



REQUEST FOR TERMINATION OF SUPERVISION

This form should be used to notify the Virginia Board of Counseling of the termination of a board-approved supervisory contract between a supervisor and resident-in-counseling. At the conclusion of the supervised residency, the supervisor shall provide the resident with a completed the Verification of Clinical Supervision form to be held in their possession until they are ready to submit their licensure application.

Resident-in-Counseling Information:	
Resident's Name (Last, First)	Resident's Telephone Number
Resident's Email Address	
Supervisor's Information:	
Supervisor's Name (Last, First)	Supervisor's Telephone Number
Supervisor's Email Address	Supervisor's License Number:
Supervised Residency Worksite Information:	
Name of Supervision Work Site:	
Address of Supervision Work Site (Street, City, State, Zip):	
Date of Termination:	
Signature and date of individual submitting form:	
Signature: _____	Date: _____

Please email, fax or mail this completed form to:

Virginia Board of Counseling
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
Email: coun@dhp.virginia.gov
Fax: (804) 527-4435