



APPLICANT OUT-OF-STATE LICENSURE VERIFICATION

IMPORTANT NOTICE:

This form must be completed by both the applicant and the jurisdiction/State Board that issued the applicant a health or mental health license, certification or registration. **The Applicant should complete Part I of this form ONLY.** The State Board should complete Part II of this form. The completed form should be returned to the applicant for inclusion in their application packet to be sent to the Virginia Board of Psychology or the State Board can send the form electronically to the Virginia Board at psy@dhp.virginia.gov

TO BE COMPLETED BY APPLICANT: Complete the top portion only and send this form to the jurisdiction (s)/State Board (s) that issued you a health or mental health license, certification or registration. **(fee may be required).**

Part I. Applicant's Identification & Contact Information

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Last 4 digit of Social Security Number: XXX-XX- ____ - ____		Date of Birth: (MM/DD/YYYY) ____ / ____ / ____	
Address:			
City:	State:	Zip Code: ____ - ____ - ____	
Email Address:			

TO BE COMPLETED BY STATE BOARD: Please provide official verification of applicant's licensure information requested below and mail or email completed form to applicant or directly to the Virginia Board of Psychology. **If emailing this form to the Virginia Board, please use the subject line: Applicant Licensure Verification (ref: Applicant's Name)**

Part II. Applicant's Licensure Information

Title of License:	License Number:
Issue Date: (MM/DD/YYYY) ____ / ____ / ____	Expiration Date: (MM/DD/YYYY) ____ / ____ / ____
License Obtained by: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandfathered <input type="checkbox"/> other _____	
Status of License: <input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive <input type="checkbox"/> other _____	
Has license ever been denied, suspended, revoked, placed on probation or otherwise disciplined? <i>If yes, please attach certified copy of order issued by State Board.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>

I certify the above information to be true in every respect, according to the record on file with the

(Title of Board)

Name of Authorized Licensure Official: _____

Title of Authorized Licensure Official: _____

Telephone Number: _____

Email Address: _____

Date: _____

STATE SEAL