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### **Notification to Public**

I, (**Name /Initials of Degree**), am a Resident in Counseling pursuing licensure as a Licensed Professional Counselor in the Commonwealth of Virginia. As a Resident in Counseling, I meet the graduate degree requirements set forth in 18VAC115-20-49 and coursework and internship requirements specified in 18VAC115-20-51 of the Virginia Administrative Code. I am practicing under the supervision of (**Name of Supervisor/ Supervisor's Professional Address/ Phone Number**).

**Name of Resident:**

**Initials of Degree:**

**Resident in Counseling:**

**Resident License Number:**