



Commonwealth of Virginia
Board of Counseling

Licensure by Endorsement – Step Two
FORM LSATP 2-VL
PHOTOCOPY THIS FORM AS NEEDED

VERIFICATION OF LICENSURE

This completed form must be sent from the state Board in which the applicant is licensed directly to the Virginia Board of Counseling at the address below. A complete list of Boards is on the NBCC web site at www.nbcc.org/states/boards.htm.

PART ONE – TO BE COMPLETED BY VIRGINIA LSATP APPLICANT

Applicant's Name (Last, First, Middle)

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Applicant's Social Security Number (or DMV Number)

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Applicant's License Number State of Issue License Type

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PART TWO – TO BE COMPLETED BY THE STATE BOARD WHERE THE VIRGINIA LSATP APPLICANT IS LICENSED
Board: Send this form directly to the Virginia Board of Counseling at the address below.

Title of License

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Date of Initial License Expiration Date of License License Number

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Name of Examination: _____

Date Exam was Taken: _____

Applicant's Score: _____ Cut Off Score: _____

1. If license is MD, is psychiatry a specialty? Y N
 2. Is this individual in good standing? Y N
 3. Has there ever been any disciplinary action taken
against the individuals license? Y N
- If yes, please give full explanation on the reverse of this form.*

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT.

Send Completed Form To:
Board of Counseling
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233

Authorized Signature of License Official _____ Date _____

Jurisdiction/State

SEAL