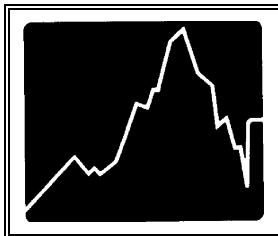


**COMMONWEALTH OF VIRGINIA  
BOARD OF COUNSELING**



**Department of Health Professions  
9960 Mayland Drive, Suite 300  
Richmond, Virginia 23233-1463  
(804) 367-4610**

Website: <http://www.dhp.virginia.gov/counseling>

**REQUEST FOR VERIFICATION OF VIRGINIA COUNSELING LICENSE**

**To obtain a copy of your Verification of a Virginia license to another jurisdiction requires this form with a processing fee.** The Virginia Board of Counseling electronically sends the Verification of Licensure with available public information to the jurisdiction selected below. This information *cannot* be mailed, faxed or emailed to the licensee.

There is a **\$30.00 fee** for out-of-state licensure verifications which can be paid by check or money order made payable to the "Treasurer of Virginia." If you are requesting multiple documents, you will need to submit each form separately. There is a separate fee for each request.

License verifications are provided in the standard format of the Department of Health Professions. Forms from other jurisdictions will **not** be completed.

A request for a **copy of your file** is a separate process and fee. Please refer to the FOIA Request form for more information.

The Department of Health Professions provides a free service of primary source license verification available at <https://dhp.virginiainteractive.org/Lookup/Index>.

**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](http://www.nbcc.org).
- For LMFT examination score reports contact AMFTRB c/o PTC at (212)-356-0660 or [www.amftrb.org](http://www.amftrb.org).
- For LSATP examination score reports contact NAADAC at (703)741-7686 or [www.naadac.org](http://www.naadac.org).
- For CSAC examination score reports contact NAADAC at (703) 741-7686 or [www.naadac.org](http://www.naadac.org).

**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- ____ ____ ____ ____
Licensee's Primary Telephone Number	Licensee's Email Address
The Counseling Regulations provide the minimum requirements for licensure at the time that you were licensed. Do you want a copy of these regulations to be included with your verification of licensure?	Yes                      No

SIGNATURE OF LICENSEE \_\_\_\_\_ DATE \_\_\_\_\_