



## APPLICATION INSTRUCTIONS QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)

This application is for individuals who meet the education, [didactic education training](#), and supervised experience requirements in [18VAC115-80-40](#).

### APPLICATION INSTRUCTIONS

Follow these steps to apply for a QMHP registration:

1. **Read** the [Laws](#) governing Counseling and the [Regulations](#) Governing the Registration of Qualified Mental Health Professionals and utilize the detailed information in the [QMHP Registration 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 official 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: "Qualified Mental Health Professional" 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 QMHP is \$50.00.
  - 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 Registration of Qualified Mental Health Professionals 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 QMHP registration, you must meet the education, [didactic education training](#), and supervised experience requirements in [18VAC115-80-40](#).
- QMHPs must renew their registration each year on or before June 30<sup>th</sup> and completed eight contact hours of continued education to include one hour of coursework that emphasizes 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.**

## QMHP APPLICATION CHECKLIST

Check	REQUIRED DOCUMENTATION	SUBMIT BY
<b>If Applicable</b>	<b>1. OFFICIAL COLLEGE TRANSCRIPT</b>	
<input type="checkbox"/>	<p>Request 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>• If you provided your official conferred bachelor's degree transcript as part of your QMHP-Trainee application, you do not need to resubmit a duplicate transcript to the Board.</li> <li>• The transcripts must show that you have at a minimum a conferred bachelor's degree.</li> <li>• It is encouraged that transcripts be electronically sent directly to the Board at <a href="mailto:gmhp@dhp.virginia.gov">gmhp@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>2. NPDB SELF-QUERY</b>	
<input type="checkbox"/>	<p>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 registration.</p>	<b>ONLINE PORTAL UPLOAD</b>
<b>Required</b>	<b>3. VERIFICATION OF SUPERVISED EXPERIENCE</b>	
<input type="checkbox"/>	<p>You must submit the <a href="#">Verification of Supervised Experience for QMHP Registration form</a> with your application. A separate form must be submitted for each supervisor that supervised your experience.</p> <ul style="list-style-type: none"> <li>• Have your qualified supervisor(s) complete the entire form to verify that you have completed 1,500 hours of supervised experience within the last five years.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
<b>If Applicable</b>	<b>4. AREAS OF DIDACTIC EDUCATION TRAINING FORM</b>	
<input type="checkbox"/>	<p>If you were registered by the Board as a QMHP-T prior to May 7, 2025, you are deemed to have met the 80-hours of didactic education requirements and do not need to submit this form.</p> <ul style="list-style-type: none"> <li>• If you were registered by the Board as a QMHP-T after May 7, 2025, please provide a completed copy of the <a href="#">Areas of Didactic Education Training form</a> to demonstrate that you met the 20 additional hours of didactic education training to meet the 80 hour didactic education requirements. <ul style="list-style-type: none"> <li>○ <b>Approved methods of obtaining didactic education training:</b> <ol style="list-style-type: none"> <li>1. Board-approved didactic education programs outlined in the <a href="#">policy document</a>; or</li> <li>2. Coursework in human services or related field; or</li> <li>3. Continuing education courses from approved providers listed in <a href="#">18VAC115-80-80(C)</a>.</li> </ol> </li> <li>○ In addition, you must submit your CE certificates or the <a href="#">Verification of Human Services Coursework form</a>.</li> </ul> </li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
<b>If Applicable</b>	<b>5. VERIFICATION OF HUMAN SERVICES COURSEWORK FORM</b>	
<input type="checkbox"/>	<p>If you were registered by the Board as a QMHP-T prior to May 7, 2025, you are deemed to have met the 80-hours of didactic education requirements and do not need to submit this form.</p> <ul style="list-style-type: none"> <li>○ If you were registered as a QMHP-T by the Board after May 7, 2025, please provide a completed copy of the <a href="#">Verification of Human Services Coursework form</a> if you would like your coursework completed after receiving your QMHP-T to be considered for the additional 20 hours of didactic education required to meet the 80-hour training requirement.</li> </ul>	

<b>If Applicable</b>	<b>6. VERIFICATION OF SUPERVISOR'S TRAINING</b>	
<input type="checkbox"/>	If your supervised experience started on or after May 7, 2025, you must submit a copy of your supervisor's completed training certificate as evidence that your supervisor has received the required supervision training as outlined in <a href="#">18VAC115-80-40</a> and in the Policy Document: <a href="#">Supervision of QMHPs, QMHP-Trainees, BHTs, and BHTAs</a> .	<b>ONLINE PORTAL UPLOAD</b>
<b>If Applicable</b>	<b>7. VERIFICATION OF INTERNSHIP/PRACTICUM</b>	
<input type="checkbox"/>	If you hold a master's or bachelor's degree in a human services field (see, <a href="#">Guidance Document 115-8</a> ) and had an internship or practicum, your internship or practicum hours may be considered toward the total hours of experience needed to qualify as a QMHP. In order for these hours to be considered, you must have your school official complete <a href="#">verification of internship/practicum form</a> and submit the form with your application.	<b>ONLINE PORTAL UPLOAD</b>
<b>If Applicable</b>	<b>8. LICENSE VERIFICATION OF OUT-OF-STATE SUPERVISOR</b>	
<input type="checkbox"/>	If your supervised experience did not take place in Virginia, you must submit an online license verification for your supervisor. <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. LICENSE/CERTIFICATION OR REGISTRATION VERIFICATION</b>	
<input type="checkbox"/>	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. <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 certification or registration.</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>
<b>If Applicable</b>	<b>10. 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>
<b>If Applicable</b>	<b>11. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS</b>	
<input type="checkbox"/>	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: <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> All applications are reviewed on a case-by-case basis.	<b>ONLINE PORTAL UPLOAD</b>

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