



Virginia Department of  
**Health Professions**  
 Board of Long-Term Care Administrators

9960 Mayland Drive, Suite 300  
 Henrico, Virginia 23233  
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## REQUEST FOR VERIFICATION OF VIRGINIA LONG-TERM CARE ADMINISTRATORS LICENSE

There is a **\$35.00** fee for out-of-state licensure verifications. **Please include a \$35.00 check or money order made payable to the “Treasurer of Virginia.”** We are unable to accept credit cards at this time.

**License Verifications provide the following information:**

- Type of license
- License status
- Licensure method
- License Number
- Disciplinary History
- Expiration Date
- Issue Date

**Please allow approximately 5-7 business days after receipt for processing. Please mail your request to:**

Department of Health Professions  
 Board of Long Term Care Administrators  
 9960 Mayland Drive, Suite 300  
 Henrico, VA 23233-1463

**Licensee’s Full Name (Last, First)**

**Maiden Name (if any)**

**Licensee’s Current Address (Street and/or Box Number, City, State, Zip)**

**Licensee’s Telephone Number**

**Licensee’s Email Address**

**License Number (if known)**

**Last four digits of your Social Security Number**

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**Email Address** where verification should be sent. Note: All license verifications are sent electronically. Mailing addresses will not be accepted.

**SIGNATURE OF LICENSEE** \_\_\_\_\_ **DATE** \_\_\_\_\_