TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Mail Code 1982
PO Box 149347
Austin, Texas 78714-9347
(512) 834-6658

APPLICATION INFORMATION

READ THE FOLLOWING CAREFULLY. IF YOUR APPLICATION IS COMPLETED DIFFERENTLY THAN REQUIRED OR NOT IN ACCORDANCE WITH THESE INSTRUCTIONS, THE PROCESSING WILL BE DELAYED. PRINT OR TYPE ALL INFORMATION ON THE FORM. DO NOT USE PENCIL. ALL FORMS MUST HAVE ORIGINAL SIGNATURES.

DO I NEED TO BE LICENSED?
Anyone providing counseling services in Texas in accordance with the definition of the practice of counseling in the Texas Occupations Code, Chapter 503 must

(a) hold a license as a professional counselor;
(b) hold a temporary license to provide counseling services in Texas in pursuit of post-graduate supervised experience hours; or
(c) hold a provisional license based on endorsement, to provide counseling services in Texas in pursuit of meeting Texas requirements for licensure, or
(d) provide the counseling services in an exempt setting as listed in Section 3 of the Act (enclosed).

ANYONE PURSUING POST-GRADUATE SUPERVISED EXPERIENCE MUST OBTAIN A TEMPORARY LICENSE TO ACCUMULATE THOSE HOURS.

- All applicants must complete the entire Application for Licensure. Do not leave any questions or sections blank. Put "N/A" if a particular item is not applicable.
- All applications materials must be submitted as a single packet. Incomplete application packets will be returned without review.
- ALL applicants MUST have submitted the Application for Licensure form.
- ALL FEES MUST BE PAID BY, PERSONAL CHECK, MONEY ORDER, OR CASHIER'S CHECK made payable to the Licensed Professional Counselor Board. **DO NOT SEND CASH BY MAIL.**

PERSONS APPLYING FOR A TEMPORARY LICENSE MUST SUBMIT THE FOLLOWING:

(a) Application For Licensure - must be completely filled out and signed by applicant.
(b) $200.00 application and license fee - must be a personal check, money order, cashier's check or on-line payment; do not send cash.
(c) Practicum Documentation form - must be signed by professor who supervised practicum experience or a representative of the graduate department in which the practicum was done;
(d) Supervisory Agreement form - must include signatures of supervisee **and** supervisor and be dated;
(e) Official Graduate Transcript - must be sent directly from the university, emailed by e-script or included with application in a sealed university envelope.
(f) Exam scores from the National Board of Certified Counselors showing proof of passing the National Counselor Exam and proof of completing the Texas Jurisprudence exam

PERSONS WITH A TEMPORARY LICENSE APPLYING FOR A REGULAR LICENSE MUST SUBMIT THE FOLLOWING:

- Supervised Experience Documentation form- must be completed and signed by approved supervisor.

PERSONS APPLYING FOR A PROVISIONAL LICENSE (REFER TO BOARD RULE §681.112 REGARDING ENDORSEMENT) MUST SUBMIT THE FOLLOWING:

(a) Application For Licensure - must be completely filled out and signed by applicant;

(b) $200.00 application and license fee - must be a personal check, money order or cashiers check;
(c) Notarized or certified letter from state where applicant currently holds a license indicating that the license is current and whether or not disciplinary action has been taken or is currently pending against the license;
(d) **Certified copy of licensing file from state or territory where applicant currently holds licensure**;
(e) Evidence that applicant has passed the National Counselor Exam and the Texas Jurisprudence exam
(f) Official Transcript from university showing a Masters degree or above.

WHAT HAPPENS AFTER I APPLY?

After your application is opened in the central office mailroom and forwarded to Department of State Health Services Fiscal Division - the cashier removes the check, money order or cashier's check and makes a record of it. Only forms and the record of your payment are forwarded to the Texas State Board of Examiners of Professional Counselors office for application processing. Your application is assigned a file number and it is reviewed for completeness. If more information or documentation is needed you will be notified in writing. YOU MUST KEEP THE LPC BOARD NOTIFIED OF YOUR CURRENT MAILING ADDRESS AT ALL TIMES. This process could take up to four- six weeks.

If the application is complete and you meet the eligibility requirements for licensure you will receive the type of licensure you qualified for, either temporary or regular. Please be aware, all examination fees and reservations for examination are made directly with the testing company.

