

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.