

ONLINE APPLICATION HANDBOOK

VIRGINIA BOARD OF COUNSELING

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.

PERIMETER CENTER
9960 MAYLAND DRIVE
SUITE 300
HENRICO, VA 23233-1463

PHONE NUMBER: (804) 367-4610

FAX: (804) 767-6225

EMAIL QUESTIONS TO: coun@dhp.virginia.gov

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

Contents

<i>Applying as a Resident in Counseling</i>	3
<i>Applying as a Licensed Professional Counseling by Examination</i>	26
<i>Applying as a Licensed Professional Counseling by Endorsement</i>	48
<i>Applying as a Resident in Marriage and Family Therapy</i>	71
<i>Applying as a Licensed Marriage and Family Therapist by Examination</i>	94
<i>Applying as a Licensed Marriage and Family Therapist by Endorsement</i>	116
<i>Applying as a Resident in Substance Abuse Treatment</i>	139
<i>Applying as a Substance Abuse Treatment Practitioner by Examination</i>	162
<i>Applying as a Substance Abuse Treatment Practitioner by Endorsement</i>	184

Online Application Handbook

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.

The screenshot shows the Virginia Department of Health Professions website. The main content area is titled "Board of Counseling Laws and Regulations". A yellow box highlights the following links: "Laws Governing Counseling", "Final Regulations Governing Counseling", "Proposed Regulations", "Emergency Regulations", and "Laws Governing All Health Professions". Below this, there is a section for "Laws as of July 1, 2019 - Selected sections of the Code of Virginia" with a link to "Laws governing Counseling". Another section is titled "Final Regulations - Regulations currently in effect for practitioners under the Board", listing several regulations with their effective dates, such as "Regulations Governing the Practice of Professional Counseling (3-4-2020)". A final section, "Proposed Regulations - Amendments to regulations proposed by the Board", indicates "none at this time". The left sidebar contains various navigation links like "Board Home", "Board Members", "Calendar of Events", "News & Updates", "Fees", "Laws and Regulations", "Regulations History", "Guidance Documents", "License Lookup", "Staff Listing", "New Applications", "Licensure Process", "Applications & Forms", "DMHP Information", "RPRS Information", "Check Application Status", "Supervisor Information", "Examination Information", "Renewal Information", "Renewal FAQs", "Renew Online", "Update Your Information", "Discipline and Compliance", "Disciplinary Proceedings", "Case Decisions", "File a Complaint", "Administrative Proceedings", "Division", and "Compliance Forms".

Online Application Handbook

Step 1

Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm

The screenshot displays the Virginia Department of Health Professions website. The main header features the Virginia Department of Health Professions logo and the text "Virginia Department of Health Professions". Below this, the page is titled "Virginia Board of Counseling Applications and Instructions". A navigation menu on the left lists various categories such as "General Information", "Board Members", "Calendar of Events", "News & Updates", "Fees", "Laws and Regulations", "Regulations History", "Guidance Documents", "License Lookup", "Staff Listing", "New Applications", "Licensure Process", "Applications & Forms", "QMHP Information", "RPRS Information", "Check Application Status", "Supervisor Information", "Examination Information", "Renewal Information", "Renewal FAQs", "Renew Online", "Update Your Information", "Discipline and Compliance", "Disciplinary Proceedings", "Case Decisions", "File a Complaint", "Administrative Proceedings", "Division", and "Compliance Forms".

The main content area is titled "Applications and Instructions" and contains a list of application types with links to their respective forms:

- [Qualified Mental Health Professional \(QMHP\) and Registered Peer Recovery Specialists \(RPRS\)](#)
- [Licensed Professional Counselors](#)
- [Certified Substance Abuse Counselors](#)
- [Certified Substance Abuse Counseling Assistants](#)
- [Licensed Substance Abuse Treatment Practitioner](#)
- [Supervisor Approval Applications](#)
- [Certified Rehabilitation Provider](#)
- [Marriage and Family Therapist](#)
- [Continuing Education Forms](#)
- [Compliance Forms](#)

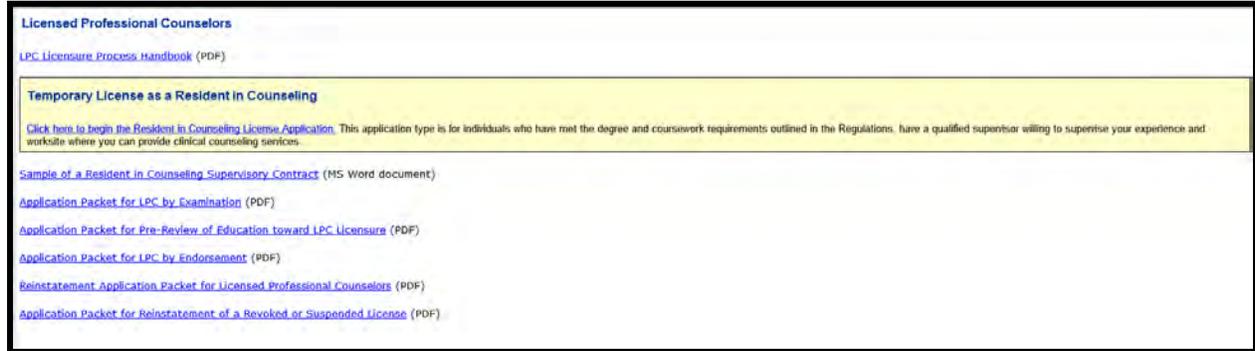
Below this list, there is a note: "To view the Word documents below you'll need Microsoft Word or the free [Microsoft® Word Viewer 97/2000](#). For the PDF files you'll need the free [Adobe Acrobat Reader](#)."

The page then details the application process for "Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)". It includes sections for "QMHP – Adult" and "QMHP – Child", each with a link to the application handbook and a link to begin the initial application. The "QMHP – Adult" section states: "Please [click here](#) to review the Application Handbook." and "Click [here](#) to begin the QMHP-A Initial Application. This application type is for individuals who have completed the required education and supervised experience with adults with mental illness as defined in the Regulations." The "QMHP – Child" section states: "Please [click here](#) to review the Application Handbook." and "Click [here](#) to begin the QMHP-C Initial Application. This application type is for individuals who have completed the required education and supervised experience with children and adolescents with mental illness as defined in the Regulations." There is also a section for "Qualified Mental Health Professional Trainee" with a link to the handbook and a link to begin the initial application: "Click [here](#) to begin the QMHP-Trainee Initial Application. This application type is for individuals who wish to start accruing supervised experience towards QMHP-A and/or QMHP-C." Finally, there is a section for "Registered Peer Recovery Specialists" with a link to the handbook.

Online Application Handbook

Step 2

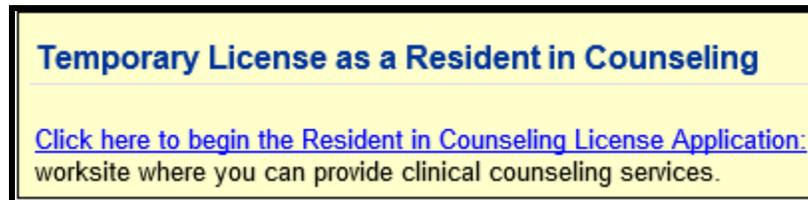
Once on the page, scroll down until you have reached the section labeled **Licensed Professional Counselors**. Please take this time to click and read through the **LPC Licensure Process Handbook**.



The screenshot shows a webpage titled "Licensed Professional Counselors". Below the title is a link for "LPC Licensure Process Handbook (PDF)". A yellow highlighted box contains the heading "Temporary License as a Resident in Counseling" and a paragraph: "Click [here to begin the Resident in Counseling License Application](#). This application type 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 worksite where you can provide clinical counseling services." Below this box are several links for application packets: "Sample of a Resident in Counseling Supervisory Contract (MS Word document)", "Application Packet for LPC by Examination (PDF)", "Application Packet for Pre-Review of Education toward LPC Licensure (PDF)", "Application Packet for LPC by Endorsement (PDF)", "Reinstatement Application Packet for Licensed Professional Counselors (PDF)", and "Application Packet for Reinstatement of a Revoked or Suspended License (PDF)".

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.

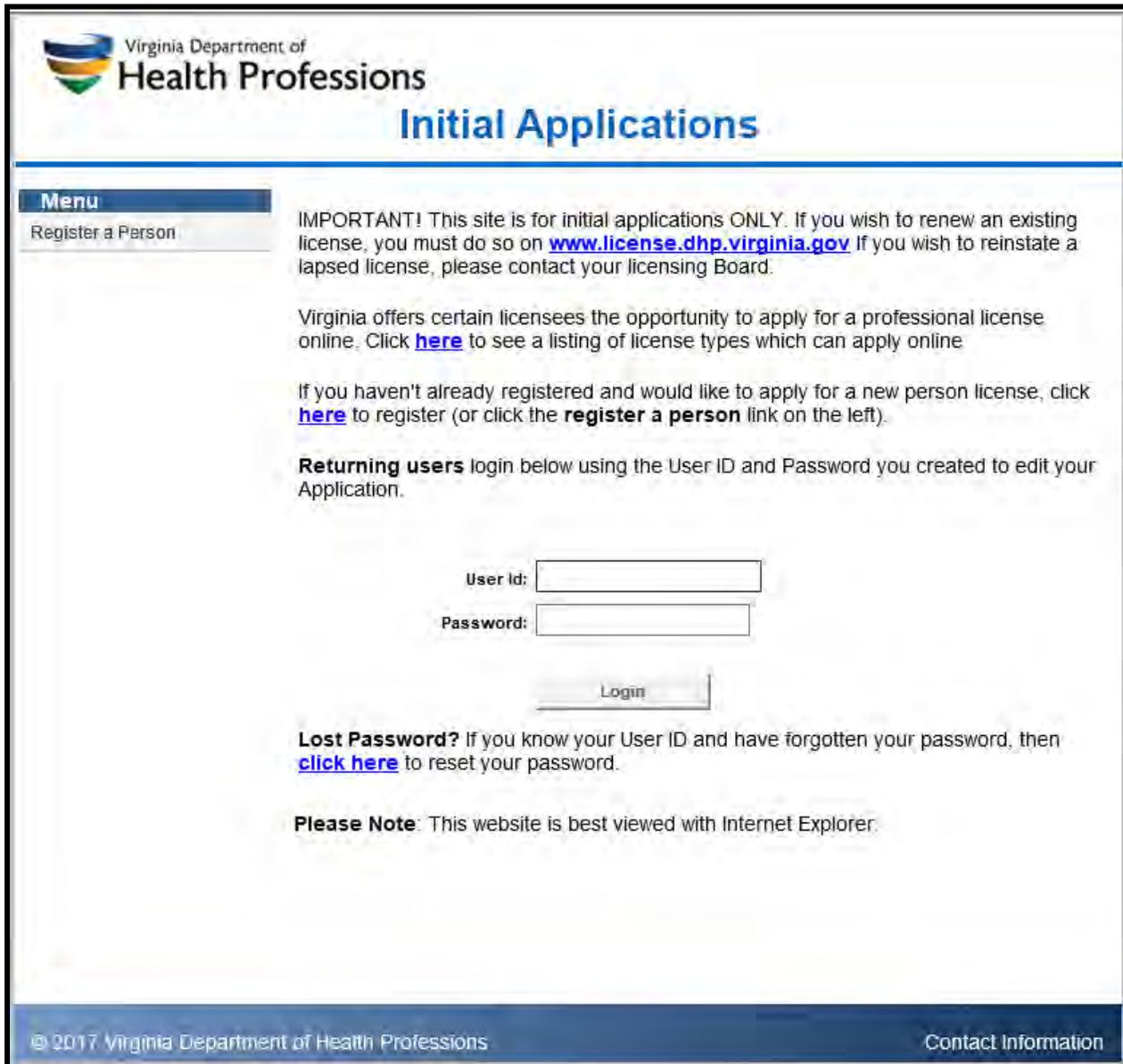


The image shows a yellow highlighted box with a black border. At the top, it reads "Temporary License as a Resident in Counseling". Below this, it says "Click [here to begin the Resident in Counseling License Application](#): worksite where you can provide clinical counseling services."

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**



The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. At the top left is the department's logo and name. The main heading is 'Initial Applications'. A 'Menu' bar on the left contains a link for 'Register a Person'. The main content area includes an important notice about renewing or reinstating licenses, instructions for applying for a new license, and a login section for returning users. The login section has fields for 'User Id:' and 'Password:', followed by a 'Login' button. There is also a link for 'Lost Password?' and a 'Please Note' section at the bottom.

Virginia Department of
Health Professions

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 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.

© 2017 Virginia Department of Health Professions Contact Information

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.



Virginia Department of
Health Professions

Initial Applications

Menu
Login Page

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 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.

Last Name:

SSN:

(ex. 123456789)

© 2017 Virginia Department of Health Professions Contact Information

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.

Initial Registration

There were no matching records found.

- Please complete the required fields below and click the **Register** button. You will then be instructed to login with your newly created User ID and Password.
- If you currently hold a license with the Department of Health Professions or have already submitted a paper application to the state, click [here](#) to search again. Do not complete the form below to register as this will not allow you to access your licensure records. If your records cannot be found, click [here](#) to contact us for assistance.

NOTE: Required fields are marked with an asterisk (*).

Name

* First Name:

Middle Name:

* Last Name:

Suffix:

ex: Sr. | Jr. | III

* Birth Date:

MM/DD/YYYY

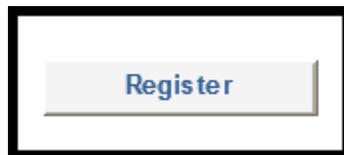
Email:

ex: username@domain.com

*SSN/DMV: DMV Number

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.



A screenshot of a login form. At the top, it says "Returning users login below using the User ID and Application." Below this text are two input fields: "User Id:" followed by a text box, and "Password:" followed by a text box. At the bottom of the form is a button labeled "Login".

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.



A screenshot of a menu. The menu has a blue header with the word "Menu" in white. Below the header are three items: "Initial Application", "Logout", and an empty space.

Online Application Handbook

Step 11

For the category “Profession”, select **Counseling**.

For “License Type”, select **Resident in Counseling**.

For “Obtained By Method”, select **Initial Application**

Virginia Department of
Health Professions

Initial Applications

Menu

- Licensing Home Page
- Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession:

License Type:

Obtained By Method:

[What is an obtained by method?](#)

© 2017 Virginia Department of Health Professions Contact Information

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

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education/Training
- Graduate Coursework
- Clinical Supervision
- Supervision Sites
- Licensure History
- Statements of Assurance
- Licensure Questions
- Summary

Application

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 # *
ex. 123456789:
Date of Birth (mm/dd/yyyy): *
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):

Published Address Information
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.

Is your current address within the United States? *

Address Line 1 (ex. 123 Fourth St.): *

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone: (xxx-xxx-xxxx)

Email:

<< Back Next >> Save and finish later

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu titled 'Initial Application Menu' with options: Demographics (checked), Address of Record (selected), Education/Training, Graduate Coursework, Clinical Supervision, Supervision Sites, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Address of Record'. It contains a paragraph explaining that the address information is for the Board and notices will be sent there, and that it is not subject to public disclosure. Below this are several form fields: a dropdown menu for 'Is your current address within the United States?' with an asterisk; three text boxes for 'Address Line 1 (ex. 123 Fourth St.)', 'Address Line 2 (ex. Apt. 100)', and 'Address Line 3', each with an asterisk; a 'Daytime Phone:' field with a format hint '(xxx-xxx-xxxx)' and an asterisk; an 'Other Phone:' field with a format hint '(xxx-xxx-xxxx)' and an asterisk; and an 'Email:' field with an asterisk. At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with the following items: 'Initial Application Menu', 'Demographics', 'Address of Record', 'Education/Training' (which is selected and highlighted in blue), 'Graduate Coursework', 'Clinical Supervision', 'Supervision Sites', 'Licensure History', 'Statements of Assurance', 'Licensure Questions', and 'Summary'. The main content area is titled 'Application' and 'Education/Training'. Below the title, it says 'Please send official transcript(s) to the Board office.' and 'List the name and location of your regionally accredited, CACREP or CORE graduate school where you completed a program that prepares individuals to practice counseling. Required fields are denoted with an asterisk (*).'

The form fields are:

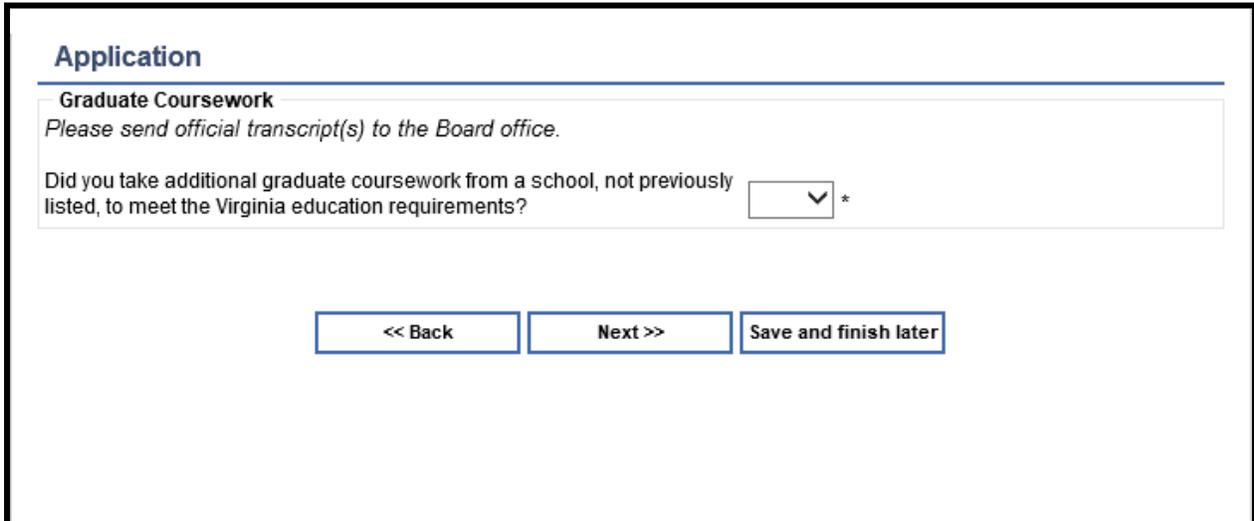
- Institution Name: [Text input field with asterisk (*)]
- Institution State: [Dropdown menu with asterisk (*)]
- Major: [Text input field with asterisk (*)]
- Degree Earned: [Text input field with asterisk (*)]
- Date Degree Conferred mm/dd/yyyy: [Text input field with asterisk (*)]

At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Online Application Handbook

Step 19

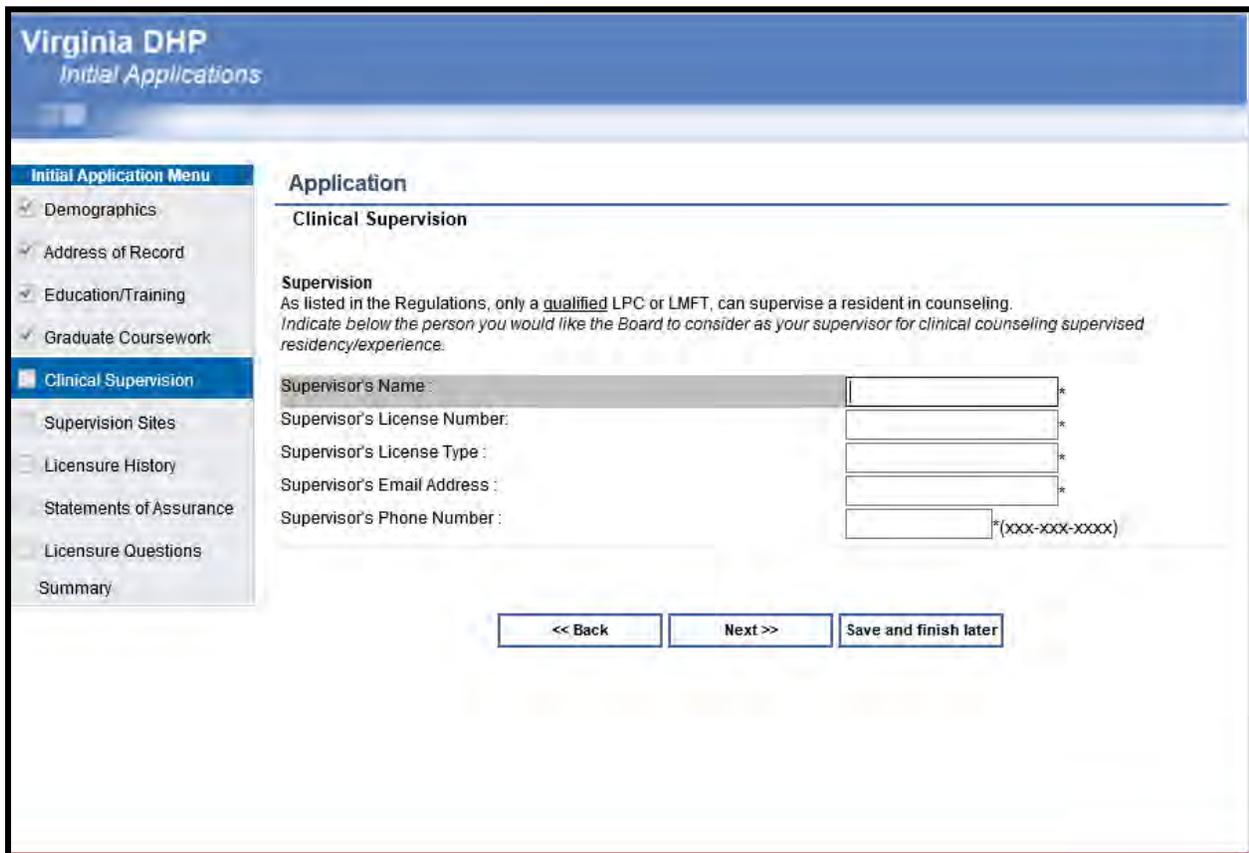
If you have additional coursework not listed in the previous section on education, select “Yes” from the dropdown menu. Otherwise, select “No”.