FEES:

Application fee (includes all licenses) - $200.00
Regular license fee (after completing all requirements if not paid at initial application stated above) $106.00
Application fee for license with art therapy designation (fully licensed applicants only)- $230.00
Application fee if all requirements were met from another state or reapplying for full licensure- $200.00

Check list for License Professional Counselors application

_____Application (either by mail or submitted on-line)

_____ Fee ($200.00)

_____ Official Transcript

_____ Practicum/Internship form

_____ Supervisor Agreement form

_____ Copy of supervisor's renewal card

_____ Proof of passing the National Counselors Exam

_____ Proof of completing the Texas Jurisprudence Exam

PASSING THE NCE DOES NOT GUARANTEE LICENSURE WITH THE STATE OF TEXAS

PO Box 149347
Austin, Texas 78714-9347
(512) 834-6658

Budget/Fund #ZZ115/155
$200.00 fee

MAIL APPLICATION PACKET WITH FEE TO:
Licensed Professional Counselors
PO Box 149347
MC 2003
Austin, Texas 78714-9347

APPLICATION FOR LPC LICENSURE
Type or Print Legibly, Use N/A for not applicable

I am making application for the following license: Temporary:____ Regular:____ Provisional:___

Notice to Applicants:
Only complete application packets will be accepted by the board. Incomplete application packets will be returned to the applicant without review. The applicant will then have 45 days from date of notice to resubmit a complete application packet. If the corrected application packet is not returned to the board with a postmark within 45 days from date of the board notice letter the application fee is forfeited and the applicant will be required to reapply and include a new application fee.

GENERAL INFORMATION

Applicant Name: _____ Date of Birth: _____-____-____
Print Last Name Print First Name M.I.

Name(s) on transcript(s) if different from applicant name: _____

Social Security #:_____-_____-_____ Resident of Texas: Yes____ No____

Home Address: _____

City: _____ State: _____Zip: _____

Preferred Mailing Address: _____

Home Telephone :(____) _____-_____ Business Telephone :(____) _____-_____

E-Mail Address: _____

OTHER LICENSING INFORMATION

Do you currently possess any license(s) or certificate(s) issued by any state? Yes____ No____
If yes, list name and license number and issuing state or organization of license or/certificate:
_____
_____

Have you ever been denied a professional license and/or certificate? Yes____ No___
Have you ever had a professional license and/or certificate revoked, suspended or denied in regards to a disciplinary action? Yes____ No___
If yes, list type of license/certificate, issuing state, action taken and reason for action:
_____
_____
_____

Have you ever voluntarily surrendered a professional license or certificate? Yes____ No____
If yes, list types of license/certificate, issuing state, date of surrender and reason for surrender.

_____
_____
_____

CRIMINAL HISTORY

Have you ever been convicted, pled guilty, or nolo contendere to any misdemeanor or felony other than juvenile offenses or misdemeanor traffic violations? Yes____ No___

If yes, attach a certified copy of the official indictment, judgment and disposition, including dates, charges, city and any other pertinent information concerning the misdemeanor or felony. Application will not be processed without this information. Attachment: Yes____ No____

CURRENT EMPLOYMENT INFORMATION

Employer: _____ Position Title: _____

Mailing Address: _____

Employer Telephone No: (____) _____- _____ Name of Supervisor: _____

Type of Practice: School___ Hospital___ Independent___ Government Agency___ Nonprofit___
Other (specify) _____

GRADUATE TRAINING (Transcripts must be submitted to the Board directly from the university **or** included with application in a sealed university envelope.)

I have a graduate degree in counseling or counseling related field(§681.2(8)) and a minimum of 48 hours of graduate course credit in counseling related subjects as required in Rule 681.83.Yes____ No____

I have met the 10 core areas as required by §681.84 Yes: _____ No: _____

University awarding graduate degree: _____

University where additional courses were taken: _____

Official transcript(s) of graduate training is being sent directly to the LPC Board from the university by mail or e-script. Yes____ No____

Official transcript(s), in a sealed university envelope, is included with this application. Yes____ No____

PRACTICUM EXPERIENCE (300 total clock hours required; 100 in direct client counseling)

