



Commonwealth of Virginia
Board of Counseling

Licensure by Endorsement – Step Two
MFT FORM 2-VL
PHOTOCOPY THIS FORM AS NEEDED

VERIFICATION OF LICENSURE

This completed form must be sent from the state Board in which the applicant is licensed directly to the Virginia Board of Counseling at the address below. A complete list of Boards is on the NBCC web site at www.nbcc.org/states/boards.htm.

PART ONE – TO BE COMPLETED BY VIRGINIA MFT APPLICANT

Applicant's Name (Last, First, Middle) _____

Applicant's Social Security Number (or DMV Number) _____

Applicant's License Number	State of Issue	License Type
_____	_____	_____

PART TWO – TO BE COMPLETED BY THE STATE BOARD WHERE THE VIRGINIA MFT APPLICANT IS LICENSED
Board: Send this form directly to the Virginia Board of Counseling at the address below.

Title of License _____

Date of Initial License	Expiration Date of License	License Number
_____	_____	_____

Name of Examination: _____

Date Exam was Taken: _____

Applicant's Score: _____ Cut Off Score: _____

1. If license is MD, is psychiatry a specialty?	Y	N
2. Is this individual in good standing?	Y	N
3. Has there ever been any disciplinary action taken against the individuals license?	Y	N

If yes, please give full explanation on the reverse of this form.

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT.

Send Completed Form To:
Board of Counseling
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

Authorized Signature of License Official Date

Jurisdiction/State

SEAL