COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: qmhp@dhp.virginia.gov
Phone: (804) 367-3053 Fax: (804) 527-4435
Website: www.dhp.virginia.gov/counseling

PAPER QUALIFIED MENTAL HEALTH PROFESSIONAL-CHILD (QMHP-C) "GRANDFATHERING" APPLICATION INSTRUCTIONS

"Qualified Mental Health Professional-Child or QMHP-C" means a registered QMHP who is trained and experienced in providing mental health services to children or adolescents who have a mental illness. A QMHP-C shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

This application is for those who were employed as a QMHP-C prior to December 31, 2017

Applicants have until December 31, 2018 to apply using the "grandfathering" option.

To avoid delays, please provide a **COMPLETE** application packet by submitting all of the documentation listed below to the Board of Counseling at the above listed address. Incomplete packets will not be reviewed by the Credential Reviewer.

☐ **Signed and Complete Application**: The application must be completed in full and contain original signatures.

☐ **Application Fee**: A fee of **$50.00** is required for an application to be processed. All fees paid must be paid by check or money order made payable to the "Treasurer of Virginia". All fees are non-refundable. The application is valid for one year from date of receipt.

☐ **Attestation of Prior Experience as a QMHP-C**: The attestation of prior experience form must be completed and signed by the applicant's employer (past or present) to verify that you worked as a QMHP-C prior to December 31, 2017.

☐ **Verification of License/Certification/Registration**: (if applicable) If you have ever held or hold a licensure, certification or registration as a mental health or health professional, whether current or expired, you must submit an online license verification. The online license verification can be printed directly from the licensing jurisdiction's website. Please note that the verification must indicate if you have any disciplinary actions against your license, certification or registration. If this information is not available online, please contact the licensing jurisdiction directly.

☐ **Name Change**: If applicable, documentation must be provided if your name has legally changed through marriage, divorce, or a court order. A photocopy of your marriage license or a copy of the court order must be provided.

Please note:

- This application is only for those who were previously employed as a QMHP-C prior to December 31, 2017. If you were not employed as a QMHP-C prior to December 31, 2017, you need to complete the QMHP-C application.
- All fees are non-refundable.
- The board primarily communicates through email. Please ensure that you add the board's email address (qmhp@dhp.virginia.gov) to your safe recipient list to ensure that you receive all email communication from board staff.
- Please keep a copy of all documentation submitted to the Board.
- Pending applications are valid up to one year.
- Due to the volume of applications, the processing time can take up to 60 business days.

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Paper Qualified Mental Health Professional- Child (QMHP-C) "Grandfathering" Application

Military/Military Spouse:
Are you active duty military personnel? ☐ Yes ☐ No
Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia? ☐ Yes ☐ No

QMHP-C
Qualified Mental Health Professional - Child

Complete All Sections

Application Fee of $50.00 is Non-Refundable

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

Mail all required documentation and fee to:

Board of Counseling
9960 Mayland Dr.,
Suite 300,
Henrico,
Virginia 23233

All signatures must be original.

Legal Name (First, Middle, Last)

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

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

Public Address (Street/Box Number, City, State, Zip) *

Mailing Address (Street/Box Number, City, State, Zip)

Primary Phone Number Secondary Phone Number

Email

Education (List in chronological order all graduate or bachelor school degree information)

Initials of Degree Earned	Date Degree Received	Major	Institution Name/State

** The address provided in this section is subject to disclosure under the Freedom of Information Act*

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Qualified Mental Health Professional-Child (QMHP-C) "Grandfathering" Application – Page 2

Ethics Attestation: Please answer the six questions below.

If you answer yes to any question, include a detailed explanation AND supporting documentation. Refer to Guidance Document 115-2 for detailed information on the requirements with a criminal conviction, past actions or possible impairment.

1. Have you ever been denied the issuance a license, certification, or registration, or denied the privilege of taking an occupational examination by a licensing agency.
If yes, provide detail(s), jurisdiction(s) and date(s). ☐ Yes ☐ No

2. Have you ever had any disciplinary action taken against an occupational license, certification, or registration; have you voluntarily surrendered your license, certification or registration while under investigation?
If yes, provide detail(s), jurisdiction(s), date(s), and supporting documentation. ☐ Yes ☐ No

3. Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance?
(This includes convictions for driving under the influence, but does not include other traffic violations).
If yes, include an explanation of the charges/convictions, and attach documentation required in the Board's Guidance Document #115-2. ☐ Yes ☐ No

4. In the last twelve (12) months, have you been unable to practice by reason of excessive use of alcohol, drugs, chemicals, or any other type of material, or as a result of any mental or physical condition?
If yes, provide detail(s) and supporting documentation. ☐ Yes ☐ No

5. Have you ever been censored, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice?
If yes, provide a full description of the circumstances and any supporting documentation. ☐ Yes ☐ No

6. Are you the respondent in any pending or unresolved case or investigation by an occupational licensing board or insurance carrier? If yes, provide detail(s), jurisdiction(s) and date(s). ☐ Yes ☐ No

Licenses / Certifications: List all mental health or health professional licenses, certificates or registration that you hold or have ever held.

State	License #	Current License Status	Issue Date	Type of License

Applicant's Initials	Statements of Assurance
	I have read, understand and intend to comply with the regulations that govern the Virginia Board of Counseling.
	I will practice only within the competency area for which I am qualified by training or experience and shall not provide clinical mental health services for which a license is required.
	I understand that as a QMHP-C I will not engage in independent or autonomous practice.
	I will practice in a manner that is in the best interest of the public and does not endanger the health, safety or welfare of the public.

I attest that the information contained within the application is true and accurate to the best of my knowledge and belief.

Applicant's Signature:	Date:

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Attestation of Prior Experience as a Qualified Mental Health Professional – Child (QMHP-C)

To be completed by applicant:
Applicant's Name (First, Middle, Last)
Applicant's Social Security Number or VA DMV Number(This number must match the number you used for your online application.)

To be completed by employer:	
Was the applicant employed as a QMHP-C in Virginia prior to December 31, 2017 and met the qualifications for QMHP-C during the time of employment as defined by DBHDS?	☐ Yes ☐ No
Was the applicant approved by DMAS for a Variance to practice as a QMHP-C? (If yes, a copy of the approval DMAS Variance email must be submitted with this form)	☐ Yes ☐ No
Business/Agency name of where applicant worked as a QMHP-C prior to December 31, 2017	
Business/Agency address of where applicant worked as a QMHP-C prior to December 31, 2017	
Dates of QMHP-C employment From: _____ (MM/DD/YYYY) To: _____ (MM/DD/YYYY)	
Name of person providing attestation	Title of person providing attestation
Email address of person providing attestation:	Business phone number person providing attestation:
Signature of representative providing attestation:	Date: