of gross receipts of a telecommunications company will be acted upon by the Department of Taxation."

BOARD FOR WATERWORKS AND WASTEWATER WORK OPERATORS

Title of Regulation: VR 675-01-02. Board for Waterworks and Wastewater Works Operators.

Publication: 5:24 VA.R. 3728-3729 August 28, 1989

Correction to the Final Regulation:

Page 3732, Table 1. Summary of education and experience requirements for operator's license by class was omitted.

Table 1. Summary of education and experience requirements for operator's license by class.

License Class	Education ¹	Current License	Minimum Total Years Experience Required	Experience must be at this class facility or higher (time in years)		
				Cl. IV	Cl. III	Cl. II
IV	BS degree	None	0.5	0.5		
	High School	None	0.5	0.5		
	None	None	1.0	1.0		
III	BS degree	None	1.0	1.0		
	IV	IV	1.0	1.0		
	High School	None	2.0	2.0		
II	BS degree	None	1.5	—	1.5	
	IV	IV	1.5	0.5	1.0	
	III	III	1.5	1.0	0.5	
I	BS degree	III ²	2.5	—	1.5	1.0
	IV	IV ³	2.5	1.0	0.5	1.0
	III	III ⁴	2.5	0.5	1.0	1.0
I	High School	II	5.0	2.0	2.0	2.0
	None	II	10.0	4.0	3.0	3.0

This table is provided for information only, and does not supersede the text of the regulations.

¹ BS degree = bachelor's degree in civil, environmental or sanitary engineering, or in physical, biological or chemical science or engineering, with at least 3 semester hours in water and/or wastewater treatment technology. All other bachelor's degrees will be considered the equivalent of high school education for the purpose of meeting the education requirement.

High school = high school diploma or GED or college degree other than BS degree defined above.

² First license was Class II.

³ First license was Class III.

⁴ First license was Class IV.

All experience must be at a waterworks or wastewater works of the appropriate category and of the class indicated. Experience gained at the waterworks or wastewater works of higher class than currently held license must be under direct supervision and direction of a properly licensed operator.

CALENDAR OF EVENTS

Symbols Key

- † Indicates entries since last publication of the Virginia Register
- ☒ Location accessible to handicapped
- ☎ Telecommunications Device for Deaf (TDD)/Voice Designation

NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the Virginia Register deadline may preclude a notice of such cancellation.

For additional information on open meetings and public hearings held by the Standing Committees of the Legislature during the interim, please call Legislative Information at (804) 786-6530.

VIRGINIA CODE COMMISSION

EXECUTIVE

BOARD OF AGRICULTURE AND CONSUMER SERVICES

September 27, 1989 - 9 a.m. - Open Meeting
Washington Building, 1100 Bank Street, Room 204,
Richmond, Virginia. ☒

The board will meet to conduct its regular quarterly meeting and to hold a public hearing at 10 a.m. on a proposal to amend VR 115-02-12 to establish a program in Virginia for the eradication of pseudorabies in swine and to improve the existing regulation's clarity and effectiveness.

Contact: Roy E. Seward, Secretary of the Board, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Suite 210, Richmond, VA 23219, telephone (804) 786-3501 or SCATS 786-3501

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (BOARD OF)

September 27, 1989 - 10 a.m. - Public Hearing
Washington Building, 1100 Bank Street, Board Room, 2nd Floor, Richmond, Virginia. ☒

Notice is hereby given in accordance § 9-6.14:7.1 of the Code of Virginia that the Board of Agriculture and Consumer Services intends to amend regulations entitled: **VR 115-02-12. Health Requirements Governing the Admission of Livestock, Poultry, Companion Animals, and other Animals or Birds into Virginia.** The amendment to the regulation is

necessary to establish a program in Virginia for the eradication of pseudorabies in swine and to improve the regulation's clarity and effectiveness.

Statutory Authority: §§ 3.1-724, 3.1-726 and 3.1-730 of the Code of Virginia.

Written comments may be submitted until August 28, 1989, to William D. Miller, D.V.M., State Veterinarian, Division of Animal Health, Department of Agriculture and Consumer Services, Washington Building, 1100 Bank Street, Suite 600, Richmond, Virginia 23219.

Contact: Paul J. Friedman, D.V.M., Chief, Bureau of Veterinary Services, Division of Animal Health, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Suite 600, Richmond, VA 23219, telephone (804) 786-2483 or SCATS 786-2483

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September 27, 1989 - 10 a.m. - Public Hearing
Washington Building, 1100 Bank Street, Board Room, 2nd Floor, Richmond, Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Agriculture and Consumer Services intends to adopt regulations entitled: **VR 115-02-16. Rules and Regulations Governing Pseudorabies in Virginia.** The regulation is necessary to establish a program in Virginia for the eradication of pseudorabies in swine.

Statutory Authority: §§ 3.1-724, 3.1-726 and 3.1-730 of the Code of Virginia.

Written comments may be submitted until August 28, 1989, to William D. Miller, D.V.M., State Veterinarian, Division of Animal Health, Department of Agriculture and Consumer Services, Washington Building, 1100 Bank Street, Suite 600, Richmond, Virginia 23219.

Contact: Paul J. Friedman, D.V.M., Chief, Bureau of Veterinary Services, Division of Animal Health, Department of Agriculture and Consumer Services, Washington Bldg., 1100 Bank St., Suite 600, Richmond, VA 23219, telephone (804) 786-2483 or SCATS 786-2483

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND LANDSCAPE ARCHITECTS

September 29, 1989 - 9 a.m. - Open Meeting

Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☐

A meeting to (i) approve minutes of July 27, 1989 meeting; (ii) review and discuss enforcement files; and (iii) review correspondence.

Contact: Bonnie S. Salzman, Assistant Director, Department of Commerce, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, toll-free 1-800-552-3016 or SCATS 367-8514

BOARD OF AUDIOLOGY AND SPEECH PATHOLOGY

NOTE: CHANGE IN TIME OF MEETING

October 4, 1989 - 8:30 a.m. – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☐

A board meeting.

Contact: Meredyth P. Partridge, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9111

CHESAPEAKE BAY LOCAL ASSISTANCE BOARD

October 13, 1989 – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Chesapeake Bay Local Assistance Board intends to adopt regulations entitled: **VR 173-01-00. Public Participation Procedures for the Formulation and Promulgation of Regulations.** These regulations establish public participation procedures for the development or revision of regulations by the Chesapeake Bay Local Assistance Board, in accordance with Administrative Process Act.

Statutory Authority: § 10.1-2103 of the Code of Virginia.

Written comments may be submitted until 5 p.m., October 13, 1989.

Contact: Scott Crafton, Regulatory Assistance Coordinator, Chesapeake Bay Local Assistance Department, 701 Eighth Street Office Bldg., Richmond, VA 23219, telephone (804) 225-3440, toll-free 1-800-243-7229 or SCATS 225-3440

COUNCIL ON CHILD DAY CARE AND EARLY CHILDHOOD PROGRAMS

September 28, 1989 - 10 a.m. – Open Meeting
Location to be announced. ☐

A regular business meeting.

Contact: Linda Sawyers, Director, Council on Child Day Care and Early Childhood Programs, Washington Bldg., 1100 Bank St., Suite 1116, Richmond, VA 23219, telephone (804) 371-8603 or SCATS 371-8603

CONSORTIUM ON CHILD MENTAL HEALTH

October 4, 1989 - 9 a.m. – Open Meeting
November 1, 1989 - 9 a.m. – Open Meeting
December 6, 1989 - 9 a.m. – Open Meeting
Eighth Street Office Building, 805 East Broad Street, 11th Floor Conference Room, Richmond, Virginia. ☐

A regular business meeting open to the public, followed by an executive session for purposes of confidentiality; and to review applications for funding of services to individuals.

Contact: Wenda Singer, Chair, Virginia Department for Children, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-2208 or SCATS 786-2208

DEPARTMENT FOR CHILDREN

Child Abuse Fatalities Study Committee

September 28, 1989 - 3 p.m. – Open Meeting
State Capitol, Capitol Square, Senate Room 4, Richmond, Virginia. ☐

A meeting of the legislative study committee reviewing criminal sanctions in child abuse fatality cases.

Contact: Gerardine Luongo, Planner, Virginia Department for Children, 805 E. Broad St., 11th Floor, Eighth Street Office Bldg., Richmond, VA 23219, telephone (804) 786-5399 or SCATS 786-5399

State-Level Runaway Youth Services Network

† **October 26, 1989 - 10:30 a.m. – Open Meeting**
Department of Corrections, 6900 Atmore Drive, Room 3056, Richmond, Virginia. ☐

A regular business meeting open to the public.

Contact: Martha Frickert, Human Resources Developer, Department for Children, 805 E. Broad St., 11th Floor, Richmond, VA 23219, telephone (804) 786-5994 or SCATS 786-5994

COORDINATING COMMITTEE FOR INTERDEPARTMENTAL LICENSURE AND CERTIFICATION OF RESIDENTIAL FACILITIES FOR CHILDREN

October 13, 1989 - 8:30 a.m. – Open Meeting
November 9, 1989 - 8:30 a.m. – Open Meeting

Calendar of Events

December 8, 1989 - 8:30 a.m. – Open Meeting
Interdepartmental Licensure and Certification, Office of the Coordinator, Tyler Building, 1603 Santa Rosa Drive, Suite 210, Richmond, Virginia. ☒

Regularly scheduled meetings to consider such administrative and policy issues as may be presented to the committee.

Contact: John Allen, Coordinator, Interdepartmental Licensure and Certification, Office of the Coordinator, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-7124 or SCATS 662-7124

DEPARTMENT OF COMMERCE

September 28, 1989 - 11 a.m. – Public Hearing
Department of Commerce, Conference Room 1, 3600 West Broad Street, Richmond, Virginia. ☒

In response to House Joint Resolution 322, the Department of Commerce, the Department of Health, and the Department of Health Professions will conduct a public hearing on issues related to the current utilization practices of employment agencies specializing in the provision of certified and licensed temporary nursing personnel to health care facilities and the impact of such utilization practices on the cost and quality of services provided in such facilities within the Commonwealth of Virginia.

Contact: Alvin Whitley, Policy Analyst, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8519 or toll-free 1-800-552-3016 (VA only) or SCATS 367-8519

DEPARTMENT OF CONSERVATION AND RECREATION

Outdoor Recreation Advisory Board

† **October 11, 1989 - 1 p.m. – Open Meeting**
The 1763 Inn, U.S. Route 50 between Paris and Upperville, Upperville, Virginia

A business meeting to review statewide recreation matters.

Contact: Art Buehler, Director, Division of Planning and Recreation Resources, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-5046, SCATS 786-5046 or 786-2121/TDD ☎

Upper James River Advisory Board

† **September 27, 1989 - 6:30 p.m. – Open Meeting**
Cucche's Restaurant, Route 220, Covington, Virginia

A review of river issues and programs.

Contact: Richard G. Gibbons, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-4132 or SCATS 786-4132

BOARD FOR CONTRACTORS

October 18, 1989 - 9 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Richmond, Virginia. ☒

A quarterly meeting of the board to (i) address policy and procedural issues, (ii) review and render decisions on applications for contractors' licenses, (iii) review staff recommendations for revisions to its rules and regulations, and (iv) review and render case decisions on matured complaints against licensees. The meeting is open to the public; however, a large portion of the board's business will be discussed in executive session.

Contact: Kelly G. Ragsdale, Assistant Director, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8557 or toll-free 1-800-552-3016

BOARD OF CORRECTIONS

October 11, 1989 - 9:30 a.m. – Open Meeting
NOTE: CHANGE OF MEETING TIME
6900 Atmore Drive, Board of Corrections Board Room, Richmond, Virginia. ☒

A regular monthly meeting to consider such matters as may be presented to the Board of Corrections.

Contact: Vivian Toler, Secretary of the Board, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3235

DEPARTMENT OF CORRECTIONS (STATE BOARD OF)

† **October 4, 1989 - 7 p.m. – Public Hearing**
Holiday Inn, Wytheville, Virginia

† **October 11, 1989 - 9:30 a.m. – Public Hearing**
Department of Corrections, 6900 Atmore Drive, 3rd Floor Board Room, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Corrections intends to adopt regulations entitled: **VR 230-40-005. Minimum Standards for Virginia Delinquency Prevention and Youth Development Act Grant Programs.** The proposed regulations establish operating standards for Virginia Delinquency Prevention and Youth Development Act grant programs pertaining to program administration, services personnel and fiscal management, staff training, and monitoring and evaluation.

STATEMENT

Impact: These regulations will affect 44 presently operating Virginia Delinquency Prevention and Youth Development Act grant programs in 54 localities (five programs are multi-jurisdictional).

Basis: Section 53.1-253 of the Code of Virginia requires the Board of Corrections to provide standards for the operation of programs developed and implemented under Virginia Delinquency Prevention and Youth Development Act grants.

