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.

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

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Applying as a Resident in Counseling

Please review the Regulations Governing the Practice of Professional Counseling prior to submission. This can be found at https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm

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

Step 1
Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm
Online Application Handbook

Step 2
Once on the page, scroll down until you have reached the section labeled Licensed Professional Counselors. Please take this time to click and read through the LPC Licensure Process Handbook.

---

**Licensed Professional Counselors**

- LPC Licensure Process Handbook (PDF)
- Temporary License as a Resident in Counseling
- Application Packet for LPC by Examination (PDF)
- Application Packet for Free Review of Education toward LPC Licensure (PDF)
- Application Packet for LPC by Enforcement (PDF)
- Maintenance Application Packet for Licensed Professional Counselors (PDF)
- Application Packet for Revocation or Suspension of a Resident in Counselor's License (PDF)

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Step 3
Once you have completed the handbook, select **Click here to begin the Resident in Counseling License Application** just below the Handbook link to begin the application.

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**Temporary License as a Resident in Counseling**

Click here to begin the Resident in Counseling License Application: worksite where you can provide clinical counseling services.
Step 4
If it is the first time that you are creating an application, click the Register a Person on the top left of the page, or the link in the “click here to register” section. If you already have an account, you can login in directly and skip to Step 9.
Step 5
From this page, enter in your last name and your nine (9) digit Social Security Number. If you do not have a Social Security Number, please contact your licensing board.
Step 6
If there are no matching records found, you will need to enter the required fields to create a user id and password.

Step 7
Once you have entered the required fields, click Register to create an account.

Step 8
Click login to go to the login page.

You have successfully registered! Please login....
Step 9
Log in using your newly created user id and password.

Step 10
Once you have logged into the system, you will be brought to the Initial Applications Page. Select the Initial Application in the upper left hand corner.
Step 11
For the category “Profession”, select Counseling.
For “License Type”, select Resident in Counseling.
For “Obtained By Method”, select Initial Application
Online Application Handbook

**Step 12**
Once you have selected your license type, click Start Application.

![Start Application Button]

**Step 13**
Select **Click Here to Begin Your Application Process**. Please remember that you must pay the online application fee at the end of the online application process in order for your application to download to the Board of Counseling queue.

**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 14**
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.
Online Application Handbook

Step 15
After thoroughly reading the instructions provided, click the Start button at the bottom of the page. Proceeding to the application signifies that you have read and acknowledge your responsibility in making sure that you understand the regulatory requirements and licensure process. (Please note that all fees are non-refundable.)

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 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.

Start
Step 16
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 agency’s address or PO Box address.
Step 17
Enter your address of record. This address will remain undisclosed by the board, however, all notices from the board and legal documents will be sent to the address and email address provided in this section.
Step 18
You will be prompted to enter the name of each graduate institution that you have attended, as well as the type of degree, institution and the date of conferral.
Online Application Handbook

**Step 19**
If you have additional coursework not listed in the previous section on education, select “Yes” from the dropdown menu. Otherwise, select “No”.

**Application**

Graduate Coursework

*Please send official transcript(s) to the Board office.*

Did you take additional graduate coursework from a school, not previously listed, to meet the Virginia education requirements?

[Dropdown menu with options]

[Buttons: << Back, Next >>, Save and finish later]

**Step 20**
You will be prompted to enter the name of your Clinical Supervisor, as well as their license number, license type, email address, and phone number. If you are unsure about any of this information, contact your supervisor.

[Image of the Virginia DHP Initial Applications form with fields for Clinical Supervision, including Supervisor's Name, License Number, License Type, Email Address, and Phone Number.

[Buttons: << Back, Next >>, Save and finish later]
**Online Application Handbook**

**Step 21**
You will be prompted to enter your Employer or Worksite name and address where you will provide clinical counseling services to clients. (Do not list where you will meet your supervisor or your supervisor’s worksite if different from your worksite.) Once both are entered, click Add. Do this for each appropriate worksite or employer. When complete, continue to the next section.

**Step 22**
Use the drop down menu to choose whether or not you have held or hold a mental health or health professional license, certification or registration in any jurisdiction, including Virginia. You should select “YES” even if your license, certification or registration is expired. If the answer is “YES”, refer to the Step 23 in the guide for more information. If the answer is “NO”, proceed to Step 24.
Step 23
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 in any state, whether current, inactive, expired, suspended, or revoked. 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), the date issued, the expiration date, status, and if status is listed as “Other” an explanation is needed. Click Add at the bottom of the screen to add another entry to your application.

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 do not require a verification of license be printed or mailed to the Board.)
Step 24

After reading each statement of assurance, please enter your initials. Below are example questions. Be sure to read the questions thoroughly before attesting to them.

Note: The Board does not offer refunds or transfer of funds to another application. By selecting “YES” to this question, you have indicated that you have researched your registration, sought advice from your employer and/or supervisor that you selected the correct application, and feel that you meet the requirements as outlined in the Regulations. All applications are NONREFUNDABLE. If you selected and pay for the incorrect application type you will be required to submit a new online application and fee.

Application

Statements of Assurance

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:

I verify that I have met all of the education requirements to apply as a Resident in Counseling as identified in the regulations, and fully understand that funds submitted as part of the application process shall not be refunded. If you did not intend to apply for the approval to be supervised as a resident in counseling, please STOP and contact DHP at (904) 397-4444 for assistance in changing your application type:

By entering my initials, I understand that as a Licensed Resident in Counseling, I must have a signed and executed supervisory contract for supervision before providing counseling services and before counting hours towards LFC licensure:

By entering my initials, I attest that I will provide counseling services as defined in the regulations during my residency:

By entering my initials, I acknowledge that the Board will conduct random audits to ensure that I am practicing in accordance with the regulations:

By entering my initials, I understand as a Licensed Resident in Counseling, I must renew my license each year and complete three hours of continuing education hours that emphasize ethics, standards of practice, or laws governing behavioral science professions in Virginia:

By entering my initials, I must complete all required residency requirements and pass the NCMHCE examination, administered by NBCC/CCE, within six years of the date of issuance of my resident in counseling license:
Online Application Handbook

Step 25
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 or active duty military, each question answered with YES will require you to enter contextual information regarding the nature of the incident. If you have a criminal conviction, you will be required to submit additional information as listed in Guidance Document 115-2.

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.

Use the link provided to access the guidance documents that outlines documentation that must be submitted in order to be considered for licensure.
Online Application Handbook

By clicking on this link, you will be able to review Guidance Document 115-2, where you can review the required information that must be submitted in order for the Board to consider your licensure application.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

NOTE: Ensure that you have completed all the questions and have printed the instructions and supporting documentation that is required.

10. 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? [ ] Yes [ ] No [X]

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:
Step 26

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.
Step 27
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.

Certification
I certify by entering my electronic signature below. I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Electronic Signature (Full Legal Name): Jane Doe

☐ 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.
Step 28
Review the information in the Application Summary. For your records, click **Print Summary** for a printable version. If all information is correct, proceed to Pay Fees.
Online Application Handbook

Step 29
Select **Pay Fees** at the bottom of the page.

