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

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 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, Middle)	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 Information:

Name of Supervision Work Site:
Address of Supervision Work Site (Street, City, State, Zip):
Date of Termination:

Please email, fax or mail this completed form to:

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