



9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

Phone - (804) 367-4630
Fax - (804) 527-4471

www.dhp.virginia.gov/aud/
Email – audbd@dhp.virginia.gov

Note: As of June 1, 2019, the Board’s phone number will change to: (804) 597-4132

REQUEST FOR VERIFICATION OF A VIRGINIA LICENSE

A fee of \$20.00 is required per licensure verification. Please include a \$20.00 check or money order made payable to the “Treasurer of Virginia.”

License Verification will provide the following information:

Type of license	License Number	Licensure method	Issue Date
Expiration Date	License status	Disciplinary History	

Note: Examination scores or transcripts are not released for distribution.

All verifications are completed in the order received. Please allow approximately 5 business days after receipt for processing. Please mail your request to:

Department of Health Professions
Board of Audiology and Speech-Language Pathology
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Full Name and Required Information

Last Name	First Name
VA License Number	Email Address
Last four digits of Social Security Number	

Address where verification should be sent via Email or Mail

Board Name:		
Email Address:		
Street and/or Box Number:		
City:	State:	Zip Code:

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SIGNATURE OF LICENSEE _____ DATE _____