COMMONWEALTH OF VIRGINIA
BOARD OF COUNSELING
9960 MAYLAND DRIVE, SUITE 300
HENRICO, VIRGINIA 23233

FORM MFT-ECP
ENDORSEMENT APPLICANTS ONLY

VERIFICATION OF CLINICAL PRACTICE 5 OF LAST 6 YEARS IMMEDIATELY PRECEDING SUBMISSION OF APPLICATION FOR LICENSURE

The Virginia Board of Counseling, in its consideration of a candidate for licensure, depends on information from persons and institutions regarding the candidate's clinical practice for five of the last six years immediately preceding their licensure application in Virginia. Please complete this form to the best of your ability and return it to the Board so the information you provide can be given consideration in the processing of this candidate's application in a timely manner.

I, _____, hereby authorize past and present employers, businesses, professional associates and personal references
(Printed Name of Applicant)
to release to the Virginia Board of Counseling any information requested by the Board in connection with the processing of my application.

Signature of Applicant _____

Name and address of reference: _____

Relationship to Applicant: _____

I, _____, declare under penalty of perjury under the laws of the Commonwealth of Virginia that _____
(Printed Name of Reference) (Name of Applicant)
candidate for licensure in the Commonwealth of Virginia, was in active clinical practice at _____
(Location)

from _____ to _____. **Signature of Reference:** _____
(Dates of active clinical practice)