The screenshot shows a web form titled "Application" with a sub-section "Graduate Coursework". Below the title, there is a text box containing the instruction: "Please send official transcript(s) to the Board office." Below this, a question is asked: "Did you take additional graduate coursework from a school, not previously listed, to meet the Virginia education requirements?" To the right of the question is a dropdown menu with a downward arrow and an asterisk. At the bottom of the form, there are three buttons: "<< Back", "Next >>", and "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.



The screenshot shows a web form titled "Virginia DHP Initial Applications" with a sub-section "Application" and a sub-section "Clinical Supervision". On the left, there is a "Initial Application Menu" with several items: Demographics, Address of Record, Education/Training, Graduate Coursework, Clinical Supervision (highlighted), Supervision Sites, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The "Clinical Supervision" section contains the following text: "Supervision As listed in the Regulations, only a qualified LPC or LMFT, can supervise a resident in counseling. Indicate below the person you would like the Board to consider as your supervisor for clinical counseling supervised residency/experience." Below this text are five input fields: "Supervisor's Name:", "Supervisor's License Number:", "Supervisor's License Type:", "Supervisor's Email Address:", and "Supervisor's Phone Number:". The phone number field has a placeholder "(xxx-xxx-xxxx)". At the bottom of the form, there are three buttons: "<< Back", "Next >>", and "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.

The screenshot shows the 'Virginia DHP Initial Applications' web application. On the left is a navigation menu with 'Supervision Sites' selected. The main content area is titled 'Application' and 'Supervision Sites'. It contains a text box for 'Employer/Worksite Business Name' and a larger text box for 'Employer/Worksite Business Address'. Below these is a table with columns 'Name' and 'Address', currently showing 'No data available'. At the bottom are navigation buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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](#).

The screenshot shows the 'Virginia DHP Initial Applications' web application. The navigation menu on the left has 'Registration History' selected. The main content area is titled 'Application' and 'Registration History'. It contains a question: 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?'. To the right of the question is a dropdown menu with 'Yes' and 'No' options.

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education/Training
- Graduate Coursework
- Clinical Supervision
- Supervision Sites
- Licensure History**
- Statements of Assurance
- Licensure Questions
- Summary

Application

Licensure History
Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction? *

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, **whether current or expired**. 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. Required fields are denoted with an asterisk (*).

Jurisdiction: *

Type of License/Certification : *

Number Issued : *

Original Issue Date : *

Expiration Date : *

Status: *

If Other, please explain :

To add this record click "Add".
To edit a record, select the record, make the desired changes and click "Save".
To delete a record, select the record and click "Delete".
To clear the form, click "Clear".

Licensure History						
Jurisdiction	Type	Number	Issue	Expire(d)	Status	Other
No data available						

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 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 (804) 367-4444 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 LPC 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.

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):

Yes ▾*

Text input area with scroll arrows and asterisk.

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

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Statements of Assurance
- Registration History
- Registration Questions**
- Summary

Application

Registration Questions
Affirmative responses to any questions on this application will require additional information to be submitted. Please refer to [Guidance Document 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, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

Any supporting documentation related to the questions below should be submitted to:
Virginia Board of Counseling
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? ▾

2. Have you ever been censured, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice? ▾ No

3. Within the past five years, have you been disciplined by any entity? ▾ No

4. Have you voluntarily surrendered your license, certification or registration while under investigation? ▾ No

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? ▾ No

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):

Yes ▾*

Text input area with scroll arrows and asterisk.

7. 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 Qualified Mental Health Professional. ▾

8. 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 Qualified Mental Health Professional. ▾

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:

Online Application Handbook

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.

Virginia DHP Initial Applications

- Initial Application Menu
 - Demographics
 - Address of Record
 - Education/Training
 - Graduate Coursework
 - Clinical Supervision
 - Supervision Sites
 - Licensure History
 - Statements of Assurance
 - Licensure Questions
 - Summary**

Application

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 #
ex. 123456789: 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):

Published Address Information
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.

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Phone:

Email:

Address of Record

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 (*).

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Daytime Phone: 111-111-1111

Other Phone:

Email: jane.doe@anywhere.com

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): *

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](#)

Online Application Handbook

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



Virginia Department of
Health Professions

Initial Applications

Menu

- [Initial Application](#)
- [Finish](#)
- [Licensing Home Page](#)
- [Logout](#)

Application Summary

Applicant Information

Name:
Jane Marie Doe

[Print Summary](#)

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 #	
ex: 123456789:	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):

Online Application Handbook

Step 29

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

Application Date: 4/10/2020

Electronic Signature (Full Legal Name):

I agree to the above certification

[Pay Fees](#)

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.



Virginia Department of
Health Professions

Initial Applications

Menu

- Initial Application
- Finish
- Licensing Home Page
- Logout

Application Fees

Description	Fee Amount
Application Fee	\$65.00

Credit / Debit Card Information

Credit Card

Credit Card Type:

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.

[Pay Fees](#)

© 2017 Virginia Department of Health Professions [Contact Information](#)

Online Application Handbook

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.

The screenshot displays the Virginia Department of Health Professions website. The main content area is titled "Board of Counseling Laws and Regulations". A yellow box highlights the following links: "Laws Governing Counseling", "Final Regulations Governing Counseling", "Proposed Regulations", "Emergency Regulations", and "Laws Governing All Health Professions". Below this, a message states: "The below documents are in Microsoft Word format. If you do not have Microsoft Word, you can get the [Microsoft Word Viewer](#) to view and print DHP's documents."

Laws as of July 1, 2019 - Selected sections of the Code of Virginia

- [Laws governing Counseling](#)

Final Regulations - Regulations currently in effect for practitioners under the Board

- [Regulations Governing the Practice of Professional Counseling \(3-4-2020\)](#)
- [Regulations Governing Certified Rehabilitation Providers \(2-8-2017\)](#)
- [Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants \(2-19-2020\)](#)
- [Regulations Governing the Practice of Marriage and Family Therapy \(3-4-2020\)](#)
- [Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners \(3-4-2020\)](#)
- [Regulations Governing the Registration of Qualified Mental Health Professionals \(2-19-2020\)](#)
- [Regulations Governing the Registration of Peer Recovery Specialists \(11-13-2019\)](#)
- [Public Participation Guidelines - Revised 1-12-2017](#)
- [Regulations Governing Delegation to an Agency Subordinate - Revised 12-12-2019](#)
- [Click here to obtain a Petition for Rule-making.](#) If you would like the Board to consider amending one of its regulations or rules, you may file a "petition for rule-making". The Board is required to publish your petition in the Virginia Register and post it online at www.dhphill.com/regulations to begin a 21-day comment period on the request. Within 90 days after the comment period or 14 days after its next scheduled meeting, the Board will issue a decision on whether it will grant or deny the petition. A copy of the petition form is provided. You may email the petition to the address below, fax it to the number on the form or mail it to the Board address.

Proposed Regulations - Amendments to regulations proposed by the Board

- none at this time

Online Application Handbook

Step 1

Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm

The screenshot displays the Virginia Department of Health Professions website. The main heading is "Virginia Department of Health Professions". Below it, the page is titled "Virginia Board of Counseling Applications and Instructions". A navigation menu on the left includes sections like "General Information", "Board Members", "Calendar of Events", "News & Updates", "Fees", "Licensure and Regulations", "Regulations History", "Guidance Documents", "License Lookup", "Staff Listing", "New Applications", "Licensure Process", "Applications & Forms", "QMHP Information", "RPRS Information", "Check Application Status", "Supervisor Information", "Examination Information", "Renewal Information", "Renewal FAQs", "Renew Online", "Update Your Information", "Discipline and Compliance", "Disciplinary Proceedings", "Case Decisions", "File a Complaint", "Administrative Proceedings", "Division", and "Compliance Forms".

The main content area features a yellow box with a list of links: [Qualified Mental Health Professional \(QMHP\) and Registered Peer Recovery Specialists \(RPRS\)](#), [Licensed Professional Counselors](#), [Certified Substance Abuse Counselors](#), [Certified Substance Abuse Counseling Assistants](#), [Licensed Substance Abuse Treatment Practitioner](#), [Supervisor Approval Applications](#), [Certified Rehabilitation Provider](#), [Marriage and Family Therapist](#), [Continuing Education Forms](#), and [Compliance Forms](#).

Below this box, a note states: "To view the Word documents below you'll need Microsoft Word or the free [Microsoft® Word Viewer 97/2000](#). For the PDF files you'll need the free [Adobe Acrobat Reader](#)."

The page is organized into sections:

- Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)**
 - QMHP – Adult**

Please [click here](#) to review the Application Handbook.

[Click here to begin the QMHP-A Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with adults with mental illness as defined in the Regulations.
 - QMHP – Child**

Please [click here](#) to review the Application Handbook.

[Click here to begin the QMHP-C Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with children and adolescents with mental illness as defined in the Regulations.
 - Qualified Mental Health Professional Trainee**

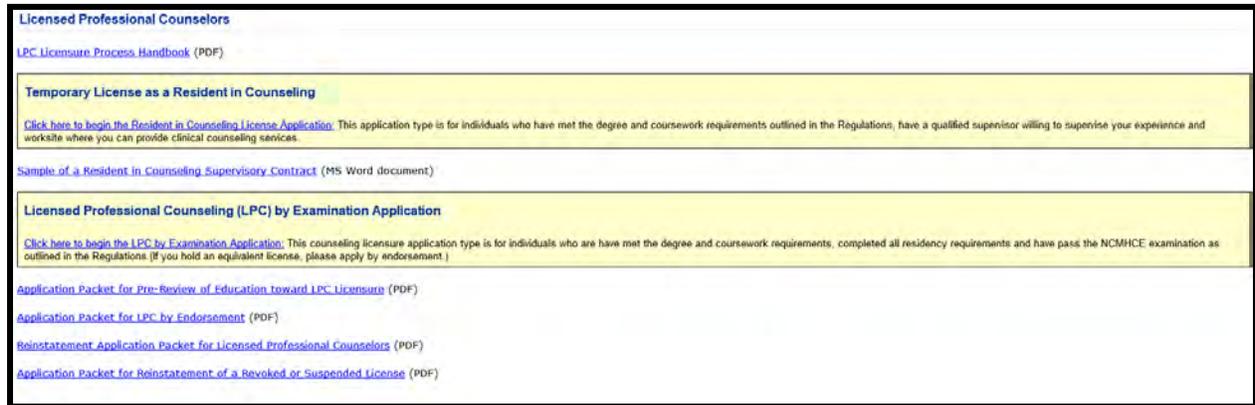
Please [click here](#) to review the Application Handbook.

[Click here to begin the QMHP-Trainee Initial Application](#). This application type is for individuals who wish to start accruing supervised experience towards QMHP-A and/or QMHP-C.
 - Registered Peer Recovery Specialists**

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**.

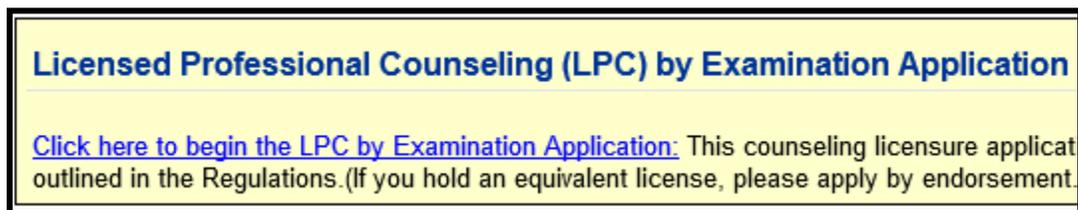


The screenshot shows a webpage titled "Licensed Professional Counselors". It contains several sections and links:

- Licensed Professional Counselors** (Section Header)
- [LPC Licensure Process Handbook \(PDF\)](#)
- Temporary License as a Resident in Counseling** (Section Header)
- [Click here to begin the Resident in Counseling License Application:](#) This application type 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 worksite where you can provide clinical counseling services.
- [Sample of a Resident in Counseling Supervisory Contract \(MS Word document\)](#)
- Licensed Professional Counseling (LPC) by Examination Application** (Section Header)
- [Click here to begin the LPC by Examination Application:](#) This counseling licensure application type is for individuals who are have met the degree and coursework requirements, completed all residency requirements and have pass the NCMHCE examination as outlined in the Regulations. (If you hold an equivalent license, please apply by endorsement.)
- [Application Packet for Pre-Review of Education toward LPC Licensure \(PDF\)](#)
- [Application Packet for LPC by Endorsement \(PDF\)](#)
- [Reinstatement Application Packet for Licensed Professional Counselors \(PDF\)](#)
- [Application Packet for Reinstatement of a Revoked or Suspended License \(PDF\)](#)

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.



Licensed Professional Counseling (LPC) by Examination Application

[Click here to begin the LPC by Examination Application:](#) This counseling licensure application type is for individuals who are have met the degree and coursework requirements, completed all residency requirements and have pass the NCMHCE examination as outlined in the Regulations. (If you hold an equivalent license, please apply by endorsement.)

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**

The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. At the top left is the department's logo and name. The main heading is 'Initial Applications'. A 'Menu' bar on the left contains a link for 'Register a Person'. The main content area includes an important notice about renewing or reinstating licenses, instructions for applying for a new license, and a login section with fields for 'User Id' and 'Password', and a 'Login' button. There is also a link for 'Lost Password?' and a 'Please Note' section at the bottom.

Virginia Department of
Health Professions

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. 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.

© 2017 Virginia Department of Health Professions Contact Information

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.



Virginia Department of
Health Professions

Initial Applications

Menu
Login Page

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. 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.

Last Name:

SSN:

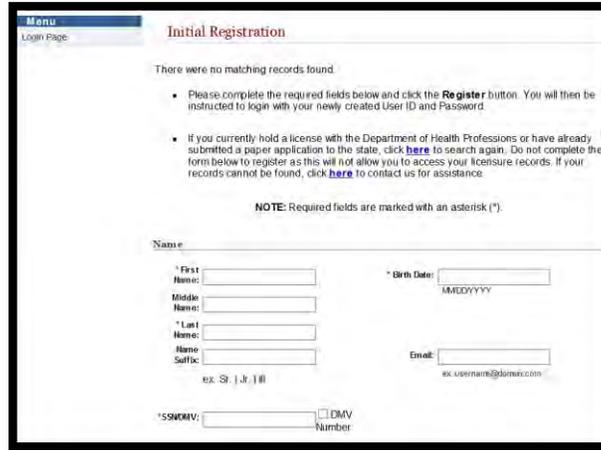
(ex. 123456789)

© 2017 Virginia Department of Health Professions Contact Information

Online Application Handbook

Step 6

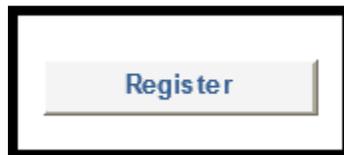
If there are no matching records found, you will need to enter the required fields to create a user id and password.



The screenshot shows a web page titled "Initial Registration". At the top left is a "Menu" dropdown with "Login Page" selected. The main content area displays a message: "There were no matching records found." Below this are two bullet points: the first instructs the user to complete required fields and click the "Register" button; the second provides instructions for users with existing licenses. A note states: "NOTE: Required fields are marked with an asterisk (*)." The registration form includes fields for "Name" (First, Middle, Last, Suffix), "Birth Date" (MM/DD/YYYY), "Email" (example: ex.usename@dsmaex.com), and "SSN/DMV Number" (with a checkbox for "DMV Number").

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 below using the User ID and Application.

User Id:

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.



Menu
Initial Application
Logout

Online Application Handbook

Step 11

For the category “Profession”, select **Counseling**.

For “License Type”, select **Licensed Professional Counselor**.

For “Obtained By Method”, select **Examination**.

Virginia Department of
Health Professions

Initial Applications

Menu

- Licensing Home Page
- Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession:

License Type:

Obtained By Method:

[What is an obtained by method?](#)

© 2017 Virginia Department of Health Professions [Contact Information](#)

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

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Graduate Coursework
- Licensure History
- Statements of Assurance
- Licensure Questions
- Summary

Application

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 # *ex. 123456789:
Date of Birth (mm/dd/yyyy): *Maiden Name (if applicable):

Documentation must be provided to show each name change(s) if you 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):

Published Address Information
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.

Is your current address within the United States? *

Address Line 1 (ex. 123 Fourth St.): *

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone: (xxx-xxx-xxxx)

Email:

<< Back Next >> Save and finish later

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with the following items: 'Initial Application Menu', 'Demographics', 'Address of Record' (highlighted), 'Education', 'Graduate Coursework', 'Licensure History', 'Statements of Assurance', 'Licensure Questions', and 'Summary'. The main content area is titled 'Application' and contains the 'Address of Record' section. This section includes a paragraph explaining that the provided address is for official communications and is not subject to public disclosure. Below this is a question: 'Is your current address within the United States?' with a dropdown menu. The form then has three input fields for 'Address Line 1 (ex. 123 Fourth St.)', 'Address Line 2 (ex. Apt. 100)', and 'Address Line 3'. There are also input fields for 'Daytime Phone:' and 'Other Phone:', both with a '(xxx-xxx-xxxx)' placeholder, and an 'Email:' field. At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education (selected), Graduate Coursework, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Education'. It includes instructions: 'Please send official transcript(s) to the Board office.' and 'List the name and location of your regionally accredited, CACREP or CORE graduate school where you completed a program that prepares individuals to practice counseling. Required fields are denoted with an asterisk (*).' The form fields are: Institution Name (*), Institution State (*), Major (*), Degree Earned (*), and Date Degree Conferred mm/dd/yyyy (*). At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 19

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

The screenshot shows the 'Application' section for 'Graduate Coursework'. It includes the instruction: 'Please send official transcript(s) to the Board office.' The question is: 'Did you take additional graduate coursework from a school, not previously listed, to meet the Virginia education requirements?' followed by a dropdown menu with an asterisk (*). At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Online Application Handbook

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education, Graduate Coursework, Licensure History (selected), Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and contains a 'Licensure History' section. It asks 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?' with a 'Yes' dropdown menu. Below this is a detailed instruction: '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, **whether current or expired**. A verification of licensure, certification, or registration must be submitted to the Board. The 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. Required fields are denoted with an asterisk (*).' The form includes input fields for: Jurisdiction (dropdown), Type of License/Certification (text), Number Issued (text), Original Issue Date (text), Expiration Date (text), Status (dropdown), and 'If Other, please explain' (text). Below the form are instructions: 'To add this record click "Add". To edit a record, select the record, make the desired changes and click "Save". To delete a record, select the record and click "Delete". To clear the form, click "Clear".' At the bottom of the form are buttons for 'Save', 'Add', 'Delete', and 'Clear'. Below these buttons is a table with the following structure:

Licensure History						
Jurisdiction	Type	Number	Issue	Expire(d)	Status	Other
No data available						

At the very bottom of the page are navigation buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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 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.

The screenshot displays the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education, Graduate Coursework, Licensure History, **Statements of Assurance** (highlighted), Licensure Questions, and Summary. The main content area is titled 'Application' and 'Statements of Assurance'. It contains three text input fields for initials, each preceded by a statement of assurance. The first statement is: 'By entering my initials, I verify that I have read, understand, and intend to comply with the regulations that govern the Virginia Board of Counseling:'. The second statement is: 'By entering my initials, I verify that I have met each of the following requirements in order to qualify for LPC licensure:'. Below this is a bulleted list: 'Education as outline in 18VAC115-20-49 and 18VAC115-20-51;', 'Supervised residency as outlined in 18VAC115-20-52; and', and 'Passed the NCMHCE examination administered by NBCC:'. The third statement is: 'By entering my initials, I fully understand that funds submitted as part of the application process shall not be refunded. If you did not intend to apply for LPC licensure STOP and contact the DHP Call Center at (804-) 367-4444 to help in changing your application type or obtained by method. If you have not met all of the requirements and have questions related to the regulations and applying for licensure, please contact the Board at (804-) 367-4610:'. At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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):

*

* ^ v

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.

The screenshot shows the Virginia DHP Initial Applications website. On the left is a navigation menu with options: Demographics, Address of Record, Education, Graduate Coursework, Licensure History, Statements of Assurance, Licensure Questions (selected), and Summary. The main content area is titled 'Application' and 'Licensure Questions'. A red-bordered box highlights a warning: '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, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.' Below this, it lists the address for the Virginia Board of Counseling: 9960 Mayland Drive, Suite 300, Henrico, VA 23233. The form contains several questions with 'No' dropdown menus:

- Have you ever been censured, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice? [No]
- Additional Licensure Questions**
- 1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? [No]
- 2. Within the past five years, have you been disciplined by any entity? [No]
- 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 Professional Counselor. [No]
- 4. Have you voluntarily surrendered your license, certification or registration while under investigation? [No]
- 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? [No]
- 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). [No]
- 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 Professional Counselor. [No]
- 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 obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the

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:

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.

Virginia DHP Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Graduate Coursework
- Licensure History
- Statements of Assurance
- Licensure Questions
- Summary**

Application

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 #
ex. 123456789: 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 you 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):

Published Address Information

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.

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Phone:

Email:

Address of Record

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 (*)

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Daytime Phone: 111-111-1111

Other Phone:

Email: janedoe@gmail.com

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): *

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](#)

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



Virginia Department of
Health Professions

Initial Applications

Menu

- [Initial Application](#)
- [Finish](#)
- [Licensing Home Page](#)
- [Logout](#)

Application Summary

Applicant Information

Name:
Jane Marie Doe

[Print Summary](#)

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 #
ex: 123456789: 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):

Online Application Handbook

Step 26

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

Application Date: 4/10/2020

Electronic Signature (Full Legal Name):

I agree to the above certification

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.