![Application form screenshot]

Step 30
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.
Applying as a Licensed Professional Counseling by Examination

Please review the Regulations Governing the Practice of Professional Counseling prior to submission. This can be found at https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm

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

**Step 1**
Visit [https://www.dhp.virginia.gov/counseling/counseling_forms.htm](https://www.dhp.virginia.gov/counseling/counseling_forms.htm)
Step 2
Once on the page, scroll down until you have reached the section labeled **Licensed Professional Counselors**. Please take this time to click and read through the **LPC Licensure Process Handbook**.

Step 3
Once you have completed the handbook, select **Click here to begin the Licensed Professional Counseling (LPC) by Examination Application** just below the Sample of a Resident in Counseling Supervisory Contract link to begin the application.
Step 4
If it is the first time that you are creating an application, click the Register a Person on the top left of the page, or the link in the “click here to register” section. If you already have an account, you can login in directly and skip to Step 9.
Step 5
From this page, enter in your last name and your nine (9) digit Social Security Number. If you do not have a Social Security Number, please contact your licensing board.
Online Application Handbook

Step 6
If there are no matching records found, you will need to enter the required fields to create a user id and password.

Step 7
Once you have entered the required fields, click Register to create an account.

Step 8
Click login to go to the login page.
Online Application Handbook

**Step 9**
Log in using your newly created user id and password.

![Returning users login](image)

**Step 10**
Once you have logged into the system, you will be brought to the Initial Applications Page. Select the Initial Application in the upper left hand corner.

![Menu](image)
**Step 11**
For the category “Profession”, select **Counseling**.
For “License Type”, select **Licensed Professional Counselor**.
For “Obtained By Method”, select **Examination**.
Online Application Handbook

Step 12
Once you have selected your license type, click Start Application.

Step 13
Select Click Here to Begin Your Application Process. Please remember that you must pay the online application fee at the end of the online application process in order for your application to download to the Board of Counseling queue.

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 14
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.
Online Application Handbook

Step 15
After thoroughly reading the instructions provided, click the Start button at the bottom of the page. Proceeding to the application signifies that you have read and acknowledge your responsibility in making sure that you understand the regulatory requirements and licensure process. (Please note that all fees are non-refundable.)

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 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.

Start
Step 16

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 agency’s address or PO Box address.
Step 17
Enter your address of record. This address will remain undisclosed by the board, however, all notices from the board and legal documents will be sent to the address and email address provided in this section.
Online Application Handbook

**Step 18**
You will be prompted to enter the name of each graduate institution that you have attended, as well as the type of degree, institution and the date of conferral.

**Step 19**
If you have additional coursework not listed in the previous section on education, select “Yes” from the dropdown menu. Otherwise, select “No”.

Application

Graduate Coursework
Please send official transcript(s) to the Board office.

Did you take additional graduate coursework from a school, not previously listed, to meet the Virginia education requirements?  

![Screen capture of application form](image-url)
Step 20
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 in any state, **whether current, inactive, expired, suspended, or revoked**. 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), the date issued, the expiration date, status, and if status is listed as “Other” an explanation is needed. Click **Add** at the bottom of the screen to add another entry to your application.

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 do not require a verification of license be printed or mailed to the Board.)
Step 21
After reading each statement of assurance, please enter your initials. Below are example questions. Be sure to read the questions thoroughly before attesting to them.

Note: The Board does not offer refunds or transfer of funds to another application. By selecting “YES” to this question, you have indicated that you have researched the requirements for licensure, sought advice from your employer and/or supervisor that you selected the correct application, and feel that you meet the requirements as outlined in the Regulations. All applications are NONREFUNDABLE. If you selected and pay for the incorrect application type you will be required to submit a new online application and fee.
Online Application Handbook

Step 22
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 or active duty military, each question answered with YES will require you to enter contextual information regarding the nature of the incident. If you have a criminal conviction, you will be required to submit additional information as listed in Guidance Document 115-2.

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.

6. Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance? (This includes convictions for driving under the influence, but does not include other traffic violations). Please provide an explanation of the charges/convictions, and submit documentation required in the Board’s Guidance Documents 115-2, (500 character limit):
Use the link provided to access the guidance documents that outlines documentation that must be submitted in order to be considered for licensure.
By clicking on this link, you will be able to review Guidance Document 115-2, where you can review the required information that must be submitted in order for the Board to consider your licensure application.

The following information will be requested from an applicant with a criminal conviction:
- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

**NOTE:** Ensure that you have completed all the questions and have printed the instructions and supporting documentation that is required.

10. 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?  

   [ ] Yes  
   [ ] No

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:
Online Application Handbook

**Step 23**

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.
Step 24
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.

Certification
I certify by entering my electronic signature below. I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Electronic Signature (Full Legal Name): Jane Doe
☑ 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.
Online Application Handbook

**Step 25**
Review the information in the Application Summary. For your records, click **Print Summary** for a printable version. If all information is correct, proceed to Pay Fees.
Step 26
Select Pay Fees at the bottom of the page.

Step 27
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.
Applying as a Licensed Professional Counseling by Endorsement

Please review the Regulations Governing the Practice of Professional Counseling prior to submission. This can be found at https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm

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

Step 1
Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm
Online Application Handbook

**Step 2**
Once on the page, scroll down until you have reached the section labeled **Licensed Professional Counselors**. Please take this time to click and read through the **LPC Licensure Process Handbook**.

<table>
<thead>
<tr>
<th>Licensed Professional Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPC Licensure Process Handbook</td>
</tr>
<tr>
<td>Licensed Professional Counseling (LPC) by Examination Application</td>
</tr>
<tr>
<td>Licensed Professional Counseling (LPC) by Endorsement Application</td>
</tr>
</tbody>
</table>

**Step 3**
Once you have completed the handbook, select **Click here to begin the LPC by Endorsement Application** to begin the application.

<table>
<thead>
<tr>
<th>Licensed Professional Counseling (LPC) by Endorsement Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to begin the LPC by Endorsement Application: This counseling licensure application is for individuals who hold or have held an equivalent professional counseling license for independent clinical practice in another U.S. jurisdiction.</td>
</tr>
</tbody>
</table>

application Packet for pre-Renewal of Education toward LPC Licensure (PDF)  
application Packet for Licensure Examination (PDF)  
application Packet for Licensure Renewal (PDF)  
application Packet for Licensure or Reinstatement (PDF)  
application Packet for Licensure or Reinstatement of a Revoked or Suspended License (PDF)
Online Application Handbook

Step 4
If it is the first time that you are creating an application, click the Register a Person on the top left of the page, or the link in the “click here to register” section. If you already have an account, you can login in directly and skip to Step 9.
Step 5
From this page, enter in your last name and your nine (9) digit Social Security Number. If you do not have a Social Security Number, please contact your licensing board.

