



## APPLICATION INSTRUCTIONS LICENSURE BY ENDORSEMENT LICENSED PROFESSIONAL COUNSELOR (LPC)

This application is for individuals who hold an active, unrestricted, independent, equivalent professional counseling license in another jurisdiction.

### APPLICATION INSTRUCTIONS

Follow these steps to apply for Licensure by Endorsement:

1. **Read** the [Laws](#) regarding governing Counseling and the [Regulations](#) governing the Practice of Professional Counseling in Virginia and utilize the detailed information in the [Licensed Professional Counselor \(LPC\) Handbook](#) for detailed information about the required documents and process to obtain a license.
2. **Determine which Endorsement Pathway** is applicable to your license, education, and experience circumstance. Detailed information can be found in the [Licensed Professional Counselor \(LPC\) Handbook](#).
  - o Pathway 1 is for individuals who have more than 24 months of post-licensure active practice.
  - o Pathway 2 is for individuals who have less than 24 months of post-licensure active practice, but meet the education requirements of [18VAC-115-20-49](#) and [18VAC115-20-51](#) and the experience requirements of [18VAC-115-20-52](#).
  - o Pathway 3 is for individuals who hold a current Certified Clinical Mental Health Counselor ([CCMHC](#)) credential from the National Board of Certified Counselors (NBCC).
3. **Gather and Request** ALL the necessary documents in the applicable Pathway Checklist BEFORE beginning the online application. Have copies of the required documents ready to upload as part of the application process. PDF format is preferred.
4. **Apply Online** by registering for an account or logging into your existing account.
  - o Select the license type of: "Licensed Professional Counselor" and the Obtained by Method of "Endorsement".
  - o Complete the required fields.
5. **Upload** the necessary documentation within the online application portal.
  - o 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.
  - o 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.
6. **Pay** the application fee within the online application portal.
  - o Application fees are non-refundable.
  - o The application fee for Licensed Professional Counselor by Endorsement is \$175.00.
  - o Your application is not submitted until the fee is paid.
7. **Wait** for Board review of your application and reply to any correspondence from the Board.
  - o Applications that are complete, fully documented, and meet the minimum requirements for the [Regulations Governing the Practice of Professional Counseling](#) will be reviewed within **30 days** of receipt of a **complete** application.

- o 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.
- o Your [online checklist](#) will be your primary source of application status.
- o 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 Licensure as a Professional Counselor by Endorsement, you must meet all the requirements in [18VAC115-20-45](#).
- Please notify the Board in writing within 30 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 [Virginia Code § 54.1-2400.2](#) addresses of licensees 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 license will be issued to any individual who has failed to disclose one of these numbers.**

## PATHWAY 1 – LPC ENDORSEMENT APPLICATION CHECKLIST

Pathway #1 is for individuals who have an active, unrestricted, independent, equivalent, clinical counseling license **AND** have provided post-licensure active clinical practice for 24 of the last 60 months.

- Clinical practice means the rendering of direct clinical counseling services or clinical supervision of counseling services.
- Experience obtained during a residency or internship does not count towards the 24 months. The experience must be post-licensure.

Check	REQUIRED DOCUMENTATION	SUBMIT BY
Required	<b>1. NPDB SELF-QUERY</b>	
<input type="checkbox"/>	You must request and submit a copy of your <a href="#">National Practitioners Data Bank</a> self-query report with your application. The report must be current and generated no more than 30 days prior to submitting your application for licensure.	<b>ONLINE PORTAL UPLOAD</b>
Required	<b>2. LICENSE VERIFICATION</b>	
<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"> <li>• The online license verification can be printed directly from the jurisdiction's website. <ul style="list-style-type: none"> <li>◦ You can print to PDF or scan the printed online verification to include it with your online application.</li> </ul> </li> <li>• The verification must include the following information: <ul style="list-style-type: none"> <li>◦ Licensee name, License number, License title, Issue date, Expiration date, <b>and</b> whether disciplinary action has ever occurred against your license or certification.</li> </ul> </li> <li>• Submitting a copy of your license certificate is <b>not</b> considered license verification.</li> <li>• If the jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain license verification. Please see the Board's <a href="#">Applicant Out-of-State Licensure Verification</a> form.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
Required	<b>3. EXAM SCORES</b>	
<input type="checkbox"/>	<p>You must provide verification of a passing score on an examination required for counseling licensure in the jurisdiction where you obtained your license.</p> <ul style="list-style-type: none"> <li>• If your jurisdiction required the NCMHCE or NCE exam, contact NBCC to have your NCMHCE or NCE passing exam scores transferred directly to the Virginia Board. The scores must be sent directly from NBCC to the Board. You cannot provide a copy of your scores to the Board. <ul style="list-style-type: none"> <li>a. To avoid delays in processing your application, please request this transfer from NBCC prior to completing your online application for LPC by Endorsement.</li> </ul> </li> <li>• If you took a state constructed exam to receive your professional counselor license, you must contact your licensing state and request to have your scores provided directly to the Board.</li> <li>• You cannot provide a copy of your scores to the Board.</li> </ul>	<b>Directly from NBCC</b>
Required	<b>4. OFFICIAL COLLEGE TRANSCRIPTS</b>	
<input type="checkbox"/>	<p>Request that copies of your official college transcripts be emailed or mailed directly to the Board from your school. You cannot provide transcripts to the Board yourself.</p> <ul style="list-style-type: none"> <li>• The transcripts must show that you graduated with a graduate degree from a program that prepares individuals to practice counseling.</li> <li>• It is encouraged that transcripts be electronically sent directly to the Board at <a href="mailto:coun@dhp.virginia.gov">coun@dhp.virginia.gov</a> via a secured electronic transcript service used by the school (for example: eScript or Parchment).</li> <li>• If your school is unable to send your transcripts electronically, the official transcripts can be mailed to the Board.</li> <li>• Photocopied or scanned copies of transcripts will not be accepted.</li> </ul>	<b>DIRECTLY FROM SCHOOL</b>