Virginia Department of
Health Professions

Initial Applications

Menu

- Initial Application
- Finish
- Licensing Home Page
- Logout

Application Fees

Description	Fee Amount
Application Fee	\$175.00

Credit / Debit Card Information

Credit Card

Credit Card Type:

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.

© 2017 Virginia Department of Health Professions Contact Information

Online Application Handbook

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.

The screenshot displays the Virginia Department of Health Professions website. The main content area is titled "Board of Counseling Laws and Regulations". A yellow box highlights the following links: "Laws Governing Counseling", "Final Regulations Governing Counseling", "Proposed Regulations", "Emergency Regulations", and "Laws Governing All Health Professions". Below this, a section titled "Laws as of July 1, 2019 - Selected sections of the Code of Virginia" includes a link for "Laws governing Counseling". A "Final Regulations - Regulations currently in effect for practitioners under the Board" section lists several regulations with their effective dates, such as "Regulations Governing the Practice of Professional Counseling (3-4-2020)" and "Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants (2-19-2020)". A "Proposed Regulations - Amendments to regulations proposed by the Board" section indicates "none at this time". The left sidebar contains various navigation options like "Board Home", "Board Members", "Calendar of Events", "News & Updates", "Fees", "Laws and Regulations", "Regulations History", "Guidance Documents", "License Lookup", "Staff Listing", "New Applications", "Licensure Process", "Applications & Forms", "DHP Information", "RFRS Information", "Check Application Status", "Supervisor Information", "Examination Information", "Renewal Information", "Renewal FAQs", "Renew Online", "Update Your Information", "Discipline and Compliance", "Disciplinary Proceedings", "Case Decisions", "File a Complaint", "Administrative Proceedings", "Division", and "Compliance Forms".

Online Application Handbook

Step 1

Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm

The screenshot displays the Virginia Department of Health Professions website. The main content area is titled "Virginia Board of Counseling Applications and Instructions". A yellow box highlights a list of application types: Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS), Licensed Professional Counselors, Certified Substance Abuse Counselors, Certified Substance Abuse Counseling Assistants, Licensed Substance Abuse Treatment Practitioner, Supervisor Approval Applications, Certified Rehabilitation Provider, Marriage and Family Therapist, Continuing Education Forms, and Compliance Forms. Below this, a note states: "To view the Word documents below you'll need Microsoft Word or the free [Microsoft® Word Viewer 97/2000](#). For the PDF files you'll need the free [Adobe Acrobat Reader](#)." The main content area is divided into sections for "Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)", "QMHP – Adult", "QMHP – Child", "Qualified Mental Health Professional Trainee", and "Registered Peer Recovery Specialists". Each section includes a link to the application handbook and a link to begin the initial application. A left sidebar contains navigation links for various board functions, including "General Information", "Board Members", "Calendar of Events", "News & Updates", "Fees", "Licensure and Regulations", "Regulations History", "Guidance Documents", "License Lookup", "Staff Listing", "New Applications", "Licensure Process", "Applications & Forms", "QMHP Information", "RPRS Information", "Check Application Status", "Supervisor Information", "Examination Information", "Renewal Information", "Renewal FAQs", "Renew Online", "Update Your Information", "Discipline and Compliance", "Disciplinary Proceedings", "Case Decisions", "File a Complaint", "Administrative Proceedings", "Division", and "Compliance Forms".

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)

[Sample of a Resident in Counseling Supervisory Contract](#) (MS Word document)

Temporary License as a Resident in Counseling

[Click here to begin the Resident in Counseling License Application](#). This application type 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 work site where you can provide clinical counseling services

Licensed Professional Counseling (LPC) by Examination Application

[Click here to begin the LPC by Examination Application](#). This counseling licensure application type is for individuals who are have met the degree and coursework requirements, completed all residency requirements and have pass the NCMHCE examination as outlined in the Regulations (if you hold an equivalent license, please apply by endorsement)

Licensed Professional Counseling (LPC) by Endorsement Application

[Click here to begin the LPC by Endorsement Application](#). This counseling licensure application type is for individuals who hold or have held an equivalent professional counseling license for independent clinical practice in another U.S. jurisdiction.

[Application Packet for Pre-Review of Education toward LPC Licensure](#) (PDF)

[Reinstatement Application Packet for Licensed Professional Counselors](#) (PDF)

[Application Packet for Reinstatement of a Revoked or Suspended License](#) (PDF)

Step 3

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

Licensed Professional Counseling (LPC) by Endorsement Application

[Click here to begin the LPC by Endorsement Application](#). This counseling licensure applicati

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 directly and skip to **Step 9**

The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. At the top left is the department's logo and name. The main heading is 'Initial Applications'. On the left, there is a 'Menu' section with a button for 'Register a Person'. The main content area contains several paragraphs of text: an important notice about renewing or reinstating licenses, information about applying for professional licenses online, instructions for new users to register, and a login section for returning users. The login section includes input fields for 'User Id:' and 'Password:', and a 'Login' button. Below the login section, there is a link for users who have lost their passwords. At the bottom, there is a 'Please Note' section and a footer with copyright information and a link to 'Contact Information'.

Virginia Department of
Health Professions

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. 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:

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.

© 2017 Virginia Department of Health Professions [Contact Information](#)

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.



Virginia Department of
Health Professions

Initial Applications

Menu
Login Page

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 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.

Last Name:

SSN:

(ex. 123456789)

© 2017 Virginia Department of Health Professions Contact Information

Online Application Handbook

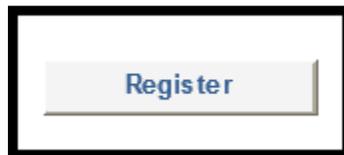
Step 6

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

The screenshot shows a web page titled "Initial Registration". At the top left is a "Menu" with a "Login Page" link. The main content area says "There were no matching records found." and includes two bullet points: "Please complete the required fields below and click the **Register** button. You will then be instructed to login with your newly created User ID and Password." and "If you currently hold a license with the Department of Health Professions or have already submitted a paper application to the state, click [here](#) to search again. Do not complete the form below to register as this will not allow you to access your licensure records. If your records cannot be found, click [here](#) to contact us for assistance." Below this is a "NOTE: Required fields are marked with an asterisk (*)". The registration form includes fields for "Name" (First, Middle, Last, Suffix), "Birth Date" (MMDDYYYY), "Email" (example: ex.usename@dsmaec.com), and "SSN/DMV Number" (with a checkbox for "DMV Number").

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.



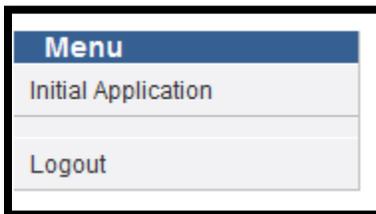
Returning users login below using the User ID and Application.

User Id:

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.



Menu
Initial Application
Logout

Online Application Handbook

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)

Virginia Department of
Health Professions

Initial Applications

Menu

- Licensing Home Page
- Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: Counseling

License Type: Licensed Professional Counselor

Obtained By Method: Endorsement

Country: United States

State/Province: Maryland

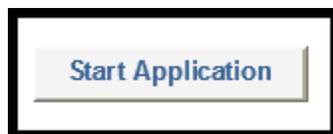
[What is an obtained by method?](#)

Start Application

© 2017 Virginia Department of Health Professions [Contact Information](#)

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.)

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

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Clinical Examination
- Licensure History
- Statement of Assurance
- Licensure Questions
- Summary

Application

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 # *ex. 123456789
Date of Birth (mm/dd/yyyy): *Maiden Name (if applicable):

Documentation must be provided to show each name change(s) if you 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):

Published Address Information
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.

Is your current address within the United States? *

Address Line 1 (ex. 123 Fourth St.): *

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone: (xxx-xxx-xxxx)

Email:

<< Back Next >> Save and finish later

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu titled 'Initial Application Menu' with the following items: Demographics (checked), Address of Record (highlighted), Education, Clinical Examination, Licensure History, Statement of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Address of Record'. It contains a paragraph of instructions: '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 (*).' Below this are several input fields: a dropdown menu for 'Is your current address within the United States?' with a checkmark and an asterisk; three text boxes for 'Address Line 1 (ex. 123 Fourth St.):', 'Address Line 2 (ex. Apt. 100):', and 'Address Line 3:'. There are also three phone number input fields: 'Daytime Phone:', 'Other Phone:', and 'Email:'. The phone fields have asterisks and format hints like '(xxx-xxx-xxxx)'. At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education (selected), Clinical Examination, Licensure History, Statement of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Education'. It includes instructions: 'Please send official transcript to the Board office. List in chronological order the name and location of each graduate school that you have attended. Required fields are denoted with an asterisk (*).' Below this are input fields for 'Institution Name', 'Institution State', 'Major', 'Type of Degree Earned', and 'Date Degree Conferred mm/dd/yyyy'. A row of buttons (Save, Add, Delete, Clear) is positioned above a table. The table has columns: Name, State, Major, Degree, and Conferred. The table currently contains the text 'No data available'. At the bottom are buttons for '<< Back', 'Next >>', and 'Save and finish later'.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education**
- Clinical Examination
- Licensure History
- Statement of Assurance
- Licensure Questions
- Summary

Application

Education

Please send official transcript to the Board office.
List in chronological order the name and location of each graduate school that you have attended. Required fields are denoted with an asterisk (*).

Institution Name : *

Institution State : *

Major: *

Type of Degree Earned : *

Date Degree Conferred mm/dd/yyyy : *

To add this record click "Add".
To edit a record, select the record, make the desired changes and click "Save".
To delete a record, select the record and click "Delete".
To clear the form, click "Clear".

Save Add Delete Clear

Name	State	Major	Degree	Conferred
No data available				

<< Back Next >> Save and finish later

Online Application Handbook

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”.

The screenshot shows the Virginia DHP Initial Applications web interface. The header includes the logo and text "Virginia DHP Initial Applications". A left-hand navigation menu lists several sections: "Initial Application Menu" (with sub-items: Demographics, Address of Record, Education, Clinical Examination, Licensure History, Statement of Assurance, Licensure Questions, Summary), "Application", and "Clinical Examination". The main content area is titled "Clinical Examination" and contains the following text and form elements:

Can you provide verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained?

What type of examination did you take?

At the bottom of the form are three buttons: "<< Back", "Next >>", and "Save and finish later".

Online Application Handbook

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Clinical Examination
- Licensure History**
- Statement of Assurance
- Licensure Questions
- Summary

Application

Licensure History
Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction? Yes *

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, **whether current or expired**. You will be required to submit a license verification for each license, certification or registration listed below. Please refer to the application instructions for the required form and process. Contact the applicable jurisdiction(s) to inquire about processing fees. Required fields are denoted with an asterisk (*).

Jurisdiction: *

Type of License/Certification: *

Number Issued: *

Original Issue Date: *

Expiration Date: *

Status: *

If Other, please explain:

To add this record click "Add".
To edit a record, select the record, make the desired changes and click "Save".
To delete a record, select the record and click "Delete".
To clear the form, click "Clear".

Licensure History						
Jurisdiction	Type	Number	Issue	Expire(d)	Status	Other
No data available						

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 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.

The screenshot displays the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu titled 'Initial Application Menu' with the following items: Demographics, Address of Record, Education, Clinical Examination, Licensure History, Statement of Assurance (highlighted in blue), Licensure Questions, and Summary. The main content area is titled 'Application' and 'Statement of Assurance'. It contains the text: '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:'. To the right of this text is an empty text input field with an asterisk. Below the text and input field are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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).	Yes ▾*
Please provide an explanation of the charges/convictions, and submit documentation required in the Board's Guidance Documents 115-2. (500 character limit):	<div style="border: 1px solid black; height: 75px; width: 100%;"></div> * ▴ ▾

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.

The screenshot displays the Virginia DHP Initial Applications web portal. On the left is a navigation menu with the following items: Demographics, Address of Record, Education, Clinical Examination, Licensure History, Statement of Assurance, Licensure Questions (highlighted), and Summary. The main content area is titled "Application" and contains a section for "Licensure Questions". A red rectangular box highlights a warning: "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, reprimand, or imposition of terms, suspension or revocation of your license and/or registration." Below this warning, there is a text block providing the address for the Virginia Board of Counseling: "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 300, Henrico, VA 23233". The questions are as follows:

- Have you ever been censored, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice?
- Additional Licensure Questions:
 1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?
 2. Within the past five years, have you been disciplined by any entity?
 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 Professional Counselor.
 4. Have you voluntarily surrendered your license, certification or registration while under investigation?
 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?
 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).
 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 Professional Counselor.
 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 obligations and responsibilities of professional practice in a safe and

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:

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.

Virginia DHP Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Clinical Examination
- Licensure History
- Statement of Assurance
- Licensure Questions
- Summary**

Application

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 #
ex. 123456789: 987654321

Date of Birth (mm/dd/yyyy): 01/01/1975

Maiden Name (if applicable):
Documentation must be provided to show each name change(s) if you 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):

Published Address Information

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.

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Phone:

Email:

Address of Record

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 (*).

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Daytime Phone: 111-111-1111

Other Phone:

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): *

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](#)

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



Virginia Department of
Health Professions

Initial Applications

Menu

- [Initial Application](#)
- [Finish](#)
- [Licensing Home Page](#)
- [Logout](#)

Application Summary

Applicant Information

Name:
Jane Marie Doe

[Print Summary](#)

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 #
ex: 123456789: 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):

Online Application Handbook

Step 26

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

Application Date: 4/10/2020

Electronic Signature (Full Legal Name):

I agree to the above certification

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.



Virginia Department of
Health Professions

Initial Applications

Menu

- Initial Application
- Finish
- Licensing Home Page
- Logout

Application Fees

Description	Fee Amount
Application Fee	\$175.00

Credit / Debit Card Information

Credit Card

Credit Card Type:

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.

© 2017 Virginia Department of Health Professions Contact Information

Online Application Handbook

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_reqs.htm

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

The screenshot displays the Virginia Department of Health Professions website. The main content area is titled "Board of Counseling Laws and Regulations". A yellow box highlights the following links: "Laws Governing Counseling", "Final Regulations Governing Counseling", "Proposed Regulations", "Emergency Regulations", and "Laws Governing All Health Professions". Below this, a text block states: "The below documents are in Microsoft Word format. If you do not have Microsoft Word, you can get the [Microsoft Word Viewer](#) to view and print DHP's documents." The page is organized into three sections: "Laws as of July 1, 2019 - Selected sections of the Code of Virginia" (with a link to "Laws governing Counseling"), "Final Regulations - Regulations currently in effect for practitioners under the Board" (with multiple links to various regulations such as "Regulations Governing the Practice of Professional Counseling (3-4-2020)", "Regulations Governing Certified Rehabilitation Providers (2-8-2017)", "Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants (2-19-2020)", "Regulations Governing the Practice of Marriage and Family Therapy (3-4-2020)", "Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners (3-1-2020)", "Regulations Governing the Registration of Qualified Mental Health Professionals (2-19-2020)", "Regulations Governing the Registration of Peer Recovery Specialists (11-13-2019)", "Public Participation Guidelines - Revised 1-12-2017", and "Regulations Governing Delegation to an Agency Subordinate - Revised 12-12-2019"), and "Proposed Regulations - Amendments to regulations proposed by the Board" (with a link to "none at this time"). A left sidebar contains navigation links for various board functions, and a top navigation bar includes "Virginia.gov" and "Virginia Board of Counseling".

Online Application Handbook

Step 1

Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm

The screenshot displays the website for the Virginia Department of Health Professions, specifically the Virginia Board of Counseling Applications and Instructions page. The page features a navigation menu on the left with categories such as 'General Information', 'New Applications', 'Renewal Information', and 'Discipline and Compliance'. The main content area is titled 'Virginia Board of Counseling Applications and Instructions' and includes a list of application types: 'Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)', 'Licensed Professional Counselors', 'Certified Substance Abuse Counselors', 'Certified Substance Abuse Counseling Assistants', 'Licensed Substance Abuse Treatment Practitioner', 'Supervisor Approval Applications', 'Certified Rehabilitation Provider', 'Marriage and Family Therapist', 'Continuing Education Forms', and 'Compliance Forms'. Below this list, there are sections for 'QMHP – Adult', 'QMHP – Child', 'Qualified Mental Health Professional Trainee', and 'Registered Peer Recovery Specialists', each with a link to the application handbook and a brief description of the application type.

Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)
Licensed Professional Counselors
Certified Substance Abuse Counselors
Certified Substance Abuse Counseling Assistants
Licensed Substance Abuse Treatment Practitioner
Supervisor Approval Applications
Certified Rehabilitation Provider
Marriage and Family Therapist
Continuing Education Forms
Compliance Forms

To view the Word documents below you'll need Microsoft Word or the free [Microsoft® Word Viewer 97/2000](#). For the PDF files you'll need the free [Adobe Acrobat Reader](#).

Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)

QMHP – Adult
Please [click here](#) to review the Application Handbook.
[Click here to begin the QMHP-A Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with adults with mental illness as defined in the Regulations.

QMHP – Child
Please [click here](#) to review the Application Handbook.
[Click here to begin the QMHP-C Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with children and adolescents with mental illness as defined in the Regulations.

Qualified Mental Health Professional Trainee
Please [click here](#) to review the Application Handbook.
[Click here to begin the QMHP-Trainee Initial Application](#). This application type is for individuals who wish to start accruing supervised experience towards QMHP-A and/or QMHP-C.

Registered Peer Recovery Specialists

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**.

Marriage and Family Therapists

[LMFT Licensure Process Handbook](#) (PDF file)

Temporary Licensed as a Resident in Marriage and Family Therapy

[Click here to begin the Resident in Marriage and Family Therapy License Application.](#) This application type 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 worksite where you can provide marriage and family therapy services.

[Sample of a Resident in Marriage and Family Therapy Supervisory Contract](#) (MS Word document)

[Application Packet for LMFT by Examination](#) (PDF file)

[Application Packet for Pre-Review of Education toward LMFT Licensure](#) (PDF)

[Application Packet for LMFT by Endorsement](#) (PDF file)

[Reinstatement Application for Marriage and Family Therapist](#) (PDF file)

[Application Packet for Reinstatement of a Revoked or Suspended License](#) (PDF file)

Additional LMFT Forms

[Verification of Supervision Form for LMFT Licensure](#) (PDF file)

[Quarterly Evaluation Form for LMFT Licensure](#) (PDF file)

[Verification of Clinical Practice for 24 of the Last 60 Months for LMFT Licensure](#) (PDF file)

[Supervision Summary Form for LMFT Licensure](#) (PDF file)

[Verification of Coursework for LMFT Licensure](#) (PDF file)

[Verification of Internship Form for LMFT Licensure](#) (PDF file)

[Supervisor Out of State License or Certification Verification Form](#) (PDF file)

[Out of State License or Certification Verification Form](#) (PDF file)

[Request for Termination of Supervision Form](#) (PDF file)

[Request for Verification of VA License or Certification Form](#) (PDF file)

[Doctoral Verification of Internship/Practicum for LMFT Licensure](#) (PDF file)

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.

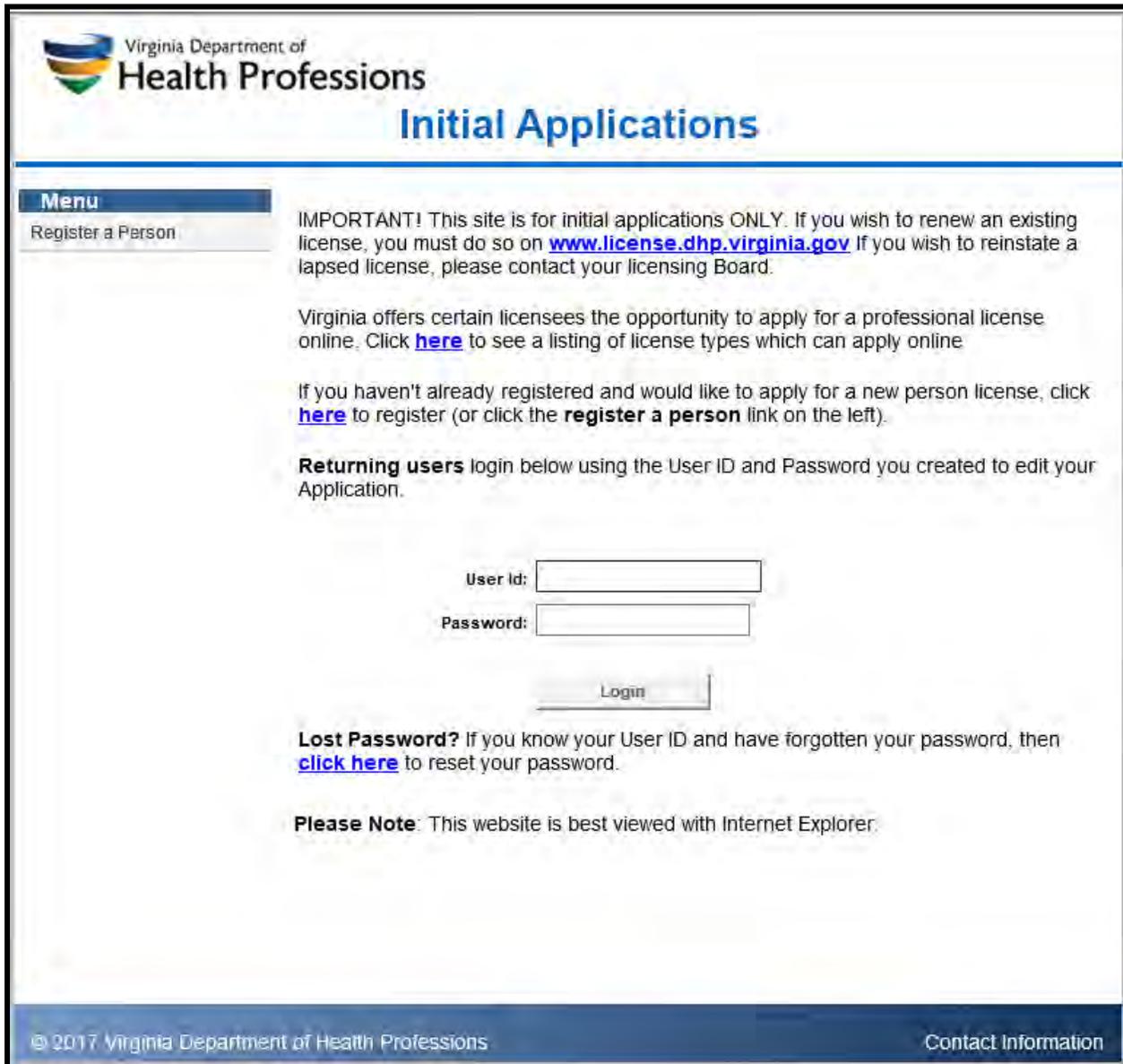
Temporary Licensed as a Resident in Marriage and Family Therapy

[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.

