



TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

**Glynda Corley, LPC-S
Chair**

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**Bobbe Alexander
Executive Director**

**LICENSE PROFESSIONAL COUNSELOR
NAME CHANGE AND/OR DUPLICATE LICENSE FORM**

Please return this form with a \$10.00 fee for a duplicate license certificate and name change.

_____ Name Change _____ Duplicate License/Certificate

Please mail to the following address:

Address Change Only:

DSHS – LPC Board
MC 2003
PO Box 149347
Austin, Texas 78714-9347

DSHS – LPC Board
MC 1982
PO Box 149347
Austin, Texas 78714-9347

Current Name: _____

New Name: _____

License Number: _____

If you are asking for a name change please attach supporting document showing name change, (e.g. social security card, driver’s license)

ADDRESS CHANGE FORM

**CURRENT
ADDRESS**

**NEW
ADDRESS**

Street _____
City, State, _____
Zip _____
Phone _____

Street _____
City, State, _____
Zip _____
Phone _____