<b>Required</b>	<b>5. ORIGINAL APPLICATION</b>	
<input type="checkbox"/>	<p>Provide a certified copy of your application materials from the jurisdiction where you were originally licensed.</p> <ul style="list-style-type: none"> <li>If you are unable to provide a certified copy of your application materials, you can provide a copy of the regulations that were in effect at the time you were licensed.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
<b>Required</b>	<b>6. VERIFICATION OF CLINICAL ACTIVE PRACTICE FORM</b>	
<input type="checkbox"/>	<p>Provide a completed copy of the <a href="#">Verification of Post-Licensure Active Practice</a> form that is signed by the reference who can certify your active practice.</p> <ul style="list-style-type: none"> <li>Examples of individuals who can be a reference to verify your active practice are: <ul style="list-style-type: none"> <li>i. Present employers,</li> <li>ii. Past employers, and</li> <li>iii. Business or Professional Colleagues.</li> </ul> </li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
<b>If Applicable</b>	<b>PROOF OF NAME CHANGE</b>	
<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>	<b>ONLINE PORTAL UPLOAD</b>
<b>If Applicable</b>	<b>CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS</b>	
<input 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 <a href="#">Guidance Document 115-2</a>, 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"> <li>Certified copies of court orders, orders for disciplinary action or denials.</li> <li>Evidence that court ordered, or disciplinary action requirements have been met.</li> <li>Evidence of past treatment, such as a discharge summary.</li> <li>Letter from the applicant's current healthcare provider(s).</li> <li>Letter from the applicant explaining the factual circumstances of the criminal offense, disciplinary action, denial, or condition or impairment.</li> <li>Letters from employers concerning work performance.</li> </ul> <p>All applications are reviewed on a case-by-case basis.</p>	<b>ONLINE PORTAL UPLOAD</b>

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

## PATHWAY 2 – LPC ENDORSEMENT APPLICATION CHECKLIST

Pathway #2 is for individuals who:

1. Hold an active, unrestricted, independent, equivalent clinical counseling license in another state,
2. Have **NOT** provided post-licensure active practice for 24 of the last 60 months,
  - Clinical practice means the rendering of direct clinical counseling services or clinical supervision of counseling services.
3. Have education that meets with the requirements of [18VAC-115-20-49](#) and [18VAC115-20-51](#), and
4. Have supervised experience that meets with the requirements [18VAC-115-20-52](#).