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**



The screenshot shows the 'Initial Applications' page of the Virginia Department of Health Professions. At the top left is the department's logo and name. The main heading is 'Initial Applications'. A 'Menu' bar on the left contains a link for 'Register a Person'. The main content area includes an important notice about renewing or reinstating licenses, instructions for applying for a new license, and a login section for returning users. The login section has fields for 'User Id' and 'Password', and a 'Login' button. There is also a link for users who have lost their passwords. A footer note recommends Internet Explorer, and the bottom of the page contains copyright information and a contact link.

Virginia Department of
Health Professions

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. 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.

© 2017 Virginia Department of Health Professions [Contact Information](#)

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.



Virginia Department of
Health Professions

Initial Applications

Menu
Login Page

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. 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.

Last Name:

SSN:

(ex. 123456789)

© 2017 Virginia Department of Health Professions Contact Information

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.

The screenshot shows a web page titled "Initial Registration". At the top left is a "Menu" bar with "Login Page" selected. The main content area contains the following text:

There were no matching records found.

- Please complete the required fields below and click the **Register** button. You will then be instructed to login with your newly created User ID and Password.
- If you currently hold a license with the Department of Health Professions or have already submitted a paper application to the state, click [here](#) to search again. Do not complete the form below to register as this will not allow you to access your licensure records. If your records cannot be found, click [here](#) to contact us for assistance.

NOTE: Required fields are marked with an asterisk (*).

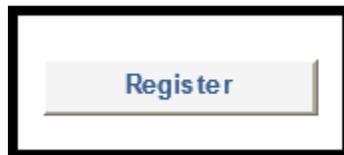
Name:

* First Name: * Birth Date:
Middle Name: MMDDYYYY
* Last Name:
Name Suffix: Email:
ex: Sr., Jr., III ex: username@dmv.com

SSN/MV: DMV Number

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 below using the User ID and Application.

User Id:

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.



Menu
Initial Application
Logout

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**

Virginia Department of
Health Professions

Initial Applications

Menu

- Licensing Home Page
- Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession:

License Type:

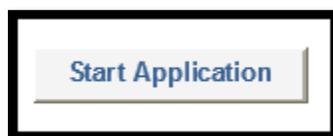
Obtained By Method:

[What is an obtained by method?](#)

© 2017 Virginia Department of Health Professions Contact Information

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

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education/Training
- Graduate Coursework
- Clinical Supervision
- Supervision Sites
- Licensure History
- Statements of Assurance
- Licensure Questions
- Summary

Application

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 # *
ex. 123456789
Date of Birth (mm/dd/yyyy): *
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):

Published Address Information
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.

Is your current address within the United States? *

Address Line 1 (ex. 123 Fourth St.): *

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone: (xxx-xxx-xxxx)

Email:

<< Back Next >> Save and finish later

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu titled 'Initial Application Menu' with options: Demographics (checked), Address of Record (selected), Education/Training, Graduate Coursework, Clinical Supervision, Supervision Sites, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Address of Record'. It contains a paragraph explaining that the address information provided is the address of record with the Board, used for sending notices and legal documents, and is not subject to public disclosure. Below this is a form with the following fields: 'Is your current address within the United States?' (dropdown menu with an asterisk), 'Address Line 1 (ex. 123 Fourth St.):' (text input with an asterisk), 'Address Line 2 (ex. Apt. 100):' (text input with an asterisk), 'Address Line 3:' (text input), 'Daytime Phone:' (text input with a placeholder '(xxx-xxx-xxxx)' and an asterisk), 'Other Phone:' (text input with a placeholder '(xxx-xxx-xxxx)' and an asterisk), and 'Email:' (text input with an asterisk). At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education/Training (selected), Graduate Coursework, Clinical Supervision, Supervision Sites, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Education/Training'. It includes the instruction: 'Please send official transcript(s) to the Board office.' Below this, it asks the user to list the name and location of a regionally accredited graduate school. The form fields are: Institution Name (*), Institution State (*), Major (*), Degree Earned (*), and Date Degree Conferred mm/dd/yyyy (*). A dropdown menu is visible next to the Institution State field. At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 19

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

The screenshot shows the 'Application' section for 'Graduate Coursework'. It includes the instruction: 'Please send official transcript(s) to the Board office.' Below this, it asks: 'Did you take additional graduate coursework from a school, not previously listed, to meet the Virginia education requirements?' with a dropdown menu (*). At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu titled 'Initial Application Menu' with options: Demographics, Address of Record, Education/Training, Graduate Coursework, Clinical Supervision (selected), Supervision Sites, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Clinical Supervision'. It includes a 'Supervision' section with instructions: 'As listed in the Regulations, only a qualified LMFT or LPC, can supervise a resident in marriage and family therapy. Indicate below the person you would like the Board to consider as your supervisor for clinical marriage and family therapy supervised residency/experience.' Below this are five input fields: 'Supervisor's Name', 'Supervisor's License Number', 'Supervisor's License Type', 'Supervisor's Email Address', and 'Supervisor's Phone Number' (with a placeholder '(xxx-xxx-xxxx)'). At the bottom are three buttons: '<< Back', 'Next >>', and '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 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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is an 'Initial Application Menu' with options: Demographics, Address of Record, Education/Training, Graduate Coursework, Clinical Supervision, **Supervision Sites** (selected), Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Supervision Sites'. It contains the instruction: 'List the name and location of your employer(s) worksite where you will be providing clinical marriage and family therapy services as a temporary licensed resident in marriage and family therapy. Required fields are denoted with an asterisk (*).'. Below this are two input fields: 'Employer/Worksite Business Name : *' and 'Employer/Worksite Business Address : *'. A table below the instructions shows a single row with 'Name' and 'Address' headers and the text 'No data available'. At the bottom are navigation buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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](#).

The screenshot shows the 'Virginia DHP Initial Applications' web interface. The 'Initial Application Menu' on the left has 'Registration History' selected. The main content area is titled 'Application' and 'Registration History'. It contains the question: 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?'. To the right of the question is a dropdown menu with 'Yes' and 'No' options. The 'No' option is currently selected.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options like 'Demographics', 'Education/Training', and 'Licensure History'. The main content area is titled 'Application' and contains a 'Licensure History' section. It asks 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?' with a 'Yes' dropdown menu. Below this, there is a detailed instruction: '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, **whether current or expired**. 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. Required fields are denoted with an asterisk (*).' The form includes input fields for 'Jurisdiction', 'Type of License/Certification', 'Number Issued', 'Original Issue Date', 'Expiration Date', and 'Status'. A text area is provided for 'If Other, please explain'. Below the form are instructions: 'To add this record click "Add". To edit a record, select the record, make the desired changes and click "Save". To delete a record, select the record and click "Delete". To clear the form, click "Clear".' At the bottom of the form are buttons for 'Save', 'Add', 'Delete', and 'Clear'. Below these buttons is a table with the following structure:

Licensure History						
Jurisdiction	Type	Number	Issue	Expire(d)	Status	Other
No data available						

At the very bottom of the page are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

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 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 did not intend to apply for the approval to be supervised as a resident in marriage and family therapy, please STOP and contact DHP at (804) 367-4444 for assistance in changing your application type: *

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: *

By entering my initials, I attest that I will provide marriage and family therapy 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 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: *

By entering my initials, I must complete all required residency requirements and pass the MFT National examination, administered by AMFTRB, within six years of the date of issuance of my resident in Marriage and Family Therapy 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.*

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):

Yes ▾*

Text input area with up/down arrows and asterisk.

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

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Statements of Assurance
- Registration History
- Registration Questions**
- Summary

Application

Registration Questions
Affirmative responses to any questions on this application will require additional information to be submitted. Please refer to [Guidance Document 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, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

Any supporting documentation related to the questions below should be submitted to:
Virginia Board of Counseling
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? ▾

2. Have you ever been censured, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice? ▾ No

3. Within the past five years, have you been disciplined by any entity? ▾ No

4. Have you voluntarily surrendered your license, certification or registration while under investigation? ▾ No

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? ▾ No

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):

Yes ▾*

Text input area with up/down arrows and asterisk.

7. 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 Qualified Mental Health Professional. ▾

8. 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 Qualified Mental Health Professional. ▾

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:

Online Application Handbook

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.

Virginia DHP

Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education/Training
- Graduate Coursework
- Clinical Supervision
- Supervision Sites
- Licensure History
- Statements of Assurance
- Licensure Questions
- Summary**

Application

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 #
ex. 123456789: 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):

Published Address Information

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.

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Phone:

Email:

Address of Record

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 (*).

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Daytime Phone: 111-111-1111

Other Phone:

Email: jane.doe@anywhere.com

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): *

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.

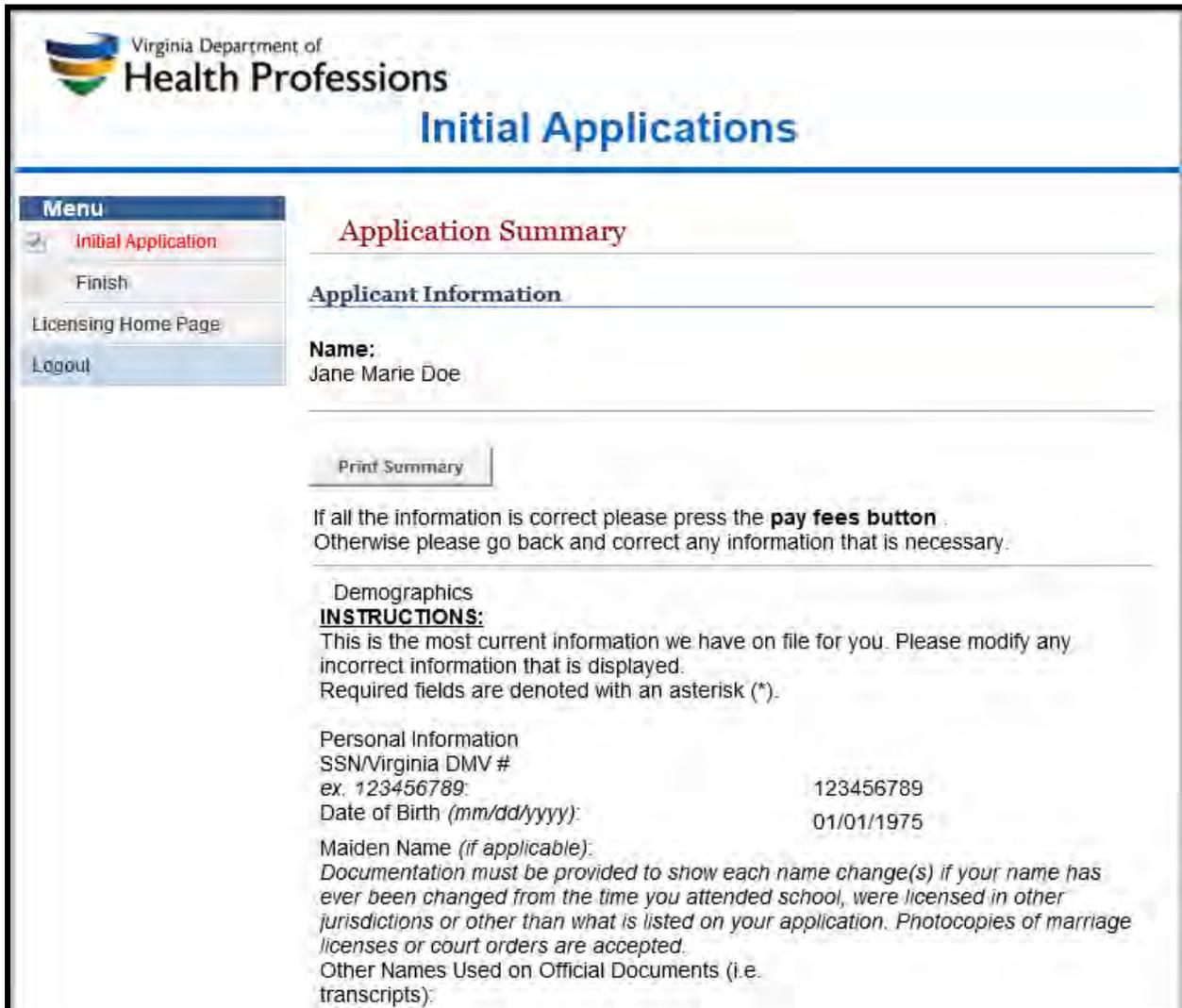
[Printer Friendly Version](#)

[<< Back](#) [Finish](#)

Online Application Handbook

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

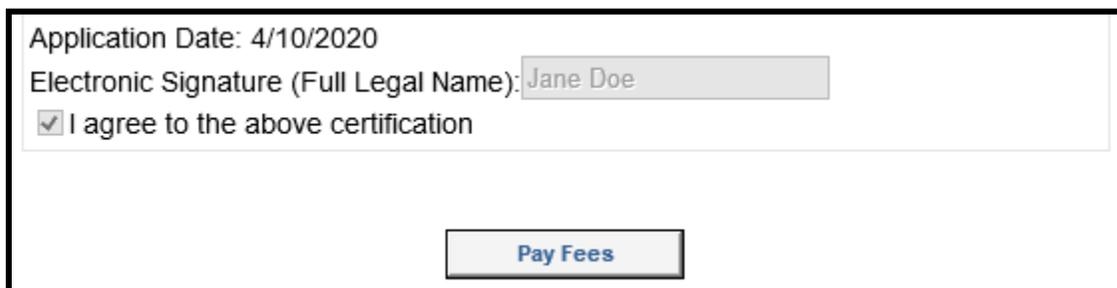


The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. The page has a blue header with the department's logo and name. Below the header is a 'Menu' sidebar with options: 'Initial Application' (highlighted in red), 'Finish', 'Licensing Home Page', and 'Logout'. The main content area is titled 'Application Summary' and contains the following information:

- Applicant Information**
 - Name:** Jane Marie Doe
- Print Summary** button
- Text: "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 #
ex: 123456789: 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 29

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



The screenshot shows the final review section of the application. It includes the following elements:

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

Online Application Handbook

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.

The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. The page is divided into a left-hand menu and a main content area. The menu includes 'Initial Application' (checked), 'Finish', 'Licensing Home Page', and 'Logout'. The main content area is titled 'Initial Applications' and contains the following sections:

- Application Fees**: A table with two columns: 'Description' and 'Fee Amount'. The table contains one row: 'Application Fee' with a fee amount of '\$65.00'.
- Credit / Debit Card Information**: A section with a radio button selected for 'Credit Card'. Below this, there is a 'Credit Card Type:' label and a dropdown menu currently showing 'Visa'.
- NOTE: Fees are non-refundable**
- == SECURITY NOTICE ==**
- A paragraph of text: '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.'
- A button labeled 'Pay Fees'.

At the bottom of the page, there is a footer with '© 2017 Virginia Department of Health Professions' on the left and 'Contact Information' on the right.

Online Application Handbook

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_reqs.htm

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

The screenshot shows the Virginia Department of Health Professions website. The main content area is titled "Board of Counseling Laws and Regulations". It features a yellow box with links to "Laws Governing Counseling", "Final Regulations Governing Counseling", "Proposed Regulations", "Emergency Regulations", and "Laws Governing All Health Professions". Below this, there is a section for "Laws as of July 1, 2019 - Selected sections of the Code of Virginia" with a link to "Laws governing Counseling". Another section, "Final Regulations - Regulations currently in effect for practitioners under the Board", lists several regulations with links, including "Regulations Governing the Practice of Professional Counseling (3-4-2020)", "Regulations Governing Certified Rehabilitation Providers (2-8-2017)", "Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants (2-19-2020)", "Regulations Governing the Practice of Marriage and Family Therapy (3-4-2020)", "Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners (3-1-2020)", "Regulations Governing the Registration of Qualified Mental Health Professionals (2-19-2020)", "Regulations Governing the Registration of Peer Recovery Specialists (11-13-2019)", "Public Participation Guidelines - Revised 1-12-2017", and "Regulations Governing Delegation to an Agency Subordinate - Revised 12-12-2019". A note mentions a "Petition for Rule-making" process. The "Proposed Regulations - Amendments to regulations proposed by the Board" section shows "none at this time". The left sidebar contains various navigation links such as "Board Home", "General Information", "Board Members", "Calendar of Events", "News & Updates", "Fees", "Laws and Regulations", "Regulations History", "Guidance Documents", "Licenses Lookup", "Staff Listing", "New Applications", "Licensure Process", "Applications & Forms", "QMHP Information", "RPRS Information", "Check Application Status", "Supervisor Information", "Examination Information", "Renewal Information", "Renewal FAQs", "Renew Online", "Update Your Information", "Discipline and Compliance", "Disciplinary Proceedings", "Case Decisions", "File a Complaint", "Administrative Proceedings", "Division", and "Compliance Forms".

Online Application Handbook

Step 1

Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm

The screenshot displays the website for the Virginia Department of Health Professions, specifically the Virginia Board of Counseling Applications and Instructions page. The page is titled "Virginia Board of Counseling Applications and Instructions" and features a navigation menu on the left with categories such as "General Information", "New Applications", "Renewal Information", and "Discipline and Compliance". The main content area is highlighted in yellow and lists several application types with links to their respective handbooks:

- Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)**
 - Licensed Professional Counselors
 - Certified Substance Abuse Counselors
 - Certified Substance Abuse Counseling Assistants
 - Licensed Substance Abuse Treatment Practitioner
 - Supervisor Approval Applications
 - Certified Rehabilitation Provider
 - Marriage and Family Therapist
 - Continuing Education Forms
 - Compliance Forms
- QMHP – Adult**
 - Please [click here](#) to review the Application Handbook.
 - [Click here to begin the QMHP-A Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with adults with mental illness as defined in the Regulations.
- QMHP – Child**
 - Please [click here](#) to review the Application Handbook.
 - [Click here to begin the QMHP-C Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with children and adolescents with mental illness as defined in the Regulations.
- Qualified Mental Health Professional Trainee**
 - Please [click here](#) to review the Application Handbook.
 - [Click here to begin the QMHP-Trainee Initial Application](#). This application type is for individuals who wish to start accruing supervised experience towards QMHP-A and/or QMHP-C.
- Registered Peer Recovery Specialists**

At the top of the main content area, there is a note: "To view the Word documents below you'll need Microsoft Word or the free [Microsoft® Word Viewer 97/2000](#). For the PDF files you'll need the free [Adobe Acrobat Reader](#)."

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**.

Marriage and Family Therapists

[LMFT Licensure Process Handbook](#) (PDF file)

Temporary Licensed as a Resident in Marriage and Family Therapy

[Click here to begin the Resident in Marriage and Family Therapy License Application.](#) This application type 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 worksite where you can provide marriage and family therapy services.

[Sample of a Resident in Marriage and Family Therapy Supervisory Contract](#) (MS Word document)

Licensed Marriage and Family Therapy (LMFT) by Examination Application

[Click here to begin the LMFT by Examination Application.](#) This marriage and family therapy licensure application type is for individuals who have met the degree and coursework requirements, completed all residency requirements and have pass the National MFT examination as outlined in the Regulations. (If you hold an equivalent license, please apply by endorsement.)

[Application Packet for Pre-Review of Education toward LMFT Licensure](#) (PDF)

[Application Packet for LMFT by Endorsement](#) (PDF file)

[Reinstatement Application for Marriage and Family Therapist](#) (PDF file)

[Application Packet for Reinstatement of a Revoked or Suspended License](#) (PDF file)

Additional LMFT Forms

[Verification of Supervision Form for LMFT Licensure](#) (PDF file)

[Quarterly Evaluation Form for LMFT Licensure](#) (PDF file)

[Verification of Clinical Practice for 24 of the Last 60 Months for LMFT Licensure](#) (PDF file)

[Supervision Summary Form for LMFT Licensure](#) (PDF file)

[Verification of Coursework for LMFT Licensure](#) (PDF file)

[Verification of Internship form for LMFT Licensure](#) (PDF file)

[Supervisor Out of State License or Certification Verification Form](#) (PDF file)

[Out of State License or Certification Verification Form](#) (PDF file)

[Request for Termination of Supervision Form](#) (PDF file)

[Request for Verification of VA License or Certification Form](#) (PDF file)

[Doctoral Verification of Internship/Practicum for LMFT Licensure](#) (PDF file)

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 application type is for individuals who have met the degree and coursework requirements, completed all residency requirements and have pass the National MFT examination as outlined in the Regulations. (If you hold an equivalent license, please apply by endorsement.)

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**

The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. At the top left is the department's logo and name. The main heading is 'Initial Applications'. On the left, there is a 'Menu' section with a link for 'Register a Person'. The main content area contains several paragraphs of text: an important notice about renewing or reinstating licenses, information about applying for a professional license online, instructions for new users to register, and a login section for returning users. The login section includes input fields for 'User Id:' and 'Password:', and a 'Login' button. Below the login section, there is a link for 'Lost Password?' and a 'Please Note' section about browser compatibility. The footer contains the copyright notice and a link for 'Contact Information'.

Virginia Department of
Health Professions

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. 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.