Purpose: This regulation has been promulgated to fulfill the board statutory requirements to provide standards for the operation of programs developed and implemented under Virginia Delinquency Prevention and Youth Development Act grants.

Issues: These standards have been promulgated by the Board of Corrections for the purpose of carrying out the provision of § 53.1-253 of the Code of Virginia.

Substance: A task force, appointed by the Department of Corrections and composed of local and state administrators, citizenry and representatives of local government developed these standards with input from representatives of the Board of Corrections, the Attorney General's Office, and the Department of Planning and Budget. These standards address: powers, appointment, and qualifications of local program governing boards; administration of local programs including goals and objectives, personnel, staff training, fiscal management, and monitoring and evaluation; and program services (i.e., comprehensive community youth needs planning; community involvement, and direct service programs).

Statutory Authority: §§ 53.1-5 and 53.1-253 of the Code of Virginia.

Written comments may be submitted until October 25, 1989.

Contact: Glenn D. Radcliffe, Chief of Operations for Community Programs, Department of Corrections, P.O. Box 26963, Richmond, VA 23261, telephone (804) 674-3392 or SCATS 674-3392

November 10, 1989 – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Corrections intends to repeal regulations entitled: **VR 230-01-002. Rules and Regulations for the Purchase of Services for Clients.** The regulation discusses the requirements for purchasing services for clients when such services are not available within the Department of Corrections.

Statutory Authority: § 53.1-5 of the Code of Virginia.

Written comments may be submitted until November 10, 1989.

Contact: Ben Hawkins, Agency Regulatory Coordinator, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3262 or SCATS 674-3262

November 14, 1989 - 1 p.m. – Public Hearing
Department of Corrections, 6900 Atmore Drive, Richmond, Virginia

Notice is hereby given in accordance § 9-6.14:7.1 of the Code of Virginia that the Board of Corrections intends to adopt regulations entitled: **VR 230-01-003. Regulations Governing the Certification Process.** These regulations establish the procedures utilized to conduct compliance audits.

Statutory Authority: § 53.1-5 of the Code of Virginia.

Written comments may be submitted until October 16, 1989.

Contact: John T. Britton, Certification Unit Manager, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3237 or SCATS 674-3237

CRIMINAL JUSTICE SERVICES BOARD

† **October 4, 1989 - 1:30 p.m.** – Open Meeting
General Assembly Building, Capitol Square, House Room C, Richmond, Virginia. ☒

A meeting to consider matters related to the board's responsibilities for criminal justice training and improvement of the criminal justice system.

Committee on Training

† **October 4, 1989 - 9:30 a.m.** – Open Meeting
General Assembly Building, Capitol Square, House Room C, Richmond, Virginia. ☒

A meeting to discuss matters related to training for criminal justice personnel. A public hearing is scheduled to receive comments on proposed regulatory changes.

Contact: Paula J. Scott, Staff Executive, Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-4000 or SCATS 786-4000

Calendar of Events

DEPARTMENT OF CRIMINAL JUSTICE SERVICES (BOARD OF)

October 4, 1989 - 9:30 a.m. - Public Hearing
General Assembly Building, Capitol Square, House Room C,
Richmond, Virginia. ☒

Notice is hereby given in accordance § 9-6.14:7.1 of the Code of Virginia that the Criminal Justice Services Board intends to amend regulations entitled: **VR 240-03-01. Rules Relating to Compulsory Minimum Training Standards for Private Security Services Business Personnel.** The amended regulations will revise and update training standards and requirements of Private Security Services Business Personnel.

Statutory Authority: § 9-182 of the Code of Virginia.

Written comments may be submitted until September 29, 1989, to L.T. Eckenrode, Department of Criminal Justice Services, 805 East Broad Street, Richmond, Virginia 23219.

Contact: Paula Scott, Executive Assistant, Department of Criminal Justice Services, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-4000 or SCATS 786-4000

STATE EDUCATION ASSISTANCE AUTHORITY

Board of Directors

September 26, 1989 - 2 p.m. - Open Meeting
November 21, 1989 - 10 a.m. - Open Meeting
State Education Assistance Authority, 6 North 6th Street,
Suite 300, Richmond, Virginia

A general business meeting.

Contact: Lyn Hammond, Secretary to the Board, State Education Assistance Authority, 6 N. 6th St., Suite 300, Richmond, VA 23219, telephone (804) 786-2035, toll-free 1-800-792-5626 or SCATS 786-2035

BOARD OF EDUCATION

September 27, 1989 - 9 a.m. - Open Meeting
September 28, 1989 - 9 a.m. - Open Meeting
James Monroe Building, Conference Rooms D and E, 101 North 14th Street, Richmond, Virginia. ☒ (Interpreter for deaf provided upon request)

October 24, 1989 - 9 a.m. - Open Meeting
October 25, 1989 - 9 a.m. - Open Meeting
Longwood College, Farmville, Virginia

† **November 14, 1989 - 8 a.m. - Open Meeting**
General Assembly Building, Capitol Square, House Room D, Richmond, Virginia. ☒

The Board of Education and the Board of Vocational

Education will hold regularly scheduled meetings. Business will be conducted according to items listed on the agenda. The agenda is available upon request.

Contact: Margaret Roberts, James Monroe Bldg., 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2540

LOCAL EMERGENCY PLANNING COMMITTEE OF CHESTERFIELD COUNTY

October 5, 1989 - 5:30 p.m. - Open Meeting
Chesterfield County Administration Building, 10001 Ironbridge Road, Room 502, Chesterfield, Virginia. ☒

To meet requirements of Superfund Amendment and Reauthorization Act of 1986.

Contact: Lynda G. Furr, Assistant Emergency Services Coordinator, Chesterfield Fire Department, P.O. Box 40, Chesterfield, VA 23832, telephone (804) 748-1236

VIRGINIA FARMERS' MARKET BOARD

September 28, 1989 - 1 p.m. - Open Meeting
State Capitol, Capitol Square, House Room 1, Richmond, Virginia. ☒

A board meeting.

Contact: Nancy L. Israel, Farmers' Market Network Program Director, Washington Bldg., 1100 Bank St., Room 801, Richmond, VA 23219, telephone (804) 786-3951

VIRGINIA FIRE SERVICES BOARD

† **September 29, 1989 - 10 a.m. - Open Meeting**
Holiday Inn - Koger Center, 10800 Midlothian Turnpike, Richmond, Virginia. ☒

The board will hold a workshop to review and consider testimony in regard to the feasibility of adopting NFPA 1500 Occupational Safety and Health Program for Fire Departments. The testimony was received during four public hearings held around the state and written statements submitted to the Department of Fire Programs. The testimony will be the basis for recommendations to be made to the General Assembly as directed in SJR 351.

The result of the work session will be a first draft outline of the report to be submitted to the General Assembly prior to the 1990 session.

Contact: Carl N. Cimino, Executive Director, Department of Fire Programs, James Monroe Bldg., 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2681 or SCATS 225-2681

Calendar of Events

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

October 30, 1989 - 9 a.m. - Open Meeting
Omni Hotel, 235 West Main Street, Charlottesville, Virginia

A general board meeting to include certifying candidates for the November examination session. Proposed regulations may be discussed.

Contact: Meredyth P. Partridge, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9907

BOARD OF GAME AND INLAND FISHERIES

Planning Committee

† October 11, 1989 - 10 a.m. - Open Meeting
4010 West Broad Street, Richmond, Virginia. ☒

A meeting to discuss the development of a planning assessment team.

Contact: Nancy B. Dowdy, Agency Regulatory Coordinator/Board Secretary, 4010 W. Broad St., Richmond, VA 23230, telephone (804) 367-1000

DEPARTMENT OF GENERAL SERVICES

Art and Architectural Review Board

† October 6, 1989 - 10 a.m. - Open Meeting
Virginia Museum of Fine Arts, Boulevard and Grove Avenue, Main Conference Room, Richmond, Virginia. ☒

The board will advise the Director of General Services and the Governor on architecture of state facilities to be constructed and works of art to be accepted or acquired by the Commonwealth.

Contact: M. Stanley Krause, AIA, AICP, Rancorn, Wildman & Krause, Architects, P.O. Box 1817, Newport News, VA 23601, telephone (804) 687-8030

GLOUCESTER COUNTY LOCAL EMERGENCY PLANNING COMMITTEE

† October 25, 1989 - 6:30 p.m. - Open Meeting
Old Courthouse, Court Green, Main Street, Gloucester, Virginia. ☒

A meeting to critique the recent HAZ-MAT Tabletop exercise and address committee assignments and goals for 1990.

Contact: Georgette N. Hurley, Assistant County Administrator, P.O. Box 329, Gloucester, VA 23061, telephone (804) 693-4042

BOARD OF HEALTH

† October 5, 1989 - 9 a.m. - Open Meeting
Sheraton, Roanoke, Virginia

† December 13, 1989 - 9 a.m. - Open Meeting
Department of Health, James Madison Building, 109 Governor Street, Richmond, Virginia. ☒

A working session will be held.

† October 6, 1989 - 9 a.m. - Open Meeting
Sheraton, Roanoke, Virginia

† December 14, 1989 - 9 a.m. - Open Meeting
Department of Health, James Madison Building, 109 Governor Street, Richmond, Virginia. ☒

A regular business meeting will be held.

Contact: Sarah H. Jenkins, Secretary to the Board, Department of Health, 109 Governor St., Richmond, VA 23219, telephone (804) 786-3561

DEPARTMENT OF HEALTH (STATE BOARD OF)

November 12, 1989 - Written comments may be submitted until this date.
James Madison Building, 109 Governor Street, Auditorium, Richmond, Virginia. ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Health intends to amend regulations entitled: **VR 355-28-01.02. Board of Health Regulations Governing Vital Records.** The regulations will specify which items are to be included on official records of birth, death, fetal death, induced abortion, marriage, and divorce.

Statutory Authority: §§ 32.1-250 and 32.1-252 of the Code of Virginia.

Written comments may be submitted until November 12, 1989.

Contact: Russell E. Booker, Jr., State Registrar, Division of Vital Records, Department of Health, P.O. Box 1000, Richmond, VA 23208-1000, telephone (804) 786-6221 or SCATS 786-6221

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September 26, 1989 - 1 p.m. - Public Hearing
Dumfries Triangle Rescue Squad, Bingo Hall, Dumfries, Virginia

October 5, 1989 - 7 p.m. - Public Hearing
Virginia Military Institute, Lejeune Hall, 400 Level, Lexington, Virginia

Calendar of Events

October 10, 1989 - 7 p.m. – Public Hearing
Virginia Highlands Community College, Auditorium, Room 200, Abingdon, Virginia

Notice is hereby given in accordance § 9-6.14:7.1 of the Code of Virginia that the Board of Health intends to amend regulations entitled: **VR 355-32-01.01. Regulations Governing Emergency Medical Services.** The purpose of the proposed amendments is to (i) update and clarify minimum standards for provision of emergency medical services and (ii) revise and update Procedures and Guidelines for Basic Life Support Training Programs.

Statutory Authority: § 32.1-12 of the Code of Virginia.

Written comments may be submitted until November 11, 1989.

Contact: Susan D. McHenry, Director, Department of Health, Division of Emergency Medical Services, 1538 E. Parham Rd., Richmond, VA 23228, telephone (804) 371-3500 or toll-free 1-800-523-6019

* * * * *

September 26, 1989 - 1 p.m. – Public Hearing
Dumfries Triangle Rescue Squad, Bingo Hall, Dumfries, Virginia

October 5, 1989 - 7 p.m. – Public Hearing
Virginia Military Institute, Lejeune Hall, 400 Level, Lexington, Virginia

October 10, 1989 - 7 p.m. – Public Hearing
Virginia Highlands Community College, Auditorium, Room 220, Abingdon, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Health intends to amend regulations entitled: **VR 355-32-02. Regulations Governing Financial Assistance for Emergency Medical Services.** The purpose of the proposed amendments is to update and clarify mechanisms for administration of the Virginia Rescue Squad Assistance Fund.

Statutory Authority: §§ 32.1-12 and 32.1-115 through 32.1-116 of the Code of Virginia.

Written comments may be submitted until November 11, 1989.

Contact: Susan D. McHenry, Director, Department of Health, Division of Emergency Medical Services, 1538 E. Parham Rd., Richmond, VA 23228, telephone (804) 371-3500, toll-free 1-800-523-6019 or SCATS 371-3500

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† **November 16, 1989 - 10 a.m. – Public Hearing**

James Madison Building, 109 Governor Street, Main Floor Conference Room, Richmond, Virginia. ☒

Notice is hereby given in accordance § 9-6.14:7.1 of the Code of Virginia that the Board of Health intends to amend regulations entitled: **VR 355-28-01.02. Regulations for Disease Reporting and Control.** The regulations are being amended to comply with current disease control policies and statutory requirements.

