

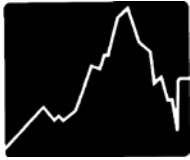
COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: coun@dhp.virginia.gov
Phone: (804) 367-4610 Fax: (804) 527-4435
Website: www.dhp.virginia.gov/counseling

Requirements to Apply by Endorsement for LSATP Licensure

1. Submit a complete application with fee.
2. Hold a mental health or health professional license or certificate in good standing with no unresolved disciplinary actions.
3. If you hold a substance abuse license in another jurisdiction, you will need to provide verification of passing score on a substance abuse licensure examination as established by the jurisdiction in which licensure was obtained. If you did not take and pass a substance abuse examination, you will be required to pass the NCCAP Master Addiction Counselor (MAC) examination to be considered for licensure. If you hold a current, unrestricted Virginia LPC license, the examination is waived.
4. Provide a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).
5. Provide an official graduate transcript (If you hold a Virginia LPC or LMFT license an official transcript is not required)
6. Provide evidence of having **ONE** of the following:
 1. Evidence of having 24 of the last 60 months of post-licensure clinical practice in direct clinical substance abuse treatment services or clinical supervision of such services and provide document of supervised experience that met the requirements of the jurisdiction in which you were initially licensed by providing a certified copy of your original application material (If you hold a Virginia LPC, LMFT, LCSW or LCP a certified copy of your original application material is not required); or
 2. Current substance abuse treatment license in good standing from another jurisdiction which is substantially equivalent to Virginia LSATP requirements; or
 3. Mental health license in good standing and graduated with a 60 semester hour master's degree in mental health (official transcript is required unless you hold a Virginia Board of Counseling license) and have **one** of the following:
 - The Association for Addiction Professionals (NAADAC) Master Addiction Counselor (MAC) certification; or
 - Current Virginia CSAC certification in good standing with two years of post-licensure or certification substance abuse treatment experience; or
 - Master's degree in substance abuse treatment with two years of post-licensure experience in providing substance abuse treatment; or
 - Non-substance abuse treatment master's degree with 5 years of post licensure experience in substance abuse treatment plus 12 credit hours of didactic training in the substance abuse treatment competencies as stated in 18VAC115-60-70C.



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: coun@dhp.virginia.gov
Phone: (804) 367-4610 Fax: (804) 527-4435
Website: www.dhp.virginia.gov/counseling

Licensed Substance Abuse Treatment Practitioners (LSATP) by Endorsement

Completed Application: The application must be notarized. To avoid delays, please provide a complete application packet. Incomplete packets will not be reviewed by the Credential Reviewer.

Application Fee: A fee of **\$175.00** is required for an application to be processed. All fees paid by check or money order must be made payable to the “Treasurer of Virginia”. This fee is non-refundable. The application is valid for one year from date of receipt.

The below supplemental documentation must accompany your application and fee in one packet:

Licensure Verification(s): If you have ever held or hold a licensure, certification or registration as a mental health or health professional Virginia or in another jurisdiction, whether current or expired, you must submit a license verification. Please send the enclosed verification form to the issuing jurisdiction. This verification is to be completed by the issuing jurisdiction and mailed back to you and included in your application packet, or you can provide an online verification printed from your licensure jurisdiction website if the verification indicates that you have no disciplinary actions. (Virginia licenses or certifications do not require verification.)

Verification of Education: An official graduate transcript with conferral date is required. (If you hold a Virginia LPC or LMFT license you are exempt from providing this information)

Clinical Scores: Provide evidence of passing a substance abuse licensure examination. Please contact your exam provider and have your scores transferred directly to the Board. (The examination is waived for an applicant who holds a current and unrestricted license as a Virginia LPC.)

NPDB Self-Query: A current report from the U.S. Department of Health and Human Services National Practitioners Data Bank (NPDB) must be included. You may request a self-query at <https://www.npdb.hrsa.gov>.

Name Change: If applicable, documentation must be provided if your name has legally changed by marriage, divorce, or a court order. A photocopy of your marriage license or a copy of the court order must be provided.

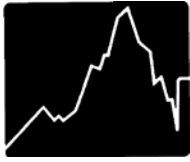
If you have 24 of the last 60 months of post-licensure active practice in direct clinical substance abuse treatment services, you need to submit the following:

Verification of Clinical Active Practice: Provide evidence of post-licensure independent clinical active practice in substance abuse treatment services or clinical supervision of such services for 24 of the last 60 months immediately preceding your application in Virginia.

