



Compliance Monitoring
Boards of Counseling, Psychology, and Social Work
9960 Mayland Drive, Ste. 300, Henrico, Virginia 23233
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804-527-4435 facsimile
BSUCompliance@dhp.virginia.gov

REQUEST FOR BOARD APPROVAL OF THERAPIST

****If you have to complete this requirement for more than one Board, submit a separate request for each Board.**

To be completed by the licensee/certificate holder/registrant under terms of a Board Order:

Name: _____ License No(s): _____

My board order requires that I enter into, or continue in, therapy with a board-approved therapist until discharged.

By my signature below, I certify that:

- I contacted and discussed with my potential therapist all requirements associated with therapy, including any deadlines, required releases, costs, and reporting requirements. In addition, I have provided the potential therapist with
 - a copy of my entire Board Order entered, along with any other documents specified in my Order; and
 - any other Orders entered against any health or mental health license, certificate, or registration that I hold with any Board in Virginia or another jurisdiction;
- I signed and returned to the Compliance Case Manager ("CCM") the authorization form that allows free communication between this potential therapist and the Board;
- I provided this potential therapist with the CCM's name and contact information;
- I read the Board Order and understand the requirements for therapy;
- I understand that, in accordance with the Board Order, I must receive board approval of the therapist prior to beginning therapy;
- I will notify the therapist immediately if I become aware of any board investigations and/or action taken against any health or mental health license, certificate, or registration that I hold in Virginia or another jurisdiction.

Signature of Licensee

Date

To be completed by the potential therapist:

Therapist's Name: _____				
Address: _____				
Email Address: _____		Phone No: _____	Fax No.: _____	
Health or Mental Health Licenses/Certificates/Registrations in Virginia or any other jurisdiction:				
State: _____	License Type: _____	License No.: _____		
State: _____	License Type: _____	License No.: _____		
State: _____	License Type: _____	License No.: _____		
Therapist's relationship to the licensee prior to this agreement has been:				
none	social	personal	professional	doctor/patient
If any checked (other than "none"), detail relationship: _____				

By my signature below, I certify that:

- I have received a complete copy of the Board Order, and the contact information of the Compliance Case Manager ("CCM"), and I agree to abide by the Order's requirements and provide timely reports of the licensee's therapy;
- I have attached a copy of my *curriculum vitae* with this request, for Board review prior to approval;
- I have discussed with the licensee what will be required, to include: 1) any deadlines; 2) signed releases; 3) all costs associated with the therapeutic process; 4) the process for providing regular reports to the Board, and a copy to the licensee.
- I understand that one purpose of my therapy with this licensee is to provide the Board with thorough and timely reports to include any and all diagnoses, prognoses and treatment recommendations, and to assist the Board in determining whether, and under what conditions, the licensee might be safe and competent to practice his or her profession.

Signature of Therapist

Date