

Email: qmhp@dhp.virginia.gov (804) 367-3053 (Tel) (804) 977-9772 (Fax)

Requirements to register as a Qualified Mental Health Professional - Trainee (QMHP-Trainee) to become eligible for Qualified Mental Health Professional - Child (QMHP-C) and/or Qualified Mental Health Professional - Adult (QMHP-A)

In order to be eligible as a supervised trainee, you must provide evidence of **ONE** of the following:

Supervised Trainee for OMHP-C

- 1. A master's or bachelor's degree in human services or in special education from an accredited college (see <u>Guidance Document 115-8</u> for a list of approved degrees); or,
- 2. A registered nurse licensed in Virginia; or,
- 3. A licensed occupational therapist.

Supervised Trainee for OMHP-A

- 1. A master's or bachelor's degree in human services or a related field from an accredited college (see <u>Guidance Document 115-8</u> for a list of approved degrees); or,
- 2. A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field.
- 3. A registered nurse licensed in Virginia; or,
- 4. A licensed occupational therapist.

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Electronic Application Instructions to Register as a

Qualified Mental Health Professional - Trainee (QMHP-Trainee) to become eligible for Qualified Mental Health Professional - Adult (QMHP-A) and/or Qualified Mental Health Professional-Child (QMHP-C) Registration

IMPORTANT NOTICE:

To expedite the processing of your ONLINE application for QMHP-Trainee, 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 <u>Regulations Governing the Registration of Qualified Mental Health Professionals</u> and the <u>QMHP - Frequently Asked Questions</u>. 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	CHECKLIST OF REQUIRED DOCUMENTATION	SUBMISSION			
MARK	CHECKLIST OF REQUIRED DOCUMENTATION	METHODS			
MAKK		TO THE			
	4 VEDVELCATION OF EDUCATION	BOARD			
	1. VERIFICATION OF EDUCATION				
	An <u>official</u> transcript (paper or electronic) showing proof of a bachelor's or post-baccalaureate	E-MAIL or			
	degree. For faster processing, it is encouraged that transcripts be electronically sent directly to	MAIL			
	the Board at qmhp@dhp.virginia.gov via a secured electronic transcript service used by the	(Preferably via E-			
	school (for example: eScript or parchment). If your school is unable to send your transcript	mail & must come			
	electronically, the official transcript can be mailed to the Board. Photocopied transcripts will	directly from the			
	not be accepted. All official transcripts must include a conferred date. (Foreign degrees	school/issuing			
	require an equivalence report from a credentialing service)	institution)			
	2. QMHP COURSEWORK OUTLINE FORM				
	If you do not hold a Board approved human service degree as listed in Guidance Document	ONLINE			
	<u>115-8</u> , you must identify the courses you would like to be considered toward the education				
	requirement for QMHP-A which is outlined in section <u>18VAC115-80-40</u> of the Regulations. In				
	addition, you must submit a course description or course syllabus for each course.				
	3. VERIFICATION OF LICENSE/CERTIFICATION/REGISTRATION				
	(if applicable)				
	If you have ever held or hold a license, certification or registration as a mental health or health	ONLINE			
	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.				
	4. PROOF OF NAME CHANGE (if applicable)				
	Documentation must be provided to show each name change(s) if your name has ever been	ONLINE			
	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				
OMID T	rainee Application revision date: 3/2023				



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documentation include a copy of a marriage license, court order or divorce decree.				
5. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS				
(if applicable)				
If you answer "YES" to any of these questions on your application, please include a detailed	ONLINE			
explanation and supporting documentation. 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.				

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 <u>Regulations Governing the Registration of Qualified Mental Health Professionals</u> will be reviewed within 30 days of receipt of a <u>complete</u> 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: <u>License Lookup</u> (*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



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QMHP COURSEWORK OUTLINE FORM								
Name of Applicant (Last, First)								
Applican	Applicants Email Address Home and/or Cell Telephone Number							
If you do not hold a Board approved human service degree listed in Guidance Document 115-8, you must identify the courses and course descriptions you believe meets the definition of human services.								
The Board defines "human services" as an area of study that focuses on the mental health, biological, psychological, behavioral, and social aspects of human welfare with emphasis on the direct services designed to improve it.								
Course Number	Course Title	Name of University	Course Description	For Board Use Only				



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QMHP COURSEWORK OUTLINE FORM – Page 2

Name of Applicant (Last, First)

Course Number	Course Title	Name of University	Course Description	For Board Use Only