

**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

<input type="text"/>	<input type="text"/>		
Social Security Number	Last Name	First Name	Middle Initial

Mailing Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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). Enclosed with this application are instructions for you to submit your fingerprints. Please follow these instructions 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

Instructions for submitting fingerprints for criminal history check

Please follow the following instructions, provided by the Texas Department of Public Safety, for submitting your fingerprints to complete the background check for this application.

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their Identogo enrollment centers. You can schedule an appointment via the Internet or over the phone.
 - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
 - a. You may begin the process now by simply clicking on this link:
<https://uenroll.identogo.com/servicecode/11BG44>
 - b. Provide all required pre-enrollment data and select a convenient date and time for your appointment. Your agency-assigned applicant number is AD-, followed by your first initial, your last initial and your date of birth in MMDDYYYY format.
 - If you prefer to schedule over the telephone, you must:
 - a. Have your Service Code ready (**11BG44**), then call **888.467.2080**;
 - b. MorphoTrust will prompt you for the Service Code (**11BG44**);
 - c. Provide all required pre-enrollment data and select a convenient date and time for your appointment. Your agency-assigned applicant number is AD-, followed by your first initial, your last initial and your date of birth in MMDDYYYY format.
2. Arrive at your scheduled appointment with your photo identification and fee
 - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here: <http://www.t1enrollment.com/state/forms/tx/55fc619a7f7aa.doc>
 - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
 - Please note that personal checks and cash are **not accepted**.
3. Your fingerprints will be submitted electronically to DPS and the FBI. **You will not receive a printed fingerprint card.**
4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an Identogo receipt stating that you were fingerprinted.
 - Do not throw away the receipt; provide a copy of the receipt with your application.
 - You may check status on your submission by clicking on this link:
<https://uenroll.identogo.com/servicecode/11BG44> and then;
 - Click "**Check Status**"

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes. Failure to follow these directions may result in the delay of processing your background check and/or your application.

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 (see page 3 of application)
- An official college transcript (**no photocopies**) documenting the 18 semester hours/270 clock hours of coursework 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 (see page 3 of application)
- An official college transcript (**no photocopies**) 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.

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)