

**REQUEST FOR BOARD APPROVAL OF THERAPIST**

**This form must be completed and signed by both the licensee and potential therapist then returned to the licensee's Compliance Case Manager via email or mail. Note: If you have to complete this requirement for more than one Board, submit a separate request for each Board.**

**To be completed by the licensee/certificate holder/registrant under terms of a Board Order:**

**Licensee Name:** \_\_\_\_\_ **License No(s):** \_\_\_\_\_

My board order requires that I enter into, or continue in, therapy with a board-approved therapist until discharged.

By my signature below, I certify that:

- I contacted and discussed with my potential therapist all requirements associated with therapy, including any deadlines, required releases, costs, and reporting requirements. In addition, I have provided the potential therapist with
  - a copy of my entire Board Order entered, along with any other documents specified in my Order; and
  - any other Orders entered against any health or mental health license, certificate, or registration that I hold with any Board in Virginia or another jurisdiction;
- I signed and returned to the Compliance Case Manager ("CCM") the authorization form that allows free communication between this potential therapist and the Board;
- I provided this potential therapist with the CCM's name and contact information;
- I read the Board Order and understand the requirements for therapy;
- I understand that, in accordance with the Board Order, I must receive board approval of the therapist prior to beginning therapy;
- I will notify the therapist immediately if I become aware of any board investigations and/or action taken against any health or mental health license, certificate, or registration that I hold in Virginia or another jurisdiction.

**Signature of Licensee** \_\_\_\_\_

**Date** \_\_\_\_\_

**To be completed by the potential therapist:**

**Therapist's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Health or Mental Health Licenses/Certificates/Registrations in Virginia or any other jurisdiction:**

State: \_\_\_\_\_ License Type: \_\_\_\_\_ License No.: \_\_\_\_\_

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**Therapist's relationship to the licensee prior to this agreement has been:**

none                  social                  personal                  professional                  doctor/patient

If any checked (other than "none"), detail relationship:

By my signature below, I certify that:

- I have received a complete copy of the Board Order, and the contact information of the Compliance Case Manager ("CCM"), and I agree to abide by the Order's requirements and provide timely reports of the licensee's therapy;
- I have attached a copy of my *curriculum vitae* with this request, for Board review prior to approval;
- I have discussed with the licensee what will be required, to include: 1) any deadlines; 2) signed releases; 3) all costs associated with the therapeutic process; 4) the process for providing regular reports to the Board, and a copy to the licensee.
- I understand that one purpose of my therapy with this licensee is to provide the Board with thorough and timely reports to include any and all diagnoses, prognoses and treatment recommendations, and to assist the Board in determining whether, and under what conditions, the licensee might be safe and competent to practice his or her profession.

**Signature of Potential Therapist** \_\_\_\_\_

**Date** \_\_\_\_\_