

ONLINE APPLICATION HANDBOOK

VIRGINIA BOARD OF COUNSELING

The DHP mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

PERIMETER CENTER
9960 MAYLAND DRIVE
SUITE 300
HENRICO, VA 23233-1463

QMHP and RPRS PHONE NUMBER: (804) 367-3053
FAX: (804) 977-9772

EMAIL QMHP and RPRS QUESTIONS TO: qmhp@dhp.virginia.gov

NOTE: The information contained in this handbook is subject to change at any time.
All current information can be found at <https://www.dhp.virginia.gov/counseling/>

Online Application Handbook

Applying as a Qualified Mental Health Professional (QMHP) and as a Registered Peer Recovery Specialist (RPRS)

Step 1

Review the **Regulations and FAQs** in order to ensure that you are submitting the proper application. You can also refer to the distinctions between each registration made on the website.

Note: All application fees are non-refundable; therefore, it is important that you select the correct application.

The screenshot shows the website for the Virginia Department of Health Professions, specifically the Board of Counseling page for Qualified Mental Health Professionals (QMHP). The page is titled "Board of Counseling" and "Qualified Mental Health Professionals". It features a navigation menu on the left with categories such as "Board Home", "General Information", "Board Members", "Calendar of Events", "News & Updates", "Fees", "Laws and Regulations", "Regulatory Matters", "Guidance Documents", "Licensee Contact", "Self-Listing", "New Applications", "Licensee Process", "Applications & Fees", "QMHP Information", "RPRS Information", "Check Application Status", "Supervise Information", "Examination Information", "Renewal Information", "Relevant FAQs", "Renew Online", "Update Your Information", "Discipline and Compliance", "Disciplinary Proceedings", "Case Decisions", "File a Complaint", "Administrative Proceedings", "Divisions", and "Compliance Forms". The main content area provides information about the Board of Counseling, including contact information (Email: apchick@dhps.virginia.gov, Phone: (804) 397-3855, Fax: (804) 977-9772, Address: 5950 Mayland Drive, Suite 300, Henrico, VA 23233) and helpful resource information (Regulations for the Registration of Qualified Mental Health Professionals - 01-13-2019, QMHP - Frequently Asked Questions, RPRS Information, Online Application Handbook, Online Application and Forms, Guidance Document 115-2, and Approved Devices in Human Services and Related Fields for QMHP Registration). The page also includes a footer with the Board of Counseling logo and contact information for the Board Secretary, James Howell, Esq., D.D., LPL, LWF, Chancery.

Online Application Handbook

Step 2

Visit https://www.dhp.virginia.gov/counseling/counseling_forms.htm and select “Click here to begin” in order to access the application.

QMHP – Adult
Please [click here](#) to review the Application Handbook.
[Click here to begin the QMHP-A Initial Application](#) This application type is for individuals who have completed the required education and supervised experience with adults with mental illness as defined in the Regulations.

QMHP – Child
Please [click here](#) to review the Application Handbook.
[Click here to begin the QMHP-C Initial Application](#) This application type is for individuals who have completed the required education and supervised experience with children and adolescents with mental illness as defined in the Regulations.

Qualified Mental Health Professional Trainee
Please [click here](#) to review the Application Handbook.
[Click here to begin the QMHP-Trainee Initial Application](#) This application type is for individuals who wish to start accruing supervised experience towards QMHP-A and/or QMHP-C.

Registered Peer Recovery Specialists
Please [click here](#) to review the Application Handbook.
[Click here to begin the PRPS Initial Application](#) This application type is for individuals who hold a CPRS certificate from VCB, NCPRSS from NAADAC, current and valid Peer Recovery Specialist certification from another state that was accepted by DBHDS or certified by the Veterans Administration as a Peer Recovery Specialist and has completed the DBHDS Peer Recovery Specialist Training.

Step 3

Once you have identified the appropriate application, select **Continue to the online application process** at the bottom of the page to begin the application.

[Continue to the online application process](#)

Step 4

If it is the first time that you are accessing the application enter your last name and social security number in the provided boxes at the bottom of the page and click **Search**.

