Virginia Department of Health Professions
Board of Psychology

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VERIFICATION of POST-LICENSURE ACTIVE PRACTICE CLINICAL PSYCHOLOGIST

If you do not hold a credential issued by National Register of Health Services, a current diplomate status in good standing with the ABPP, or a Certificate of Professional Qualification in Psychology issued by the ASPPB, this form must be used to show evidence of active practice when applying for Licensure by Endorsement in Virginia.

INSTRUCTIONS

To validate your post-licensure active practice as an autonomous clinical psychologist, you must submit the Post-Licensure Active Practice form completed by your employer, a colleague, peer, or a licensed practitioner who can attest to your ***post-licensure*** active practice of 5 years in a category comparable to Clinical Psychology with at least 24 months of active practice within the last 60 months immediately preceding your Virginia licensure application. If you have had several jobs, please submit multiple verification forms equaling a minimum of 24 months.

The applicant should complete the top portion of this form **only**, then provide this form to the professional reference who can verify your post-licensure clinical active practice. The completed form should be returned to the applicant for inclusion in their application to the Virginia Board of Psychology.

TO BE COMPLETED BY APPLICANT

I, _____ *(printed legal name of applicant)*, hereby authorize past and present employers, businesses, professional associates and personal references to release to the Virginia Board of Psychology ("Board") any information requested by the Board in connection with the processing of my application.

_____ Signature of Applicant

_____ Date

TO BE COMPLETED BY REFERENCE

Last Name:	First Name:	
Title of License Held:	License Number:	
Email Address of Reference:		
Relationship to Applicant:		
I certify that the above applicant for licensure in the Commonwealth of Virginia, was active in the practice of Clinical Psychology as defined in §54.1-3600 of the Code of Virginia:		
Business Name of Agency or Private Practice of Licensee:		
Street Address:		
City:	State:	Zip Code:
From Date: (MM/DD/YYYY)	To Date: (MM/DD/YYY)	
Reference Signature:	Date:	

Wet/Original or Verifiable Electronic Signature Only