

# Boost 200 APPLICATION PREVIEW

All applications must be submitted online ([Click Here](#))



## Boost 200 Application

*Boost 200* is a special initiative to accelerate licensure of Masters-prepared individuals working to become licensed in Virginia as Licensed Professional Counselors (*LPCs*) or Licensed Clinical Social Workers (*LCSWs*) by paying for their Supervision hours. *Boost 200* will support 100 Masters in Counseling and 100 Masters in Social Work graduates who commit to practice in Virginia for 2 years after becoming licensed.

For more information visit [vhcf.org/Boost200](http://vhcf.org/Boost200).

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### Applying to *Boost 200*:

- The application for *Boost 200* opened in June 2022.
- Applications will be accepted and reviewed on a rolling basis until all funding is obligated.
- Please ensure that your application is complete (*including required attachments*).
- Your application can be edited at any time before submitting to *Boost 200*. If you close out of your application, you can return to it by using the application URL link **on the same device**.
- **In order to save your work, hit "Next" before leaving the webpage.**
- **Once you hit submit, you can no longer edit your application.**

### Eligibility:

- [Click here](#) for detailed Participant Guidelines (*includes program parameters, service commitments, etc.*).
- Individuals who have already begun Supervision hours are eligible to apply for *Boost 200* if they have completed no more than 60% of the required Clinical and Supervision hours to become licensed as an LCSW or LPC in Virginia.

### The Application:

This online application gathers the following information:

- Personal, Contact, and Demographic
- Education
- Supervision
- Work Site
- Financial

A complete application also includes the following documents:

- Current Resume
- [Personal Statement](#)
- [Recommendation Form](#)

**Incomplete applications will not be considered.**

## IMPORTANT

- *Boost 200* participants and their Supervisors must follow all Virginia Department of Health Professions (DHP) requirements and regulations to achieve and maintain licensure in the Commonwealth for the duration of *Boost 200* participation.
- It is the *Boost 200* applicant's responsibility to find a qualified Supervisor.
- Supervision approval is only granted by the DHP (*see links to regulations below*).
- **VHCF/*Boost 200* does not have authority to grant Supervision approval for Supervisees/Residents or approve Supervisors.**

**Counseling Regulations:** <https://www.dhp.virginia.gov/counseling/>

**Social Work Regulations:** <https://www.dhp.virginia.gov/social/>

Thank you for your interest!

**Questions?** [Click here](#) to submit questions.

Responses will be posted in the FAQ section of the *Boost 200* website: [vhcf.org/Boost200](http://vhcf.org/Boost200)

## Boost 200 Application

### Personal and Contact Information

*Note: If your contact information changes during the Boost 200 application process, please notify Boost 200 at [Boost200@vhcf.org](mailto:Boost200@vhcf.org)*

\* 1. Please provide your First Name, Last Name, and Middle Initial.

**First Name**

**Middle Initial**

**Last Name**

\* 2. What is your date of birth?

Select the date below.

Date

\* 3. Please provide your current contact information below.

**Email Address**

(One checked regularly)

**Cell Phone**

(Ex. 222-222-2222)



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\* 4. Please provide your current mailing address below.

**Address**

**City**

**State**

**ZIP Code**

(ex. 22222)

\* 5. Please indicate if you meet any of the *Boost 200* preferred selection criteria below.

*Note: Interested candidates who do not meet a priority category noted below are also encouraged to apply.*

- ☐ Person of Color
- ☐ Bilingual
- ☐ I work/will work in a [Mental Health Professional Shortage Area](#)
- ☐ I do not meet any of the preferred selection criteria.

**To save your responses on this page, please click the "Next" button below.**

## ***Boost 200* Application**

### **Demographic Information**

\* 6. Which of the following best describes you?

- ☐ Black or African-American
- ☐ Multi-racial
- ☐ Asian
- ☐ White
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other (*please specify*):

\* 7. Do you consider yourself Hispanic/Latino?

☐ Yes

☐ No

\* 8. What is your gender identity?

☐ Male

☐ Female

☐ Non-binary

☐ Transgender

☐ I prefer not to answer

☐ Other:

9. What are your pronouns (*optional*)?

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## **Boost 200 Application**

### **Work Eligibility**

\* 10. Are you currently authorized to work in the US for any employer?