Last Name:

SSN:

(ex. 123456789)

Online Application Handbook

Step 5

If there are no matching records found, you will need to enter the required fields to create a user id and password.

Initial Registration

There were no matching records found.

- Please complete the required fields below and click the **Register** button. You will then be instructed to login with your newly created User ID and Password.
- If you currently hold a license with the Department of Health Professions or have already submitted a paper application to the state, click [here](#) to search again. Do not complete the form below to register as this will not allow you to access your licensure records. If your records cannot be found, click [here](#) to contact us for assistance.

NOTE: Required fields are marked with an asterisk (*)

Name

*First Name:

Middle Name:

*Last Name:

Name Suffix:

Birth Date:

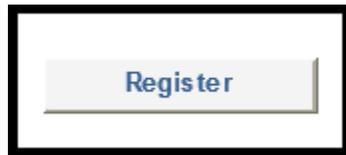
Email:

Username:

Password:

Step 6

Once you have entered the required fields, click **Register** to create an account.



Step 7

Click **login** to go to the login page.



Online Application Handbook

Step 8

Log in using your newly created user id and password.



Returning users login below using the User ID and Application.

User Id:

Password:

Step 9

Once you have logged into the system, you will be brought to the **Initial Applications Page**. Select the **Initial Applications** in the upper left hand corner.



Menu

- Initial Application
- Logout

Step 10

For the category "Profession", select **Counseling**.



Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession:

License Type:

Obtained By Method:

[What is an obtained](#)

- Counseling
- Dentistry
- Long Term Care Administrators
- Medicine
- Nurse Aide
- Nursing
- Pharmacy
- Physical Therapy
- Social Work
- Veterinary Medicine

Online Application Handbook

Step 11

For the category “License Type”, select **the appropriate registration type**.

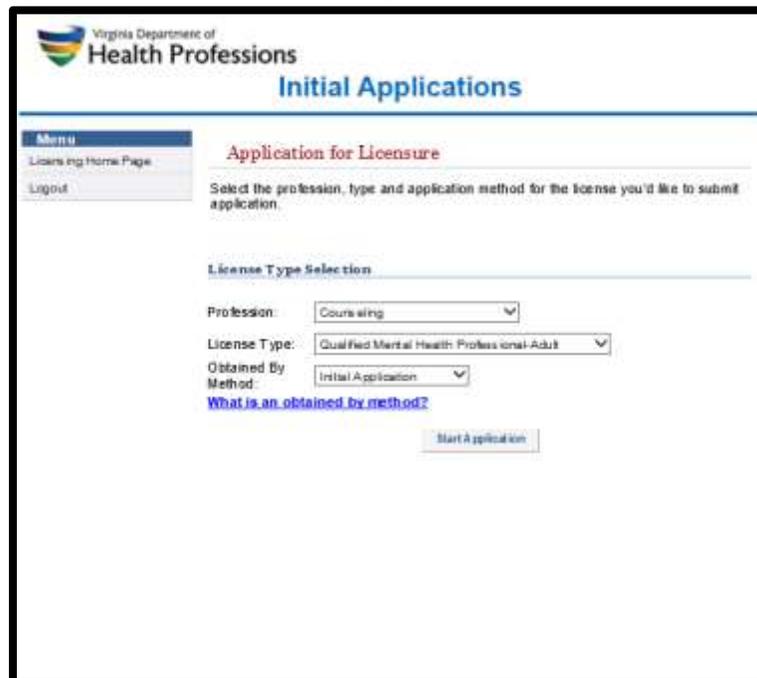
Note: “License Type” is a general term used by the Department of Health Professions. If you are applying for a Qualified Mental Health Professional or Peer Recovery Specialist, you are applying for a registration and not a license.



The screenshot shows the "Application for Licensure" page. The header includes the Virginia Department of Health Professions logo and the text "Initial Applications". A menu on the left contains "Licensing Home Page" and "Logout". The main heading is "Application for Licensure" with the instruction: "Select the profession, type and application method for the license you'd like to submit application." Under "License Type Selection", the "Profession" dropdown is set to "Counseling". The "License Type" dropdown is open, showing options: "Qualified Mental Health Professional-Adult", "Qualified Mental Health Professional-Child", "Registered Peer Recovery Specialist", and "Trainee for Qualified Mental Health Professional". A "Start Application" button is at the bottom.