![Initial Applications](Virginia Department of Health Professions)

**Search for Existing Personal/Professional Records**

IMPORTANT! This site is for initial applications ONLY. If you wish to renew an existing license, you must do so on [www.license.dhp.virginia.gov](http://www.license.dhp.virginia.gov). If you wish to reinstate a lapsed license, please contact your licensing Board.

In order to apply for a professional license, certification or registration issued through the Department of Health Professions, you must create a username and password and associate it to your records. This form allows you to search for your existing personal/professional records.

- Virginia offers certain licensees the opportunity to apply for a professional license online. Click here to see a listing of license types which can apply online.
- If you are applying for an additional license with the Department of Health Professions and remember your username and password, click here to proceed to the Login page.
- If you do not hold a license with the Department of Health Professions, you must complete the search process.

1. Please enter your **Last Name** and **Social Security Number (SSN)** into the two fields below. If you do not have a Social Security Number, please contact your licensing Board.

2. Press the <Search> button to search for your records based on the information you provided.

![Search Interface](Virginia Department of Health Professions)
Online Application Handbook

**Step 6**
If there are no matching records found, you will need to enter the required fields to create a user id and password.

**Step 7**
Once you have entered the required fields, click **Register** to create an account.

**Step 8**
Click **login** to go to the login page.

You have successfully registered!
Please **login**...
Online Application Handbook

**Step 9**
Log in using your newly created user id and password.

**Step 10**
Once you have logged into the system, you will be brought to the Initial Applications Page. Select the Initial Application in the upper left hand corner.
Step 11
For the category “Profession”, select Counseling.
For “License Type”, select Licensed Professional Counselor.
For “Obtained By Method”, select Endorsement.
For “Country”, select the relevant country (i.e. United States)
For “State/Province”, select the relevant state or province (i.e. Maryland)

Step 12
Once you have selected your license type, click Start Application.
Online Application Handbook

**Step 13**
Select **Click Here to Begin Your Application Process**. Please remember that you must pay the online application fee at the end of the online application process in order for your application to download to the Board of Counseling queue.

**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 14**
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 this form and instructions.
Online Application Handbook

**Step 15**

After thoroughly reading the instructions provided, click the **Start** button at the bottom of the page. Proceeding to the application signifies that you have read and acknowledge your responsibility in making sure that you understand the regulatory requirements and licensure process. (Please note that all fees are non-refundable.)

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**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 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.

Start
Step 16
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 agency’s address or PO Box address.
Online Application Handbook

**Step 17**

Enter your address of record. This address will remain **undisclosed** by the board, however, all notices from the board and legal documents will be sent to the address and email address provided in this section.
Step 18
You will be prompted to enter the name of each graduate institution that you have attended, as well as the type of degree, institution and the date of conferral.
Step 19
You will be asked if you can verify a passing score on an appropriate exam. If you select “Yes”, you will be given the options of either NCE, NCMHCE, State Constructed Exam, or Other, with the last offering a fillable field. Otherwise, select “No”.

![Image of online application interface](image-url)
**Step 20**
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 in any state, whether current, inactive, expired, suspended, or revoked. 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), the date issued, the expiration date, status, and if status is listed as “Other” an explanation is needed. Click **Add** at the bottom of the screen to add another entry to your application.

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 do not require a verification of license be printed or mailed to the Board.)
Step 21
After reading each statement of assurance, please enter your initials. Below are example questions. Be sure to read the questions thoroughly before attesting to them.

Note: The Board does not offer refunds or transfer of funds to another application. By selecting “YES” to this question, you have indicated that you have reviewed the regulations and feel that you meet the requirements as outlined in the Regulations. All applications are NONREFUNDABLE. If you selected and pay for the incorrect application type you will be required to submit a new online application and fee.
Step 22
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 or active duty military, each question answered with YES will require you to enter contextual information regarding the nature of the incident. If you have a criminal conviction, you will be required to submit additional information as listed in Guidance Document 115-2.
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.
Use the link provided to access the guidance documents that outlines documentation that must be submitted in order to be considered for licensure.
Online Application Handbook

By clicking on this link, you will be able to review Guidance Document 115-2, where you can review the required information that must be submitted in order for the Board to consider your licensure application.

The following information will be requested from an applicant with a criminal conviction:
- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

**NOTE:** Ensure that you have completed all the questions and have printed the instructions and supporting documentation that is required.

10. 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 ☑ Yes

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.
Online Application Handbook

**Step 23**
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.

```
## Application

<table>
<thead>
<tr>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INSTRUCTIONS:</strong></td>
</tr>
<tr>
<td>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 (*).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN/ Virginia DMV #</td>
</tr>
<tr>
<td>ex: 123456789</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
</tr>
<tr>
<td>01/01/1975</td>
</tr>
<tr>
<td>Maiden Name (if applicable):</td>
</tr>
<tr>
<td>Documentation must be provided to show each name change(s). If you names 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.</td>
</tr>
<tr>
<td>Other Names Used On Official Documents (i.e. transcripts):</td>
</tr>
<tr>
<td>Published Address Information</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your current address within the United States?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Address Line 1</td>
</tr>
<tr>
<td>Address Line 2</td>
</tr>
<tr>
<td>Address Line 3</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip Code</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Email</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 (*).</td>
</tr>
</tbody>
</table>

<table>
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<tr>
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<tr>
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</tr>
<tr>
<td>Address Line 3</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip Code</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Email</td>
</tr>
</tbody>
</table>
```
Step 24

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.

Certification

I certify by entering my electronic signature below, I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Electronic Signature (Full Legal Name): Jane Doe

☑️ 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.
Online Application Handbook

Step 25
Review the information in the Application Summary. For your records, click Print Summary for a printable version. If all information is correct, proceed to Pay Fees.
Online Application Handbook

**Step 26**
Select **Pay Fees** at the bottom of the page.

![Application Page]

**Step 27**
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.
Applying as a Resident in Marriage and Family Therapy

Please review the Regulations Governing the Practice of Professional Counseling prior to submission. This can be found at https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm

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

**Step 1**
Visit [https://www.dhp.virginia.gov/counseling/counseling_forms.htm](https://www.dhp.virginia.gov/counseling/counseling_forms.htm)
Online Application Handbook

Step 2
Once on the page, scroll down until you have reached the section labeled **Marriage and Family Therapists**. Please take this time to click and read through the **LMFT Licensure Process Handbook**.

Step 3
Once you have completed the handbook, select **Click here to begin the Resident in Marriage and Family Therapy License Application** just below the Handbook link to begin the application.

Temporary Licensed as a Resident in Marriage and Family Therapy

**Click here to begin the Resident in Marriage and Family Therapy License Application**: This experience and worksite where you can provide marriage and family therapy services.
Step 4
If it is the first time that you are creating an application, click the **Register a Person** on the top left of the page, or the link in the “click [here](#) to register” section. If you already have an account, you can login in directly and skip to **Step 9**.

![Online Application Handbook](image)

**Initial Applications**

**Menu:**
- **Register a Person**

IMPORTANT! This site is for initial applications ONLY. If you wish to renew an existing license, you must do so on [www.license.dhp.virginia.gov](http://www.license.dhp.virginia.gov). If you wish to reissue a lapsed license, please contact your licensing Board.