STATEMENT

Basis: Chapter 2 of Title 32.1 of the Code of Virginia deals with the reporting and control of diseases. Specifically, § 32.1-35 directs the Board of Health to promulgate regulations specifying which diseases occurring in the Commonwealth are to be reportable and the method by which they are to be reported. Further, § 32.1-42 of the Code allows the board to promulgate regulations and orders to prevent a potential emergency caused by a disease dangerous to the public health. Section 32.1-12 of the Code empowers the Board of Health with the authority to adopt regulations.

Purpose and need: These regulations explain the requirements for reporting communicable diseases, toxic substances related diseases, and cancer to the health department, including defining who is required to report, which diseases are reportable, and what mechanisms are available for reporting.

The proposed amendments bring the regulations into compliance with statutory requirements and current disease control policies.

Impact: Persons in the private sector affected by the amendments to the regulations include physicians and laboratory directors. Any physician who provides care to a pregnant woman will be required to administer a test for syphilis at the beginning of the third trimester and treat accordingly. While this process will increase the cost of prenatal care, the cost of caring for newborns with congenital syphilis will be avoided.

Directors of laboratories (private and public) will be required, under the amendments, to report cases of HIV infection to the health department. Such reporting necessitates the use of staff time and the cost of postage. These costs should be minimal, especially compared to the benefits of early intervention for persons exposed to an infectious disease.

The cost to the agency should be insignificant. Agency staff routinely collect and analyze disease reports received and follow disease control procedures, which may include contact tracing. The amendments to the regulations should not affect standard operating procedures or incur any costs which cannot be absorbed by current funding allocations.

Statutory Authority: §§ 32.1-12 and 32.1-35 through 32.1-38

Calendar of Events

of the Code of Virginia.

Written comments may be submitted until November 24, 1989.

Contact: Diane Woolard, M.P.H., Senior Epidemiologist, Department of Health, 109 Governor St., Room 701, Richmond, VA 23219, telephone (804) 786-6261

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† **November 6, 1989 - 7 p.m.** – Public Hearing
County of Henrico, Parham and Hungary Springs Roads, Board Room, Administration Building, Richmond, Virginia

† **November 13, 1989 - 7 p.m.** – Public Hearing
Harrisonburg Electric Commission, 89 West Bruce Street, 2nd Floor Conference Room, Harrisonburg, Virginia

† **November 14, 1989 - 7 p.m.** – Public Hearing
Peninsula Health Center, 416 J. Clyde Morris Boulevard, Auditorium, Newport News, Virginia

† **November 15, 1989 - 7 p.m.** – Public Hearing
Prince William County, Old Board Chambers, 9250 Lee Avenue, Corner of Lee and Grant Avenue, Manassas, Virginia

† **November 21, 1989 - 7 p.m.** – Public Hearing
Norfolk Health Department, Auditorium, 401 Colley Avenue, Norfolk, Virginia

† **November 28, 1989 - 7 p.m.** – Public Hearing
Washington County Public Library, Oak Hill and East Valley Streets, Abingdon, Virginia

† **November 29, 1989 - 7 p.m.** – Public Hearing
Roanoke County Administrative Office, Community Room, 3738 Brambleton Avenue, S.W., Roanoke, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Health intends to adopt regulations entitled: **VR 355-34-01. Private Well Regulations.** These proposed regulations establish location, construction and water quality standards for private wells.

STATEMENT

Statement of purpose, basis and impact: At its 1986 session, the General Assembly adopted the "Virginia Private Well Construction Act" (§ 32.1-176). This legislation authorized the Board of Health to adopt regulations governing the location and construction of private wells in the Commonwealth. The Act requires the department to issue construction permits for wells intended for household, groundwater source heat pump, agricultural use, industrial use or other nonpublic water well uses.

The purpose of the Private Well Regulations is to protect public health by providing construction and location

standards for private wells that will reduce the potential for aquifer contamination. Further, the department is authorized to conduct inspections as necessary to assure that construction standards are met.

Statewide, it is estimated that approximately 2,000 additional site inspections will be conducted by existing staff and that another 2,000 site evaluations will be made during on-site soil evaluations already being conducted. This represents an increase of 20% or less upon the number of well construction permits currently issued. No additional manpower needs are envisioned at this time.

Statutory Authority: § 32.1-176 of the Code of Virginia.

Written comments may be submitted until December 1, 1989.

Contact: Donald J. Alexander, Director, Bureau of Sewage and Water Services, Department of Health, James Madison Bldg., 109 Governor St., Room 500, Richmond, VA 23219, telephone (804) 786-1750

HEALTH SERVICES COST REVIEW COUNCIL

September 26, 1989 - 9:30 a.m. – Open Meeting

† **October 24, 1989 - 9:30 a.m.** – Open Meeting
Department of Rehabilitative Services, 4901 Fitzhugh Avenue, Richmond, Virginia. ☒

A monthly meeting to address financial, policy or technical matters which may have arisen since the last meeting.

Contact: Ann Y. McGee, Executive Director, 805 E. Broad St., 6th Floor, Richmond, VA 23219, telephone (804) 786-6371/TDD ☎ or SCATS 786-6371

HOPEWELL INDUSTRIAL SAFETY COUNCIL

October 3, 1989 - 9 a.m. – Open Meeting

Hopewell Community Center, Second and City Point Road, Hopewell, Virginia. ☒ (Interpreter for deaf provided upon request)

A Local Emergency Preparedness Committee meeting on emergency preparedness as required by SARA Title III.

Contact: Robert Brown, Emergency Service Coordinator, 300 N. Main St., Hopewell, VA 23860, telephone (804) 541-2298

COUNCIL ON INDIANS

November 15, 1989 - 2 p.m. – Open Meeting

Old City Hall, 1001 East Broad Street, AT&T Communications Conference Room, 1st Floor, Richmond,

Calendar of Events

Virginia

A regular meeting of the Council on Indians to conduct general business and to receive reports from the council standing committees.

Contact: Mary Zoller, Information Director, Virginia Council on Indians, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9285 or SCATS 662-9285

DEPARTMENT OF LABOR AND INDUSTRY

November 15, 1989 - 10 a.m. - Public Hearing
General Assembly Building, House Room D, Richmond, Virginia ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Labor and Industry intends to adopt regulations entitled: **VR 425-01-64. Standard for Boiler and Pressure Vessel Operator Certification.** The proposed regulation provides a uniform standard to be used by the governing bodies of counties, cities, and towns which have adopted ordinances requiring the certification of boiler and pressure vessel operators.

Statutory Authority: § 15.1-11.6 of the Code of Virginia.

Written comments may be submitted until October 30, 1989 to John J. Crisanti, Policy Analyst, Department of Labor and Industry, P.O. Box 12064, Richmond, Virginia 23241.

Contact: John J. Crisanti, Policy Analyst, Department of Labor and Industry, P.O. Box 12064, Richmond, VA 23241, telephone (804) 786-2385 or SCATS 786-2385

VIRGINIA LONG-TERM CARE COUNCIL

September 28, 1989 - 9:30 a.m. - Open Meeting
Cabinet Conference Room, 622 Ninth Street Office Building, Richmond, Virginia. ☐

Business pertains to developing increased long-term care services for disabled or chronically ill people of all ages.

November 2, 1989 - 9:30 a.m. - Open Meeting
November 3, 1989 - 9 a.m. - Open Meeting
Omni Richmond Hotel, 100 South 12th Street, Richmond, Virginia

Statewide conference on long-term care issues of interest to professionals in the field, providers of services and consumers.

Contact: Thelma E. Bland, Deputy Commissioner, 700 E. Franklin St., 10th Floor, Richmond, VA 23219-2327, telephone (804) 225-2271/TDD ☎, toll-free 1-800-552-4464 or SCATS 225-2271

STATE LOTTERY BOARD

September 27, 1989 - 10 a.m. - Open Meeting
State Lottery Department, 2201 West Broad Street, Conference Room, Richmond, Virginia. ☐

A regularly scheduled monthly meeting of the board. Business will be conducted according to items listed on the agenda which has not yet been determined.

Contact: Barbara L. Robertson, Lottery Staff Officer, State Lottery Department, 2201 W. Broad St., Richmond, VA 23220, telephone (804) 367-9433 or SCATS 367-9433

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November 21, 1989 - 10 a.m. - Public Hearing
State Lottery Department, 2201 West Broad Street, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Lottery Board intends to amend regulations entitled: **VR 447-01-2. Administration Regulations.** The purpose of the proposed action is to amend certain portions of the Administration Regulations which deal with ineligible players, Operations Special Reserve Fund, procedures for small purchases and vendor background checks.

Statutory Authority: § 58.1-4007 of the Code of Virginia.

Written comments may be submitted until November 21, 1989.

Contact: Barbara L. Robertson, Lottery Staff Officer, State Lottery Department, 2201 W. Broad St., Richmond, VA 23220, telephone (804) 367-9433 or SCATS 367-9433

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November 21, 1989 - 10 a.m. - Public Hearing
State Lottery Department, 2201 West Broad Street, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Lottery Board intends to amend regulations entitled: **VR 447-02-1. Instant Game Regulations.** The purpose of the proposed action is to amend certain portions of the Instant Game Regulations in order to conform to the State Lottery Law and to refine sections which deal with general operational parameters.

Statutory Authority: § 58.1-4007 of the Code of Virginia.

Written comments may be submitted until November 21, 1989.

Contact: Barbara L. Robertson, Lottery Staff Officer, State Lottery Department, 2201 W. Broad St., Richmond, VA 23220, telephone (804) 367-9433 or SCATS 367-9433

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November 21, 1989 - 10 a.m. - Public Hearing
State Lottery Department, 2201 West Broad Street,
Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Lottery Board intends to adopt regulations entitled: **VR 447-02-2. On-Line Game Regulations.** The purpose of the proposed regulation is to set out general parameters for the on-line game. This includes setting standards and requirements for licensing of on-line lottery retailers, ticket validation, setting the framework for the operations of on-line lottery games and the payment of prizes.

Statutory Authority: § 58.1-4007 of the Code of Virginia.

Written comments may be submitted until November 21, 1989.

Contact: Barbara L. Robertson, Lottery Staff Officer, State Lottery Department, 2201 W. Broad St., Richmond, VA 23220, telephone (804) 367-9433 or SCATS 367-9433

**CITY OF LYNCHBURG LOCAL EMERGENCY
PLANNING COMMITTEE**

† **October 20, 1989 - 10 a.m. - Open Meeting**
Lynchburg Public Library, 2315 Memorial Avenue,
Lynchburg, Virginia. ☐

A meeting to (i) discuss established Community Right to Know guidelines; (ii) discuss the local Emergency Operations Plan; and (iii) answer any questions presented by the attending public.

Contact: Barry K. Martin, Local Emergency Planning Committee Coordinator, 800 Madison St., Lynchburg, VA 24504, telephone (804) 847-1600

MARINE RESOURCES COMMISSION

† **October 3, 1989 - 9:30 a.m. - Open Meeting**
Marine Resources Commission, 2600 Washington Avenue,
4th Floor, Room 403, Newport News, Virginia ☐

The Virginia Marine Resources Commission will meet on the first Tuesday of each month. It hears and decides cases on fishing licensing, oyster ground leasing, environmental permits in wetlands, bottomlands, coastal sand dunes and beaches. It hears and decides appeals made on local wetlands board decisions.

Fishery management and conservation measures are discussed by the commission. The commission is empowered to exercise general regulatory power

within 15 days and is empowered to take specialized marine life harvesting and conservation measures within five days.

Contact: Sandra S. Schmidt, Secretary to the Commission, 2600 Washington Ave., Room 303, Newport News, VA 23607-0756, telephone (804) 247-2208

BOARD OF MEDICAL ASSISTANCE SERVICES

† **October 17, 1989 - 2 p.m. - Open Meeting**
600 East Broad Street, Suite 1300, Richmond, Virginia. ☐

An open meeting to discuss recommendations of the Technical Advisory Panel to the Virginia Indigent Trust Fund.

Contact: Jacqueline Fritz, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7958

**GOVERNOR'S ADVISORY BOARD ON MEDICARE AND
MEDICAID**

† **October 31, 1989 - 2 p.m. - Open Meeting**
Hyatt Hotel, I-64 and West Broad Street, Richmond,
Virginia. ☐

An open meeting to discuss 1990 proposed legislation and proposed budget addenda items.

Contact: Jacqueline Fritz, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7958

BOARD OF MEDICINE

October 16, 1989 - 9 a.m. - Public Hearing
Department of Health Professions, 1601 Rollings Hills
Drive, Board Room 1, Richmond, Virginia. ☐

A public hearing on a Petition for Rulemaking - Recognition of Straight Chiropractic Academic Standards Association, Inc. (SCASA) for recognition as an accrediting agency for schools of chiropractic. Persons wishing to speak at this hearing shall sign in the morning of the hearing. Written comments will be considered if received by October 20, 1989.