☐ Yes

☐ No

\* 11. Will you now, or in the near future (*including the 2-year Service Commitment period*) require employer Visa sponsorship?

☐ Yes

☐ No

☐ Not Sure

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## Boost 200 Application

### Other Service Commitments

\* 12. Do you have an active Service Commitment(s) from other scholarships or loans?

☐ Yes

☐ No

If yes, please provide details about it (*required location/type of employer or client population, time remaining to fulfill the Service Commitment, and other pertinent information*). Please limit your response to no more than 200 words.

\* 13. Do you have an active military service obligation?

☐ Yes

☐ No

If yes, please provide details about it. Please limit your response to no more than 200 words.

**To save your responses on this page, please click the "Next" button below.**

## Boost 200 Application

### Other Background Information

\* 14. Have you been convicted of a felony and/or misdemeanor?

☐ No

☐ Yes- Felony

☐ Yes- Misdemeanor

☐ If yes, please provide details about it (*date, type of crime, summary of sentence*). Please limit your response to no more than 200 words.

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## **Boost 200 Application**

### **Other Affiliations and Skills**

\* 15. Are you a Registered Qualified Mental Health Professional (*QMHP*)?

☐ Yes

☐ No

☐ I am pursuing QMHP status

16. Please list any relevant behavioral health credentials or special behavioral health training that you have received. Please limit your response to no more than 200 words.

\* 17. Please indicate if you are a current member of a behavioral health professional association:

☐ American Counseling Association

☐ Virginia Counselors Association

☐ Association of Black Social Workers

☐ National Association of Social Workers – Virginia Chapter

☐ National Association of Social Workers – Metro Washington Chapter

☐ Virginia Society of Clinical Social Workers

☐ Other (*Limited to 100 characters*):

\* 18. Are you proficient or fluent in language(s) other than English (*able to provide behavioral health care in that language*)?

☐ Yes

☐ No

\* 19. In which language(s) are you proficient or fluent? *Note: If you are not proficient/fluent in a language other than English please write N/A below.*

**To save your responses on this page, please click the "Next" button below.**

## Boost 200 Application Education

\* 20. Please indicate below if you graduated or will graduate from a Master of Social Work (MSW) or Master of Counseling (MC) Program? *Note: To participate in Boost 200 you must hold an MSW or MC degree.*

☐ Master of Social Work

☐ Master of Counseling

\* 21. Please indicate below when you graduated or will graduate from your Master's Program.

Date of Graduation

Date

MM/DD/YYYY

\* 22. What Virginia University/College issued your Masters in Counseling or Social Work degree?

If you completed your degree at a University/College not listed above, please enter it below (*Institution/State*).

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## Boost 200 Application

### Department of Health Professions (DHP) Information

**Note: To be eligible for *Boost 200*, an applicant must submit an application to the DHP to begin licensure-required Supervision prior to completing their application for *Boost 200*.**

\* 23. Have you submitted an application to the DHP to begin licensure-required Supervision?

☐ Yes

☐ No



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24. If yes, when did you submit your application to begin Supervision to the DHP (*Leave blank if not applicable*)?

**Date application was submitted:**

Date

MM/DD/YYYY

\* 25. Have you received approval from the DHP to begin Supervision?

☐ Yes

☐ No

26. If yes, what day did you receive approval by the DHP to begin Supervision (*Leave blank if not applicable*)?

**Date of Supervision Approval:**

Date

MM/DD/YYYY

**To save your responses on this page, please click the "Next" button below.**

## **Boost 200 Application**

### **Supervisor Contact Information**

*Boost 200* applicants must have:

- Secured a Supervisor(s);
- Notified their Supervisor(s) of their *Boost 200* application.

\* 27. Is your Supervisor aware you are applying to *Boost 200*?

☐ Yes

☐ No

\* 28. Supervisor Contact Information

**First Name**

**Last Name**

**Preferred Phone Number** (*ex. 222-222-2222*)

**Preferred Email**  
(*One checked regularly*)

\* 29. Supervisor preferred mailing address?

**Address**

**Address 2**

**City**

**State**

**ZIP Code**   
(ex. 22222)

\* 30. Supervisor Virginia License Number:

\* 31. Do you have more than one Supervisor?