Virginia offers certain licensees the opportunity to apply for a professional license online. Click [here](#) to see a listing of license types which can apply online.

If you haven't already registered and would like to apply for a new person license, click [here](#) to register (or click the register a person link on the left).

**Returning users** login below using the User ID and Password you created to edit your application.

- **User Id:**
- **Password:**

[Login](#)

**Lost Password?** If you know your User ID and have forgotten your password, then [click here](#) to reset your password.

**Please Note:** This website is best viewed with Internet Explorer.
Online Application Handbook

**Step 5**
From this page, enter in your last name and your nine (9) digit Social Security Number. If you do not have a Social Security Number, please contact your licensing board.
Step 6
If there are no matching records found, you will need to enter the required fields to create a user id and password.

Step 7
Once you have entered the required fields, click **Register** to create an account.

Step 8
Click **login** to go to the login page.
Online Application Handbook

**Step 9**
Log in using your newly created user id and password.

![Login Screen]

**Step 10**
Once you have logged into the system, you will be brought to the Initial Applications Page. Select the Initial Application in the upper left hand corner.
Online Application Handbook

**Step 11**
For the category “Profession”, select **Counseling**.
For “License Type”, select **Resident in Marriage and Family Therapy**.
For “Obtained By Method”, select **Initial Application**

**Step 12**
Once you have selected your license type, click **Start Application**.
Online Application Handbook

Step 13
Select Click Here to Begin Your Application Process. Please remember that you must pay the online application fee at the end of the online application process in order for your application to download to the Board of Counseling queue.

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 14
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.
Step 15
After thoroughly reading the instructions provided, click the Start button at the bottom of the page. Proceeding to the application signifies that you have read and acknowledge your responsibility in making sure that you understand the regulatory requirements and registration process. (Please note that all fees are non-refundable.)

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 Marriage and Family Therapy will be processed within 30 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.
Online Application Handbook

Step 16
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 agency’s address or PO Box address.
Step 17
Enter your address of record. This address will remain undisclosed by the board, however, all notices from the board and legal documents will be sent to the address and email address provided in this section.
Online Application Handbook

**Step 18**
You will be prompted to enter the name of each graduate institution that you have attended, as well as the type of degree, institution and the date of conferral.

**Step 19**
If you have additional coursework not listed in the previous section on education, select “Yes” from the dropdown menu. Otherwise, select “No”.

Application

Graduate Coursework

Please send official transcript(s) to the Board office.

Did you take additional graduate coursework from a school, not previously listed, to meet the Virginia education requirements?
Online Application Handbook

Step 20
You will be prompted to enter the name of your Clinical Supervisor, as well as their license number, license type, email address, and phone number. If you are unsure about any of this information, contact your supervisor.
Online Application Handbook

**Step 21**
You will be prompted to enter your Employer or Worksite name and address where you will provide clinical marriage and family therapy services to clients. (Do not list where you will meet your supervisor or your supervisor’s worksite if different from your worksite.) Once both are entered, click **Add**. Do this for each appropriate worksite or employer. When complete, continue to the next section.

**Step 22**
Use the drop down menu to choose whether or not you have held or hold a mental health or health professional license, certification or registration in any jurisdiction, including Virginia. **You should select “YES” even if your license, certification or registration is expired.** If the answer is “YES”, refer to the Step 23 in the guide for more information. If the answer is “NO”, proceed to Step 24.
Online Application Handbook

**Step 23**

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 in any state, **whether current, inactive, expired, suspended, or revoked**. 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), the date issued, the expiration date, status, and if status is listed as “Other” an explanation is needed. Click **Add** at the bottom of the screen to add another entry to your application.

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 do not require a verification of license be printed or mailed to the Board.)
Online Application Handbook

Step 24
After reading each statements of assurance, please enter your initials. Below are example questions. Be sure to read the questions thoroughly before attesting to them.

Note: The Board does not offer refunds or transfer of funds to another application. By selecting “YES” to this question, you have indicated that you have researched your registration, sought advice from your employer and/or supervisor that you selected the correct application, and feel that you meet the requirements as outlined in the Regulations. All applications are NONREFUNDABLE. If you selected and pay for the incorrect application type you will be required to submit a new online application and fee.

<table>
<thead>
<tr>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statements of Assurance</strong></td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>I verify that I have met all the education requirements to apply as a Resident in Marriage and Family Therapy as identified in the regulations, and fully understand that funds submitted as part of the application process shall not be refunded. If you do not intend to apply for the approval to be supervised as a resident in marriage and family therapy, please STOP and contact DHF at (804) 367-4444 for assistance in changing your application type:</td>
</tr>
<tr>
<td>By entering my initials, I understand that as a Licensed Resident in Marriage and Family Therapy, I must have a signed and executed supervisory contract for supervision before providing marriage and family therapy services and before counting hours towards LMFT licensure:</td>
</tr>
<tr>
<td>By entering my initials, I attest that I will provide marriage and family therapy services as defined in the regulations during my residency:</td>
</tr>
<tr>
<td>By entering my initials, I acknowledge that the Board will conduct random audits to ensure that I am practicing in accordance with the regulations:</td>
</tr>
<tr>
<td>By entering my initials, I understand as a Licensed Resident in Marriage and Family Therapy, I must renew my license each year and complete three hours of continuing education hours that emphasize ethics, standards of practice, or laws governing behavioral science professions in Virginia:</td>
</tr>
<tr>
<td>By entering my initials, I must complete all required residency requirements and pass the MFT National examination, administered by AMFTE, within six years of the date of issuance of my resident in Marriage and Family Therapy license:</td>
</tr>
</tbody>
</table>
**Online Application Handbook**

**Step 25**

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 or active duty military, each question answered with **YES** will require you to enter contextual information regarding the nature of the incident. If you have a criminal conviction, you will be required to submit additional information as listed in Guidance Document 115-2.

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.**

Use the link provided to access the guidance documents that outlines documentation that must be submitted in order to be considered for licensure.
Online Application Handbook

By clicking on this link, you will be able to review Guidance Document 115-2, where you can review the required information that must be submitted in order for the Board to consider your licensure application.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

**NOTE:** Ensure that you have completed all the questions and have printed the instructions and supporting documentation that is required.

10. 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? [Yes] [No]

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:
Step 26
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.
Step 27
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.

Certification
I certify by entering my electronic signature below. I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Electronic Signature (Full Legal Name): Jane Doe

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.
Step 28
Review the information in the Application Summary. For your records, click **Print Summary** for a printable version. If all information is correct, proceed to Pay Fees.

Step 29
Select **Pay Fees** at the bottom of the page.
**Step 30**
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.

---

**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.
Applying as a Licensed Marriage and Family Therapist by Examination

Please review the Regulations Governing the Practice of Professional Counseling prior to submission. This can be found at [https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm](https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm)

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

Step 1
Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm
Step 2
Once on the page, scroll down until you have reached the section labeled Marriage and Family Therapists. Please take this time to click and read through the LMFT Licensure Process Handbook.

