



REQUIREMENTS TO QUALIFY AS A QUALIFIED MENTAL HEALTH PROFESSIONAL-CHILD (QMHP-C)

“Qualified Mental Health Professional-Child or QMHP-C” means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for children and adolescents up to 22 years of age. A qualified mental health professional-child shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.

In order to qualify, you must provide evidence of **ONE** of the following:

1. A **master’s degree** in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an **internship or practicum** that includes at least **500 hours of experience** with persons who have mental illness;
2. A **master’s or bachelor’s degree in human services or in special education** (see [Guidance Document 115-8](#)) from an accredited college with at least **1,500 hours of supervised experience** within the last 5 years providing direct services to individuals as a part of a population of **children or adolescents** up to the age of 22 with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs under the supervision of a licensed mental health professional or a person under supervision approved by the board as a pre-requisite for licensure under the Virginia Board of Counseling, Psychology or Social Work;
3. A **registered nurse licensed in Virginia** with at least **1,500 hours of supervised experience** within the last 5 years providing direct services to individuals as a part of a population of **children or adolescents** up to the age of 22 with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs under the supervision of a licensed mental health professional or a person under supervision approved by the board as a pre-requisite for licensure under the Virginia Board of Counseling, Psychology or Social Work;
4. A **licensed occupational therapist** with an **internship or practicum of at least 500 hours** or **1,500 hours of supervised experience** within the last 5 years providing direct services to individuals as a part of a population of **children or adolescents** up to the age of 22 with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs under the supervision of a licensed mental health professional or a person under supervision approved by the board as a pre-requisite for licensure under the Virginia Board of Counseling, Psychology or Social Work.



ELECTRONIC APPLICATION INSTRUCTIONS FOR A QUALIFIED MENTAL HEALTH PROFESSIONAL-CHILD (QMHP-C)

IMPORTANT NOTICE:

To expedite the processing of your ONLINE application for QMHP-C, please upload any documentations you are required to provide by using the new documents upload feature in the online application portal. Documents you wish to upload must be uploaded prior to submitting your online application fee.

Prior to **uploading or emailing** the enclosed forms and required supporting documentation to the Board for consideration, we recommend that you review the [Regulations Governing the Registration of Qualified Mental Health Professionals](#) and the [QMHP - Frequently Asked Questions](#). All fees submitted to the Board are **non-refundable**.

A complete application packet provides the best opportunity to avoid delays in the application review process. You should make every effort to upload or email all the below information to the Board office for consideration. It is preferred that supporting documents be provided to the Board in **pdf file format**. Your application packet is **NOT** considered complete until all applicable supporting documentation has been received by the Virginia Board of Counseling.

CHECK MARK	CHECKLIST OF REQUIRED DOCUMENTATION	SUBMISSION METHODS TO THE BOARD
	1. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY REPORT	
<input type="checkbox"/>	A current report from the U.S. Department of Health and Human Services National Practitioners Data Bank (NPDB) must be submitted. You may request a self-query report at https://www.npdb.hrsa.gov/ .	ONLINE
	2. VERIFICATION OF EDUCATION	
<input type="checkbox"/>	An <u>official</u> transcript (paper or electronic) showing proof of a bachelor's or post-baccalaureate degree. For faster processing, it is encouraged that transcripts be electronically sent directly to the Board at qmhp@dhp.virginia.gov via a secured electronic transcript service used by the school (for example: eScript or parchment). If your school is unable to send your transcript electronically, the official transcript can be mailed to the Board. Photocopied transcripts will not be accepted. All official transcripts must include a conferred date. (Foreign degrees require an equivalence report from a credentialing service)	E-MAIL or MAIL (Preferably via E-mail & must come <u>directly</u> from the school/issuing institution)
	3. VERIFICATION OF INTERNSHIP (if applicable)	
<input type="checkbox"/>	If you hold a master's degree in psychology, social work, counseling, substance abuse or marriage and family therapy, please have this form signed by a school official to verify your internship or practicum with at least 500 hours with persons/clients with mental illness. If you hold a master's or bachelor's degree in a human services field and completed an internship or practicum the Board may consider your internship hours toward your supervised experience. For instance, if you completed 200 hours with children or adolescents the Board can consider 200 hours toward the QMHP-C supervised experience. (This form must be signed by a school official and contain an original wet signature or digital signature that is secure and can be authenticated.)	ONLINE



