



Virginia Department of  
**Health Professions**  
Board of Psychology

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**VERIFICATION of POST-LICENSURE ACTIVE PRACTICE as a CLINICAL PSYCHOLOGIST**

**IMPORTANT NOTICE:**

To validate your active post-licensure practice as an *independent* clinical psychologist, you must submit the Post-Licensure Active Practice form completed by your employer, a colleague, peer or a licensed practitioner who can attest to your *post-licensure* active practice in clinical psychology for 24 of the last 60 months immediately preceding your licensure application. If you have had several jobs, please submit multiple verification forms equaling to a minimum of 24 months.

The applicant should complete the top portion of this form **only**, then provide this form to the professional reference who can verify your post-licensure clinical active practice. The completed form should be returned to the applicant for inclusion in their application packet that must be sent to the Virginia Board of Psychology.

**TO BE COMPLETED BY APPLICANT**

I, \_\_\_\_\_ (*printed legal name of applicant*), hereby authorize past and present employers, businesses, professional associates and personal references to release to the Virginia Board of Psychology (“Board”) any information requested by the Board in connection with the processing of my application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**TO BE COMPLETED BY REFERENCE**

Last Name of Reference:	First Name:	Middle/Maiden Name:	Suffix:
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Type of License Held:	License Number:
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Email Address of Reference: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

I, \_\_\_\_\_ (*printed legal name of reference*), declare under perjury under the laws of the Commonwealth of Virginia that \_\_\_\_\_ (*printed name of applicant*), candidate for licensure as a Clinical Psychologist in the Commonwealth of Virginia was in active **post –**

**licensure clinical practice** at \_\_\_\_\_ (*name of location*)

\_\_\_\_\_ (*street address of location*)

\_\_\_\_\_ (*City*) \_\_\_\_\_ (*State*) \_\_\_\_\_ (*Zip Code*)

from \_\_\_\_\_ (*Start Date: MM/DD/YYYY*) to \_\_\_\_\_ (*End Date: MM/DD/YYYY*).

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date