Contact: Eugenia K. Dorson, Board Administrator, Board of Medicine, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9925 or SCATS 662-9925

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November 10, 1989 - Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1

Calendar of Events

of the Code of Virginia that the Board of Medicine intends to amend regulations entitled: **VR 465-02-01. Practice of Medicine, Osteopathy, Podiatry, Chiropractic, Clinical Psychology, and Acupuncture.** The purpose of the proposed action is to amend regulations to clarify the requirements for licensure by endorsement for the practice of medicine and osteopathy.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until November 10, 1989.

Contact: Hilary H. Connor, M.D., Executive Director, or Eugenia K. Dorson, Deputy Executive Director, Board of Medicine, 1601 Rolling Hills Dr., Surry Bldg., Richmond, VA 23229-5005, telephone (804) 662-9925 or SCATS 662-9925

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† **November 24, 1989** – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled: **VR 465-03-01. Regulations Governing the Practice of Physical Therapy.** The proposed amendments to the regulations establish provisions for specific institutions, upon approval to utilize more than three physical therapist assistants under the supervision of a single physical therapist, and establish a new fee for reinstatement of an expired license.

STATEMENT

Basis: §§ 54.1-2400 and 54.1-2900 of the Code of Virginia.

Purpose: The proposed amendments to the current regulations provide the Advisory Board on Physical Therapy the opportunity to exercise its discretion for approving additional physical therapist assistants supervised by a single physical therapist in institutions of mental health to assure the health and welfare of the residents in such institutions, and establish a fee for reinstatement of a lapsed license to practice physical therapy.

Estimated entities and impact:

A. Regulated entities: There are 2,027 physical therapists and 314 physical therapist assistants licensed to practice in the Commonwealth of Virginia.

B. Projected costs to regulated entities: The impact to the licensees and new applicants of these regulations that may increase the regulatory burden are assessed as follows:

1. Section 5.3 F establishes the authority for the Advisory Board on Physical Therapy to, in its

discretion, grant approval to increase the ratio of physical therapist assistants to more than three in mental health institutions. This proposed amendment will not financially harm therapists in such institutions by increasing their supervisory responsibilities in assuring the safety of the patient.

2. Section 9.1 I establishes an application fee for a lapsed license following a period of two or more years. The proposed amendment will affect 12 licensees per year who have allowed their licensure to expire for a period of two or more years.

C. Expected costs to the agency: The board anticipates a minimal increase of \$3,000 to renew and approve requests for additional personnel and process applications for reinstatement of lapsed licenses.

D. Source of funds: All funds of the board are derived from fees paid by licensees and new applicants for licensure.

Explanation of need: The proposed amendments to the current regulations are in response to the Department of Mental Health, Mental Retardation and Substance Abuse Services for relief of the personnel restriction of three physical therapist assistants to one physical therapist. The institutions based their appeal for need to provide sufficient therapists in the rehabilitation of patients hospitalized. This amendment will provide for the advisory board to approve requests from institutions to utilize additional personnel in unique settings that will enhance patient care.

In the process of reviewing the current regulations, the Advisory Board on Physical Therapy found the regulations to be void of a fee for the reinstatement process. Therefore, the advisory board, in concurrence with the Board of Medicine, developed a new fee to be required when making an application for reinstatement of a license to practice physical therapy in Virginia.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until November 24, 1989.

Contact: Eugenia K. Dorson, Deputy Executive Director, Board of Medicine, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9925 or SCATS 662-9925

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† **November 3, 1989 - 9 a.m.** – Public Hearing
Department of Health Professions, 1601 Rolling Hills Drive,
Board Room 2, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled: **VR 465-05-01. Regulations Governing the Practice of Physicians'**

Calendar of Events

Assistants. The proposed amendments are to more clearly define a physician's supervisory responsibilities when delegating to the assistant and establish environment required for specific procedures.

STATEMENT

Basis: Chapter 24 (§ 54.1-2400 et seq.) and Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1 of the Code of Virginia.

Purpose: The proposed regulations establish new definitions for direct supervision, general supervision, and personal supervision of physician's assistants supervised by physicians in the extended delivery of health care and the prerequisite for certain procedures and patient examinations that may be performed by the physician's assistants.

Estimated entities and impact:

A. **Regulated entities:** There are 200 physician's assistants licensed to practice under the supervision of a Doctor of Medicine or Osteopathy in the Commonwealth of Virginia.

B. **Projected costs to regulate entities:** The impact to licensees and new applicants of these regulations that may increase the regulatory burden are assessed as follows:

1. **Section 1.1. Definitions:** The proposed definitions provide a more clear and concise statement of direct, general, and personal supervision required by the supervising physician who supervises and directs the activities of physician's assistants in the performance of specific procedures or examinations. The proposed regulations will not have an impact on the physician's assistant; however, five supervising physicians may be affected as changes may be necessary to ensure the appropriate supervision occurs.

2. **Section 4.1 A 3.** The proposed amendment establishes more clearly those specific medical procedures which may be performed by the physician assistant under the direct supervision of the supervising physician. The licensees or new licensees will not be substantially affected; however, the five supervising physicians may be affected by the requirement and it will be necessary to alter their routines to ensure the appropriate supervision occurs.

3. **Section 4.1 B 4.** The proposed amendment requires evidence of specific credentials a physician's assistant must possess to perform pelvic examinations under the personal supervision of the supervising physician. The proposed amendment will reduce the regulatory burden for 15 assistants and physicians by extending the scope of the assistant.

C. **Expected costs to the agency:** The board anticipates a minimal increase of \$3,000 for reviewing credentials, protocols, and additional investigations.

D. **Source of funds:** All funds of the board are derived from fees paid by licensees and applicants for licensure.

Explanation of need of proposed regulations: The proposed regulations are to establish criteria to more clearly define the supervision by the supervising physician and the environment in which the physician assistant may perform specific procedures and examinations.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Written comments may be submitted until November 24, 1989.

Contact: Eugenia K. Dorson, Deputy Executive Director, Board of Medicine, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9925 or SCATS 662-9925

Advisory Committee on Acupuncture

September 27, 1989 - 1 p.m. - Open Meeting
Department of Health Professions, Board Room 1, 1601 Rolling Hills Drive, Richmond, Virginia ☐

A meeting to (i) conduct general business, (ii) review educational programs, regulations, and other state laws; and (iii) discuss such other items which may come before this committee.

Chiropractic Examination Committee

† **October 12, 1989 - 2 p.m. - Open Meeting**
Embassy Suites, 2925 Emerywood Parkway, Board Room 500, Richmond, Virginia. ☐

A meeting to develop questions for the January 1990 chiropractic examination and discuss any other items which may come before this committee.

Credentials Committee

October 7, 1989 - 8:15 a.m. - Open Meeting
Department of Health Professions, Board Room 1, 1601 Rolling Hills Drive, Richmond, Virginia ☐

A meeting to (i) conduct general business; (ii) interview, and review medical credentials of applicants applying for licensure in Virginia in open and executive session; and (iv) discuss any other items which may come before this committee

Executive Committee

October 6, 1989 - 9 a.m. - Open Meeting
Department of Health Professions, Board Room 1, 1601 Rolling Hills Drive, Richmond, Virginia ☐

A meeting in open session to review closed cases, cases/files requiring administrative actions and consider any other items which may come before the committee.

Calendar of Events

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Surry Bldg., 2nd Floor, Richmond, VA 23229-5005, telephone (804) 662-9925

Informal Conference Committee

† **October 4, 1989 - 9:30 a.m.** – Open Meeting
Radisson Hotel - Lynchburg, 601 Main Street, Lynchburg, Virginia. ☐

A meeting to inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine in Virginia. The committee will meet in open and closed sessions pursuant to § 2.1-344 A 6 of the Code of Virginia.

Contact: Karen D. Waldron, Deputy Executive Director, 1601 Rolling Hills Dr., Surry Bldg., 2nd Floor, Richmond, VA 23229-5005, telephone (804) 662-7006

Ad Hoc Committee on Optometry

October 6, 1989 - 2 p.m. – Open Meeting
Surry Building, 2nd Floor, 1601 Rolling Hills Drive, Richmond, Virginia ☐

The committee will review and discuss the post graduate training programs and the development of an examination for certification of optometrists to treat certain diseases of the human eye with certain therapeutic pharmaceutical agents, and other items which may come before the committee.

Contact: Eugenia K. Dorson, Deputy Executive Director, 1601 Rolling Hills Dr., Surry Bldg., 2nd Floor, Richmond, VA 23229-5005, telephone (804) 662-9925

STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD

† **October 25, 1989 - 9:30 a.m.** – Open Meeting
Northern Virginia Mental Health Institute, Falls Church, Virginia ☐

A regular monthly meeting. The agenda will be published on October 18, 1989, and may be obtained by calling Jane Helfrich.

Tuesday, October 24, 1989 - Committee meeting 6 p.m., informal session 8:30 p.m.

Wednesday, October 25, 1989 - Legislative breakfast 7:30, regular session 9:30 a.m.

Contact: Jane Helfrich, Board Administrator, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3921 or SCATS 786-3921

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

September 27, 1989 - 10 a.m. – Open Meeting
James Madison Building, Main Floor Conference Room, 109 Governor Street, Richmond, Virginia ☐

A meeting to hear public comments on the proposed revision of the Rules and Regulations to Assure the Rights of Residents published August 14, 1989 in the Virginia Register.

Contact: Elsie D. Little, State Human Rights Director, Office of Human Rights, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3988 or SCATS 786-3988

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October 13, 1989 – Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Mental Health, Mental Retardation and Substance Abuse Services intends to adopt new regulations and repeal existing regulations entitled: **VR 470-03-02. Regulations to Ensure the Rights of Residents.** The purpose is to delineate the rights of residents in state operated facilities by the Department of Mental Health, Mental Retardation and Substance Abuse Services. These regulations apply to all facilities operated by the DMHMRSAS.

Statutory Authority: § 37.1-84.1 of the Code of Virginia.

Written comments may be submitted until October 13, 1989.

Contact: Elsie D. Little, State Human Rights Director, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3988 or SCATS 786-3988

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October 23, 1989 - 7 p.m. – Public Hearing
Tidewater Community College, Chesapeake Campus, Auditorium, Chesapeake, Virginia

October 25, 1989 - 7 p.m. – Public Hearing
Wytheville Community College, 1000 East Main Street, Bland Hall Auditorium, Wytheville, Virginia

October 26, 1989 - 7 p.m. – Public Hearing
J. Sargeant Reynolds Community College, Downtown Campus, Auditorium, 7th and Jackson Streets, Richmond, Virginia

October 30, 1989 - 7 p.m. – Public Hearing
McCoart Building, 1 County Complex Court, Board Chambers, Prince William, Virginia

Calendar of Events

NOTE: CHANGE OF MEETING DATE

† November 1, 1989 - 7 p.m. - Public Hearing
Western State Hospital, Staff Development Building,
Auditorium, Staunton, Virginia

The department is seeking input and comments on its Draft Plan of the Mental Retardation Support System. This plan is the product of a year-long effort focused on identification of the philosophy and direction of services to mentally retarded persons in the community and it specifies how services need to be provided between now and the end of the century.

Contact: Stanley Butkus, Ph.D., Director, Mental Retardation Services, P.O. Box 1797, Richmond, VA, telephone (804) 786-1746 or SCATS 786-1746

Alzheimer's Disease and Related Disorders Commission

October 11, 1989 - 1 p.m. - Public Hearing
Roanoke County Community Center, 3738 Brambleton Avenue, Conference Room, Roanoke, Virginia

October 12, 1989 - 10 a.m. - Public Hearing
Virginia Highlands Community College, Abingdon, Virginia

October 18, 1989 - 10 a.m. - Public Hearing
McCoart Building, 1 Complex Court, Board Chambers for Prince William, Davis and Ford Roads, Prince William, Virginia

October 18, 1989 - 3 p.m. - Public Hearing
James Monroe Building, 101 North 14th Street, Conference Room C, Richmond, Virginia. ☐

October 19, 1989 - 10 a.m. - Public Hearing
Royster Memorial Presbyterian Church, 6900 Newport Avenue, Norfolk, Virginia

Public hearings to provide an opportunity for families/caregivers, service providers and members of the general public to share their concerns regarding the provision of services or lack of services for persons with Alzheimer's Disease and related disorders.

Contact: Sandra Rollins, Director, Office of Geriatric Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-4837 or SCATS 786-4837

State Human Rights Committee

† **October 6, 1989 - 9 a.m. - Open Meeting**
Charter Westbrook Hospital, Professional Office Building, 1500 Westbrook Avenue, Richmond, Virginia. ☐

A meeting to discuss business relating to human rights issues. Agenda items are listed prior to meeting.

