



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

By Examination

By Waiver

By Endorsement

By Reciprocity

Date taken:

Name of Exam:

Score:

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 _____