

ONLINE APPLICATION HANDBOOK

VIRGINIA BOARD OF COUNSELING

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

PERIMETER CENTER
9960 MAYLAND DRIVE
SUITE 300
HENRICO, VA 23233-1463

QMHP PHONE NUMBER: (804) 367-3053

RPRS PHONE NUMBER: (804) 367-4610

FAX: (804) 527-4435

EMAIL QMHP QUESTIONS TO: QMHP@DHP.VIRGINIA.GOV

EMAIL RPRS QUESTIONS TO: COUN@DHP.VIRGINIA.GOV

NOTE: The information contained in this handbook is subject to change at any time.
All current information can be found at <https://www.dhp.virginia.gov/counseling/>

Online Application Handbook

Applying as a Qualified Mental Health Professional (QMHP) and a Registered Peer Recovery Specialist (RPRS)

Step 1

Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm and select “Click here to begin” in order to access the application.

Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)

[Click here to begin](#) the online application process to apply for registration toward QMHP-A, QMHP-C, QMHP-Trainee and RPRS.

(QMHP and RPRS applications are only available online. You will be able to print the instructions and the forms required during the online application process.)

Step 2

Review the **Regulations and FAQs** in order to ensure that you are submitting the proper application. You can also refer to the distinctions between each license made on the website.

Note: All application fees are non-refundable; therefore, it is important that you select the correct application.

STOP! Please review this information before you proceed with your online Counseling application.

Qualified Mental Health Professionals

We recommend that you review the [Frequently Asked Questions](#), the [Regulations Governing the Registration of Qualified Mental Health Professionals](#), and Board of [Counseling Fees](#) before submitting an application for consideration.

What is the difference between each online application?

- The **QMHP-A Grandfathering** application is for those who were employed as a QMHP-A in Virginia prior to December 31, 2017 and met the qualification for QMHP-A during the time of employment as defined by DBHDS.
- The **QMHP-C Grandfathering** application is for those who were employed as a QMHP-C in Virginia prior to December 31, 2017 and met the qualification for QMHP-C during the time of employment as defined by DBHDS.
- The **QMHP-Trainee** application is for those who are starting or are currently accruing supervised experience towards QMHP-A and/or QMHP-C. (Comparable to the DBHDS and DMAS designation QMHP-Eligible or QMHP-E)
- The **QMHP-A** application is used for those who have the required education and have completed their supervised experience with adults with mental illness and are registering to become a QMHP-A.
- The **QMHP-C** application is used for those who have the required education and have completed their supervised experience with children and adolescents with mental illness and are registering to become a QMHP-C.

Registered Peer Recovery Specialists

We recommend that you review the [Frequently Asked Questions](#), [Regulations Governing the Registration of Peer Recovery Specialist](#), and Board of [Counseling Fees](#) before submitting an application for consideration.

- The Registered Peer Recovery Specialist (RPRS) application is for those who hold CPRS certificate from VCB, NCPRSS from NAADAC, current and valid Peer Recovery Specialist certification from another state that was accepted by DBHDS or certified by the Veterans Administration as a Peer Recovery Specialist and has completed the DBHDS Peer Recovery Specialist Training.

Step 3

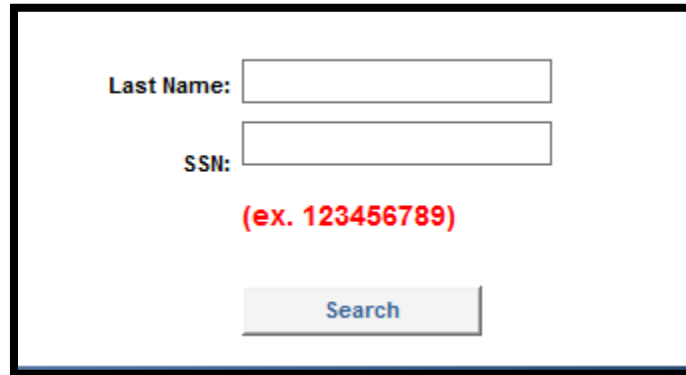
Once you have identified the appropriate application, select **Continue to the online application process** at the bottom of the page to begin the application.