Contact: Elsie D. Little, ACSW, State Human Rights

Director, Office of Human Rights, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3988

Virginia Interagency Coordinating Council

October 11, 1989 - 9 a.m. - Open Meeting
Lynchburg Hilton, 2900 Candler's Mountain Road, Lynchburg, Virginia. (Interpreter for deaf provided if requested)

A meeting of Virginia's Early Intervention Coordinating Council for Part H, P.L. 99-457 (VICC). The council is an advisory body assisting the Department of Mental Health, Mental Retardation and Substance Abuse Services, the lead agency, in the development and implementation of a statewide interagency multidisciplinary system of early intervention services for infants and toddlers with disabilities, ages birth through two.

Contact: Michael Fehl, Ed.D., Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3710

Mental Health Advisory Council

October 27, 1989 - 10 a.m. - Open Meeting
James Madison Building, 109 Governor Street, Richmond, Virginia. ☐ (Interpreter for deaf provided if requested)

A meeting to provide input on mental health issues to the State Mental Health, Mental Retardation and Substance Abuse Services Board.

Contact: Leslie Tremaine, Director of Mental Health, James Madison Bldg., 12th Floor, Richmond, VA, telephone (804) 786-2991 or SCATS 786-2991

VIRGINIA MILITARY INSTITUTE

Board of Visitors

October 7, 1989 - 8 a.m. - Open Meeting
Virginia Military Institute, Smith Hall Board Room, Smith Hall, Lexington, Virginia ☐

A regular Fall meeting of the VMI Board of Visitors Committee reports.

Contact: Colonel Edwin L. Dooley, Jr., Secretary, Virginia Military Institute, Lexington, VA 24450, telephone (703) 464-7206

DEPARTMENT OF MOTOR VEHICLES

September 26, 1989 - 10 a.m. - Public Hearing

Calendar of Events

Holiday Inn Airport, 6626 Thirlane Road, Roanoke, Virginia. ☒ (Interpreter for deaf provided if requested)

September 27, 1989 - 1 p.m. - Public Hearing
Best Western Springfield Inn, 6550 Loisdale Court, Springfield, Virginia. ☒ (Interpreter for deaf provided if requested)

October 2, 1989 - 10 a.m. - Public Hearing
Omni, 100 Batten Bay Boulevard, Newport News, Virginia. ☒ (Interpreter for deaf provided if requested)

October 3, 1989 - 1 p.m. - Public Hearing
Department of Motor Vehicles, 2300 West Broad Street, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The Department of Motor Vehicles, in conjunction with the Commission on Virginia Alcohol Safety Action program and the Transportation Safety Board, will conduct a public hearing for the purpose of discussing issues regarding SJR 172, administrative revocation of the driver's licenses of persons who operate motor vehicles while under the influence of alcohol or drugs, or both, or who refuse to submit to chemical testing after having been arrested for driving under the influence.

Contact: Vince M. Burgess, Administrator, Traffic Safety Administrator, P.O. Box 27412, Richmond, VA 23269, telephone (804) 367-8150 or SCATS 367-8150

† **December 4, 1989 - 9:30 a.m. - Public Hearing**
Department of Motor Vehicles, 2300 West Broad Street, Cafeteria, Richmond, Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Motor Vehicles intends to adopt regulations entitled: **VR 485-60-8901. Motor Vehicle Dealer Advertising Practices and Enforcement Regulations.** These regulations relate to (i) the violations of regulated advertising practices which could be considered unfair, deceptive or misleading acts or practices; (ii) the terms, conditions and disclaimers in all forms of advertising media; and (iii) the steps involved in the enforcement process (to include administrative and civil penalties, along with the judicial review process).

STATEMENT

Substance: These regulations establish certain rules and standards which will regulate motor vehicle dealer advertising practices.

Issues: New state law permits DMV to (i) regulate motor vehicle dealer advertising practices as they pertain to clear identification of price or credit terms of a particular vehicle advertised; (ii) clear identification of terms,

conditions and disclaimers; (iii) finance charges or other interest rates; (iv) acceptable pricing terms; and (v) the expiration date of the advertised sale.

Basis: The Virginia Motor Vehicle Dealer Advertising Act (HB 1397, enacted by the 1989 General Assembly); §§ 46.1-26, 46.1-520 and 46.1-550.5:41 of the Code of Virginia.

Purpose: To ensure that the advertising of the sale of motor vehicles is honest, fair, and clear, thereby to prohibit deceptive or misleading advertising of the retail sale of motor vehicles as permitted by state law.

Impact: These regulations will affect franchised and nonfranchised motor vehicle dealers (approximately 5,600). The proposed code is expected to create uniformity in advertising and allow for less individual interpretation. The general public will be affected as the regulation will make it simpler to understand what is being said in the advertisements.

Statutory Authority: §§ 46.1-26, 46.1-520 and 46.1-550.5:41 of the Code of Virginia.

Written comments may be submitted until November 24, 1989.

Contact: William A. Malanima, Manager, Dealer and Records Division, Department of Motor Vehicles, 2300 W. Broad St., Richmond, VA 23269, telephone (804) 367-0455 or SCATS 367-0455

VIRGINIA MUSEUM OF NATURAL HISTORY

Board of Trustees

† **October 20, 1989 - 9 a.m. - Open Meeting**
Miles Horton Research Center, Blacksburg, Virginia

The morning session will include reports from the executive, finance, development, education and exhibits, marketing, personnel, planning/facilities, and research and collections committees. The afternoon session will be allocated for long-range planning.

Contact: Rhonda J. Knighton, Executive Secretary, Virginia Museum of Natural History, 1001 Douglas Ave., Martinsville, VA 24112, telephone (703) 666-8600 or SCATS 857-6950 or 857-6951

BOARD OF NURSING

October 14, 1989 - Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Nursing intends to adopt and amend regulations entitled: **VR 495-01-1. Board of Nursing Regulations.** The purpose

of the proposed action is to establish a registry for clinical nurse specialists, minimum standards for education of clinical nurse specialists and requirements for the practice of clinical nurse specialists.

Statutory Authority: §§ 54.1-2400 and 54.1-3005 of the Code of Virginia.

Written comments may be submitted until October 14, 1989.

Contact: Corinne F. Dorsey, R.N., Executive Director, Board of Nursing, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9909 or SCATS 662-9909

BOARD OF NURSING HOME ADMINISTRATORS

† December 6, 1989 - 8 a.m. - Open Meeting
 † December 7, 1989 - 9 a.m. - Open Meeting
 Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☐

National and state examinations will be given to applicants for licensure for nursing home administrators.

Board committee meetings.

Contact: Mark L. Forberg, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9111

PENINSULA ASAP POLICY BOARD

† November 28, 1989 - 12:15 p.m. - Open Meeting
 760 J. Clyde Morris Boulevard, Newport News, Virginia

A meeting to (i) review program statistical report; (ii) discuss countermeasure activities; and (iii) discuss concerns and issues of Peninsula ASAP.

Contact: T. L. Fitzgerald, Director, 760 J. Morris Blvd., Newport News, VA 23601, telephone (804) 595-3301

BOARD OF PHARMACY

† September 28, 1989 - 9 a.m. - Open Meeting
 Department of Health Professions, 1601 Rolling Hills Drive, Conference Room 1, Richmond, Virginia. ☐

A board meeting.

Contact: Jack B. Carson, Executive Director, Board of Pharmacy, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9911

November 29, 1989 - 9:30 a.m. - Public Hearing
 Holiday Inn-West End, 6532 West Broad Street, Richmond,

Virginia

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Pharmacy intends to adopt regulations entitled: **VR 530-01-02. Regulations for Practitioners of the Healing Arts to Sell Controlled Substances.** The proposed regulation provides licensing and regulatory standards for practitioners of the healing arts to sell controlled substances.

Statutory Authority: §§ 54.1-2400(6), 54.1-2914 and 54.1-3302 of the Code of Virginia.

Written comments may be submitted until November 29, 1989.

Contact: Jack B. Carson, Executive Director, Board of Pharmacy, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9911

PRIVATE SECURITY SERVICES ADVISORY COMMITTEE

September 26, 1989 - 10 a.m. - Open Meeting
 Radisson Hotel, Lynchburg, Virginia

A meeting to discuss business of the committee.

Contact: Paula J. Scott, Staff Executive, 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 786-4000 or SCATS 786-4000

BOARD OF PROFESSIONAL COUNSELORS

September 29, 1989 - 9 a.m. - Open Meeting
 Department of Health Professions, 1601 Rolling Hills Drive, Conference Room 2, Richmond, Virginia. ☐

Informal conferences.

† October 12, 1989 - 1:30 p.m. - Open Meeting
 Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☐

A formal administrative hearing to consider reinstatement of a license.

† October 12, 1989 - 8 p.m. - Open Meeting
 Embassy Suites Hotel, 2925 Emerywood Parkway, Richmond, Virginia. ☐

An examination committee meeting to prepare the outline for the Board of Professional Counselors' oral examination workshop for oral examiners.

† October 13, 1989 - 9 a.m. - Open Meeting
 Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☐

Calendar of Events

A general board business meeting to include (i) committee reports and response to correspondence and (ii) identification of the need for amendments to the existing Regulations Governing the Practice of Professional Counseling.

Contact: Joyce D. Williams, Administrative Assistant, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9912 or SCATS 662-9912

BOARD OF PSYCHOLOGY

† **October 18, 1989 - 9 a.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

A meeting to (i) conduct general board business; (ii) review applications for licensure, residency, and registrations as technical assistants; and (iii) review board regulations pertaining to licensure and examinations.

† **November 2, 1989 - 9 a.m.** – Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☒

The board will hear testimony in a formal hearing regarding a candidate for licensure.

Contact: Stephanie A. Sivert, Executive Director, 1601 Rolling Hills Dr., Richmond, VA 23229-5005, telephone (804) 662-9913

PULASKI COUNTY LOCAL EMERGENCY PLANNING COMMITTEE

† **October 5, 1989 - 7:30 p.m.** – Public Hearing
Pulaski County Administration Building, 143 Third Street, N.W., Pulaski, Virginia

A public hearing on the Draft Hazardous Materials Emergency Response Plan and a regular meeting on the continued development of the response plan.

Contact: Steve Via, New River Valley Planning District Commission, P.O. Box 3726, Radford, VA 24143, telephone (703) 639-9313 or SCATS 831-6093

REAL ESTATE BOARD

October 3, 1989 - 10 a.m. – Open Meeting
Department of Commerce, 3600 West Broad Street, Conference Room 1, Richmond, Virginia. ☒

The board will meet to conduct a formal hearing:

The Real Estate Board v. Clyde Wayne London.

† **October 4, 1989 - 10 a.m.** – Open Meeting
Alexandria Court House, 520 King Street, Hearing Room 303, Alexandria, Virginia

The board will meet to conduct a formal hearing:

The Real Estate Board v. Lourdes Villaflor. File Number 88-01919.

Contact: Gayle Eubank, Hearings Coordinator, Department of Commerce, 3600 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 367-8524

BOARD OF REHABILITATIVE SERVICES

September 28, 1989 - 9:30 a.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The board will receive department reports, consider regulatory matters and conduct the regular business of the board.

Finance Committee

September 27, 1989 - 2 p.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The committee will review monthly financial reports and budgetary projections.

Legislation and Evaluation Committee

September 27, 1989 - 4 p.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The committee will review pending federal and state legislation and develop criteria for evaluation of department programs.

Program Committee

September 27, 1989 - 3 p.m. – Open Meeting
4901 Fitzhugh Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

The committee will review vocational rehabilitation regulation proposals and explore options for developing amendments to current regulations.

Contact: James L. Hunter, Board Administrator, 4901 Fitzhugh Avenue, Richmond, VA 23230, telephone (804) 367-6446, SCATS 367-6446, toll-free 1-800-552-5019/TDD ☎ or (804) 367-0280/TDD ☎

DEPARTMENT FOR RIGHTS OF THE DISABLED (BOARD FOR)

November 13, 1989 - 10 a.m. - Public Hearing
November 13, 1989 - 4 p.m. - Public Hearing
James Monroe Building, 101 North 14th Street, Conference Room B, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for Rights of the Disabled intends to adopt regulations entitled: **VR 602-01-2. Nondiscrimination Under State Grants and Programs.** These regulations prohibit discrimination on the basis of disability by programs or activities receiving state funds.

Statutory Authority: §§ 51.5-33 and 51.5-40 of the Code of Virginia.

Written comments may be submitted until November 13, 1989.

