



**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](mailto:coun@dhp.virginia.gov)  
Phone: (804) 367-4610 Fax: (804) 527-4435  
Website: [www.dhp.virginia.gov/counseling](http://www.dhp.virginia.gov/counseling)

**COUNSELING NAME/ADDRESS CHANGE FORM**

All name/address changes are completed in approximately 7-10 business days following receipt of your request. You will receive an email notification when the name/address change is completed.

The address/name change may be **faxed, emailed or mailed to the board office.**

For an immediate change of your address (no name change), or if you wish to receive an updated license with this change prior to the next renewal, you may go online at <http://www.dhp.virginia.gov/mylicense/renewalintro.asp>.

**CURRENT INFORMATION:**

Last Name		First Name		M.I.
Street Address				
City		State	Zip Code	
License Number(s)		Last four digits of Social Security Number		
Email Address:				
License(s) that you wish to change (check all that apply)	LPC	LMFT	Registration of Supervision	
	CSAC/CSAC-A	LSATP	CRP	

**CHANGE OF NAME**

You must submit a copy of a legal document verifying your new name. The following are acceptable name change verification documents:

- |                      |                             |
|----------------------|-----------------------------|
| 1) Marriage license; | 3) Other legal document     |
| 2) Divorce decree    | 4) Copy of court documents. |

**NEW NAME:**

Last Name	First Name	Middle
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**CHANGE OF ADDRESS**

**CHANGE OF EMAIL ADDRESS**

**NEW ADDRESS:**

Street Address	New Email Address		
City	State	Zip Code	
Should this new mailing address be used as both your public and private address?  Yes                      No	If not, please provide a public mailing address to add to our records:		
	Business Name:		
	Street Name:		
	City:	State	Zip

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