

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 - \$115**

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

Late Fee (90 days or less) - \$37.50 (total \$152.50) **Late Fee (more than 90 days) - \$75.00 (total \$190.00)**

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**