



Commonwealth of Virginia
Board of Counseling

Licensure by Examination – Step Two
Licensure by Endorsement – Step One
LSATP FORM 2

LICENSURE APPLICATION

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

APPLICATION FEE \$140

LSATP
Licensed
Substance
Abuse
Treatment
Practitioner

Complete All
Sections

Application
Fees Are
Non-Refundable

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

Mail form,
transcript(s) and
other
documentation to
the Board of
Counseling, 9960
Mayland Drive,
Suite 300,
Richmond,
Virginia 23233

Name (First, Middle)
[Grid for name entry]

Last Name
[Grid for last name entry]

Other Names Used on Official Documents (i.e. transcripts)
[Grid for other names entry]

Street Address
[Grid for street address entry]

City State Zip Code
[Grid for city, state, and zip code entry]

Home Phone Fax
[Grid for home phone and fax entry]

Business Phone Extension
[Grid for business phone and extension entry]

Email
[Grid for email entry]

Social Security Number (or DMV #) Date of Birth
[Grid for social security number and date of birth entry]

Education/Training: List in chronological order all graduate schools attended. Transcripts must be included.
[Table with 6 columns for listing schools]

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

LICENSURE APPLICATION – PAGE TWO

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 substance abuse treatment practitioner 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