



Virginia Department of  
**Health Professions**  
 Board of Psychology

9960 Mayland Drive, Suite 300  
 Henrico, VA 23233-1463  
[www.dhp.virginia.gov/psychology](http://www.dhp.virginia.gov/psychology)

Email:  
[psy@dhp.virginia.gov](mailto:psy@dhp.virginia.gov)  
 (804) 367-4697 (Tel)  
 (804) 527-4435 (Fax)

### EMPLOYMENT VERIFICATION

#### Part I. Applicant Information – To be completed by applicant

Name: \_\_\_\_\_ SSN or DMV Control Number \_\_\_\_\_

Position Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Business \_\_\_\_\_ Home \_\_\_\_\_

#### Part II. Employer Verification – To be completed by supervisor or personnel officer.

**The individual named above is applying for licensure as a School Psychologist-Limited under the Virginia Board of Psychology. Please verify the employment status for this individual**

Name: \_\_\_\_\_ Position Title \_\_\_\_\_

School Division: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Nature of Association with Applicant: \_\_\_\_\_

Have any disciplinary actions been taken against this applicant by an immediate supervisor or by the Board of Education? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date