



LICENSURE/CERTIFICATION VERIFICATION

Applicants for psychology licensure in the Commonwealth of Virginia are required to send a licensure/certification verification form to **every** jurisdiction in which they currently hold, or have held, a license/certification to practice as a psychologist or any other health practitioner.

Name: _____ License Number: _____

Address: _____

TO BE COMPLETED BY STATE LICENSING/CERTIFYING BOARD
Please complete this form and return it directly to the applicant in a sealed envelope.

Title of License: _____ License Number: _____

Issue Date: _____ Expiration Date: _____

By Examination _____ By Endorsement _____ By Waiver _____ By Reciprocity _____

Type of Examination:

EPPP _____ Date of Examination: _____ Cut-Off Score _____ Applicant's Score _____

State Exam _____ Date: _____ Cut-Off Score _____ Applicant's Score _____

State Exam _____ Date: _____ Cut-Off Score _____ Applicant's Score _____

Has there ever been any disciplinary action taken against the license? Yes No If yes, give full particulars on a separate sheet.

Certification by the authorized Licensure Official of the State Board of _____

State of _____ Telephone Number (____) _____

I certify that the information is correct.

Authorized Licensure Official

Title

Jurisdiction/State

Date

SEAL