



VERIFICATION OF SUPERVISED EXPERIENCE **for a Qualified Mental Health Professional – Adult (QMHP-A)**

- If you have a master’s or bachelors in human service or related field, hold a Virginia RN license or hold an Occupational Therapist License, you must complete 1,500 hours of supervised experience with adults with mental illnesses in a setting where mental health treatment, practice, observation or diagnosis occurs.
- If you have a bachelor’s degree that is not in a human service field, you must complete 3,000 hours of supervised experience with adults with mental illnesses in a setting where mental health treatment, practice, observation or diagnosis occurs.

(If you did not complete your experience under one supervisor and one worksite, please provide additional verification of supervised experience form(s) to provide evidence that you completed the required experience hours.)

Name of Applicant (First, Middle, Last)	Applicant’s Email Address
To be completed by Supervisor: (All questions must be answered. Incomplete forms will not be considered.)	
Supervisor’s Name: (First, Middle, Last)	
Supervisor’s Email:	Supervisor’s Phone Number:
Title of License:	Supervisor’s License Number:
<p>If you do not hold a mental health license, you must be approved by the Virginia Board as a resident or supervisee as a pre-requisite for Virginia licensure.</p> <p>What Virginia Board are you approved under?</p> <p style="text-align: center;"> <input type="checkbox"/> Counseling <input type="checkbox"/> Psychology <input type="checkbox"/> Social Work </p>	
To be completed by Supervisor: Verification of Experience for QMHP-A	
Business/Agency Name of where applicant gained experience towards QMHP-A	
Business/Agency Address of where applicant gained experience towards QMHP-A	
Dates of Experience: From (mm/dd/yy): _____ To (mm/dd/yy): _____	
Under your supervision, how many supervised experience hours did the applicant complete in providing direct services to individuals as part of a population of adults with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs?	_____ hours
Supervisor’s Signature: _____ <div style="text-align: center; font-size: small;">(Original signature required)</div>	
Date: _____	