State of West Virginia
Board of Examiners in Counseling

815 Quarrier Street, Suite 212
Charleston, West Virginia 25301
(304) 558-5494
www.wvbec.org

Attachment B

VERIFICATION OF ACTIVE CLINICAL PRACTICE

Complete **ONLY IF** you have been licensed for five (5) of the last seven (7) years immediately preceding the date of submission of application for licensure and meets the requirements as per Series 1, LPC Licensing Rule, 27-1-5-3.

The West Virginia Board of Counseling, in its consideration of the named applicant below, depends on information from persons and institutions regarding the candidate's ongoing clinical practice. **Please complete this form to the best of your ability and return directly to the Board address OR to the applicant in a sealed envelope that includes your signature on the sealed flap.**

By providing this form to references, the applicant authorizes past and present employers, businesses, professional associates, and personal references to release to the West Virginia Board of Counseling any information requested by the Board in connection with the processing of the application for licensure.

I. TO BE COMPLETED BY THE APPLICANT:

Applicant Name: _____ Telephone #: _____

Current Address: _____
Street City State Zip

II. VERICATION INFORMATION: (to be completed by verifier)

Name: _____ Email: _____

Relationship to Applicant: _____

I certify that _____, an applicant for licensure in the State of West Virginia, was in active counseling/therapy practice, and maintained an ongoing caseload from (start & end, if applicable, dates) _____to _____, located at:

_____
Name of Agency/Company

_____ _____
Agency Address Agency Telephone Number

_____ _____
Verifier's Signature Date Current Position & Title