



Virginia Department of
Health Professions
 Board of Long-Term Care Administrators

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 Henrico, Virginia 23233
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REQUEST FOR VERIFICATION OF VIRGINIA NHA OR ALFA LICENSE

There is a **\$35.00 fee** for out-of-state licensure verifications. The request for License Verification will need to accompany any verification request or form from another state. **Please include a \$35.00 check or money order made payable to the "Treasurer of Virginia."** We are unable to accept credit cards at this time.

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- Licensure method
- License Number
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Please allow approximately 5-7 business days after receipt for processing. Please mail your request to:

Department of Health Professions
 Board of Long Term Care Administrators
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233-1463

Licensee's Full Name (Last, First)

Maiden Name (if any)

Licensee's Current Address (Street and/or Box Number, City, State, Zip)

Licensee's Telephone Number

Licensee's Email Address

License Number (if known)

Last four digits of your Social Security Number

XXX-XX- ____ ____ ____ ____

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