License Renewal Form

Licensee Name: ______________________________   License Number: _____________

Renewal Fees

- **Two Year License Renewal Fee: $106.00** (Must be postmarked on or before date current license expires)
- **Two Year License Late Renewal Penalty Fee:**
  - Postmarked 1 to 90 days after expiration date: **$131.00**
  - Postmarked 91 to 365 days after expiration date: **$156.00**
- **Two Year License Renewal Fee + Supervisor Renewal Fee: $100.00**

1. Within the last 24 months have you (1) received deferred adjudication or been charged or convicted of a crime other than a minor misdemeanor traffic offense, (2) been charged or found guilty of unprofessional conduct in an administrative law or civil court, or (3) settled any such charges or (4) had any authorization privilege to practice in any setting denied, suspended or revoked? ☐Yes ☐No
  
  ➢ *If you checked yes, a letter of explanation is required and any other supporting documentation you feel is necessary for the Board to render a decision. Discovery of criminal conviction information not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.*

2. Total CEU’s completed since your last renewal? ____________
3. Total CEU’s completed in Ethics since your last renewal? ____________
4. Current Texas Jurisprudence Exam was completed on: ____________
5. Please complete the information below. Check “Yes” if you do not want your home address published.

**Home Address:** Private ☐YES ☐NO
Address _____________________________________ City __________ State _____ Zip ________
Telephone (_____) ___________________ E-mail ____________________________________________

**Work Address:**
Address _____________________________________ City __________ State _____ Zip ________
Telephone (_____) ___________________ E-mail ____________________________________________

This is a Texas Health & Human Services Form Publication Number #F75-10759 04/2019