



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](http://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**