Step 12

Select the **Initial Application** for the Obtained by Method.



The screenshot shows the "Application for Licensure" page. The header includes the Virginia Department of Health Professions logo and the text "Initial Applications". A menu on the left contains "Licensing Home Page" and "Logout". The main heading is "Application for Licensure" with the instruction: "Select the profession, type and application method for the license you'd like to submit application." Under "License Type Selection", the "Profession" dropdown is set to "Counseling", the "License Type" dropdown is set to "Qualified Mental Health Professional-Adult", and the "Obtained By Method" dropdown is set to "Initial Application". A "Start Application" button is at the bottom.

Online Application Handbook

What are the different types of obtained by methods?

Board of Counseling

Qualified Mental Health Professional (QMHP) and Registered Peer Recovery Specialists (RPRS)

- **Initial Application for QMHP-Adult and QMHP-Child:** You should apply with an initial application if you have completed the required education and supervised experience.
- **Initial Application for QMHP-Trainee:** You should apply with an initial application if you are starting or are currently accruing your supervised experience towards QMHP-A or QMHP-C and have completed the required education.
- **Initial Application for Registered Peer Recovery Specialist:** You should apply with an initial application if you have completed the education and experience in accordance with 12VAC35-250 to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both.

Step 13

Once you have selected your license type, click **Start Application**.



Step 14

Select **Click Here to Begin Your Application Process**. Please remember that you must pay the online application fee at the end of the online application process in order for your application to download to the Board of Counseling queue.

APPLICATION FOR LICENSURE IN VIRGINIA

- Complete online application and pay the required fee.
- During the online application process, you may be required to submit additional forms to the Board depending on your answer to certain questions. You will be given another opportunity at the conclusion of the application process to download any additional forms and instructions.

[Click Here to Begin Your Application Process](#)

Step 15

Please read the entire page for information and instructions on the online application process.

Online Application Handbook

In the middle of the page, select the [CLICK HERE for the full instructions](#) in order to access the instructions and supplemental documents that are required in complete the application.

DO NOT SKIP THIS STEP

Your application will not be complete without it.

In addition to completing this online process, applicants are required to complete additional steps, [CLICK HERE for the full instructions](#). You will be given another opportunity at the conclusion of the application process to download these instructions.

Step 16

After thoroughly reading the instructions provided, click the **Start** button at the bottom of the page. Proceeding to the application signifies that you have read and acknowledge your responsibility in making sure that you understand the regulatory requirements and registration process.

Instructions for All Applicants:
You will need to complete each of the steps listed on the Initial Application Menu on the left. To begin, please click the Start button below.

Please use the Next and Back buttons at the bottom of each step to navigate through the initial application process. You may click the "Save and finish later" button at any time during the application process. This will allow you to log out of the application, then log back in at a later time without losing any of the information that you have provided.

After completing all of the items in the Initial Application Menu, you will be able to submit your payment.

Your application will not be submitted to the Board of Counseling for review until you have submitted your online application fee. Once you have completed the online application, you will be prompted to pay the application fee by credit card or debit card.

Your application will not be submitted to the Board of Counseling for review until you have submitted your online application fee. Once you have completed the online application, you will be prompted to pay the application fee by credit card or debit card.

Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements of the Regulations Governing the Practice of Counseling will be processed within 30 days after the Credentials Review of your application. The Board office provides individual feedback to each applicant by email.

All fees are non-refundable. Applications can remain pending for up to one year from the date that you submit your application fee.

Step 17

Enter your personal information as requested. Asterisks to the right of the input boxes indicate fields that must be completed before the next step can be accessed. The address provided in this section is subject to disclosure under the Freedom of Information Act (FOIA). If you do not want your private address disclosed, you can use your agencies address or PO Box address.

