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## **SUPERVISOR OUT-OF-STATE LICENSURE VERIFICATION**

## Part I. To be completed by the applicant:

INSTRUCTIONS	PLEASE TYPE OR PRINT CLEARLY		
Name of Applicant (Last, First, Middle)			
Mailing Address (Street and/or Box Numb	er, City, State, Zip		
Applicants Email Address		Home and/or Cell Telephone Number	
Part II. <u>Supervisor's information to be v</u>	erified:		
Last Name	First Name		M.I
Part III. To be completed by state Board where supervisor is licensed:			
INSTRUCTIONS PLEASE TYPE OR PRINT CLEARLY			
Title of License/Certification		License Number/Certification	
Issue Date		Expiration Date	
Issue Date		Expiration Date	
Is there any public information relating to t	this license?	I	
Yes (specify details on a separate :	shoot)	No	
Tes (specify details on a separate s	sneet)	110	
Certification by the authorized Licensure Official of the State of			
Certification by the additionized Electistic C	of the State of		
I certify that the information is correct.			
Authorized Licensure Official Name and Ti	tle		
		Title of Doord	
State Seal		Title of Board	
		Telephone Number	
		Email Address	
		Date	

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