☐ Yes

☐ No

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## **Boost 200 Application**

### **Supervisor 2 Contact Information**

\* 32. Is your Supervisor aware you are applying to *Boost 200*?

☐ Yes

☐ No

\* 33. Supervisor 2 Contact Information

**First Name**

**Last Name**

**Preferred Phone Number** (ex. 222-222-2222)

**Preferred Email**  
(One checked regularly)

\* 34. Supervisor 2 preferred mailing address?

Address

Address 2

City

State

ZIP Code   
(ex. 22222)

\* 35. Supervisor 2 Virginia License Number:

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## Boost 200 Application

### Supervision Information

\* 36. What type of Supervision will/do you receive from your Supervisor(s)?

- ☐ Individual
- ☐ Group
- ☐ Both
- ☐ I do not know.

\* 37. Will/Do you receive some or all of your Supervision hours in a virtual setting?

- ☐ Yes - All
- ☐ Yes - Some
- ☐ No - Supervision will only be face-to-face.
- ☐ I do not know.

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## Boost 200 Application

### Cost of Supervision

**Important:** Individuals who have already begun Supervision hours are eligible to apply for *Boost 200* if they have completed no more than 60% of the required Clinical and Supervision hours to become licensed as an LCSW or LPC in Virginia.

\* 38. How many Supervision and Clinical hours have you completed as of the date you submit this application? *Note: If you have not begun Supervision/Clinical hours, then put 0 in the boxes below.*

**Supervision Hours**

**Clinical Hours**

\* 39. Eligible applicants must be paying for most or all of their supervision hours. Select the option below that applies to you.

- ☐ Yes - I must pay for **all** of my Supervision hours.
- ☐ Yes - I must pay for **most** of my Supervision hours.
- ☐ No - I **do not** have any Supervision expenses.

If you must pay for **most** of your Supervision hours out-of-pocket, about how many of your Supervision hours will be paid for by another source/provided at no cost to you? (*Limited to 100 characters*)

\* 40. What hourly rate will you pay for your Supervision hours for Supervisor 1? *Note: If you do not plan to receive Group Supervision, then put 0 in the Group Supervision answer box.*

**Individual Supervision:**

**Group Supervision:**

41. If you have a second Supervisor, what hourly rate will you pay (*Leave blank if not applicable*)? *Note: If you do not plan to receive Group Supervision, then put 0 in the Group Supervision answer box.*

**Individual Supervision:**

**Group Supervision:**

To save your responses on this page, please click the "Next" button below.

## Boost 200 Application

### Work Site Information

Please provide information about the Work Site(s) where you will fulfill your licensure-required Clinical hours. *Note: To participate in Boost 200, your Work Site(s) must be located in Virginia and serve Virginians.*

\* 42. Have you secured a Work Site(s) where you will complete your Clinical hours (*direct and ancillary*)?

☐ Yes

☐ No

To save your responses on this page, please click the "Next" button below.

## Boost 200 Application

### Work Site Information

\* 43. If you do not currently have a Work Site(s) where you will complete your licensure-required Clinical hours (*direct and ancillary*), please indicate the current status of your Work Site search.

☐ I submitted my application.

☐ I have had at least one interview.

☐ I am waiting for an offer of employment.

☐ I am waiting for approval in a volunteer program.

☐ Other (*Limited to 100 Characters*)

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## Boost 200 Application

### Primary Work Site Information

Your primary Work Site is where you plan to complete the majority of your Clinical hours.

\* 44. Please include information about your primary Work Site below.

**Organization Name**

**Job Title**

**Estimated hours/  
week of licensure-required  
Clinical hours** (*direct and ancillary*)

\* 45. Please provide your start date below.

**Start Date**

Date

\* 46. Select the option below that best describes your primary Work Site where you will fulfill your licensure-required Clinical hours:

Other (*Limited to 100 characters*)

\* 47. Is this Work Site a place of employment, a volunteer setting, or other?

- ☐ Place of Employment
- ☐ Volunteer Setting
- ☐ Other (*Limited to 100 characters*)

\* 48. Please select the Virginia Locality (*city/county*) in which your primary Work Site is located.

\* 49. Is your primary Work Site located in a Mental Health Professional Shortage Area (MHPSA) as found on the [US Health Resources and Services Administration \(HRSA\) website](#).

