



APPLICATION INSTRUCTIONS BEHAVIORAL HEALTH TECHNICIANS (BHT)

This application is for individuals who meet the education and [didactic education training](#) requirements in [18VAC115-100-40](#).

APPLICATION INSTRUCTIONS

Follow these steps to apply for a Behavioral Health Technicians (BHT) registration:

1. **Read** the [Laws](#) governing Counseling and the [Regulations](#) Governing the Practice of Behavioral Health Technicians and Behavioral Health Technician Assistants and utilize the detailed information in the [BHT and BHT-A Process Handbook](#) for detailed information about the required documents and process to obtain a registration.
2. **Gather and Request** ALL the necessary documents in the checklist BEFORE beginning the online application. Have copies of the required documents ready to upload, with the exception of your transcript, as part of the application process. PDF format is preferred.
3. **Apply Online** by registering for an account or logging into your existing account.
 - Select the license type of: "Behavioral Health Technicians" and the Obtained by Method of "Application".
 - Complete the required fields.
4. **Upload** the necessary documentation within the online application portal.
 - Ensure you have uploaded all the necessary documents as indicated by this checklist. A complete application provides the best opportunity to avoid delays in the review and approval process.
 - Once you have paid the application fee, your application will be submitted, and you can no longer upload additional documents. Any documents you did not upload will need to be emailed to the Board and will delay the review of your application.
5. **Pay** the application fee within the online application portal.
 - Application fees are non-refundable.
 - The application fee for BHT is **\$40.00**.
 - Your application is not submitted until the fee is paid.
6. **Wait** for Board review of your application and reply to any correspondence from the Board.
 - Applications that are complete, fully documented, and meet the minimum requirements for [Regulations](#) Governing the Practice of Behavioral Health Technicians and Behavioral Health Technician Assistants will be reviewed within **30 days** of receipt of a **complete** application.
 - Incomplete applications remain active for one year from the date of payment, after which incomplete application files are destroyed as outlined in the Library of Virginia records retention and disposition schedules. If your application is not completed in the one-year timeframe, you are required to re-apply by submitting a new application, fee, and documentation pursuant to the regulations at that time.
 - Your [online checklist](#) will be your primary source of application status.
 - As documentation is received and reviewed, your checklist will be updated, and an automated email will be sent to you 24 hours later.

RULES AND GUIDELINES

- In order to be considered for BHT registration, you must meet the education and [didactic education training](#) requirements in [18VAC115-100-40](#).
- BHT must renew their registration each year on or before June 30th and completed two hours continuing education in ethics.
- Please notify the Board in writing within 60 days of a name change or address change by completing the [Name/Address Change](#) form.
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration, certification, or license.
- Pursuant to section [§ 54.1-3506.1](#) of the Code of Virginia, all registrants operating in a nonhospital setting must post a copy of their registration in a conspicuous place.
- Pursuant to [Virginia Code § 54.1-2400.2](#) addresses of registration holders are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publicly available, please complete both sections with the same address on the application.
- Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number, or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended, and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **No registration will be issued to any individual who has failed to disclose one of these numbers.**

BHT APPLICATION CHECKLIST

| Check | REQUIRED DOCUMENTATION | SUBMIT BY |
|--------------------------|---|-----------------------------|
| Required | 1. OFFICIAL COLLEGE TRANSCRIPT | |
| <input type="checkbox"/> | <p>Request your official college transcript be emailed or mailed directly to the Board from your school. You cannot provide a transcript to the Board yourself.</p> <ul style="list-style-type: none"> It is encouraged that transcripts be electronically sent directly to the Board at bht@dhp.virginia.gov via a secured electronic transcript service used by the school (for example: eScript, National Student Clearinghouse or Parchment). If your school is unable to send your transcript electronically, the official transcript can be mailed to the Board. Photocopied or scanned copies of transcripts will not be accepted. | DIRECTLY FROM SCHOOL |
| Required | 2. AREAS OF DIDACTIC EDUCATION TRAINING FORM | |
| <input type="checkbox"/> | <p>Provide a completed copy of the Areas of Didactic Education Training form and the certificate or verification form providing evidence you met the 40-hours of didactic education training in the core content areas.</p> <p>Approved methods of obtaining didactic education training as outlined in the Board's Policy Document:</p> <ol style="list-style-type: none"> Board-approved didactic education programs; or Coursework in human services that cover one or more of the core content areas; or Continuing education courses from approved provider in one or more of the core content areas. | ONLINE PORTAL UPLOAD |
| If Applicable | 3. VERIFICATION OF HUMAN SERVICES COURSEWORK FORM | |
| <input type="checkbox"/> | <p>Please have your school complete the Verification of Human Services Coursework form, if you completed human services coursework that addressed one or more of the core content areas to certify the number of actual didactic instruction hours you received in each required content area.</p> | ONLINE PORTAL UPLOAD |
| Required | 4. NPDB SELF-QUERY | |
| <input type="checkbox"/> | <p>You must request and submit a copy of your National Practitioners Data Bank self-query report with your application. The report must be current and generated no more than 30 days prior to submitting your application for registration.</p> | ONLINE PORTAL UPLOAD |
| If Applicable | 5. LICENSE/CERTIFICATION OR REGISTRATION VERIFICATION | |
| <input type="checkbox"/> | <p>If you have ever held, or currently hold, a health or mental health license, certification, or registration in Virginia or any other jurisdiction, whether current, inactive, or expired, you must submit an online license verification.</p> <ul style="list-style-type: none"> The online license verification can be printed directly from the jurisdiction's website. <ul style="list-style-type: none"> You can print to PDF or scan the printed online verification to include it with your online application. The verification must include the following information: <ul style="list-style-type: none"> Licensee name, License number, License title, Issue date, Expiration date, and whether disciplinary action has ever occurred against your license certification or registration. Submitting a copy of your license certificate is not considered license verification. If the jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain license verification. Please see the Board's Applicant Out-of-State Licensure Verification form. | ONLINE PORTAL UPLOAD |
| If Applicable | 6. PROOF OF NAME CHANGE | |
| <input type="checkbox"/> | <p>You must provide documentation if your name has ever been legally changed from the time you attended school or were licensed, certified, or registered in another jurisdiction or is other than what is listed on your application. Acceptable forms of documentation are copies of a marriage certificate, court order, or divorce decree.</p> | ONLINE PORTAL UPLOAD |

| If Applicable | 7. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS | |
|--|--|--|
| <input data-bbox="138 149 175 191" type="checkbox"/> | <p>If you answer “YES” to any of the questions on the criminal convictions, past actions, or possible impairment questions on the application, you must include a detailed explanation and supporting documentation. Please refer to Guidance Document 115-2, for a list of required documentation and further information. Examples of supporting documentation that may be required include:</p> <ul style="list-style-type: none"> • Certified copies of court orders, orders for disciplinary action or denials. • Evidence that court ordered, or disciplinary action requirements have been met. • Evidence of past treatment, such as a discharge summary. • Letter from the applicant’s current healthcare provider(s). • Letter from the applicant explaining the factual circumstances of the criminal offense, disciplinary action, denial, or condition or impairment. • Letters from employers concerning work performance. <p>All applications are reviewed on a case-by-case basis.</p> | <p>ONLINE PORTAL UPLOAD</p> |

END OF INSTRUCTIONS. PROCEED TO THE [ONLINE APPLICATION](#).