

## REQUEST FOR VERIFICATION OF VIRGINIA LICENSE

**STOP!** Before completing this form, the Department of Health Professions provides a free service of primary source license verification available at <https://dhp.virginiainteractive.org/Lookup/Index> . We encourage licensees seeking verification of their license to use License Lookup.

### VERIFICATION INSTRUCTIONS AND INFORMATION

- Complete this form and pay the \$25.00 processing fee to request that an official verification of a Virginia license be sent to another jurisdiction.
- The \$25.00 processing fee must be in the form of a **check** or **money order** made payable to the "Treasurer of Virginia".
- If you are requesting multiple verification requests, you must submit a separate form for each request. There is a \$25.00 fee for each request.
- Requests received without the required fee will not be processed by the Board.
- License verifications are provided electronically to the jurisdiction in the standard format of the Department of Health Professions.
  - Forms from other jurisdictions will not be completed.
  - Only available public information will be sent to the jurisdiction.

#### License Verification will provide the following information:

- License Number
- License Title
- Name of Licensee
- License Status
- Initial License Date
- Expiration Date
- Any Additional Public Information

Please allow approximately 7-10 business days following receipt of the request for processing. You will receive an email notification when the request is completed. Please mail this request form and the \$25.00 check or money order to:

Department of Health Professions  
Board of Social Work  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
License Number: (10-digit number) _____		Last 4 digits of Social Security Number: XXX-XX-_____	
Phone Number:		Email Address:	
Jurisdiction where the Verification of Licensure should be sent:		If "Other":	

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

\_\_\_\_\_  
Date