

COMMONWEALTH OF VIRGINIA
BOARD OF PSYCHOLOGY



Virginia Department of
Health Professions
Board of Psychology

Virginia Board of Psychology
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
(804) 367-4697 (phone); (804) 527-4435 (fax)
<http://www.dhp.virginia.gov/Psychology>

VERIFICATION OF POST-LICENSURE ACTIVE PRACTICE

To validate your active post-licensure practice as an *independent* 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 in psychology for 24 of the last 60 months. If you have had several jobs, please submit multiple verification forms equaling to a minimum of 24 months.

To be completed by applicant:

I, _____,
(Printed Name of Applicant)
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:

Name of Reference: _____ Type of License Held: _____

Mailing Address of Reference (Street, and/or Box Number, City, State, Zip Code):

Relationship to Applicant: _____

I, _____, declare that _____,
(Printed Name of Reference) (Printed Name of Applicant)

candidate for licensure as a Psychologist in the Commonwealth of Virginia, was in active, ***post-licensure clinical practice*** at

(Location Name and Address)

from _____ to _____
(MM/DD/YY) (MM/DD/YY)

Signature of Reference

Date