

 <p>Virginia Department of <b>Health Professions</b> Board of Counseling</p>	<p>9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463 <a href="http://www.dhp.virginia.gov/counseling">www.dhp.virginia.gov/counseling</a></p>	<p>Email: <a href="mailto:coun@dhp.virginia.gov">coun@dhp.virginia.gov</a> (804) 367-4610 (Tel) (804) 767-6225 (Fax)</p>
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## REQUEST FOR **INACTIVE** STATUS OF CURRENT VIRGINIA BOARD OF COUNSELING LICENSE

**Please mail, email or fax this completed form into the Counseling board office at the information listed above.**

I hereby submit a request for change of status of my Virginia license number \_\_\_\_\_.

Name (Last, First,)	(Middle Initial)	(Maiden)	(Suffix)
Social Security Number or Virginia DMV Control Number		Date of Birth (MM/DD/YY)	
Mailing Address (Street and/or Box Number, City, State, Zip Code)		Home Telephone Number	
Public Address (Street and/or Box Number, City, State, Zip Code)		Alternate Telephone Number	
E-mail Address			

I acknowledge that by placing my license in inactive status, I cannot practice in the Commonwealth of Virginia except in an exempt setting as listed under the Code of Virginia § 54.1-3501 until my license has been reactivated as current, active by the Virginia Board of Counseling.

I have read and understand the requirements for reactivation as listed in the Regulations.

Your license must be currently active in order to request a change in status to inactive.

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