



LICENSURE VERIFICATION OF OUT-OF-STATE SUPERVISOR

I. TO BE COMPLETED BY APPLICANT

Virginia Applicant's Name: _____ SSN: _____

Address: _____

Name of Supervisor: _____ SSN: _____

Title and Number of Supervisor's License: _____

II. TO BE COMPLETED BY SUPERVISOR'S STATE LICENSING BOARD

Please complete this form and return it directly to the applicant in a signed, sealed envelope at the above address. Thank you.

Title of License/Certification: _____ License/Certificate Number: _____

Issue Date: _____ Expiration Date: _____

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

Type of Examination (please specify): _____

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

Has there ever been any disciplinary action taken against the license? Yes No

If yes, please give full particulars on a separate sheet.

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

Telephone number _____

I certify that the information is correct

Authorized Licensure Official

Title

Jurisdiction/State

Date

SEAL