

**TEXAS STATE BOARD OF EXAMINERS OF
PROFESSIONAL COUNSELORS**

You may email this form to: LPC@hsc.state.tx.us.

Mail Code: 1982
PO Box 149347
Austin, Texas 78714-9347

Budget ZZ115
Fund #155
(512) 834-6658
Fax: (512) 834-6677

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.

Name of Applicant	Date of Birth	State Verifying license	License No.	Date issued

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. _____
Signature Date

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@hsc.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.

Name of Licensee	Licensure Level	License No.	Date Issued

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:

Indirect Hours	
Direct Hours	
Total Hours	

Other requirements:

Holds Current License? Yes No Current Expiration Date: _____

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

Exam Verification:

NCE/NCMHCE/OTHER	
Date Exam Passed	
Exam Score	

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

Board Seal

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 # _____