© 2017 Virginia Department of Health Professions [Contact Information](#)

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.



Virginia Department of
Health Professions

Initial Applications

Menu
Login Page

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. 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.

Last Name:

SSN:

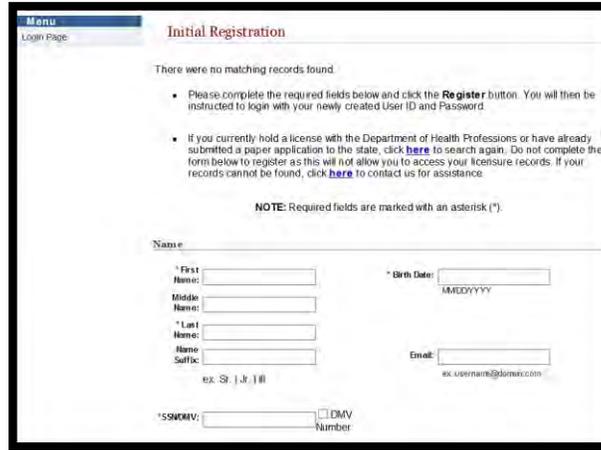
(ex. 123456789)

© 2017 Virginia Department of Health Professions Contact Information

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.



The screenshot shows a web page titled "Initial Registration". At the top left is a "Menu" dropdown with "Login Page" selected. The main content area contains the following text:

There were no matching records found.

- Please complete the required fields below and click the **Register** button. You will then be instructed to login with your newly created User ID and Password.
- If you currently hold a license with the Department of Health Professions or have already submitted a paper application to the state, click [here](#) to search again. Do not complete the form below to register as this will not allow you to access your licensure records. If your records cannot be found, click [here](#) to contact us for assistance.

NOTE: Required fields are marked with an asterisk (*).

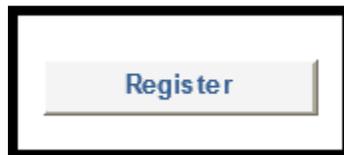
Name:

* First Name: * Birth Date:
Middle Name: MMDDYYYY
* Last Name:
Name Suffix: Email:
ex: Sr., Jr., III ex: username@dmv.com

SSN/MV: DMV Number

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.



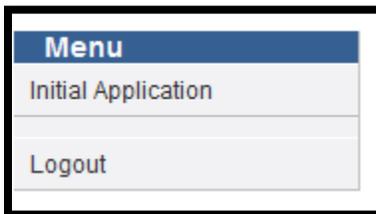
Returning users login below using the User ID and Application.

User Id:

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.



Menu
Initial Application
Logout

Online Application Handbook

Step 11

For the category “Profession”, select **Counseling**.

For “License Type”, select **Licensed Marriage and Family Therapist**.

For “Obtained By Method”, select **Examination**.

Virginia Department of
Health Professions

Initial Applications

Menu

- Licensing Home Page
- Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession:

License Type:

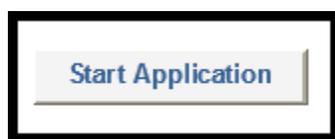
Obtained By Method:

[What is an obtained by method?](#)

© 2017 Virginia Department of Health Professions [Contact Information](#)

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

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education/Training
- Graduate Coursework
- Clinical Supervision
- Supervision Sites
- Licensure History
- Statements of Assurance
- Licensure Questions
- Summary

Application

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 # *
ex. 123456789
Date of Birth (mm/dd/yyyy): *
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):

Published Address Information
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.

Is your current address within the United States? *

Address Line 1 (ex. 123 Fourth St.): *

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone: (xxx-xxx-xxxx)

Email:

<< Back Next >> Save and finish later

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu titled 'Initial Application Menu' with options: Demographics, Address of Record (selected), Education, Graduate Coursework, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Address of Record'. It contains a paragraph of instructions, a dropdown menu for 'Is your current address within the United States?', and input fields for 'Address Line 1', 'Address Line 2', 'Address Line 3', 'Daytime Phone', 'Other Phone', and 'Email'. At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record**
- Education
- Graduate Coursework
- Licensure History
- Statements of Assurance
- Licensure Questions
- Summary

Application

Address of Record

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 (*).

Is your current address within the United States? *

Address Line 1 (ex. 123 Fourth St.): *

Address Line 2 (ex. Apt. 100):

Address Line 3:

Daytime Phone: *(xxx-xxx-xxxx)

Other Phone: (xxx-xxx-xxxx)

Email: *

<< Back Next >> Save and finish later

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education (selected), Graduate Coursework, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Education'. It includes instructions: 'Please send official transcript(s) to the Board office.' and 'List the name and location of your regionally accredited, CACREP or COAMFTE graduate school where you completed a program that prepares individuals to practice marriage and family therapy. Required fields are denoted with an asterisk (*).' The form fields are: Institution Name (*), Institution State (*), Major (*), Degree Earned (*), and Date Degree Conferred mm/dd/yyyy (*). At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 19

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

The screenshot shows the 'Virginia DHP Initial Applications' web interface for Step 19. The main content area is titled 'Application' and 'Graduate Coursework'. It includes instructions: 'Please send official transcript(s) to the Board office.' and a question: 'Did you take additional graduate coursework from a school, not previously listed, to meet the Virginia education requirements?' followed by a dropdown menu (*). At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Online Application Handbook

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education, Graduate Coursework, Licensure History (selected), Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and contains a 'Licensure History' section. It starts with a question: 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?' with a 'Yes' dropdown menu. Below this is a detailed instruction: '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, **whether current or expired**. A verification of licensure, certification, or registration must be submitted to the Board. The 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. Required fields are denoted with an asterisk (*).' This is followed by several input fields: 'Jurisdiction' (dropdown), 'Type of License/Certification' (text), 'Number Issued' (text), 'Original Issue Date' (text), 'Expiration Date' (text), 'Status' (dropdown), and 'If Other, please explain' (text). Below the form are instructions: 'To add this record click "Add". To edit a record, select the record, make the desired changes and click "Save". To delete a record, select the record and click "Delete". To clear the form, click "Clear".' At the bottom of the form are buttons for 'Save', 'Add', 'Licensure', and 'Clear'. Below these buttons is a table with the following structure:

Licensure History						
Jurisdiction	Type	Number	Issue	Expire(d)	Status	Other
No data available						

At the very bottom of the form are navigation buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web portal. On the left is a navigation menu with the following items: 'Initial Application Menu', 'Demographics', 'Address of Record', 'Education', 'Graduate Coursework', 'Licensure History', 'Statements of Assurance' (highlighted), 'Licensure Questions', and 'Summary'. The main content area is titled 'Application' and 'Statements of Assurance'. It contains three text input fields with the following text:

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:

By entering my initials, I verify that I have met each of the following requirements in order to qualify for LMFT licensure:

- Education as outline in 18VAC115-50-50 and 18VAC-115-50-55;
- Supervised residency as outlined in 18VAC115-50-60; and
- Passed the MFT National examination administered by AMFTRB:

By entering my initially, I fully understand that funds submitted as part of the application process shall not be refunded. If you did not intend to apply for LMFT licensure STOP and contact the DHP Call Center at (804-) 367-4444 to help in changing your application type or obtained by method. If you have not met all of the requirements and have questions related to the regulations and applying for licensure, please contact the Board at (804-) 367-4610:

At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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:

Yes ▾*

^

v

*

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Graduate Coursework
- Licensure History
- Statements of Assurance
- Licensure Questions**
- Summary

Application

Licensure Questions

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, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

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 300
Henrico, VA 23233

Have you ever been censured, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice?

Additional Licensure Questions

1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?
2. Within the past five years, have you been disciplined by any entity?
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.
4. Have you voluntarily surrendered your license, certification or registration while under investigation?
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?
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).
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.
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

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.

Online Application Handbook

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:

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.

Virginia DHP Initial Applications

- Initial Application Menu
 - Demographics
 - Address of Record
 - Education/Training
 - Graduate Coursework
 - Clinical Supervision
 - Supervision Sites
 - Licensure History
 - Statements of Assurance
 - Licensure Questions
 - Summary**

Application

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 #
ex. 123456789: 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):

Published Address Information
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.

Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane
Address Line 2 (ex. Apt. 100):
Address Line 3:
City: Richmond
State: Virginia
Zip Code (ex. 02705 or 027051234): 23230
Phone:
Email:

Address of Record
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 (*).

Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane
Address Line 2 (ex. Apt. 100):
Address Line 3:
City: Richmond
State: Virginia
Zip Code (ex. 02705 or 027051234): 23230
Daytime Phone: 111-111-1111
Other Phone:
Email: jane.doe@anywhere.com

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): *

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](#)

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

The screenshot shows the Virginia Department of Health Professions Initial Applications page. The header includes the logo and the text "Virginia Department of Health Professions Initial Applications". A left-hand menu contains "Initial Application", "Finish", "Licensing Home Page", and "Logout". The main content area is titled "Application Summary" and "Applicant Information". It displays the applicant's name as "Jane Marie Doe" and includes a "Print Summary" button. Below this, there are instructions to press the "pay fees button" if the information is correct, or to go back and correct it otherwise. The "Demographics" section includes "INSTRUCTIONS" and a note that required fields are denoted with an asterisk. The "Personal Information" section shows fields for "SSN/Virginia DMV #", "Date of Birth", and "Maiden Name", with example values provided.

Virginia Department of
Health Professions
Initial Applications

Menu

- Initial Application
- Finish
- Licensing Home Page
- Logout

Application Summary

Applicant Information

Name:
Jane Marie Doe

[Print Summary](#)

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 #
ex: 123456789: 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.

The screenshot shows the final step of the application process. It includes the "Application Date: 4/10/2020", the "Electronic Signature (Full Legal Name): Jane Doe" field, and a checked checkbox for "I agree to the above certification". At the bottom center, there is a prominent "Pay Fees" button.

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

[Pay Fees](#)

Online Application Handbook

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.

Virginia Department of
Health Professions

Initial Applications

Menu

- Initial Application**
- Finish
- Licensing Home Page
- Logout

Application Fees

Description	Fee Amount
Application Fee	\$175.00

Credit / Debit Card Information

Credit Card

Credit Card Type:

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.

© 2017 Virginia Department of Health Professions Contact Information

Online Application Handbook

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_reqs.htm

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

The screenshot displays the Virginia Department of Health Professions website. The main content area is titled "Board of Counseling Laws and Regulations". A yellow box highlights the following links: "Laws Governing Counseling", "Final Regulations Governing Counseling", "Proposed Regulations", "Emergency Regulations", and "Laws Governing All Health Professions". Below this, a note states: "The below documents are in Microsoft Word format. If you do not have Microsoft Word, you can get the [Microsoft Word Viewer](#) to view and print DHP's documents."

Laws as of July 1, 2019 - Selected sections of the Code of Virginia

- [Laws governing Counseling](#)

Final Regulations - Regulations currently in effect for practitioners under the Board

- [Regulations Governing the Practice of Professional Counseling \(3-4-2020\)](#)
- [Regulations Governing Certified Rehabilitation Providers \(2-8-2017\)](#)
- [Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants \(2-19-2020\)](#)
- [Regulations Governing the Practice of Marriage and Family Therapy \(3-4-2020\)](#)
- [Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners \(3-1-2020\)](#)
- [Regulations Governing the Registration of Qualified Mental Health Professionals \(2-19-2020\)](#)
- [Regulations Governing the Registration of Peer Recovery Specialists \(11-13-2019\)](#)
- [Public Participation Guidelines - Revised 1-12-2017](#)
- [Regulations Governing Delegation to an Agency Subordinate - Revised 12-12-2019](#)
- [Click here to obtain a Petition for Rule-making.](#) If you would like the Board to consider amending one of its regulations or rules, you may file a "petition for rule-making". The Board is required to publish your petition in the Virginia Register and post it online at www.register.virginia.gov to begin a 21-day comment period on the request. Within 90 days after the comment period or 14 days after its next scheduled meeting, the Board will issue a decision on whether it will grant or deny the petition. A copy of the petition form is provided. You may email the petition to the address below, fax it to the number on the form or mail it to the Board address.

Proposed Regulations - Amendments to regulations proposed by the Board

- none at this time

Online Application Handbook

Step 1

Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm

The screenshot displays the Virginia Department of Health Professions website. The browser address bar shows the URL: https://www.dhp.virginia.gov/counseling/counseling_forms.htm. The page title is "Virginia Board of Counseling Applications and Instructions".

Navigation Menu (Left):

- Board Home
- General Information
- Board Members
- Calendar of Events
- News & Updates
- Fees
- Laws and Regulations
- Regulations History
- Guidance Documents
- License Lookup
- Staff Listing
- New Applications
- Licensure Process
- Applications & Forms
- QMHP Information
- RPRS Information
- Check Application Status
- Supervisor Information
- Examination Information
- Renewal Information
- Renewal FAQs
- Renew Online
- Update Your Information
- Discipline and Compliance
- Disciplinary Proceedings
- Case Decisions
- File a Complaint
- Administrative Proceedings
- Division
- Compliance Forms

Main Content Area:

Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)

- [Licensed Professional Counselors](#)
- [Certified Substance Abuse Counselors](#)
- [Certified Substance Abuse Counseling Assistants](#)
- [Licensed Substance Abuse Treatment Practitioner](#)
- [Supervisor Approval Applications](#)
- [Certified Rehabilitation Provider](#)
- [Marriage and Family Therapist](#)
- [Continuing Education Forms](#)
- [Compliance Forms](#)

To view the Word documents below you'll need Microsoft Word or the free [Microsoft® Word Viewer 97/2000](#). For the PDF files you'll need the free [Adobe Acrobat Reader](#).

QMHP – Adult

Please [click here](#) to review the Application Handbook.

[Click here to begin the QMHP-A Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with adults with mental illness as defined in the Regulations.

QMHP – Child

Please [click here](#) to review the Application Handbook.

[Click here to begin the QMHP-C Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with children and adolescents with mental illness as defined in the Regulations.

Qualified Mental Health Professional Trainee

Please [click here](#) to review the Application Handbook.

[Click here to begin the QMHP-Trainee Initial Application](#). This application type is for individuals who wish to start accruing supervised experience towards QMHP-A and/or QMHP-C.

Registered Peer Recovery Specialists

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**.

Marriage and Family Therapists

[LMFT Licensure Process Handbook](#) (PDF file)

[Sample of a Resident in Marriage and Family Therapy Supervisory Contract](#) (MS Word document)

Temporary Licensed as a Resident in Marriage and Family Therapy

[Click here to begin the Resident in Marriage and Family Therapy License Application:](#) This application type 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 worksite where you can provide marriage and family therapy services.

Licensed Marriage and Family Therapy (LMFT) by Examination Application

[Click here to begin the LMFT by Examination Application:](#) This marriage and family therapy licensure application type is for individuals who are have met the degree and coursework requirements, completed all residency requirements and have pass the National MFT examination as outlined in the Regulations. (If you hold an equivalent license, please apply by endorsement.)

Licensed Marriage and Family Therapy (LMFT) by Endorsement Application

[Click here to begin the LMFT by Endorsement Application:](#) This marriage and family therapy licensure application type is for individuals who hold or have held an equivalent marriage and family therapy license for independent clinical practice in another U.S. jurisdiction.

[Application Packet for Pre-Review of Education toward LMFT Licensure](#) (PDF)

[Reinstatement Application for Marriage and Family Therapist](#) (PDF file)

[Application Packet for Reinstatement of a Revoked or Suspended License](#) (PDF file)

Additional LMFT Forms

[Verification of Supervision Form for LMFT Licensure](#) (PDF file)

[Quarterly Evaluation Form for LMFT Licensure](#) (PDF file)

[Verification of Clinical Practice for 24 of the Last 60 Months for LMFT Licensure](#) (PDF file)

[Supervision Summary Form for LMFT Licensure](#) (PDF file)

[Verification of Coursework for LMFT Licensure](#) (PDF file)

[Verification of Internship form for LMFT Licensure](#) (PDF file)

[Supervisor Out of State License or Certification Verification Form](#) (PDF file)

[Out of State License or Certification Verification Form](#) (PDF file)

Step 3

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

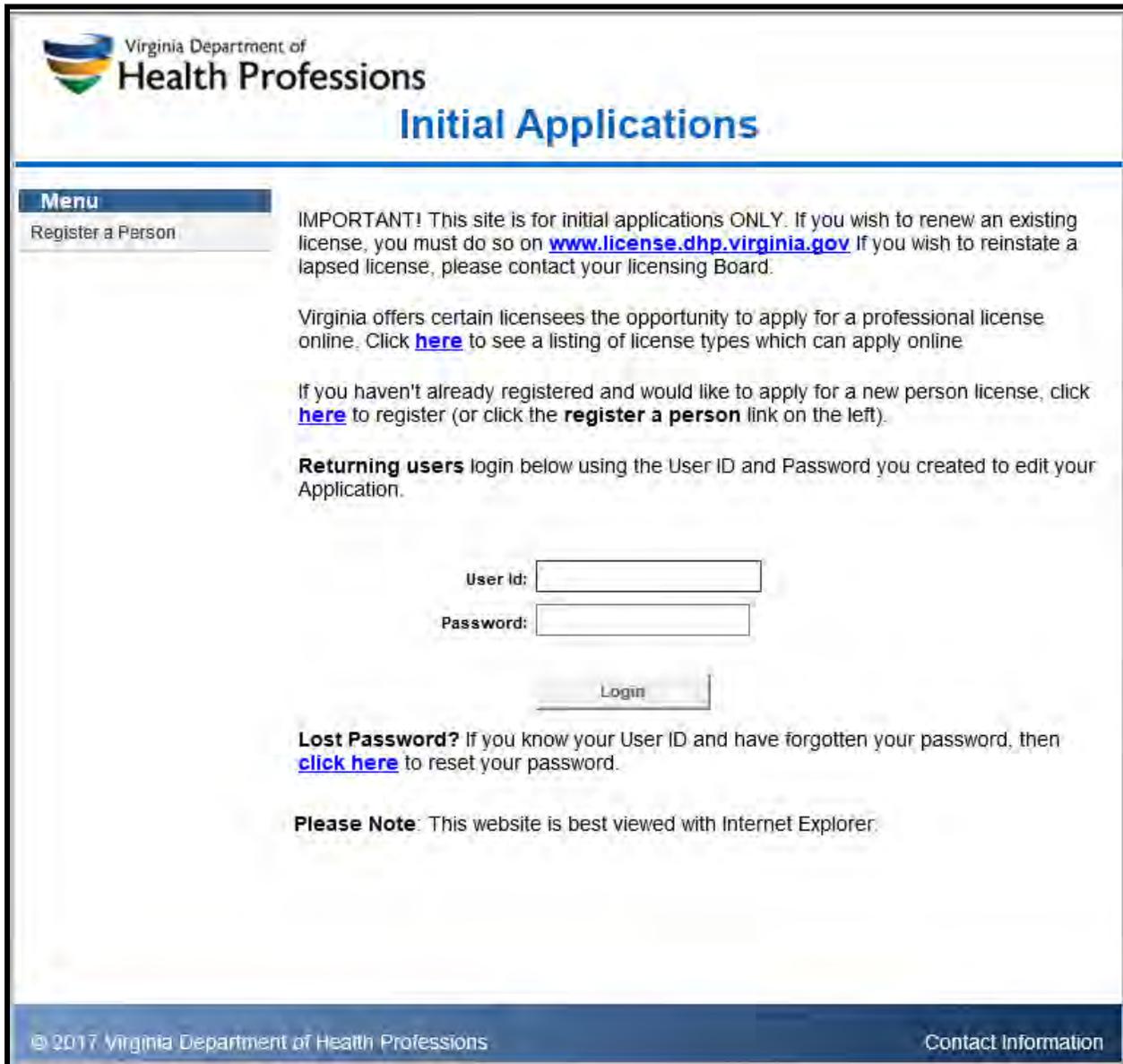
Licensed Marriage and Family Therapy (LMFT) by Endorsement Application

[Click here to begin the LMFT by Endorsement Application:](#) This marriage and family therapy licensure jurisdiction.

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**



The screenshot shows the 'Initial Applications' page of the Virginia Department of Health Professions. At the top left is the department's logo and name. The main heading is 'Initial Applications'. A 'Menu' bar on the left contains a link for 'Register a Person'. The main content area includes an important notice about renewing or reinstating licenses, instructions for applying for a new license, and a login section for returning users. The login section has fields for 'User Id:' and 'Password:', followed by a 'Login' button. There is also a link for users who have lost their passwords. A footer note recommends Internet Explorer, and the bottom of the page contains copyright information and a contact link.

Virginia Department of
Health Professions

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. 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.

© 2017 Virginia Department of Health Professions [Contact Information](#)

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.



Virginia Department of
Health Professions

Initial Applications

Menu
Login Page

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. 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.

Last Name:

SSN:

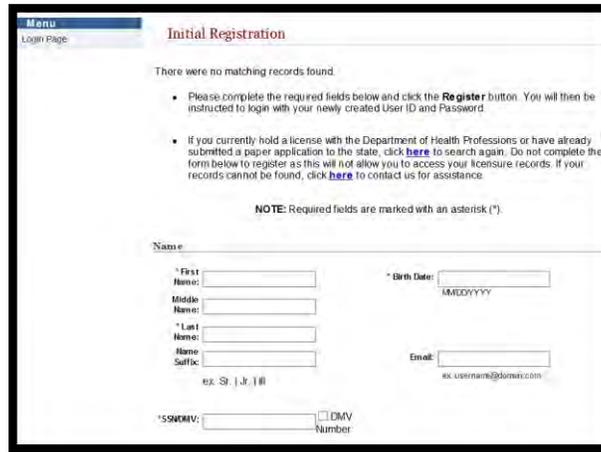
(ex. 123456789)

© 2017 Virginia Department of Health Professions Contact Information

Online Application Handbook

Step 6

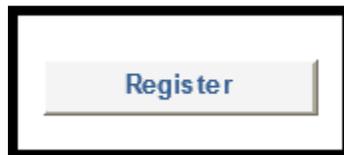
If there are no matching records found, you will need to enter the required fields to create a user id and password.