Online Application Handbook

The screenshot shows the 'Virginia DHP Initial Applications' web interface. The left sidebar contains a menu with 'Demographics' selected. The main content area is titled 'Application' and includes a 'Demographics' section with a 'DISCLOSURES' warning. Below this is the 'Personal Information' section with fields for Virginia ID#, SSN, Date of Birth, Maiden Name, and Other Names Used. The 'Published Address Information' section includes a dropdown for 'Is your current address within the United States?' (set to 'Yes'), and fields for Address Line 1, Address Line 2, Address Line 3, City, State (set to 'Virginia'), Zip Code, Phone, and Email. Navigation buttons for 'Back', 'Next', and 'Save and Finish later' are at the bottom.

Step 18

Enter your address of record. This address will remain undisclosed by the board, however, all notices from the board, registrations, and legal documents will be sent to the address provided in this section.

The screenshot shows the 'Virginia DHP Initial Applications' web interface at the 'Address of Record' step. The left sidebar menu has 'Address of Record' selected. The main content area is titled 'Application' and includes an 'Address of Record' section with a detailed disclosure. Below this is the 'Published Address Information' section with fields for 'Is your current address within the United States?' (set to 'Yes'), Address Line 1, Address Line 2, Address Line 3, City, State (set to 'Virginia'), Zip Code, Daytime Phone, Other Phone, and Email. The email field contains 'court@dhp.virginia.gov'. Navigation buttons for 'Back', 'Next', and 'Save and Finish later' are at the bottom.

Online Application Handbook

Step 19

You will be prompted to enter the name of each bachelors or graduate institution that you have attended, as well as the type of degree which you received from that institution. Please list this information in chronological order. **Click “ADD”** in order to add your education to your application.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is a navigation menu with options like Demographics, Address of Record, Education (selected), Statements of Assurance, Registration History, Registration Questions, and Summary. The main area is titled 'Application' and contains an 'Education' section. It includes a text box for instructions: 'Please send official transcript to the Board office. List in chronological order all graduate or bachelor school degree information. Required fields are denoted with an asterisk (*)'. Below this are input fields for 'Type of Degree Earned', 'Date Degree Conferred mm/dd/yyyy', 'Major', 'Institution Name', and 'Institution State'. At the bottom of the form are buttons for 'Save', 'Add', 'Delete', and 'Clear'. The 'Add' button is highlighted with a red box, and a red arrow points to it from a text box that says: 'To add a record, select this record click "Add". To edit a record, select this record, make the desired changes and click "Save". To delete a record, select the record and click "Delete". To clear the form, click "Clear".' Below the buttons is a table with columns: Degree, Conferred, Major, Name, State. The table content is 'No data available'.

Step 20

After reading each statements of assurance, please enter your initials. Below are example questions. Be sure to read the questions thoroughly before attesting to them.

Note: The Board does not offer refunds or transfer of funds to another application. By selecting “YES” to this question, you have indicated that you have researched your registration, sought advice from your employer and/or supervisor that you selected the correct application, and feel that you meet the requirements as outlined in the Regulations. All applications are NONREFUNDABLE. If you selected and pay for the incorrect application type you will be required to submit a new online application and fee.

Online Application Handbook

The screenshot shows the 'Virginia DHP Initial Applications' web portal. On the left is a navigation menu with options: Demographics, Address of Record, Education, Statements of Assurance (highlighted), Registration History, Registration Questions, and Summary. The main content area is titled 'Application' and contains a 'Statements of Assurance' section. It includes four paragraphs of text, each followed by a dropdown menu for a 'Yes' or 'No' response. The first paragraph asks about reading and understanding the regulations. The second asks about practicing within competency areas. The third asks about understanding the scope of practice as a GMHP-A. The fourth asks about practicing in the best interest of the public. Below these is a red warning message about the non-refundable application fee and a 'Yes' dropdown menu. At the bottom are buttons for '<< Back', 'Next >>', and 'Save and finish later'.

Step 21

Use the drop down menu to choose whether or not you have held or hold a mental health or health professional license, certification or registration in any jurisdiction, including Virginia. **You should select “YES” even if your license, certification or registration is expired.** If the answer is “YES”, refer to the [Step 22](#) in the guide for more information. If the answer is “NO”, proceed to [Step 23](#).