[**Continue to the online application process**](#)

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Step 4

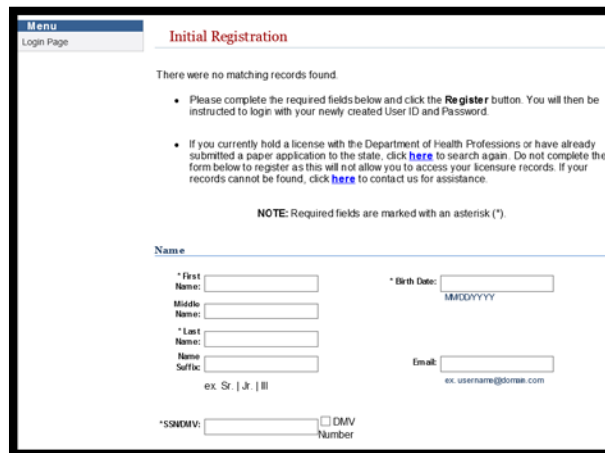
If it is the first time that you are accessing the application enter your last name and social security number in the provided boxes at the bottom of the page and click **Search**.



A search form with two input fields. The first field is labeled "Last Name:" and the second is labeled "SSN:". Below the SSN field is a red example "(ex. 123456789)". At the bottom is a button labeled "Search".

Step 5

If there are no matching records found, you will need to enter the required fields to create a user id and password.



The "Initial Registration" form includes a "Menu" and "Login Page" header. It states "There were no matching records found." and provides instructions: "Please complete the required fields below and click the Register button. You will then be instructed to login with your newly created User ID and Password." and "If you currently hold a license with the Department of Health Professions or have already submitted a paper application to the state, click here to search again. Do not complete the form below to register as this will not allow you to access your licensure records. If your records cannot be found, click here to contact us for assistance." A note says "NOTE: Required fields are marked with an asterisk (*)". The form fields are: *First Name, *Birth Date (MM/DD/YYYY), Middle Name, *Last Name, Name Suffix (with example "ex. Sr. | Jr. | III"), Email (with example "ex. username@domain.com"), and *SSN/DMV Number (with a checkbox for "DMV Number").

Step 6

Once you have entered the required fields, click **Register** to create an account.



A button labeled "Register".

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Step 7

Click **login** to go to the login page.



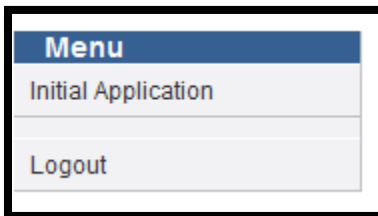
Step 8

Log in using your newly created user id and password.

A screenshot of a login form for returning users. The text reads: "Returning users login below using the User ID and Application." Below this text are two input fields: "User Id:" followed by a text box, and "Password:" followed by a text box. At the bottom right of the form is a grey button labeled "Login".

Step 9

Once you have logged into the system, you will be brought to the **Initial Applications Page**. Select the **Initial Applications** in the upper left hand corner.



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Step 10

For the category “Profession”, select **Counseling**.

The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. The page title is 'Application for Licensure'. A 'Menu' on the left contains 'Licensing Home Page' and 'Logout'. The main content area has a heading 'License Type Selection' and a form with the following fields: 'Profession:' with a dropdown menu showing 'Counseling' selected; 'License Type:'; 'Obtained By Method:'; and a link 'What is an obtained'. A dropdown menu is open for 'Profession', listing: Counseling, Dentistry, Long-Term Care Administrators, Medicine, Nurse Aide, Nursing, Pharmacy, Physical Therapy, Social Work, and Veterinary Medicine.

Step 11

For the category “License Type”, select **the appropriate license type**.

The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. The page title is 'Application for Licensure'. A 'Menu' on the left contains 'Licensing Home Page' and 'Logout'. The main content area has a heading 'License Type Selection' and a form with the following fields: 'Profession:' with a dropdown menu showing 'Counseling' selected; 'License Type:' with a dropdown menu showing 'Qualified Mental Health Professional-Adult' selected; 'Obtained By Method:'; and a link 'What is an obtained'. A 'Start Application' button is located at the bottom of the form.

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Step 12

Depending on the license type, you will be required to select an “Obtained by Method. You will need to select **Grandfathering or Initial Application**.

