Commonwealth of Virginia
Board of Counseling

Licensure by Examination – Step 1 (if applicable)

LSATP 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 LPC 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
Richmond, Virginia 23233

_____
Authorized Signature of Licensing Official

SEAL

_____
Jurisdiction/State

BCVA01/24/2011