The screenshot shows the 'Virginia DHP Initial Applications' web portal. The navigation menu on the left now has 'Registration History' highlighted. The main content area is titled 'Application' and contains a 'Registration History' section. It asks, 'Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction?' with a dropdown menu showing 'Yes' and 'No' options.

Step 22

List in order of attainment, all the states in which you now hold or have ever held licensure, certification or registration as a mental health or health professional in any state, **whether current, inactive, expired, suspended, or revoked.** You will be prompted to input the jurisdiction of the license/certifications/registration(s) you hold, the type of license/registration/certification, the number for these license/certification/registration(s), their status, and the date issued. Click **Add** at the bottom of the screen to add each entry to your application.

Online Application Handbook

Virginia DHP
Initial Applications

Initial Applications Menu

- Demographics
- Address of Record
- Education
- Statements of Assurance
- Registration History**
- Registration Questions
- Summary

Application

Registration History

Have you ever been issued a mental health or health professional license/certification/registration in any jurisdiction? Yes *

List in order of attainment all the states in which you now hold or have ever held licensure, certification or registration as a mental health or health professional, whether current or expired. A verification of licensure, certification or registration must be submitted to the Board. This verification can be printed directly from the licensing jurisdiction's website. Please note that the verification must indicate if you have any disciplinary actions against your license, certification or registration. If this information is not available online, please contact the licensing jurisdiction directly. Required fields are denoted with an asterisk (*)

Jurisdiction: *

Type of License/Certification: *

Number Issued: *

Status: *

If Other, please explain: *

Issue Date mm/dd/yyyy: *

To edit a record, select the record and click "Edit".
To delete a record, select the record and click "Delete".
To add a new record, click "Add".
To clear the form, click "Clear".

Save Add Edit Clear

Jurisdiction	Type	Number	Status	Other	Issue Date
No data available					

A verification of licensure, certification or registration must be submitted to the Board. This verification can be printed directly from the licensing jurisdiction's website. Please note that the verification must indicate if you have any disciplinary actions against your license, certification or registration. If this information is not available online, please contact the licensing jurisdiction directly. (Licenses issued by the Department of Health Professions does not require a verification of license be printed or mailed to the Board.)

Step 23

Using the drop down menus for each question, select "Yes" or "No" to answer each question provided. With exception to the final questions regarding military spouses or active duty military, each question answered with **YES** will require you to enter contextual information regarding the nature of the incident. If you have a criminal conviction, you will be required to submit additional information as listed in [Guidance Document 115-2](#).

Note: Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

6. Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance? (This includes convictions for driving under the influence, but does not include other traffic violations).
Please provide an explanation of the charges/convictions, and submit documentation required in the Board's [Guidance Documents 115-2](#). (500 character limit):

Yes *

*

Online Application Handbook

Use the link provided to access the guidance documents that outlines documentation that must be submitted in order to be considered for registration.

Virginia DHP
Initial Applications

Registration Questions

Affirmative responses to any questions on this application will require additional information to be submitted. Please refer to [Guidance Document 115-2](#) for a list of required documentation to be submitted. Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

Any supporting documentation related to the questions below should be submitted to:
Virginia Board of Counseling
Palmetto Center
9900 Mayland Drive, Suite 300
Henrico, VA 23233

1. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?
2. Have you ever been censured, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice?
3. Within the past five years, have you been disciplined by any entity?
4. Have you voluntarily surrendered your license, certification or registration while under investigation?
5. Have you ever been denied the issuance of a license, certification, or registration, or denied the privilege of taking an occupational examination to a licensing agency?
6. Have you ever been convicted of, pled Not Guilty to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance? (This includes conditions for driving under the influence, but does not include other traffic violations). Please provide an explanation of the charges/convictions, and submit documentation received in the Board's [Guidance Documents 115-2](#) (500 character limit).
7. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Qualified Mental Health Professional.
8. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Qualified Mental Health Professional.

By clicking on this link, you will be able to review Guidance Document 115-2, where you can review the required information that must be submitted in order for the Board to consider your registration application.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

Online Application Handbook

NOTE: Ensure that you have completed all the questions and have printed the instructions and supporting documentation that is required.

11. The Board requires that you submit supporting documentation following the completion of your online application. Have you successfully printed the supporting documentation needed for this application?