Step 3
Once you have completed the handbook, select Click here to begin the LMFT by Examination Application just below the Sample of a Resident in Marriage and Family Therapy Supervisory Contract link to begin the application.

Licensed Marriage and Family Therapy (LMFT) by Examination Application

Click here to begin the LMFT by Examination Application: This marriage and family therapy licensure process is for individuals who have met the degree and coursework requirements outlined in the Regulations, have a qualified supervisor willing to supervise your experience and mentor you on how to provide marriage and family therapy services.

Sample of a Resident in Marriage and Family Therapy Supervisory Contract (MS Word document)
Step 4
If it is the first time that you are creating an application, click the Register a Person on the top left of the page, or the link in the “click here to register” section. If you already have an account, you can login in directly and skip to Step 9.
Step 5
From this page, enter in your last name and your nine (9) digit Social Security Number. If you do not have a Social Security Number, please contact your licensing board.
Online Application Handbook

**Step 6**
If there are no matching records found, you will need to enter the required fields to create a user id and password.

![Image of registration form]

**Step 7**
Once you have entered the required fields, click **Register** to create an account.

![Register button]

**Step 8**
Click **login** to go to the login page.

![Menu and message box]

You have successfully registered! Please **login**....
Online Application Handbook

Step 9
Log in using your newly created user id and password.

Step 10
Once you have logged into the system, you will be brought to the Initial Applications Page. Select the Initial Application in the upper left hand corner.
Step 11
For the category “Profession”, select **Counseling**.
For “License Type”, select **Licensed Marriage and Family Therapist**.
For “Obtained By Method”, select **Examination**.

Step 12
Once you have selected your license type, click **Start Application**.
Online Application Handbook

Step 13
Select Click Here to Begin Your Application Process. Please remember that you must pay the online application fee at the end of the online application process in order for your application to download to the Board of Counseling queue.

- 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 14
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.
Step 15
After thoroughly reading the instructions provided, click the Start button at the bottom of the page. Proceeding to the application signifies that you have read and acknowledge your responsibility in making sure that you understand the regulatory requirements and registration process. (Please note that all fees are non-refundable.)

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 Marriage and Family Therapy will be processed within 30 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 16

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 agency’s address or PO Box address.
Step 17
Enter your address of record. This address will remain undisclosed by the board, however, all notices from the board and legal documents will be sent to the address and email address provided in this section.
Online Application Handbook

Step 18
You will be prompted to enter the name of each graduate institution that you have attended, as well as the type of degree, institution and the date of conferral.

Step 19
If you have additional coursework not listed in the previous section on education, select “Yes” from the dropdown menu. Otherwise, select “No”.

Application

Graduate Coursework

Please send official transcript(s) to the Board office.

Did you take additional graduate coursework from a school, not previously listed, to meet the Virginia education requirements?
Step 20
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 in any state, whether current, inactive, expired, suspended, or revoked. 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), the date issued, the expiration date, status, and if status is listed as “Other” an explanation is needed. Click Add at the bottom of the screen to add another entry to your application.

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Step 21
After reading each statements of assurance, please enter your initials. Below are example questions. Be sure to read the questions thoroughly before attesting to them.

Note: The Board does not offer refunds or transfer of funds to another application. By selecting “YES” to this question, you have indicated that you have researched the requirements for licensure, sought advice from your employer and/or supervisor that you selected the correct application, and feel that you meet the requirements as outlined in the Regulations. All applications are NONREFUNDABLE. If you selected and pay for the incorrect application type you will be required to submit a new online application and fee.
Step 22
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 or active duty military, each question answered with YES will require you to enter contextual information regarding the nature of the incident. If you have a criminal conviction, you will be required to submit additional information as listed in Guidance Document 115-2.
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.

6. Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance? (This includes convictions for driving under the influence, but does not include other traffic violations). Please provide an explanation of the charges, convictions, and submit documentation required in the Board’s Guidance Documents 115-2. (500 character limit):
Online Application Handbook

Use the link provided to access the guidance documents that outlines documentation that must be submitted in order to be considered for licensure.

By clicking on this link, you will be able to review Guidance Document 115-2, where you can review the required information that must be submitted in order for the Board to consider your licensure application.

<table>
<thead>
<tr>
<th>Licensure Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affirmative responses to any questions on this application will require additional information to be submitted. Please refer to Guidance Documents 115-2 for a list of required documentation to be submitted. Failure to disclose any information related to these questions may be grounds for denial, revocation, or imposition of terms, suspension or revocation of your license and/or registration.</td>
</tr>
</tbody>
</table>

Any supporting documentation related to the questions below should be submitted with your packet to: Virginia Board of Counseling Perimeter Center 9960 Mayland Drive, Suite 380 Henrico, VA 23233

<table>
<thead>
<tr>
<th>Additional Licensure Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Within the past five years, have you exhibited any conduct or behavior that could cast doubt into question your ability to practice in a competent and professional manner?</td>
</tr>
<tr>
<td>2. Within the past five years, have you been disciplined by any entity?</td>
</tr>
<tr>
<td>3. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Marriage and Family Therapist.</td>
</tr>
<tr>
<td>4. Have you voluntarily surrendered your license, certification or registration while under investigation?</td>
</tr>
<tr>
<td>5. Have you ever been denied the issuance of a license, certification, or registration, or denied the privilege of taking an occupational examination by a licensing agency?</td>
</tr>
<tr>
<td>6. Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance? (This includes convictions for driving under the influence, but does not include other traffic violations)</td>
</tr>
<tr>
<td>7. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Licensed Marriage and Family Therapist.</td>
</tr>
<tr>
<td>8. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the</td>
</tr>
</tbody>
</table>
NOTE: Ensure that you have completed all the questions and have printed the instructions and supporting documentation that is required.

10. 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 ✔*

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:
Online Application Handbook

Step 23

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.
Online Application Handbook

Step 24
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.

Certification
I certify by entering my electronic signature below. I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Electronic Signature (Full Legal Name): Jane Doe
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.
Online Application Handbook

**Step 25**
Review the information in the Application Summary. For your records, click **Print Summary** for a printable version. If all information is correct, proceed to Pay Fees.

![Application Summary Screenshot](image)

If all the information is correct please press the **pay fees button**. Otherwise please go back and correct any information that is necessary.

**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 #: 123456789
  - Date of Birth (mm/dd/yyyy): 01/01/1975

- ** 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):

**Step 26**
Select **Pay Fees** at the bottom of the page.

![Payment Screenshot](image)

- **Application Date:** 4/10/2020
- **Electronic Signature (Full Legal Name):** Jane Doe
- **I agree to the above certification**

Pay Fees
Step 27
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.
Applying as a Licensed Marriage and Family Therapist by Endorsement

Please review the Regulations Governing the Practice of Professional Counseling prior to submission. This can be found at https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm

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

**Step 1**
Visit [https://www.dhp.virginia.gov/counseling/counseling_forms.htm](https://www.dhp.virginia.gov/counseling/counseling_forms.htm)
Online Application Handbook

**Step 2**
Once on the page, scroll down until you have reached the section labeled **Marriage and Family Therapists**. Please take this time to click and read through the **LMFT Licensure Process Handbook**.