Original Application: Provide a certified copy of your application materials from the jurisdiction where you were originally licensed. (If you hold a Virginia LPC, LMFT, LCSW or LCP license, this information is not required)

If you hold a national certification in substance abuse treatment, you need to provide the following:

Verification of National Certification in Substance Abuse Treatment – Submit verification of holding a Master Addiction Counselor (MAC) certification by providing a copy of your certificate.



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233-1463

Email: coun@dhp.virginia.gov
 Phone: (804) 367-4610 Fax: (804) 527-4435
 Website: www.dhp.virginia.gov/counseling

Licensed Substance Abuse Treatment Practitioners (LSATP) by Endorsement Application

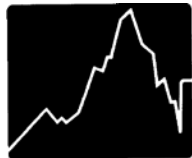
Military/Military Spouse:

Are you active duty military personnel? **Yes** **No**

Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia? **Yes** **No**

<p style="font-size: 24pt; font-weight: bold; margin: 0;">LSATP</p> <p style="font-weight: bold; margin: 0;">Licensed Substance Abuse Treatment Practitioners</p> <p style="margin: 10px 0 0 20px;">Complete All Sections.</p> <p style="margin: 10px 0 0 20px;">Application Fee of \$175.00 is Non-Refundable.</p> <p style="margin: 10px 0 0 20px;">Application forms lacking a Social Security or VA DMV number will not be processed.</p> <p style="margin: 10px 0 0 20px;">Mail all required documentation and fee to:</p> <p style="margin: 10px 0 0 20px;">Board of Counseling 9960 Mayland Dr., Suite 300, Henrico, Virginia 23233</p> <p style="margin: 10px 0 0 20px;"><u>All signatures must be original.</u></p>	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Legal Name (First, Middle, Last)</div>																					
	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Other Names Used on Official Documents (i.e. transcripts)</div>	<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 10px;">Male</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">Female</div>																				
	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Public Address (Street/Box Number, City, State, Zip) *</div>																					
	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Mailing Address (Street/Box Number, City, State, Zip)</div>																					
	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Home Phone</div>	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Cell Phone</div>																				
	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Business Phone with extension</div>																					
	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Email</div>																					
	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Social Security Number (or VA DMV #)</div>		<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Date of Birth</div>																			
	Education/Training (List in chronological order all graduate schools attended. Include transcripts.)																					
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Degree Earned</th> <th style="width:15%;">Date Degree Received</th> <th style="width:25%;">Major</th> <th style="width:45%;">Institution Name/State</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Degree Earned	Date Degree Received	Major	Institution Name/State									<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Date Degree Received</th> <th style="width:25%;">Major</th> <th style="width:45%;">Institution Name/State</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date Degree Received	Major	Institution Name/State					
Degree Earned	Date Degree Received	Major	Institution Name/State																			
Date Degree Received	Major	Institution Name/State																				

** The address provided in this section is subject to disclosure under the Freedom of Information Act.*



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

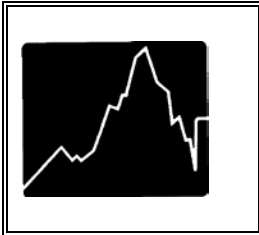
Email: coun@dhp.virginia.gov
Phone: (804) 367-4610 Fax: (804) 527-4435
Website: www.dhp.virginia.gov/counseling

Licensed Substance Abuse Treatment Practitioners (LSATP) Endorsement Application – Page 2

Ethics Attestation: Please answer the ten questions below.

If you answer yes to any question, include a detailed explanation AND supporting documentation. Refer to Guidance Document 115-2 for detailed information on the requirements with a criminal conviction, past actions or possible impairment.