No *

In addition to completing this online process, applicants are required to complete additional steps. [CLICK HERE](#) for the full instructions and a checklist of required documents. You are required to submit your supporting documentation to the Board in one complete packet to the following address:

Virginia Board of Counseling, 9960 Mayland Drive, Suite 300, Henrico, VA 23233

Incomplete applications will remain pending for one year from the date of receipt.

Step 24

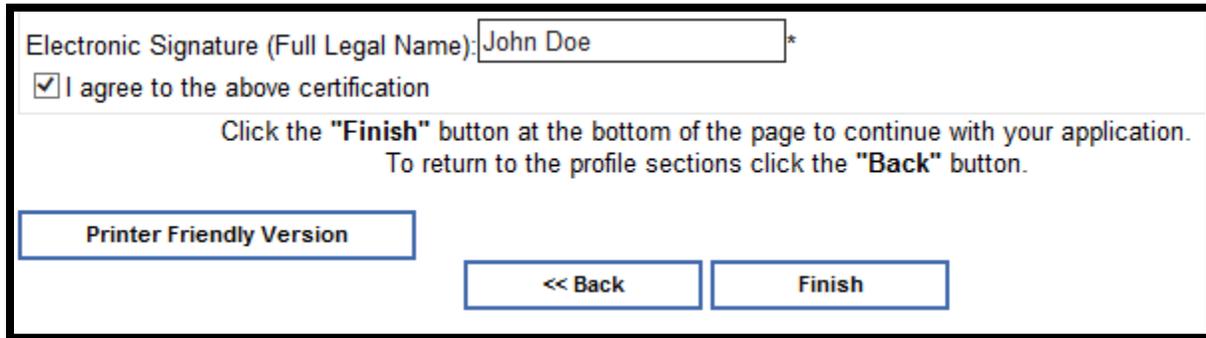
Review the information that you have submitted by scrolling through the summaries of each section that you completed. Use the back button to edit any information that may be incorrect.

The screenshot shows a web application interface for the Virginia Board of Counseling. The page title is "Virginia DHP Initial Applications". On the left, there is a navigation menu with the following items: "Home", "About Us", "Contact Us", "Application", "Registration", "Renewal", "License Information", "License Application", "License Renewal", "License Transfer", "License Suspension", "License Revocation", "License Restoration", "License Reinstatement", "License Reciprocity", "License Reciprocity Information", "License Reciprocity Application", "License Reciprocity Renewal", "License Reciprocity Transfer", "License Reciprocity Suspension", "License Reciprocity Revocation", "License Reciprocity Restoration", "License Reciprocity Reinstatement", "License Reciprocity Reciprocity". The "Application" item is selected and highlighted in blue. The main content area displays the "Application" summary, which includes the following sections: "Demographics", "Personal Information", "Address Information", and "Address of Record". Each section contains a list of fields with their corresponding values. The "Demographics" section includes fields for "First Name", "Last Name", "Date of Birth", "Sex", "Race", "Ethnicity", "Marital Status", "Current Address", "Home Address", "Mailing Address", "Phone", and "Email". The "Personal Information" section includes fields for "Social Security Number", "Date of Birth", "Sex", "Race", "Ethnicity", "Marital Status", "Current Address", "Home Address", "Mailing Address", "Phone", and "Email". The "Address Information" section includes fields for "Current Address", "Home Address", "Mailing Address", "Phone", and "Email". The "Address of Record" section includes fields for "Current Address", "Home Address", "Mailing Address", "Phone", and "Email".

Online Application Handbook

Step 25

Type your name for the electronic signature and mark that you agree to the above certification. Then select **Finish** when you are ready to submit your application.



Electronic Signature (Full Legal Name): *

I agree to the above certification

Click the **"Finish"** button at the bottom of the page to continue with your application.
To return to the profile sections click the **"Back"** button.

[Printer Friendly Version](#)

[<< Back](#) [Finish](#)

NOTE: Once you have finished the initial application, you will be prompted to complete the workforce survey. In order to **PAY FOR YOUR APPLICATION**, you must complete the survey. After you complete the survey, you will be prompted to enter your payment information.