**Step 3**
Once you have completed the handbook, select **Click here to begin the LMFT by Endorsement Application**.

**Licensed Marriage and Family Therapy (LMFT) by Endorsement Application**

**Click here to begin the LMFT by Endorsement Application**. This marriage and family therapy licensure requires you to hold or have held an equivalent marriage and family therapy license for independent clinical practice in another U.S. state/territory.
Online Application Handbook

Step 4

If it is the first time that you are creating an application, click the Register a Person on the top left of the page, or the link in the “click here to register” section. If you already have an account, you can login in directly and skip to Step 9.
Step 5
From this page, enter in your last name and your nine (9) digit Social Security Number. If you do not have a Social Security Number, please contact your licensing board.
Step 6
If there are no matching records found, you will need to enter the required fields to create a user id and password.

Step 7
Once you have entered the required fields, click Register to create an account.

Step 8
Click login to go to the login page.
**Step 9**

Log in using your newly created user id and password.

![Login form]

**Step 10**

Once you have logged into the system, you will be brought to the **Initial Applications Page**. Select the **Initial Application** in the upper left hand corner.
Step 11
For the category “Profession”, select Counseling.
For “License Type”, select Licensed Marriage and Family Therapist.
For “Obtained By Method”, select Endorsement.
For “Country”, select the relevant country (i.e. United States)

For “State/Province”, select the relevant state or province (i.e. Maryland)
Step 12
Once you have selected your license type, click Start Application.

Step 13
Select Click Here to Begin Your Application Process. Please remember that you must pay the online application fee at the end of the online application process in order for your application to download to the Board of Counseling queue.

Step 14
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.

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

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.
Step 15
After thoroughly reading the instructions provided, click the **Start** button at the bottom of the page. Proceeding to the application signifies that you have read and acknowledge your responsibility in making sure that you understand the regulatory requirements and registration process. (Please note that all fees are non-refundable.)

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 Marriage and Family Therapy will be processed within 30 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 16
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 agency’s address or PO Box address.
**Step 17**

Enter your address of record. This address will remain undisclosed by the board, however, all notices from the board and legal documents will be sent to the address and email address provided in this section.
Step 18
You will be prompted to enter the name of each graduate institution that you have attended, as well as the type of degree, institution and the date of conferment.
Step 19
You will be asked if you can verify a passing score on an appropriate exam. If you select “Yes”, you will be given the options of either MFT National Examination, State Constructed Exam, or Other, with the last offering a fillable field. Otherwise, select “No”.
Step 20

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 in any state, whether current, inactive, expired, suspended, or revoked. 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), the date issued, the expiration date, status, and if status is listed as “Other” an explanation is needed. Click Add at the bottom of the screen to add another entry to your application.

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 do not require a verification of license be printed or mailed to the Board.)
Step 21
After reading each statement of assurance, please enter your initials. Below are example questions. Be sure to read the questions thoroughly before attesting to them.

*Note: The Board does not offer refunds or transfer of funds to another application. By selecting “YES” to this question, you have indicated that you have reviewed the regulations and feel that you meet the requirements as outlined in the Regulations. All applications are NONREFUNDABLE. If you selected and pay for the incorrect application type you will be required to submit a new online application and fee.*
Step 22
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 or active duty military, each question answered with YES will require you to enter contextual information regarding the nature of the incident. If you have a criminal conviction, you will be required to submit additional information as listed in Guidance Document 115-2.

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.

6. Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance? (This includes convictions for driving under the influence, but does not include other traffic violations). Please provide an explanation of the charges/convictions, and submit documentation required in the Board's Guidance Documents 115-2. (500 character limit):
Use the link provided to access the guidance documents that outlines documentation that must be submitted in order to be considered for licensure.
Online Application Handbook

By clicking on this link, you will be able to review Guidance Document 115-2, where you can review the required information that must be submitted in order for the Board to consider your licensure application.

The following information will be requested from an applicant with a criminal conviction:
- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

**NOTE:** Ensure that you have completed all the questions and have printed the instructions and supporting documentation that is required.

10. 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 ✓]

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:
Step 23
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.
Online Application Handbook

**Step 24**

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.

---

**Certification**

I certify by entering my electronic signature below. I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Electronic Signature (Full Legal Name): Jane Doe

☑️ 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.
Online Application Handbook

**Step 25**
Review the information in the Application Summary. For your records, click **Print Summary** for a printable version. If all information is correct, proceed to Pay Fees.

![Application Summary](image)

If all the information is correct please press the **pay fees button**. Otherwise please go back and correct any information that is necessary.

**Step 26**
Select **Pay Fees** at the bottom of the page.

![Pay Fees](image)
Step 27
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.
Applying as a Resident in Substance Abuse Treatment

Please review the Regulations Governing the Practice of Professional Counseling prior to submission. This can be found at https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm

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

Step 1
Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm
Step 2
Once on the page, scroll down until you have reached the section labeled **Licensed Substance Abuse Treatment Practitioners**

**Temporary Licensed as a Resident in Substance Abuse Treatment**

Click here to begin the Resident in Substance Abuse Treatment License Application: This application is for individuals who have met the degree and coursework requirements outlined in the regulations, have a qualified supervisor willing to supervise your experience and evaluate when you can provide substance abuse treatment services.

**Qualified Substance Abuse Treatment Practitioners**

- Application Packet for Licensed Substance Abuse Treatment Practitioners by Direct Service (PDF 846)
- Application Packet for Pre-service of Education Licensed SAAI Practitioner (PDF 256)
- Application Packet for Direct Service of Education Licensed SAAI Practitioner (PDF 886)
- Application Packet for Direct Service of a Resident or Temporary Licensed (PDF 886)
- Application Packet for Reimbursement of a Resident or Temporary Licensed (PDF 886)

**Additional ISAT Forms**

- Quarterly Evaluation Form for ISATP Licensee (PDF 108)
- Supervision Evaluation Form for ISATP Licensee (PDF 108)
- Certification of Supervisors Form for ISATP Licensee (PDF 108)
- Certification of Required Coursework for ISATP Licensee (PDF 108)
- Certification of Degree and Internship (PDF 108)
- Certification for Initial License or Certification Verification Form (PDF 108)
- Certification for Termination of Supervision Form (PDF 108)
- Request for Certification of Job Status in Certification Verification Form (PDF 108)
- Certification of Prior-Licensed Active Practitioner Form (PDF 108)

Step 3
Once you have completed the handbook, select **Click here to begin the Resident in Substance Abuse Treatment License Application** in the yellow section.

