



LICENSURE APPLICATION

_____ By Endorsement _____ By Examination
All documentation, including official transcript(s), must be submitted with this form.

APPLICATION FEE \$140

LPC
Licensed
Professional
Counselor

Complete All
Sections

Application
Fees Are
Non-Refundable

Application forms
lacking a Social
Security or DMV
number will not be
processed.

Mail all required
documentation and
fee to:
**Board of
Counseling**
**9960 Mayland Dr.,
Suite 300,
Henrico,
Virginia 23233**

Name (First, Middle)

Last Name

Other Names Used on Official Documents (i.e. transcripts)

How do you want your name to appear on your license

Street Address

City _____ State _____ Zip Code _____

Home Phone _____ Fax _____

Business Phone _____ Extension _____

Email

Social Security Number (or DMV #) _____ Date of Birth _____

Education/Training (List in chronological order all graduate schools attended. Include transcripts.)

Degree Earned	Date Degree Received	Major	Attendance Dates-mm/yr	Institution Name/State

** Will you be requesting any special exam accommodations. YES NO
If yes, briefly describe accommodations you will need. _____

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Ethics Attestation: Please answer the five questions below. **If you answer yes to any question, include a detailed explanation or supporting documentation in a separate, sealed envelope marked “ETHICS”.**

1. Have you ever been denied the privilege of taking an occupational or certification exam? Y N
If yes, state type of exam and state/location. _____
2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? Y N
3. Have you ever been convicted of a violation, or pled no lo contender (no contest) to any federal, state or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor (excluding traffic violations, **except for driving under the influence**). Y N
4. Have you ever been terminated or asked to withdraw from any health care facility, agency, or practice? Y N
5. Have you had any malpractice suits brought against you in the past 10 years? Y N

Licenses / Certifications You Hold: List all the states in which you now hold, or ever have held, an occupational license or certificate to practice professional counseling in order of attainment.

State	License/Certificate Number	Issue Date	Type of License/Certificate

Attestation of Accuracy & Review of Virginia Regulations & Statutes: *By signing this document, I hereby certify that the information provided in this application is true, accurate and complete to the best of my knowledge and belief. I also certify that I have carefully reviewed and agree to apply the Statutes and Regulations Governing the Practice of Professional Counseling as stated on the front page of this application packet. I understand that my signature below must be notarized.*

Signature of Applicant: _____ Date: _____

AFFIDAVIT: The following statement must be executed by a Notary Public.

State of _____, County of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a professional counselor in the Commonwealth of Virginia; that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed to and sworn to before me this _____ day of _____, 20____.

My commission expires on _____. Signature of Notary: _____.

SEAL