



Commonwealth of Virginia  
Board of Counseling

Licensure by Examination – Step 2

**LPC FORM 2-IR**

This Form is Optional

**VERIFICATION OF INTERNSHIP HOURS TOWARDS THE RESIDENCY**

USE THIS FORM IF YOU WANT TO INCLUDE YOUR INTERNSHIP HOURS TOWARDS YOUR RESIDENCY. A graduate level internship completed in a program that meets the requirements set forth in 18 VAC 115-20-49 may count for a portion of the 4,000 hours of residency. CACREP, CORE or COAMFTE approved programs can apply a maximum of 900 hours. Other programs may apply a maximum of 600 hours towards the 4,000 required residency hours of experience.

**REQUIREMENTS FOR THE INTERNSHIP**

- The internship must have included 20 hours of individual on-site supervision and 20 hours of individual or group off-site supervision.
- Either the clinical or faculty supervisor shall be licensed as defined in 18 VAC 115-20-52-C.
- Internship must not have begun until the completion of 30 semester hours towards the graduate degree.

**HOW TO COMPLETE AND SUBMIT THIS FORM**

1. The applicant completes Part One.
2. The applicant's supervising faculty completes and signs Part Two.
3. The on-site supervisor completes and signs Part Three, places it in a sealed envelope, puts his/her signature across the sealed flap and returns it to the resident.
4. The applicant includes the sealed envelope with the LPC application.

**PART ONE – TO BE COMPLETED BY THE LPC RESIDENT**

Applicant's Name (Last, First, Middle)

Institution where internship took place (include city and state)

Applicant's Student ID Number

Applicant's Social Security Number

Licensed Supervisor's Location (Circle One):      On-Site    **OR**    Off-Site

**VERIFICATION OF INTERNSHIP HOURS TOWARDS THE RESIDENCY – PART TWO – TO BE COMPLETED BY THE SUPERVISING FACULTY**

Supervising Faculty's Name (Last, First, Middle)

Supervising Faculty's Official Title

Daytime Phone Number

Extension

1. Was the internship completed in a counseling program accredited by CACREP, CORE or COAMFTE?  Y  N  
If yes, which accreditation? \_\_\_\_\_
2. Were 30 semester hours towards the graduate degree completed at the start of the internship?  Y  N
3. Was the supervising faculty licensed? If yes complete information requested below.  Y  N

License Number                      Initial Licensure Date                      Expiration Date                      License Type

**TOTAL NUMBER OF HOURS OF INTERNSHIP:** \_\_\_\_\_

**NUMBER OF HOURS OF INDIVIDUAL SUPERVISION:** \_\_\_\_\_

**IN YOUR OPINION IS THE APPLICANT COMPETENT TO ENTER A RESIDENCY IN MENTAL HEALTH TREATMENT UNDER THE SUPERVISION OF A LICENSED PRACTITIONER?** \_\_\_\_\_

**Signature of Supervision Faculty:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART THREE – TO BE COMPLETED BY THE ON-SITE SUPERVISOR**

*Complete this section and return to applicant in a sealed envelope with your signature across the flap.*

Supervisor's Name (Last, First, Middle)

Daytime Phone Number

Extension

License Number (If Applicable)                      Initial Licensure Date                      Expiration Date                      License Type

**NUMBER OF HOURS OF INDIVIDUAL SUPERVISION:** \_\_\_\_\_

**NUMBER OF HOURS OF GROUP SUPERVISION:** \_\_\_\_\_

**IN YOUR OPINION IS THE APPLICANT COMPETENT TO ENTER A RESIDENCY IN MENTAL HEALTH TREATMENT UNDER THE SUPERVISION OF A LICENSED PRACTITIONER?** \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

**Signature of On-Site Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_