

Behavioral Sciences – Licensee Self-Report

Period covered under this report (complete year and check appropriate quarter):

Year: _____ Quarter: Jan–Mar Apr–Jun Jul–Sep Oct–Dec

This report must be received from 5 days before until 5 days after the end of the current quarter (e.g., if due 3/31, send between 3/26 and 4/5)

Current Personal Information

Name: _____

Address (include city, state, zip): _____

_____ This is a change of address, and I want this to be changed with the Board as my address of record.

Phone: (cell) _____ (work) _____ Email: _____

Do you hold a health or mental health license, certificate, or registration in Virginia or any other jurisdiction? Yes No

If yes, provide details (state or national entity, license type, etc.) _____

Current Employment Information (list all additional current employment information as a separate attachment)

Agency/Company Name: _____ Date Employment Began _____

Address (include city, state, zip): _____

Name of Supervisor: _____ Phone Number: _____

Does this position require you to maintain your license/certificate/registration? Yes No

Job Duties: _____

Has your employment changed since the last quarter report? Yes No

If yes, complete the following:

Former Agency/Company Name _____ Termination Date _____

Reason for termination or resignation: _____

Treatment Information

Did you attend any recovery programs during this quarter? Yes No

If yes, provide details (type of program, duration, etc.) _____

Did you attend therapy sessions during this quarter? Yes No

If yes, provide details (individual/group, name of therapist, frequency of visits, etc.) _____

Were you required to complete drug screenings during this quarter? Yes No

If yes, provide a copy of the results of the screenings.

Have you taken or been prescribed any medications during this quarter? Yes No

If yes, list the drug(s) and prescriber(s) _____

Arrests and Convictions

Have you been arrested, convicted, or have any pending charges in any court during this quarter? Yes No

If yes, provide details (charge/conviction, court, date, etc.) _____

Has any regulatory board in any state notified you of pending action or investigation against you? Yes No

If yes, provide details (state, board, license type, etc.) _____

Signature of Licensee

Date