

**PART 1: TO BE COMPLETED BY THE LICENSEE:**

My Board Order requires that I enter into, or continue in, therapy with a Board-approved therapist until discharged. I am requesting that the Board approve the following practitioner to provide this counseling or therapy: \_\_\_\_\_, who is with \_\_\_\_\_ practice, located in \_\_\_\_\_.

**By my signature below, I certify that I have done the following:**

- I have contacted and provided the potential therapist with a copy of my entire Board Order including the *Findings of Fact* and cover letter, all other prior Orders entered against me by this or any other Board, and any other documents specified in my Order that I am to provide. We have discussed all requirements for the ordered therapy, including ♦ any deadlines, ♦ needed releases, ♦ costs and ♦ reporting requirements. I understand I am responsible for all costs associated with this therapy.
- I have signed and returned to my Compliance Case Manager (“CCM”) the authorization form that allows my CCM free communication with this potential therapist. I know that if I do not return this signed form, the therapist’s reports will not be sent to the Board and I could be considered in violation of my Order.
- I have asked this potential therapist to contact my Compliance Case Manager before meeting with me. My Compliance Case Manager’s name is: Tonya James. Her phone # is: 804-367-4536.
- I have asked the potential therapist named above to: ♦ personally complete the bottom portion of this form; ♦ provide a *curriculum vitae* for Board review prior to approval; ♦ provide the type of reports required by my Order in a timely way to the Compliance Case Manager; and ♦ provide a copy of these reports to me and discuss any treatment recommendations with me.
- **I understand that the information that I and this therapist provide here must be reviewed by the Board for approval. I understand that if I proceed with therapy with this therapist before I am notified in writing by my CCM, the therapist and/or the reports may not be approved.**

\_\_\_\_\_  
Print Licensee’s Name

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

**PART 2: TO BE COMPLETED PERSONALLY BY THE POTENTIAL THERAPIST NAMED ABOVE:**

The licensee above has asked me to provide therapy to him or her as a requirement of the terms of the Virginia Board of Nursing’s Order.

**By my signature below, I certify that:**

- I am qualified to provide the Ordered type of therapy. My curriculum vitae is attached for Board consideration. My Virginia license number is: \_\_\_\_\_. I also hold licenses in the following jurisdictions: \_\_\_\_\_. This therapy would be conducted in the following jurisdiction: \_\_\_\_\_. My phone # is \_\_\_\_\_.
- My license(s) are current, and I have never been the subject of any investigation or disciplinary action by any licensing board or any other health care entity. Any exceptions are listed here and detailed on the back of this page: \_\_\_\_\_.
- My relationship with the licensee, prior to being asked to provide therapy, has been:  none  social  personal  professional  doctor/patient  I treated the licensee’s family member. Specifically: \_\_\_\_\_
- I have received, and have read, a copy of the entire Board Order, including the *Findings of Fact* and cover letter, all other prior Orders entered against the licensee by this or any other Board, (available online at [www.dhp.virginia.gov](http://www.dhp.virginia.gov)) and any other documents specified in the Order that I am aware I should be provided. I agree to abide by the Order’s requirements and provide timely reports to the Compliance Case Manager regarding the licensee’s therapy, as ordered.
- I have discussed with the licensee what will be required, to include: • any releases I might need signed; • that all costs are to be borne by the licensee; • that I will send my reports of the therapy to the Compliance Unit for the Board’s review, with a copy to the licensee; • and that I will advise the licensee of any treatment recommendations I might make that will require follow-through on the part of the licensee.
- **I understand that one purpose of my therapy with this licensee is to provide the Board with thorough and timely reports -- to include • any and all diagnoses, • prognoses and • treatment recommendations -- to assist the Board to determine whether, and under what conditions, the licensee might be safe and competent to practice his or her profession.**
- **I will not rely solely on the licensee’s self-reported data. The licensee asked me to contact his or her Compliance Case Manager before we meet. I will not proceed with this licensee until I have made this contact and am told I have been given Board-approval.**

\_\_\_\_\_  
Print Therapist’s Name

\_\_\_\_\_  
Therapist’s Signature

\_\_\_\_\_  
Date

**FOR BOARD USE ONLY:**  BOARD APPROVED  BOARD DENIED INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_