Contact: Bryan K. Lacy, Systems Advocacy Attorney, Department for Rights of the Disabled, James Monroe Bldg., 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 225-2042 or toll-free 1-800-552-3962

SAFETY AND HEALTH CODES BOARD

October 3, 1989 - 10 a.m. - Open Meeting
General Assembly Building, Capitol Square, House Room C, Richmond, Virginia. ☐

A meeting to consider (i) amendment concerning powered platforms for building maintenance; (ii) Underground Construction Standard; (iii) amendment to the Asbestos Standard, Extension of Partial Stay; and (iv) amendment to Formaldehyde Standard.

Contact: Jay W. Withrow, Director, Office of Federal Liaison and Technical Support, Department of Labor and Industry, P.O. Box 12064, Richmond, VA 23241, telephone (804) 786-9873 or SCATS 786-9873

DEPARTMENT OF SOCIAL SERVICES (BOARD OF)

October 13, 1989 - Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Social Services intends to adopt regulations entitled: **VR 615-43-3. Nonagency Placements for Adoption-Consent.** The regulations will enable local departments of social services and licensed child placing agencies to implement new legislation governing parental placements for adoption.

Statutory Authority: § 63.1-220.3 of the Code of Virginia.

Written comments may be submitted until October 13, 1989.

Contact: Margaret J. Friedenbergh, Legislative Analyst, Department of Social Services, 8007 Discovery Dr., Richmond, VA 23229, telephone (804) 662-9217 or SCATS 662-9217

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October 13, 1989 - Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Social Services intends to adopt regulations entitled: **VR 615-43-10. Nonagency Placements for Adoption-Adoptive Home Study.** The regulations provide guidelines to child-placing agencies in conducting an adoptive home study when children are placed for adoption by their birth parents or legal guardian.

Statutory Authority: § 63.1-25 of the Code of Virginia.

Written comments may be submitted until October 13, 1989.

Contact: Margaret J. Friedenbergh, Legislative Analyst, Department of Social Services, 8007 Discovery Dr., Richmond, VA 23229, telephone (804) 662-9217 or SCATS 662-9217

DEPARTMENT OF TAXATION

October 27, 1989 - 10 a.m. - Public Hearing
General Assembly Building, House Room C, Richmond, Virginia ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Taxation intends to adopt regulations entitled: **VR 630-3-400.1. Corporation Income Tax: Telecommunications Companies.**

Statutory Authority: § 58.1-203 of the Code of Virginia

Written comments may be submitted until October 27, 1989.

Contact: Janie E. Bowen, Director, Tax Policy, Department of Taxation, P.O. Box 6-L, Richmond, VA 23282, telephone (804) 367-8010 or SCATS 367-8010

TEEN PREGNANCY PREVENTION TASK FORCE

October 6, 1989 - 10 a.m. - Open Meeting
Monroe Building, Room 4, Mezzanine Level, 101 North 14th Street, Richmond, Virginia ☐

Calendar of Events

A regular meeting open to the public.

Contact: Martha J. Frickert, Human Resources Developer, Virginia Department for Children, 805 E. Broad St., 11th Floor, Richmond, VA 23219, telephone (804) 786-5994 or SCATS 786-5994

TREASURY BOARD

October 18, 1989 - 9 a.m. - Open Meeting
November 15, 1989 - 9 a.m. - Open Meeting
† December 20, 1989 - 9 a.m. - Open Meeting
James Monroe Building, 101 North 14th Street, Treasury Board Conference Room, 3rd Floor, Richmond, Virginia. ☒

A monthly meeting.

Contact: Betty A. Ball, Department of Treasury, 101 N. 14th St., James Monroe Bldg., 3rd Floor, Richmond, VA 23219, telephone (804) 225-2142

BOARD OF VETERINARY MEDICINE

† October 11, 1989 - 8:30 a.m. - Open Meeting
Department of Health Professions, 1601 Rolling Hills Drive, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

A meeting to conduct (i) general board business; (ii) informal conferences; (iii) formal hearing; and (iv) regulatory review.

Contact: Terri H. Behr, 1601 Rolling Hills Dr., Richmond, VA 23229, telephone (804) 662-9915

BOARD FOR THE VISUALLY HANDICAPPED

October 14, 1989 - 11 a.m. - Open Meeting
Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia ☒ (Interpreter for deaf provided upon request)

The board meets quarterly to review policy and procedures of the Virginia Department for the Visually Handicapped. The board also reviews and approves the department's budget.

Contact: Diane E. Allen, Administrative Assistant, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3145, toll-free 1-800-622-2155, SCATS 371-3145 or 371-3140/TDD ☒

DEPARTMENT FOR THE VISUALLY HANDICAPPED (BOARD FOR THE)

September 28, 1989 - 7 p.m. - Public Hearing
The Virginia Department for the Visually Handicapped is holding public hearings to receive public comment on the following proposed regulations governing the major programs administered by the department. The public hearing will be broadcast from the Department of Information Technology to the following satellite sites:

Alexandria Regional Office
Northern Virginia Community College
8333 Little River Turnpike
Annandale, Virginia ☒

Northern Virginia 4-H Educational Center
Front Royal, Virginia ☒

Shenandoah College and Conservatory
Winchester, Virginia ☒

Bristol Regional Office
Virginia Highlands Community College
Abingdon, Virginia ☒

Southwest Virginia Community College
Richlands, Virginia ☒

Norfolk Regional Office
(waiting for one more site)

Eastern Shore Agricultural Experimental Station
Virginia Cooperative Extension Service
Painter, Virginia ☒

Richmond Regional Office
Department of Information Technology
4th Floor Auditorium
110 South 7th Street
Richmond, Virginia ☒

Southside Virginia Community College
Keysville, Virginia ☒

Roanoke Valley Graduate Center
117 West Church Avenue
Roanoke, Virginia ☒

Waynesboro Regional Office
Blue Ridge Community College
Weyers Cave, Virginia ☒

Staunton Virginia Cooperative Extension Service
6 East Johnson Street, County Office Building
Room 357
Staunton, Virginia ☒

Interpreter services are available upon request. Please call 1-800-622-2155/TDD ☒

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for the Visually Handicapped intends to adopt regulations entitled: **VR 670-02-1. Regulations to Govern the Operation of Vending Facilities Established in Public Buildings and Other Property.** These regulations set forth the department's policies under which the Business Enterprises for the Blind is operated.

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Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for the Visually Handicapped intends to amend the regulation entitled: **VR 670-03-1. Regulations Governing Provision of Services in Vocational Rehabilitation.**

* * * * *

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for the Visually Handicapped intends to amend regulations entitled: **VR 670-03-2. Regulations Governing Provision of Services for the Infants, Children and Youth Program.**

* * * * *

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for the Visually Handicapped intends to amend regulations entitled: **VR 670-03-3. Provision of Services in Rehabilitation Teaching.**

* * * * *

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department for the Visually Handicapped intends to amend regulations entitled: **VR 670-03-4. Provision of Independent Living Rehabilitation Services.**

* * * * *

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for the Visually Handicapped intends to amend regulations entitled: **VR 670-03-5. Supervision of Administrative Regulations Governing Intake and Social Services.**

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Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for the Visually Handicapped intends to amend regulations entitled: **VR 670-03-6. Regulations Governing Deaf-Blind Services.**

* * * * *

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board for the Visually Handicapped intends to amend regulations entitled: **VR**

670-03-7. Regulations Governing Low Vision Services.

Statutory Authority: § 63.1-78 of the Code of Virginia.

Written comments may be submitted until October 16, 1989.

Contact: Judy P. Divers, Director of Legislation and Media Services, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3140 or toll-free 1-800-622-2155

Advisory Committee on Services

October 14, 1989 - 11 a.m. - Open Meeting
Administrative Headquarters, 397 Azalea Avenue, Richmond, Virginia. ☒ (Interpreter for deaf provided if requested)

Committee meets quarterly to advise the Virginia Board for the Visually Handicapped on matters related to services for blind and visually handicapped citizens of the Commonwealth.

Contact: Barbara G. Tyson, Executive Secretary, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3055, toll-free 1-800-622-2155, SCATS 371-3055 or 371-3140/TDD ☎

Interagency Coordinating Council on Delivery of Related Services to Handicapped Children

September 26, 1989 - 1:30 p.m. - Open Meeting
Department for the Visually Handicapped, 397 Azalea Avenue, Richmond, Virginia. ☒

A regular monthly meeting.

Contact: Glen R. Slonneger, Jr., Department for the Visually Handicapped, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3140

VIRGINIA VOLUNTARY FORMULARY BOARD

† **October 27, 1989 - 10 a.m. - Public Hearing**
James Madison Building, 109 Governor Street, Main Floor Conference Room, Richmond, Virginia. ☒

The board will hold a public hearing to consider the proposed adoption and issuance of revisions to the Virginia Voluntary Formulary. The proposed revisions to the Formulary add drugs and drug products to the Formulary that became effective on November 15, 1988, and a supplement to the Formulary that became effective on September 25, 1989. Copies of the proposed revisions to the Formulary are available for inspection at the Virginia Department of Health, Bureau of Pharmacy Services, James Madison Building, 109 Governor Street, Richmond, Virginia 23219. Written comments sent to the above address and received prior to 5 p.m. on October 27, 1989, will

Calendar of Events

be made a part of the hearing record and considered by the board.

† **November 30, 1989 - 10:30 a.m.** – Open Meeting
James Madison Building, 109 Governor Street, Main Floor Conference Room, Richmond, Virginia. ☐

A meeting to review (i) public hearing comments; (ii) correspondence; and (iii) other information submitted by pharmaceutical manufacturers for products being considered for inclusion in or deletion from the Virginia Voluntary Formulary.

Contact: James K. Thomson, Director, Bureau of Pharmacy Services, Department of Health, 109 Governor St., Richmond, VA 23219, telephone (804) 786-4326 or SCATS 786-3596

DEPARTMENT OF WASTE MANAGEMENT

October 2, 1989 - 10 a.m. – Public Hearing
James Monroe Building, Conference Room B, 101 North 14th Street, Richmond, Virginia

A public hearing will be held for Amendment 10 to the Virginia Hazardous Waste Management Regulations (VR 672-10-1) to discuss the proposed changes in U.S. Environmental Protection regulations for solid and hazardous waste management.

Persons wishing to speak should contact: Vladimir Gulevich, Ph.D., Director, Division of Technical Services, Department of Waste Management, 101 N. 14th St., 11th Floor Monroe Bldg., Richmond, VA 23219, telephone (804) 225-2667.

Additional information may be obtained from: Stuart T. Ashton IV, Staff Specialist, Department of Waste Management, 101 N. 14th St., 11th Floor Monroe Bldg., Richmond, VA 23219, telephone (804) 225-2667

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October 16, 1989 - 10 a.m. – Public Hearing
James Monroe Building, 101 North 14th Street, Conference Room B, Richmond, Virginia. ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Waste Management Board intends to amend regulations entitled: **VR 672-10-1. Virginia Hazardous Waste Management Regulations.** Amendment 10 updates the Virginia Hazardous Waste Management Regulations to retain the equivalency of the Virginia and federal programs.

Statutory Authority: § 10.1-1402 of the Code of Virginia.

Written comments may be submitted until November 20, 1989.

Contact: W. Gulevich, Director, Division of Technical Services, Department of Waste Management, 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2975 or SCATS 225-2975

STATE WATER CONTROL BOARD

September 25, 1989 - 9 a.m. – Open Meeting
September 26, 1989 - 9 a.m. – Open Meeting
General Assembly Building, Senate Room B, Capitol Square, Richmond, Virginia ☐

A regular quarterly meeting.

September 26, 1989 - 9 a.m. – Public Hearing
General Assembly Building, Capitol Square, Senate Room B, Richmond, Virginia. ☐

A public hearing to receive comments on the modification of Virginia Pollutant Discharge Elimination System (VPDES) Permit No. VA0063177 for the City of Richmond, Department of Utilities, 600 E. Broad St., Richmond, VA. The purpose of the hearing is to receive comments on the issuance or denial of the permit, and the effect of the proposed discharge on water quality or beneficial uses of state waters.

Contact: Doneva A. Dalton, State Water Control Board, Office of Policy Analysis, P.O. Box 11143, 2111 N. Hamilton St., Richmond, VA 23230, telephone (804) 367-6829

September 28, 1989 - 7 p.m. – Open Meeting
W.W. Robinson Elementary School, 1231 Susan Avenue, Gymnasium, Woodstock, Virginia. ☐

The purpose of this meeting is receive comments regarding SJR 161 which requests the State Water Control Board, in cooperation with the Department of Health, to study the problems associated with small package treatment systems and other alternatives for onsite sewage disposal.

Contact: Lori A. Freeman, Hearings Reporter, State Water Control Board, 2111 N. Hamilton St., P.O. Box 11143, Richmond, VA 23230-1143, telephone (804) 367-6815

* * * * *

October 17, 1989 - 2 p.m. – Public Hearing
Virginia War Memorial Auditorium, 621 South Belvidere Street, Richmond, Virginia ☐

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the State Water Control Board intends to amend regulations entitled: **VR 680-14-03. Toxics Management Regulation.** The proposed amendments would allow permittees an opportunity to conduct instream evaluations of the

impact of the effluent on the receiving waters prior to entering into toxicity reduction evaluations and remove references to water quality criteria.

