

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Mail Code: 1470
PO Box 149055
Austin, Texas 78714-9055
(512) 834-6658

For office use only

Budget #ZZ115

Fund #155

#: _____

\$.: _____

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 _____