I have completed a graduate level practicum/internship with a minimum of 300 clock hours and have included the Practicum/Internship Documentation form(s) with this application. Yes____ No____
(See board rule 681.92(i) regarding excess practicum hours)

SUPERVISORY AGREEMENT (Supervisor must be pre-approved by the Board)

I have entered into a supervisory agreement with board approved supervisor and enclosed the Agreement Form and copy of supervisor's renewal card with this application. Yes____ No____

EXAMINATION INFORMATION (Proof of the NCE and Texas Jurisprudence exam)

DO NOT APPLY FOR LICENSURE IF NCE HAS NOT BEEN PASSED, APPLICATIONS WILL BE VOIDED WITHOUT HAVING PASSED THE NCE.

I have passed the NCE and have enclosed proof of the passing grade Yes____ No____.
I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion. Yes____ No____

SUPERVISED EXPERIENCE (*Applicants for Regular License Only*. Supervised experience must be documented on LPC Board Supervised Experience Documentation Form. (Applicant must hold a temporary license to accrue these hours if in the state of Texas).

I have completed the required clock hours of supervised training under an approved supervisor and the Supervised Experience Document(s) is/are included with this application. Yes____ No____

DO NOT SIGN WITHOUT READING CAREFULLY

In making this application to the Texas State Board of Examiners of Professional Counselors for the issuance of a license:

- **I have read the Licensed Professional Counselor Act and am familiar with the requirements of the Act and with the Rules of the board. I agree to abide by the current and subsequent rules of the Texas State Board of Examiners of Professional Counselors**
- I have taken all required examinations necessary for the processing of my application.
- I agree to be bound by the Code of Ethics of the Texas State Board of Examiners of Professional Counselors.
- I understand that the fee submitted with this application is **non-refundable**.
- I agree that if issued a license, upon revocation, suspension, or cancellation of that license, I shall return the said license to the board.
- I agree to hold the Texas State Board of Examiners of Professional Counselors, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by the reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the board to issue me a license. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.
- The information, which I have provided in this application, is truthful. I understand that giving the board false information of any kind may result in the voiding of this application and my failing to be granted licensure.

I request the following legal name appear, as printed or typed, on any license issued to me by the Board.
(Max of 64 characters, Counseling-related degree awarded must be included):

Print or type: _____

_____

Signature of Applicant Date

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is

determined to be incorrect. See http://www.tdh.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Mail Code 1982
PO Box 149347
Austin, Texas 78714-9347
(512) 834-6658

PRACTICUM/ GRADUATE INTERNSHIP DOCUMENTATION

Please type or print legibly.

Name of Applicant:_____
(Last) (First) (M.I.)

Applicant's Social Security Number: _____ _____ _____

Name of agency or organization where practicum/Internship was completed: _____
(One form per site)

Course number of practicum/internship [as it appears on the graduate transcript] _____

University arranging practicum/internship:_____

Date of counseling practicum/internship: From (mm/dd/yy):_____ To (mm/dd/yy) :_____

Total number of clock-hours awarded for referenced practicum/internship: _____

Total number of clock-hours of direct client counseling contact during practicum/internship: _____

Type(s) of counseling: (check all appropriate types)

General: ___Marriage & Family: ___Group: ___ Individual: __ Drug & Alcohol Abuse: ___

Career & Vocational: ___ Rehabilitation: ___ Academic: ___ Child & Adolescent: ___

Setting(s): (check all appropriate settings) Private practice:___ School:___

Hospital:___ Volunteer:___ Univ. Counseling Center: ___ Nonprofit organization: ___

Practicum/Internship Supervisor Name (print): _____

Title:_____ City: _____ State___

I CERTIFY THAT THE APPLICANT SUCCESSFULLY COMPLETED THE COUNSELING PRACTICUM LISTED ABOVE, AND I AFFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

_____
Practicum/Internship Supervisor or School Official Signature Date

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.tdh.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Practicum Documentation is a Texas Department of State Health Services Publication #F75-10962 Revised 10/12

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS
Mail Code 1982
PO Box 149347
Austin, Texas 78714-9347
(512) 834-6658

SUPERVISORY AGREEMENT FORM

Complete Both Sides: Incomplete Forms Will Not Be Processed

PLEASE READ BEFORE COMPLETING. To be completed by individuals who are applying for a temporary license or LPC-Interns who are changing supervisors and/or sites. [The intern will receive a letter stating the additional site/supervisor is approved. The issuance of the temporary license shows approval of the initial supervisor agreement forms.]

