FOR OFFICE USE ONLY
Budget #ZZ743
Fund #191
Rec #_____
$_____

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
LICENSED CHEMICAL DEPENDENCY COUNSELOR
LICENSE RENEWAL APPLICATION

NAME _____

ADDRESS _____

LICENSE # _____

EMPLOYMENT INFORMATION

FACILITY/PRACTICE NAME _____ YOUR TITLE _____

BUSINESS PHONE _____ HOME PHONE _____

Are you bilingual? □ Yes □ No If yes, what language(s)? _____

Late Renewals: If you are submitting this renewal request after the date your license expired, you must read, and if true, attest to the following.

I attest that since the expiration of my license, I have not offered or provided chemical dependency counseling services, represented myself as a chemical dependency counselor or used any name, title or designation that implies licensure as a chemical dependency counselor. Additionally, I will not engage in activities that require a license until my license has been renewed pursuant to *Texas Occupations Code, Chapter 504.*

_____ _____

Signature *Date signed*

Please answer the following questions regarding your continuing education courses.

(a) Have you completed the continuing education requirements as stated below? Please check the applicable answer.

- □ **24 CE hours – for LCDC's that possess a master's or advanced degree.**
- □ **40 CE hours – for all other LCDC's**

(b) Do your completed CE hours include 3 hours in clinical supervision, if you supervise interns; 3 hours in ethics; and 6 hours (total) in HIV, hepatitis C, and sexually transmitted diseases? □ **Yes** □ **No**

Please answer each of the following questions. In the past 24 months:

(a) have you been the subject of a disciplinary action by any licensing or certification board? □ **Yes** □ **No**

(b) have you been charged, indicted, placed on community supervision, deferred adjudication or convicted of a class B misdemeanor or greater in any jurisdiction? □ **Yes** □ **No**

(c) have you been the subject of any investigation alleging client abuse, neglect or exploitation? □ **Yes** □ **No**

If you have answered "yes" to any of the above, please provide the details of the disciplinary action, criminal history incident or investigation on a separate piece of paper and attach it to the application.

Please enclose the following fees with this application: □ **Renewal Fee - $121**

If you are submitting a late renewal, please also include the appropriate fee:

□ **Late Fee (90 days or less) - $37.50 (total $158.50)** □ **Late Fee (more than 90 days) - $75.00 (total $196.00)**

Fees shall be paid in full with a personal check, cashier's check, commercial check, or money order.

I hereby attest that the information provided for this application is true and correct. I understand that mis-information is a violation of licensing laws and rules and will result in penalties that may include denial of my application for licensure.

_____ _____

Signature Date

Please submit this form with your fees to Texas Department of State Health Services, MC-2003, ATTN: PLCU-LCDC Program, P. O. Box 149347, Austin, TX 78714-9347. Phone (512) 834-6605