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

SUPERVISOR OUT-OF-STATE LICENSURE/CERTIFICCATION VERIFICATION

Part I. To be completed by the applicant:

INSTRUCTIONS	**PLEASE TYPE OR PRINT CLEARLY**
Name of Applicant (Last, First, Middle)	
Mailing Address (Street and/or Box Number, City, State, Zip	
Applicant's Email Address	Home and/or Cell Telephone Number

Part II. Supervisor's information to be verified:

Last Name _____ First Name _____ M.I. _____

Part III. To be completed by state Licensing Authority:

INSTRUCTIONS	**PLEASE TYPE OR PRINT CLEARLY**
Title of License	License Number
Issue Date	Expiration Date
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 _____