☐ Yes

☐ No

\* 50. Will you work at a secondary Work Site to complete some of your licensure-required Clinical hours?

☐ Yes

☐ No

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## Boost 200 Application

### Secondary Work Site Information

\* 51. Please include information about your secondary Work Site below.

**Organization Name**

**Job Title**

**Estimated hours/  
week of licensure-required  
Clinical hours** *(direct and ancillary)*

\* 52. Please provide your start date below.

**Start Date**

Date

\* 53. Select the option below that best describes your secondary Work Site where you will fulfill your licensure-required Clinical hours:

Other *(Limited to 100 characters)*

\* 54. Is this Work Site a place of employment, a volunteer setting, or other?

- ☐ Place of Employment
- ☐ Volunteer Setting
- ☐ Other (*Limited to 100 characters*)

\* 55. Please select the Virginia Locality (*city/county*) in which your secondary Work Site is located.

\* 56. Is your secondary work site located in a Mental Health Professional Shortage Area (MHPSA) as found on the [US Health Resources and Services Administration \(HRSA\) website](#).

- ☐ Yes
- ☐ No

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## Boost 200 Application

### Financial Information

57. Please fill out the information below:

<b>Your Annual Salary (\$):</b>	<input type="text"/>
<b>Other Annual Household Income (\$):</b>	<input type="text"/>
<b>Total Household Income (\$):</b>	<input type="text"/>
<b>Current Student Loan Balance (\$):</b>	<input type="text"/>
<b>Total number of individuals living in household:</b>	<input type="text"/>

58. Please use the space below to provide additional information about your personal financial circumstances and ability to pay for Supervision that would be helpful for the *Boost 200* review committee. Please limit your response to no more than 200 words.

To save your responses on this page, please click the "Next" button below.

## Boost 200 Application Recommendation Form

A complete *Boost 200* application includes a [Recommendation Form](#).

The [Recommendation Form](#) must be completed and uploaded by someone who has supervised the applicant for at least 100 internship hours and is familiar with their clinical skills and experience.

\* 59. Please provide the information below for the individual completing your [Recommendation Form](#).

First Name	<input type="text"/>
Last Name	<input type="text"/>
Title	<input type="text"/>
Employer	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

To save your responses on this page, please click the "Next" button below.

## Boost 200 Application Document Uploads

- A complete *Boost 200* application includes a Resume and [Personal Statement](#).
- **Important:** Please name all of the attached PDFs in the following format-LASTNAME\_FIRSTNAME\_DOCUMENTNAME

\* 60. Upload your completed *Boost 200* [Personal Statement](#) (.pdf)

\* 61. Upload your current resume (.pdf).

*\* Includes undergraduate and professional degrees, internship and previous work experience, noting employer name and location, job title, summary of responsibilities/accomplishments and dates of employment/internships (clearly indicate internships from paid employment), licenses, and national certifications.*

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## Boost 200 Application

### Other Information

\* 62. How did you hear about *Boost 200*?

- ☐ I participated in a *Boost 200* Zoom presentation
- ☐ Email from the Behavioral Health Hub
- ☐ Email from my graduate school
- ☐ Graduate school's social media
- ☐ Professional association's email
- ☐ Professional association's social media
- ☐ Professional association's newsletter
- ☐ Friend/classmate/colleague
- ☐ Other (*Limited to 100 characters*):

To save your responses on this page, please click the "Next" button below.

## Boost 200 Application

### Sign and Submission of Application

Please Note: For those accepted into *Boost 200*, enrollment is contingent upon providing:

- Proof of DHP approval of Supervision
- Signed Supervisory Contract
- Signed *Boost 200* Contract
- Documentation of clinical and Supervision hours completed to-date.

Should any information provided change during the application process, please alert *Boost 200* (Boost200@vhcf.org).

63. **By checking "I attest" below and clicking "Submit", you are indicating that you have submitted your application to *Boost 200* and have completed the application accurately to the best of your ability.**

- ☐ I attest
- ☐ I **do not** attest



\* 64. Please select the date you are submitting the application.

**Submission Date:**

Date

Please click "Submit" below to submit your application. A Survey Monkey webpage will appear indicating your *Boost 200* application was submitted. Please keep a copy of the screen documenting your application was submitted for your records.