Licensed Chemical Dependency Counselor Application – Licensure by Exam/Internship (Counselor Intern Registration)

Mail your completed application packet with $65 to:
Texas Department of State Health Services
Professional Licensing and Certification Unit
MC 2003, P O Box 149347 Austin, TX 78714-9347
(512) 834-6605 FAX (512) 834-6677

PHOTO

IN THIS SPACE SECURELY ATTACH PHOTO TAKEN WITHIN THE PAST YEAR

Please write your name and date of birth on back of this photo

For Official Use Only
Budget #ZZ743
Fund #191

☐ **Initial Registration**

☐ **Subsequent Registration**
(refer to 25 Texas Administrative Code §140.413)

Section I Personal Information

Social Security Number | Last Name | First Name | Middle Initial

Mailing Address

City | State | ZIP Code | County

( ) ☎ Home Phone

Female ☐ Male ☐
Gender

( ) ☎ Work Phone

Date of Birth

Are You Bilingual? ☐ Yes ☐ No

If Yes please specify:_____

Section II Education Information

☐ High School Graduate ☐ GED ☐ College

Name of College _____

Degree _____ (Associates, Bachelors, etc.)

Major _____ Minor _____

Ethnic Origin: ☐ African American ☐ Asian ☐ Caucasian
☐ Hispanic ☐ Native American ☐ Other

Section III Criminal History

In accordance with 25 Texas Administrative Code, Chapter 140, Subchapter I, every applicant is required to submit fingerprints for the purpose of obtaining a criminal history check from both the Department of Public Safety (DPS) and the Federal Bureau of Investigations (FBI). This is accomplished through the Fingerprint Applicant Services of Texas (FAST) process. Enclosed with this application is a "FAST Fingerprint Pass" for you to use to submit your fingerprints. Please follow the instructions on the pass carefully. **Do not request fingerprint cards. Your fingerprints will be submitted electronically. Please include a copy of your receipt or written confirmation of your fingerprint submission with this application.**

Section IV Statement of Understanding – please initial each item and sign

_____ I hereby authorize any organization(s), entities or person(s) named in this application to release to the Texas Department of State Health Services (DSHS) any information they may have regarding me.

_____ I understand that, to become an LCDC, I am required to obtain an associate's or more advanced degree, as specified in the licensure rules.

_____ I understand that, to become an LCDC, I am required to successfully complete the examination, as specified in the licensure rules.

_____ I understand that, to become an LCDC, I am required to complete the supervised work experience, unless it was waived due to possessing a degree as specified in the licensure rules.

_____ I understand that all information provided on this application is true and correct to the best of my knowledge, and that intentionally false or misleading statements on this application may result in my being declared ineligible for licensure.

_____ I understand that data from my application may be used for statistical purposes.

_____ I understand that the licensure documentation will become the property of DSHS.

_____ I understand that all application and licensure fees are non-refundable.

_____ I agree to abide by the ethical standards contained in the LCDC licensure rules.

By signing this application I have read the licensure rules at Title 25, Texas Administrative Code, Chapter 140, Subchapter I, and I accept responsibility for remaining knowledgeable of all licensure laws and rules, including revisions.

_____ _____

Applicant's Signature **Date**

Subscribed and sworn to before me this _____day of _____ 20____

Notary Public in and for _____County, state of Texas.

My certificate expires _____

_____

Notary Public

FAST
Fingerprint Applicant Services of Texas

DSHS-LCDCP

License Chemical Dependency Counselor Program

This document is your ***FAST Fingerprint Pass*** for a national criminal history record check. Please schedule a fingerprint appointment by visiting **www.L1enrollment.com** or by calling 1-888-467-2080. You must pay the $9.95 fee for ***FAST*** services online with a credit card or onsite with a check or money order. Cash is not accepted! **Do not request fingerprint cards. Your fingerprints will be submitted electronically.**

1. Logon to **www.L1enrollment.com**
2. Select: ***Texas***
3. Select: ***Online Scheduling***
4. Select: ***English or Espanol***
5. Enter: ***First and Last Name***
6. Select: ***All Others***
7. Select: ***Option A – Electronic Submission***
8. Select: ***Yes, I have a FAST Fingerprint Pass***
9. Enter: ***TX921170Z***
10. Enter: ***Application ID***
11. Follow the prompts to enter requested information.
12. **Bring this completed form with you to your appointment.**

Section One: Qualified Entity Information

ORI#: **TX921170Z** **Application ID**: **AD-**_____ **Original TCN:** _____
(first initial, last initial, date of birth in MMDDYYYY format) (If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: DSHS – License Chemical Dependency Counselor Program

Section Two: Applicant Name (To be completed by applicant)

Last: _____ First: _____ Middle: _____
(Please print) (Please print) (Please print)

Section Three: Waiver Information (To be signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed.

Signature: _____ Date: _____

Section Four: Service Center Information (To be completed by *FAST* Enrollment Officer)

Date Prints Taken _____ Amount Charged For Service: _____

Paid by: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Billing Acct _____

TCN: _____

☐ I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.O. Name: _____ E.O. Signature: _____
(Please print)

Licensed Chemical Dependency Counselor Intern Registration Application Check List

- ❒ Completed application, signed, dated and notarized with a recent full face wallet sized photo.
- ❒ Application and Background Investigation fee of $65.00 (cashier's check or money order); Payable to DSHS. **Applications will not be processed without the total fee of $65.00**
- ❒ Confirmation of submission of fingerprints via FAST process (see page 3 of application)
- ❒ An official college transcript **(no photocopies)** documenting the 270 education hours and the 300-hour practicum **with** a letter from the school's department chair/coordinator stating the practicum was completed in the field of chemical dependency; **OR** an official college transcript showing an approved degree, which will waive the education and practicum requirements.

Instructions for Subsequent Registration (refer to 25 TAC §140.413)

- ❒ Completed application, signed, dated and notarized with a recent full face wallet sized photo.
- ❒ Application fee and Background Investigation fee of $65.00 (cashier's check or money order); Payable to DSHS. **Applications will not be processed without the total fee of $65.00**
- ❒ Confirmation of submission of fingerprints via FAST process (see page 3 of application)
- ❒ Official college transcript containing 12 semester hours (or 18 quarter hours) of coursework at a career school or college or an accredited institution of higher education. The coursework must be related to chemical dependency counseling, psychology, sociology, counseling, mental health, behavioral science, psychiatric nursing, ethics, or rehabilitation counseling. Other courses may be considered on a case by case bases by submitting the course description or syllabus.

  If you failed your 4th exam more than three years ago, you may be ask to provide proof of 270 education hours, 300 hour practicum, 4000 hours supervised work experience and two letters of recommendation.

Examination Information

Test Administrator - Texas Certification Board of Addiction Professionals (TCBAP)
(512) 708-0629 or http://www.tcbap.org

Examination dates, locations, fees and deadlines, as well as study guides may be obtain by contacting the Texas Certification Board of Addiction Professionals (TCBAP)