Check	REQUIRED DOCUMENTATION	SUBMIT BY
<b>Required</b>	<b>1. NPDB SELF-QUERY</b>	
<input type="checkbox"/>	You must request and submit a copy of your <a href="#">National Practitioners Data Bank</a> self-query report with your application. The report must be current and generated no more than 30 days prior to submitting your application for licensure.	<b>ONLINE PORTAL UPLOAD</b>
<b>Required</b>	<b>2. LICENSE VERIFICATION</b>	
<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"> <li>• The online license verification can be printed directly from the jurisdiction's website.                             <ul style="list-style-type: none"> <li>○ You can print to PDF or scan the printed online verification to include it with your online application.</li> </ul> </li> <li>• The verification must include the following information:                             <ul style="list-style-type: none"> <li>○ Licensee name, License number, License title, Issue date, Expiration date, <b>and</b> whether disciplinary action has ever occurred against your license or certification.</li> </ul> </li> <li>• Submitting a copy of your license certificate is <b>not</b> considered license verification.</li> </ul> <p>If the jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain license verification. Please see the Board's <a href="#">Applicant Out-of-State Licensure Verification</a> form.</p>	<b>ONLINE PORTAL UPLOAD</b>
<b>Required</b>	<b>3. EXAM SCORES</b>	
<input type="checkbox"/>	<p>You must provide verification of a passing score on an examination required for counseling licensure in the jurisdiction where you obtained your license.</p> <ul style="list-style-type: none"> <li>• If your jurisdiction required the NCMHCE or NCE exam, contact NBCC to have your NCMHCE or NCE passing exam scores transferred directly to the Virginia Board. The scores must be sent directly from NBCC to the Board. You cannot provide a copy of your scores to the Board.                             <ul style="list-style-type: none"> <li>a. To avoid delays in processing your application, please request this transfer from NBCC prior to completing your online application for LPC by Endorsement.</li> </ul> </li> <li>• If you took a state constructed exam to receive your professional counselor license, you must contact your licensing state and request to have your scores provided directly to the Board.</li> <li>• You cannot provide a copy of your scores to the Board.</li> </ul>	<b>Directly from NBCC</b>
<b>Required</b>	<b>4. OFFICIAL COLLEGE TRANSCRIPTS</b>	
<input type="checkbox"/>	<p>Request that copies of your official college transcripts be emailed or mailed directly to the Board from your school. You cannot provide transcripts to the Board yourself.</p> <ul style="list-style-type: none"> <li>• The transcripts must show that you graduated with a graduate degree from a program that prepares individuals to practice counseling.</li> <li>• It is encouraged that transcripts be electronically sent directly to the Board at <a href="mailto:coun@dhp.virginia.gov">coun@dhp.virginia.gov</a> via a secured electronic transcript service used by the school (for example: eScript or Parchment).</li> <li>• If your school is unable to send your transcripts electronically, the official transcripts can be mailed to the Board.</li> <li>• Photocopied or scanned copies of transcripts will not be accepted.</li> </ul>	<b>DIRECTLY FROM SCHOOL</b>

<b>Required</b>	<b>5. VERIFICATION OF SUPERVISION (Must be notarized)</b>	
<input type="checkbox"/>	<p>You must provide documentation that you completed a supervised experience in your licensing jurisdiction. The best way for you to provide this documentation is to complete the Virginia <a href="#">Verification of Supervision</a> form and include it with your application. Your supervisor's signature must be notarized on this form.</p> <ul style="list-style-type: none"> <li>If you had more than one supervisor during your residency, you must provide a separate Verification of Supervision form from each supervisor.</li> <li>If you are unable to have the Virginia <a href="#">Verification of Supervision</a> form completed, the Board may consider supervised experience documentation from another jurisdiction if it demonstrates that you have met the supervised experience requirements.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
<b>Required</b>	<b>6. VERIFICATION OF REQUIRED COURSEWORK</b>	
<input type="checkbox"/>	<p>Provide a completed copy of the <a href="#">Verification of Required Coursework</a> form to demonstrate the courses you took to obtain the three (3) semester hours or four (4) quarter hours of graduate coursework in each of the 13 core content areas of <a href="#">18VAC115-20-51</a>.</p> <ul style="list-style-type: none"> <li>One course may count for one content area only.</li> <li>This form should be completed by the school, or completed by the applicant and reviewed by the school for accuracy.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
<b>Required</b>	<b>7. VERIFICATION OF DEGREE AND INTERNSHIP</b>	
<input type="checkbox"/>	<p>Provide a completed copy of the <a href="#">Verification of Degree and Internship</a> form signed by your graduate school verifying that your degree and internship meets the requirements of <a href="#">18VAC115-20-49</a> and <a href="#">18VAC115-20-51</a>.</p>	<b>ONLINE PORTAL UPLOAD</b>
<b>Required</b>	<b>8. LICENSE VERIFICATION OF OUT-OF-STATE SUPERVISOR</b>	
<input type="checkbox"/>	<p>Submit an online license verification for your supervisor.</p> <ul style="list-style-type: none"> <li>The online verification can be printed directly from the licensing jurisdiction's website.</li> <li>If the jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain license verification.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
<b>If Applicable</b>	<b>9. DEGREE PROGRAM INFORMATION</b>	
<input type="checkbox"/>	<p>If your degree was not <a href="#">CACREP accredited</a> at the time you graduated, or your degree is not specifically in the practice of counseling, you must provide the following information for review:</p> <ul style="list-style-type: none"> <li>A letter on official university letterhead or printed from the university website that your degree program has the express intent to prepare counselors.</li> <li>Evidence that your degree program has an identifiable Licensed Professional Counselor faculty with an identifiable body of students. <ul style="list-style-type: none"> <li>The Board considers identifiable counselor training faculty as core counselor education program faculty that holds a doctorate degree in counselor education; or holds a LPC or comparable license.</li> </ul> </li> <li>Degree program has clear authority and primary responsibility for the core and specialty areas as required by <a href="#">18VAC115-20-51</a>.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
<b>If Applicable</b>	<b>10. PROOF OF NAME CHANGE</b>	
<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>	<b>ONLINE PORTAL UPLOAD</b>

