

Professional Counselor License Verification Form

The **professional counselor license verification** form sample provides a standardized template to confirm the credentials and licensure status of counseling professionals. This form enhances trust and compliance by ensuring that counselors meet required legal and ethical standards. It is essential for organizations and clients seeking to verify the authenticity of a counselor's license.

Section 1: Counselor Information

Full Name	
License Number	
Date of Birth	
Address	
Phone Number	
Email Address	

Section 2: Licensure Details

Issuing State/Authority	
Initial Issue Date	
Expiration Date	
Current Status (Active/Inactive/Expired)	
Any Disciplinary Actions?	Yes ~ No ~ If yes, please describe:

Section 3: Certifying Official (Licensing Board Use Only)

Name	
Title	
Agency/Board	
Phone/Email	
Signature	
Date	
Official Seal/Stamp	

Instructions: Please complete all sections. The completed form must be sent directly from the issuing state licensing board to the requesting organization, employer, or client. This verification is valid only if signed and stamped by the certifying official.