



APPLICANT OUT-OF-STATE SUPERVISOR LICENSURE VERIFICATION

IMPORTANT NOTICE:

This form must be completed by both the applicant and the jurisdiction/State Board that issued the applicant's supervisor health or mental health license or certification. **The Applicant should complete Part I & II of this form ONLY.** The State Board should complete Part III of this form. The completed form should be returned to the applicant for inclusion in their application packet to be mailed 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 **Parts I & II only** and send this form to the jurisdiction (s)/State Board (s) that issued you a health or mental health license or certification (**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:			

Part II. (Supervisor's Information to be verified)

Supervisor's Last Name:	First Name:	Middle/Maiden Name:	Suffix:
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TO BE COMPLETED BY STATE BOARD: Please provide official verification of applicant's supervisor licensure/certification 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: Supervisor Licensure Verification (ref: Applicant's Name)**

Part III. Supervisor's Licensure Information

Title of License:	License Number:
Issue Date: (MM/DD/YYYY) ____ / ____ / ____ - ____	Expiration Date: (MM/DD/YYYY) ____ / ____ / ____ - ____
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