**VERIFICATION OF LICENSURE IN OTHER JURISDICTION**

DIRECTIONS TO APPLICANT: Complete Part I of this form then forward to the state where you hold licensure to practice Professional Counseling. This form must be received directly from the out of state board or licensing authority.

**PART I-TO BE COMPLETED BY THE APPLICANT**

Complete Part I of this form then forward to the state where you hold licensure to practice Professional Counseling. This form must be received directly from the out of state board or licensing authority.

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Date of Birth</th>
<th>State Verifying license</th>
<th>License No.</th>
<th>Date issued</th>
</tr>
</thead>
</table>

I was granted a license as a Licensed Professional Counselor. You are hereby authorized to release any information in your files, favorable or otherwise, directly to this state's Professional Counselor Board.

Your early attention is appreciated.

__________________________________________________________________

**PART II-TO BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE**

Please complete Part II of this form and return it to the address above or you may email it directly to the Texas Board LPC@hhsc.state.tx.us. Attach copies of any verification of supervision or supervised experience toward LPC licensure. This form must be received directly from the out of state board or licensing authority.

<table>
<thead>
<tr>
<th>Name of Licensee</th>
<th>Licensure Level</th>
<th>License No.</th>
<th>Date issued</th>
</tr>
</thead>
</table>

The above named licensee required supervision by an approved supervisor? _____ YES _____ NO

Supervision dates: From ___________ to ___________

Hours of supervised clinical experience required for licensure held:

<table>
<thead>
<tr>
<th>Indirect Hours</th>
<th>Direct Hours</th>
<th>Total Hours</th>
</tr>
</thead>
</table>

Other requirements:

__________________________________________________________________

Holds Current License? _____ Yes _____ No  Current Expiration Date: ______________________

Holds Highest Level of Licensure: _____ Yes _____ No  If No, please explain: ______________________

Exam Verification:

<table>
<thead>
<tr>
<th>NCE/NCMHCE/OTHER</th>
<th>Date Exam Passed</th>
<th>Exam Score</th>
</tr>
</thead>
</table>

*Explain Complaints or Disciplinary Actions and provide any supporting documentation. If none, please write N/A.

__________________________________________________________________

I certify the information provided on this form is true and correct to the best of my knowledge.

Print Name of person completing this form. ____________________________  Date__________________

Signature ____________________________  Title ____________________________  Telephone #__________________