



Virginia Department of  
**Health Professions**  
Board of Counseling

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

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- 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).
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### License Verification will provide the following information:

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

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