



**COMMONWEALTH OF VIRGINIA**  
**BOARD OF PSYCHOLOGY**  
Department of Health Professions  
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Website - <http://www.dhp.virginia.gov/psychology>

**FORM FOR REPORTING PSYCHOLOGY GRAND ROUNDS ATTENDANCE**

**NOTE: Grand Rounds must be in a medical institution and have a clearly psychological focus.**

*The licensee must maintain the original of this form for four years following the renewal period that these continuing education hours apply. Both pages must be submitted to the Board upon request.*

**Part I. Licensee Information**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: Business: \_\_\_\_\_ Home: \_\_\_\_\_

**Part II. Documentation of Hours** (Attach additional sheets if necessary). Have attachments signed by individual whose signature appears in Part IV).

Date	Actual time spent in Grand Rounds	Cases Presented (yes or no)

**Part III. Agency/Institution Information**

Name of sponsoring agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Part IV. Confirmation of Attendance. The instructor, sponsor, leader, training coordinator or agency director must sign below.**

I attest that this is a truthful representation of the attendance of the licensee named above at the Grand Rounds listed in Part II.

\_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Signature Date

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**AFFIDAVIT**  
**(To be completed before a notary public)**

State of \_\_\_\_\_ County/City of \_\_\_\_\_

Name, \_\_\_\_\_, being duly sworn, says that he/she is the person who is referred to in the verification of participation in Grand Rounds for continuing education credits for renewal of a Virginia psychology license, that the statements herein contained are true in every respect, and that he/she has read and understands this affidavit.

\_\_\_\_\_  
Signature of Licensee

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires on \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEAL**