



Commonwealth of Virginia  
Board of Counseling

Licensure by Examination – Step 1 (if applicable)

**MFT FORM 1-LV**

PHOTOCOPY THIS FORM AS NEEDED

**LICENSURE VERIFICATION OF OUT OF STATE SUPERVISOR**

This completed form must be sent **from** the state Board in which the supervisor is licensed and be received by the Virginia Board of Counseling in a **sealed** envelope.

**PART ONE – TO BE COMPLETED BY THE VIRGINIA MFT APPLICANT**

Resident's Name (Last, First, Middle)

Resident's Social Security Number (or DMV Identification Number)

Resident's Supervisor (Last, First, Middle)

Supervisor's License Number

Type of License

**PART TWO – TO BE COMPLETED BY THE STATE BOARD WHERE THE  
RESIDENT'S SUPERVISOR IS LICENSED**

(Information should be about the resident's supervisor listed above)

Date of Initial Licensure

Expiration Date of License

1. If license in MD is psychiatry a specialty?

YES

NO

2. Is this individual in good standing?

YES

NO

3. Has there ever been any disciplinary action taken against this individual's license? (If yes give full explanation on the reverse of this form.)

YES

NO

4. Is the license number provided by the VA resident in Part One correct?

YES

NO

\* If no please provide correct number:

I certify that the information provided in Part II is correct.

**SEND COMPLETED FORM TO:  
Virginia Board of Counseling  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233**

Authorized Signature of Licensing Official

SEAL

Jurisdiction/State