If Applicable	11. 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 <a href="#">Guidance Document 115-2</a>, 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"> <li>• Certified copies of court orders, orders for disciplinary action or denials.</li> <li>• Evidence that court ordered, or disciplinary action requirements have been met.</li> <li>• Evidence of past treatment, such as a discharge summary.</li> <li>• Letter from the applicant’s current healthcare provider(s).</li> <li>• Letter from the applicant explaining the factual circumstances of the criminal offense, disciplinary action, denial, or condition or impairment.</li> <li>• Letters from employers concerning work performance.</li> </ul> <p>All applications are reviewed on a case-by-case basis.</p>	<p><b>ONLINE PORTAL UPLOAD</b></p>

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



## PATHWAY 3 – LPC ENDORSEMENT APPLICATION CHECKLIST

Pathway #3 is for individuals who hold an active, unrestricted, independent, equivalent clinical counseling license **AND** a current Certified Clinical Mental Health Counselor ([CCMHC](#)) credential from the National Board of Certified Counselors (NBCC).

Check	REQUIRED DOCUMENTATION	SUBMIT BY
Required	<b>1. NPDB SELF-QUERY</b>	
<input type="checkbox"/>	You must request and submit a copy of your <a href="#">National Practitioners Data Bank</a> self-query report with your application. The report must be current and generated no more than 30 days prior to submitting your application for licensure.	<b>ONLINE PORTAL UPLOAD</b>
Required	<b>2. LICENSE VERIFICATION</b>	
<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"> <li>The online license verification can be printed directly from the jurisdiction's website. <ul style="list-style-type: none"> <li>You can print to PDF or scan the printed online verification to include it with your online application.</li> </ul> </li> <li>The verification must include the following information: <ul style="list-style-type: none"> <li>Licensee name, License number, License title, Issue date, Expiration date, <b>and</b> whether disciplinary action has ever occurred against your license or certification.</li> </ul> </li> <li>Submitting a copy of your license certificate is <b>not</b> 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 <a href="#">Applicant Out-of-State Licensure Verification</a> form.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
Required	<b>3. EXAM SCORES</b>	
<input type="checkbox"/>	<p>You must provide verification of a passing score on an examination required for counseling licensure in the jurisdiction where you obtained your license.</p> <ul style="list-style-type: none"> <li>If your jurisdiction required the NCMHCE or NCE exam, contact NBCC to have your NCMHCE or NCE passing exam scores transferred directly to the Virginia Board. The scores must be sent directly from NBCC to the Board. You cannot provide a copy of your scores to the Board. <ul style="list-style-type: none"> <li>To avoid delays in processing your application, please request this transfer from NBCC prior to completing your online application for LPC by Endorsement.</li> </ul> </li> <li>If you took a state constructed exam to receive your professional counselor license, you must contact your licensing state and request to have your scores provided directly to the Board.</li> <li>You cannot provide a copy of your scores to the Board.</li> </ul>	<b>Directly from NBCC</b>
Required	<b>4. VERIFICATION OF CCMHC CREDENTIAL</b>	
<input type="checkbox"/>	<p>You must submit an online verification of your current Certified Clinical Mental Health Counselor (CCMHC) credential from the National Board of Certified Counselors (NBCC).</p> <ul style="list-style-type: none"> <li>The online verification can be printed directly from the <a href="#">NBCC website</a>. You can print to PDF or scan the printed online verification to include with your online application.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
If Applicable	<b>5. PROOF OF NAME CHANGE</b>	
<input type="checkbox"/>	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.	<b>ONLINE PORTAL UPLOAD</b>



If Applicable	CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS	
<input data-bbox="138 138 175 170" 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 <a href="#">Guidance Document 115-2</a>, 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"> <li>• Certified copies of court orders, orders for disciplinary action or denials.</li> <li>• Evidence that court ordered, or disciplinary action requirements have been met.</li> <li>• Evidence of past treatment, such as a discharge summary.</li> <li>• Letter from the applicant’s current healthcare provider(s).</li> <li>• Letter from the applicant explaining the factual circumstances of the criminal offense, disciplinary action, denial, or condition or impairment.</li> <li>• Letters from employers concerning work performance.</li> </ul> <p>All applications are reviewed on a case-by-case basis.</p>	<p><b>ONLINE PORTAL UPLOAD</b></p>

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