

### Request for a Criminal History Evaluation Letter

Please submit a separate form for EACH license type for which you wish your criminal history to be evaluated.

Be sure to sign and date the last page and have it notarized.

Failure to list all criminal history is grounds for board or program to invalidate your criminal history evaluation letter.

All fees paid to HHSC are non-refundable. The criminal history evaluation letter fee for EACH type of license is **\$50.00**. Please attach a separate check or money order for EACH type of license for which you are requesting a criminal history evaluation letter. Write the correct Budget code and Fund number on your check or money order.

Mark “X” beside the board or program name and beside the type of license for which you wish your criminal history to be evaluated.

	Budget ZZ743 Fund 191	<b>Chemical Dependency Counselors Program</b> <input type="checkbox"/> LCDC <input type="checkbox"/> CI
	Budget ZZ115 Fund 155	<b>Professional Counselors, Texas State Board of Examiners of</b> <input type="checkbox"/> LPC <input type="checkbox"/> LPC Intern
	Budget ZZ128 Fund 103	<b>Marriage and Family Therapists, Texas State Board of Examiners of</b> <input type="checkbox"/> LMFT <input type="checkbox"/> LMFT Associate
	Budget ZZ131 Fund 165	<b>Social Worker Examiners, Texas State Board of</b> <input type="checkbox"/> LCSW <input type="checkbox"/> LMSW <input type="checkbox"/> LBSW













**Request for a Criminal History Evaluation Letter**  
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I understand that this is not an application for licensure.

I understand that any omission, misstatement or false statement on this form may cause my criminal history evaluation letter to be invalid and cause my license to be denied or revoked.

I have read the law and rules of the licensing board/program related to the license I am interested in obtaining.

I have read Texas Occupations Code, Chapter 53. Consequences of Criminal Conviction, and I understand the types of additional information and documents I may choose to provide as additional factors for the licensing agency to consider.

I have submitted all eight (8) pages of the application and all requested documents.

I understand that the \$50.00 criminal history evaluation letter fee is non-refundable.

I understand that I may be required, at the discretion of the licensing board/program, to submit to an FBI fingerprint check before a criminal history evaluation letter can be issued, and that this will entail additional expenses.

I hereby assert that I am the person listed on the form; that I affirm that all the information I have provided on this form is true, complete and correct; and that I have read all the statements on this page and I understand them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

MY COMMISSION EXPIRES \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
NOTARY PUBLIC

SEAL