The screenshot shows a web page titled "Initial Registration". At the top left is a "Menu" bar with "Login Page" selected. The main content area displays a message: "There were no matching records found." Below this are two bullet points: the first instructs the user to complete required fields and click the "Register" button; the second provides instructions for users with existing licenses. A note states: "NOTE: Required fields are marked with an asterisk (*)." The registration form includes fields for "Name" (First, Middle, Last, Suffix), "Birth Date" (MMDDYYYY), "Email" (example: ex.usename@dmv.com), and "SSN/DMV Number" (with a checkbox for "DMV Number").

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 below using the User ID and Application.

User Id:

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.



Menu
Initial Application
Logout

Online Application Handbook

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)

Virginia Department of
Health Professions

Initial Applications

Menu

- Licensing Home Page
- Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: Counseling

License Type: Licensed Marriage and Family Therapist

Obtained By Method: Endorsement

Country: United States

State/Province: Maryland

[What is an obtained by method?](#)

Start Application

© 2017 Virginia Department of Health Professions [Contact Information](#)

For “State/Province”, select the relevant state or province (i.e. Maryland)

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 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

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Clinical Examination
- Licensure History
- Statement of Assurance
- Licensure Questions
- Summary

Application

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 #
ex. 123456789:

Date of Birth (mm/dd/yyyy):

Maiden Name (if applicable):

Documentation must be provided to show each name change(s) if you 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):

Published Address Information

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.

Is your current address within the United States?

Address Line 1 (ex. 123 Fourth St.):

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone: (xxx-xxx-xxxx)

Email:

<< Back Next >> Save and finish later

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with the following items: 'Initial Application Menu', 'Demographics' (checked), 'Address of Record' (selected), 'Education', 'Clinical Examination', 'Licensure History', 'Statement of Assurance', 'Licensure Questions', and 'Summary'. The main content area is titled 'Application' and contains the following text: 'Address of Record', '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 (*).'

Below the text are the following input fields:

- Is your current address within the United States? (Dropdown menu with a downward arrow and an asterisk)
- Address Line 1 (ex. 123 Fourth St.): (Text input field with an asterisk)
- Address Line 2 (ex. Apt 100): (Text input field)
- Address Line 3: (Text input field)
- Daytime Phone: (Text input field with a mask *(xxx-xxx-xxxx))
- Other Phone: (Text input field with a mask (xxx-xxx-xxxx))
- Email: (Text input field with an asterisk)

At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education (selected), Clinical Examination, Licensure History, Statement of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Education'. It includes instructions: 'Please send official transcript to the Board office. List in chronological order the name and location of each graduate school that you have attended. Required fields are denoted with an asterisk (*).'

Form fields include:

- Institution Name: *
- Institution State: *
- Major: *
- Type of Degree Earned: *
- Date Degree Conferred mm/dd/yyyy: *

Below the form are instructions: 'To add this record click "Add". To edit a record, select the record, make the desired changes and click "Save". To delete a record, select the record and click "Delete". To clear the form, click "Clear".'

Buttons: Save, Add, Delete, Clear.

Education				
Name	State	Major	Degree	Conferred
No data available				

Bottom navigation buttons: << Back, Next >>, Save and finish later.

Online Application Handbook

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”.

The screenshot shows the Virginia DHP Initial Applications web interface. The header includes the logo and text "Virginia DHP Initial Applications". A left-hand navigation menu titled "Initial Application Menu" lists several sections: Demographics, Address of Record, Education, Clinical Examination (which is highlighted in blue), Licensure History, Statement of Assurance, Licensure Questions, and Summary. The main content area is titled "Application" and "Clinical Examination". It contains a question: "Can you provide verification of a passing score on an examination required for marriage and family therapist licensure in the jurisdiction in which licensure was obtained?". Below this question is a dropdown menu with "Yes" selected. A second question asks "What type of examination did you take?", followed by a dropdown menu with "MFT National Examination" selected. At the bottom of the form are three buttons: "<< Back", "Next >>", and "Save and finish later".

Online Application Handbook

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Clinical Examination
- Licensure History**
- Statement of Assurance
- Licensure Questions
- Summary

Application

Licensure History

Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction? Yes *

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, **whether current or expired**. You will be required to submit a license verification for each license, certification or registration listed below. Please refer to the application instructions for the required form and process. Contact the applicable jurisdiction(s) to inquire about processing fees. Required fields are denoted with an asterisk (*).

Jurisdiction: *

Type of License/Certification : *

Number Issued : *

Original Issue Date : *

Expiration Date : *

Status: *

If Other, please explain :

To add this record click "Add".
To edit a record, select the record, make the desired changes and click "Save".
To delete a record, select the record and click "Delete".
To clear the form, click "Clear".

Licensure History						
Jurisdiction	Type	Number	Issue	Expire(d)	Status	Other
No data available						

<< Back Next >> Save and finish later

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: 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.

The screenshot displays the Virginia DHP Initial Applications web interface. The header includes the logo and text "Virginia DHP Initial Applications". A left-hand navigation menu titled "Initial Application Menu" contains several items, with "Statement of Assurance" currently selected and highlighted in blue. Other menu items include Demographics, Address of Record, Education, Clinical Examination, Licensure History, Licensure Questions, and Summary. The main content area is titled "Application" and "Statement of Assurance". It contains a text prompt: "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:" followed by a text input field with an asterisk. Below the input field are three buttons: "<< Back", "Next >>", and "Save and finish later".

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:

*

^

v

*

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.

The screenshot displays the Virginia DHP Initial Applications web portal. On the left is a navigation menu with options: Demographics, Address of Record, Education, Clinical Examination, Licensure History, Statement of Assurance, and Licensure Questions (which is highlighted). The main content area is titled 'Application' and contains a red-bordered box with the following text: 'Licensure Questions: 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, reprimand, or imposition of terms, suspension or revocation of your license and/or registration'. Below this, it provides the address for the Virginia Board of Counseling: 9960 Mayland Drive, Suite 300, Henrico, VA 23233. The 'Licensure Questions' section includes a 'Summary' link and a list of eight questions, each with a dropdown menu for the answer. The questions are: 1. Have you ever been censured, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice? 2. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? 3. Within the past five years, have you been disciplined by any entity? 4. 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? 5. Have you voluntarily surrendered your license, certification or registration while under investigation? 6. 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? 7. 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). 8. 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. 9. 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

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:

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.

Virginia DHP

Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Clinical Examination
- Licensure History
- Statement of Assurance
- Licensure Questions
- Summary**

Application

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 #
ex. 123456789: 987654321

Date of Birth (mm/dd/yyyy): 01/01/1975

Maiden Name (if applicable):
Documentation must be provided to show each name change(s) if you 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):

Published Address Information

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.

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Phone:

Email:

Address of Record

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 (*).

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Daytime Phone: 111-111-1111

Other Phone:

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): *

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](#)

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

The screenshot shows the Virginia Department of Health Professions Initial Applications page. The header includes the logo and the text "Virginia Department of Health Professions" and "Initial Applications". A left-hand menu contains "Initial Application", "Finish", "Licensing Home Page", and "Logout". The main content area is titled "Application Summary" and "Applicant Information". It displays the applicant's name as "Jane Marie Doe" and includes a "Print Summary" button. Below this, there are instructions to press the "pay fees button" if the information is correct, or to go back and correct it otherwise. The "Demographics" section includes "INSTRUCTIONS" and a note that required fields are denoted with an asterisk. The "Personal Information" section shows fields for "SSN/Virginia DMV #" (with example "123456789"), "Date of Birth (mm/dd/yyyy)" (with example "01/01/1975"), "Maiden Name (if applicable)", and "Other Names Used on Official Documents (i.e. transcripts)".

Step 26

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

The screenshot shows the bottom of the application page. It includes the text "Application Date: 4/10/2020", "Electronic Signature (Full Legal Name): Jane Doe" (with a text input field), and a checked checkbox "I agree to the above certification". At the bottom center is a button labeled "Pay Fees".

Online Application Handbook

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.

The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. On the left is a 'Menu' with options: 'Initial Application' (checked), 'Finish', 'Licensing Home Page', and 'Logout'. The main content area is titled 'Application Fees' and contains a table with two columns: 'Description' and 'Fee Amount'. The table lists 'Application Fee' with a fee amount of '\$175.00'. Below the table is the 'Credit / Debit Card Information' section, where 'Credit Card' is selected. The 'Credit Card Type' is set to 'Visa'. A red 'NOTE: Fees are non-refundable' and '== SECURITY NOTICE ==' are displayed. A warning message states: '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.' A 'Pay Fees' button is located at the bottom of the form. The footer contains '© 2017 Virginia Department of Health Professions' and 'Contact Information'.

Virginia Department of
Health Professions

Initial Applications

Menu

- Initial Application
- Finish
- Licensing Home Page
- Logout

Application Fees

Description	Fee Amount
Application Fee	\$175.00

Credit / Debit Card Information

Credit Card

Credit Card Type:

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.

© 2017 Virginia Department of Health Professions Contact Information

Online Application Handbook

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.

The screenshot shows the Virginia Department of Health Professions website. The page title is "Board of Counseling Laws and Regulations". A yellow box highlights the following links: "Laws Governing Counseling", "Final Regulations Governing Counseling", "Proposed Regulations", "Emergency Regulations", and "Laws Governing All Health Professions". Below this, there is a section for "Laws as of July 1, 2019 - Selected sections of the Code of Virginia" with a link to "Laws governing Counseling". Another section is titled "Final Regulations - Regulations currently in effect for practitioners under the Board" and lists several regulations with their effective dates, such as "Regulations Governing the Practice of Professional Counseling (3-4-2020)" and "Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants (2-19-2020)". A final section is titled "Proposed Regulations - Amendments to regulations proposed by the Board" and currently shows "none at this time". The left sidebar contains various navigation options like "Board Home", "Board Members", "Calendar of Events", "News & Updates", "Fees", "Laws and Regulations", "Regulations History", "Guidance Documents", "License Lookup", "Staff Listing", "New Applications", "Licensure Process", "Applications & Forms", "DMP Information", "RFRS Information", "Check Application Status", "Supervisor Information", "Examination Information", "Renewal Information", "Renewal FAQs", "Renew Online", "Update Your Information", "Discipline and Compliance", "Disciplinary Proceedings", "Case Decisions", "File a Complaint", "Administrative Proceedings", "Division", and "Compliance Forms".

Online Application Handbook

Step 1

Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm

The screenshot displays the Virginia Department of Health Professions website. The browser address bar shows the URL: https://www.dhp.virginia.gov/counseling/counseling_forms.htm. The page title is "Virginia Board of Counseling Applications and Instructions".

Virginia Department of Health Professions
DHP Home Page > Counseling > Applications and Forms

Virginia Board of Counseling Applications and Instructions

Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)
Licensed Professional Counselors
Certified Substance Abuse Counselors
Certified Substance Abuse Counseling Assistants
Licensed Substance Abuse Treatment Practitioner
Supervisor Approval Applications
Certified Rehabilitation Provider
Marriage and Family Therapist
Continuing Education Forms
Compliance Forms

To view the Word documents below you'll need Microsoft Word or the free [Microsoft® Word Viewer 97/2000](#). For the PDF files you'll need the free [Adobe Acrobat Reader](#).

Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)

QMHP – Adult
Please [click here](#) to review the Application Handbook.
[Click here to begin the QMHP-A Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with adults with mental illness as defined in the Regulations.

QMHP – Child
Please [click here](#) to review the Application Handbook.
[Click here to begin the QMHP-C Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with children and adolescents with mental illness as defined in the Regulations.

Qualified Mental Health Professional Trainee
Please [click here](#) to review the Application Handbook.
[Click here to begin the QMHP-Trainee Initial Application](#). This application type is for individuals who wish to start accruing supervised experience towards QMHP A and/or QMHP C.

Registered Peer Recovery Specialists

The left sidebar contains a navigation menu with the following items: Board Home, General Information, Board Members, Calendar of Events, News & Updates, Fees, Licensure and Regulations, Regulations History, Guidance Documents, License Lookup, Staff Listing, New Applications, Licensure Process, Applications & Forms, QMHP Information, RPRS Information, Check Application Status, Supervisor Information, Examination Information, Renewal Information, Renewal FAQs, Renew Online, Update Your Information, Discipline and Compliance, Disciplinary Proceedings, Case Decisions, File a Complaint, Administrative Proceedings, Division, and Compliance Forms.

Online Application Handbook

Step 2

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

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 type 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 worksite where you can provide substance abuse treatment services.

[Sample of a Resident in Substance Abuse Treatment Supervisory Contract](#) (MS Word document)

[Application Packet for Licensed Substance Abuse Treatment Practitioner by Examination](#) (PDF file)

[Application Packet for Pre-Review of Education toward LSATP Licensure](#) (PDF)

[Application Packet for Licensed Substance Abuse Treatment Practitioner by Endorsement](#) (PDF file)

[Reinstatement Application for Licensed Substance Abuse Treatment Practitioners](#) (PDF file)

[Application Packet for Reinstatement of a Revoked or Suspended License](#) (PDF file)

Additional LSATP Forms

[Quarterly Evaluation Form for LSATP Licensure](#) (PDF file)

[Supervision Summary Form for LSATP Licensure](#) (PDF file)

[Verification of Supervision Form for LSATP Licensure](#) (PDF file)

[Verification of Required Coursework for LSATP Licensure](#) (PDF file)

[Verification of Degree and Internship](#) (PDF file)

[Supervisor Out-of-State License or Certification Verification Form](#) (PDF file)

[Out of State License or Certification Verification Form](#) (PDF file)

[Request for Termination of Supervision Form](#) (PDF file)

[Request for Verification of VA License or Certification Form](#) (PDF file)

[Verification of Post-Licensure Active Practice Form](#) (PDF file)

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.](#) This 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**

The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. At the top left is the department's logo and name. The main heading is 'Initial Applications'. On the left, there is a 'Menu' section with a link for 'Register a Person'. The main content area contains several paragraphs of text: an important notice about renewing or reinstating licenses, information about applying for a professional license online, instructions for new users to register, and a login section for returning users. The login section includes input fields for 'User Id:' and 'Password:', and a 'Login' button. Below the login section, there is a link for users who have lost their passwords. At the bottom, there is a 'Please Note' section and a footer with copyright information and contact details.

Virginia Department of
Health Professions

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. 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.

© 2017 Virginia Department of Health Professions Contact Information

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.



Virginia Department of
Health Professions

Initial Applications

Menu
Login Page

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 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.

Last Name:

SSN:

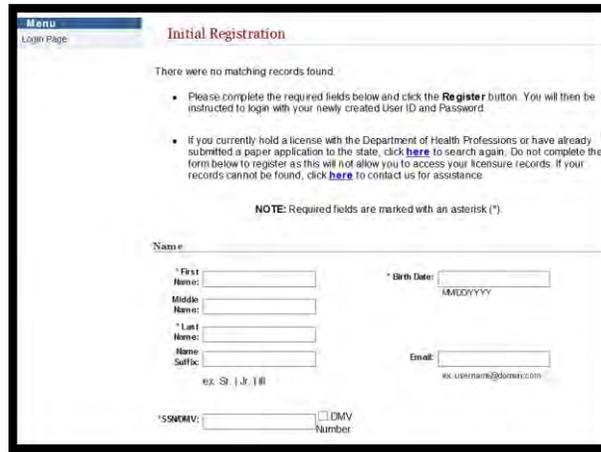
(ex. 123456789)

© 2017 Virginia Department of Health Professions Contact Information

Online Application Handbook

Step 6

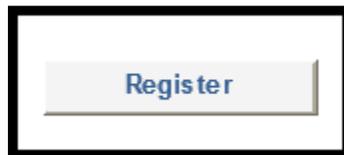
If there are no matching records found, you will need to enter the required fields to create a user id and password.



The screenshot shows a web page titled "Initial Registration". At the top left is a "Menu" with a "Login Page" link. The main content area says "There were no matching records found." and lists two bullet points: "Please complete the required fields below and click the **Register** button. You will then be instructed to login with your newly created User ID and Password." and "If you currently hold a license with the Department of Health Professions or have already submitted a paper application to the state, click [here](#) to search again. Do not complete the form below to register as this will not allow you to access your licensure records. If your records cannot be found, click [here](#) to contact us for assistance." Below this is a "NOTE: Required fields are marked with an asterisk (*)". The registration form includes fields for "Name" (First, Middle, Last, Suffix), "Birth Date" (MMDDYYYY), "Email" (example: ex.usename@dsmaex.com), and "SSN/DMV Number" (with a checkbox for "DMV Number").

Step 7

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



Step 8

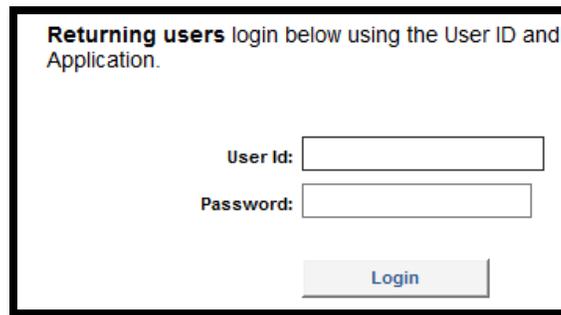
Click **login** to go to the login page.



Online Application Handbook

Step 9

Log in using your newly created user id and password.



Returning users login below using the User ID and Application.

User Id:

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.



Menu
Initial Application
Logout

Online Application Handbook

Step 11

For the category “Profession”, select **Counseling**.

For “License Type”, select **Resident in Substance Abuse Treatment**.

For “Obtained By Method”, select **Initial Application**

Virginia Department of
Health Professions

Initial Applications

Menu

- Licensing Home Page
- Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession:

License Type:

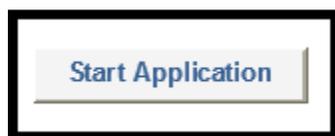
Obtained By Method:

[What is an obtained by method?](#)

© 2017 Virginia Department of Health Professions [Contact Information](#)

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

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education/Training
- Graduate Coursework
- Clinical Supervision
- Supervision Sites
- Licensure History
- Statements of Assurance
- Licensure Questions
- Summary

Application

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 # *
ex. 123456789
Date of Birth (mm/dd/yyyy): *
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):

Published Address Information
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.

Is your current address within the United States? *

Address Line 1 (ex. 123 Fourth St.): *

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone: (xxx-xxx-xxxx)

Email:

<< Back Next >> Save and finish later

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics (checked), Address of Record (selected), Education/Training, Graduate Coursework, Clinical Supervision, Supervision Sites, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Address of Record'. It contains a paragraph explaining that the address information is for notices and is not subject to public disclosure. Below this are several form fields: a dropdown menu for 'Is your current address within the United States?' with an asterisk; three text boxes for 'Address Line 1 (ex. 123 Fourth St.)', 'Address Line 2 (ex. Apt. 100)', and 'Address Line 3', each with an asterisk; a 'Daytime Phone:' field with a mask '(xxx-xxx-xxxx)' and an asterisk; an 'Other Phone:' field with a mask '(xxx-xxx-xxxx)'; and an 'Email:' field with an asterisk. At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web portal. On the left is a navigation menu with options: Demographics, Address of Record, Education/Training (selected), Graduate Coursework, Clinical Supervision, Supervision Sites, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Education/Training'. It includes the instruction: 'Please send official transcript(s) to the Board office.' Below this, it says: 'List the name and location of your regionally accredited graduate school where you completed a program that prepares individuals to practice substance abuse treatment or related counseling discipline. Required fields are denoted with an asterisk (*).' The form fields are: Institution Name (*), Institution State (*), Major (*), Degree Earned (*), and Date Degree Conferred mm/dd/yyyy (*). At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 19

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

The screenshot shows the 'Application' section for 'Graduate Coursework'. It includes the instruction: 'Please send official transcript(s) to the Board office.' Below this, it asks: 'Did you take additional graduate coursework from a school, not previously listed, to meet the Virginia education requirements?' followed by a dropdown menu (*). At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu titled 'Initial Application Menu' with options: Demographics, Address of Record, Education/Training, Graduate Coursework, Clinical Supervision (selected), Supervision Sites, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Clinical Supervision'. It includes a 'Supervision' section with instructions: 'As listed in the Regulations, only a qualified LSATP or LPC, can supervise a resident in substance abuse treatment. Indicate below the person you would like the Board to consider as your supervisor for clinical substance abuse treatment supervised residency/experience.' Below this are five input fields: 'Supervisor's Name', 'Supervisor's License Number', 'Supervisor's License Type', 'Supervisor's Email Address', and 'Supervisor's Phone Number'. The phone number field has a placeholder '(xxx-xxx-xxxx)'. At the bottom are three buttons: '<< Back', 'Next >>', and '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 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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is an 'Initial Application Menu' with options: Demographics, Address of Record, Education/Training, Graduate Coursework, Clinical Supervision, Supervision Sites (selected), Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Supervision Sites'. It contains a list of sites with columns for 'Name' and 'Address'. The table is currently empty, showing 'No data available'. Above the table are buttons for 'Save', 'Add', 'Delete', and 'Clear'. Below the table are buttons for '<< Back', 'Next >>', and 'Save and finish later'. Instructions for adding, editing, deleting, and clearing records are provided.

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](#).