	4. VERIFICATION OF SUPERVISED EXPERIENCE	
<input type="checkbox"/>	<p>Submit the supervised experience form signed by a licensed mental health professional, supervisee or resident approved by the Board of Counseling, Psychology or Social Work. If you have multiple supervisors who supervised your experience or multiple worksites where you gained your experience, please submit a separate verification of supervised experience form for each supervisor or worksite. (This form must be signed by your supervisor and contain an original wet signature or digital signature that is secure and can be authenticated.)</p> <p><i>If you do hold a Master's degree in psychology, social work, counseling, substance abuse or marriage and family therapy with 500 hours of internship or practicum hours, this form is not required.</i></p>	ONLINE
	5. VERIFICATION OF LICENSE/CERTIFICATION/REGISTRATION (if applicable)	
<input type="checkbox"/>	<p>If you have ever held or hold a license, certification or registration as a mental health or health professional, whether current or expired, you must submit an online license verification. The online license verification can be printed directly from the licensing jurisdiction's website. Please note that the verification must indicate if you have any disciplinary actions against your license, certification or registration. If this information is not available online, please contact the licensing jurisdiction directly to obtain a license verification.</p>	ONLINE
	6. LICENSE VERIFICATION OF OUT-OF-STATE SUPERVISOR (if applicable)	
<input type="checkbox"/>	<p>If your supervision did not take place in Virginia, you must submit a verification of your supervisor's license. You may submit an online verifications printed from the issuing license jurisdiction website or you may submit the enclosed verification form. The supervisor's license verification must be included in your application packet.</p>	ONLINE
	7. PROOF OF NAME CHANGE (if applicable)	
<input type="checkbox"/>	<p>Documentation must be provided to show each name change(s) if your name has ever been legally changed from the time you attended school or were licensed, certified, or registered in other jurisdictions or other than what is listed on your application. Acceptable forms of documentation include a copy of a marriage license, court order or divorce decree.</p>	ONLINE
	8. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS (if applicable)	
<input type="checkbox"/>	<p>If you answer "YES" to any of these questions on your application, please include a detailed explanation and supporting documentation. <i>Please refer to Guidance Document 115-2, available on the Board's website, for a list of required documentation that will be needed regarding criminal convictions, past actions, or possible impairments.</i> If you previously disclosed this information on your QMHP-Trainee application, you do not need to provide a duplicate copy of this documentation; however, you must provide a letter to the Board that you have no new actions or impairments.</p>	ONLINE

GENERAL INFORMATION

- Applications are processed in the order received. Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements for the [Regulations Governing the Registration of Qualified Mental Health Professionals](#) will be reviewed within **30 days** of receipt of a **complete** application packet.
- Periodically log into the DHP license application portal at: <https://www.license.dhp.virginia.gov/apply/Login.aspx> to monitor progress of your application and remember "unchecked" items may have been received but are pending review.



- Check your certification status by going to: [License Lookup](#) (*registration information is posted in real time).
- Please notify the Board in writing within 30 days of a name change or address change by completing the **Name/Address Change Form** available on the Board's website at www.dhp.virginia.gov/counseling/.
- An incomplete application for registration will be retained on file for one (1) year. After one year, all incomplete application files will be destroyed as outlined in the Library of Virginia records retention and disposition schedules.
- 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 or license.
- Pursuant to [Virginia Code § 54.1-2400.02](#) addresses of registrants 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 publically available, please complete both sections with 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 CERTIFICATION WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FALIED TO DISCLOSE ONE OF THESE NUMBERS.**

End of instructions

VERIFICATION OF INTERNSHIP/PRACTICUM **for a Qualified Mental Health Professional (QMHP)**

If you hold a master's or bachelor's degree in a human services field (see [Guidance Document 115-8](#)) and had an internship or practicum with persons with mental illness, your internship or practicum may be considered toward the required hours of experience to qualify as a QMHP.

To be completed by applicant:

Applicant's Name (First, Middle, Last)	Applicant's Email Address
Applicant's Social Security Number or VA DMV Number	Student Identification Number

To be completed by college or university official: All fields must be completed.

Is the college or university listed as accredited on the United States Department of Education College Accreditation database?	Yes	No
Did the applicant complete a Master's or Bachelor's degree in <u>human service or special education</u> ? (Human services and related field are defined in Guidance Document 115-8)	Yes	No
Dates of internship and/or practicum		
Total number of internship or practicum hours		
Total number of internship or practicum hours providing direct services to individuals as part of a population of <u>adults</u> with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurred.		
Total number of internship or practicum hours providing direct services to individuals as part of a population of <u>children or adolescents</u> with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurred.		
Name of College or University		
Printed Name of School Official and Title		
Email Address of School Official	Phone Number of School Official	
Signature of School Official	Date	



VERIFICATION OF SUPERVISED EXPERIENCE **for a Qualified Mental Health Professional – Child (QMHP-C)**

Applicant must hold a master’s or bachelors in human service field or in special education, hold a Virginia RN license or hold an Occupational Therapist License with 1,500 hours of supervised experience with children or adolescents **up to the age of 22** with mental illnesses in a setting where mental health treatment, practice, observation or diagnosis occurs.

(If you did not complete your experience under one supervisor and one worksite, please provide additional verification of supervised experience form(s) to provide evidence that you completed the required experience hours.)

Name of Applicant (First, Middle, Last)	Applicant’s Email Address
To be completed by Supervisor: (All questions must be answered. Incomplete forms will not be considered.)	
Supervisor’s Name: (First, Middle, Last)	
Supervisor’s Email:	Supervisor’s Phone Number:
Title of License:	Supervisor’s License Number:
<p>If you do not hold a mental health license, you must be approved by the Virginia Board as a resident or supervisee as a pre-requisite for Virginia licensure.</p> <p>What Virginia Board are you approved under?</p> <p style="text-align: center;">Counseling Psychology Social Work</p>	
To be completed by Supervisor: Verification of Experience for QMHP-C	
Business/Agency Name of where applicant gained experience towards QMHP-C	
Business/Agency Address of where applicant gained experience towards QMHP-C	
Dates of Experience: From (mm/dd/yy):	To (mm/dd/yy):
Under your supervision, how many supervised experience hours did the applicant complete in providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs?	_____ hours
Supervisor’s Signature: _____ (Original signature required)	Date: _____