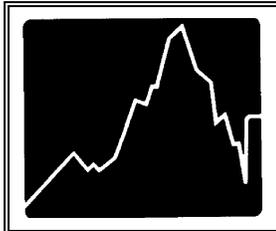


**COMMONWEALTH OF VIRGINIA
BOARD OF PSYCHOLOGY**



**Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463
(804) 367-4697**

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

REQUEST FOR VERIFICATION OF VIRGINIA PSYCHOLOGY 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 Psychology 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 **\$25.00 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 Psychology. You must contact the Association of State and Provincial Psychology Boards("ASPPB") for primary source verification at (678)-216-1175.

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 Psychology
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

Licensee's Full Name (Last, First)

Licensee's Psychology License Number

Last four digits of your Social Security Number

XXX-XX- ____ ____ ____ ____

Licensee's Primary Telephone Number

Licensee's Email Address

Jurisdiction where the Verification of Licensure should be sent:

The Regulations Governing the Practice of Psychology 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 _____