Commonwealth of Virginia
Board of Counseling

Licensure by Examination – Step Two

FORM LSATP 2-VI
THIS IS A REQUIRED FORM

VERIFICATION OF INTERNSHIP

USE THIS FORM TO DOCUMENT YOUR REQUIRED INTERNSHIP HOURS

A graduate level internship, completed in a program that meets the requirements set forth in 18 VAC 115-60-70, is required for licensure and must include **600** supervised hours and **240** hours of direct client contact.

TO BE COMPLETED BY THE APPLICANT

Applicant's Name (Last, First, Middle)

Institution where internship took place (include city and state)

Name of Program

Applicant's Student ID Number

Applicant's Social Security Number or DMV Number

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TO BE COMPLETED BY THE PROGRAM OFFICIAL

Please complete this form and return it to the applicant in a sealed envelope with your signature across the flap

Starting Date of Internship: _____

Total Hours of Direct Client Contact: _____

Total Number of Internship Hours: _____

Name of School

Name of Program Official

Title

Signature: _____ Date: _____

BCVA01/24/2011