

COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

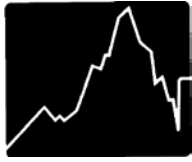
Email: qmhp@dhp.virginia.gov
Phone: (804) 367-3053 Fax: (804) 527-4435
Website: www.dhp.virginia.gov/counseling

**REQUIREMENTS TO QUALIFY AS A
QUALIFIED MENTAL HEALTH PROFESSIONAL-CHILD (QMHP-C)**

“Qualified Mental Health Professional-Child or QMHP-C” means a registered QMHP who is trained and experienced in providing mental health services to children or adolescents who have a mental illness. A QMHP-C shall provide such services as an employee or independent contractor of the DBHDS or a provider licensed by the DBHDS.

In order to qualify, you must provide evidence of **ONE** of the following:

1. A **master’s degree** in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an **internship or practicum** that includes at least **500 hours of experience** with persons who have mental illness;
2. A **master’s or bachelor’s degree in human services or in special education** (see [Guidance Document 115-8](#)) from an accredited college with at least **1,500 hours of supervised experience** within the last 5 years providing direct services to individuals as a part of a population of **children or adolescents** with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs under the supervision of a Virginia licensed mental health professional or a person under supervision approved by the board as a pre-requisite for licensure under the Board of Counseling, Psychology or Social Work;
3. A **registered nurse licensed in Virginia** with at least **1,500 hours of supervised experience** within the last 5 years providing direct services to individuals as a part of a population of **children or adolescents** with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs under the supervision of a Virginia licensed mental health professional or a person under supervision approved by the board as a pre-requisite for licensure under the Board of Counseling, Psychology or Social Work;
4. A **licensed occupational therapist in Virginia** with at least **1,500 hours of supervised experience** within the last 5 years providing direct services to individuals as a part of a population of **children or adolescents** with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs under the supervision of a Virginia licensed mental health professional or a person under supervision approved by the board as a pre-requisite for licensure under the Board of Counseling, Psychology or Social Work.



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QUALIFIED MENTAL HEALTH PROFESSIONAL-CHILD (QMHP-C) APPLICATION INSTRUCTIONS

This application is for those who were **NOT employed as a QMHP-C prior to December 31, 2017 and have completed the education and experience requirements.**

To avoid delays, please provide a **COMPLETE** application packet by submitting all of the documentation listed below to the Board of Counseling at the above listed address. Incomplete packets will not be reviewed.

Signed and Complete Application: The application must be completed in full and contain original signatures.

Application Fee: A fee of **\$50.00** is required for an application to be processed. All fees paid must be paid by check or money order made payable to the "Treasurer of Virginia". All fees are non-refundable. The application is valid for one year from date of receipt.

Verification of Education: An official bachelor's or master's transcript with conferral date is required.

Verification of Internship: (if applicable) If you hold a **master's degree** in psychology, social work, counseling, substance abuse or marriage and family therapy, please have this form signed by a school official to verify that you have had an internship or practicum with at least 500 hours with persons/clients with mental illness. If you hold a **master's or bachelor's degree** in the human services field and completed an internship or practicum, this form is required to count internship hours toward the required supervised experience.

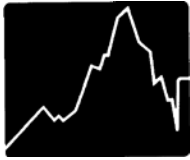
Verification of Supervised Experience: If you do **not** hold a Master's degree in psychology, social work, counseling, substance abuse or marriage and family, you are required to submit the supervised experience form signed by a licensed mental health professional, supervisee or resident approved by the Board of Counseling, Psychology or Social Work. If you have multiple supervisors who supervised your experience or multiple worksites where you gained your experience, please submit a separate verification of supervised experience form for each supervisor or worksite.

Verification of License/Certification/Registration: (if applicable) If you have ever held or hold a licensure, certification or registration as a mental health or health professional, whether current or expired, you must submit an online license verification. The online license verification can be printed directly from the licensing jurisdiction's website. Please note that the verification must indicate if you have any disciplinary actions against your license, certification or registration. If this information is not available online, please contact the licensing jurisdiction directly.

Name Change: If applicable, documentation must be provided if your name has legally changed through marriage, divorce, or a court order. A photocopy of your marriage license or a copy of the court order must be provided.

Please note:

- This application is only for those who were not employed as a QMHP-C prior to December 31, 2017. If you were employed as a QMHP-C prior to December 31, 2017, you need to complete the QMHP-C Grandfathering application prior to 12/31/2018.
- All fees are non-refundable.
- The board primarily communicates through email. Please ensure that you add the board's email address (qmhp@dhp.virginia.gov) to your safe recipient list to ensure that you receive all email communication from board staff.
- Please keep a copy of all documentation submitted to the Board.
- Pending applications are valid up to one year.
- Due to the volume of applications, the processing time can take up to 60 business days.



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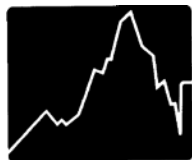
Paper Qualified Mental Health Professional- Child (QMHP-C) Application

Military/Military Spouse:

Are you active duty military personnel? **Yes** **No**
 Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia? **Yes** **No**

<p>QMHP-C Qualified Mental Health Professional - Child</p> <p>Complete All Sections</p> <p>Application Fee of \$50.00 is Non-Refundable</p> <p>Application forms lacking a Social Security or VA DMV number will not be processed.</p> <p><u>Mail all required documentation and fee to:</u></p> <p>Board of Counseling 9960 Mayland Dr., Suite 300, Henrico, Virginia 23233</p> <p>All signatures must be original.</p>	Legal Name (First, Middle, Last)															
	Other Names Used on Official Documents (i.e. transcripts)															
	Social Security Number (or VA DMV #) Date of Birth															
	Public Address (Street/Box Number, City, State, Zip) *															
	Mailing Address (Street/Box Number, City, State, Zip)															
	Primary Phone Number Secondary Phone Number															
	Email															
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Education (List in chronological order all graduate or bachelor school degree information)</th> </tr> <tr> <th style="width:15%;">Initials of Degree Earned</th> <th style="width:15%;">Date Degree Received</th> <th style="width:30%;">Major</th> <th style="width:40%;">Institution Name/State</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Education (List in chronological order all graduate or bachelor school degree information)				Initials of Degree Earned	Date Degree Received	Major	Institution Name/State							
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** The address provided in this section is subject to disclosure under the Freedom of Information Act*



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Qualified Mental Health Professional-Child (QMHP-C) Application – Page 2

Ethics Attestation: Please answer the six questions below.

