



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

You must have a master’s or bachelors in human service field or in special education, hold a Virginia RN license or hold an Occupational Therapist License in Virginia, and must have completed 1,500 hours of experience.

*(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	
<b>Information about QMHP Supervisor: (All questions must be answered. Incomplete forms will not be considered.)</b>			
Supervisor’s Name: (First, Middle, Last)			
Supervisor’s Email:		Supervisor’s Phone Number:	
Do you hold an active, unrestricted <u>Virginia</u> license as a mental health professional?			Yes    No
If yes, License Number: _____			
Please note: Supervision from an out-of-state supervisor cannot be considered.			
If you do not hold a <u>Virginia</u> mental health license, are you under Board approved supervision as a resident or supervisee as a pre-requisite for Virginia licensure?			Yes    No
If yes, by which Board?                      Counseling                      Psychology                      Social Work			
<b>Verification of Experience for QMHP-C</b>			
Business/Agency <b>Name</b> of where applicant gained experience towards QMHP-C			
Business/Agency <b>Address</b> of where applicant gained experience towards QMHP-C			
Dates of Experience:    From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Did the applicant provide direct services to individuals as part of a population of <b>children or adolescents</b> with mental illness in a setting where mental health treatment, practice, observation or diagnosis occurs?			Yes    No
How many hours of experience did the applicant receive?			hours
Supervisor’s Signature: _____ <small>(Original signature required)</small>			Date: _____