



Virginia Department of
Health Professions
Board of Counseling

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REQUEST FOR VERIFICATION OF VIRGINIA *COUNSELING* LICENSE/CERTIFICATION/REGISTRATION

A Virginia licensee seeking to obtain a verification of his/her license, certification, or registration at no cost may do so by directing a board, employer, insurance provider or other interested parties to [License Lookup](#). This content resource meets the accreditation standards for primary source verification from the top seven-accreditation organizations for healthcare professionals.

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Examination test scores not available for distribution by the Virginia Board of Counseling. You must contact the following testing vendors for primary source verification.

- For LPC examination score reports contact NBCC at (336)-547-0607 or www.nbcc.org.
- For LMFT examination score reports contact AMFTRB c/o PTC at (212)-356-0660 or www.amftrb.org.
- For LSATP examination score reports contact NAADAC at (703)741-7686 or www.naadac.org.
- For CSAC examination score reports contact NAADAC at (703) 741-7686 or www.naadac.org.

A copy of your original licensure file cannot be provided in accordance with the Code of Virginia. Therefore, licensees should refer to their own file copies or refer to the Regulations that were in effect at the time they were licensed for the minimum requirements of licensure. Regulations can be found on the Board's website under "Regulations History."

License Verification will provide the following information:

- License Number
- Occupation
- Name
- Any Additional Public Information
- Initial License Date
- Expire Date
- License Status

Please allow approximately 7-10 business days after receipt for processing. Please mail your request and payment to:

Department of Health Professions
Board of Counseling
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

Licensee's Full Name (Last, First)	Jurisdiction where the Verification of Licensure should be sent:
Licensee's License Number	Last four digits of your Social Security Number XXX-XX- ____ ____ ____ ____
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SIGNATURE OF LICENSEE _____ DATE _____