The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. The page title is 'Application for Licensure'. Below the title, there is a menu with 'Licensing Home Page' and 'Logout'. The main content area contains a 'License Type Selection' section with three dropdown menus: 'Profession' (set to 'Counseling'), 'License Type' (set to 'Qualified Mental Health Professional-Adult'), and 'Obtained By Method' (with options 'Grandfathered' and 'Initial Application'). A 'Start Application' button is located at the bottom right of the form.

What are the different types of obtained by methods?

The screenshot shows the 'Board of Counseling' page. The title is 'Board of Counseling' and the subtitle is 'Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)'. The page contains four bullet points explaining different application methods:

- Grandfathering:** Grandfathering means that you were employed as a QMHP-A or QMHP-C in Virginia prior to December 31, 2017 and you met the qualifications for QMHP-A or QMHP-C during the time of employment as defined by DBHDS. Applying by grandfathering is applicable until December 31, 2018.
- Initial Application for QMHP-Adult and QMHP-Child:** You should apply with an initial application if you have completed the required education and supervised experience. This application is for those who did not hold a QMHP-A or QMHP-C designation from DBHDS prior to December 31, 2017.
- Initial Application for QMHP-Trainee:** You should apply with an initial application if you are starting or are currently accruing your supervised experience towards QMHP-A or QMHP-C and have completed the required education.
- Initial Application for Registered Peer Recovery Specialist:** You should apply with an initial application if you have completed the education and experience in accordance with 12VAC35-250 to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both.

Step 13

Once you have selected your license type, click **Start Application**.



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Step 14

Select [Click Here to Begin Your Application Process](#).

APPLICATION FOR LICENSURE IN VIRGINIA

- Complete online application and pay the required fee.
- During the online application process, you may be required to submit additional forms to the Board depending on your answer to certain questions. You will be given another opportunity at the conclusion of the application process to download any additional forms and instructions.

[Click Here to Begin Your Application Process](#)

Step 15

Please read the entire page for information and instructions on the online application process.

In the middle of the page, select the [CLICK HERE for the full instructions](#) in order to access the instructions and supplemental documents that are required in complete the application.

DO NOT SKIP THIS STEP

Your application will not be complete without it.

In addition to completing this online process, applicants are required to complete additional steps, [CLICK HERE for the full instructions](#). You will be given another opportunity at the conclusion of the application process to download these instructions.

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Step 16

After thoroughly reading the instructions provided, click the **Start** button at the bottom of the page.

Instructions for All Applicants:
You will need to complete each of the steps listed on the Initial Application Menu on the left. To begin, please click the Start button below.

Please use the Next and Back buttons at the bottom of each step to navigate through the initial application process. You may click the "Save and finish later" button at any time during the application process. This will allow you to log out of the application, then log back in at a later time without losing any of the information that you have provided.

After completing all of the items in the Initial Application Menu, you will be directed to a brief Workforce Survey, then you will be able to submit your payment.

Your application will not be submitted to the Board of Counseling for review until you have submitted your payment.

Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements of the Regulations Governing the Practice of Counseling will be processed within 30 business days after the Credentials Review of your application. The Board office provides individual feedback to each applicant by email.

All fees are non-refundable. Applications are valid for up to one year.

Step 17

Enter your personal information as requested. Asterisks to the right of the input boxes indicate fields that must be completed before the next step can be accessed. The address provided in this section is subject to disclosure under the Freedom of Information Act (FOIA). If you do not want your private address disclosed, you can use your agencies address or PO Box address.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Statements of Assurance
- Licensure History
- Licensure Questions
- Summary

Application

Demographics

INSTRUCTIONS:
This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).

Personal Information

SSN/Virginia DMV #

ex: #23456789

Date of Birth (mm/dd/yyyy):

Maiden Name (if applicable):

Documentation must be provided to show each name change(s) if your name has ever been changed from the time you attended school, were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.

Other Names Used on Official Documents (i.e. transcripts):

Published Address Information

This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States?

