



VERIFICATION OF SUPERVISED EXPERIENCE
for a Qualified Mental Health Professional – Child (QMHP-C)

You must have a master’s or bachelors in human service field or in special education, hold a Virginia RN license or hold an Occupational Therapist License in Virginia, and must have completed 1,500 hours of experience.

(If you did not complete your experience under one supervisor and one worksite, please provide additional verification of supervised experience form(s) to provide evidence that you completed the required experience hours.)

Name of Applicant (First, Middle, Last)		Applicant’s Email Address	
Information about QMHP Supervisor: (All questions must be answered. Incomplete forms will not be considered.)			
Supervisor’s Name: (First, Middle, Last)			
Supervisor’s Email:		Supervisor’s Phone Number:	
Do you hold an active, unrestricted <u>Virginia</u> license as a mental health professional?		Yes	No
If yes, License Number: _____			
Please note: Supervision from an out-of-state supervisor cannot be considered.			
If you do not hold a <u>Virginia</u> mental health license, are you under Board approved supervision as a resident or supervisee as a pre-requisite for Virginia licensure?		Yes	No
If yes, by which Board?	Counseling	Psychology	Social Work
Verification of Experience for QMHP-C			
Business/Agency <u>Name</u> of where applicant gained experience towards QMHP-C			
Business/Agency <u>Address</u> of where applicant gained experience towards QMHP-C			
Dates of Experience: From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Did the applicant provide direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs?		Yes	No
How many hours of experience did the applicant receive?			hours
Supervisor’s Signature: _____ (Original signature required)		Date: _____	