

**Texas Department of State Health Services  
Dyslexia Therapist and Dyslexia Practitioner Licensing Program**

P.O. Box 149347  
Austin, Texas 78714-9347  
512-834-6628  
[www.dshs.state.tx.us/dyslexia](http://www.dshs.state.tx.us/dyslexia)

For office use only

Budget: ZZ107

Fund: 001

# \_\_\_\_\_

\$ \_\_\_\_\_

**Renewal Form**

A renewal form is mailed to each licensee approximately 30 days before the renewal is due. If you are unsure of the expiration date of your license, you did not receive a notice, or you failed to renew as required, please contact our office. A late fee applies to all renewals postmarked after the due date listed on the renewal form. If you fail to renew within one year of expiration, you may not renew your license.

It is your responsibility to inform this agency of any deletions or corrections applicable. If your name has changed, submit a copy of the legal name change document. **If you answer YES to the criminal history question, provide copies of the disposition documents. Failure to report criminal history may result in denial of your renewal.**

Please remember that if you do not keep your address information up to date with our office, your renewal notice may not reach you! Failure to receive a renewal form does not excuse you from paying late fees. It is your responsibility to renew your license. **Payment MUST be accompanied with this form and returned to the address below.**

If you are randomly selected for a continuing education audit, you must submit proof of the completed hours.

Name: \_\_\_\_\_ License # \_\_\_\_\_ License Type \_\_\_\_\_  
(First) (Middle Initial) (Last) (Therapist or Practitioner)

RENEWAL AMOUNT DUE: **\$158**

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

***This is a change of address:*** ( ) Yes ( ) No

Phone Number: \_\_\_\_\_

Since your last renewal, have you been convicted, pled guilty to, or received deferred adjudication for a felony or misdemeanor, other than a minor traffic violation? (Please note that Driving While Intoxicated is not a minor traffic violation.) ( ) Yes ( ) No

Have you completed the continuing education requirements as set out in state law and/or agency rule?  
( ) Yes ( ) No

**CASH RECEIPTS BRANCH, MC 2003  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
PO BOX 149347  
AUSTIN, TX 78714-9347**