Step 26

Complete the workforce survey by entering your information as prompted.



Virginia DHP
Initial Applications

Workforce Survey

General Information

Please select your birth county:

Please select your zip code:

Please select the new item that best describes your education:
Are you currently attending an institution?
Please enter your current city or county of residence:

Please enter the year you graduated from high school or its equivalent:

Please select the county in which you graduated from high school or its equivalent:

Did you live in Virginia (P.O.C.) to your healthcare professional education?

If yes, please provide your employment title for the job you will have subsequent to licensing your new license/certification (e.g., MD/Physician, RN/Staff Nurse, Certified-Pediatric):

Do you know where your primary practice location (at least 75% of your time) will be once you receive your license/certification?
Does your income year to year remain stable (within three times) per week or do you wish to work at one primary practice location?

Address:

City:

State:

Zip:

Year:

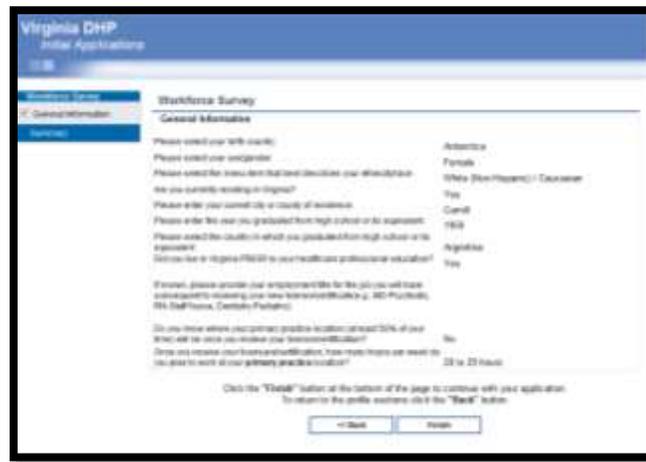
Age:

[<< Back](#) [Next >>](#) [Save and finish app](#)

Online Application Handbook

Step 27

Review the information you entered into the survey using the summary page.



The screenshot shows the 'Virginia DHP Initial Applications' website. The 'Workforce Survey' section is active, displaying a 'General Information' summary. The summary includes fields for 'Please select your birth date', 'Please select your sex/gender', 'Please select the institution that best describes your education', 'Are you currently working in Virginia?', 'Please enter the year you graduated from high school or its equivalent', 'Please select the institution in which you graduated from high school or its equivalent', 'Did you receive a degree (M.D. or equivalent) from a professional education program?', 'If chosen, please provide your employment title for the previous 12 months', 'Do you have a current or previous license in any of the following states?', 'Do you have any other licenses or certifications, how many hours per week do you plan to work at your primary practice location?', and 'Click the "Next" button at the bottom of the page to continue with your application. To return to the profile section click the "Back" button.' At the bottom, there are 'Back' and 'Next' buttons.

Step 28

Once you have reviewed all of your information on the application summary page, select the pay fees button at the bottom of the page.



The screenshot shows the bottom portion of the application summary page. It includes the text 'Application Date: 11/21/2019', 'Electronic Signature (Full Legal Name): Jane Doe', and a checked checkbox 'I agree to the above certification'. At the bottom center, a 'Pay Fees' button is highlighted with a red rectangular box.

Step 29

Use the fields to enter your payment information. Select the **Pay Fees** button at the bottom of the screen and fill out the form in order to complete your application.



The screenshot shows the 'Virginia Department of Health Professions Initial Applications' website's payment page. The 'Application Fees' section is active, displaying a table with columns for 'Description' and 'Fee Amount'. The table lists 'Application Fee' and 'Application Fee' with a fee amount of '\$125.00'. Below the table, there is a 'Credit / Debit Card Information' section with a 'Credit Card Type' dropdown menu. A red warning message states: 'NOTE: Fees are non-refundable. SECURITY NOTICE: Clicking the Pay Fees button below will redirect this page to our payment processing site. Since we are using an external payment site, your browser may warn you about a redirection. In order to proceed, you may need to accept the redirect.' At the bottom, there is a 'Pay Fees' button.