

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

Applicant must hold a master's or bachelors in human service field or in special education, hold a Virginia RN license or hold an Occupational Therapist License with 1,500 hours of supervised experience with children or adolescents **up to the age of 22** 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;">Counseling Psychology Social Work</p>	
To be completed by Supervisor: Verification of Experience for QMHP-C	
Business/Agency Name of where applicant gained experience towards QMHP-C	
Business/Agency Address of where applicant gained experience towards QMHP-C	
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 children or adolescents with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs?	_____ hours
Supervisor's Signature: _____ (Original signature required)	Date: _____