Statutory Authority: § 62.1-44.15(10) of the Code of Virginia.

Written comments may be submitted until October 31, 1989.

Contact: Doneva Dalton, Hearing Reporter, Office of Water Resources Management, State Water Control Board, P.O. Box 11143, Richmond, VA 23230, telephone (804) 367-0384 or SCATS 367-0384

VIRGINIA WINEGROWERS ADVISORY BOARD

October 20, 1989 - 10 a.m. - Open Meeting
Virginia Polytechnic Institute and State University,
Donaldson Brown Center, Blacksburg, Virginia

The board will review events since the July 10, 1989, meeting held in Richmond. The board will hear project status reports and conduct regular discussion of sponsored activities and events.

Contact: Annette C. Ringwood, Secretary to Virginia Winegrowers Advisory Board, 1100 Bank St., Room 802B, Richmond, VA 23219, telephone (804) 786-0481 or SCATS 786-0481

COUNCIL ON THE STATUS OF WOMEN

November 13, 1989 - 8 p.m. - Open Meeting
Embassy Suites Hotel, 2925 Emerywood Parkway,
Richmond, Virginia

Meetings of the standing committees of the council.

November 14, 1989 - 9 a.m. - Open Meeting
Embassy Suites Hotel, 2925 Emerywood Parkway,
Richmond, Virginia

A regular meeting of the council to conduct general business and to receive reports from the council standing committees.

Contact: Bonnie H. Robinson, Executive Director, 8007 Discovery Dr., Richmond, VA 23229-8699, telephone (804) 662-9200 or SCATS 662-9200

LEGISLATIVE

SPECIAL HOUSE GENERAL LAWS SUBCOMMITTEE STUDYING ALCOHOLIC BEVERAGE CONTROL SYSTEM

October 17, 1989 - 2 p.m. - Public Hearing
General Assembly Building, Capitol Square, House Room
D, Richmond, Virginia ☐

Public hearing regarding possible privatization of ABC
retail sales. HB 1979

Contact: Angela Bowser, Staff Attorney, Division of
Legislative Services, General Assembly Bldg., Capitol
Square, Richmond, VA 23219, telephone (804) 786-3591

SENATE COMMITTEE ON AGRICULTURE, CONSERVATION AND NATURAL RESOURCES AND HOUSE COMMITTEE ON AGRICULTURE

Joint Meeting

September 26, 1989 - 1 p.m. - Open Meeting
General Assembly Building, House Room D, Capitol
Square, Richmond, Virginia ☐

The purpose of this meeting is to discuss status of
Farmers' Market Network, plans of the new Pesticide
Board, marketing Virginia products internationally,
"Virginia's Finest" program, agricultural diversification,
aquaculture initiative, and 1990 legislation.

Contact: John McE. Garrett, Deputy Clerk, Senate of
Virginia, P.O. Box 396, Richmond, VA 23203, telephone
(804) 786-4639 or Martin Farber, Research Associate,
Division of Legislative Services, P.O. Box 3-AG, Richmond,
VA 23208, telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING THE COMMONWEALTH'S SYSTEM OF APPELLATE REVIEW OF CIVIL CASES

September 28, 1989 - 10 a.m. - Public Hearing
General Assembly Building, House Room C, Capitol Square,
Richmond, Virginia ☐

October 10, 1989 - 10 a.m. - Working Session
General Assembly Building, Sixth Floor Conference Room,
Capitol Square, Richmond, Virginia ☐

November 13, 1989 - 10 a.m. - Working Session
General Assembly Building, Sixth Floor Conference Room,
Capitol Square, Richmond, Virginia ☐

A public hearing and working sessions relating to HJR
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Calendar of Events

Contact: Oscar Brinson, Staff Attorney or Mary K. Geisen, Research Associate, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING BANKING SERVICES FOR LOW AND MODERATE INCOME CONSUMERS

† September 29, 1989 - 2 p.m. - Public Hearing
Mount Vernon Government Center, 2511 Parker Lane
(Approximately 5 miles south of Alexandria, east of U.S. Route 1), Alexandria, Virginia

A public hearing. SJR 226

Contact: Persons wishing to speak contact: Arlen Bolstad, Staff Attorney, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591. For additional information contact: John McE. Garrett, Deputy Clerk, Senate of Virginia, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-4639

DEFINITION OF A COMPENSABLE INJURY AND THE FUNDING MECHANISM OF THE VIRGINIA BIRTH-RELATED NEUROLOGICAL INJURY COMPENSATION ACT

† October 3, 1989 - 10 a.m. - Open Meeting
State Capitol, Capitol Square, House Room 4, Richmond, Virginia. ☒

This joint subcommittee is holding its organizational meeting. HJR 297

Contact: C. William Cramme, Deputy Director, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208

JOINT SUBCOMMITTEE EVALUATING STATEWIDE COURT APPOINTED SPECIAL ADVOCATE PROGRAMS

† October 12, 1989 - 2 p.m. - Open Meeting
General Assembly Building, Capitol Square, House Room D, Richmond, Virginia. ☒

This subcommittee will meet to consider statewide court appointed special advocate programs. HJR 261

Contact: John G. MacConnell, Staff Attorney, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208

VIRGINIA STATE CRIME COMMISSION

Drug Task Force

September 29, 1989 - 2 p.m. - Public Hearing
Roanoke, Virginia

A public hearing to offer an opportunity for the general public to address the drug task force on issues of drug awareness education, abuse prevention, corrections and substance abuse treatment programs and law-enforcement efforts in combating drug crimes. SJR 144

Drug Task Force (Corrections Subcommittee)

September 29, 1989 - 10 a.m. - Open Meeting
Roanoke, Virginia

Purpose of the meeting will be for the drug task force to examine drug-related treatment efforts and assess the effectiveness of correctional programs pursuant to SJR 144.

Drug Task Force (Education Subcommittee)

September 29, 1989 - 10 a.m. - Open Meeting
Roanoke, Virginia

Purpose of the meeting will be for the drug task force to examine drug-awareness education efforts in the Commonwealth pursuant to SJR 144.

Contact: Robert E. Colvin, Executive Director, General Assembly Bldg., 9th Floor, Room 915, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 225-4534

ACTS OF CRIME AND VIOLENCE BY STUDENTS ON SCHOOL PROPERTY

† October 6, 1989 - 10 a.m. - Public Hearing
Norfolk City Council Chambers, 810 Union Street, Norfolk, Virginia

A public hearing. HJR 312

Contact: Brenda Edwards, Research Associate, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208

JOINT SUBCOMMITTEE STUDYING DNA TEST DATA EXCHANGE

September 26, 1989 - 2 p.m. - Working Session
State Capitol, Senate Room 4, Capitol Square, Richmond, Virginia ☒

A working session. SJR 127

Contact: Amy Wachter, Committee Clerk, Senate of Virginia, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-3838, or Mary Devine, Staff Attorney, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING DROPOUTS AND THE DEVELOPMENT OF SELF ESTEEM IN YOUTH AND ADULTS

† September 29, 1989 - 10 a.m. - Public Hearing
General Assembly Building, Capitol Square, House Room D, Richmond, Virginia. ☐

A public hearing to address issues related to the dropout/self-esteem study, such as:

* State agency programs and services for the dropout and his family;

* Impact of dysfunctional families, teacher attitudes and school environment on the dropout rate;

* Relationship between drugs and crime to the dropout;

* Success of other state initiatives. HJR 336

Contact: Persons wishing to speak contact: Jeffrey A. Finch, House of Delegates, P.O. Box 406, Richmond, VA 23203, telephone (804) 786-2227. For additional information contact: Brenda Edwards, Research Associate, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING TRAINING AND CERTIFICATION OF EMERGENCY MEDICAL SERVICES PERSONNEL

November 13, 1989 - 9 a.m. - Open Meeting
General Assembly Building, Senate Room B, Capitol Square, Richmond, Virginia ☐

A regular meeting. SJR 209, 1989 (continued).

Contact: Amy Wachter, Committee Clerk, Senate of Virginia, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-3838, or Norma Szakal, Staff Attorney, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING THE REGULATION OF ENGINEERS, ARCHITECTS, AND LAND SURVEYORS AND THE EXEMPTION FROM LICENSURE OF EMPLOYEES OF THE COMMONWEALTH AND ITS LOCALITIES

October 19, 1989 - 10 a.m. - Open Meeting
November 21, 1989 - 10 a.m. - Open Meeting
State Capitol, House Room 4, Capitol Square, Richmond, Virginia ☐

Regular meetings. HJR 408

Contact: Angela P. Bowser, Staff Attorney, Division of

Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING ACTIVITIES OF FINANCIAL INSTITUTIONS AND REAL ESTATE BROKERS AND AGENTS

NOTE: CHANGE IN MEETING DATE

† October 16, 1989 - 10 a.m. - Open Meeting
General Assembly Building, Senate Room B, Capitol Square, Richmond, Virginia ☐

A regular meeting. SJR 218

Contact: Thomas C. Gilman, Chief Committee Clerk, Senate of Virginia, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-7869, or Arlen Bolstad, Staff Attorney, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING THE FREEDOM OF INFORMATION ACT

November 20, 1989 - 10 a.m. - Public Hearing
General Assembly Building, House Room D, Capitol Square, Richmond, Virginia ☐

A public hearing to receive comments relating to legislation proposed by the subcommittee and other matters pertaining to the Freedom of Information Act.

Contact: Angela Bowser, Staff Attorney, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591

COMMISSION ON LOCAL GOVERNMENT STRUCTURES AND RELATIONSHIPS

† September 25, 1989 - 7:30 p.m. - Public Hearing
Virginia Western Community College, Auditorium, Roanoke, Virginia

A public hearing relating to HJR 286.

Contact: Persons wishing to speak or for additional information contact: C.M. Conner, Jr., Staff Attorney, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING LIABILITY FOR ILLEGAL DUMPING OF HAZARDOUS MATERIALS ON PROPERTY

September 29, 1989 - 10 a.m. - Public Hearing
McCoart Building, 1 County Complex Court, David Ford Road, Board of Supervisors Room, Prince William, Virginia

Calendar of Events

A public hearing. SJR 202

Contact: For additional information contact: Thomas C. Gilman, Chief Committee Clerk, Senate of Virginia, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-7869. Persons wishing to speak contact: John T. Heard, Staff Attorney, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591

LOCAL AND STATE GOVERNMENT INFRASTRUCTURE AND REVENUE RESOURCES COMMISSION

September 26, 1989 - 10 a.m. - Public Hearing
Gas Building, 6801 Industrial Road, Springfield, Virginia

October 4, 1989 - 10 a.m. - Public Hearing
Norfolk City Council Chambers, 810 Union Street, Norfolk, Virginia

The commission will meet to receive testimony concerning infrastructure needs in areas of high growth. HJR 432

Contact: John Garka, Economist, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING CERTAIN PRACTICES OF PSYCHIATRIC PROFESSIONALS AND INSTITUTIONS

† **September 27, 1989 - 10 a.m. - Open Meeting**
General Assembly Building, Capitol Square, Senate Room B, Richmond, Virginia. ☒

A regular meeting. SJR 191

Contact: Gayle Nowell, Research Associate, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591, or Thomas C. Gilman, Chief Committee Clerk, Senate of Virginia, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-7869

COMMISSION ON POPULATION GROWTH AND DEVELOPMENT

September 28, 1989 - 10 a.m. - Open Meeting
October 26, 1989 - 10 a.m. - Open Meeting
November 30, 1989 - 10 a.m. - Open Meeting
General Assembly Building, Capitol Square, Sixth Floor Conference Room, Richmond, Virginia. ☒

Meetings to address matters relevant to the mission of the commission.