Address Line 1 (ex. 123 Fourth St.):

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone: (xxx-xxx-xxxx)

Email:

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Step 18

Enter your address of record. This address will remain undisclosed by the board, however, all notices from the board, licenses, and legal documents will be sent to the address provided in this section.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record (selected), Education, Statements of Assurance, Licensure History, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Address of Record'. It contains a disclaimer about the address being undisclosed and a note that it is not subject to public disclosure. Below this are several form fields: 'Is your current address within the United States?' with a dropdown arrow, 'Address Line 1 (ex. 123 Fourth St.)', 'Address Line 2 (ex. Apt. 100):', 'Address Line 3:', 'Daytime Phone:' with a '(xxx-xxx-xxxx)' placeholder, 'Other Phone:' with a '(xxx-xxx-xxxx)' placeholder, and 'Email:'.

Step 19

You will be prompted to enter the name of each bachelors or graduate institution that you have attended, as well as the type of degree which you received from that institution. Please list this information in chronological order. Click "ADD" in order to add an additional institution to your application.

The screenshot shows the 'Virginia DHP Initial Applications' web interface, Step 19: Education. The navigation menu on the left is the same as in Step 18, but 'Education' is now selected. The main content area is titled 'Application' and 'Education'. It includes a note: 'Please send official transcript to the Board office. List in chronological order all graduate or bachelor school degree information. Required fields are denoted with an asterisk (*). Type of degree earned:'. Below this are form fields for 'Date Degree Conferred mm/dd/yyyy', 'Major:', 'Institution Name:', and 'Institution State:'. A set of instructions is provided: 'To add this record click "Add". To edit a record, select the record, make the desired changes and click "Save". To delete a record, select the record and click "Delete". To clear the form, click "Clear".'. At the bottom, there are buttons for 'Save', 'Add', 'Delete', and 'Clear'. Below the buttons is a table with columns: Degree, Conferred, Major, Name, and State. The table currently contains the text 'No data available'.

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Step 20

After reading each statements of assurance, please enter your initials. Below are example questions.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education, Statements of Assurance (selected), Licensure History, Licensure Questions, and Summary. The main content area is titled 'Application' and contains a section for 'Statements of Assurance'. It features three text input fields, each preceded by a statement of intent to provide initials. The statements are: 1) 'By entering my initials, I certify that I have read, understand, and intend to comply with the regulations that govern the Virginia Board of Counseling.' 2) 'By entering my initials, I certify that I will practice only within the competency areas for which I am qualified by training or experience and shall not provide clinical mental health services for which a license is required.' 3) 'By entering my initials, I certify that I understand that as a QMHP-A I will not engage in independent or autonomous practice.' A fourth statement is partially visible: 'By entering my initials, I certify that I will practice in a manner that is in the best interest of the public and does not endanger the health, safety or welfare of the public.'

Step 21

Use the drop down menu to choose whether or not you have held a mental health or health professional license, certification or registration in any jurisdiction, including Virginia. If the answer is “YES”, refer to the [Step 22](#) in the guide for more information. If the answer is “NO”, proceed to [Step 23](#).

The screenshot shows the 'Virginia DHP Initial Applications' web interface. The navigation menu on the left is the same as in Step 20, but 'Licensure History' is now selected. The main content area is titled 'Application' and shows the 'Licensure History' section. It contains a question: 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?'. To the right of the question is a dropdown menu with 'Yes' and 'No' options.

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Step 22

List in order of attainment, all the states in which you now hold or have ever held licensure, certification or registration as a mental health or health professional, **whether current or expired**. You will be prompted to input the jurisdiction of the license/certifications/registration(s) you hold, the type of license/registration/certification, the number for these license/certification/registration(s), their status, and the date issued. Click **Add** at the bottom of the screen to add each entry to your application.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. The 'Licensure History' section is active, showing a form with the following fields: 'Jurisdiction' (dropdown), 'Type of License/Certification' (text), 'Number Issued' (text), 'Status' (dropdown), and 'Issue Date' (text). A 'Yes' dropdown is also present for 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?'. Below the form are instructions: 'To add this record click "Add". To edit a record, select the record, make the desired changes and click "Save". To delete a record, select the record and click "Delete". To clear the form, click "Clear".' At the bottom, there are buttons for 'Save', 'Add', 'Delete', and 'Clear', and a table with columns: 'Jurisdiction', 'Type', 'Number', 'Status', 'Other', and 'Issue Date <mm/dd/yyyy>'. The table currently shows 'No data available'. Navigation buttons '<< Back', 'Next >>', and 'Save and finish later' are at the bottom.