The screenshot shows the 'Virginia DHP Initial Applications' web interface. The 'Initial Application Menu' on the left has 'Registration History' selected. The main content area is titled 'Application' and 'Registration History'. It contains a question: 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?'. To the right of the question is a dropdown menu with 'Yes' and 'No' options. The 'Yes' option is selected.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options like 'Demographics', 'Education/Training', and 'Licensure History'. The main area is titled 'Application' and contains a 'Licensure History' section. It asks 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?' with a 'Yes' dropdown. Below this is a detailed instruction: '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, **whether current or expired**. 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. Required fields are denoted with an asterisk (*).' The form includes input fields for 'Jurisdiction', 'Type of License/Certification', 'Number Issued', 'Original Issue Date', 'Expiration Date', and 'Status'. A text area is provided for 'If Other, please explain'. Below the form are instructions: 'To add this record click "Add". To edit a record, select the record, make the desired changes and click "Save". To delete a record, select the record and click "Delete". To clear the form, click "Clear".' At the bottom of the form are buttons for 'Save', 'Add', 'Delete', and 'Clear'. Below these buttons is a table header for 'Licensure History' with columns: 'Jurisdiction', 'Type', 'Number', 'Issue', 'Expire(d)', 'Status', and 'Other'. The table currently shows 'No data available'. At the very bottom of the page are navigation buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education/Training, Graduate Coursework, Clinical Supervision, Supervision Sites, Licensure History, Statements of Assurance (selected), Licensure Questions, and Summary. The main content area is titled 'Application' and 'Statements of Assurance'. It contains six questions, each followed by a text input field with an asterisk. The questions are: 1. '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:'. 2. 'I verify that I have met all of the education requirements to apply as a Resident in Substance Abuse Treatment 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 (804) 367-4444 for assistance in changing your application type:'. 3. 'By entering my initials, I understand that as a Licensed Resident in Substance Abuse Treatment, I must have a signed and executed supervisory contract for supervision before providing substance abuse treatment services and before counting hours towards LSATP licensure:'. 4. 'By entering my initials, I attest that I will provide Substance Abuse Treatment services as defined in the regulations during my residency:'. 5. 'By entering my initials, I acknowledge that the Board will conduct random audits to ensure that I am practicing in accordance with the regulations:'. 6. 'By entering my initials, I understand as a Licensed Resident in Substance Abuse Treatment, 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:'. At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.*

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):

Yes ▾*

*

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

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Statements of Assurance
- Registration History
- Registration Questions**
- Summary

Application

Registration Questions
Affirmative responses to any questions on this application will require additional information to be submitted. Please refer to [Guidance Document 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, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

Any supporting documentation related to the questions below should be submitted to:
Virginia Board of Counseling
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? ▾

2. Have you ever been censured, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice? ▾ No

3. Within the past five years, have you been disciplined by any entity? ▾ No

4. Have you voluntarily surrendered your license, certification or registration while under investigation? ▾ No

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? ▾ No

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):

Yes ▾*

*

7. 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 Qualified Mental Health Professional. ▾

8. 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 Qualified Mental Health Professional. ▾

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:

Online Application Handbook

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.

Virginia DHP Initial Applications

- Initial Application Menu
 - Demographics
 - Address of Record
 - Education/Training
 - Graduate Coursework
 - Clinical Supervision
 - Supervision Sites
 - Licensure History
 - Statements of Assurance
 - Licensure Questions
 - Summary**

Application

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 #
ex. 123456789: 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):

Published Address Information
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.

Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane
Address Line 2 (ex. Apt. 100):
Address Line 3:
City: Richmond
State: Virginia
Zip Code (ex. 02705 or 027051234): 23230
Phone:
Email:

Address of Record
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 (*).

Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane
Address Line 2 (ex. Apt. 100):
Address Line 3:
City: Richmond
State: Virginia
Zip Code (ex. 02705 or 027051234): 23230
Daytime Phone: 111-111-1111
Other Phone:
Email: jane.doe@anywhere.com

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): *

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](#)

Online Application Handbook

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

The screenshot shows the Virginia Department of Health Professions Initial Applications page. The header includes the department logo and the title "Initial Applications". A left-hand menu contains options: "Initial Application" (highlighted), "Finish", "Licensing Home Page", and "Logout". The main content area is titled "Application Summary" and "Applicant Information". It displays the applicant's name as "Jane Marie Doe". There is a "Print Summary" button. Below this, a message states: "If all the information is correct please press the **pay fees button**. Otherwise please go back and correct any information that is necessary." Under "Demographics", there are "INSTRUCTIONS" and a note about the most current information on file. The "Personal Information" section shows fields for SSN/Virginia DMV # (with example 123456789), Date of Birth (mm/dd/yyyy) (01/01/1975), Maiden Name (if applicable), and Other Names Used on Official Documents (i.e. transcripts).

Step 29

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

The screenshot shows the bottom portion of the application summary form. It includes the text "Application Date: 4/10/2020" and "Electronic Signature (Full Legal Name): Jane Doe" with a text input field. Below this is a checkbox labeled "I agree to the above certification" which is checked. At the bottom center, there is a blue button labeled "Pay Fees".

Online Application Handbook

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.

The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. On the left is a 'Menu' with options: 'Initial Application' (checked), 'Finish', 'Licensing Home Page', and 'Logout'. The main content area is titled 'Application Fees' and contains a table with one row: 'Application Fee' with a fee amount of '\$65.00'. Below this is the 'Credit / Debit Card Information' section, where 'Credit Card' is selected and the 'Credit Card Type' is set to 'Visa'. A red note states 'NOTE: Fees are non-refundable' and a security notice follows: '== SECURITY NOTICE =='. The notice explains that clicking the 'Pay Fees' button will redirect to an external payment site and that users may need to accept a browser warning. At the bottom of the form is a 'Pay Fees' button. The footer contains the copyright notice '© 2017 Virginia Department of Health Professions' and a link for 'Contact Information'.

Virginia Department of
Health Professions

Initial Applications

Menu

- Initial Application
- Finish
- Licensing Home Page
- Logout

Application Fees

Description	Fee Amount
Application Fee	\$65.00

Credit / Debit Card Information

Credit Card

Credit Card Type:

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.

© 2017 Virginia Department of Health Professions [Contact Information](#)

Online Application Handbook

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_reqs.htm

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

The screenshot displays the Virginia Department of Health Professions website. The main content area is titled "Board of Counseling Laws and Regulations". A yellow box highlights the following links: "Laws Governing Counseling", "Final Regulations Governing Counseling", "Proposed Regulations", "Emergency Regulations", and "Laws Governing All Health Professions". Below this, a note states: "The below documents are in Microsoft Word format. If you do not have Microsoft Word, you can get the [Microsoft Word Viewer](#) to view and print DHP's documents." The page is organized into sections: "Laws as of July 1, 2019 - Selected sections of the Code of Virginia" (with a link to "Laws governing Counseling"), "Final Regulations - Regulations currently in effect for practitioners under the Board" (with a list of links including "Regulations Governing the Practice of Professional Counseling (3-4-2020)", "Regulations Governing Certified Rehabilitation Providers (2-8-2017)", "Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants (2-19-2020)", "Regulations Governing the Practice of Marriage and Family Therapy (3-4-2020)", "Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners (3-1-2020)", "Regulations Governing the Registration of Qualified Mental Health Professionals (2-19-2020)", "Regulations Governing the Registration of Peer Recovery Specialists (11-13-2019)", "Public Participation Guidelines - Revised 1-12-2017", and "Regulations Governing Delegation to an Agency Subordinate - Revised 12-12-2019"), and "Proposed Regulations - Amendments to regulations proposed by the Board" (with a link to "none at this time"). A left sidebar contains various navigation options such as "Board Home", "General Information", "Board Members", "Calendar of Events", "News & Updates", "Fees", "Laws and Regulations", "Regulations History", "Guidance Documents", "Licenses Lookup", "Staff Listing", "New Applications", "Licensure Process", "Applications & Forms", "QMHP Information", "RPRS Information", "Check Application Status", "Supervisor Information", "Examination Information", "Renewal Information", "Renewal FAQs", "Renew Online", "Update Your Information", "Discipline and Compliance", "Disciplinary Proceedings", "Case Decisions", "File a Complaint", "Administrative Proceedings", "Division", and "Compliance Forms".

Online Application Handbook

Step 1

Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm

The screenshot displays the Virginia Department of Health Professions website. The main heading is "Virginia Department of Health Professions". Below this, the page is titled "Virginia Board of Counseling Applications and Instructions". A navigation menu on the left includes categories such as "General Information", "Board Members", "Calendar of Events", "News & Updates", "Fees", "Laws and Regulations", "Regulations History", "Guidance Documents", "License Lookup", "Staff Listing", "New Applications", "Licensure Process", "Applications & Forms", "QMHP Information", "RPRS Information", "Check Application Status", "Supervisor Information", "Examination Information", "Renewal Information", "Renewal FAQs", "Renew Online", "Update Your Information", "Discipline and Compliance", "Disciplinary Proceedings", "Case Decisions", "File a Complaint", "Administrative Proceedings", "Division", and "Compliance Forms".

The main content area features a yellow box with a list of application types: [Qualified Mental Health Professional \(QMHP\) and Registered Peer Recovery Specialists \(RPRS\)](#), [Licensed Professional Counselors](#), [Certified Substance Abuse Counselors](#), [Certified Substance Abuse Counseling Assistants](#), [Licensed Substance Abuse Treatment Practitioner](#), [Supervisor Approval Applications](#), [Certified Rehabilitation Provider](#), [Marriage and Family Therapist](#), [Continuing Education Forms](#), and [Compliance Forms](#).

Below this list, a note states: "To view the Word documents below you'll need Microsoft Word or the free [Microsoft® Word Viewer 97/2000](#). For the PDF files you'll need the free [Adobe Acrobat Reader](#)."

The page then lists three application categories, each with a link to the application handbook and a link to begin the application process:

- QMHP – Adult**: Please [click here](#) to review the Application Handbook. [Click here to begin the QMHP-A Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with adults with mental illness as defined in the Regulations.
- QMHP – Child**: Please [click here](#) to review the Application Handbook. [Click here to begin the QMHP-C Initial Application](#). This application type is for individuals who have completed the required education and supervised experience with children and adolescents with mental illness as defined in the Regulations.
- Qualified Mental Health Professional Trainee**: Please [click here](#) to review the Application Handbook. [Click here to begin the QMHP-Trainee Initial Application](#). This application type is for individuals who wish to start accruing supervised experience towards QMHP-A and/or QMHP-C.

At the bottom of the page, there is a section for **Registered Peer Recovery Specialists**.

Online Application Handbook

Step 2

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

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 type 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 worksite where you can provide substance abuse treatment services.

[Sample of a Resident in Substance Abuse Treatment Supervisory Contract](#) (MS Word document)

Licensed Substance Abuse Treatment Practitioner (LSATP) by Examination Application

[Click here to begin the LSATP by Examination Application.](#) This substance abuse treatment practitioner licensure application type is for individuals who are have met the degree and coursework requirements, completed all residency requirements and have pass the MAC examination as outlined in the Regulations.

[Application Packet for Pre-Review of Education toward LSATP Licensure](#) (PDF)

[Application Packet for Licensed Substance Abuse Treatment Practitioner by Endorsement](#) (PDF file)

[Reinstatement Application for Licensed Substance Abuse Treatment Practitioners](#) (PDF file)

[Application Packet for Reinstatement of a Revoked or Suspended License](#) (PDF file)

Additional LSATP Forms

[Quarterly Evaluation Form for LSATP Licensure](#) (PDF file)

[Supervision Summary Form for LSATP Licensure](#) (PDF file)

[Verification of Supervision Form for LSATP Licensure](#) (PDF file)

[Verification of Required Coursework for LSATP Licensure](#) (PDF file)

[Verification of Degree and Internship](#) (PDF file)

[Supervisor Out-of-State License or Certification Verification Form](#) (PDF file)

[Out of State License or Certification Verification Form](#) (PDF file)

[Request for Termination of Supervision Form](#) (PDF file)

[Request for Verification of VA License or Certification Form](#) (PDF file)

[Verification of Post-Licensure Active Practice Form](#) (PDF file)

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.

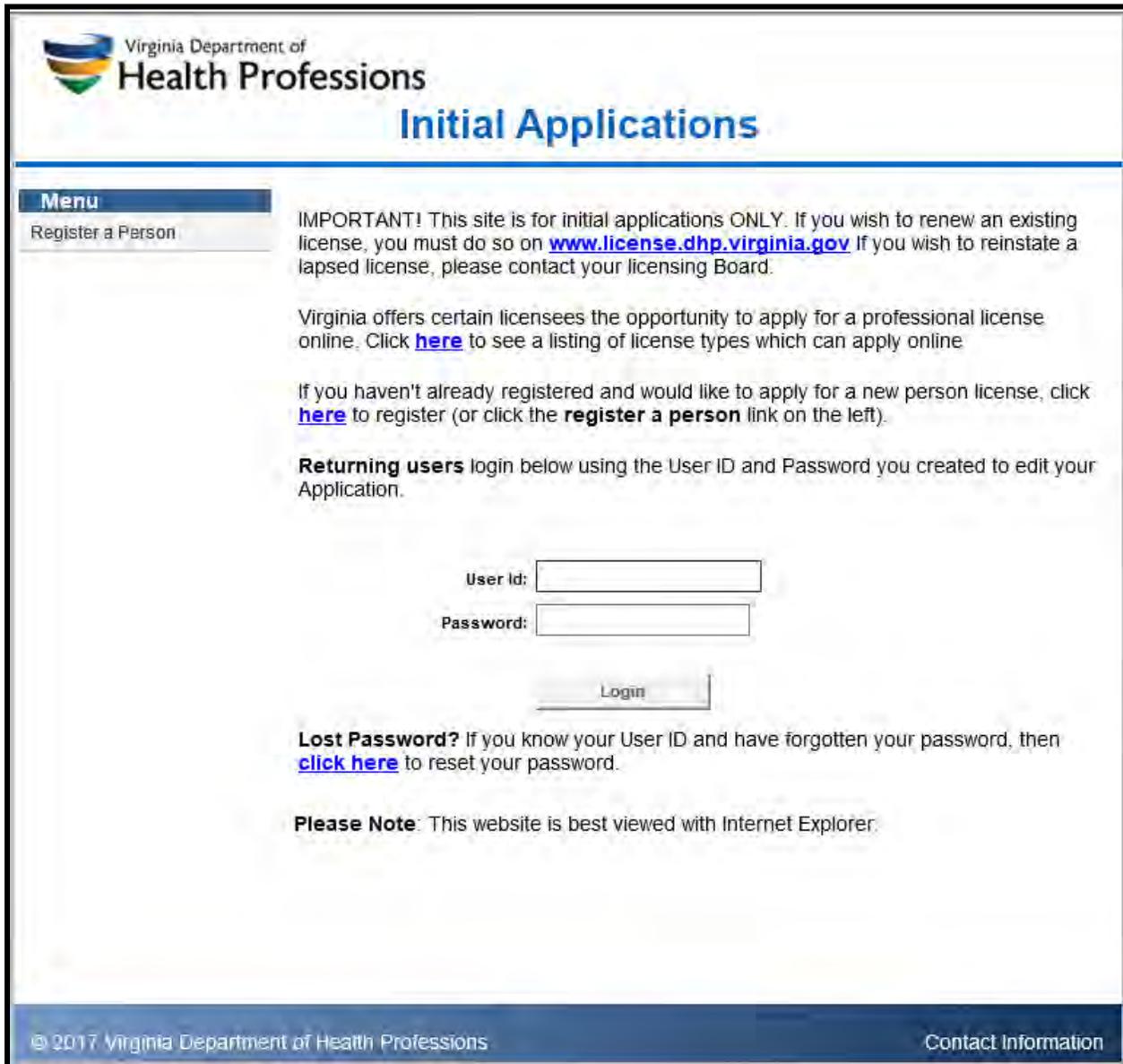
Licensed Substance Abuse Treatment Practitioner (LSATP) by Examination Application

[Click here to begin the LSATP by Examination Application.](#) This substance abuse treatment practitioner licensure a MAC 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**



The screenshot shows the 'Initial Applications' page for the Virginia Department of Health Professions. At the top left is the department's logo and name. The main heading is 'Initial Applications'. A 'Menu' bar on the left contains a link for 'Register a Person'. The main content area includes an important notice about renewing or reinstating licenses, instructions for applying for a new license, and a login section with fields for 'User Id' and 'Password', and a 'Login' button. There is also a link for 'Lost Password?' and a note about browser compatibility.

Virginia Department of
Health Professions

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. 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.

© 2017 Virginia Department of Health Professions Contact Information

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.



Virginia Department of
Health Professions

Initial Applications

Menu
Login Page

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 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.

Last Name:

SSN:

(ex. 123456789)

© 2017 Virginia Department of Health Professions Contact Information

Online Application Handbook

Step 9

Log in using your newly created user id and password.



Returning users login below using the User ID and Application.

User Id:

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.



Menu
Initial Application
Logout

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**.

Virginia Department of
Health Professions

Initial Applications

Menu

- Licensing Home Page
- Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession:

License Type:

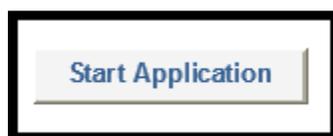
Obtained By Method:

[What is an obtained by method?](#)

© 2017 Virginia Department of Health Professions [Contact Information](#)

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

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Graduate Coursework
- Licensure History
- Statements of Assurance
- Licensure Questions
- Summary

Application

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 # *
ex. 123456789;
Date of Birth (mm/dd/yyyy): *
Maiden Name (if applicable):

Documentation must be provided to show each name change(s) if you 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):

Published Address Information
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.

Is your current address within the United States? *

Address Line 1 (ex. 123 Fourth St.): *

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone: (xxx-xxx-xxxx)

Email:

<< Back Next >> Save and finish later

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record (selected), Education, Graduate Coursework, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Address of Record'. It contains a paragraph explaining that the address information is for notices and legal documents, and is not subject to public disclosure. Below this are input fields for: 'Is your current address within the United States?' (a dropdown menu), 'Address Line 1 (ex. 123 Fourth St.)', 'Address Line 2 (ex. Apt. 100)', 'Address Line 3', 'Daytime Phone:' (with a placeholder '(xxx-xxx-xxxx)'), 'Other Phone:' (with a placeholder '(xxx-xxx-xxxx)'), and 'Email:'. At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education (selected), Graduate Coursework, Licensure History, Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Education'. It includes instructions: 'Please send official transcript(s) to the Board office.' and 'List the name and location of your regionally accredited graduate school where you completed a program that prepares individuals to practice substance abuse treatment. Required fields are denoted with an asterisk (*).' Below this are input fields for: Institution Name (*), Institution State (dropdown menu with a downward arrow and asterisk), Major (*), Degree Earned (*), and Date Degree Conferred mm/dd/yyyy (*). At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 19

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

The screenshot shows the 'Application' section for 'Graduate Coursework'. It includes the instruction: 'Please send official transcript(s) to the Board office.' Below this is a question: 'Did you take additional graduate coursework from a school, not previously listed, to meet the Virginia education requirements?' followed by a dropdown menu with a downward arrow and an asterisk (*). At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Online Application Handbook

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education, Graduate Coursework, **Licensure History** (selected), Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and contains a 'Licensure History' section. It asks 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?' with a 'Yes' dropdown menu. Below this is a detailed instruction: '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, **whether current or expired**. A verification of licensure, certification, or registration must be submitted to the Board. The 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. Required fields are denoted with an asterisk (*).' The form includes input fields for: Jurisdiction (dropdown), Type of License/Certification (text), Number Issued (text), Original Issue Date (text), Expiration Date (text), Status (dropdown), and 'If Other, please explain' (text). Below the form are instructions: 'To add this record click "Add". To edit a record, select the record, make the desired changes and click "Save". To delete a record, select the record and click "Delete". To clear the form, click "Clear".' At the bottom of the form are buttons for 'Save', 'Add', 'Delete', and 'Clear'. Below these buttons is a table with the following structure:

Licensure History						
Jurisdiction	Type	Number	Issue	Expire(d)	Status	Other
No data available						

At the very bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education, Graduate Coursework, Licensure History, Statements of Assurance (highlighted), Licensure Questions, and Summary. The main content area is titled 'Application' and 'Statements of Assurance'. It contains three text input fields for initials, each preceded by a statement of assurance. The first statement is: 'By entering my initials, I verify that I have read, understand, and intend to comply with the regulations that govern the Virginia Board of Counseling:'. The second statement is: 'By entering my initials, I verify that I have met each of the following requirements in order to qualify for LSATP licensure:'. Below this is a bulleted list: 'Education as outline in 18VAC115-60-60 and 18VAC115-60-70;', 'Supervised residency as outlined in 18VAC115-60-80; and', and 'Passed the MAC examination administered by NAAAC:'. The third statement is: 'By entering my initially, I fully understand that funds submitted as part of the application process shall not be refunded. If you did not intend to apply for LSATP licensure STOP and contact the DHP Call Center at (804-) 367-4444 to help in changing your application type or obtained by method. If you have not met all of the requirements and have questions related to the regulations and applying for licensure, please contact the Board at (804-) 367-4610:'. At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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:

v *

^
v
*

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.

The screenshot shows the Virginia DHP Initial Applications website. On the left is a navigation menu with options: Demographics, Address of Record, Education, Graduate Coursework, Licensure History, Statements of Assurance, Licensure Questions (selected), and Summary. The main content area is titled 'Application' and 'Licensure Questions'. A red-bordered box highlights a warning: '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, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.' Below this, it states that supporting documentation should be submitted to the Virginia Board of Counseling at the Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. The questions are as follows:

- Have you ever been censured, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice?
- Additional Licensure Questions
- 1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?
- 2. Within the past five years, have you been disciplined by any entity?
- 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 Substance Abuse Treatment Practitioner.
- 4. Have you voluntarily surrendered your license, certification or registration while under investigation?
- 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?
- 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).
- 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 Substance Abuse Treatment Practitioner.
- 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 obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the

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:

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.

Virginia DHP Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Graduate Coursework
- Licensure History
- Statements of Assurance
- Licensure Questions
- Summary**

Application

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 #
ex. 123456789: 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 you 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):

Published Address Information

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.