If you answer yes to any question, include a detailed explanation AND supporting documentation. Refer to Guidance Document 115-2 for detailed information on the requirements with a criminal conviction, past actions or possible impairment.

- | | | | |
|----|--|-----|----|
| 1. | Have you ever been denied the issuance a license, certification, or registration, or denied the privilege of taking an occupational examination by a licensing agency.
If yes, provide detail(s), jurisdiction(s) and date(s). | Yes | No |
| 2. | Have you ever had any disciplinary action taken against an occupational license, certification, or registration; have you voluntarily surrendered your license, certification or registration while under investigation?
If yes, provide detail(s), jurisdiction(s), date(s), and supporting documentation. | Yes | No |
| 3. | Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance?
(This includes convictions for driving under the influence, but does not include other traffic violations).
If yes, include an explanation of the charges/convictions, and attach documentation required in the Board's Guidance Document #115-2. | Yes | No |
| 4. | In the last twelve (12) months, have you been unable to practice by reason of excessive use of alcohol, drugs, chemicals, or any other type of material, or as a result of any mental or physical condition?
If yes, provide detail(s) and supporting documentation. | Yes | No |
| 5. | Have you ever been censored, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice?
If yes, provide a full description of the circumstances and any supporting documentation. | Yes | No |
| 6. | Are you the respondent in any pending or unresolved case or investigation by an occupational licensing board or insurance carrier? If yes, provide detail(s), jurisdiction(s) and date(s). | Yes | No |

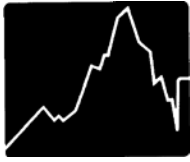
Licenses / Certifications: List all mental health or health professional licenses, certificates or registration that you hold or have ever held.

State	License #	Current License Status	Issue Date	Type of License

Applicant's Initials	Statements of Assurance
	I have read, understand and intend to comply with the regulations that govern the Virginia Board of Counseling.
	I will practice only within the competency area for which I am qualified by training or experience and shall not provide clinical mental health services for which a license is required.
	I understand that as a QMHP-C I will not engage in independent or autonomous practice.
	I will practice in a manner that is in the best interest of the public and does not endanger the health, safety or welfare of the public.

I attest that the information contained within the application is true and accurate to the best of my knowledge and belief.

Applicant's Signature:	Date:



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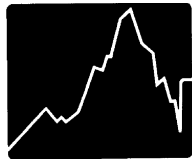
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VERIFICATION OF INTERNSHIP/PRACTICUM **for a Qualified Mental Health Professional (QMHP)**

If you hold a master's or bachelor's degree in a human services field (see [Guidance Document 115-8](#)) or special education and had an internship or practicum with persons with mental illness, your internship or practicum may be considered toward the required hours of experience to qualify as a QMHP.

<u>To be completed by applicant:</u>	
Applicant's Name (First, Middle, Last)	Applicant's Email Address
Applicant's Social Security Number or VA DMV Number	Student Identification Number
<u>To be completed by college or university official:</u>	
Is the college or university listed as accredited on the United States Department of Education College Accreditation database?	Yes No
Is the Master's or Bachelor's degree in a human services field or special education? (Human services and related field are defined in Guidance Document 115-8)	Yes No
Dates of internship or practicum	
Total number of internship or practicum hours	
Total number of internship or practicum hours providing direct services to individuals as part of a population of adults with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurred.	
Total number of internship or practicum hours providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurred.	
Name of College or University	
Printed Name of School Official and Title	
Email Address of School Official	Phone Number of School Official
Signature of School Official	Date



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VERIFICATION OF SUPERVISED EXPERIENCE **for a Qualified Mental Health Professional – Child (QMHP-C)**

1. You must have a master’s or bachelors in a human service field or in special education, hold a Virginia RN license or hold an Occupational Therapist License in Virginia, and must have completed 1,500 hours of experience.

(If you did not complete your experience under one supervisor and one worksite, please provide additional verification of supervised experience form(s) to provide evidence that you completed the required experience hours.)

Name of Applicant (First, Middle, Last)		Applicant’s Email Address	
Information about QMHP Supervisor:			
Supervisor’s Name: (First, Middle, Last)			
Supervisor’s Email:		Supervisor’s Phone Number:	
Do you hold an active, unrestricted licenses as a mental health professional in Virginia?			Yes No
If yes, License Number:			
If you do not hold a mental health license, are you under Board approved supervision as a resident or supervisee as a pre-requisite for licensure in Virginia?			Yes No
If yes, by which Board? Counseling Psychology Social Work			
Verification of Experience for QMHP-C			
Business/Agency Name of where applicant gained experience towards QMHP-C			
Business/Agency Address of where applicant gained experience towards QMHP-C			
Dates of Experience: From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Did the applicant provide direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs?			Yes No
How many hours of experience did the applicant receive?			hours
Supervisor’s Signature: _____			Date: _____