A verification of licensure, certification or registration must be submitted to the Board. This verification can be printed directly from the licensing jurisdiction's website. Please note that the verification must indicate if you have any disciplinary actions against your license, certification or registration. If this information is not available online, please contact the licensing jurisdiction directly. (Licenses issued by the Department of Health Professions does not require a verification of license be printed or mailed to the Board.)

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Step 23

Using the drop down menus for each question, select “Yes” or “No” to answer each question provided. With exception to the final questions regarding military spouses, active duty military and supporting documentation for your application, each question answered with **YES** will require you to enter contextual information regarding the nature of the incident.

Note: Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Please provide a full explanation. (500 character limit):	Yes ▼*
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Ensure that you have completed all the questions and have printed the instructions and supporting documentation that is required.

11. The Board requires that you submit supporting documentation following the completion of your online application. Have you successfully printed the supporting documentation needed for this application?	No ▼*
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In addition to completing this online process, applicants are required to complete additional steps. [CLICK HERE](#) for the full instructions and a checklist of required documents. You are required to submit your supporting documentation to the Board in one complete packet to the following address:

Virginia Board of Counseling, 9960 Mayland Drive, Suite 300, Henrico, VA 23233

Incomplete applications will remain pending for one year from the date of receipt.

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Step 24

Review the information that you have submitted by scrolling through the summaries of each section that you completed. Use the back button to edit any information that may be incorrect.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Statements of Assurance
- Licensure History
- Licensure Questions
- Summary**

Application

Demographics
INSTRUCTIONS:
This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).

Personal Information
SSN/Virginia ID# (ex. 123456789)
Date of Birth (mm/dd/yyyy)
Maiden Name (if applicable)
Documentation must be provided to show each name change(s) if you name has ever been changed from the time you attended school, were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.
Other Names Used on Official Documents (i.e. transcripts):
Published Address Information
This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States?
Address Line 1 (ex. 123 Fourth St.)
Address Line 2 (ex. Apt. 100)
Address Line 3
Phone:
Email:

Address of Record
The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address in the Demographics step this address is *not* subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).

Is your current address within the United States?
Address Line 1 (ex. 123 Fourth St.)
Address Line 2 (ex. Apt. 100)
Address Line 3
Daytime Phone:
Other Phone:
Email:

Step 25

Type your name for the electronic signature and mark that you agree to the above certification. Then select **Finish** when you are ready to submit your application.

Electronic Signature (Full Legal Name): *

I agree to the above certification

Click the **"Finish"** button at the bottom of the page to continue with your application.
To return to the profile sections click the **"Back"** button.

[Printer Friendly Version](#)

[<< Back](#) [Finish](#)

Once you have finished the initial application, you will be prompted to complete the workforce survey. In order to **PAY FOR YOUR APPLICATION**, you must complete the survey. After you complete the survey, you will be prompted to enter your payment information.

Online Application Handbook

Step 26

Complete the workforce survey by entering your information as prompted.

The screenshot shows the 'Virginia DHP Initial Applications' interface. On the left, a navigation menu includes 'Workforce Survey', 'General Information' (selected), and 'Summary'. The main content area is titled 'Workforce Survey' and 'General Information'. It contains several questions with corresponding dropdown menus and text input fields. The questions and their current values are: 'Please select your birth country:' (Antarctica), 'Please select your sex/gender:' (Female), 'Please select the menu item that best describes your ethnicity/race:' (White (Non-Hispanic) / Caucasian), 'Are you currently residing in Virginia?' (Yes), 'Please enter your current city or county of residence:' (Carroll), 'Please enter the year you graduated from high school or its equivalent:' (1958), 'Please select the country in which you graduated from high school or its equivalent:' (Argentina), 'Did you live in Virginia PRIOR to your healthcare professional education?' (Yes), 'If known, please provide your employment title for the job you will have subsequent to receiving your new license/certificate (e.g., MD-Psychiatry, RN-Staff Nurse, Dentistry-Pediatric):' (empty field), 'Do you know where your primary practice location (at least 50% of your time) will be once you receive your licensure/certification?' (No), and 'Once you receive your licensure/certification, how many hours per week do you plan to work at your primary practice location?' (20 to 29 hours). At the bottom, there are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 27