- | | | |
|---|---------|--------|
| 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? (A) If yes, please provide a full explanation. | Yes | No |
| (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? | 1B. Yes | 1B. No |
| 2. Have you ever been censured, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice? If yes, provide a full description of the circumstances and any supporting documentation. | Yes | No |
| 3. Within the past five years, have you been disciplined by any entity? | Yes | No |
| (A) Please provide a full explanation and any associated orders or letters from the entity. | | |
| (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? | 3B. Yes | 3B. No |
| 4. Have you voluntarily surrendered your license, certification or registration while under investigation? If yes, provide detail(s), jurisdiction(s), date(s), and supporting documentation. | Yes | 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. If yes, provide detail(s), jurisdiction(s) and date(s). | Yes | 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).
If yes, include an explanation of the charges/convictions, and attach documentation required in the Board's Guidance Document #115-2. | Yes | No |
| 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 [profession]. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) | Yes | No |
| 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 [profession]. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) | Yes | No |
| 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 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 [profession]. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.) | Yes | No |
| 10. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.) | Yes | No |



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233-1463

Email: coun@dhp.virginia.gov
 Phone: (804) 367-4610 Fax: (804) 527-4435
 Website: www.dhp.virginia.gov/counseling

Licensed Substance Abuse Treatment Practitioners (LSATP) Endorsement Application – Page 3

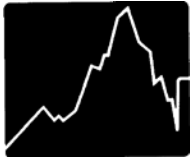
Licenses / Certifications: List all mental health or health professional licenses or certificates that you hold or have ever held.

State	License #	Current License Status	Issue Date	Type of License

Attestation of Accuracy & Review of Virginia Regulations & Statutes: *By signing this document, I hereby certify that the information provided in this application is true, accurate and complete to the best of my knowledge and belief. I also certify that I have carefully read, understand and agree to apply the Statutes and Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners. I understand that my signature must be original.*

Signature of Applicant: _____

Date: _____



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

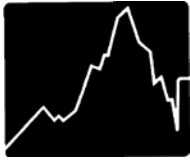
Perimeter Center
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233-1463

Email: coun@dhp.virginia.gov
 Phone: (804) 367-4610 Fax: (804) 527-4435
 Website: www.dhp.virginia.gov/counseling

APPLICANT OUT-OF-STATE LICENSURE/CERTIFICATION VERIFICATION

Part I. To be completed by the applicant:	
Name of Applicant (Last, First, Middle)	
Mailing Address (Street and/or Box Number, City, State, Zip)	
Applicants Email Address	Home and/or Cell Telephone Number

Part II. To be completed by state Licensing Authority:			
Title of License		License Number	
Issue Date		Expiration Date	
Obtained by Method <u>By Examination</u> Date taken: Name of Exam: Score:	<u>By Waiver</u>	<u>By Endorsement</u>	<u>By Reciprocity</u>
Is there any public information relating to this license?			
Yes (specify details on a separate sheet)		No	
Certification by the authorized Licensure Official of the State of _____			
I certify that the information is correct.			
Authorized Licensure Official Name and Title _____			
State Seal	Title of Board _____ Telephone Number _____ Email Address _____ Date _____		



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: coun@dhp.virginia.gov
Phone: (804) 367-4610 Fax: (804) 527-4435
Website: www.dhp.virginia.gov/counseling

VERIFICATION OF CLINICAL PRACTICE FOR 24 OF THE LAST 60 MONTHS IN SUBSTANCE ABUSE TREATMENT SERVICES IMMEDIATELY PRECEDING SUBMISSION OF APPLICATION FOR LICENSURE

The Virginia Board of Counseling, in its consideration of a candidate for licensure, depends on information from persons and institutions regarding the candidate's clinical independent practice for twenty-four of the last sixty months of substance abuse treatment services prior to submitting their licensure application. Please complete this form to the best of your ability so the information you provide can be given consideration in the processing of this candidate's application in a timely manner.

By providing this form to references, the applicant authorizes past and present employers, businesses and professional colleagues to release to the Virginia Board of Counseling any information requested by the Board in connection with the processing of the application for licensure.

TO BE COMPLETED BY THE APPLICANT:

Last Name			First Name			M.I.		
Street Address								
City				State			Zip Code	
Email Address:				Phone Number:				

TO BE COMPLETED BY THE REFERENCE:

Last Name			First Name			M.I.		
Street Address								
City				State			Zip Code	
Email Address:				Phone Number:				
Relationship to Applicant:								
I certify that the above applicant for licensure in the Commonwealth of Virginia, was providing post-licensure active practice in substance abuse treatment services at:								
Business Name of Agency or Private Practice:								
Street Address								
City				State			Zip Code	
From: (mm/dd/yyyy)				To: (mm/dd/yyyy)				
Reference Signature:							Date:	