Contact: Jeffrey A. Finch, House of Delegates, P.O. Box 406, Richmond, VA 23203, telephone (804) 786-2227

TAXATION OF PUBLIC AND PRIVATE RETIREMENT BENEFITS

† **October 12, 1989 - 10 a.m. - Public Hearing**
General Assembly Building, Capitol Square, House Room D, Richmond, Virginia. ☒

A public hearing. HJR 6

Contact: Regina McNally, Staff Attorney, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING DISCLOSURE REQUIREMENTS OF PUBLIC RETIREMENT SYSTEMS

† **October 6, 1989 - 9:30 a.m. - Open Meeting**
General Assembly Building, Capitol Square, 10th Floor Conference Room, Richmond, Virginia. ☒

A regular meeting. SJR 47

Contact: John McE. Garrett, Deputy Clerk, Senate of Virginia, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-4639 or Bill Echelberger, Jr., Senate Finance Office, General Assembly Bldg., Richmond, VA 23219, telephone (804) 786-4400

JOINT SUBCOMMITTEE STUDYING REINSURANCE, INSURANCE ANTITRUST LAWS AND LIABILITY INSURANCE COVERAGE

September 22, 1989 - 10 a.m. - Open Meeting
General Assembly Building, House Room C, Capitol Square, Richmond, Virginia ☒

The focus of this meeting will be devoted to either Reinsurance, Anti-trust laws or Liability Insurance Coverage. HJR 382

Contact: C. William Cramme', Deputy Director, or Arlen Bolstad, Staff Attorney, Division of Legislative Services, P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591, or Jeffrey A. Finch, House of Delegates, P.O. Box 406, Richmond, VA 23203, telephone (804) 786-2227

JOINT SUBCOMMITTEE STUDYING SITE SELECTION FOR COMMUNITY RESIDENCES FOR THE MENTALLY DISABLED

† **October 2, 1989 - 10 a.m. - Public Hearing**
Norfolk City Council Chambers, City Hall Building, 810 Union Street, Norfolk, Virginia

A public hearing. SJR 220

Contact: Persons wishing to speak contact: Dr. R. Jack Austin, Research Associate, Division of Legislative Services,

P.O. Box 3-AG, Richmond, VA 23208, telephone (804) 786-3591. For additional information contact: Thomas C. Gilman, Chief Committee Clerk, Senate of Virginia, P.O. Box 396, Richmond, VA 23203, telephone (804) 786-7869

REGULATION OF SPORTS AGENTS

† **October 11, 1989 - 10 a.m.** – Public Hearing
Dome Room of the Rotunda at the University of Virginia,
Charlottesville, Virginia

A public hearing. HJR 407

Contact: Angela Bowser, Staff Attorney, Division of
Legislative Services, P.O. Box 3-AG, Richmond, VA 23208,
telephone (804) 786-3591

JOINT SUBCOMMITTEE STUDYING SURROGATE MOTHERHOOD

October 10, 1989 - 2 p.m. – Open Meeting
State Capitol, Capitol Square, Senate Room 4, Richmond,
Virginia. ☐

A regular meeting. SJR 178 (continued)

Contact: Norma Szakal, Staff Attorney, Division of
Legislative Services, P.O. Box 3-AG, Richmond, VA 23208,
telephone (804) 786-3591 or Amy Wachter, Committee
Clerk, Senate of Virginia, P.O. Box 396, Richmond, VA
23203, telephone (804) 786-3838

JOINT SUBCOMMITTEE STUDYING LAWS RELATING TO THE TOWING AND RECOVERY INDUSTRY

† **October 5, 1989 - 10 a.m.** – Open Meeting
General Assembly Building, Capitol Square, Senate Room
A, Richmond, Virginia. ☐

A regular meeting. SJR 206

Contact: Alan B. Wambold, Research Associate, Division of
Legislative Services, P.O. Box 3-AG, Richmond, VA 23208,
telephone (804) 786-3591 or Thomas C. Gilman, Chief
Committee Clerk, Senate of Virginia, P.O. Box 396,
Richmond, VA 23203, telephone (804) 786-7869

JOINT LEGISLATIVE SUBCOMMITTEE ON UNEMPLOYMENT COMPENSATION

September 28, 1989 - 2 p.m. – Open Meeting
General Assembly Building, Senate Room A, Capitol
Square, Richmond, Virginia ☐

The purpose of meeting is to receive an update on the
status of Virginia's Unemployment Insurance Trust
Fund from staff of the Virginia Employment

Commission.

Contact: John McE. Garrett, Deputy Clerk, Senate of
Virginia, P.O. Box 396, Richmond, VA 23203, telephone
(804) 786-4639, or C. William Cramme', Staff Attorney,
Division of Legislative Services, P.O. Box 3-AG, Richmond,
VA 23208, telephone (804) 786-3591

CHRONOLOGICAL LIST

OPEN MEETINGS

September 25

Water Control Board, State

September 26

Agriculture, Conservation and Natural Resources
Senate Committee on, and House Committee on
Agriculture, Joint Meeting
DNA Test Data Exchange, Joint Subcommittee
Studying
Education Assistance Authority, State
- Board of Directors
Health Services Cost Review Council
Private Security Services Advisory Committee
Visually Handicapped, Department for the
- Interagency Coordinating Council on Delivery of
Related Services to Handicapped Children
Water Control Board, State

September 27

Agriculture and Consumer Services, Board of
† Conservation and Recreation, Department of
- Upper James River Advisory Board
Education, Board of
Lottery, State Board
Medicine, Board of
- Advisory Committee on Acupuncture
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
† Psychiatric Professionals and Institutions, Joint
Subcommittee Studying Certain Practices of
Rehabilitative Services, Board of
- Finance Committee
- Legislation and Evaluation Committee
- Program Committee

September 28

Child Day Care and Early Childhood Programs,
Council on
Children, Department for
- Child Abuse Fatalities Study Committee
Education, Board of
Farmers' Market Board, Virginia
Long-Term Care Council, Virginia
† Pharmacy, Board of
Population Growth and Development, Commission on

Calendar of Events

Rehabilitative Services, Board of
Unemployment Compensation, Joint Legislative
Subcommittee on
Water Control Board, State

September 29

Architects, Professional Engineers, Land Surveyors and
Landscape Architects, Board for
Crime Commission, State
- Drug Task Force (Corrections Subcommittee)
- Drug Task Force (Education Subcommittee)
† Fire Services Board, Virginia
Professional Counselors, Board of

October 3

† Compensable Injury and the Funding Mechanism of
the Virginia Birth-Related Neurological Injury
Compensation Act, Definition of a
Hopewell Industrial Safety Council
† Marine Resources Commission
Safety and Health Codes Board
Real Estate Board

October 4

Audiology and Speech Pathology, Board of
Child Mental Health, Consortium on
† Criminal Justice Services Board
- Committee on Training
† Medicine, Board of
- Informal Conference Committee
† Real Estate Board

October 5

Chesterfield County, Local Emergency Planning
Committee of
† Health, Board of
† Towing and Recovery Industry, Joint Subcommittee
Studying Laws Relating to the

October 6

† General Services, Department of
- Art and Architectural Review Board
† Health, Board of
Medicine, Board of
- Executive Committee
- Ad Hoc Committee on Optometry
† Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- State Human Rights Committee
† Public Retirement Systems, Joint Subcommittee
Studying Disclosure Requirements of
Teen Pregnancy Prevention Task Force

October 7

Medicine, Board of
- Credentials Committee
Military Institute, Virginia
- Board of Visitors

October 10

Appellate Review of Civil Cases, Joint Subcommittee

Studying Commonwealth's System of
Surrogate Motherhood, Joint Subcommittee Studying

October 11

† Conservation and Recreation, Department of
- Outdoor Recreation Advisory Board
Corrections, Board of
† Game and Inland Fisheries, Board of
- Planning Committee
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
† Veterinary Medicine, Board of

October 12

† Court Appointed Special Advocate Programs, Joint
Subcommittee Evaluating Statewide
† Medicine, Board of
- Chiropractic Examination Committee
† Professional Counselors, Board of

October 13

Children, Coordinating Committee for
Interdepartmental Licensure and Certification of
Residential Facilities for
† Professional Counselors, Board of

October 14

Visually Handicapped, Board for the
Visually Handicapped, Department for the
- Advisory Committee on Services

October 16

† Financial Institutions and Real Estate Brokers and
Agents, Joint Subcommittee Studying Activities of

October 17

† Medical Assistance Services, Board of

October 18

Contractors, Board for
† Psychology, Board of
Treasury Board

October 19

Engineers, Architects, and Land Surveyors and the
Exemption from Licensure of Employees of the
Commonwealth and Its Localities, Joint Subcommittee
Studying the Regulation of

October 20

† Lynchburg Local Emergency Planning Committee,
City of
† Natural History, Virginia Museum of
- Board of Trustees
Winegrowers Advisory Board, Virginia

October 24

Education, Board of
† Health Services Cost Review Council

October 25

Calendar of Events

- Education, Board of
† Gloucester County Local Emergency Planning Committee
† Mental Health, Mental Retardation and Substance Abuse Services Board, State
- October 26**
† Children, Department for
- State-Level Runaway Youth Services Network
DNA Test Data Exchange, Joint Subcommittee Studying
Population Growth and Development, Commission on
- October 27**
Mental Health, Mental Retardation and Substance Abuse Services, Department of
- Mental Health Advisory Council
- October 30**
Funeral Directors and Embalmers, Board of
- October 31**
† Medicare and Medicaid, Governor's Advisory Board on
- November 1**
Child Mental Health, Consortium on
- November 2**
Long-Term Care Council, Virginia
† Psychology, Board of
- November 3**
Long-Term Care Council, Virginia
- November 9**
Children, Coordinating Committee for Interdepartmental Licensure and Certification of Residential Facilities for
- November 13**
Appellate Review of Civil Cases, Joint Subcommittee Studying Commonwealth's System of Emergency Medical Services Personnel, Joint Subcommittee Studying Training and Certification of Women, Council on the Status of
- November 14**
† Education, Board of
Women, Council on the Status of
- November 15**
Indians, Council on
Treasury Board
- November 21**
Education Assistance Authority, State
- Board of Directors
Engineers, Architects, and Land Surveyors and the Exemption from Licensure of Employees of the Commonwealth and Its Localities, Joint Subcommittee Studying the Regulations of
- November 28**
† Peninsula ASAP Policy Board
- November 30**
Funeral Directors and Embalmers, Board of
Population Growth and Development, Commission on
† Voluntary Formulary Board, Virginia
- December 6**
Child Mental Health, Consortium
† Nursing Home Administrators, Board of
- December 7**
Emergency Planning Committee of Chesterfield County, Local
† Nursing Home Administrators, Board of
- December 8**
Children, Coordinating Committee for Interdepartmental Licensure and Certification of Residential Facilities for
- December 13**
† Health, Board of
- December 14**
† Health, Board of
- December 20**
† Treasury Board

PUBLIC HEARINGS

- September 25**
† Local Government Structures and Relationships, Commission on
- September 26**
Health, Department of
Local and State Government Infrastructure and Revenue Resources Commission
Motor Vehicles, Department of
Water Control Board, State
- September 27**
Agriculture and Consumer Services, Department of
Motor Vehicles, Department of
- September 28**
Appellate Review of Civil Cases, Joint Subcommittee Studying the Commonwealth's System of Commerce, Department of
Visually Handicapped, Department for the
- September 29**
† Banking Services for Low and Moderate Income

Calendar of Events

- Consumers, Joint Subcommittee Studying
Crime Commission, Virginia State
- Drug Task Force
† Dropouts and the Development of Self Esteem in
Youth and Adults, Joint Subcommittee Studying
Illegal Dumping of Hazardous Materials on Property,
Joint Subcommittee Studying Liability for
Commission
- October 2**
Motor Vehicles, Department of
† Site Selection for Community Residences for the
Mentally Disabled, Joint Subcommittee Studying
Waste Management, Department of
- October 3**
Motor Vehicles, Department of
- October 4**
† Corrections, Department of
Criminal Justice Services Board
- October 5**
Health, Department of
† Pulaski County Local Emergency Planning
Committee
- October 6**
† Crime and Violence by Students on School Property,
Acts of
- October 10**
Health, Department of
- October 11**
† Corrections, Department of
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- Alzheimer's Disease and Related Disorders
Commission
† Sports Agents, Regulation of
- October 12**
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- Alzheimer's Disease and Related Disorders
Commission
† Public and Private Retirement Benefits, Taxation of
- October 16**
Medicine, Board of
Waste Management, Department of
- October 17**
Alcoholic Beverage Control System, Special House
General Laws Subcommittee Studying
Water Control Board, State
- October 18**
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- Alzheimer's Disease and Related Disorders
- October 19**
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- Alzheimer's Disease and Related Disorders
Commission
- October 23**
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- October 24**
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- October 26**
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- October 27**
Taxation, Department of
† Voluntary Formulary Board, Virginia
- October 30**
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- November 1**
Mental Health, Mental Retardation and Substance
Abuse Services, Department of
- November 3**
† Medicine, Board of
- November 6**
† Health, Department of
- November 13**
† Health, Department of
Rights of the Disabled, Department for
- November 14**
Corrections, Department of
† Health, Department of
- November 15**
† Health, Department of
Labor and Industry, Department of
- November 16**
† Health, Department of
- November 20**
Freedom of Information Act, Joint Subcommittee
Studying the
- November 21**
† Health, Department of
Lottery Department, State

Calendar of Events

November 28

† Health, Department of

November 29

† Health, Department of
Pharmacy, Board of

December 4

† Motor Vehicles, Department of

Calendar of Events