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Phone:

Email:

Address of Record

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 (*)

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Daytime Phone: 111-111-1111

Other Phone:

Email: janedoe@gmail.com

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): *

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](#)

Online Application Handbook

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

The screenshot shows the Virginia Department of Health Professions Initial Applications page. The header includes the department logo and the title "Initial Applications". A left-hand menu contains options: "Initial Application" (highlighted), "Finish", "Licensing Home Page", and "Logout". The main content area is titled "Application Summary" and "Applicant Information". It displays the applicant's name as "Jane Marie Doe" and includes a "Print Summary" button. Below this, there are instructions for reviewing the information and a section for "Demographics" with "INSTRUCTIONS" regarding the accuracy of the data. The "Personal Information" section includes fields for SSN/Virginia DMV # (with an example), Date of Birth, Maiden Name, and Other Names Used on Official Documents.

Virginia Department of
Health Professions

Initial Applications

Menu

- Initial Application
- Finish
- Licensing Home Page
- Logout

Application Summary

Applicant Information

Name:
Jane Marie Doe

[Print Summary](#)

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 #
ex: 123456789: 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.

The screenshot shows the final application review and payment section. It includes the application date (4/10/2020), a field for the electronic signature (Full Legal Name) with the value "Jane Doe", and a checked checkbox for "I agree to the above certification". A "Pay Fees" button is located at the bottom of the form.

Application Date: 4/10/2020

Electronic Signature (Full Legal Name): Jane Doe

I agree to the above certification

[Pay Fees](#)

Online Application Handbook

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.

Virginia Department of
Health Professions

Initial Applications

Menu

- Initial Application**
- Finish
- Licensing Home Page
- Logout

Application Fees

Description	Fee Amount
Application Fee	\$175.00

Credit / Debit Card Information

Credit Card

Credit Card Type:

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.

© 2017 Virginia Department of Health Professions [Contact Information](#)

Online Application Handbook

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_reqs.htm

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

The screenshot shows the Virginia Department of Health Professions website. The main content area is titled "Board of Counseling Laws and Regulations". A yellow box highlights the following links: "Laws Governing Counseling", "Final Regulations Governing Counseling", "Proposed Regulations", "Emergency Regulations", and "Laws Governing All Health Professions". Below this, there is a section for "Laws as of July 1, 2019 - Selected sections of the Code of Virginia" with a link to "Laws governing Counseling". Another section is titled "Final Regulations - Regulations currently in effect for practitioners under the Board", listing several regulations with links, such as "Regulations Governing the Practice of Professional Counseling (3-4-2020)" and "Regulations Governing the Practice of Marriage and Family Therapy (3-4-2020)". A final section is titled "Proposed Regulations - Amendments to regulations proposed by the Board" with a link to "none at this time". The left sidebar contains various navigation links like "Board Home", "General Information", "Board Members", "Calendar of Events", "News & Updates", "Fees", "Laws and Regulations", "Regulations History", "Guidance Documents", "Licenses Lookup", "Staff Listing", "New Applications", "Licensure Process", "Applications & Forms", "QMHP Information", "RPRS Information", "Check Application Status", "Supervisor Information", "Examination Information", "Renewal Information", "Renewal FAQs", "Renew Online", "Update Your Information", "Discipline and Compliance", "Disciplinary Proceedings", "Case Decisions", "File a Complaint", "Administrative Proceedings", "Division", and "Compliance Forms".

Online Application Handbook

Step 1

Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm

The screenshot displays the Virginia Department of Health Professions website. The main content area is titled "Virginia Board of Counseling Applications and Instructions". A yellow box highlights a list of application types: Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS), Licensed Professional Counselors, Certified Substance Abuse Counselors, Certified Substance Abuse Counseling Assistants, Licensed Substance Abuse Treatment Practitioner, Supervisor Approval Applications, Certified Rehabilitation Provider, Marriage and Family Therapist, Continuing Education Forms, and Compliance Forms. Below this, a note states: "To view the Word documents below you'll need Microsoft Word or the free [Microsoft® Word Viewer 97/2000](#). For the PDF files you'll need the free [Adobe Acrobat Reader](#)." The main content area is divided into sections for "Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)", "QMHP – Adult", "QMHP – Child", "Qualified Mental Health Professional Trainee", and "Registered Peer Recovery Specialists". Each section includes a link to the application handbook and a link to begin the initial application. A left sidebar contains a navigation menu with categories such as "General Information", "New Applications", "Renewal Information", "Discipline and Compliance", and "Compliance Forms".

Online Application Handbook

Step 2

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

Licensed Substance Abuse Treatment Practitioners

[Sample of a Resident in Substance Abuse Treatment Supervisory Contract](#) (MS Word document)

Temporary Licensed as a Resident in Substance Abuse Treatment

[Click here to begin the Resident in Substance Abuse Treatment License Application.](#) This application type 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 worksite where you can provide substance abuse treatment services.

Licensed Substance Abuse Treatment Practitioner (LSATP) by Examination Application

[Click here to begin the LSATP by Examination Application.](#) This substance abuse treatment practitioner licensure application type is for individuals who have met the degree and coursework requirements, completed all residency requirements and have pass the MAC examination as outlined in the Regulations.

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 hold an equivalent license in another state, or otherwise meet the requirements for endorsement as outlined in [Regulations 18VAC115-60-50](#).

[Application Packet for Pre-Review of Education toward LSATP Licensure](#) (PDF)

[Reinstatement Application for Licensed Substance Abuse Treatment Practitioners](#) (PDF file)

[Application Packet for Reinstatement of a Revoked or Suspended License](#) (PDF file)

Additional LSATP Forms

[Quarterly Evaluation Form for LSATP Licensure](#) (PDF file)

[Supervision Summary Form for LSATP Licensure](#) (PDF file)

[Verification of Supervision Form for LSATP Licensure](#) (PDF file)

[Verification of Required Coursework for LSATP Licensure](#) (PDF file)

[Verification of Degree and Internship](#) (PDF file)

[Supervisor Out-of-State License or Certification Verification Form](#) (PDF file)

[Out of State License or Certification Verification Form](#) (PDF file)

[Request for Termination of Supervision Form](#) (PDF file)

[Request for Verification of VA License or Certification Form](#) (PDF file)

Step 3

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

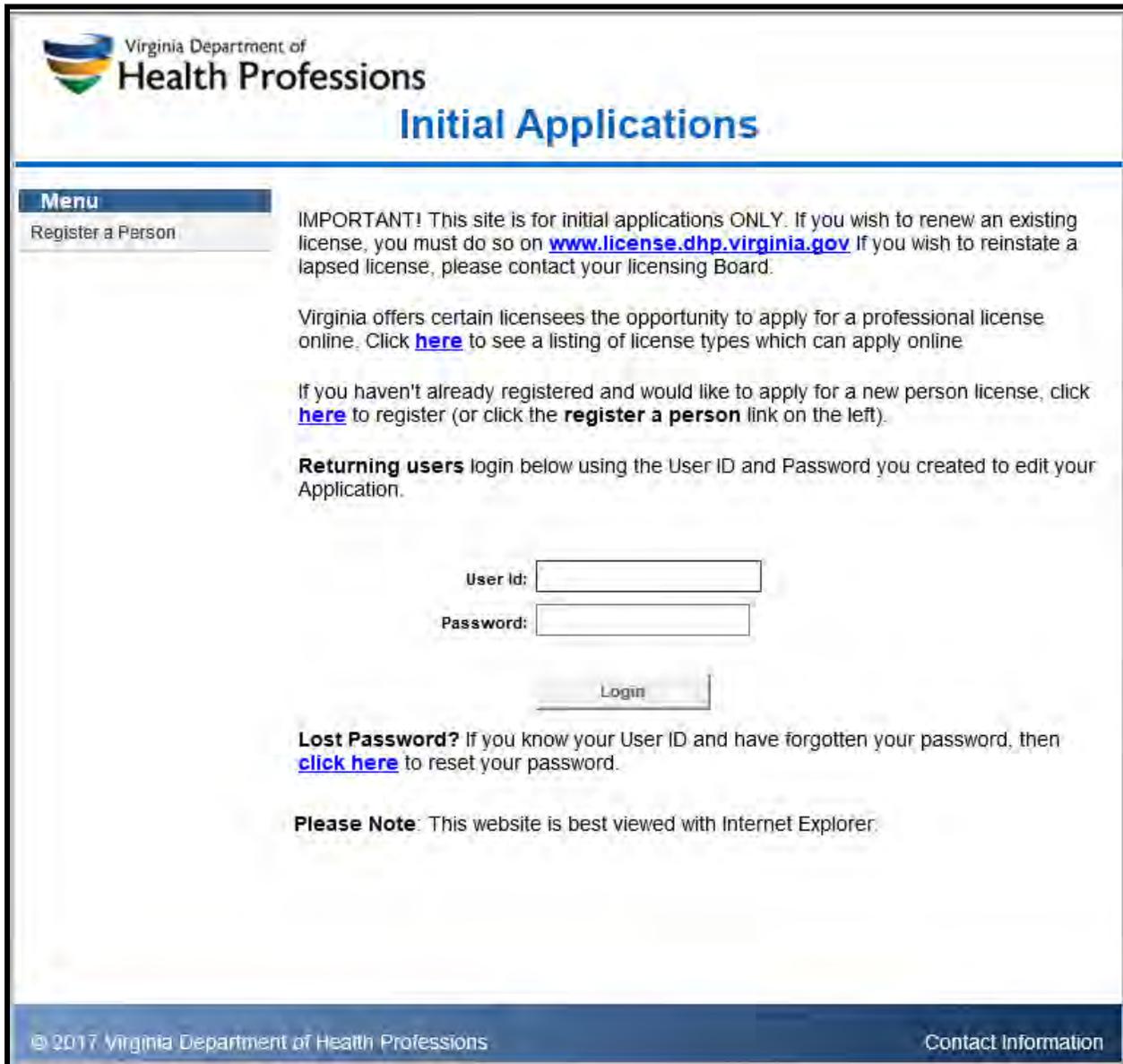
Licensed Substance Abuse Treatment Practitioner (LSATP) by Endorsement Application

[Click here to begin the LSATP by Examination Application.](#) This substance abuse treatment practitioner licensure app in [Regulations 18VAC115-60-50](#).

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**



The screenshot shows the 'Initial Applications' page of the Virginia Department of Health Professions. At the top left is the department's logo and name. The main heading is 'Initial Applications'. A 'Menu' bar on the left contains a link for 'Register a Person'. The main content area includes an important notice about renewing or reinstating licenses, instructions for applying for a new license, and a login section for returning users. The login section has fields for 'User Id:' and 'Password:', followed by a 'Login' button. There is also a link for users who have lost their passwords. A footer note recommends using Internet Explorer, and the bottom of the page contains copyright information and a contact link.

Virginia Department of
Health Professions

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. 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.

© 2017 Virginia Department of Health Professions [Contact Information](#)

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.



Virginia Department of
Health Professions

Initial Applications

Menu
Login Page

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 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.

Last Name:

SSN:

(ex. 123456789)

© 2017 Virginia Department of Health Professions Contact Information

Online Application Handbook

Step 9

Log in using your newly created user id and password.



Returning users login below using the User ID and Application.

User Id:

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.



Menu
Initial Application
Logout

Online Application Handbook

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)

The screenshot shows the "Initial Applications" page for the Virginia Department of Health Professions. The page title is "Application for Licensure". A left-hand menu contains "Licensing Home Page" and "Logout". The main content area includes a "License Type Selection" section with five dropdown menus: "Profession" (Counseling), "License Type" (Substance Abuse Treatment Practitioner), "Obtained By Method" (Endorsement), "Country" (United States), and "State/Province" (Maryland). Below these is a link for "What is an obtained by method?" and a "Start Application" button. The footer contains the copyright notice "© 2017 Virginia Department of Health Professions" and a "Contact Information" link.

Virginia Department of
Health Professions

Initial Applications

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: Counseling

License Type: Substance Abuse Treatment Practitioner

Obtained By Method: Endorsement

Country: United States

State/Province: Maryland

[What is an obtained by method?](#)

Start Application

© 2017 Virginia Department of Health Professions [Contact Information](#)

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 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

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.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Clinical Examination
- Licensure History
- Statement of Assurance
- Licensure Questions
- Summary

Application

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 # *

ex. 123456789

Date of Birth (mm/dd/yyyy): *

Maiden Name (if applicable):

Documentation must be provided to show each name change(s) if you 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):

Published Address Information

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.

Is your current address within the United States? *

Address Line 1 (ex. 123 Fourth St.): *

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone: (xxx-xxx-xxxx)

Email:

<< Back Next >> Save and finish later

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu titled 'Initial Application Menu' with options: Demographics (checked), Address of Record (selected), Education, Clinical Examination, Licensure History, Statement of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Address of Record'. It contains a paragraph explaining that the address information provided is the address of record with the Board, used for sending notices and legal documents. It notes that this address is not subject to public disclosure under the Freedom of Information Act. Required fields are marked with an asterisk (*). The form includes a dropdown menu for 'Is your current address within the United States?', three text input fields for 'Address Line 1', 'Address Line 2', and 'Address Line 3', and three text input fields for 'Daytime Phone', 'Other Phone', and 'Email'. The phone fields have placeholder text: *(xxx-xxx-xxxx) for Daytime Phone and (xxx-xxx-xxxx) for Other Phone. At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

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.

The screenshot displays the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education (selected), Clinical Examination, Licensure History, Statement of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and 'Education'. It includes instructions: 'Please send official transcript to the Board office. List in chronological order the name and location of each graduate school that you have attended. Required fields are denoted with an asterisk (*).' Below this are input fields for 'Institution Name', 'Institution State', 'Major', 'Type of Degree Earned', and 'Date Degree Conferred mm/dd/yyyy'. A table below the form has columns for Name, State, Major, Degree, and Conferred, with the text 'No data available' in the first row. Action buttons for 'Save', 'Add', 'Delete', and 'Clear' are positioned above the table. At the bottom of the form are buttons for '<< Back', 'Next >>', and 'Save and finish later'.

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education**
- Clinical Examination
- Licensure History
- Statement of Assurance
- Licensure Questions
- Summary

Application

Education

Please send official transcript to the Board office.
List in chronological order the name and location of each graduate school that you have attended. Required fields are denoted with an asterisk (*).

Institution Name : *

Institution State : *

Major: *

Type of Degree Earned : *

Date Degree Conferred mm/dd/yyyy : *

To add this record click "Add".
To edit a record, select the record, make the desired changes and click "Save".
To delete a record, select the record and click "Delete".
To clear the form, click "Clear".

Save Add Delete Clear

Name	State	Major	Degree	Conferred
No data available				

<< Back Next >> Save and finish later

Online Application Handbook

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.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options: Demographics, Address of Record, Education, Graduate Coursework, Licensure History (selected), Statements of Assurance, Licensure Questions, and Summary. The main content area is titled 'Application' and contains a 'Licensure History' section. It asks 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?' with a 'Yes' dropdown menu. Below this is a detailed instruction: '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, whether current or expired. A verification of licensure, certification, or registration must be submitted to the Board. The 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. Required fields are denoted with an asterisk (*).' The form includes input fields for: Jurisdiction (dropdown), Type of License/Certification (text), Number Issued (text), Original Issue Date (text), Expiration Date (text), Status (dropdown), and 'If Other, please explain' (text). Below the form are instructions: 'To add this record click "Add". To edit a record, select the record, make the desired changes and click "Save". To delete a record, select the record and click "Delete". To clear the form, click "Clear".' At the bottom of the form are buttons for 'Save', 'Add', 'Delete', and 'Clear'. Below these buttons is a table with the following structure:

Licensure History						
Jurisdiction	Type	Number	Issue	Expire(d)	Status	Other
No data available						

At the very bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

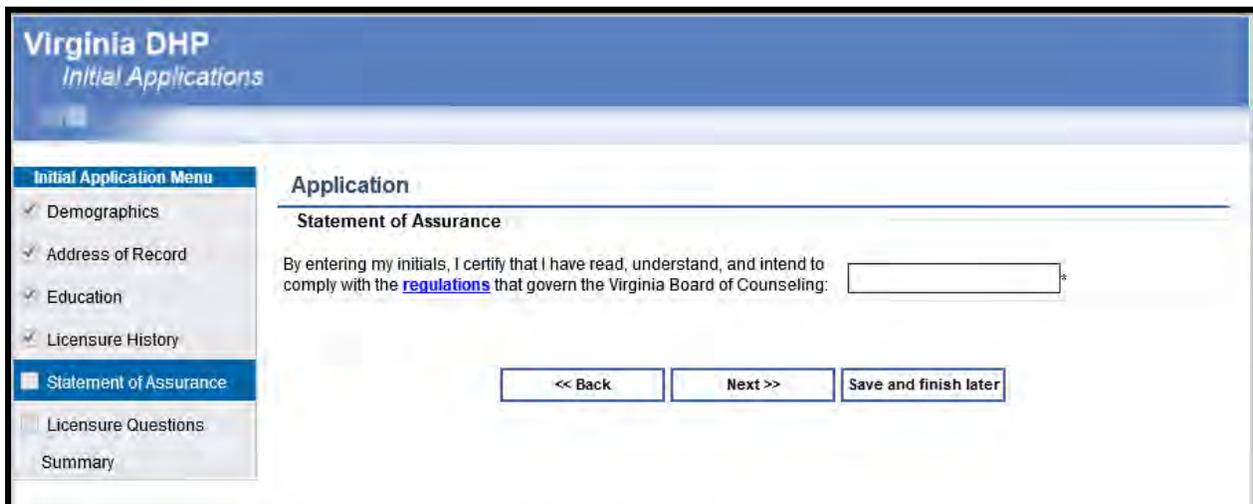
A verification of licensure, certification or registration must be submitted to the Board. This verification can be printed directly from the licensing jurisdiction’s website. Please note that the verification must indicate if you have any disciplinary actions against your license, certification or registration. 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 20

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.

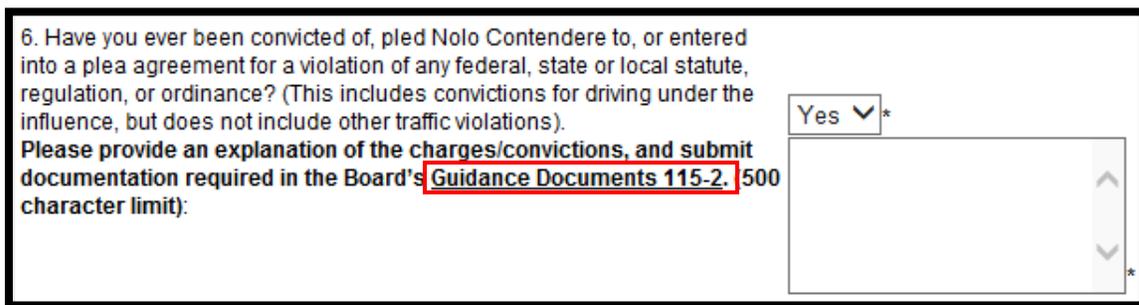
Note: The Board does not offer refunds or transfer of funds to another application. By selecting "YES" to this question, you have indicated that you have reviewed the regulations and feel that you meet the requirements as outlined in the Regulations. All applications are NONREFUNDABLE. If you selected and pay for the incorrect application type you will be required to submit a new online application and fee.



Step 21

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.*



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.

The screenshot shows the Virginia DHP Initial Applications website. On the left is a navigation menu with options: Demographics, Address of Record, Education, Licensure History, Statement of Assurance, Licensure Questions (highlighted), and Summary. The main content area is titled 'Application' and contains a red-bordered box with the following text: '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, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.'

Below this box, it states: '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 300, Henrico, VA 23233.'

The 'Licensure Questions' section contains eight numbered questions, each with a dropdown menu to its right:

1. Have you ever been censured, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice? *
1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? *
2. Within the past five years, have you been disciplined by any entity? *
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 Substance Abuse Treatment Practitioner. *
4. Have you voluntarily surrendered your license, certification or registration while under investigation? *
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? *
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). *
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 Substance Abuse Treatment Practitioner. *
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 obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the...

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:

Online Application Handbook

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.

Virginia DHP Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Education
- Licensure History
- Statement of Assurance
- Licensure Questions
- Summary**

Application

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 #
ex. 123456789: 987654321

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):

Published Address Information
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.

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Phone:

Email:

Address of Record

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 (*).

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Roundabout Lane

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond

State: Virginia

Zip Code (ex. 02705 or 027051234): 23230

Daytime Phone: 111-111-1111

Other Phone:

Online Application Handbook

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): *

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](#)

Online Application Handbook

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

The screenshot shows the Virginia Department of Health Professions Initial Applications page. The header includes the logo and the text "Virginia Department of Health Professions Initial Applications". A left-hand menu contains "Initial Application", "Finish", "Licensing Home Page", and "Logout". The main content area is titled "Application Summary" and "Applicant Information". It displays the applicant's name as "Jane Marie Doe" and includes a "Print Summary" button. Below this, there is a warning: "If all the information is correct please press the **pay fees button**. Otherwise please go back and correct any information that is necessary." The "Demographics" section contains "INSTRUCTIONS:" which states: "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 (*)." The "Personal Information" section lists "SSN/Virginia DMV # ex: 123456789" with the value "123456789" and "Date of Birth (mm/dd/yyyy)" with the value "01/01/1975". It also includes fields for "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.", and "Other Names Used on Official Documents (i.e. transcripts):".

Step 25

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

The screenshot shows the final step of the application process. It includes the text "Application Date: 4/10/2020" and "Electronic Signature (Full Legal Name): Jane Doe" with a text input field. Below this is a checkbox labeled "I agree to the above certification" which is checked. At the bottom center, there is a prominent "Pay Fees" button.

Online Application Handbook

Step 26

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.

Virginia Department of
Health Professions

Initial Applications

Menu

- Initial Application**
- Finish
- Licensing Home Page
- Logout

Application Fees

Description	Fee Amount
Application Fee	\$175.00

Credit / Debit Card Information

Credit Card

Credit Card Type:

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.

© 2017 Virginia Department of Health Professions Contact Information