**Temporary Licensed as a Resident in Substance Abuse Treatment**

Click here to begin the Resident in Substance Abuse Treatment License Application: The experience and worksite where you can provide substance abuse treatment services.
Online Application Handbook

**Step 4**
If it is the first time that you are creating an application, click the Register a Person on the top left of the page, or the link in the “click here to register” section. If you already have an account, you can login in directly and skip to Step 9.

![Initial Applications](image_url)

**IMPORTANT!** This site is for initial applications ONLY. If you wish to renew an existing license, you must do so on www.license.dhp.virginia.gov. If you wish to reinstate a lapsed license, please contact your licensing Board.

Virginia offers certain licensees the opportunity to apply for a professional license online. Click here to see a listing of license types which can apply online.

If you haven’t already registered and would like to apply for a new person license, click here to register (or click the register a person link on the left).

**Returning users** login below using the User ID and Password you created to edit your Application.

- **User Id:**
- **Password:**

**Lost Password?** If you know your User ID and have forgotten your password, then click here to reset your password.

**Please Note:** This website is best viewed with Internet Explorer.
Online Application Handbook

**Step 5**
From this page, enter in your last name and your nine (9) digit Social Security Number. If you do not have a Social Security Number, please contact your licensing board.

![Image of the Virginia Department of Health Professions Initial Applications page](image-url)
Online Application Handbook

**Step 6**
If there are no matching records found, you will need to enter the required fields to create a user id and password.

![Image of Initial Registration form]

**Step 7**
Once you have entered the required fields, click **Register** to create an account.

![Image of Register button]

**Step 8**
Click **login** to go to the login page.

You have successfully registered!
Please **login**....
Online Application Handbook

**Step 9**
Log in using your newly created user id and password.

**Step 10**
Once you have logged into the system, you will be brought to the Initial Applications Page. Select the Initial Application in the upper left hand corner.
Step 11
For the category “Profession”, select Counseling.
For “License Type”, select Resident in Substance Abuse Treatment.
For “Obtained By Method”, select Initial Application.

Step 12
Once you have selected your license type, click Start Application.
Online Application Handbook

Step 13
Select Click Here to Begin Your Application Process. Please remember that you must pay the online application fee at the end of the online application process in order for your application to download to the Board of Counseling queue.

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 14
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.
Online Application Handbook

Step 15
After thoroughly reading the instructions provided, click the **Start** button at the bottom of the page. Proceeding to the application signifies that you have read and acknowledge your responsibility in making sure that you understand the regulatory requirements and registration process. (Please note that all fees are non-refundable)

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 Marriage and Family Therapy will be processed within **30 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.

Start
**Step 16**

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 agency’s address or PO Box address.
Step 17
Enter your address of record. This address will remain undisclosed by the board, however, all notices from the board and legal documents will be sent to the address and email address provided in this section.
Online Application Handbook

**Step 18**
You will be prompted to enter the name of each graduate institution that you have attended, as well as the type of degree which you received from that institution and the date of conferral.

**Step 19**
If you have additional coursework not listed in the previous section on education, select “Yes” from the dropdown menu. Otherwise, select “No”. 
Step 20
You will be prompted to enter the name of your Clinical Supervisor, as well as their license number, license type, email address, and phone number. If you are unsure about any of this information, contact your supervisor.
Step 21
You will be prompted to enter your Employer or Worksite name and address where you will provide clinical substance abuse treatment services to clients. (Do not list where you will meet your supervisor or your supervisor’s worksite if different from your worksite.) Once both are entered, click Add. Do this for each appropriate worksite or employer. When complete, continue to the next section.

Step 22
Use the drop down menu to choose whether or not you have held or hold a mental health or health professional license, certification or registration in any jurisdiction, including Virginia. You should select “YES” even if your license, certification or registration is expired. If the answer is “YES”, refer to the Step 23 in the guide for more information. If the answer is “NO”, proceed to Step 24.
**Step 23**

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 in any state, whether current, inactive, expired, suspended, or revoked. 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), the date issued, the expiration date, status, and if status is listed as “Other” an explanation is needed. Click **Add** at the bottom of the screen to add another entry to your application.

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 do not require a verification of license be printed or mailed to the Board.)
Step 24
After reading each statements of assurance, please enter your initials. Below are example questions. Be sure to read the questions thoroughly before attesting to them.

Note: The Board does not offer refunds or transfer of funds to another application. By selecting “YES” to this question, you have indicated that you have researched your registration, sought advice from your employer and/or supervisor that you selected the correct application, and feel that you meet the requirements as outlined in the Regulations. All applications are NONREFUNDABLE. If you selected and pay for the incorrect application type you will be required to submit a new online application and fee.
Step 25

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 or active duty military, each question answered with YES will require you to enter contextual information regarding the nature of the incident. If you have a criminal conviction, you will be required to submit additional information as listed in Guidance Document 115-2.

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.

Use the link provided to access the guidance documents that outlines documentation that must be submitted in order to be considered for licensure.
Online Application Handbook

By clicking on this link, you will be able to review Guidance Document 115-2, where you can review the required information that must be submitted in order for the Board to consider your licensure application.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

**NOTE:** Ensure that you have completed all the questions and have printed the instructions and supporting documentation that is required.

10. 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] [Yes]

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:
Step 26
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.
Online Application Handbook

**Step 27**
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.

---

**Certification**

I certify by entering my electronic signature below. I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Electronic Signature (Full Legal Name): Jane Doe

☑️ 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
Step 28
Review the information in the Application Summary. If your records, click Print Summary for a printable version. If all information is correct, proceed to Pay Fees.

Step 29
Select Pay Fees at the bottom of the page.
Step 30
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.
Applying as a Substance Abuse Treatment Practitioner by Examination

Please review the Regulations Governing the Practice of Professional Counseling prior to submission. This can be found at [https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm](https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm)

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

**Step 1**
Visit [https://www.dhp.virginia.gov/counseling/counseling_forms.htm](https://www.dhp.virginia.gov/counseling/counseling_forms.htm)
Online Application Handbook

**Step 2**
Once on the page, scroll down until you have reached the section labeled **Licensed Substance Abuse Treatment Practitioners**

![Online Application Handbook](image)

**Step 3**
Once you have completed the handbook, select **Click here to begin the LSATP by Examination Application** underneath the Sample of a Resident in Substance Abuse Treatment Supervisory Contract link.

![Online Application Handbook](image)

**Licensed Substance Abuse Treatment Practitioner (LSATP) by Examination Application**

Click here to begin the LSATP by Examination Application. This substance abuse treatment practitioner licensure examination as outlined in the Regulations.
Online Application Handbook

**Step 4**
If it is the first time that you are creating an application, click the **Register a Person** on the top left of the page, or the link in the “click [here](#) to register” section. If you already have an account, you can login in directly and skip to **Step 9**.
Online Application Handbook

Step 5
From this page, enter in your last name and your nine (9) digit Social Security Number. If you do not have a Social Security Number, please contact your licensing board.
Online Application Handbook

Step 6
If there are no matching records found, you will need to enter the required fields to create a user id and password.

Step 7
Once you have entered the required fields, click Register to create an account.

