

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Budget/Fund #ZZ115/155  
\$200.00 fee

MAIL APPLICATION PACKET WITH FEE TO:  
HHSC ARTS LPC  
MC1470 PO Box 149055  
Austin, TX 78714-9055

APPLICATION FOR LPC LICENSURE

Type or Print Legibly - Use N/A for not applicable.

I am submitting an application for the following license: LPC-Intern: \_\_\_ LPC: \_\_\_ Provisional: \_\_\_  
(See qualifications for licensure under 22TAC §681.72 & §681.82 @ [https://www.dshs.texas.gov/counselor/lpc\\_rules/.](https://www.dshs.texas.gov/counselor/lpc_rules/))

APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Last Name First Name Middle Initial

All names previously used: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*I wish to keep my home address Private and not have it listed on the Roster. Yes \_\_\_ No \_\_\_*

Preferred Mailing Address: \_\_\_\_\_

Home Telephone :(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Telephone :(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

LICENSING INFORMATION

1. Do you currently or have you ever possessed any professional license(s) or certificate(s) issued by any other jurisdiction? Yes \_\_\_ No \_\_\_

If yes, list name and license number and issuing state or organization of license or/certificate:

\_\_\_\_\_

2. Have you ever been denied a professional license and/or certificate? Yes \_\_\_ No \_\_\_

3. Have you ever had a professional license and/or certificate revoked, suspended or denied in regards to a disciplinary action? Yes \_\_\_ No \_\_\_

If yes, list type of license/certificate, issuing state, action taken and reason for action:

\_\_\_\_\_

4. Have you ever voluntarily surrendered a professional license or certificate? Yes \_\_\_ No \_\_\_

If yes, list types of license/certificate, issuing state, date of surrender and reason for surrender.

\_\_\_\_\_

5. You must check "Yes" if you have ever plead guilty, been placed on probation, plead nolo contendere, or granted deferred adjudication or any other type of pretrial diversion in any state or federal office, unless such offense was a Class C misdemeanor or minor traffic offense. Yes \_\_\_ No \_\_\_

*\*\*Note: An offense is not a minor traffic violation if it involved alcohol or drugs, or if there was an attempt, whether successful or not, to suspend or revoke your driver's license as a result of the offense. If you selected yes, you must attach a certified copy of the official indictment, judgment and disposition, including dates, charges, city and any other pertinent information concerning the misdemeanor or felony.*

**GRADUATE TRAINING** (Official graduate transcripts must be submitted to the Board directly from the university by mail or e-script or with application in a sealed university envelope.)

1. I have a graduate degree in counseling or counseling related (22 TAC §681.2(10)) and a minimum of 48/60 hours of graduate course credit in counseling related subjects as required in §681.83. Yes \_\_\_ No \_\_\_
2. I have met the academic requirements as required by 22 TAC §681.83 Yes: \_\_\_ No: \_\_\_
3. University awarding graduate degree: \_\_\_\_\_
4. University where additional courses were taken: \_\_\_\_\_
5. Official transcript(s) of graduate training is being sent directly to the LPC Board from the university. Yes \_\_\_ No \_\_\_
6. Official transcript(s), in a sealed university envelope, is included with this application. Yes \_\_\_ No \_\_\_
7. I have completed a graduate level practicum/internship with a minimum of 300 clock hours and have included the Practicum/Internship Documentation form(s) with this application. Yes \_\_\_ No \_\_\_

**SUPERVISORY AGREEMENT** (Supervisor must be pre-approved by the Board)

I have entered into a supervisory agreement with a board-approved supervisor and have enclosed the Agreement Form with this application. Yes \_\_\_ No \_\_\_

**EXAMINATION INFORMATION**

1. I have passed the NCE / NCMHCE. (Please circle one. If you have an official passing certificate, please submit proof with this application.)
2. Exam was taken and passed on: \_\_\_/\_\_\_/\_\_\_ (Add date exam was taken.)

**\*\*PLEASE NOTE\*\*** If you took the NCE through a CACREP university or in another state, you must contact NBCC directly to have your scores sent to Texas.

3. I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion. Yes \_\_\_ No \_\_\_

**DO NOT INITIAL WITHOUT READING CAREFULLY**

In submitting this application to the Texas State Board of Examiners of Professional Counselors for the issuance of a license:

**I have read the Licensed Professional Counselor Act and am familiar with the requirements of the Act and with the Rules of the board. I agree to abide by the current and subsequent rules of the Texas State Board of Examiners of Professional Counselors**

I have taken all required examinations necessary for the processing of my application.

I agree to be bound by the Code of Ethics of the Texas State Board of Examiners of Professional Counselors.

I understand that the fee submitted with this application is **non-refundable**.

I agree that if issued a license, upon revocation, suspension, or cancellation of that license, I shall return the said license to the board.

I agree to hold the Texas State Board of Examiners of Professional Counselors, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by the reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the board to issue me a license. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.

The information, which I have provided in this application, is truthful. I understand that giving the board false information of any kind may result in the voiding of this application and my failing to be granted licensure.

I request the following name appear on any license issued to me by the Board. **(Highest Counseling-related degree awarded must be included):** \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date