

### Request for a Criminal History Evaluation Letter

Mark “X” beside the board or program name, and then the type of license. Please submit a separate form and a separate check for EACH type of license.

The fee for Each type of license is \$50.00.

Budget ZZ119 Fund 104	Athletic Trainers, Advisory Board of ___ Licensed Athletic Trainer
Budget ZZ743 Fund 191	Chemical Dependency Counselors Program ___ LCDC ___ CI
Budget ZZ103 Fund 154	Code Enforcement Officer Registration Program ___ CEO ___ CIT
Budget ZZ127 Fund 156	Contact Lens Dispensing Permit Program ___ Individual
Budget ZZ115 Fund 155	Counselors, Texas State Board of Examiners of Professional ___ LPC ___ LPC Intern ___ LPC CE Provider
Budget ZZ003 Fund 161	Dietitians, Texas State Board of Examiners of ___ Licensed Dietitian ___ Provisional Licensed Dietitian
Budget ZZ107 Fund 001	Dyslexia Therapist/Practitioner Licensing Program ___ Dyslexia Therapist ___ Dyslexia Practitioner
Budget ZZ130 Fund 084	Fitting and Dispensing of Hearing Instruments, State Committee of Examiners in the ___ Licensed Fitter and Dispenser ___ Apprentice Permit ___ Temporary Training Permit
Budget ZZ128 Fund 103	Marriage and Family Therapists, State Board of Examiners of ___ LMFT ___ LMFT Associate ___ LMFT CE Provider
Budget ZZ121 Fund 105	Massage Therapy Licensing Program ___ MT ___ MTI ___ MT CE Provider ___ ME ___ MS
Budget ZZ126 Fund 117	Professional Medical Physicists, Texas Board of Licensure for ___ Medical Physicist ___ Temporary Medical Physicist
Budget ZZ124 Fund 124	Medical Radiologic Technologist Certification Program ___ MRT ___ LMRT ___ NCT

Budget ZZ102 Fund 122	Midwifery Board, Texas ___ Midwife
Budget ZZ740 Fund 190	Offender Education Program ___ Educational Program ___ Program Instructor
Budget ZZ127 Fund 156	Opticians Registry ___ Registered Optician
Budget ZZ132 Fund 106	Orthotics and Prosthetics, Texas Board of ___ Orthotist/Prosthetist ___ O/P Assistant ___ O/P Facility ___ O/P Technician ___ O/P Student ___ O/P Temporary
Budget ZZ138 Fund 162	Perfusionist Licensing Program ___ Perfusionist ___ Provisional Perfusionist
Budget ZZ153 Fund 068	PERS Provider Program ___ Licensed Provider ___ Registered Individual
Budget ZZ120 Fund 127	Respiratory Care Practitioners Certification Program ___ RCP ___ Temporary Permit
Budget ZZ103 Fund 151	Sanitarian Registration Program ___ RS ___ SIT
Budget ZZ131 Fund 165	Social Worker Examiners, Texas State Board of ___ LCSW ___ LMSW ___ LBSW
Budget ZZ117 Fund 158	Speech-Language Pathology and Audiology, State Board of Examiners for ___ SLP ___ Assistant ___ Intern















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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 nine (9) 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