Step 8
Click login to go to the login page.
Online Application Handbook

**Step 9**
Log in using your newly created user id and password.

![Login Form]

**Step 10**
Once you have logged into the system, you will be brought to the Initial Applications Page. Select the Initial Application in the upper left hand corner.

![Menu]

<table>
<thead>
<tr>
<th>Menu</th>
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<tbody>
<tr>
<td>Initial Application</td>
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<td>Logcut</td>
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Online Application Handbook

**Step 11**
For the category “Profession”, select **Counseling**.
For “License Type”, select **Substance Abuse Treatment Practitioner**.
For “Obtained By Method”, select **Examination**.

![Initial Applications](image)

**Step 12**
Once you have selected your license type, click **Start Application**.
Online Application Handbook

**Step 13**
Select **Click Here to Begin Your Application Process.** Please remember that you must pay the online application fee at the end of the online application process in order for your application to download to the Board of Counseling queue.

**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 14**
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.
Online Application Handbook

Step 15
After thoroughly reading the instructions provided, click the **Start** button at the bottom of the page. Proceeding to the application signifies that you have read and acknowledge your responsibility in making sure that you understand the regulatory requirements and registration process. (Please note that all fees are non-refundable)

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 Marriage and Family Therapy will be processed within **30 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.

Start
Step 16
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 agency’s address or PO Box address.
Step 17
Enter your address of record. This address will remain undisclosed by the board, however, all notices from the board and legal documents will be sent to the address and email address provided in this section.
Online Application Handbook

Step 18
You will be prompted to enter the name of each graduate institution that you have attended, as well as the type of degree which you received from that institution and the date of conferral.

Step 19
If you have additional coursework not listed in the previous section on education, select “Yes” from the dropdown menu. Otherwise, select “No”.

Application

Graduate Coursework

Please send official transcript(s) to the Board office.

Did you take additional graduate coursework from a school, not previously listed, to meet the Virginia education requirements?
Step 20
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 in any state, whether current, inactive, expired, suspended, or revoked. 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), the date issued, the expiration date, status, and if status is listed as “Other” an explanation is needed. Click Add at the bottom of the screen to add another entry to your application.

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 do not require a verification of license be printed or mailed to the Board.)
Online Application Handbook

Step 21
After reading each statements of assurance, please enter your initials. Below are example questions. Be sure to read the questions thoroughly before attesting to them.

Note: The Board does not offer refunds or transfer of funds to another application. By selecting “YES” to this question, you have indicated that you have researched the requirements for licensure, sought advice from your employer and/or supervisor that you selected the correct application, and feel that you meet the requirements as outlined in the Regulations. All applications are NONREFUNDABLE. If you selected and pay for the incorrect application type you will be required to submit a new online application and fee.
Online Application Handbook

Step 22
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 or active duty military, each question answered with YES will require you to enter contextual information regarding the nature of the incident. If you have a criminal conviction, you will be required to submit additional information as listed in Guidance Document 115-2.

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.

6. Have you ever been convicted of, pled No Lo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance? (This includes convictions for driving under the influence, but does not include other traffic violations). Please provide an explanation of the charges/convictions, and submit documentation required in the Board’s Guidance Documents 115-2. (500 character limit):
Online Application Handbook

Use the link provided to access the guidance documents that outlines documentation that must be submitted in order to be considered for licensure.
Online Application Handbook

By clicking on this link, you will be able to review Guidance Document 115-2, where you can review the required information that must be submitted in order for the Board to consider your licensure application.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

**NOTE:** Ensure that you have completed all the questions and have printed the instructions and supporting documentation that is required.

10. 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? [ ] Yes [ ] No

*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.*
Online Application Handbook

Step 23
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.
Online Application Handbook

**Step 24**
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.

**Certification**
I certify by entering my electronic signature below. I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Electronic Signature (Full Legal Name): Jane Doe

☑ 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
Step 25
Review the information in the Application Summary. If your records, click Print Summary for a printable version. If all information is correct, proceed to Pay Fees.

Step 26
Select Pay Fees at the bottom of the page.
**Step 27**
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.
Applying as a Substance Abuse Treatment Practitioner by Endorsement

Please review the Regulations Governing the Practice of Professional Counseling prior to submission. This can be found at https://www.dhp.virginia.gov/counseling/counseling_laws_regs.htm

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

**Step 1**
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Step 2
Once on the page, scroll down until you have reached the section labeled **Licensed Substance Abuse Treatment Practitioners**.

Step 3
Once you have completed the handbook, select **Click here to begin the LSATP by Endorsement Application**.

**Licensed Substance Abuse Treatment Practitioner (LSATP) by Endorsement Application**

*Click here to begin the LSATP by Examination Application*. This substance abuse treatment practitioner licensure application type is for individuals who are licensed in another jurisdiction and meet the degree and coursework requirements outlined in the Regulations.
Step 4
If it is the first time that you are creating an application, click the Register a Person on the top left of the page, or the link in the “click here to register” section. If you already have an account, you can login in directly and skip to Step 9.
Step 5
From this page, enter in your last name and your nine (9) digit Social Security Number. If you do not have a Social Security Number, please contact your licensing board.
Online Application Handbook

**Step 6**
If there are no matching records found, you will need to enter the required fields to create a user id and password.

![Image of registration form]

**Step 7**
Once you have entered the required fields, click **Register** to create an account.

![Register button]

**Step 8**
Click **login** to go to the login page.

![Menu with options]

You have successfully registered! Please **login**...
Online Application Handbook

**Step 9**
Log in using your newly created user id and password.

![Login Screen](image)

**Step 10**
Once you have logged into the system, you will be brought to the *Initial Applications Page*. Select the *Initial Application* in the upper left hand corner.
Step 11
For the category “Profession”, select Counseling.
For “License Type”, select Substance Abuse Treatment Practitioner.
For “Obtained By Method”, select Endorsement.
For “Country”, select the relevant country (i.e. United States)
For “State/Province”, select the relevant state or province (i.e. Maryland)
Step 12
Once you have selected your license type, click **Start Application**.

![Start Application Button]

Step 13
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Online Application Handbook

**Step 17**
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Step 18
You will be prompted to enter the name of each graduate institution that you have attended, as well as the type of degree which you received from that institution and the date of conferral.
Step 19
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 in any state, **whether current, inactive, expired, suspended, or revoked**. 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), the date issued, the expiration date, status, and if status is listed as “Other” an explanation is needed. Click Add at the bottom of the screen to add another entry to your application.

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 do not require a verification of license be printed or mailed to the Board.)
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Step 21
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- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

**NOTE:** Ensure that you have completed all the questions and have printed the instructions and supporting documentation that is required.

10. 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 ✗**

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:
Step 22
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.
Step 23

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.

**Certification**

I certify by entering my electronic signature below. I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Electronic Signature (Full Legal Name): Jane Doe

☑️ 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.
Step 24
Review the information in the Application Summary. If your records, click Print Summary for a printable version. If all information is correct, proceed to Pay Fees.

Step 25
Select Pay Fees at the bottom of the page.
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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.