Virginia Department of Health Professions
Board of Psychology

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/psychology

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

INTERNSHIP VERIFICATION

Applicant's Name	Social Security/Virginia DMV Control Number 🕮

Applicant's Mailing Address:

TO THE DIRECTOR/CHAIR OF THE APPLICANT'S INTERNSHIP PROGRAM: The following information is required in order to determine the eligibility of the above-named applicant for licensure as a Clinical Psychologist or School Psychologist. Please return the completed form in a sealed envelope directly to the applicant at the above address with **your signature on the back flap of the envelope**.

Name and location of internship program:

Check the appropriate category for your internship program.	Accredited	Meets Equivalent Standards
The American Psychological Association?	_____	_____
The National Association of School Psychologists?	_____	_____
The Association of Psychology Postdoctoral and Internship Centers?	_____	_____

Describe the nature of the internship program. If this was an internship in clinical psychology, describe the emphasis and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

I attest that the information provided above is correct.

_____ Signature

_____ Name of Institution

_____ Name and Title (please print)

_____ Date