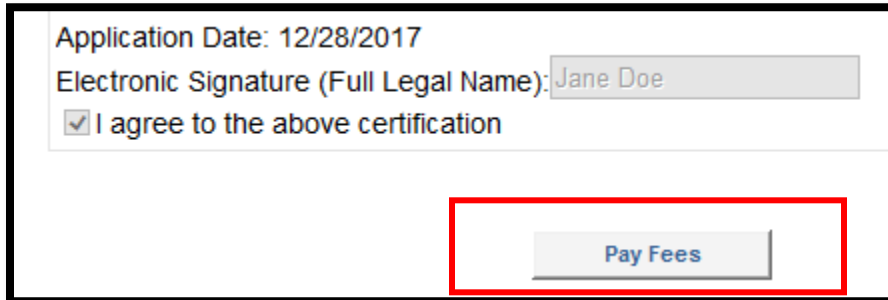
Review the information you entered into the survey using the summary page.

The screenshot shows the 'Virginia DHP Initial Applications' interface, now displaying the 'Summary' page. The navigation menu on the left shows 'Workforce Survey', 'General Information' (checked), and 'Summary' (selected). The main content area is titled 'Workforce Survey' and 'General Information'. It displays the same questions as in Step 26, but with the entered values listed next to each question. The values are: 'Please select your birth country:' (Antarctica), 'Please select your sex/gender:' (Female), 'Please select the menu item that best describes your ethnicity/race:' (White (Non-Hispanic) / Caucasian), 'Are you currently residing in Virginia?' (Yes), 'Please enter your current city or county of residence:' (Carroll), 'Please enter the year you graduated from high school or its equivalent:' (1958), 'Please select the country in which you graduated from high school or its equivalent:' (Argentina), 'Did you live in Virginia PRIOR to your healthcare professional education?' (Yes), 'If known, please provide your employment title for the job you will have subsequent to receiving your new license/certificate (e.g., MD-Psychiatry, RN-Staff Nurse, Dentistry-Pediatric):' (empty field), 'Do you know where your primary practice location (at least 50% of your time) will be once you receive your licensure/certification?' (No), and 'Once you receive your licensure/certification, how many hours per week do you plan to work at your primary practice location?' (20 to 29 hours). At the bottom, there is a text instruction: 'Click the "Finish" button at the bottom of the page to continue with your application. To return to the profile sections click the "Back" button.' Below this instruction are two buttons: '<< Back' and 'Finish'.

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Step 28

Once you have reviewed all of your information on the application summary page, select the pay fees button at the bottom of the page.

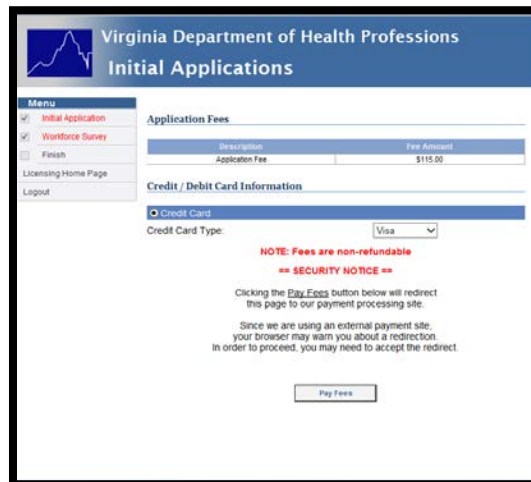


Application Date: 12/28/2017
Electronic Signature (Full Legal Name): Jane Doe
 I agree to the above certification

Pay Fees

Step 29

Use the fields to enter your payment information. Select the **Pay Fees** button at the bottom of the screen and fill out the form in order to complete your application.



Virginia Department of Health Professions
Initial Applications

Menu
Initial Application
Workforce Survey
Finish
Licensing Home Page
Logout

Application Fees

Description	Fee Amount
Application Fee	\$115.00

Credit / Debit Card Information

Credit Card
Credit Card Type:

NOTE: Fees are non-refundable
== SECURITY NOTICE ==
Clicking the **Pay Fees** button below will redirect this page to our payment processing site.
Since we are using an external payment site, your browser may warn you about a redirection. In order to proceed, you may need to accept the redirect.

Pay Fees