

Dyslexia Therapist and Dyslexia Practitioner Licensing Program

\$ _____

Name Change and/or Duplicate/Replacement License Request Form

Please initial the appropriate option below. Make your checks payable to the Department of State Health Services. *The rules state that before a *replacement* license will be issued by the department, the license holder shall return any previously issued document(s). §140.588 (d)

____ Name Change & *Replacement* License & Renewal Cards Reflecting New Name (Complete **Section 1** if you are requesting a **replacement** license because of a name change. You must include supporting documentation showing the name change and the \$20 license fee. **You must also return any previously issued license and renewal cards with your former name before the new license is issued.**)

____ Duplicate License & Renewal Cards Only (Complete **Section 2** and submit the \$20 duplicate license fee if you are requesting an **additional** license. You do not have to return your previously issued license and renewal cards.)

____ *Replacement* License & Renewal Cards Only (Complete **Section 2** and provide the \$20 license fee if you need to **replace** a lost or damaged license. If you are requesting a **replacement** license because your current license is damaged, **you must include the damaged license and renewal cards.** If you have lost or misplaced your previously issued license and are requesting a replacement license, you do not have to send in your previously issued license. Please explain the reason for your request and whether or not the previously issued materials are enclosed.)

Section 1 - Name Change Request and *Replacement* License & Renewal Cards

You must submit supporting documentation verifying the name change (a copy of new social security card, a copy of new driver's license, a copy of marriage certificate, and/or a copy of divorce decree). Note: If you hold multiple licenses, it is your responsibility to notify each program/board regarding your name change request.

New Name: _____

Former Name: _____

License Number: _____ License Type: (please circle) Therapist Practitioner

Mailing Address: _____

Section 2 – Duplicate/*Replacement* License & Renewal Cards Only

Name: _____

License Number: _____ License Type: (please circle) Therapist Practitioner

Mailing Address: _____

Reason for *Replacement* License request: _____

Mail the form, fee, previously issued materials, and documentation to:

**Dyslexia Licensing Program
Texas Department of State Health Services**

P.O. Box 149347

Mail Code 2003

Austin, TX 78714-9347

Phone: 512-834-6656 Fax: 512-834-6677 www.dshs.state.tx.us/dyslexia