THIS IS NOT A CONTRACT BETWEEN SUPERVISEE AND SUPERVISOR.

APPLICANT INFORMATION

Name: _____
Last Name First Name M.I.

Social Security Number: _____-_____-_____ Telephone #:_____

Preferred Mailing Address: _____
Street Name City State Zip

SUPERVISORY INFORMATION: Complete a new form for each additional supervisor and/or site. Refer to board rule §681.93 for information related to board acceptable supervisors.

Name: _____
Last Name First Name M.I.

License #:_____ Issued: _____ Expiration Date_____

Preferred Mailing Address: _____
Street Name City State Zip

INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name of organization or agency where experience will be gained (Complete separate form for each setting):

_____

Address of organization or agency: _____
Street Name City State Zip

Average Number of Hours Expected To Be Gained Per Week: _____

Type of Setting: Private Practice___ Hospital___ School___ Volunteer___ Other___ Government Agency___ Nonprofit___ Other___

Type of Counseling Experience to Be Gained (Check all that apply)

General___ Group___ Marriage &Family___ Drug & Alcohol___ Career & Vocational___

Rehabilitation___ Academic___ Child & Adolescent___ Art Therapy___ Other___

Is the supervision actual face to face _____yes _____ no, or live internet webcam? ____yes, ____no

APPLICANT AND SUPERVISOR SHOULD KEEP A COPY OF THIS FORM FOR RECORDS

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

I have read the board rules related to supervised experience and that all supervised experience will be completed in accordance with board rules.

I will meet with my supervisor an average of one hour during each week of documented supervised experience. I understand that no more than 50% of the total hours of supervision can be live Internet webcam supervision and no more than 50% of the total hours of supervision may be received in group supervision.

I will abide by all rules of the board, including ethics requirements.

I understand the temporary license does not give me the authority to engage in the independent practice of counseling.

I understand the temporary license is only valid while I practice under supervision.

I understand the temporary license is invalid if I fail two consecutive examinations for licensure.

I will notify the board if this supervisory arrangement is terminated.

It is my responsibility to ensure that my supervisor has renewed their supervisor status.

I have attached a copy of my supervisor's renewal card with this document.

I understand any additional supervisors and settings must be approved by the board in advance. I also understand that if I have not received a letter stating the site/supervisor is approved I will contact the board regarding this issue. The issuance of the temporary license shows approval of the initial supervisor agreement forms

_____

Signature of Applicant Date

I, as the board approved supervisor of the above named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

All supervised experience will be completed in accordance with Subchapter C and F of the board rules related to the Code of Ethics and supervised experience and all subsequent board rules.

I will provide supervision to the above named applicant for an average of one hour during each week of documented experience.

I understand the full professional responsibility for services of the supervisee shall rest with the supervisor.

I understand that the supervisee cannot engage in the independent practice of counseling until he or she obtains a regular license.

I understand the supervisory arrangement must be reflected on all billing documents.

I understand the supervisory arrangement is only valid while my license remains current.

I will notify the board if the supervisory arrangement is terminated.

I will keep my supervisor status current and that it is my responsibility to inform the intern should my supervisor status lapse.

I have supplied my interns with a copy of my renewal card to submit with this form.

I will verify that my intern has received approval for the site/supervisor before the supervision begins. I understand that no hours will count for the intern if required documentation is not received in the board office.

_____

Signature of Supervisor Date

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is

determined to be incorrect. See http://www.tdh.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Mail Code 2003
PO Box 149347
Austin, Texas 78714-9347
(512) 834-6658

Budget ZZ115
Fund #155

SUPERVISED EXPERIENCE DOCUMENTATION FORM

This form may be used either to: (1) document hours accrued by a previous supervisor or (2) document the completion of the required 3,000 hours of supervised experience. If you have completed the 3,000 hours you may submit this form along with the 2-year licensure fee of $106.00 to the above address. Once approved and the exam has been passed, you will be issued your license as a professional counselor. You will be notified in writing of any deficiencies. DO NOT SEND A NEW APPLICATION WITH THIS FORM AS THIS WILL DELAY THE PROCESSING OF YOUR FILE.

For Persons Documenting Experience Hours for Licensure as a Professional Counselor

TO BE COMPLETED BY APPLICANT

Name of Applicant:_____
(First) (Middle) (Last)

Mailing Address: _____
(preferred mailing address) City State Zip Phone #

Applicants Social Security #: _____-____-_____ Intern License #_____ Date of Birth:_____

Name and address of agency or organization where the applicant was employed and gained required supervised experience.(**Must submit an experience form for each supervisor and/or site**):

_____
_____
_____

TO BE COMPLETED BY BOARD APPROVED SUPERVISOR (ONLY)

Dates of applicant's supervised counseling experience: Document only experience occurring after the issuance of the Intern license and the approval of the supervisor, as stated on the Supervisor Agreement form.

Date of Supervision from: (mm/dd/yy): _____ To: (mm/dd/yy):_____

Number of hours of weekly face-to-face supervision given to the applicant:_____

A) Total number of clock-hours of indirect counseling experience: _____

B) Total number of clock-hours of direct counseling experience: _____

C) Total number of clock-hours (A+B) of supervised experience: _____

TO BE COMPLETED BY BOARD APPROVED SUPERVISOR ONLY
(Continued)

Employment setting: Hospital ____ School: ____Governmental Agency: ___ Nonprofit Organization:_____
Private Practice: ____Other (specify):_____

Did you provide supervision for the applicant/supervisee during the dates of experience claimed above?
Yes: ____ No: ____

Do you and the supervisee have a written agreement for supervision on file with the board? Yes:___ No:___

Did your supervision meet the requirements set out in Board rules §681.92 and §681.93, including an average of one hour per week of face-to-face supervision? Yes_____ No:_____ Was the supervision actual face to face ___yes ___no, or live internet webcam? ___yes ___no.

Do you hold licensure as a Professional Counselor with the supervisor status? Yes:_____ No:_____

License #_____ State:_____ Date License Issued:_____ Expiration Date: _____

As supervisor of the applicant's counseling experience, do you have any reservations about the applicant being granted a license for the independent practice of counseling? Yes: ___ No: ___ If yes, please specify:

_____
_____
_____
_____
_____

I, as supervisor of the above-named applicant's experience affirm that the information provided on this form is true and accurate:

_____
Printed Name of Supervisor

_____
(Address) (City) (State) (Zip) (Phone)

_____ _____
(Signature) (Date)

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.tdh.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

INTERN SUPERVISOR/SITE CHANGE REQUEST

Intern Name: _____

Effective Date of Change: _____ Intern License #:_____

1. Change in place of practice
(Supervisor must sign below signifying knowledge of change)

Practice to Delete:_____

Practice to Add: :_____

Address: _____
Telephone:_____ E-mail_____
Beginning Date of **this** employment:_____ Job Title: _____
Describe client population and your duties:
_____
_____

1. Change in Supervisor
(Supervisor must sign below verifying knowledge of change and related rules of supervision)

Supervisor Name: _____

How many supervisors do you currently have?_____

Are You?
- ☐ Replacing Existing Supervisor **(Attach Copy of Supervisors Renewal Card)**
- ☐ Adding a Supervisor **(Attach Copy of Supervisors Renewal Card)**
- ☐ Removing a Supervisor
- ☐ Other

Current Supervisor(s):_____ _____
Supervisor Supervisor
New Supervisor(s): _____ _____
Supervisor Supervisor

Acknowledgement of Plan Change:

_____ _____
Intern Signature Supervisor Signature

Mail to: TSBEPC, PO Box 149347, MC 1982, Austin, Texas 78714
Questions: (512)834-6658 or E-Mail: lpc@dshs.state.tx.us

Office Use Only:
Plan Change Approved: [ ] Yes [ ] Tentative [ ] No Initial/Date_____

Supervision Hours Log- Site:_____

Week (MM/DD-DD/YY)	Direct Supervision Hours	Direct Clinical Hours	Indirect Hours	Total Experience Hours Earned (cumulative)	Supervision Session Content	LPC-S Initials	LPC–Intern Initials
Cumulative Hours							
LPC-S Signature	**Date: / /20__**						
Intern Signature	**Date: / /20__**						

Intern Supervision Log

Copy as Needed